



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 26, 2017

Brookens Administrative Center, Lyle Shields Room

1776 E. Washington St. Urbana, IL

5:30 p.m.

1. Call to Order - Dr. Fowler, President
2. Roll Call
3. Citizen Input/Public Participation
The CCMHB reserves the authority to limit individual public participation to five minutes.
4. Approval of Agenda
5. Approval of CCMHB Minutes* (Pages 3-6)
3/22/17 Minutes are included. Action is requested.
6. President's Comments
Deferred.
7. Executive Director's Comments
Deferred.
8. Financial Information* (Pages 7-12)
A copy of the claims report is included in the packet. Action is requested.
9. New Business
 - A. FY18 Program Summaries (Lynn Canfield, Mark Driscoll, Shandra Summerville) (Pages 15-241)
Discussion of agencies requests for funding. A Briefing Memo, program summaries table of contents, reviews of agencies CLC Plans, and draft

program summaries excluding those for ID/DD services are included in the Board packet.

10. Old Business

A. Meeting Schedule & Allocation Process Timeline
(Lynn Canfield) (Pages 242-244)

An updated copy of the meeting schedule and allocation timeline is included in the Board packet.

B. Agency Acronym List and Glossary (Mark Driscoll)
(Pages 245-254)

List of agency and program name acronyms and glossary of terms is included in the Board packet.

16. Board Announcements

17. Adjournment

**Board action*

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**CHAMPAIGN COUNTY MENTAL HEALTH BOARD
BOARD MEETING**

Minutes—March 22, 2017

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

5:30 p.m.

MEMBERS PRESENT: Susan Fowler, Judi O'Connor, Joe Omo-Osagie, Thom Moore, Elaine Palencia, Kyle Patterson, Julian Rappaport, Anne Robin, Margaret White

STAFF PRESENT: Lynn Canfield, Stephanie Howard-Gallo, Shandra Summerville

STAFF EXCUSED: Mark Driscoll

OTHERS PRESENT: Juli Kartel, Sheila Ferguson, Monica Cherry, Rosecrance; Rebecca Woodard, Regional Planning Commission (RPC); Becca Obuchowski, Community Choices (CC); Gail Raney, Prairie Center Health Systems (PCHS); Kari May, Children's Advocacy Center (CAC); Brian Tison, U of I Police; Dale Morrerrsey, Developmental Serves Cente (DS); Laura Lingschert, Carle Foundaton Hospital; Adelaide Aime, RACES; Pattsy Petri, Champaign County Board

CALL TO ORDER:

Dr. Fowler called the meeting to order at 5:33 p.m.

ROLL CALL:

Roll call was taken and a quorum was present.

CITIZEN INPUT / PUBLIC PARTICIPATION:

None.

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ADDITIONS TO AGENDA:

None.

CCDDB INFORMATION:

Dale Morrissey from Developmental Services Center (DSC) provided an update on the State of Illinois budget and the negative impact of the proposed ACA.

APPROVAL OF MINUTES:

Minutes from the February 22, 2017 Board meeting were included in the Board packet for approval.

MOTION: Ms. Palencia made a motion to approve the minutes from the February 22, 2017 Board meeting. Dr. Moore seconded the motion. A voice vote was taken and the motion passed.

PRESIDENT'S COMMENTS:

Dr. Fowler reviewed the action items on the agenda today.

EXECUTIVE DIRECTOR'S COMMENTS:

Ms. Canfield clarified some written information contained in a few of her memorandum. She also provided a CILA update.

STAFF REPORTS:

Reports were deferred.

CONSULTANT'S REPORT:

A Program Evaluation Progress Report from Dr. Nicole Allen and Dr. Mark Aber was included in the Board packet.

BOARD TO BOARD:

Elaine Palencia attended the January Board meeting of Developmental Services Center (DSC) and the monthly meeting of the Community Coalition. Judi O'Connor visited Crisis Nursery, and Prairie Center Health Systems (PCHS) she also attended the Community Coalition. Thom Moore announced First Followers will have an open house on April 17, 2017. Joe Omo-Osagie visited Rosecrance. Julian Rappaport attended the Crisis Intervention Training (CIT) meeting. Margaret White met with Mahomet Area Youth Club (MAYC).

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AGENCY INFORMATION:

Monica Cherry from Rosecrance provided Board members with an overview of services available at Rosecrance. Brian Tison from the U of I Police Department discussed the work of the Crisis Intervention Team (CIT).

FINANCIAL INFORMATION:

A list of financial claims was included in the packet.

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

NEW BUSINESS:

CCMHB 2016 Annual Report:

The FY16 CCMHB Annual Report was included in the packet in draft form for review and comment. The document was discussed at length.

MOTION: Dr. Robin moved to table approval of the CCMHB FY16 Annual Report until after the allocation season is completed. Ms. White seconded the motion. All members voted aye and the motion was passed.

In the meantime, Board members should send any suggestions and comments related to the report to staff members.

Summary of NACBHDD 2017 Legislative and Policy Conference:

A Briefing Memorandum summarized the activities of meetings of the National Association of County Officials' Health Committee and the Annual Legislative & Policy Conference of National Association of County Behavioral Health and Developmental Disabilities Directors.

Agency Feedback on ID/DD Eligibility:

A Briefing Memorandum summarized responses from funded agencies regarding services to persons who do not have complete documentation of Illinois DHS-DD eligibility criteria.

OLD BUSINESS:

Meeting Schedule and Allocation Process Timeline:

An updated copy of the meeting schedule and allocation timeline was included in the Board packet for information only.

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Agency Acronym List:

A list of agency name acronyms was included in the Board packet for information only.

BOARD ANNOUNCEMENTS:

None.

ADJOURNMENT:

The meeting adjourned at 7:20 p.m.

Respectfully

Submitted by: Stephanie Howard-Gallo
CCMHB/CCDDB Staff

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



CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

4/06/17

| VENDOR NO | VENDOR NAME | TRN B TR DTE N CD | TRANS NO | PO NO | CHECK NO | CHECK DATE | ACCOUNT NUMBER | ACCOUNT DESCRIPTION | ITEM DESCRIPTION | EXPENDITURE AMOUNT |
|-----------|----------------------------|-----------------------|----------|-------|----------|------------|-------------------|--------------------------|-------------------------------------|--------------------------|
| 25 | CHAMPAIGN COUNTY TREASURER | 4/03/17 05 VR 53- 112 | | | 557685 | 4/06/17 | 090-053-533.50-00 | FACILITY/OFFICE RENTALS | APR OFFICE RENT VENDOR TOTAL | 1,739.64 1,739.64 * |
| 41 | CHAMPAIGN COUNTY TREASURER | 3/24/17 02 VR 620- 39 | | | 557338 | 3/31/17 | 090-053-513.06-00 | EMPLOYEE HEALTH/LIFE INS | MAR HI & LI | 2,981.60 |
| | | 3/29/17 02 VR 620- 44 | | | 557338 | 3/31/17 | 090-053-513.06-00 | EMPLOYEE HEALTH/LIFE INS | JAN-MAR FSA ADMIN VENDOR TOTAL | 23.40 3,005.00 * |
| 88 | CHAMPAIGN COUNTY TREASURER | 3/21/17 04 VR 88- 13 | | | 556973 | 3/24/17 | 090-053-513.02-00 | IMRF - EMPLOYER COST | IMRF 3/3 P/R | 869.13 |
| | | 3/29/17 03 VR 88- 15 | | | 557342 | 3/31/17 | 090-053-513.02-00 | IMRF - EMPLOYER COST | IMRF 3/17 P/R VENDOR TOTAL | 869.13 1,738.26 * |
| 101 | CHAMPAIGN COUNTY TREASURER | 3/15/17 01 VR 53- 102 | | | 556639 | 3/16/17 | 090-053-571.11-00 | TO MHB/DDB CILA FACILITY | 090 TFER TO CILA 10 VENDOR TOTAL | 50,000.00 50,000.00 * |
| 104 | CHAMPAIGN COUNTY TREASURER | 4/03/17 05 VR 53- 110 | | | 557691 | 4/06/17 | 090-053-533.92-00 | CONTRIBUTIONS & GRANTS | APR SOC/EMOT SVCS VENDOR TOTAL | 4,637.00 4,637.00 * |
| 161 | CHAMPAIGN COUNTY TREASURER | 4/03/17 05 VR 53- 111 | | | 557693 | 4/06/17 | 090-053-533.92-00 | CONTRIBUTIONS & GRANTS | APR YOUTH ASSMNT CT VENDOR TOTAL | 2,167.00 2,167.00 * |
| 179 | CHAMPAIGN COUNTY TREASURER | 4/03/17 05 VR 53- 109 | | | 557695 | 4/06/17 | 090-053-533.92-00 | CONTRIBUTIONS & GRANTS | APR CAC VENDOR TOTAL | 3,090.00 3,090.00 * |

*** FUND NO. 090 MENTAL HEALTH

*** DEPT NO. 053 MENTAL HEALTH BOARD



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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 |
|-----------|---|-----------------------|----------|-------|--------------|------------|-------------------|---|----------------------|--------------------|
| 188 | CHAMPAIGN COUNTY TREASURER | 3/21/17 04 VR 188- 23 | 23 | | 556980 | 3/24/17 | 090-053-513.01-00 | SOCIAL SECURITY-EMPLOYER FICA 3/3 P/R | | 786.84 |
| | | 3/29/17 03 VR 188- 29 | 29 | | 557346 | 3/31/17 | 090-053-513.01-00 | SOCIAL SECURITY-EMPLOYER FICA 3/17 P/R | | 786.84 |
| | | | | | | | | VENDOR TOTAL | | 1,573.68 * |
| 5780 | BP COMPUTER SERVICES | 4/03/17 05 VR 53- 131 | 131 | | 557704 | 4/06/17 | 090-053-533.07-00 | PROFESSIONAL SERVICES | 2ND QTR COMPUTER SV | 750.00 |
| | | | | | | | | | VENDOR TOTAL | 750.00 * |
| 15495 | CHAMPAIGN URBANA AREA PROJECT | 4/03/17 05 VR 53- 113 | 113 | | 557715 | 4/06/17 | 090-053-533.92-00 | CONTRIBUTIONS & GRANTS | APR NGBHRHD CHAMPPIO | 1,599.00 |
| | | 4/03/17 05 VR 53- 113 | 113 | | 557715 | 4/06/17 | 090-053-533.92-00 | CONTRIBUTIONS & GRANTS | APR TRUCE | 6,250.00 |
| | | | | | | | | | VENDOR TOTAL | 7,849.00 * |
| 16930 | CHRISP MEDIA, LLC | 4/03/17 05 VR 53- 133 | 133 | | 557718 | 4/06/17 | 090-053-533.07-00 | PROFESSIONAL SERVICES | APR PROFESSIONAL FE | 117.00 |
| | | | | | | | | | VENDOR TOTAL | 117.00 * |
| 18052 | COMCAST CABLE - MENTAL HEALTH ACCT | 3/29/17 01 VR 53- 108 | 108 | | 557369 | 3/31/17 | 090-053-533.29-00 | COMPUTER/INF TCH SERVICES8771403010773527 | MA | 127.39 |
| | | | | | | | | | VENDOR TOTAL | 127.39 * |
| 18203 | COMMUNITY CHOICE, INC | 4/03/17 05 VR 53- 114 | 114 | | 557722 | 4/06/17 | 090-053-533.92-00 | CONTRIBUTIONS & GRANTS | APR CUSTOM EMPLOY | 5,833.00 |
| | | 4/03/17 05 VR 53- 114 | 114 | | 557722 | 4/06/17 | 090-053-533.92-00 | CONTRIBUTIONS & GRANTS | APR SELF DETERMINAT | 5,833.00 |
| | | | | | | | | | VENDOR TOTAL | 11,666.00 * |
| 18230 | COMMUNITY SERVICE CENTER OF NORTHERN CHAMPAIGN COUNTY | 4/03/17 05 VR 53- 116 | 116 | | 557724 | 4/06/17 | 090-053-533.92-00 | CONTRIBUTIONS & GRANTS | APR RESOURCE CONNEC | 5,441.00 |
| | | | | | | | | | VENDOR TOTAL | 5,441.00 * |
| 19260 | COURAGE CONNECTION | 4/03/17 05 VR 53- 117 | 117 | | 557727 | 4/06/17 | 090-053-533.92-00 | CONTRIBUTIONS & GRANTS | APR COURAGE CONNECT | 5,579.00 |
| | | | | | | | | | VENDOR TOTAL | 5,579.00 * |

*** FUND NO. 090 MENTAL HEALTH

CHAMPAIGN COUNTY

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| VENDOR NO | VENDOR NAME | TRN B TR | TRN DTE N CD | TRANS NO | PO NO | CHECK NUMBER | CHECK DATE | ACCOUNT NUMBER | ACCOUNT DESCRIPTION | ITEM DESCRIPTION | EXPENDITURE AMOUNT |
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| 19346 | CRISIS NURSERY | 4/03/17 05 VR | 53- 118 | 557730 | 4/06/17 090-053-533.92-00 | CONTRIBUTIONS & GRANTS | APR BEYOND BLUE | | | | 5,833.00 |
| | | | | | | | VENDOR TOTAL | | | | 5,833.00 * |
| 22300 | DEVELOPMENTAL SERVICES CENTER OF CHAMPAIGN COUNTY INC | 4/03/17 05 VR | 53- 119 | 557736 | 4/06/17 090-053-533.92-00 | CONTRIBUTIONS & GRANTS | APR INDIV/FAMILY SU | | | | 32,286.00 |
| | | | | | | | VENDOR TOTAL | | | | 32,286.00 * |
| 22730 | DON MOYER BOYS & GIRLS CLUB | 4/03/17 05 VR | 53- 120 | 557738 | 4/06/17 090-053-533.92-00 | CONTRIBUTIONS & GRANTS | APR CU CHANGE | | | | 8,333.00 |
| | | 4/03/17 05 VR | 53- 120 | 557738 | 4/06/17 090-053-533.92-00 | CONTRIBUTIONS & GRANTS | APR YOUTH/FAMILY OR | | | | 13,333.00 |
| | | | | | | | VENDOR TOTAL | | | | 21,666.00 * |
| 24095 | EMK CONSULTING LLC | 3/29/17 01 VR | 53- 107 | 557383 | 3/31/17 090-053-533.07-00 | PROFESSIONAL SERVICES | INV 155 3/21 | | | | 2,999.75 |
| | | | | | | | VENDOR TOTAL | | | | 2,999.75 * |
| 24215 | EAST CNTRL IL REFUGEE MUTUAL ASSIST CTR | 4/03/17 05 VR | 53- 121 | 557741 | 4/06/17 090-053-533.92-00 | CONTRIBUTIONS & GRANTS | APR FAM SUPPORT | | | | 1,583.00 |
| | | | | | | | VENDOR TOTAL | | | | 1,583.00 * |
| 26000 | FAMILY SERVICE OF CHAMPAIGN COUNTY | 4/03/17 05 VR | 53- 122 | 557746 | 4/06/17 090-053-533.92-00 | CONTRIBUTIONS & GRANTS | APR SELF HELP | | | | 2,411.00 |
| | | 4/03/17 05 VR | 53- 122 | 557746 | 4/06/17 090-053-533.92-00 | CONTRIBUTIONS & GRANTS | APR SENIOR COUNSEL | | | | 11,861.00 |
| | | 4/03/17 05 VR | 53- 123 | 557746 | 4/06/17 090-053-533.92-00 | CONTRIBUTIONS & GRANTS | FEB FAMILY COUNSEL | | | | 1,667.00 |
| | | | | | | | VENDOR TOTAL | | | | 15,939.00 * |
| 26760 | FIRST FOLLOWERS | 4/03/17 05 VR | 53- 124 | 557750 | 4/06/17 090-053-533.92-00 | CONTRIBUTIONS & GRANTS | APR PEER MENTORING | | | | 2,480.00 |
| | | | | | | | VENDOR TOTAL | | | | 2,480.00 * |
| 44570 | MAHOMET AREA YOUTH CLUB | 4/03/17 05 VR | 53- 125 | 557777 | 4/06/17 090-053-533.92-00 | CONTRIBUTIONS & GRANTS | APR BLAST | | | | 1,250.00 |

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| *** | FUND NO. 090 | MENTAL HEALTH | | | | | | | | |
| 47690 | MINUTEMAN PRESS | 4/03/17 05 VR 53- | 125 | | 557777 | 4/06/17 | 090-053-533.92-00 | CONTRIBUTIONS & GRANTS | APR MEMBERS MATTER | 1,000.00 |
| | | | | | | | | | VENDOR TOTAL | 2,250.00 * |
| | | | | | | SUITE B | | | | |
| 47690 | MINUTEMAN PRESS | 4/03/17 05 VR 53- | 140 | | 557781 | 4/06/17 | 090-053-533.89-00 | PUBLIC RELATIONS | INV 44353 3/28 | 240.64 |
| | | | | | | | | | VENDOR TOTAL | 240.64 * |
| 56750 | PRAIRIE CENTER HEALTH SYSTEMS | | | | | | | | | |
| | | 4/03/17 05 VR 53- | 126 | | 557788 | 4/06/17 | 090-053-533.92-00 | CONTRIBUTIONS & GRANTS | APR CJ SUB TREATMEN | 858.00 |
| | | 4/03/17 05 VR 53- | 126 | | 557788 | 4/06/17 | 090-053-533.92-00 | CONTRIBUTIONS & GRANTS | APR FRESH START | 6,250.00 |
| | | 4/03/17 05 VR 53- | 126 | | 557788 | 4/06/17 | 090-053-533.92-00 | CONTRIBUTIONS & GRANTS | APR PLL EXTENDED | 25,055.00 |
| | | 4/03/17 05 VR 53- | 126 | | 557788 | 4/06/17 | 090-053-533.92-00 | CONTRIBUTIONS & GRANTS | APR PREVENTION | 4,854.00 |
| | | 4/03/17 05 VR 53- | 126 | | 557788 | 4/06/17 | 090-053-533.92-00 | CONTRIBUTIONS & GRANTS | APR SPECIALTY COURT | 16,588.00 |
| | | | | | | | | | VENDOR TOTAL | 53,605.00 * |
| 57196 | PROMISE HEALTHCARE | | | | | | | | | |
| | | 4/03/17 05 VR 53- | 127 | | 557790 | 4/06/17 | 090-053-533.92-00 | CONTRIBUTIONS & GRANTS | APR WELLNESS/JUSTIC | 4,833.00 |
| | | 4/03/17 05 VR 53- | 127 | | 557790 | 4/06/17 | 090-053-533.92-00 | CONTRIBUTIONS & GRANTS | APR MH SVCS | 18,500.00 |
| | | | | | | | | | VENDOR TOTAL | 23,333.00 * |
| 59434 | RAPE, ADVOCACY, COUNSELING & EDUC SRVCS | | | | | | | | | |
| | | 4/03/17 05 VR 53- | 128 | | 557793 | 4/06/17 | 090-053-533.92-00 | CONTRIBUTIONS & GRANTS | APR RACES | 1,550.00 |
| | | | | | | | | | VENDOR TOTAL | 1,550.00 * |
| 61780 | ROSECRANCE, INC. | | | | | | | | | |
| | | 4/03/17 05 VR 53- | 115 | | 557797 | 4/06/17 | 090-053-533.92-00 | CONTRIBUTIONS & GRANTS | APR CRIMINAL JUSTIC | 23,673.00 |
| | | 4/03/17 05 VR 53- | 115 | | 557797 | 4/06/17 | 090-053-533.92-00 | CONTRIBUTIONS & GRANTS | APR CRISIS/ACCESS | 21,287.00 |
| | | 4/03/17 05 VR 53- | 115 | | 557797 | 4/06/17 | 090-053-533.92-00 | CONTRIBUTIONS & GRANTS | APR EARLY C'HOOD | 6,250.00 |
| | | 4/03/17 05 VR 53- | 115 | | 557797 | 4/06/17 | 090-053-533.92-00 | CONTRIBUTIONS & GRANTS | APR PLL FRONT END | 23,555.00 |
| | | 4/03/17 05 VR 53- | 115 | | 557797 | 4/06/17 | 090-053-533.92-00 | CONTRIBUTIONS & GRANTS | APR TIMES CENTER | 5,833.00 |
| | | | | | | | | | VENDOR TOTAL | 80,598.00 * |

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| *** | FUND NO. 090 | MENTAL HEALTH | | | | | | | | |
| 62674 | SAVANNAH FAMILY INSTITUTE, INC. | 4/03/17 05 VR 53- 135 | 557800 | 4/06/17 090-053-533.07-00 | PROFESSIONAL SERVICES | | | 4TH QTR CONSULT FEE | | 37,500.00 |
| | | | | | | | | VENDOR TOTAL | | 37,500.00 * |
| 76609 | UNITED WAY OF CHAMPAIGN COUNTY | 4/03/17 05 VR 53- 136 | 557817 | 4/06/17 090-053-533.07-00 | PROFESSIONAL SERVICES | | | 4TH QTR 211 PATH SV | | 4,518.00 |
| | | | | | | | | VENDOR TOTAL | | 4,518.00 * |
| 76867 | UNIV OF IL SPONSORED PROG & RESEARCH ADM | 4/03/17 05 VR 53- 137 | 557818 | 4/06/17 090-053-533.07-00 | PROFESSIONAL SERVICES | | | APR MHB17-039 CONSL | | 4,545.00 |
| | | | | | | | | VENDOR TOTAL | | 4,545.00 * |
| 77280 | UP CENTER OF CHAMPAIGN COUNTY | 4/03/17 05 VR 53- 130 | 557819 | 4/06/17 090-053-533.92-00 | CONTRIBUTIONS & GRANTS | STE 516 | | APR CHILD/FAM/YOUTH | | 1,583.00 |
| | | | | | | | | VENDOR TOTAL | | 1,583.00 * |
| 78120 | URBANA NEIGHBORHOOD CONNECTION CENTER | 4/03/17 05 VR 53- 129 | 557822 | 4/06/17 090-053-533.92-00 | CONTRIBUTIONS & GRANTS | | | APR COM STUDY CENTE | | 1,000.00 |
| | | | | | | | | VENDOR TOTAL | | 1,000.00 * |
| 78888 | VISA CARDMEMBER SERVICE - MENTAL HEALTH | 3/22/17 70 VR 53- 103 | 557143 | 3/24/17 090-053-533.29-00 | COMPUTER/INF TCH SERVICES3930 | AC#4798510049573930 | | COMCAST 2/18 | | 369.56 |
| | | 3/22/17 70 VR 53- 103 | 557143 | 3/24/17 090-053-522.02-00 | OFFICE SUPPLIES | | | 3930 STAPLES 3/7 | | 367.98 |
| | | 3/22/17 70 VR 53- 103 | 557143 | 3/24/17 090-053-522.02-00 | OFFICE SUPPLIES | | | 3930 STAPLES 2/24 | | 464.72 |
| | | 3/22/17 70 VR 53- 103 | 557143 | 3/24/17 090-053-534.37-00 | FINANCE CHARGES,BANK FEES3930 | | | COMCAST 2/18 | | 19.00 |
| | | | | | | | | VENDOR TOTAL | | 1,221.26 * |
| 81610 | XEROX CORPORATION | 3/29/17 01 VR 53- 104 | 557479 | 3/31/17 090-053-533.85-00 | PHOTOCOPY SERVICES | | | INV 147141211 3/4 | | 246.29 |
| | | 3/29/17 01 VR 53- 104 | 557479 | 3/31/17 090-053-533.85-00 | PHOTOCOPY SERVICES | | | INV 147141212 3/4 | | 39.60 |
| | | | | | | | | VENDOR TOTAL | | 285.89 * |

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| *** | FUND NO. 090 | MENTAL HEALTH | | | | | | | | | |
| 602880 | BRESSNER, BARBARA J. | 4/03/17 | 05 VR | 53- 132 | 557842 | 4/06/17 | 090-053-533.07-00 | PROFESSIONAL SERVICES | APR PROFESSIONAL FE | | 2,260.00 |
| | | | | | | | | | VENDOR TOTAL | | 2,260.00 * |
| 626130 | KNAPP, JENNIFER | 4/03/17 | 05 VR | 53- 139 | 557852 | 4/06/17 | 090-053-533.07-00 | PROFESSIONAL SERVICES | INV 0001 2/8 | | 750.00 |
| | | 4/03/17 | 05 VR | 53- 139 | 557852 | 4/06/17 | 090-053-533.07-00 | PROFESSIONAL SERVICES | INV 0002 MAR | | 1,250.00 |
| | | | | | | | | | VENDOR TOTAL | | 2,000.00 * |
| 630307 | MATHENY, VANESSA | 4/03/17 | 05 VR | 53- 138 | 557860 | 4/06/17 | 090-053-533.07-00 | PROFESSIONAL SERVICES | APT 1W INV 100 3/27 | | 2,000.00 |
| | | | | | | | | | VENDOR TOTAL | | 2,000.00 * |
| 630360 | MAYER, JAMES | 4/03/17 | 05 VR | 53- 134 | 557861 | 4/06/17 | 090-053-533.07-00 | PROFESSIONAL SERVICES | APR PROFESSIONAL FE | | 906.00 |
| | | | | | | | | | VENDOR TOTAL | | 906.00 * |
| | | | | | | | | MENTAL HEALTH BOARD | DEPARTMENT TOTAL | | 401,662.51 * |
| | | | | | | | | MENTAL HEALTH | FUND TOTAL | | 401,662.51 * |

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9.A

BRIEFING MEMORANDUM

DATE: April 26, 2017
MEMO TO: Members, Champaign County Mental Health Board
FROM: Lynn Canfield
SUBJECT: Program Summaries – FY18 Allocation Cycle

Traditionally, our April meeting is used to vet applications for funding, with final decisions to be made at our May meeting. To facilitate this process, staff have completed Program Summaries on all applications including a review of the Cultural and Linguistic Competence Plan. The summaries collect salient information and provide opinions concerning alignment with the CCMHB's priorities and 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 FY18 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 purpose of answering direct questions from CCMHB members or staff. 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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| CCMHB FY2018 Program Summary | | | |
|--|--|-----------------|---------|
| Agency | Program | FY 2018 Request | Page |
| Champaign County Children's Advocacy Center | Children's Advocacy | \$37,080 | 15-21 |
| CCRPC - Community Services | Justice System Diversion Services | \$62,755 | 22-27 |
| | Youth Assessment Center | \$76,350 | 28-32 |
| Champaign Urbana Area Project | CU Neighborhood Champions | \$95,538 | 33-39 |
| | TRUCE | \$167,295 | 40-44 |
| Community Foundation - DREAAM House | DREAAM House | \$80,000 | 45-50 |
| Community Svc Center of Northern Champaign Co. | Resource Connection | \$66,596 | 57-63 |
| Courage Connection | Courage Connection | \$66,948 | 51-56 |
| Crisis Nursery | Beyond Blue-Champaign County | \$75,000 | 64-71 |
| Cunningham Childrens Home | The Resiliency Project | \$99,946 | 72-77 |
| Don Moyer Boys and Girls Club (DMBGC) | C-U CHANGE | \$100,000 | 78-83 |
| | Champaign Community Coalition Summer Initiatives | \$107,000 | 84-86 |
| | Youth and Family Services | \$160,000 | 87-91 |
| East Central IL Refugee Mutual Assistance Center | Family Support & Strengthening | \$25,000 | 92-98 |
| Family Service of Champaign County | Counseling | \$25,000 | 99-105 |
| | Self-Help Center | \$28,428 | 106-109 |
| | Senior Counseling & Advocacy | \$142,337 | 110-114 |
| FirstFollowers | Peer Mentoring for Re-entry | \$59,432 | 115-121 |
| GROW in Illinois | Peer-Support | \$51,735 | 122-127 |
| Mahomet Area Youth Club | Bulldogs Learning and Succeeding Together | \$15,000 | 128-133 |
| | MAYC Members Matter! | \$12,000 | 134-137 |
| Prairie Center Health Systems | Criminal Justice Substance Use Treatment | \$10,600 | 138-143 |
| | Fresh Start | \$77,000 | 144-147 |
| | Parenting with Love & Limits (Extended Care) | \$301,300 | 148-152 |
| | Prevention | \$65,750 | 153-156 |
| | Specialty Courts | \$203,000 | 157-161 |
| | Youth Services | \$108,150 | 162-166 |
| Promise Healthcare | Mental Health Services with Promise | \$222,000 | 167-173 |
| | Promise Healthcare Wellness & Justice | \$58,000 | 174-178 |
| Rape Advocacy, Counseling & Education Services | Counseling & Crisis Services | \$18,600 | 179-184 |
| Roscrance CU | Anti-Stigma Education & Recovery Partn | \$62,351 | 185-190 |
| | Co-Responder Team (CRT) | \$219,187 | 191-194 |
| | Criminal Justice | \$300,265 | 195-199 |
| | Crisis, Access, & Benefits | \$274,888 | 200-204 |
| | Parenting w/ Love & Limits (Front End) | \$303,806 | 205-209 |
| | Substance Use Services Prgm | \$109,549 | 210-213 |
| | Transition Housing CJ | \$14,000 | 214-217 |
| Rural Champaign Co. Special Educ. Coop. | disAbility Resource Expo | \$66,781 | 218-222 |
| The UP Center | Children, Youth, & Families | \$19,000 | 223-229 |
| United Cerebral Palsy Land of Lincoln | Vocational Training and Support | \$51,885 | 230-235 |
| Urbana Neighborhood Connections | Community Study Center | \$19,500 | 236-241 |

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**2018 Summary Analysis of Applicant's Cultural and Linguistic Competence Activities
CCMHB**

Children's Advocacy Center

CCMHB reviews all CLCP plans submitted with FY2018 applications for funding, with particular attention actions steps associated to benchmarks for each of the following action areas:

1. Annual Cultural Competence Training
2. Recruitment of Diverse backgrounds and skills for Board of Director and Workforce:
3. Cultural Competence Organizational or Individual Assessment/Evaluation: Yes
4. Implementation of Cultural Competence Values in Policy and Procedure: Yes
5. Outreach and Engagement of Underrepresented and Marginalized Communities and target population defined in the criteria
6. Inter-Agency Collaboration
7. Language and Communication Assistance

Annual Cultural Competence Training

- *CAC Staff will complete at least one cultural competence training in each six-month half of the plan year.*

Recruitment of a diverse Board of Directors and Workforce

- *The Board will annually evaluate the diversity of the board and the Multidisciplinary Team*

Cultural Competence Organizational Assessment/Evaluation

- *Using the OMS system, at the initial visit the Executive Director will give the surveys to the parents/caregivers of children receiving services at CAC.*
- *The Executive Director will survey the Multidisciplinary Team Members Annually.*
- *Annually, the Board will review and evaluate survey results compiled by the Executive Director.*
- *Assess and modify, if necessary, the physical facility to reflect the population of focus, to be welcoming, clean, and attractive by providing cultural art, magazines, toys, and refreshments.*

Policies and procedures which reflect Cultural Competence values

- *During the Social History process the Case Manager will inquire about the family's ethnic/cultural background and will identify their natural and informal supports.*

Evidence of outreach and engagement with underrepresented populations defined in application criteria

None Noted in the CLC Plan.

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**2018 Summary Analysis of Applicant's Cultural and Linguistic Competence Activities
CCMHB
Children's Advocacy Center**

Inter-Agency Collaboration

- *The Case Manager will utilize 2-1-1 to ensure that we are able to provide clients with accurate, up to date information about services available in Champaign County .*

Language and Communication Assistance

- *The Case Manager will inquire about and be sensitive to the family's cultural and language preferences, and will seek resources aligned with those preferences.*

Overall CLC Plan Comments

The CLC Plan developed by Children's Advocacy Center has not been updated since PY2017. This organization usually reviews the CLC Plan and updates the plan with changes during the contract negotiation. Overall the required benchmarks were present in the CLC Plan with the exception of outreach and engagement with underrepresented populations defined in the application.

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Draft CCMHB Program Summary FY2018
Agency: Champaign County Children's Advocacy Center
Program: Champaign County Children's Advocacy Center

PY18 CCMHB Funding Request \$37,080
PY18 Total Program Budget \$195,668
Current Year Funding (PY17) \$37,080
Proposed Change in CCMHB Funding - PY17 to PY18 0.0 percent

Focus of Application Mental Health
Type of Contract Grant
Priority Other/Renewal

Services/People Served

Service Description/Type

The Children's Advocacy Center (CAC) provides a child-centered, coordinated response to allegations of child sexual abuse and serious physical abuse. The CAC promotes healing and justice for the young victims through the following core services: a family-friendly space for the initial child interview and parent meetings; a legally-sound, developmentally-appropriate child forensic interview; comprehensive case management to help the child and family navigate through the crisis; free crisis counseling to the child and any non-offending family member; referrals to associated specialized medical services; and coordination of the investigation through multidisciplinary case reviews.

The CAC-based child forensic interviewer position was added to the staff array in 2014. Although child forensic interviews may be conducted by any properly-trained investigator, research has shown that the child benefits from speaking with the CAC-based forensic interviewer (CAC-FI) in the following ways:

- a) the CAC-FI conducts multiple interviews per week, benefiting from repeated practice of a specialized skill (local investigators may conduct as few as one interview per year)
- b) the CAC-FI regularly attends training on working with special populations such as children with autism spectrum disorders or physical disabilities
- c) the CAC-FI regularly attends interviewing peer review, which research has shown is the single most important factor for skills improvement
- d) the CAC-FI regularly updates her knowledge of forensic interviewing protocols, insuring that each interview--crucial to the pursuit of justice for the child victim--is conducted in a legally-sound manner.

The CAC remains engaged with the family for up to a year, or longer if there is an associated court proceeding. Referrals to the Children's Advocacy Center are made by law enforcement agencies and the Illinois Department of Children and Family Services.

The CAC contracts with three local Master's-level clinicians (Joanna Kling, Christine Washo, Ann Chan) to provide free crisis counseling services to the child and any non-offending family member. These counseling services are underwritten by funding from the Illinois Criminal Justice Information Authority.

The CAC also periodically offers child victim support groups; assists with scheduling Trauma-Focused mental health assessments for child victims, coordinates monthly Multidisciplinary Team Case Review meetings and conducts other periodic reviews of open cases; coordinates and facilitates local and regional peer review for investigators who conduct child forensic interviews; participates in and coordinates community education and prevention services; and facilitates specialized training about child abuse for training for personnel from local law enforcement and child protective entities.

Comments

Proposal not linked to one of the four priority areas and is classified as Other/Renewal. Program is an established contract with a long history of support from the CCMHB. The agency provides a safe secure location for multidisciplinary teams, using the services of the CAC forensic interviewer, to interview children and youth, age 17 and under, believed to be victims of sexual abuse or serious physical abuse. A key element of the agency and program is the support it provides to the child/youth and to non-offending members of the family during the initial interview and as necessary through the ensuing court proceedings. Case management, crisis intervention, linkage and referral are provided to families. Use of the facility by multidisciplinary team members follows the CAC multi-disciplinary investigation of child abuse protocol. Services are provided on location. Transportation to initial interview provided by investigating authority. Case manager will assist with transportation for future meetings/services. Target population and services provided at the CAC are well defined.

Access to Services for Rural Residents

For full description, see submitted Program Plan Part I form.

Target Population

For full description, see submitted Program Plan Part I form.

Residency

| | | |
|-------------------------------|-------------------------------|---|
| Total Served | 156 (last full year = FY2016) | 109 (FY2017 – 1 st 2 quarters) |
| Champaign Set | 46 (29.5%) for FY16 | 25 (22.9%) for FY17 |
| Urbana Set | 41 (26.3%) for FY16 | 26 (23.9%) for FY17 |
| Rantoul -single | 27 (17.3%) for FY16 | 15 (13.8%) for FY17 |
| Mahomet - single | 8 (5.1%) for FY16 | 10 (9.2%) for FY17 |
| Other Champaign County | 34 (21.8%) for FY16 | 33 (30.3%) for FY17 |

Demographics

| | |
|---|---------------|
| Total Served | 156 in FY2016 |
| Age | |
| Ages 0-6 ----- | 42 (26.9%) |
| Ages 7-12 ----- | 46 (29.5%) |
| Ages 13-18 ----- | 68 (43.6%) |
| Race | |
| White ----- | 115 (73.7%) |
| Black / AA ----- | 21 (13.5%) |
| Asian / PI ----- | 1 (.6%) |
| Other (incl. Native American and Bi-racial) - | 19 (12.2%) |
| Gender | |
| Male ----- | 33 (21.2%) |
| Female ----- | 123 (78.8%) |
| Ethnicity | |
| Of Hispanic / Latino origin ----- | 12 (7.7%) |
| Not of Hispanic/Latino Origin ----- | 144 (92.3%) |

Program Performance Measures

ACCESS

For full description, see submitted Program Plan Part I Form.

Comment

Referral and access to services align with the CAC established multi-disciplinary team investigation protocol. Agency is accredited by the National Children's Alliance. Timeframe for interview following referral is noted as is

average length of engagement with case manager. Case review proceeds closing of any youth/family receiving case management. Measures associated with the timeframes are not provided although 98% of interviews are said to occur within 48 hours.

CONSUMER OUTCOMES

For full description, see submitted Program Plan Part I Form.

Comment

Measures are not defined, but method of collecting data is described.

Initial engagement by case manager is said to serve as a pre-assessment measure of child and family well-being and identifies strengths and needs. Efforts to address needs are documented in the case file and reviewed at case closure.

Agency has instituted an Outcome Measurement System developed by the National Children's Alliance. The system surveys parents following initial contact on the experience using the center. Results of the survey are compared to other centers in the state and nation. Results of the survey are not detailed in the section but said to be presented to the CAC Board. The same system also enables multi-disciplinary team members to rate their experiences using the agency.

UTILIZATION

Treatment Plan Clients (TPCs) 130, defined as Number of children or youth who:

1. reside in Champaign County (including residential treatment facilities), AND
2. have been interviewed as a potential victim regarding allegations of child sexual abuse or physical abuse, AND/OR
3. fit our Protocol to receive case management services and/or crisis counseling services from the CAC.

Non-Treatment Plan Clients (NTPCs) 10, defined as Number of children or youth who:

1. reside in Champaign County (including residential treatment facilities), AND
2. have been interviewed as potential non-victim witnesses to child sexual abuse or physical abuse, OR are considered at risk of harm for child sexual or physical abuse, AND who did not disclose being victimized during the interview. (If the child discloses abuse, they become a treatment plan client), OR
3. Are over the age of 18 and have an intellectual, developmental, or behavioral disability, OR
4. participated in courtesy usage of the Champaign County CAC for out-of-county or federal investigations.

Service Contacts (SCs) 140, defined as Number of Treatment Plan Client and Non-Treatment Plan Client categories combined. This total will reflect Champaign County resident children only.

Community Service Events (CSEs) 12, defined as Number of Child Abuse Prevention Month activities, public presentations and media events, and other meetings and consultations to educate the public or promote the program.

FY18 Annual targets (per Utilization Form)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---------------|-----|------|-----|-----|-------|
| Annual Target | 130 | 10 | 140 | 12 | 0 |

FY17 First two quarters (per submitted Quarterly Reports)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---------------------|------|------|-----|-----|-------|
| First Quarter FY17 | 180 | 8 | 59 | 3 | 0 |
| Second Quarter FY17 | 34 | 16 | 50 | 0 | 0 |
| Annual Target | 130 | 10 | 140 | 12 | 0 |
| % complete | 165% | 240% | 78% | 25% | |

FY16 all four quarters (per submitted Quarterly Reports)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---------------------|-----|------|----|-----|-------|
| First Quarter FY16 | 128 | 6 | 38 | 2 | 0 |
| Second Quarter FY16 | 26 | 2 | 28 | 2 | 0 |
| Third Quarter FY16 | 33 | 2 | 35 | 0 | 0 |
| Fourth Quarter FY16 | 53 | 2 | 55 | 4 | 0 |

| | | | | | |
|---------------|------|------|------|-----|---|
| Annual Target | 130 | 10 | 140 | 12 | 0 |
| % complete | 185% | 120% | 111% | 67% | |

Financial Analysis

For more detail, see submitted Revenue, Expense, Personnel, and Budget Narrative Forms.

PY18 CCMHB Funding Request \$37,080

PY18 Total Program Budget \$195,668

Current Year Funding (PY17) \$37,080

Proposed Change in CCMHB Funding - PY17 to PY18 0.0 percent

Program Staff - CCMHB Funds:

Indirect = 0.42 FTEs Direct = 0.00 FTEs, Total CCMHB = 0.42 FTEs

Total Program Staff:

Indirect = 1 FTEs Direct = 1.5 FTEs, Total Program = 2.5 FTEs

Budget Analysis: (staff comments) The CAC has two fulltime staff (executive director and case manager) and one half-time position (forensic interviewer). Crisis services are provided by contracted professionals. The CCMHB funds support the executive director position.

Funding from the CCMHB represents 19% of the total program budget \$37,080 / \$195,668 = 19.0 percent; United Way 0.5 percent; Contributions – various 5.1 percent; State 71 percent.

Budget Analysis: (staff comments) Three state contracts - Attorney General, Illinois Criminal Justice Information Authority, and DCFS, account for 71% of the agency and program funding. Federal funds account for the 4.4% of revenue. The contributions line includes "voluntary assessments" paid by local law enforcement to support the agency/program.

No increase is requested from the CCMHB for FY18. The amount of funding provided to the CAC has been the same for many years.

Personnel related costs are the primary expense charged to CCMHB, at 100% percent

Clear explanation of costs for this program. Although there is an error on the expense form resulting from a double posting of the salary/wages amount. No CCMHB funds are intended to be listed on the professional fees/consultants line.

Audit Findings: Audit in Compliance

Comment The CAC audit is completed as part of the Champaign County audit.

CCMHB FY18 Decision Priorities and Decision Support Criteria

Priority #1 Collaboration with the Champaign County Developmental Disabilities Board No

Priority #2 System of Care for Youth & Families No. *Not directly connected to system of care; serving special population - child sexual and serious physical abuse victims and non-offending family members.*

Priority #3 Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface No. *Program is focused on serving child/youth victims of sexual abuse and serious physical abuse and non-offending family members.*

Priority #4 Innovative practices to support access to core services No

Overarching Decision Support Criteria

Underserved Populations/ Cultural Competence Plan Yes. *Program assists vulnerable population at critical point in investigation of alleged sexual abuse and provides additional supports to child/family. CLC Plan review prefaces agency program summary.*

Anti-Stigma Efforts Yes. Agency reduces need for multiple interviews of child victims of sexual abuse, participates in Child Abuse Prevention Month (April) activities among other public education efforts.

Countywide Access Yes. Initial contact is by law enforcement and/or DCFS. Office is located in Champaign. Investigating officer provides transport for initial interview.

Budget-Program Connectedness Yes. The CCMHB provides 19% agency/program funding. Program aligns with budget although an error on expense form results in program showing a deficit related to CCMHB revenue vs. expenses.

Realignment of FY17 Contracts to Priorities No. Application is a renewal of an existing contract. No increase is requested from the CCMHB for FY18. The amount of funding provided to the CAC has been the same for many years.

Technical Criteria

Approach/Methods/Innovation Yes. Agency is accredited by the National Children's Alliance.

Staff Credentials No. Not specified. Training of forensic interviewer is alluded to but not detailed.

Resource Leveraging Program relies on state funding for 71% of its budget. Local contributions include funds from law enforcement.

Process Considerations & Caveats

Contracting Considerations If this application is approved for funding, the applicants may be required to submit the following for staff review and approval prior to execution of the final FY18 contract: *Error on expense form needs to be corrected.*

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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**2018 Summary Analysis of Applicant's Cultural and Linguistic Competence Activities
CCDDB**

Champaign County Regional Planning Commission

CCDDB reviews all CLCP plans submitted with FY2018 applications for funding, with particular attention actions steps associated to benchmarks for each of the following action areas:

1. Annual Cultural Competence Training
2. Recruitment of Diverse backgrounds and skills for Board of Director and Workforce:
3. Cultural Competence Organizational or Individual Assessment/Evaluation: Yes
4. Implementation of Cultural Competence Values in Policy and Procedure: Yes
5. Outreach and Engagement of Underrepresented and Marginalized Communities and target population defined in the criteria
6. Inter-Agency Collaboration
7. Language and Communication Assistance

Annual Cultural Competence Training

- *Cultural Competence Training/ Workshops for staff and board members*

Recruitment of a diverse Board of Directors and Workforce

- *Ensure that individuals of diverse backgrounds are included in policy making and program development.*
- *Ensure that individuals of diverse backgrounds are integrated into Board and Staff Positions as well as volunteer opportunities.*

Cultural Competence Organizational Assessment/Evaluation

- *Implementation of agency wide Cultural Competence Plan. Site assessments. Training recommendations.*
- *Utilize universal assessments tools that identify both strengths and challenges as well as demographic information that can be used in developing service plans*

Policies and procedures which reflect Cultural Competence values

- *Cultural and Linguistic Competence Plan is updated annually through board, staff, client and partner input*
- *Wellness at Work Program incentivizing employee health*
- *CCRPC, Community Action Board, Senior Services / Youth Assessment Center Advisory Boards include client representatives*

Evidence of outreach and engagement with underrepresented populations defined in application criteria

Quarterly outreach events provided by each team

Inter-Agency Collaboration

- *Participation on interagency councils and workgroups. Program and/or service development that involve multiple agencies.*

DRAFT
2018 Summary Analysis of Applicant's Cultural and Linguistic Competence Activities
CCDDB
Champaign County Regional Planning Commission

Language and Communication Assistance

- *Develop communication and language assistance protocol for staff to access language assistance.*

Overall CLC Plan Comments

Required benchmarks are mentioned in the CLCP. CCRPC has developed a CLC committee that will begin to develop an agency wide CLCP for the entire organization. Currently there are separate CLCP for each program. This is a strength and also can be viewed as an opportunity to expand the value of CLC throughout the organization.

Draft CCMHB Program Summary FY2018
Agency: CCRPC - Community Services
Program: Justice System Diversion Services

PY18 CCMHB Funding Request \$62,755 – a NEW request

PY18 Total Program Budget \$86,152

Current Year Funding (PY17) N/A

Proposed Change in CCMHB Funding - PY17 to PY18 N/A

Focus of Application Mental Health

Type of Contract Grant

Priority #3 Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface

Services/People Served

Service Description/Type

The Justice Diversion Program will be the primary connection point for case management and services for persons who have Rantoul Police Department (RPD) Crisis Intervention Training (CIT) and/ or domestic contacts, providing case management with a goal to reduce criminal recidivism and to help clients develop and implement plans to become successful and productive members of the community and offering law enforcement an alternative to formal processing.

Services will include:

- Needs assessment
- Linkage to community resources
- Case-management services
- Short term care coordination and monitoring
- Community outreach
- Facilitation of meetings of Rantoul service providers
- Development of services within Rantoul through use of students, volunteers, etc.
- Research of funding opportunities through grants, contributions, and other funding sources, governmental and otherwise to support additional Rantoul based resources
- Referral to other service providers for services such as:
 - o Housing
 - o Mental health
 - o Substance abuse
 - o Family and parenting counseling and support
 - o Education and vocational training
 - o Employment
 - o Peer support/mentoring

The services provided through the Justice Diversion program have been recommended based on data collected by the RPD and University of Illinois social work interns in 2015 and 2016 and input from community stakeholders. The program will work to collaborate on service delivery through linkages and referrals to established services in Rantoul and neighboring cities, but will also work to increase the service options available within Rantoul. Ongoing program improvements will incorporate information gathered from participating clients in the program through such formats as routine satisfaction surveys, and input from service providers and law enforcement during Rantoul service providers' facilitation meetings.

Program services will be provided by a Justice Diversion Program Coordinator with a Masters of Social Work degree and

social work interns, who will be trained in cultural competency, motivational interviewing, and trauma informed service delivery and deliver services in accordance with the National Association of Social Workers Code of Ethics. Program staff receive weekly supervision and are also encouraged to participate in professional development trainings as available. Staff will be primarily located in Rantoul with office hours at the local police department and the Community Service Center of Northern Champaign County. Outreach services will also be provided in clients' home and community environments, allowing for sensitivity to the specific needs and concerns of the clients' unique cultural backgrounds. Additionally, appointments will be available outside of traditional business hours in order to accommodate clients' schedules.

Comments

Program aligns with Priority #3 Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface. New program proposal is a response to work undertaken by the University of Illinois School of Social Work interns with the Rantoul Police Department in 2015 and 2016. Data from this work is alluded to in the application but not presented. Program targets residents of Rantoul who have had a crisis intervention team contact or domestic offence contact. Program staff will have a presence at the Rantoul Police Department and the Community Service Center of Northern Champaign County (CSCNCC). Staff will meet with residents in the community or homes. Wide range of services and supports would be provided to the individual/family. Courage Connection has regular presence at the Community Service Center providing court advocacy and other services to victims of domestic violence. Coordination with Courage Connection needs to be addressed if proposal funded.

Access to Services for Rural Residents

For full description, see submitted Program Plan Part I Form.

Target Population

For full description, see submitted Program Plan Part I Form.

Residency / Demographics

Program is a new proposal. No Residency or demographic data for prior year(s) exists.

Program Performance Measures

ACCESS

For full description, see submitted Program Plan Part I Form.

Comments

Program staff collaboration with Rantoul Police in attempting to engage individuals is noted and will be documented using the crisis intervention tracking form. Timeframes associated with contacting and engaging clients is provided as well as process for documenting services. Some demographic data from the U of I School of Social Work interns work with Rantoul Police is included in the section.

CONSUMER OUTCOMES

For full description, see submitted Program Plan Part I Form.

Comments

Focus of the program is to reduce calls requiring a CIT or domestic disturbance response from Rantoul police. Program will track rates of engagement and number of CIT calls. As an outcome measure, 75% of those completing a survey after engaging in services will have a positive response. Program will track barriers to services and lack of services available.

A measure associated with the reduction of CIT calls or calls related to domestic disturbances is not identified.

UTILIZATION

Treatment Plan Clients (TPCs) 150, defined as Following along on a continuum of services, TPCs represent those NTPC whom are provided a needs assessment and service recommendations, including individuals / families engaging in individualized ongoing Justice Diversion program services.

Non-Treatment Plan Clients (NTPCs) 500, defined as Individuals and families who have had Crisis Intervention Team (CIT) or domestic offense police contact, whether initiated by the family or due to a police response, which the Justice Diversion Program attempts to engage in program services

Service Contacts (SCs) 1,300, defined as Each service provided directly to or on the behalf of the individuals/families served by the program. Total includes documented attempts to engage a client in services (NTPCs) and range of contacts associated with services provided to engaged clients (TPCs).

Community Service Events (CSEs) 12, defined as Staff presentations; service provider facilitation meetings; meetings with providers, schools, community members, public officials to provide information and education about the Justice Diversion program; and community meetings/events

FY18 Annual targets (per Utilization Form)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---------------|-----|------|------|-----|-------|
| Annual Target | 150 | 500 | 1300 | 12 | 0 |

Comment As a new program proposal, data are not available for prior years.

Financial Analysis

For more detail, see submitted Revenue, Expense, Personnel, and Budget Narrative Forms.

PY18 CCMHB Funding Request \$62,755 - a NEW request

PY18 Total Program Budget \$86,152

Current Year Funding (PY17) N/A

Proposed Change in CCMHB Funding - PY17 to PY18 N/A

Program Staff - CCMHB Funds:

Indirect = 0 FTEs Direct = 1.05 FTEs, Total CCMHB = 1.05 FTEs

Total Program Staff:

Indirect = 0 FTEs Direct = 1.05 FTEs, Total Program = 1.05 FTEs

Budget Analysis: (staff comments) The total agency budget is incomplete and elements of what is presented does not match up with the other two applications submitted by CCRPC-Community Services. It would be helpful if at a minimum the Total Agency Budget was for the Community Services division of RPC.

Funding from the CCMHB represents 72.8% of the total program budget. $\$62,755 / \$86,152 = 72.8$ percent

Contributions – various = 4.8 percent

Budget Analysis: (staff comments) New proposal with CCMHB as the primary funder. Other sources of program revenue include federal Community Service Block Grant funds (22.4%). The contribution is an in-kind contribution from the Rantoul Police Department and the applicant.

Community Service Block Grant (CSBG) funds are included as a source of support. In the past CCRPC has identified use of these funds to support a CCMHB funded program and then not followed through on the use of CSBG funds. If awarded CCMHB funds, required drawdown of CSBG should be special provision.

Personnel related costs are the primary expense charged to CCMHB, at $\$53,710 / \$62,755 = 85.6$ percent

Personnel related expenses are the primary cost charged to the CCMHB. The new coordinator position would be funded entirely with CCMHB funds along with 5% of a supervisor's time. Other expenses charged to the Board are limited to three expense lines, the largest of which is the occupancy expense line. The amount charged for occupancy is said to be based on an indirect cost rate for CCMHB applications of 20% of direct salaries.

Audit Findings: Audit in Compliance

Comment Audit is completed as part of the county wide audit.

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CCMHB FY18 Decision Priorities and Decision Support Criteria

Priority #1 Collaboration with the Champaign County Developmental Disabilities Board No

Priority #2 System of Care for Youth & Families No

Priority #3 Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface Yes. Program aligns with this priority. New program proposal builds on work initiated by the U of I School of Social Work with the Rantoul Police Department. Program targets Rantoul residents having police contacts related to domestic offenses or requiring a response from CIT trained officer. Services include quick response to engage the individual/family and provide case management, care coordination and linkage and referral. Application is similar to the Rosecrance Co-Responder Team proposal that includes paying for the law enforcement component and serves entire county.

Priority #4 Innovative practices to support access to core services No

Overarching Decision Support Criteria

Underserved Populations/ Cultural Competence Plan Yes. CLC Plan review prefaces agency program summaries. Program identifies target population as residents of Rantoul, adding program anticipates serving "traditionally hard to reach individuals from underserved populations such as low-income and ethnic minority households."

Anti-Stigma Efforts No. Addressing stigma is not addressed in the application.

Countywide Access No. Access is limited to residents of Rantoul that have required a CIT response or domestic offense contact by the Rantoul Police Department.

Budget-Program Connectedness Yes. Proposed services align with the budget. CCMHB is the primary funder, 73% of revenue, but not the sole funder. Rantoul Police Department and CCRPC will provide in-kind support with CCRPC also allocating CSBG funds to the program. A new Master's level case manager would be hired and dedicated fulltime to the program.

Realignment of FY17 Contracts to Priorities Yes. As a new proposal aligning with a high priority in a highly competitive application cycle, allocation of new funds or redirection of funds from other contracts would be necessary if funding is to be awarded. **Technical Criteria**

Approach/Methods/Innovation Yes. New initiative based on prior work between U of I School of Social Work and Rantoul Police Department. This proposal does not provide much detail related to the outcome of that experience which would have been helpful. Program involves coordinated approach between Rantoul Police and the case manager to identify and engage families involved in CIT police calls or domestic offense calls.

Staff Credentials Yes. Clearly described in services section of Part I form. Program would create a new Master's level case manager position.

Resource Leveraging As part of the scope of services, proposal includes research of other funding opportunities to broaden base of support and services available in Rantoul.

Process Considerations & Caveats

If proposal is awarded CCMHB funds, drawdown of CSBG should be required under a special provision.

Contracting Considerations If this application is approved for funding, the applicants may be required to submit the following for staff review and approval prior to execution of the final FY18 contract: Corrections/revisions to budget forms to conform with application requirements is necessary and to be pursued if any of the three CCRPC applications is awarded funding.

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 FY2018
Agency: Champaign County Regional Planning
Commission (CCRPC) - Community Services
Program: Youth Assessment Center (YAC) (Companion Proposal)

PY18 CCMHB Funding Request \$76,350

PY18 Total Program Budget \$328,282

Current Year Funding (PY17) \$26,000

Proposed Change in CCMHB Funding - PY17 to PY18 193.7 percent

Focus of Application Mental Health

Type of Contract Grant

Priority Priority #2: System of Care for Youth & Families

Services/People Served

Service Description/Type

The Youth Assessment Center (YAC) serves as the primary point of entry into a coordinated system of care for youth at risk of involvement in the juvenile justice system. Associate and Bachelor level case managers trained in Balanced and Restorative Justice, and Motivational Interviewing complete assessments and recommend treatment/services that will support youth to be resilient, resourceful, responsible, and restored to positive community involvement. Services are offered countywide in a culturally competent manner, using youth and family input for program design and trauma-informed practices for service provision.

CCRPC seeks continued funding to provide trauma screening and more intensive support services to youth repeatedly referred to YAC. Additionally, CCRPC is requesting increased funding to support part-time staff trained in law enforcement. Law enforcement staff will enhance diversion services, providing increased youth monitoring and engagement, delivering group interventions based on curriculum from School Resource Officer (SRO) training, and enhancing coordination with justice system stakeholders. YAC case managers will provide more in depth screening/assessment to be used to inform decisions about the level of the station adjustment intervention and allow for more individualization of interventions. YAC case managers will also have increased opportunity to provide more intensive support services.

Youth served under this grant will continue to receive trauma specific screening, recommendations for evidence based, trauma focused, cognitive behavioral therapy, and assistance with service fees (when funding allows). Youth lacking protective factors and natural supports will continue to be offered regular face to face meetings with a case manager until they are accepted into referred services.

In addition to assessments and/or groups offered regularly on site by partners including; Prairie Center, Women for Outreach, and Prison Justice Project's Mentor Program, staff trained in law enforcement will facilitate periodic groups on site and in the community with a focus on prevention.

Comments

Program aligns with Priority #2: System of Care for Youth & Families. New for the FY18 application is an expanded scope of services that adds involvement of law enforcement trained individuals to increase monitoring of youth, engagement in groups using curriculum for School Resource Officer training, and enhanced coordination with justice system stakeholders. The emphasis of the expanded scope appears tied to the criminal justice diversion side of the Youth Assessment Center (YAC) rather than engagement in social services.

The population served under the YAC Companion Proposal are youth with multiple station adjustments/referrals to

the YAC and who score moderate to high risk on the Youth Assessment and Screening Instrument (YASI). Case managers travel throughout the county to complete intakes and engage youth and families.

Access to Services for Rural Residents

For full description, see submitted Program Plan Part 1 Form.

Target Population

For full description, see submitted Program Plan Part 1 Form.

Residency

| | | |
|-------------------------------|---------------------|---|
| Total Served | 55 in FY2016 | 55 in FY2017 – 1 st 2 quarters |
| Champaign Set | 30 (54.5%) for FY17 | 30 (54.5%) for FY17 |
| Urbana Set | 13 (23.6%) for FY17 | 13 (23.6%) for FY17 |
| Rantoul -single | 8 (14.5%) for FY17 | 8 (14.5%) for FY17 |
| Mahomet - single | 2 (3.6%) for FY17 | 2 (3.6%) for FY17 |
| Other Champaign County | 2 (3.6%) for FY17 | 2 (3.6%) for FY17 |

Demographics

Total Served 55 in FY2016

Age

| | |
|------------------|------------|
| Ages 7-12 ----- | 10 (17.9%) |
| Ages 13-18 ----- | 45 (80.4%) |
| Ages 19-59 ----- | 1 (1.8%) |

Race

| | |
|------------------|------------|
| White ----- | 17 (30.4%) |
| Black / AA ----- | 39 (69.6%) |

Gender

| | |
|--------------|------------|
| Male ----- | 35 (62.5%) |
| Female ----- | 21 (37.5%) |

Ethnicity

| | |
|-------------------------------------|------------|
| Of Hispanic / Latino origin ----- | 1 (1.8%) |
| Not of Hispanic/Latino Origin ----- | 55 (98.2%) |

Program Performance Measures

ACCESS

For full description, see submitted Program Plan Part I Form.

Comments

Timeframes identified for engaging youth in court diversion and for referral and engagement in social services in response to assessment. Target established has been adjusted down based on past performance. Hiring of staff with law enforcement training is referenced as a means for increasing engagement.

Case managers include staff fluent in Spanish.

CONSUMER OUTCOMES

For full description, see submitted Program Plan Part I Form.

Comment

Recidivism is tracked. Other measures are tied to social services. Section includes rationale for new hires tied primarily to their anticipated impact on criminal justice side of the YAC through increased engagement. Only about 50% of youth with multiple law enforcement contacts and re-referred to YAC engage with case managers.

UTILIZATION

Treatment Plan Clients (TPCs) 144, defined as Youth re-referred to the Youth Assessment Center who are assessed to be moderate to high risk using the Youth Assessment and Screening Instrument (YASI), and provided service referral and linkage.

Non-Treatment Plan Clients (NTPCs) 10, defined as Re-referred youth who are assessed to be no to low risk using the YASI, indicating structured treatment services are not necessary.

Service Contacts (SCs) 40, defined as Repeat referrals that the YAC team is unable to contact and/or engage in services.

Community Service Events (CSEs) 50, defined as Activities related to program outreach, networking, staff development and program management.

Comments

While there is fluctuation from year to year, the preliminary data for FY17 TPCs has already exceeded the target. This runs counter to the experience in FY16. Does the increase in TPCs also reflect an increase in engagement levels reducing the current unengaged percentage of 47% noted in the Consumer Outcomes section above? Based on current performance is the increased staffing and associated costs to be borne by the CCMHB necessary?

FY18 Annual targets (per Utilization Form)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---------------|-----|------|----|-----|-------|
| Annual Target | 144 | 10 | 40 | 50 | 0 |

FY17 First two quarters (per submitted Quarterly Reports)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---------------------|------|------|------|-----|-------|
| First Quarter FY17 | 55 | 3 | 10 | 13 | 4 |
| Second Quarter FY17 | 26 | 1 | 16 | 12 | 2 |
| Annual Target | 67 | 29 | 24 | 50 | 0 |
| % complete | 121% | 14% | 108% | 50% | |

FY16 all four quarters (per submitted Quarterly Reports)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---------------------|-----|------|------|-----|----------------------------------|
| First Quarter FY16 | 48 | 11 | 23 | 0 | |
| Second Quarter FY16 | 14 | 2 | 7 | 9 | 2 (in process) |
| Third Quarter FY16 | 15 | 3 | 10 | 12 | 5 (in process, trying to engage) |
| Fourth Quarter FY16 | 27 | 0 | 15 | 21 | |
| Annual Target | 112 | 10 | 30 | 50 | 0 |
| % complete | 93% | 160% | 183% | 84% | |

Financial Analysis

For more detail, see submitted Revenue, Expense, Personnel, and Budget Narrative Forms.

PY18 CCMHB Funding Request \$76,350

PY18 Total Program Budget \$328,282

Current Year Funding (PY17) \$26,000

Proposed Change in CCMHB Funding - PY17 to PY18 193.7 percent

Program Staff - CCMHB Funds:

Indirect = 0 FTEs Direct 1.05 = FTEs, Total CCMHB = 1.05 FTEs

Total Program Staff:

Indirect = 0 FTEs Direct = 4.44 FTEs, Total Program = 4.44 FTEs

Budget Analysis: (staff comments) The total agency budget is incomplete and elements of what is presented does not match up with the other two applications submitted by CCRPC-Community Services. It would be helpful if at a minimum the Total Agency Budget was for the Community Services division of RPC.

Direct service staff includes addition of two new part-time positions (.53 FTE and .11 FTE) where CCMHB would be sole funder of salaries/wages. Five existing case manager positions average less than 10% of their time charged to CCMHB.

Funding from the CCMHB represents 23.3% of the total program budget. $\$76,350 / \$328,282 = 23.3$ percent
Budget Analysis: (staff comments) FY18 application seeks to triple CCMHB support for the program over FY17 amount awarded. Other sources of revenue comes from local sources. The single largest source of local support is the Champaign County quarter cent for public safety tax funds at 71% of program budget. Other commitments come from Champaign, Rantoul, and Urbana. An in kind contribution listed in FY17 application is no longer included as part of the program budget.

Applicant did explain that increased costs were due to adding staff trained in law enforcement.

Personnel related costs are the primary expense charged to CCMHB, at \$61,473 / \$76,350 = 80.5 percent
Other expenses charged to the Board are limited to three expense lines, the largest of which is the occupancy expense line. The amount charged for occupancy is said to be based on an indirect cost rate for CCMHB applications of 20% of direct salaries.

Audit Findings: Audit in Compliance

Comment Audit is completed as part of the county wide audit.

CCMHB FY18 Decision Priorities and Decision Support Criteria

Priority #1 Collaboration with the Champaign County Developmental Disabilities Board No

Priority #2 System of Care for Youth & Families Yes. *Youth Assessment Center is part of the juvenile justice element associated with this priority. Serves as intake and coordination point for various programs linked to youth and family system of care.*

Priority #3 Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface No

Priority #4 Innovative practices to support access to core services No

Overarching Decision Support Criteria

Underserved Populations/ Cultural Competence Plan Yes. *CLC Plan review prefaces agency program summaries. Proposal focuses on increased efforts to engage and refer youth having multiple contacts with law enforcement and referrals to the Youth Assessment Center. Case managers will travel to rural areas of the county to meet and complete intakes on youth and to engage family in services based on assessment.*

Anti-Stigma Efforts No. *Addressing stigma is not referenced in the application.*

Countywide Access Yes. *Case managers will travel to rural areas of the county to meet complete intakes on youth and to engage family in services based on assessment. Only about 7% of those served are from rural areas of Champaign County including Mahomet.*

Budget-Program Connectedness *Significant increase over current level of funding is requested from the CCMHB. The increased funds would be used to hire two part-time staff with law enforcement experience and/or training to monitor and engage youth, provide group based interventions using school resource officer curriculum, coordinate with justice system stakeholders involved with the YAC. It appears the role of the part-time positions is tied to the criminal justice side of a youth's involvement with the YAC rather than the social service side where effort is made to connect the youth and family to community resources. Clarification on the role of the two new positions would be helpful.*

Realignment of FY17 Contracts to Priorities Yes. *Application seeks about a 200% increase in funding. In order to fully fund the request, an offset in funding for other services would be necessary.*

Technical Criteria

Approach/Methods/Innovation Yes. *Youth Assessment Center is an access point for youth having contact with law enforcement resulting in a station adjustment. YAC also conducts screening and assessment using the YASI that in part identifies other social service needs and refers youth and families to the most appropriate resource.*

Staff Credentials Yes. Clearly described in service section (Part I form) of application.

Resource Leveraging Budget is based entirely on funding from local sources. The CCMHB is responsible for 100% of the cost of new staff/expansion of services.

Process Considerations & Caveats

Contracting Considerations If this application is approved for funding, the applicants may be required to submit the following for staff review and approval prior to execution of the final FY18 contract: *Corrections/revisions to budget forms to conform with application requirements is necessary and to be pursued if any of the three CCRPC applications is awarded funding.*

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
2018 Summary Analysis of Applicant's Cultural and Linguistic Competence
Activities
CCMHB
Champaign-Urbana Area Project

CCMHB reviews all CLCP plans submitted with FY2018 applications for funding, with particular attention actions steps associated to benchmarks for each of the following action areas:

1. Annual Cultural Competence Training
2. Recruitment of Diverse backgrounds and skills for Board of Director and Workforce:
3. Cultural Competence Organizational or Individual Assessment/Evaluation
4. Implementation of Cultural Competence Values in Policy and Procedure
5. Outreach and Engagement of Underrepresented and Marginalized Communities and target population defined in the criteria
6. Inter-Agency Collaboration
7. Language and Communication Assistance

Cultural Competence Training-

- *Executive Director will coordinate annual training for support staff and governing body. Executive Director will also be required to partake in a minimum of one training.*

Recruitment of a diverse Board and Staff

- *Identify, recruit and select members of the board of director's body that are reflective of the focus population of CUAP (including informal and formal cultural leaders, faith-based communities, youth representatives and family members)*
- *The Board of Directors will seek to hire/retain an Executive Director who has demonstrated the ability to work with a diverse population and who will uphold the principles, policies, and procedures of the CUAP CLCP.*
- *Develop employment criteria for the program manager/staff which includes requirements for demonstrated skills in working with the populations of focus and diverse populations*

Cultural Competence Organizational Assessment/Evaluation

- *The Executive Director will conduct an annual assessment of the facility to ensure the space is inviting and culturally respectful to all youth, families, and guests.*
- *Annual mapping protocol of "hot spots" and suspected communities suffering from high levels of traumatic experiences will be central to appropriate service delivery. Partnering with Community Coalition will aid in success of mapping protocol.*

DRAFT
2018 Summary Analysis of Applicant's Cultural and Linguistic Competence
Activities
CCMHB
Champaign-Urbana Area Project

- *Conduct annual spring/summer needs assessment survey in collaboration with Community Coalition "Walk as One." Information will be reviewed by Program Manager and Director for analysis.*
- *Participate in the process to discuss services that are delivered. Help identify and organize community leaders and other stakeholders in design of needs assessment data collection instruments.*

Policies and procedures which reflect Cultural Competence values

- *Create and/or revise the mission statement to affirm support of a CLC perspective to governance, management and service delivery.*
- *Allocation of funds will be approved during the annual budget process. CUAP staff will attend annual culturally responsive activities or attend at least one CLC education class, which shall include web-based trainings.*
- *Develop performance indicators related to the delivery of cultural and linguistic competence and include them in performance reviews and professional development plans*

Outreach and Engagement of Underrepresented and Marginalized Communities and target population defined in the criteria

- *Identify and link system of care to community based individuals who could serve as cultural brokers. Violence interrupters, aka "Peace Seekers" are examples of cultural brokers. They are individuals who serve as mediators of distrust between cultures, models, mentors and catalysts for change in underserved and hard to reach individuals*
- *Organize and implement one community engagement and/or outreach activity at least semi-annually to facilitate awareness of mental health issues and services within the community, including emerging populations, faith-based organizations, etc.*

Inter-Agency Collaboration

- *Develop formal partnerships, MOU's, etc. with cultural community agencies, faith-based entities, traditional cultural providers, and other culturally-relevant organizations.*
- *Champaign County Sherriff's Department*
- *First Followers Re-Entry Program*

DRAFT
2018 Summary Analysis of Applicant's Cultural and Linguistic Competence
Activities
CCMHB
Champaign-Urbana Area Project

Language and Communication Assistance

- *Review and update the Cultural and Linguistic Competence Plan including a policy for the timely provision of interpretation services and allocation of bilingual staff.*
- *Review all pertinent written, oral, and symbolic materials with youth and family (including consent forms, posters, signs, and audio/video tape recordings) to ensure that they are interpreted from the appropriate cultural perspective.*

Overall CLC Plan Comments-

The CLC Plan submitted by CUAP was comprehensive and detailed. There were actions about organizational assessment as well as opportunities to assess the service area's need based on historical trauma. The CLC Plan had all of the required benchmarks and the actions had clear benchmarks to be accomplished.

Draft CCMHB Program Summary FY2018
Agency: Champaign Urbana Area Project
Program: CU Neighborhood Champions (CUNC)

PY18 CCMHB Funding Request \$95,538

PY18 Total Program Budget \$95,538

Current Year Funding (PY17) \$19,189

Proposed Change in CCMHB Funding - PY17 to PY18 398 percent

Focus of Application Mental Health

Type of Contract Grant

Priority #2: System of Care for Youth & Families

Services/People Served

Service Description/Type

Because of the ACE study, we understand that trauma and violence have a huge impact on individuals and communities. The CDC, the surgeon general, and Health People 2020 have made reduction of violence a top priority. Trauma is correlated with a range of destructive outcomes, including increased rates of trauma and violence.

The CUNC Initiative is a targeted intervention that uses the Youth-CAN model, an evidenced-based training model from the Urban Youth Trauma Center that helps communities to collaborate more effectively. Informed by the requirements of public health and the effects of trauma, the approach promotes resiliency and recovery in the community.

The goals of the initiative are as follows:

- Increase understanding of trauma and increase support for victims of trauma.
- Increase the number of people available to support youth and families and build their resiliency.
- Identify people who can respond when a crisis happens, and the resources that can be deployed.
- Increase the options for support available in neighborhoods for people affected by trauma.
- Identify and connect people to appropriate professional help as needed(early identification).
- Prevent community violence through early intervention.

These goals will be accomplished by the following methods:

- Training 75 neighborhood community-based natural helpers and leaders and others 16 years of age and older using an evidence-based, trauma-informed approach derived from the Youth-CAN model in order to increase understanding of trauma, ACE, and the community's ability to support recovery and resiliency among victims of trauma and violence.
- Training 75 service providers and health professionals and paraprofessionals about trauma, ACE, and the community's ability to support recovery and resiliency among victims of trauma and violence.
- Training 50 individuals through quarterly 40-hour Healing Solutions training sessions, which use evidence-based practice to equip responders and helpers with the skills they need to be effective.

- Train and support teams of 40 Champion responders, empathetic natural helpers who will provide community-based post-trauma support. These responders will be available for three main purposes: to provide information about trauma and violence; to educate parents, community leaders, and other leaders about ACE and symptoms of potential trauma; and to link individuals affected by trauma and violence to services and support.
- Training 50 people to conduct presentations 15 to 60 minutes long on trauma and trauma-informed care that can be offered throughout the community.

Comments

Application aligns with Priority #2: System of Care for Youth & Families. Program proposal expands target population to include congregations serving affected areas and to social service providers and number to be trained. Not addressed or clear in the proposal is how those trained will utilize their skills or if once trained whether there is a continued relationship with the provider. The emphasis is on training more and more people, totaling 240 in all. The CU Champions proposal for FY18 speaks to 40 Responders being trained and in the field, however, there is no reference to how many responders are expected to result from the investment made in developing Responders by CCMHB in FY17.

Program proposes to expand to other areas of the county: Rantoul and a yet to be named rural community. The desire to expand to other areas of the county is laudable, however, yet development of a core of CU Champions to work in existing targeted neighborhoods does not appear to have been accomplished.

Access to Services for Rural Residents

For full description, see submitted Program Plan Part I Form.

Target Population

For full description, see submitted Program Plan Part I Form.

Residency/Demographics

Data not available - emphasis is on training. Data from trainees would be of interest.

Program Performance Measures

ACCESS

For full description, see submitted Program Plan Part I Form.

Comments

Narrative describes recruitment of prospective trainees for FY18. No information is provided on the results achieved through the second quarter of FY17 to recruit or train "responders" so far under current contract. Healing Solutions training also includes CUAP TRUCE Peace Seekers as participants. (see CUAP TRUCE program summary).

CONSUMER OUTCOMES

For full description, see submitted Program Plan Part I Form.

Comments

Program acknowledges issues with delay in implementing the Champion responders. Initial trainees identified need for additional training and references additional training efforts. Outcome measures are primarily process oriented. Other outcome measures are being developed on measuring community impact.

Seems to involve potentially duplicative trainings. Unclear who the different groups to be trained are, what their roles are, and what outcomes are anticipated.

UTILIZATION

37

Treatment Plan Clients (TPCs) 0

Non-Treatment Plan Clients (NTPCs) 30, defined as Number of individuals and families receiving Responder crisis support.

Service Contacts (SCs) 70, defined as Documented information and referral contacts made by Champion leaders in the targeted communities.

Community Service Events (CSEs) 70, defined as various events and trainings. Narrative included in the Utilization Section provides more detail. However, number of events in narrative is greater than listed here.

Other 290, defined as Number of community leaders, service providers and other professionals, trauma responders, trauma educators, and Healing Solutions participants to be trained. Details are included in the narrative section.

Comments The focus should be on training the CU Champion responders and the number of individuals and families with whom they engage. This proposal follows the first year of funding for CU Champions. The emphasis for year two appears to be on more training rather than community impact by those trained in year one.

FY18 Annual targets (per Utilization Form)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---------------|-----|------|----|-----|-------|
| Annual Target | 0 | 30 | 70 | 70 | 290 |

FY17 First two quarters (per submitted Quarterly Reports)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---------------------|-----|------|----|-----|-------|
| First Quarter FY17 | 0 | 0 | 5 | 4 | 24 |
| Second Quarter FY17 | 0 | 0 | 52 | 12 | 12 |
| Annual Target | 0 | 0 | 70 | 12 | 94 |

FY16 all four quarters (per submitted Quarterly Reports) N/A - program not run in 2016

Financial Analysis

For more detail, see submitted Revenue, Expense, Personnel, and Budget Narrative Forms.

PY18 CCMHB Funding Request \$95,538

PY18 Total Program Budget \$95,538

Current Year Funding (PY17) \$19,189

Proposed Change in CCMHB Funding - PY17 to PY18 397.9 percent

Program Staff - CCMHB Funds:

Indirect = 0 FTEs Direct = 2.5 FTEs, Total CCMHB = 2.5 FTEs

Total Program Staff:

Indirect = 0 FTEs Direct = 2.5 FTEs, Total Program = 2.5 FTEs

Budget Analysis: (staff comments) Budget forms were not completed correctly. Calculations of program staff presented above are based on errors made in completing the form. Program staff includes one halftime coordinator position.

Funding from the CCMHB represents 100% of the total program budget. $\$95,538 / \$95,538 = 100.0$ percent

Budget Analysis: (staff comments) The CCMHB is the sole funder for the program. The CCMHB also appears to be the primary source of support for the agency as a whole. Other sources listed for the agency are contributions and in-kind services that are not explained in the Budget Narrative. Program did receive \$4,000 as a sub-grantee to the CCMHB 2016 Summer Youth Initiative contract with Don Moyer Boys & Girls Club.

Personnel related costs are the primary expense charged to CCMHB, at $\$142,041 / \$262,294 = 54.2$ percent

The personnel cost percentage reported above is based on errors by the agency when completing the form. The correct percentage is 42% ($\$40,276 / \$95,538$). While the program narrative, see end of target population section, refers to several positions the personnel form lists only one program position funded by the Board: halftime Neighborhood Champions Coordinator. After personnel expenses (\$40,277), the next largest expense line is Professional fees/Consultants (\$20,500) that includes costs for two other coordinators and for trainers. Consumables

line pays costs for large number of events held throughout the year. Specific assistance provides stipends to CU Champions responding to incidents in the community. Program lists \$12,461 for Miscellaneous expenses that appears to be a charge of 15% for indirect/administrative expenses (management and general.)

Audit Findings: Not Applicable

Comment Agency is required to complete an audit of the FY17 contracts.

CCMHB FY18 Decision Priorities and Decision Support Criteria

Priority #1 Collaboration with the Champaign County Developmental Disabilities Board No

Priority #2 System of Care for Youth & Families Yes. Program is associated with broader efforts of the Champaign Community Coalition and is aligned with this Priority. Primary focus is on training community leaders and others about the effects of trauma and how to respond to violence in their neighborhoods.

Community, non-clinical response to violence. Related to CUAP TRUCE project and Prairie Center Fresh Start.

Priority #3 Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface No

Priority #4 Innovative practices to support access to core services No

Overarching Decision Support Criteria

Underserved Populations/ Cultural Competence Plan Yes. Proposal attempts to address gun violence plaguing specific areas of Champaign and Urbana. CLC Plan review prefaces agency program summaries.

Anti-Stigma Efforts Yes. Educates community on effects of trauma and supports and other resources available recovery and to build resiliency.

Countywide Access No. Limited to Champaign and Urbana although application speaks to expanding to Rantoul and a rural community. In that the program has experienced some delay in developing CU Champion Responders due to expressed need for additional training by initial training participants, expansion to other areas does not appear to be justified.

Budget-Program Connectedness No. While budget forms appear complete, on closer examination errors exist on the revenue, expense and personnel forms. If funded corrections to budget will be required.

100% of program funding is requested from CCMHB. Increase in cost is not explained, nor is administrative overhead.

Realignment of FY17 Contracts to Priorities Yes. Program requests a significant increase in funding for FY18; five times the current award. The CCMHB is the sole funder for the program. Multiple applications this cycle have either listed CCMHB as the sole source of funding or requested significant increases over the prior year.

Technical Criteria

Approach/Methods/Innovation Yes. The proposal represents the second year of implementing a community based non-clinical response to violence. Training of community members is the primary emphasis of the application. The Youth CAN model is used as part of the training.

Staff Credentials Yes. Credentials noted for the halftime program coordinator position.

Resource Leveraging No. The CCMHB is sole funder of the program and for all intents and purposes the agency. Is there an expectation by the Board for this program and by extension the agency, to broaden its' base of support beyond the CCMHB?

Process Considerations & Caveats

Contracting Considerations If this application is approved for funding, the applicants may be required to submit the following for staff review and approval prior to execution of the final FY18 contract: *Corrections/revisions to budget forms to conform with application requirements is necessary and to be pursued if either of the CUAP applications is awarded funding.*

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

39

Draft CCMHB Program Summary FY2018

Agency: Champaign Urbana Area Project

Program: TRUCE

PY18 CCMHB Funding Request \$167,295

PY18 Total Program Budget \$167,295

Current Year Funding (PY17) \$75,000

Proposed Change in Funding - PY17 to PY18 123.1 percent

Focus of Application Mental Health

Type of Contract Grant

Priority #2: System of Care for Youth & Families

Services/People Served

Service Description/Type

The physical, emotional, and financial consequences of youth violence on neighborhoods, communities, and states are devastating. According to the CDC fact sheet Understanding Youth Violence, "Violence...can increase health care costs, decrease property values, and disrupt social services." The Violence Policy Center (2012) has estimated that a gunshot injury can have a social cost of about \$1 million. This includes "intangible costs" like longtime residents leaving hard-hit communities to avoid the risk of a gunshot or living in fear of loved ones being shot.

Services TRUCE Peace Seekers (TPS)s and Outreach Workers will provide:

1. Provide emotional and Practical Supports. The TPS(s) will provide emotional and practical supports to families and victims of gun violence, "higher risk" youth and young adults involved in gang and street violence.
2. Respond to shooting incidences: In 2016, there were 126 shooting incidences and four homicides. TPS has been responsive to gun violence offenders and victims. TPS(s) responded to three of the four homicides and as of result of their intervention the families received moral supports, assistance with funeral arrangements, and for peace of mind helped to find housing for families so they could move away from hots spots. TPS's will respond to shooting incidents in targeted communities, make referrals, conduct one-to-one street/home visits, and host peace summits and anti-gun violence educational forums.
3. Hosts quarterly community anti-violence educational events: Mr. Tio Hardiman is the CEO of Violence Interrupters. He has spent many hours working with the CUAP staff and training the TPS(s) on the Cure Violence Interrupters Model. Mr. Hardiman is committed to continue training sessions this fiscal year and working closely with the community and TPS(s).
4. Work with Community Partners and CU Neighborhood Champions Trauma Response Teams (when responding to gun violence): The TPS have been trained in best practices to address urban violence, and they have become trauma informed. The TPS will use their experience to work with the CU Neighborhood Champions crisis response teams and CU Fresh Start Community Liaison with identified offenders.
5. Serve as mentors to CU Fresh Start Clients: The TPS(s) has formed a relationship with CU Fresh Start Liaison Donte Lotts. They have agreed to assist with keeping his clients out of trouble by mentoring those individuals who have decided to "put the guns down."
6. Peace seekers will partner with Andre Montgomery of Ame High on JDC Visits.

Comments

40

Application aligns with Priority #2: System of Care for Youth & Families. Program targets youth and young adults age 15 to 26 with risk factors associated with gun violence. Services provided are a community based non-clinical response to violence in specific neighborhoods/communities. Other activities include quarterly community education events and coordination with CU Champion Responders. The Peace Seekers are also said to collaborate with Prairie Center's Fresh Start efforts by being mentors to Fresh Start participants and make visits to the Juvenile Detention Center. Program focuses on serving Champaign and Urbana. (The Prairie Center Fresh Start application does not acknowledge this mentoring relationship.)

Clarification on CU Champions Responders role and TRUCE Peace Seekers role would be helpful. There appears to be some overlap in what they each would be doing in the community. Also the CU Champions proposal speaks to 40 Responders being trained and in the field in FY18. In contrast the TRUCE proposal does not reference how many TRUCE Peace Seekers would be working in the field in FY18 or as a result of the investment made by CCMHB in FY17.

Access to Services for Rural Residents

For full description, see submitted Program Plan Part I Form.

Target Population

For full description, see submitted Program Plan Part I Form.

Residency

| | |
|-------------------------------|---|
| Total Served | 27 in FY2017 – 1 st 2 quarters |
| Champaign Set | 16 (59.3%) for FY17 |
| Urbana Set | 6 (22.2%) for FY17 |
| Rantoul -single | 3 (11.1%) for FY17 |
| Mahomet - single | 1 (3.7%) for FY17 |
| Other Champaign County | 1 (3.7%) for FY17 |

Demographics

| | |
|-------------------------------------|--------------|
| Total Served | 27 in FY2017 |
| Age | |
| Ages 7-12 ----- | 5 (17.9%) |
| Ages 13-18 ----- | 22 (78.6%) |
| Ages 19-59 ----- | 1 (3.6%) |
| Race | |
| White ----- | 9 (32.1%) |
| Black / AA ----- | 19 (67.9%) |
| Gender | |
| Male ----- | 17 (60.7%) |
| Female ----- | 11 (39.3%) |
| Ethnicity | |
| Not of Hispanic/Latino Origin ----- | 28 (100.0%) |

Program Performance Measures

ACCESS

For full description, see submitted Program Plan Part I Form.

Comments Peace Seekers will work non-traditional hours as necessary to engage targeted population and community members in neighborhoods experiencing gun violence. Collaboration with CU Champions Responders is mentioned as is relationship to Fresh Start. No measures or targets tied to contact with offenders or response to violence in neighborhoods is provided. In some respects, the Consumer Access section is a restatement of the services section.

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CONSUMER OUTCOMES

For full description, see submitted Program Plan Part I Form.

Comment The same measures are identified for street outreach, conflict mediation, and community education in FY18 as FY17. Data will be collected using pre and post surveys for contact occurring through street outreach and conflict mediation. Targets are also established for level of change occurring at the community and individual level.

Some program goals are not clear.

UTILIZATION

Treatment Plan Clients (TPCs) 0

Non-Treatment Plan Clients (NTPCs) 0

Service Contacts (SCs) 60, defined as Outreach activities by Truce Peace Seekers will be reported as service contacts.

Community Service Events (CSEs) 63, defined as Consists of community mobilization and public education projects. Various examples are referenced.

Other 50, defined as Number of direct services engagement activities provided to members of the community/families that will increase their knowledge on the effects of trauma/violence.

Comments At the bottom of the utilization narrative is a reference to 120 unduplicated persons served resulting from the other activities. It is not clear which events 120 served would be derived from and clarification is needed in that regard. A relationship to the Peace Seekers service contacts would seem most likely although the number of service contacts is half of 120 unduplicated persons. The 120 served should not look like a footnote at the end of the narrative but should be clearly defined as to what the 120 represent such as NTPCs and be documented, such as an individual with whom a Peace Seeker has engaged and provided support. A target for number of Truce Peace Seekers would be helpful too.

FY18 Annual targets (per Utilization Forms)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---------------|-----|------|----|-----|-------|
| Annual Target | 0 | 0 | 60 | 63 | 50 |

FY17 First two quarters (per submitted Quarterly Reports)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---------------------|-----|------|----|-----|-------|
| First Quarter FY17 | 0 | 0 | 1 | 11 | 12 |
| Second Quarter FY17 | 0 | 13 | 13 | 15 | 8 |
| Annual Target | 0 | 0 | 40 | 24 | 35 |

FY16 all four quarters No data for 2016, as program not funded until FY17.

Financial Analysis

For more detail, see submitted Revenue, Expense, Personnel, and Budget Narrative Forms.

PY18 CCMHB Funding Request \$167,295

PY18 Total Program Budget \$167,295

Current Year Funding (PY17) \$75,000

Proposed Change in Funding - PY17 to PY18 123.1 percent

Program Staff - CCMHB Funds:

Indirect = 0 FTEs Direct = 2.5 FTEs, Total CCMHB = 2.5 FTEs

Total Program Staff:

Indirect = 0 FTEs Direct = 2 FTEs, Total Program = 2 FTEs

Budget Analysis: (staff comments) Budget forms were not completed correctly. Calculations of program staff presented above are based on errors made in completing the form. Program staff includes two halftime coordinator positions and the executive director for a total of 2 FTEs, not 2.5 FTEs. The two halftime positions

would be new hires.

Funding from the CCMHB represents 100% of the total program budget. $\$167,295 / \$167,295 = 100.0$ percent
Budget Analysis: (staff comments) The CCMHB is the sole funder for the program. The CCMHB also appears to be the primary source of support for the agency as whole. Other sources listed for the agency are contributions and in-kind services that are not explained in the Budget Narrative.

Personnel related costs are the primary expense charged to CCMHB, at $\$142,041 / \$262,294 = 54.2$ percent
All expenses associated with the program are charged to the CCMHB. Due to errors completing the form the 54.2% cited above is incorrect. Personnel related expenses account 61% of expenses. A few other points where clarification would be helpful: Budget narrative lists \$3,846 as a benefit for paid vacation time charged to the Board. The professional fees/consultant line includes among other costs identified \$10,000 for professional services that is not defined. The staff development line has \$7,000 allocated to it but no explanation of what this is to pay for. No costs are allocated to the Miscellaneous expense line whereas the CU Champions application has a charge of 15% for indirect/administrative expenses (management and general).

Audit Findings: Not Applicable

Comment Agency is required to complete an audit of the FY17 contracts.

CCMHB FY18 Decision Priorities and Decision Support Criteria

Priority #1 Collaboration with the Champaign County Developmental Disabilities Board No

Priority #2 System of Care for Youth & Families Yes. Program is associated with broader efforts of the Champaign Community Coalition and aligned with this Priority. Activities range from engagement with individuals at risk of violence to community education in neighborhoods experiencing violence.
Community based, non-clinical response to violence.

Priority #3 Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice

Interface No. Proposal references involvement CU Fresh Start initiative, specifically collaborating with the Prairie Center Fresh Start Liaison.

Priority #4 Innovative practices to support access to core services No

Overarching Decision Support Criteria

Underserved Populations/ Cultural Competence Plan Yes. Proposal attempts to address gun violence plaguing specific areas of Champaign and Urbana. CLC Plan review prefaces agency program summaries.

Anti-Stigma Efforts Yes. Quarterly anti-violence community education events are planned.

Countywide Access No. Services targeted to Champaign and Urbana neighborhoods.

Budget-Program Connectedness No. While budget forms appear complete, on closer examination errors exist on the revenue, expense and personnel forms. If funded corrections to budget will be required.

Realignment of FY17 Contracts to Priorities Yes. Program requests a significant increase in funding for FY18. The CCMHB is the sole funder for the program. Multiple applications this cycle have either listed CCMHB as the sole source of funding or requested significant increases over the prior year.

Technical Criteria

Approach/Methods/Innovation Yes. The proposal represents the second year of implementing a community based non-clinical response to violence. First year (FY17) was to recruit Peace Seekers and develop their capacity to respond to violence in the community and educate the community. Second year places greater emphasis on engagement of individuals by Peace Seekers and continuing community education.

Staff Credentials No. No information provided on staff qualifications.

Resource Leveraging No. The CCMHB is sole funder of the program and for all intents and purposes the agency. Is there an expectation by the Board for this program and by extension the agency, to broaden its base of support beyond the CCMHB?

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Process Considerations & Caveats

Contracting Considerations If this application is approved for funding, the applicants may be required to submit the following for staff review and approval prior to execution of the final FY18 contract: *Corrections/revisions to budget forms to conform with application requirements is necessary and to be pursued if either of the CUAP applications is awarded funding.*

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
2018 Summary Analysis of Applicant's Cultural and Linguistic Competence
Activities
CCMHB
Community Foundation- DREAAM House

CCMHB reviews all CLCP plans submitted with FY2018 applications for funding, with particular attention actions steps associated to benchmarks for each of the following action areas:

1. Annual Cultural Competence Training
2. Recruitment of Diverse backgrounds and skills for Board of Director and Workforce:
3. Cultural Competence Organizational or Individual Assessment/Evaluation: Yes
4. Implementation of Cultural Competence Values in Policy and Procedure: Yes
5. Outreach and Engagement of Underrepresented and Marginalized Communities and target population defined in the criteria
6. Inter-Agency Collaboration
7. Language and Communication Assistance

Annual Cultural Competence Training

Allocate adequate funds annually for one training related to cultural and linguistic competence

Recruitment of Diverse backgrounds and skills for Board of Director and Workforce:

- *Identify, recruit and select members of the DREAAM House Advisory Board that are reflective of the population of focus (including faith-based communities, youth representatives and family members). 50% of the board members will be represented with youth and family members.*
- *African Males will be recruited for key leadership positions and direct service positions to serve as program staff for the population of focus.*

Cultural Competence Organizational Assessment/Evaluation

- Executive Director will complete an organizational assessment inclusive of having each staff member complete a CLC self-assessment and collect customer satisfaction surveys at the end of the program year.

-Develop services with input from young adults and families.

Policies and procedures which reflect Cultural Competence values

Board of directors, management staff and individuals that are served will read and sign new Cultural Competence Plan during the program year.

- Identify natural supports and community resources to support the individual and family

DRAFT
2018 Summary Analysis of Applicant's Cultural and Linguistic Competence
Activities
CCMHB
Community Foundation- DREAAM House

- Organize cultural and linguistic competence committee and provide with the authority to monitor service delivery and create action steps.

Evidence of outreach and engagement with underrepresented populations defined in application criteria

- Program will hold at least two seats for rural residents. Transportation assistance will be provided to low-income rural residents, because the program location will be in Champaign. This assistance may include arranging carpooling and/or pick up service.

- Executive Director will annually implement two community engagement and/or outreach activities to raise awareness and recruit program participants.

Comments:

Inter-Agency Collaboration

Develop formal partnerships with cultural providers, faith-based entities, and other culturally-relevant organizations.

Language and Communication Assistance:

- A policy will be developed for timely provision for communicating and language assistance for families that are African born.

Overall CLC Plan Comments

The CLCP followed the template that was outlined in the application. It is recommended that there be clear timeframes for the actions. It is recommended that a communication and language assistance plan is communicated to staff and volunteers to ensure access for families that have limited English and different literacy needs.

Draft CCMHB Program Summary FY2018
Agency: Community Foundation - DREAAM House
Program: DREAAM House

PY18 CCMHB Funding Request \$80,000 - a NEW request

PY18 Total Program Budget \$117,000

Current Year Funding (PY17) N/A

Proposed Change in CCMHB Funding - PY17 to PY18 N/A

Focus of Application Mental Health

Type of Contract Grant

Priority #2: System of Care for Youth & Families

Services/People Served

Service Description/Type

DREAAM House is based on the best practices: Positive Youth Development, Culturally Responsive Practices and follows the State of IL Social Emotional Learning Standards.

Specifically, we will use Supporting the School Readiness and Success of Young African American Boys Project. The project design and content was informed by the Culturally Responsive Strength-Based (CRSB) Framework. This is a systems approach to improve the early learning environments of all children. This model was developed through Department of Human Services, Office of Head Start, and The National Center for Cultural & Linguistic Competence. It recommends the following:

- Relationships and Relational Teaching
- High Expectations
- Social and Emotional Development (SPARCS-JR and Making Choices are the evidence-based programs that will be used and these include trauma informed strategies.)
- Learning Environments — Importance of Play and Active Learning - DREAAM House is dosage intensive and boys will participate in :
 - Summer Jumpstart Program: Four-week, intensive summer program to provide social emotional learning and early academic development
 - After-school Program: Boys who complete the summer jumpstart program will transition to an after-school program to continue receiving support in behavioral health, mentoring, social emotional learning, enrichment and interpersonal development.
- Developmentally Appropriate Curriculum and Instruction - (Program design will include Making Choices and Wings 4 Kids, which are evidence based programs and will draw from the local Freedom School model.)
- Family Engagement - weekly family contact, ongoing family skills building events (parent support group), and monthly family events.

Eventually, we will build a program design and curriculum that can be locally owned.

Every student involved in the program will also work with a mentor recruited by DREAAM House in partnership with mentoring programs, such as Big Brothers and Sisters. Additionally, students who enter the program will be screened with Strength & Difficulties Questionnaire, which measures social, emotional and or behavioral changes and improvements at home, school, and community.

The program will be staffed by a Program Director (.5 FTE), Tracy D. Dace, who has post graduate coursework in Special Education. He has an extension background in youth development and program management with training in trauma, children's mental health, and systems of care.

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Program Coordinator (1 FTE) is Jordan Lee with a B.A. degree in General Studies. He has worked in youth programs and trained in trauma-informed services with a skill set in volunteer management, recreation and social skill development. Additional staff such as part-time Youth Development Specialists will be hired and funded through other sources. An external evaluation consultant and behavioral interventionists will be contracted.

Comments

Application aligns with Priority #2: System of Care for Youth & Families. New program proposal for FY18 that is a work in progress from a fairly new agency starting up. The systems model referred to and used by DREAM House is based on Head Start and early childhood program classrooms. References is also made to SPARCS-JR and Making Choices models relative to social and emotional development. Conceptual framework is presented for the program as a whole. Specific services are not detailed beyond reference to summer Jumpstart program and after school programming. Current services appear limited to Champaign Unit #4 School District students although application speaks to serving Champaign, Urbana, and Rantoul. It is not clear how two staff would cover multiple sites/communities and what services would be provided.

Target population is young boys, primarily African American, in grades K through 5th who are experiencing social, emotional, and behavioral challenges and/or at risk of involvement with other systems. Potential locations for where services will occur is vague. Reference to current program operations does not extend beyond "works with Champaign Unit 4 Schools."

Access to Services for Rural Residents

For full description, see submitted Program Plan Part I Form.

Target Population

For full description, see submitted Program Plan Part I Form.

Residency / Demographics

Comment As a new program proposal for FY18, no prior residency or demographic data are available.

Program Performance Measures

ACCESS

For full description, see submitted Program Plan Part I Form.

Comments

Consumer Access performance measures lack any specificity regarding referral, screening, and engagement outcomes. With limited program capacity, how will participants be determined from those children/families referred? How quickly will children engage in services and how long is participation in services expected to last? Of those referred what percentage will be screened and what result qualifies the child for services? Of those screened how many will engage? Of those that engage how many are expected to complete the program?

In some respects, this section reads like a needs statement more appropriate for the target population section.

CONSUMER OUTCOMES

For full description, see submitted Program Plan Part I Form.

Comments

Program identifies use of the Developmental Assets inventory and Strengths and Difficulties Questionnaire as pre- and post-test tools to be used to evaluate participants' progress. Other broader program measures are process oriented focusing on number of activities provided (utilization). Other information is provided on how the program was designed and presents anecdotal findings/observations on current/past participants.

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UTILIZATION

Treatment Plan Clients (TPCs) 40, defined as Number of participants who are formerly enrolled in the Summer Intensive or the After School Program Activities

Non-Treatment Plan Clients (NTPCs) 20

Service Contacts (SCs) 0, Part II Utilization form does not include a target. Narrative defines service contacts as number of program activities, mentoring sessions, screenings, trainings, etc. and projects 200 total contacts.

Community Service Events (CSEs) 0, defined as Part II Utilization form does not include a target. Narrative defines community service events as number of parent education workshops, trainings, and awareness activities and projects holding 15 such events.

Comment Applicant did not complete the Part II Utilization Form correctly so there are discrepancies between the Part II targets and what is written in the Part I utilization narrative section. If funded Part II form would need to be corrected.

FY18 Annual targets (per Utilization Form)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---------------|-----|------|----|-----|-------|
| Annual Target | 40 | 20 | 0 | 0 | 0 |

Comments No FY 17 or FY16 data as this is a new request for funding.

Financial Analysis

For more detail, see submitted Revenue, Expense, Personnel, and Budget Narrative Forms.

PY18 CCMHB Funding Request \$80,000 - a NEW request

PY18 Total Program Budget \$117,000

Current Year Funding (PY17) N/A

Proposed Change in CCMHB Funding - PY17 to PY18 N/A - not funded in FY17

Program Staff - CCMHB Funds:

Indirect = 0 FTEs Direct = 1.5 FTEs, Total CCMHB = 1.5 FTEs

Total Program Staff:

Indirect = 0 FTEs Direct = 1.5 FTEs, Total Program = 1.5 FTEs

Budget Analysis: (staff comments) Staffing pattern includes a half-time director and fulltime coordinator. Part-time Youth Development Specialists are mentioned in the program narrative but no source of support is identified nor are they listed on the personnel form as planned positions.

Funding from the CCMHB represents 68.4% of the total program budget. $\$80,000 / \$117,000 = 68.4$ percent;
Contributions – various 31.6 percent

Budget Analysis: (staff comments) CCMHB is the primary funder at \$80,000 of the \$117,000 of the program budget. Various other sources comprise the balance of program/agency revenue including \$22,000 in contributions and \$15,000 of in-kind support. The budget narrative does not detail source(s) of contributions or in-kind support. Total program revenue exceeds total program expenses for a projected surplus of \$37,000. All CCMHB funds would be expended.

Lack of explanation of other revenue in budget narrative. Past sources of support is alluded to in the consumer outcome section. Is CCMHB funding replacing these sources?

Program did receive \$4,000 as a sub-grantee to the CCMHB 2016 Summer Youth Initiative contract with Don Moyer Boys & Girls Club.

Personnel related costs are the primary expense charged to CCMHB, at $\$55,000 / \$80,000 = 68.8$ percent

Personnel related expenses only pay staff salaries. Budget includes no funds for payroll taxes or benefits. Budget narrative states each employee will receive a \$100 subsidy toward benefits but cost not reflected on the expense form. That no funds have been budgeted for payroll taxes is a concern.

Professional fees and consultants expense line has \$13,500 in costs for various support services - social workers, parent coaches, and program evaluation. Staff development expense line (\$1,000) pays for one staff member to attend a conference. The equipment line (\$1,100) is to purchase computers, printer, and scanner for the office.

Could this equipment come from another local funder like the Community Foundation or local Rotary? And what has the agency been using for equipment to date?

Audit Findings: Not Applicable – New program proposal/No prior contract

CCMHB FY18 Decision Priorities and Decision Support Criteria

Priority #1 Collaboration with the Champaign County Developmental Disabilities Board No

Priority #2 System of Care for Youth & Families Yes. Program application selected this priority. Target population is younger than that associated with this priority in the past. Proposal does propose early intervention to primarily male African American children in elementary school and their families with a particular focus on fathers, with intent to promote positive behaviors and academic outcomes.

Priority #3 Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface No

Priority #4 Innovative practices to support access to core services No

Overarching Decision Support Criteria

Underserved Populations/ Cultural Competence Plan Yes. Proposal will serve young boys, primarily African American, in grades K through 5th who are experiencing social, emotional, and behavioral challenges and/or at risk of involvement with other systems. CLC Plan review prefaces agency program summary.

Anti-Stigma Efforts No. Not identified as an activity.

Countywide Access No. Program targets Champaign Unit 4 students. May expand to Rantoul schools.

Budget-Program Connectedness In general budget aligns with proposed program. There are weaknesses in aspects of the budget such as not budgeting for payroll taxes, not defining source of other revenue, and not expending other sources of revenue. There is also weakness on the program side regarding lack of detail on services and locations. The CCMHB would be the primary funder of the program and as a single purpose agency, the agency. The only funds expensed are those received from the Board.

Realignment of FY17 Contracts to Priorities For a new agency developing its only program, a significant amount of funding is requested from the CCMHB at the outset. Multiple applications this cycle have either listed CCMHB as the sole source of funding or requested significant increases over the prior year.

Technical Criteria

Approach/Methods/Innovation Program seeks to provide early intervention to elementary age children, primarily African American boys. Application associates proposed scope of work with systems model based on Culturally Responsive Strength-Based Framework used in Head Start and early childhood programs. Other models addressing social emotional development are referenced. Identifies screening instruments to be used to evaluate and measure outcomes. A more concise description of services to be provided would be helpful.

Staff Credentials Yes. Described in services section of Part I form.

Resource Leveraging No. The CCMHB is the primary funder accounting for 68% of total agency/program funding and 100% of expenses. Other sources of revenue are tied to contributions and in-kind support but are not described or allocated to the program.

Process Considerations & Caveats

A more concise description of services to be provided would be helpful.

Contracting Considerations If this application is approved for funding, the applicants may be required to submit the following for staff review and approval prior to execution of the final FY18 contract: Corrections/revisions to budget forms to conform with application requirements are necessary and to be pursued if application is awarded funding.

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

**2018 Summary Analysis of Applicant's Cultural and Linguistic Competence Activities
Community Service Center of Northern Champaign County**

CCMHB reviews all CLCP plans submitted with FY2018 applications for funding, with particular attention actions steps associated to benchmarks for each of the following action areas:

1. Annual Cultural Competence Training
2. Recruitment of Diverse backgrounds and skills for Board of Director and Workforce:
3. Cultural Competence Organizational or Individual Assessment/Evaluation: Yes
4. Implementation of Cultural Competence Values in Policy and Procedure: Yes
5. Outreach and Engagement of Underrepresented and Marginalized Communities and target population defined in the criteria
6. Inter-Agency Collaboration
7. Language and Communication Assistance

Annual Cultural Competence Training

Resources are allocated for 6 Hours of cultural competence training for Board members, staff, and volunteers.

Recruitment of a diverse Board of Directors and Workforce

The Board of Directors annually retains and maintains minority representation above 35% with at least one person who is receiving services that is a member of the board.

Cultural Competence Organizational Assessment/Evaluation

Annual Satisfaction surveys are conducted to receive client feedback about the agency's CLC.

Policies and procedures which reflect Cultural Competence values

All Staff will review and sign CLC Plan

Evidence of outreach and engagement with underrepresented populations defined in application criteria

An annual directory is reviewed and updated semi-annually to ensure that inform the community that their support is available for Latino and LGBT Youth.

Inter-Agency Collaboration

Community Meeting space and organizations utilize center to provide services in Rantoul.

Language and Communication Assistance

DRAFT

**2018 Summary Analysis of Applicant's Cultural and Linguistic Competence Activities
Community Service Center of Northern Champaign County**

- *Brochures are provided in Spanish from other agencies.*
- *The magazines and newspapers that are provided in the waiting area will expand to include Spanish and other cultural backgrounds.*

Overall CLC Plan Comments

The CLC Plan developed by Community Service Center had all of the required benchmarks. It is recommended that the CLC Plan is enhanced to reflect the outreach and engagement that is done with underrepresented populations along with the inter-agency collaboration.

Draft CCMHB Program Summary FY2018
Agency: Community Service Center of Northern Champaign County
Program: Resource Connection

PY18 CCMHB Funding Request \$66,596

PY18 Total Program Budget \$266,826

Current Year Funding (PY17) \$65,290

Proposed Change in CCMHB Funding - PY17 to PY18 2.0 percent

Focus of Application Mental Health

Type of Contract Grant

Priority Other/Renewal

Services/People Served

Service Description/Type

- CSC office space available for other agencies' staff (during and outside regular office hours).
- Case management and follow-up for frequent users of the food pantry and other basic needs services
- Client advocacy (as needed) with referrals, difficulty in getting services, etc.
- Screening and referral for the Kids' Foundation youth recreational scholarship program.
- On-site emergency food pantry 10:00 a.m. – 4:00 p.m., M-F.
- Financial assistance with utility payments (1/2 yrs. when funds available).
- Assistance with prescription payments (1/yr./individual).
- Clothing/shelter coordination and referral to local clothing center and emergency one night's food and lodging for transients and homeless individuals.
- Holiday Bureau food basket and toy distribution at Christmas time.
- Translation, advocacy, and related services for Latino population (through CSC, the Multicultural Center, and the Community Health Partnership of Illinois).
- Public phone service (local calls, no charge)
- Fax and copy service for a nominal fee
- Computer access/assistance service to download forms, LINK applications, etc. on a limited basis
- Information and referral services provided by phone and for walk-in inquiries, M-F 8:30 a.m. – 5:00 p.m. Includes the distribution of information provided by other agencies and program brochures.
- Bi-lingual information, referral, and intake program brochures and services.
- Free notary public service

Comments

Proposal not linked to one of the four priority areas and is classified as Other/Renewal. Program is an established contract with a long history of support from the CCMHB. Program serves northern Champaign County. With the loss of state and local funding for the Rantoul Area Project, the Resource Connection offering an array of services is the agency's sole program. Services are a mix of direct assistance, advocacy, linkage and referral, and for frequent users case management. Agency is also a satellite site for other social service providers including Prairie Center, Courage Connection, and CCRPC Youth Assessment Center among many others. The agency is a primary access point to social services, be it direct access or linkage and referral, for residents of Rantoul and surrounding townships.

Access to Services for Rural Residents

For full description, see submitted Program Plan Part I Form.

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Target Population

For full description, see submitted Program Plan Part I Form.

Residency

| | | |
|-------------------------------|--------------------------------|---|
| Total Served | 1423 in last full year, FY2016 | 1212 in FY2017 – 1 st 2 quarters |
| Champaign Set | 32 (2.2%) for FY16 | 18 (1.5%) for FY17 |
| Urbana Set | 48 (3.4%) for FY16 | 31 (2.6%) for FY17 |
| Rantoul -single | 1,216 (85.5%) for FY16 | 1,076 (88.8%) for FY17 |
| Mahomet - single | 3 (.2%) for FY16 | 0 (.0%) for FY17 |
| Other Champaign County | 124 (8.7%) for FY16 | 87 (7.2%) for FY17 |

Demographics

Total Served 1423 in FY2016

Age

| | |
|-------------------------|---------------|
| Ages 13-18 ----- | 9 (.6%) |
| Ages 19-59 ----- | 1,185 (83.3%) |
| Ages 60-75+ ----- | 227 (16.0%) |
| Not Available Qty ----- | 2 (.1%) |

Race

| | |
|---|-------------|
| White ----- | 689 (48.4%) |
| Black / AA ----- | 402 (28.3%) |
| Asian / PI ----- | 10 (.7%) |
| Other (incl. Native American and Bi-racial) - | 321 (22.6%) |
| Not Available Qty ----- | 1 (.1%) |

Gender

| | |
|--------------|-------------|
| Male ----- | 484 (34.0%) |
| Female ----- | 939 (66.0%) |

Ethnicity

| | |
|-------------------------------------|---------------|
| Of Hispanic / Latino origin ----- | 300 (21.1%) |
| Not of Hispanic/Latino Origin ----- | 1,123 (78.9%) |

Program Performance Measures

ACCESS

For full description, see submitted Program Plan Part I Form.

Comment

Program services are focused on providing local access and information and referral. Program uses the access outcomes section to provide an overview of fluctuations in number served over the last several years. Contacts with other providers using the facility as a satellite site are also provided. Of the 21 different agencies said to use the facility, a handful are agencies receiving some support from the CCMHB. Access to information and referral and some other supports is immediate.

CONSUMER OUTCOMES

For full description, see submitted Program Plan Part I Form.

Comment

No actual tracking of outcomes for consumers. Data collected is tied to contacts and unduplicated households served. Unclear if people served have need of mental health or substance abuse supports but program does track contacts for the agencies using the facility as a satellite site. Agency does issue a client satisfaction survey and reports positive findings overall regarding services provided and

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how they were treated by agency staff. Similar results were reported for respondents experience with satellite agencies.

UTILIZATION

Treatment Plan Clients (TPCs) 0

Non-Treatment Plan Clients (NTPCs) 1,590 *Not defined. Presumably number of unduplicated households receiving direct assistance from the program.*

Service Contacts (SCs) 6,300 *Not defined. Presumably number of requests for assistance.*

Community Service Events (CSEs) 0

Other 0

Comments Utilization narrative discusses past trends, demographics of the area, and other barriers to service. It is more oriented toward a description of needs than anticipated utilization and definitions of service categories.

FY18 Annual targets (per Utilization Form)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---------------|-----|------|------|-----|-------|
| Annual Target | 0 | 1590 | 6300 | 0 | 0 |

FY17 First two quarters (per submitted Quarterly Reports)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---------------------|-----|------|------|-----|-------|
| First Quarter FY17 | 0 | 1060 | 1727 | 0 | 815 |
| Second Quarter FY17 | 0 | 152 | 1764 | 0 | 800 |
| Annual Target | 0 | 1700 | 6000 | 0 | 2700 |
| % complete | | 71% | 58% | | 60% |

FY16 all four quarters (per submitted Quarterly Reports)

| Quarter | TPC | NTPC | SC | CSE | OTHER (contacts w other agencies) |
|---------------------|-----|------|------|-----|-----------------------------------|
| First Quarter FY16 | 0 | 1046 | 1720 | 0 | 858 |
| Second Quarter FY16 | 0 | 135 | 2070 | 0 | 869 |
| Third Quarter FY16 | 0 | 113 | 1507 | 0 | 945 |
| Fourth Quarter FY16 | 0 | 129 | 1201 | 0 | 467 |
| Annual Target | 0 | 1650 | 6400 | 75 | 2800 |
| % complete | | 86% | 102% | | 121% |

Financial Analysis

For more detail, see submitted Revenue, Expense, Personnel, and Budget Narrative Forms.

PY18 CCMHB Funding Request \$66,596

PY18 Total Program Budget \$266,826

Current Year Funding (PY17) \$65,290

Proposed Change in CCMHB Funding - PY17 to PY18 2.0 percent

Program Staff - CCMHB Funds: (FTE)

Indirect = 0.7 FTEs Direct = 1.04 FTEs, Total CCMHB = 1.74 FTEs

Total Program Staff: (FTE)

Indirect = 1.3 FTEs Direct = 2.16 FTEs, Total Program = 3.46 FTEs

Budget Analysis: (staff comments) Agency has four staff, not all of whom are fulltime. CCMHB funds support a percentage of each position.

Funding from the CCMHB represents 25% of the total program budget. \$66,596 / \$266,826 = 25.0 percent

United Way% 22.9 percent; Contributions – various 32.2 percent

Budget Analysis: (staff comments) Program requests a 2% increase over FY17 award from CCMHB. Financial support from local townships and Village of Rantoul accounts for 9% of the agency/program revenue. Other sources,

primarily rental income add another 8% of revenue. With the exception of a small federally funded Emergency Food and Shelter Grant, the agency survives entirely on local funding and has had to rely on reserves to balance the budget.

Personnel related costs are the primary expense charged to CCMHB, at \$66,596 / \$66,596 = 100.0 percent
All of CCMHB funds requested are allocated to staff salaries. Payroll taxes, benefits and all other operating expenses are charged to other funders. Budget narrative refers to agency having to rely on reserves to offset a projected deficit for FY18.

Audit Findings: Audit in Compliance

CCMHB FY18 Decision Priorities and Decision Support Criteria

Priority #1 Collaboration with the Champaign County Developmental Disabilities Board No

Priority #2 System of Care for Youth & Families No

Priority #3 Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface No

Priority #4 Innovative practices to support access to core services No. *While not specifically aligned with this priority, the sole purpose of the agency is access to services. This includes providing space for Champaign and Urbana based social service providers to have a presence in Rantoul.*

Overarching Decision Support Criteria

Underserved Populations/ Cultural Competence Plan Yes. *Serves residents of Rantoul and surrounding rural townships of northern Champaign County. CLC Plan review prefaces agency program summary.*

Anti-Stigma Efforts No. *This is not a focus of the application.*

Countywide Access No. *Primary service area is northern nine townships of Champaign County.*

Budget-Program Connectedness Yes. *CCMHB funding represent 25% of agency/program revenue. Agency has become a single purpose provider offering an array of services through the Resource Connection program. Agency and program is heavily reliant on local sources of support with CCMHB and United Way combined accounting for almost 50% of the agency's revenue. Program will use reserves to balance expenses with revenue.*

Realignment of FY17 Contracts to Priorities No. *Program is an established contract with a long history of support from the CCMHB. Program requests a 2% increase over FY17 CCMHB award.*

Technical Criteria

Approach/Methods/Innovation *Program serves as a satellite site for other providers as well as providing services to assist with meeting basic needs or information and referral for needs not addressed onsite.*

Staff Credentials Yes. *Credentials and experience are noted for each position in the budget narrative.*

Resource Leveraging Yes. *Breadth of local support for the agency and program is an example of stakeholders/partners with a vested interest committing resources to sustain access to services to an underserved area of the county.*

Process Considerations & Caveats

Contracting Considerations *If this application is approved for funding, the applicants may be required to submit the following for staff review and approval prior to execution of the final FY18 contract: Definitions for utilization categories need to be confirmed.*

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
2018 Summary Analysis of Applicant's Cultural and Linguistic Competence
Activities
CCMHB
Courage Connection

CCMHB reviews all CLCP plans submitted with FY2018 applications for funding, with particular attention actions steps associated to benchmarks for each of the following action areas:

1. Annual Cultural Competence Training
2. Recruitment of Diverse backgrounds and skills for Board of Director and Workforce:
3. Cultural Competence Organizational or Individual Assessment/Evaluation: Yes
4. Implementation of Cultural Competence Values in Policy and Procedure: Yes
5. Outreach and Engagement of Underrepresented and Marginalized Communities and target population defined in the criteria
6. Inter-Agency Collaboration
7. Language and Communication Assistance

Annual Cultural Competence Training

- *Financial resources will be available for staff development and training that are culturally responsive.*
- *Biannual trainings at the team level focused on an aspect of cultural competency.*

Recruitment of Diverse backgrounds and skills for Board of Director and Workforce:

- *Begin to identify and recruit diverse membership on the Board of Directors with diverse cultural experiences, skills, and cultural experiences.*
- *Publishing of job opportunities with clear language about desires for diverse applicants.*
- *Board Membership will include one formally homeless/and or/ domestic violence survivor.*

Cultural Competence Organizational Assessment/Evaluation

- *The development and completion of a self-assessment annually during the grant application process for staff to provide feedback about the agency's culturally responsive values*

- *Develop services with input from young adults and families.*
- *Assess cultural competency through clients via a culturally and linguistically appropriate non-residential consumer feedback form.*

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DRAFT
2018 Summary Analysis of Applicant's Cultural and Linguistic Competence
Activities
CCMHB
Courage Connection

- *Board of directors, management staff and individuals that are served will read and sign new Cultural Competence Plan during the program year.*
 - *Maintenance of building decorations as representative of diverse sources.*
 - *Maintenance of environment as accessible to people with disabilities.*
 - *Maintenance of toys, reading material, and other leisure and learning resources in English and Spanish*
 - *Resources for interpreters are updated at least annually.*
 - *Use of telephone language line will only occur when all other resources are exhausted.*
 - *Maintenance of accommodation of staff's cultural or religious needs whenever possible*

Outreach and Engagement of Underrepresented and Marginalized Communities and target population defined in the criteria

- *-Support to clients in rural areas is primarily provided through our 24/7 domestic violence hotline, including safety planning, crisis intervention, transitional housing, the Virtual Legal Clinic, and information/referrals.*
- *A primary function of Courage Connection is providing services that empower clients to regain control of their lives and live independently of abuse. Services are provided to both residential and non-residential clients. Both residential and non-residential counseling clients complete a service plan to identify goals they want to achieve while receiving our services.*
- *Presenting staff ensure issues of cultural competency are reflected in the development of Community Service Events and are present in any material present.*

Inter-Agency Collaboration

- *Maintenance of translation and interpretation tools, including relationships with volunteer-based East Central Illinois Refugee Mutual Assistance Center (ECIRMAC) and the University of Illinois, and paid professional services.*

Language and Communication Assistance

- *Maintenance of primary documents in English and Spanish.*
- *Qualified interpreters will be utilized*

Overall CLC Plan Comments

The CLCP followed the template that was outlined in the application. The plan outlined clear specific actions with actual timeframes for accomplishing the benchmarks.



Draft CCMHB Program Summary FY2018

Agency: Courage Connection

Program: Courage Connection

PY18 CCMHB Funding Request \$66,948

PY18 Total Program Budget \$1,474,678

Current Year Funding (PY17) \$66,948

Proposed Change in CCMHB Funding - PY17 to PY18 0.0 percent

Focus of Application Mental Health

Type of Contract Grant

Priority Other/Renewal

Services/People Served

Service Description/Type

Services provided by Courage Connection include:

- Information, referral, and crisis intervention through a 24-hour domestic violence hotline
- Emergency Shelter for victims fleeing a domestic violence situation
- Transitional Housing for domestic violence survivors
- Individual and family client-centered domestic violence counseling
- Advocacy-based support services (assisting residential clients' work toward accomplishing goals they set in a service plan)
- Legal Advocacy (assistance with advocacy in court, Orders of Protection, and navigating the legal system)
- Children's Programming (educational playgroups, advocacy-based support services with domestic violence victims and their children, and Early Head Start Services offered through collaboration)
- Groups (Domestic Violence Education Groups, Parenting Groups, Economic Empowerment Groups, and others)

Courage Connection serves Champaign, Douglas, Piatt, and Ford Counties, with priority given to those living in Champaign County. Demographic information is gathered during the intake assessment, which is completed with all clients who receive services at Courage Connection. All client information is entered into a state-wide victim service provider database called InfoNet.

A primary function of Courage Connection is providing services that empower clients to regain control of their lives and live independently of abuse. Services are provided to both residential and non-residential clients. Both residential clients and non-residential counseling clients complete a service plan to identify goals they want to achieve while receiving our services.

Counselors and victim advocates meet with clients depending on the needs of the clients; this can vary significantly, from multiple times per week to twice a month or less. Counseling services are defined by InfoNet (our domestic violence-specific data tracking system) as follows:

- In-Person Counseling: In-person, client-centered counseling with individual adult/teen client that addresses the domestic violence and related issues in client's life and that fosters self-determination.
- Individual Children's Counseling: In-person Counseling with individual child that addresses the domestic violence and related experiences the child has witnessed/experienced.
- Adult Group Counseling: Facilitating peer support group for adult or teen victims.
- Family Counseling: A joint counseling session for parent and child together. Could include conducting a group for siblings.
- Group Children's Counseling: Group sessions consisting of counseling and education for child witnesses of dv, which may include a variety of modalities (play, crafts, etc.).

All services provided are in accordance with the Illinois Coalition Against Domestic Violence and the Illinois Department of Human Services' Domestic Violence Program Manual.

Comments

Proposal not linked to one of the four priority areas and is classified as Other/Renewal. In some respects it could be tied to Priority #3 as it provides assistance to adults and children who are victims of domestic violence. Agency provides a range of services including 24 hour hotline, emergency and transitional housing, counseling, advocacy including legal/court advocacy and assistance with orders of protection, and various children and parent groups and support services. CCMHB supported services are those provided by counselors and client advocates. This would include individual and family centered counseling (not therapy) to children and parents/adults and other support services as well as staffing the hotline. All staff qualifications and services meet state standards. Program has a court advocate at the Community Service Center in Rantoul. Counseling services can also be accessed at the Center. Agency provides wide range of services to victims of domestic violence with CCMHB funding supporting services involving counselors and client advocates.

Access to Services for Rural Residents

For full description, see submitted Program Plan Part I Form.

Target Population

For full description, see submitted Program Plan Part I Form.

Residency

| | | |
|-------------------------------|--------------------------------|--|
| Total Served | 449 in FY2016 (last full year) | 269 in FY2017 – 1 st 2 quarters |
| Champaign Set | 174 (38.8%) for FY16 | 105 (39.0%) for FY17 |
| Urbana Set | 142 (31.6%) for FY16 | 87 (32.3%) for FY17 |
| Rantoul -single | 46 (10.2%) for FY16 | 24 (8.9%) for FY17 |
| Mahomet - single | 23 (5.1%) for FY16 | 22 (8.2%) for FY17 |
| Other Champaign County | 64 (14.3%) for FY16 | 31 (11.5%) for FY17 |

Demographics

Total Served in FY2016 = 449

Age

| | |
|-------------------|-------------|
| Ages 0-6 ----- | 57 (12.7%) |
| Ages 7-12 ----- | 22 (4.9%) |
| Ages 13-18 ----- | 24 (5.3%) |
| Ages 19-59 ----- | 331 (73.7%) |
| Ages 60-75+ ----- | 15 (3.3%) |

Race

| | |
|---|-------------|
| White ----- | 283 (63.0%) |
| Black / AA ----- | 131 (29.2%) |
| Asian / PI ----- | 15 (3.3%) |
| Other (incl. Native American and Bi-racial) - | 20 (4.5%) |

Gender

| | |
|-------------------------|-------------|
| Male ----- | 56 (12.5%) |
| Female ----- | 392 (87.3%) |
| Not Available Qty ----- | 1 (.2%) |

Ethnicity

| | |
|-------------------------------------|-------------|
| Of Hispanic / Latino origin ----- | 30 (6.7%) |
| Not of Hispanic/Latino Origin ----- | 419 (93.3%) |

Program Performance Measures

ACCESS

For full description, see submitted Program Plan Part I Form.

Comment

Application provides general description of access to emergency and transitional housing. Initial contact and access to services is available through the 24 hour crisis hotline. While agency serve multiple counties, 90% of clients are said to be from Champaign County. Agency is accredited by the Illinois Coalition Against Domestic Violence.

Specific information on access to counseling is provided following the general description. Timeframes for initial contact through hotline to intake to engagement is provided with performance targets.

CONSUMER OUTCOMES

For full description, see submitted Program Plan Part I Form.

Comment

Clear, measurable outcomes are identified. Program uses a state survey and reporting system to collect the data. Clients complete the survey as services are coming to a close or at least annually. Program projects 75% survey completion rate with 90% of responses to be positive.

UTILIZATION

Treatment Plan Clients (TPCs) 425, defined as Number of clients who have opened a new case in the quarter and has been in shelter for at least 3 days, or a non-residential client who has opened a new case in the quarter and has received at least 3 services in the quarter.

Non-Treatment Plan Clients (NTPCs) 105, defined as Number of clients who have opened a new case in the operating quarter and has been in shelter for less than 3 days *and* had less than 3 non-residential services during the operating quarter, or a non-residential client who has opened a new case in the operating quarter and has received less than 3 services in the quarter.

Service Contacts (SCs) 600, defined as Number of phone contacts received via our 24/7 domestic violence hotline, or calls initiated/returned in response to a referral, that do NOT involve a current or former client.

Community Service Events (CSEs) 150, defined as Number of contacts that promote the program and serve to inform the public about domestic violence, including public presentations, consultations with community groups and/or caregivers, and school class presentations, as well as any media in which our staff engage for the same purpose.

FY18 Annual targets (per Utilization Form)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---------------|-----|------|-----|-----|-------|
| Annual Target | 425 | 105 | 600 | 150 | 0 |

FY17 First two quarters (per submitted Quarterly Reports)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---------------------|-----|------|-----|-----|-------|
| First Quarter FY17 | 138 | 37 | 140 | 27 | 0 |
| Second Quarter FY17 | 71 | 23 | 134 | 58 | 0 |
| Annual Target | 320 | 45 | 600 | 150 | 0 |
| % completion | 65% | 133% | 46% | 57% | |

FY16 all four quarters (per submitted Quarterly Reports)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---------------------|------|------|-----|------|-------|
| First Quarter FY16 | 180 | 3 | 196 | 35 | 0 |
| Second Quarter FY16 | 59 | 11 | 134 | 63 | 0 |
| Third Quarter FY16 | 78 | 20 | 166 | 15 | 0 |
| Fourth Quarter FY16 | 69 | 29 | 159 | 139 | 0 |
| Annual Target | 320 | 60 | 800 | 150 | 0 |
| % complete | 121% | 105% | 82% | 168% | |

Financial Analysis

For more detail, see submitted Revenue, Expense, Personnel, and Budget Narrative Forms.

PY18 CCMHB Funding Request \$66,948

PY18 Total Program Budget \$1,474,678

Current Year Funding (PY17) \$66,948

Proposed Change in CCMHB Funding - PY17 to PY18 0.0 percent

Program Staff - CCMHB Funds:

Indirect = 0.27 FTEs Direct = 1.95 FTEs, Total CCMHB = 2.22 FTEs

Total Program Staff:

Indirect = 4.6 FTEs Direct = 26.8 FTEs, Total Program = 31.4 FTEs

Budget Analysis: (staff comments) To better understand the impact CCMHB dollars have on this program one must look at the staffing pattern. CCMHB funds support in part the two counseling positions and five client advocate positions. As noted in the service section comments, while the agency provides a wide range of services, it is those services involving either counselors or client advocates that are linked to the CCMHB. The fiscal manager is the indirect staff position funded in part by the Board.

Funding from the CCMHB represents 4.5% of the total program budget. $\$66,948 / \$1,474,678 = 4.5$ percent
United Way% 10.2 percent; Contributions – various 19.4 percent; State 55.5 percent

Budget Analysis: (staff comments) Agency and program is heavily reliant on state funding. Various state contracts contribute over 55% of total program revenue. Other sources including federal and local funds round out sources of revenue. Agency does have a contract to provide services in rural Champaign County that supports court advocacy and other services provided in Rantoul and surrounding area.

CCMHB funds are used as match to leverage Illinois Department of Human Services Domestic Violence grant.

Personnel related costs are the primary expense charged to CCMHB, at $\$66,948 / \$66,948 = 100.0$ percent
All of CCMHB funds are allocated to salaries/wages and payroll taxes.

Audit Findings: Audit in Compliance

CCMHB FY18 Decision Priorities and Decision Support Criteria

Priority #1 Collaboration with the Champaign County Developmental Disabilities Board No

Priority #2 System of Care for Youth & Families No

Priority #3 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 other support services. This priority is more oriented to addressing the needs of offenders reentering the community and reducing potential for them to recidivate, however, the need to assist victims should not be overlooked.

Priority #4 Innovative practices to support access to core services No

Overarching Decision Support Criteria

Underserved Populations/ Cultural Competence Plan Yes. Program services victims of domestic violence. CLC Plan review prefaces agency program summary.

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

Countywide Access Yes. Domestic violence hotline is open 24/7. Court advocate and other services are available in Rantoul and surrounding area.

Budget-Program Connectedness Yes. CCMHB funding is 5% of program revenue. Agency and program receive 55% of revenue from various state contracts. While program provides wide array of services, CCMHB funding supports work performed by counselors and client advocates.

Realignment of FY17 Contracts to Priorities No. *No increase in funding is requested. Program is an established contract with a long history of support from the CCMHB. The amount of funding provided by the CCMHB has been the same for many years.*

Technical Criteria

Approach/Methods/Innovation Yes. *All services comply with ICADV requirements and the Illinois Domestic Violence Services Guideline Manual.*

Staff Credentials *Specific staff qualifications are not identified. State standards do require all staff to complete forty hours of training.*

Resource Leveraging Yes. *CCMHB funds are used as a local match to leverage state domestic violence funding from the Illinois Department of Human Services.*

Process Considerations & Caveats

Contracting Considerations If this application is approved for funding, the applicants may be required to submit the following for staff review and approval prior to execution of the final FY18 contract: *n/a*

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
2018 Summary Analysis of Applicant's Cultural and Linguistic Competence
Activities
CCMHB
Crisis Nursery

CCMHB reviews all CLCP plans submitted with FY2018 applications for funding, with particular attention actions steps associated to benchmarks for each of the following action areas:

1. Annual Cultural Competence Training
2. Recruitment of Diverse backgrounds and skills for Board of Director and Workforce:
3. Cultural Competence Organizational or Individual Assessment/Evaluation
4. Implementation of Cultural Competence Values in Policy and Procedure
5. Outreach and Engagement of Underrepresented and Marginalized Communities and target population defined in the criteria
6. Inter-Agency Collaboration
7. Language and Communication Assistance

Annual Cultural Competence Training

- *CN will train all staff and volunteers in the CN philosophy of childcare, management and discipline for children.*

Recruitment of Diverse backgrounds and skills for Board of Director and Workforce:

- *CN will maintain a makeup of 10-15% of board members of other ethnicities by actively recruiting members from diverse populations.*
- *CN actively recruits diverse employees by posting all job openings on the website.*

Cultural Competence Organizational Assessment/Evaluation

- *Management will receive feedback from staff members, clients, community stakeholders re: community needs and how Crisis Nursery can better address them through the following avenues: weekly staff meetings, client meetings and grievance reports, and participation in community coalitions and advocacy groups. Management will then devise strategies to address those concerns.*

Policies and procedures which reflect Cultural Competence values

- *CLC plan is reviewed and revised annually by management, and will be approved by the Board of Directors. 100% of staff will have the opportunity to provide feedback on the CLC plan.*
- *CN will have a policy in place for staff to use their personal/sick days for family needs (with the definition of "family" being defined by the staff member).*

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DRAFT
2018 Summary Analysis of Applicant's Cultural and Linguistic Competence
Activities
CCMHB
Crisis Nursery

- *Utilize an Advisory Committee consisting of representatives from the community and all levels of CN, including former clients/volunteers to provide guidance and input on Crisis Nursery services, including client access.*
- *Staff found to be disrespectful or judgmental to children or parents are counseled regarding these attitudes and their employment can be terminated if the behavior continues.*

Evidence of outreach and engagement with underrepresented populations defined in application criteria

- *CN will make available at least 4 parent support groups, 4 parent education sessions and 4 PCI groups to clients who utilize the Nursery. Groups will take place within a wide range of times and locations to ensure access by clients.*
- *CN will make available at least 6 home visits for any clients experiencing frustration with child's behaviors*

Inter-Agency Collaboration

- *CN participates in the Latino Partnership, Local Area Network (LAN), Birth to 6 Council, Human Service Council, 0-3 Service Coordinating Council, Infant Mental Health Coalition, Crisis Nursery Coalition, Council of Service Providers to the Homeless, and the Urbana-Champaign Continuum of Care. In addition, Program Staff contacts at least 3 agencies a month regarding CN services and client needs.*
- *Staff conducts quarterly events at CN to encourage community and agencies to experience the Nursery without experiencing a crisis.*
- *Crisis Nursery has representatives participating in many collaborative groups in our community, including the Local Area Network, Human Service Council, Continuum of Care, Council of Service Providers to the Homeless, Cradle to Career, the Child Abuse Prevention Coalition, and the Champaign County Community Coalition.*

Language and Communication Assistance:

- *CN will maintain 4-5 volunteers or staff who speak Spanish and agree to come in when needed.*
- *Staff will utilize a "cheat sheet" for Spanish speaking intake calls when the staff answering the phone does not speak Spanish. Pronunciation lessons will be given to staff by Spanish speakers*
- *Crisis Nursery will supply awareness materials in English, Spanish, and French.*

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2018 Summary Analysis of Applicant's Cultural and Linguistic Competence
Activities
CCMHB
Crisis Nursery

Overall CLC Plan Comments

The CLC Plan submitted by Crisis Nursery was very descriptive and comprehensive. Their plan outlined detailed benchmarks for each action mentioned in the CLC Plan. The actions in their CLC Plan included involvement of all aspects of the agency. In addition, there was a narrative that outlined the partnerships with other agencies.

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Draft CCMHB Program Summary FY2018
Agency: Crisis Nursery
Program: Beyond Blue Champaign County

PY18 CCMHB Funding Request \$75,000

PY18 Total Program Budget \$185,658

Current Year Funding (PY17) \$70,000

Proposed Change in CCMHB Funding - PY17 to PY18 7.1 percent

Focus of Application Mental Health

Type of Contract Grant

Priority Other/Renewal

Services/People Served

Service Description/Type

Beyond Blue reduces PD through a relationship-based, family-focused model of intervention and treatment. Services are provided in non-traditional settings including clients' homes and neutral sites throughout Champaign County. Home visiting, Parent-Child Interaction (PCI) groups (an evidence based model), and support groups reduce social isolation and provide education on PD, child development, and parenting skills.

The mother-child interaction and relationship influences child development and the mother's self-perception as a caregiver. Crisis Nursery's dyadic treatment model promotes maternal emotional availability that is often missing for children of depressed mothers. Emotional availability is critical for babies to develop the capacity to self-regulate. An engaging and emotionally satisfying mother-child relationship is paramount to the good mental and behavioral health of mother and infant. The Nursery provides crisis and respite care in a developmentally supportive environment to promote stability and prevent child abuse and neglect.

Beyond Blue Home Visitors have Bachelor's Degrees, participate in regular continuing education, and are supervised by the Strong Families Program Director (MSW) and the Executive Director (LCSW).

Program components:

- Screening for PD/risk with the EPDS (an evidence-based tool) at Crisis Nursery intake.
- Home visiting to assess symptoms, educate about impact of PD, provide counseling, individualized support, service referrals, and care management.
- PCI groups to engage the mother/baby, promote bonding, and reduce social isolation, discuss child development topics, demonstrate positive mother/child interactions, and enhance mother's self-reliance and baby's self-regulation. To reduce stigma, groups are also open to other parents.
- ASQs (an evidence-based tool) to track child development
- Support group to address social isolation, educate about PD, and promote the development of support networks.
- Telephone contact to provide service referrals, crisis counseling, and respite care scheduling.
- Crisis care when no other resource is available, available 365 days/year, 24 hours/day. In-kind.
- 48 hours of planned respite care per family earned through participation in PCI groups (up to 8 hours/session attended). Respite provides caregivers with a break and reduces stress. In-kind.
- Linkages with health services, early childhood programs, resources for basic needs, utilities, legal services, transportation, housing, and intensive therapeutic services as needed.
- Community and healthcare provider education on PD to reduce stigma; outreach will inform individuals about needed screening and the Beyond Blue program.
- External consultation for related staff by a mental health professional, addressing clinical assessment of PD and

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appropriate interventions.

In FY16, 75% of program participants showed an improvement in symptoms during their participation.

Comments

Proposal not linked to one of the four priority areas and is classified as Other/Renewal. Program is an established contract with a long history of support from the CCMHB. The program originated as a joint initiative between the CCMHB and the Champaign County Board of Health providing services to mothers with perinatal/postnatal depression, living outside of Champaign and Urbana. The Board of Health no longer contributes funding for the program.

The program serves mothers with or at risk of perinatal/postnatal depression and are pregnant or have a child under one year old. Over half of the mothers served must reside outside of Champaign and Urbana. Services are a mix of home visits, parent child interaction groups, support groups, respite care, and case management. Parent Child Interaction Groups, the Edinburgh Postnatal Depression Scale and Ages and Stages Questionnaire are all evidence based models/tools. Collaboration with various medical and social services providers contributes to referrals as well as access to additional services a family may require but not available through Crisis Nursery.

Access to Services for Rural Residents

For full description, see submitted Program Plan Part I Form.

Target Population

For full description, see submitted Program Plan Part I Form.

Residency

| | | |
|-------------------------------|------------------------------|---|
| Total Served | 40 in last full year, FY2016 | 19 in FY2017 – 1 st 2 quarters |
| Champaign Set | 13 (32.5%) for FY16 | 7 (36.8%) for FY17 |
| Urbana Set | 6 (15.0%) for FY16 | 3 (15.8%) for FY17 |
| Rantoul -single | 10 (25.0%) for FY16 | 5 (26.3%) for FY17 |
| Mahomet - single | 3 (7.5%) for FY16 | 0 (.0%) for FY17 |
| Other Champaign County | 8 (20.0%) for FY16 | 4 (21.1%) for FY17 |

Demographics

Total Served in FY2016 = 40

Age

Ages 19-59 ----- 40 (100.0%)

Race

White ----- 21 (52.5%)

Black / AA ----- 13 (32.5%)

Asian / PI ----- 2 (5.0%)

Other (incl. Native American and Bi-racial) 4 (10.0%)

Gender

Female ----- 40 (100.0%)

Ethnicity

Of Hispanic / Latino origin ----- 5 (12.5%)

Not of Hispanic/Latino Origin ----- 35 (87.5%)

Program Performance Measures

ACCESS

For full description, see submitted Program Plan Part I Form.

Comment

Program uses the access section to describe outreach and referral relationships with other providers and process for engaging families. Use of home visits and groups held in community settings enable access to services. Home visits occur within three days of referral and based on screening criteria determine whether the family is eligible to participate. Length of engagement lasts until the child turns one year old and then assistance is provided in transitioning the family to other services.

CONSUMER OUTCOMES

For full description, see submitted Program Plan Part I Form.

Comment

Outcomes are clearly articulated. Program uses results of the Edinburgh Postnatal Depression Scale to evaluate change in depressive systems and the Ages and Stages Questionnaire to assess the child's developmental progress if a delay is previously noted. Another tool, used by all crisis nursery's in the state, evaluates a number of objectives related to improved parenting skills, stress levels, and reduced risk of child harm. Beyond Blue results are reported to outperform results for the agency as whole.

UTILIZATION

Treatment Plan Clients (TPCs) 35, defined as Number of mothers deemed "at risk" of Peri/Post-Natal Depression. Target for rural is minimum of 18 mothers (non-Champaign/Urba residents).

Non-Treatment Plan Clients (NTPCs) 82, defined as Number of infants and expected infants of the mothers participating in the program and other family members. Infants would equal mothers served (TPCs) with balance of NTPCs being other family members.

Service Contacts (SCs) 980, defined as Number of screenings, home visits and telephone contacts with Treatment Plan Clients; referral contacts for both Treatment Plan Clients and Non-Treatment Plan Clients.

Community Service Events (CSEs) 136, defined as Number of PCI groups, support groups, community presentations and associated activities including quarterly postings about the program to social media.

Other 2,420, defined as Number of hours of crisis and respite care provided to Beyond Blue families.

FY18 Annual targets (per Utilization Forms)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---------------|-----|------|-----|-----|-------|
| Annual Target | 35 | 82 | 980 | 136 | 2420 |

FY17 First two quarters (per submitted Quarterly Reports)

| Quarter | TPC | NTPC | SC | CSE | OTHER | respite hours |
|---------------------|-----|------|-----|------|-------|---------------|
| First Quarter FY17 | 13 | 38 | 266 | 75 | 185 | |
| Second Quarter FY17 | 6 | 19 | 277 | 130 | 457.5 | |
| Annual Target | 33 | 77 | 980 | 136 | 2275 | |
| % completion | 58% | 74% | 55% | 151% | 69% | |

FY16 all four quarters (per submitted Quarterly Reports)

| Quarter | TPC | NTPC | SC | CSE | OTHER | in-kind care hours |
|---------------------|------|------|------|------|---------|--------------------|
| First Quarter FY16 | 17 | 48 | 307 | 44 | 188.25 | |
| Second Quarter FY16 | 8 | 17 | 300 | 29 | 847.25 | |
| Third Quarter FY16 | 7 | 31 | 322 | 20 | 1822.75 | |
| Fourth Quarter FY16 | 8 | 23 | 394 | 49 | 1584.75 | |
| Annual Target | 35 | 82 | 980 | 136 | 2420 | |
| % completion | 114% | 145% | 135% | 104% | 184% | |

Financial Analysis

For more detail, see submitted Revenue, Expense, Personnel, and Budget Narrative Forms.

PY18 CCMHB Funding Request \$75,000
PY18 Total Program Budget \$185,658
Current Year Funding (PY17) \$70,000
Proposed Change in CCMHB Funding - PY17 to PY18 7.1 percent

Program Staff - CCMHB Funds: (FTE)

Indirect = 0.04 FTEs Direct = 1.36 FTEs, Total CCMHB = 1.4 FTEs

Total Program Staff: (FTE)

Indirect = 0.35 FTEs Direct = 3 FTEs, Total Program = 3.35 FTEs

Budget Analysis: (staff comments) Two Family Specialists are assigned part-time to the program as is part of the Strong Families Director's time. The CCMHB supports the majority of the Family Specialists time assigned to the program and a lesser amount of the director's time. Indirect staff funded by the CCMHB includes 2% of the executive director and finance director time.

Funding from the CCMHB represents 40.4% of the total program budget. \$75,000 / \$185,658 = 40.4 percent
United Way% 6.7 percent; Contributions – various 44.8 percent; State 8.1%

Budget Analysis: (staff comments) The CCMHB is single largest source of revenue for the program. Contributions and other funds raised by the agency and allocated to the program are also a significant source of support. Proposal requests a 7% increase (\$5,000) over FY17 CCMHB award.

Personnel related costs are the primary expense charged to CCMHB, at \$67,350 / \$75,000 = 89.8 percent

In addition to personnel related expenses, accounting for 90% of CCMHB funding, the budget narrative explains how the remaining 10% is used to support the program. Some of these expenses are tied to occupancy and general operating expenses cost allocated to the program but most of the expenses are specific to the program. Local transportation expenses for staff travel for home visits and groups is the largest of these expenses.

Audit Findings: Audit in Compliance

CCMHB FY18 Decision Priorities and Decision Support Criteria

Priority #1 Collaboration with the Champaign County Developmental Disabilities Board No

Priority #2 System of Care for Youth & Families No

Priority #3 Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface No

Priority #4 Innovative practices to support access to core services No

Overarching Decision Support Criteria

Underserved Populations/ Cultural Competence Plan Yes. Program gives priority to rural residents. Over half of the mothers served must live outside Champaign and Urbana. CLC Plan review prefaces agency program summary.

Anti-Stigma Efforts Yes. Various services attempt to reduce stigma associated with post-natal depression through parent child interaction groups and broader community education activities and social media.

Countywide Access Yes. At least 50% of families served will be from outside Champaign and Urbana.

Budget-Program Connectedness Yes. CCMHB funding accounts for 40% of program revenue. Budget narrative details allocation of CCMHB funds in support of program.

Realignment of FY17 Contracts to Priorities Proposal not linked to one of the four priority areas and is classified as Other/Renewal. Program is an established contract that originated as a joint initiative between the CCMHB and County Board of Health. Application requests a 7% increase over the FY17 CCMHB award.

Technical Criteria

Approach/Methods/Innovation Yes. Screening and assessment tools and PCI groups are evidence based.

Staff Credentials Yes Noted for program staff and supervisors.

Resource Leveraging *After CCMHB funding, program is primarily reliant on agency contributions and United Way designations for revenue.*

Process Considerations & Caveats

Contracting Considerations If this application is approved for funding, the applicants may be required to submit the following for staff review and approval prior to execution of the final FY18 contract:

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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**2018 Summary Analysis of Applicant's Cultural and Linguistic Competence Activities
CCMHB**

Cunningham Children's Home

CCMHB reviews all CLCP plans submitted with FY2018 applications for funding, with particular attention actions steps associated to benchmarks for each of the following action areas:

1. Annual Cultural Competence Training
2. Recruitment of Diverse backgrounds and skills for Board of Director and Workforce:
3. Cultural Competence Organizational or Individual Assessment/Evaluation: Yes
4. Implementation of Cultural Competence Values in Policy and Procedure: Yes
5. Outreach and Engagement of Underrepresented and Marginalized Communities and target population defined in the criteria
6. Inter-Agency Collaboration
7. Language and Communication Assistance

Annual Cultural Competence Training

- Review current orientation training materials
 1. Develop orientation training that focuses on cultural diversity for newly hired staff
 2. Develop refresher training for current staff
 3. Implement refresher training for current staff
 4. Maintain periodic trainings focusing on culturally appropriate services
- Provide ongoing training to all employees to promote cultural diversity as a strength

Recruitment of a diverse Board of Directors and Workforce


- Evaluate the recruitment of agency staff and foster families will be completed in a manner that allows a variety of persons to apply (job fairs, radio stations, billboards, TV-with the signage itself promoting diversity)
- Develop a Youth Advisory Board

Cultural Competence Organizational Assessment/Evaluation

- CLAS Plan monitored and reviewed annually
- Individuals will take surveys before and after participating in programs, events, and/or other services.
- Administer anonymous survey to staff to measure the agency's strengths and weaknesses in cultural competency
- Annual surveys will monitor client/stakeholder satisfaction with level of cultural sensitivity within programs. Information to be provided to program directors

Policies and procedures which reflect Cultural Competence values

CCH will maintain policies that prohibit discriminatory practices and provide guidance on ethical practices while on the job.

- 
1. Current policies will be gathered and reviewed
 2. An appendix of these policies will be created

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**2018 Summary Analysis of Applicant's Cultural and Linguistic Competence Activities
CCMHB**

Cunningham Children's Home

3. Any necessary changes to these policies will be pursued
 4. New policies will be developed and approved by the Board as necessary
 5. Appendix will be updated as necessary
- Staff at CCH will be provided with means to prevent burn-out and compassion fatigue

Evidence of outreach and engagement with underrepresented populations defined in application criteria

- CCH outpatient clinic (HopeSprings) will promote and recruit clientele in a wide array of areas Youth Assessment Center, local school district) in order to reach varying populations.
- Clients of CCH and their identified support systems will be involved in the development of treatment plans and be treated as a valued member to the treatment process
- Foster parents in the community have the opportunity to attend various trainings at CCH on information related to various cultural topics

Inter-Agency Collaboration

- CCH will work with the Illinois Department of Children and Family Services and other local and state agencies to support clients and educate on behalf of clients.

Language and Communication Assistance

- Develop a Language Access Plan as required by DHS
- Public relations information will be reviewed and assessed for its cultural sensitivity and literacy levels.
- Burgos Training will be utilized to train all staff with direct client contact, their supervisors, and administration staff with substantial contact with clients on how to seek language services in a culturally appropriate way through DCFS (excluding school personnel.)

Overall CLC Plan Comments

The CLC Plan developed by Cunningham Children's Home was comprehensive and very detailed. The plan outlined detailed Action steps based on the themes of the National CLAS (Cultural and Linguistic Appropriate Services) Standards. All of the required benchmarks were present in the CLC Plan.

Draft CCMHB Program Summary FY2018
Agency: Cunningham Children's Home
Program: The Resiliency Project

PY18 CCMHB Funding Request \$99,946 - a NEW request

PY18 Total Program Budget \$99,946

Current Year Funding (PY17) N/A

Proposed Change in CCMHB Funding - PY17 to PY18 N/A

Focus of Application Mental Health

Type of Contract Grant

Priority #2: System of Care for Youth & Families

Services/People Served

Service Description/Type

Several of Cunningham's Masters-level clinicians are certified in the Neurodevelopmental Model of Therapeutics (NMT) which assesses children's neurodevelopmental and relational needs and is used to recommend specific treatment. They will collaborate with other masters-level and bachelors-level staff to develop each participating child's "therapeutic web" with ongoing support from the Child Trauma Academy.

Each youth will receive a comprehensive mental health assessment including an NMT metric within 30 days of project enrollment. Recommendations will be based upon scores that identify functional domains where a developmental impact has occurred. The four domains are: Sensory Integration, Self-Regulation, Relational, and Cognitive. Treatment will focus on scores that are below 85% of age typical scores.

Using Kristi Brandt's model of Tile & Grout care planning, clinicians will coordinate care with school, primary care, and other supports using a child and family team approach. The resulting therapeutic web will provide frequent, repetitive opportunities for intervention specific to the individual child.

Activities will include:

- Comprehensive assessment and recommendations using NMT;
- Treatment planning using the Tile & Grout approach;
- Weekly therapy and weekly support staff sessions to build youth skills and ensure effectiveness of the therapeutic web;
- Weekly consultation with therapeutic web members;
- Pre- and post-consultation with child's primary care physician;
- Monthly consultation with child's school;
- Monthly child and family team meeting;
- Monthly training and support group for therapeutic web members;
- Flexible funding pool to provide families with essential therapeutic tools (e.g., weighted blanket, yoga materials, music activities, items that increase safety for the child);
- Weekly staff meetings to ensure fidelity to the NMT and Tile & Grout approaches;
- Monthly outreach to schools and early intervention programs for referrals and presentations;
- Participation in twice monthly NMT trainings; and
- Completion of follow up NMT and evaluation of developmental gains.

Service activities will be delivered within the initial six-months to allow time for each child's therapeutic web to achieve sustainable therapeutic benefit. There may be cases in which service beyond that timeframe is warranted to enhance the child's therapeutic web.

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Children will be screened for Medicaid and other third-party payer eligibility. If eligible for third-party benefits with which Cunningham is a current provider, qualifying services would be billed to the third-party payers in order to maximize the reach of this application. Mental health board funding will cover services and supports not covered by Medicaid or other third party payer.

Comments

New program proposal providing early intervention to pre-K through elementary school age at risk children and their families. Screening tool and scoring identifying children at high risk determining eligibility are to be developed. Range of services are listed. Services locations are primarily natural settings (home, schools, and community). Proposal aligns with Priority #2: System of Care for Youth & Families.

Qualifying statement on billing to Medicaid and other third party payers seeks CCMHB funding for children and families for whom the provider does not have a contract with the third party payer. Any client that has Medicaid or insurance through a third party payer is not eligible for CCMHB funding for covered services. CCMHB does pay for services outside of coverage.

Access to Services for Rural Residents

For full description, see submitted Program Plan Part I Form.

Target Population

For full description, see submitted Program Plan Part I Form.

Residency / Demographics

Comment: As a new program proposal for FY18, no prior residency or demographic data are available.

Program Performance Measures

ACCESS

For full description, see submitted Program Plan Part I Form.

Comment

Consumer Access measures are well defined. Program will use targeted outreach to reach at-risk children in schools and early childhood programs. Program will develop screening tool and establish threshold for eligibility. That the program has not identified the screening tool to be used or determined eligibility for the program is a concern.

CONSUMER OUTCOMES

For full description, see submitted Program Plan Part I Form.

Comment

Consumer Outcome measures are well defined. The Child Behavior Checklist (CBCL) and Neurosequential Model of Therapeutics (NMT) metrics will provide pre- and post-test data. Program will also report successful completion of treatment plans.

UTILIZATION

Treatment Plan Clients (TPCs) 18, defined as Number of children completing a mental health assessment and treatment plan.

Non-Treatment Plan Clients (NTPCs) 2, defined as Number of children that are referred for screening but either do not complete screening or terminate service prior to the completion of a mental health assessment and treatment plan.

Service Contacts (SCs) 1,172, defined as Service Contacts include both direct service provision and collateral contacts (e.g., school, primary care provider, therapeutic web members). Method for calculating projected service contacts is provided that comes out to 65 contacts per TPC plus 3 contacts per NTPC.

Community Service Events (CSEs) 24, defined as Number includes the 12 training and support groups for therapeutic web members and the 12 outreach to schools and early intervention programs for referrals and presentations.

Comment

Considering the cost per child served is over \$5,000 a greater commitment should be made to what qualifies as a TPC than completing an assessment and treatment plan.

FY18 Annual targets (per Utilization Form)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---------------|-----|------|------|-----|-------|
| Annual Target | 18 | 2 | 1172 | 24 | 0 |

Financial Analysis

For more detail, see submitted Revenue, Expense, Personnel, and Budget Narrative Forms.

PY18 CCMHB Funding Request \$99,946 - a NEW request

PY18 Total Program Budget \$99,946

Current Year Funding (PY17) N/A

Proposed Change in CCMHB Funding - PY17 to PY18 N/A

Program Staff - CCMHB Funds:

Indirect = 0 FTEs Direct = 1.2 FTEs, Total CCMHB = 1.2 FTEs

Total Program Staff:

Indirect = 0 FTEs Direct = 1.2 FTEs, Total Program = 1.2 FTEs

Budget Analysis: (staff comments) Staffing pattern for the new program includes part of the therapist time (.63 FTE) and case manager (.5 FTE). Supervision and support services account for the remaining 7% of staff time dedicated to the program. The personnel form only lists four positions and is considered incomplete. It would be helpful if at a minimum the personnel form provided a more complete picture of the Cunningham Children's Home Hope Springs Counseling Center where presumably the staff for this program will be based.

Funding from the CCMHB represents 100% of the total program budget. $\$99,946 / \$99,946 = 100.0$ percent

Budget Analysis: (staff comments) The CCMHB is the sole source of revenue for the program. In that the Board will be billed for services provided to clients not covered by Medicaid/Managed Care/Other third party payer, then revenue for client services covered by these other sources does impact the operation of the program as a whole and should be included on the revenue form. The same is true on the expense side and for staff supporting the entire program not just paid by the CCMHB.

Personnel related costs are the primary expense charged to CCMHB, at $\$69,966 / \$99,946 = 70.0$ percent

Personnel is the primary expense. Budget narrative details how costs were calculated/determined. Minor issues exist with some calculations due to the projected number of clients used to determine costs being slightly higher than program projections.

Program includes no other sources of support/funding outside of CCMHB for clients not covered by Medicaid/third party payers, leaving the CCMHB as the sole funder for the new initiative. Total agency budget is over \$17,000,000 and generates over \$1,500,000 in interest income alone.

Audit Findings: Not Applicable

CCMHB FY18 Decision Priorities and Decision Support Criteria

Priority #1 Collaboration with the Champaign County Developmental Disabilities Board No

Priority #2 System of Care for Youth & Families Program application selected this priority. Target population is younger than that associated with this priority in the past. Application does not align well with supporting statements clarifying the criteria for Priority #2. Proposal does propose early intervention for children with adverse childhood experiences associated with trauma and poverty, and their families.

Focus is on younger kids. Strategy is building a therapeutic web - more of a clinical approach.

Priority #3 Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface No

Priority #4 Innovative practices to support access to core services No

Overarching Decision Support Criteria

Underserved Populations/ Cultural Competence Plan Yes. New proposal for FY18 targets pre-k through elementary school children at risk of developmental and other delays associated with trauma and poverty. CLC Plan review prefaces agency program summary.

Anti-Stigma Efforts No. Not addressed in body of application.

Countywide Access Yes. Program plans to provide services in child's/families natural environments and other community settings.

Budget-Program Connectedness In general budget aligns with proposed program. There are minor weaknesses in aspects of the budget and concern with lack of other revenue sources to support the program.

Realignment of FY17 Contracts to Priorities As a new proposal aligning with a high priority in a highly competitive application cycle, consideration to redirection of funds from other contracts as well as support from community stakeholders/partners is likely necessary if proposal to be funded.

Technical Criteria

Approach/Methods/Innovation Program proposal presents research supporting proposed interventions. Focus is on early interventions to reduce/prevent trauma and strengthen family supports. A weakness of the program is lack of an identified screening tool and threshold for eligibility.

Staff Credentials Credentials are mentioned but not specifically associated with program staff positions.

Resource Leveraging No. Multiple applications this cycle have either listed CCMHB as the sole source of funding or requested significant increases over the prior year. Separate issue is use of CCMHB funds to supplant payments from a third party payer because provider was not able to execute a contract with the third party payer.

Process Considerations & Caveats

Revisions to personnel form and to language regarding third party payer and CCMHB obligation is needed.

Contracting Considerations If this application is approved for funding, the applicants may be required to submit the following for staff review and approval prior to execution of the final FY18 contract: *form revisions*.

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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2018 Summary Analysis of Applicant's Cultural and Linguistic Competence
Activities
CCMHB
Don Moyer Boys and Girls Club (DMBGC)

CCMHB reviews all CLCP plans submitted with FY2018 applications for funding, with particular attention actions steps associated to benchmarks for each of the following action areas:

1. Annual Cultural Competence Training
2. Recruitment of Diverse backgrounds and skills for Board of Director and Workforce:
3. Cultural Competence Organizational or Individual Assessment/Evaluation: Yes
4. Implementation of Cultural Competence Values in Policy and Procedure: Yes
5. Outreach and Engagement of Underrepresented and Marginalized Communities and target population defined in the criteria
6. Inter-Agency Collaboration
7. Language and Communication Assistance

Annual Cultural Competence Training

- *Staff will be allowed 8 hours per year for cultural competence training*
- *All Board of Directors, Administration, and Staff members will read and sign a copy of CLC Plan by September 30, 2017*
- *Annual Cultural competence training will be completed by June 2018*

Recruitment of Diverse backgrounds and skills for Board of Director and Workforce:

Demographic information collected on Board of Directors, DMBGC staff members, and DMBGC clients will reflect diverse populations.

Cultural Competence Organizational Assessment/Evaluation

- *Cultural and Linguistic Competence Committee will meet bi-annually with authority to monitor goals of Cultural Competence Plan and create action steps.*
- *Two to four opportunities will be provided at scheduled at Club youth/families events to discuss services that were delivered.*
- *An annual satisfaction survey will be given to youth and families*
- *Assess and modify the physical facility to reflect the population of focus, to be welcoming, clean, and attractive by providing cultural art, magazines, refreshments, etc.*

Policies and procedures which reflect Cultural Competence values

- *Documentation and attendance participation of cultural competence training completed before June 30, 2018*

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2018 Summary Analysis of Applicant's Cultural and Linguistic Competence
Activities
CCMHB
Don Moyer Boys and Girls Club (DMBGC)

- *Develop and review Cultural and Linguistic Competence Plan bi-annually with feedback from board of directors, management, staff, and individuals served by the organization.*
- *Service Plans developed with youth and parent/guardians served by DMBGC will be influenced by family decisions on services and supports*

Outreach and Engagement of Underrepresented and Marginalized Communities and target population defined in the criteria

- Program Staff will meet with families, in their home when needed.
- The program will be inclusive of all child serving systems, social agencies, family support organizations, faith-based organizations, civic/social groups and community-based entities that have a vested interest to improve outcomes for youth and families, including those located in rural areas.
- Awareness activities/events will be incorporated in scheduled youth and family Club events. Youth and Families will participate in the planning and implementation of these activities/events.

Inter-Agency Collaboration

- *DMBC will work with the Champaign County School Districts, Police Departments, Champaign County Youth Assessment Center, Court Services and Juvenile Probation, as well as community organizations to build awareness about services offered.*

Language and Communication Assistance

Policy for timely provision for communication and language assistance will be included in the DMBGC Handbook.

Overall CLC Plan Comments-

The CLCP followed the template and criteria. The timeframes and accountability were specific. It is recommended that set specific actions on how you will recruit diversity of staff and board members.

Draft CCMHB Program Summary FY2018

Agency: Don Moyer Boys & Girls Club

Program: C-U CHANGE

PY18 CCMHB Funding Request \$100,000

PY18 Total Program Budget \$260,000 (amount is incorrect due to error on form)

Current Year Funding (PY17) \$100,000

Proposed Change in CCMHB Funding - PY17 to PY18 0 percent

Focus of Application Mental Health

Type of Contract Grant

Priority #2: System of Care for Youth & Families

Services/People Served

Service Description/Type

The C-U CHANGE program is designed to assist youth-at-risk with identifying and capitalizing upon their strengths and equipping them with the necessary skills needed to navigate life's challenges specific to each youth. The program seeks to target 40 high risk youth using a strength-based, intensive approach to support youth in navigating the school environment, deal with peer pressures, develop problem solving skills, engage with the local community, and graduate from high school with a plan for the future.

C-U CHANGE staff and volunteers will provide daily intensive support and intervention that will primarily take place within the local schools during the day, and at the Don Moyer Boys & Girls Club during after school hours.

The core services provided are:

- Improving educational performance which includes time to do homework, tutoring in basic skills and enrichment programs that encourage creativity.
- Life skills education which encompasses training and education that promotes the development of healthy lifestyles, and encourages abstinence from risk-taking behaviors in the areas of alcohol and/or substance abuse, criminal activity, violence and sexual activity.
- Parental involvement so that parents and guardians have opportunities to meet with staff to discuss their children's activities and to participate in events that strengthen parent/child bonds and community involvement.
- Recreation, sports, cultural and artistic activities and arranging safe outlets for youth to try new skills and develop new interests, to build friendships, find their place in a group, and gain developmentally relevant experiences.
- Adult mentors who allow opportunities for participants to develop and maintain positive, sustained relationships with adults.
- Service-Learning activities that connect classroom lessons with meaningful service to the community. Students build academic skills while strengthening communities through service.

A strong emphasis will be placed on daily planning, interactive adult and peer support, community engagement, progress assessment, and feedback and accountability. Referred and recruited youth will receive site-based intensive group and individual support, counseling, life-skills training, mentoring and exposure to positive cultural and healthy life choices. The program will use planning and intervention techniques that include: adult led group counseling and planning, small group cohorts(peer support), daily guidance and monitoring, immediate intervention, bi-monthly progress reviews, daily cohort planning sessions to set the day, guide and support each youth as they take on daily expectations and prepare for the future. C-U CHANGE will be a collaborative effort between DMBGC, and various organizations serving youth at risk.

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Comments

Serves youth experiencing or that have experienced one or more risk factors extending from trauma to criminal justice involvement to academic issues to homelessness. How risk factors are determined such as a screening/assessment tool is not indicated. Program was new in FY17 and aligns with Priority #2. Emphasis is placed on building on youth's strengths and capacity to deal with life challenges. The three staff, one fulltime and two part-time, provide daily support in schools and at the club to participating youth. Which schools and frequency of activity/contact by staff with youth within respective schools is not provided. Scope of services includes academic support, promoting life skills emphasizing healthy activities, providing opportunities for parental involvement, exposure to sports and the arts, access to adult mentors, and community service learning activities. Application indicates program is open to youth from throughout Champaign County but is not supported by the data reported. Program is only serving Champaign youth and to a lesser degree Urbana youth.

Access to Services for Rural Residents

For full description, see submitted Program Plan Part I Form.

Residency

Total Served 46 in FY2017 - 1st 2 quarters
Champaign Set 37 (80.4%) for 2017
Urbana Set 9 (19.6%) for 2017
Rantoul -single 0 (0%) for 2017
Mahomet - single 0 (0%) for 2017
Other Champaign County 0 (0%) for 2017

Demographics

Total Served 46 in FY2017
Age
Ages 7-12 ----- 9 (18.8%)
Ages 13-18 ----- 37 (77.1%)
Ages 19-59 ----- 0 (0%)
Ages 60-75+ ----- 0 (0%)
Race
White ----- 2 (6.3%)
Black / AA ----- 42 (89.6%)
Other (incl. Native American and Bi-racial) - 2 (4.2%)
Gender
Male ----- 30 (66.7%)
Female ----- 16 (33.3%)
Ethnicity
Not of Hispanic/Latino Origin ----- 46 (100.0%)

Program Performance Measures

ACCESS

For full description, see submitted Program Plan Part I Form.

Comments No access related measures are defined. Narrative is comprised of broad non-descript statements. Section lacks any specificity regarding referral, screening, and engagement outcomes. With limited program capacity, how will participants be determined from those youth referred? How quickly will youth engage in services and how long is participation in services expected to last?

CONSUMER OUTCOMES

For full description, see submitted Program Plan Part I Form.

Comments Contrary to the lack of outcomes related to consumer access to services, clear consumer outcome measures are proposed. Measures are associated with the targeted services to be provided and are extensive.

UTILIZATION

Treatment Plan Clients (TPCs) 40, defined as Number of youth enrolled in program. Target includes 28 youth expected to continue to engage from FY17 into FY18, with 12 new youth to join the program in FY18. Target appears low as same number has been exceeded through the first six months of FY17.

Non-Treatment Plan Clients (NTPCs) 40, defined as Number of Parent or Caring Adult Involvement/Engagement. Includes 28 parents expected to continue to engage from FY17 into FY18, with 12 new parents getting involved in FY18.

Service Contacts (SCs) 420, defined as Number of unduplicated programming, case management, counseling and service activities. This equates to between 10 and 11 contacts per youth. Target is low as same number has been exceeded through the first six months of FY17.

Community Service Events (CSEs) 144, defined as Number of meetings between agencies, public presentations, school presentations and/or school staff meetings.

FY18 Annual target (per Utilization Form)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---------------|-----|------|-----|-----|-------|
| Annual Target | 40 | 40 | 420 | 144 | 0 |

FY17 First two quarters (per submitted Quarterly Reports)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---------------------|------|------|------|-----|-------|
| First Quarter FY17 | 15 | 0 | 158 | 18 | 0 |
| Second Quarter FY17 | 31 | 10 | 413 | 39 | 0 |
| Annual Target | 40 | 40 | 420 | 144 | 0 |
| % completion | 115% | 25% | 136% | 40% | |

FY16 all four quarters n/a - program was new in FY17

Financial Analysis

For more detail, see submitted Revenue, Expense, Personnel, and Budget Narrative Forms.

PY18 CCMHB Funding Request \$100,000

PY18 Total Program Budget \$260,000 (amount is incorrect due to error on form)

Current Year Funding (PY17) \$100,000

Proposed Change in CCMHB Funding - PY17 to PY18 0 percent

Program Staff - CCMHB Funds:

Indirect = 0.1 FTEs Direct = 2.2 FTEs, Total CCMHB = 2.3 FTEs

Total Program Staff:

Indirect = 2.35 FTEs Direct = 2.2 FTEs, Total Program = 4.55 FTEs

Budget Analysis: (staff comments) Errors were made completing the personnel form. Total indirect staff allocated to the total program is incorrect.

CCMHB funded direct program staff includes one fulltime (1 FTE) and two part-time positions (.6 FTE each) dedicated to the program. Indirect staff supported with CCMHB funds equates to .1 FTE.

Funding from the CCMHB represents 38.5% of the total program budget. $\$100,000 / \$260,000 = 38.5$ percent

Budget Analysis: (staff comments) Errors were made completing the revenue and expense forms. Total program revenue is \$100,000 and CCMHB is the sole source of support. For FY17, total program revenue included \$23,007 in contributions allocated to the program in addition to the \$100,000 requested from the CCMHB.

Personnel related costs are the primary expense charged to CCMHB, at \$81,261 / \$100,000 = 81.3 percent

Some observations and comparisons are needed here. Payroll taxes charged as part of CU Change personnel costs is over 15% of salaries. For the Youth and Family Services application the rate is less than 11%. Another

difference between the two proposals is general administration (interpreted as management & general) expense. For the \$100,000 CU Change application this amount is \$6,275. For the \$160,000 Youth and Family Services application the amount is \$24,000. No audit expense is listed in the CU Change proposal but is \$5,000 in Youth and Family Services application. Clarification on these differences would be helpful.

Audit Findings: Audit in Compliance

Comment Audit was late and no extension was requested.

CCMHB FY18 Decision Priorities and Decision Support Criteria

Priority #1 Collaboration with the Champaign County Developmental Disabilities Board No

Priority #2 System of Care for Youth & Families Yes. *Program aligns with this priority. Program targets at-risk youth through after-school programming, similar to Urbana Neighborhood Connections and Mahomet Area Youth Club, and in schools. Effort is also made to engage parents. More detail on school based activity is needed.*

Priority #3 Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface No

Priority #4 Innovative practices to support access to core services No

Overarching Decision Support Criteria

Underserved Populations/ Cultural Competence Plan Yes. *Program serves middle school and high school age youth. Youth or their families with one or more risk factors will be served. Application does not indicate how youth will be screened or how risk factors will be identified. CLC Plan review prefaces agency program summaries.*

Anti-Stigma Efforts No. *Addressing stigma is not a focus of the application.*

Countywide Access No. *Primary population served is from Champaign. Some youth from Urbana also receive services.*

Budget-Program Connectedness *In general, program aligns with budget. Although there are errors on the revenue, expense and personnel forms. Lack of consistency between the CU Change and Youth and Family Services applications raises questions.*

Realignment of FY17 Contracts to Priorities No. *Program requests same level of funding as awarded in FY17. While funding from CCMHB is unchanged, total program revenue is lower in FY 18 due to agency not allocating any funds received from contributions to the program that was included in FY17 program. CCMHB is sole funder for program.*

Technical Criteria

Approach/Methods/Innovation No. *Series of potential risk factors associated with youth to be engaged in program are identified. Screening/assessment tool is not referenced. Capacity of program to address these risk factors is not addressed; application does not refer to an evidence/research based model supporting services or supports provided to youth or parents.*

Staff Credentials No. *Not addressed in the application. Considering the breadth of services to be provided related to academic support in school and after school, life skills training, communicating and engaging parents, some sense of staff qualifications to perform the work would be helpful.*

Resource Leveraging No. *CCMHB is the sole source of revenue for the FY18 application. For FY17 agency allocated funds to the program from contributions.*

Process Considerations & Caveats

Clarification on some of the differences between the CU Change and Youth & Family Services applications is of interest.

Contracting Considerations *If this application is approved for funding, the applicants may be required to submit the following for staff review and approval prior to execution of the final FY18 contract: Corrections/revisions to budget forms to conform with application requirements is necessary and to be pursued if any of the three DMBGC applications are awarded funding.*

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 FY2018
Agency: Don Moyer Boys & Girls Club
Program: Community Coalition Summer Initiatives

PY18 CCMHB Funding Request \$107,000

PY18 Total Program Budget \$260,000 (amount is incorrect due to error on form)

Current Year Funding (PY17) \$107,000

Proposed Change in CCMHB Funding - PY17 to PY18 0 percent

Focus of Application Mental Health

Type of Contract Special Initiative

Priority #2: System of Care for Youth & Families

Services/People Served

Service Description/Type

Don Moyer Boys and Girls Club through this contract will support and reinforce System of Care principles and values particularly relative to system involved youth impacted with emotional and environmental challenges. The contract will be comprised of two major components. The first component will be for services and supports provided by specialized service providers (subcontractors) who will be directly accountable to the Don Moyer Boys and Girls Club. The second component is for Don Moyer Boys and Girls Club to provide administration, coordination and support services to assure that all programs and services provided under this contract are fully integrated and support system of care goals and objectives for the population served.

Comments

Application is aligned with Priority #2: System of Care for Youth & Families. On behalf of the Champaign Community Coalition, Don Moyer Boys & Girls Club will serve as the fiscal agent and issue subcontracts to various summer youth initiatives that provide activities promoting positive development and work experience as appropriate for youth age 9 to 18. Programs supported are based in Champaign and Urbana.

Access to Services for Rural Residents

For full description, see submitted Program Plan Part I Form.

Target Population

For full description, see submitted Program Plan Part I Form.

Residency / Demographics

Comment: No prior year residency or demographic data are available.

Program Performance Measures

ACCESS

For full description, see submitted Program Plan Part I Form.

Comment

General statement on coordination with Champaign Community Coalition without any detail related to the applicant or the sub-grantees commitment to measure access to services.

CONSUMER OUTCOMES

For full description, see submitted Program Plan Part I Form.

Comment

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General statement on relationship of subcontracts to priority areas of the Community Coalition. Consumer outcomes are a function and obligation of each sub-grantee. Considering the volume of contracts and average award it is unlikely any measurement of impact beyond number served and demographic data can be expected.

UTILIZATION

Treatment Plan Clients (TPCs) 0

Non-Treatment Plan Clients (NTPCs) 1,200, defined as Number of youth served by all contracted organizations.

Service Contacts (SCs) 6,000, defined as Number of face to face, engagement activities and services.

Community Service Events (CSEs) 270, defined as Number of engagement activities and services, events, meetings, presentations, etc. provided by contracted organizations.

Narrative Subcontracts:

- Champaign Schools: Leadership, academic enrichment, mentoring
Targeted initiative: (18) middle-school boys.
Targeted initiative for new group of (10) middle-school boys - Leadership, academic enrichment, mentoring
- Urbana Schools: Summer employment and training Career awareness and exploration. Up to (40) students.
- Dream House summer educational initiative: Pre-kindergarten enrichment and reading. (25) boys.
- CU Neighborhood Champions: Trauma information & education for targeted Champaign-Urbana neighborhoods. Training for up to (200) participants.
- Midnight Basketball Youth-For-Christ: Targeted initiative boys and girls Leadership-recreation.
Up to (200) youth participants.
- Community Campus Connection (C³): Partnership University of Illinois Campus-based recreational activities. Cooperative Engagement with: Tap-In Academy, Champaign Park District, Urbana Park District, Urbana Neighborhood Connections, Don Moyer Boys and Girls Club, Youth For Christ.
Up to (300) community youth and campus participants.
- Boys and Girls Club Subcontracts: Racial Taboo, video production, community engagement, Coalition promotional activities, Mental Health Awareness Week; (200) youth participants.
- 1st String: Sports-based initiative providing youth leadership and skill development. Up to (40) youth.
- Lifeline: Summer camp activities targeted for Garden Hills area youth ages 10-16. (35) youth participants.
- Dream Girls Academy: Coaching-mentoring-advocacy, targeting middle-school girls. Up to (75) youth.
- Banks Bridgewater Lewis Academy: Fine arts, music academy. Up to (60) youth participants.
- Community Arts: Summer arts-focused project. Includes Krannert, Urbana Park District, Urbana schools partnership. Up to (15) youth participants.
- Community Arts: 3-week dance camp for targeted students. Includes Krannert, Champaign schools, Champaign Park District partnership. Up to (20) youth participants.
- Freedom School: Academic enrichment reading program. Up to (20) participants.

Comment

Subcontracts with projected number of youth to be served. (Amount per contract to be determined)

FY18 Annual targets (per Utilization Form)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---------------|-----|------|------|-----|-------|
| Annual Target | 0 | 1200 | 6000 | 270 | 0 |

Financial Analysis

For more detail, see submitted Revenue, Expense, Personnel, and Budget Narrative Forms.

PY18 CCMHB Funding Request \$107,000

PY18 Total Program Budget \$260,000 (amount is incorrect due to error on form)

Current Year Funding (PY17) \$107,000

Proposed Change in CCMHB Funding - PY17 to PY18 0 percent

Program Staff - CCMHB Funds: 0 (FTE)

Budget Analysis: (staff comments) Revenue and expense forms not completed correctly. Funding is to provide various subcontracts.

Funding from the CCMHB represents 41.2% of the total program budget. \$107,000 / \$260,000 = 41.2 percent
Budget Analysis: (staff comments) Amount requested is \$107,000. (Error in total program revenue amount - correct amount is \$107,000.)

Personnel related costs are NOT charged to CCMHB, at N/A.

Proposal indicates 100% of funds will be used for subcontracts to fourteen agencies. In the past an administrative fee of 10% has been paid to Don Moyer Boys & Girls Club but is not in the budget or mentioned in the budget narrative.

Audit Findings: Audit in Compliance

Comment Audit was late and no extension was requested.

CCMHB FY18 Decision Priorities and Decision Support Criteria

Priority #1 Collaboration with the Champaign County Developmental Disabilities Board No

Priority #2 System of Care for Youth & Families Yes. Program is aligned with this Priority. Is associated with the work of the Champaign Community Coalition.

Targeting multi-system youth; related to DMBGC Youth and Family Services, PLL Extended Care, PLL Front End.

Priority #3 Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface No

Priority #4 Innovative practices to support access to core services No

Overarching Decision Support Criteria

Underserved Populations/ Cultural Competence Plan Yes. Proposal targets youth with multi-system involvement, providing expanded opportunities to participate in supervised activities in the summer. CLC Plan review prefaces agency program summaries.

Anti-Stigma Efforts No. Any effort directed toward reducing stigma is not addressed in the application.

Countywide Access No. Predominant focus of subcontracted agencies and programs is on serving Champaign and Urbana youth.

Budget-Program Connectedness Yes. Proposal is to fund 14 subcontracts. While not a complicated budget, some corrections are necessary.

Realignment of FY17 Contracts to Priorities No. Same amount of funds were allocated last year to support summer initiatives serving youth, as part of the \$535,000 commitment to System of Care for Youth and Families.

Technical Criteria

Approach/Methods/Innovation Funding supplements existing summer youth initiatives.

Staff Credentials N/A. Purpose of the proposal is to pass through funds to various summer programs serving youth.

Resource Leveraging No. While not referenced in application, the subcontracts are not the sole source of funding for the services/programs supported. CCMHB funds supplement these programs enabling more youth to be served.

Process Considerations & Caveats

Contracting Considerations If this application is approved for funding, the applicants may be required to submit the following for staff review and approval prior to execution of the final FY18 contract: Corrections/revisions to budget forms to conform with application requirements is necessary and to be pursued if proposal awarded funding.

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 FY2018
Agency: Don Moyer Boys & Girls Club
Program: Youth & Family Services

PY18 CCMHB Funding Request \$160,000

PY18 Total Program Budget \$260,000 (amount is incorrect due to error on form)

Current Year Funding (PY17) \$160,000

Proposed Change in CCMHB Funding - PY17 to PY18 0 percent

Focus of Application Mental Health

Type of Contract Grant

Priority #2: System of Care for Youth & Families

Services/People Served

Service Description/Type

Youth Advocacy: Individual coaching/mentoring to youth to assist with goal setting and problem-solving of specific and immediate challenges at home, school or community environments. This support is necessary to help manage, reduce stress associated with balancing adolescence, social/emotional challenges and system involvement.

Example Activities: Helping youth plan out activities to be involved at school, home and in the community; providing support to youth around managing friendships; educating youth about high-risk behaviors; support with addressing peer pressure.

- **Delivery Mode:** Individual; Face to Face; Phone; In-home; Community
- **Staff:** Executive Director, Project Director, Youth Development Specialist, Case Manager, Youth Advocate

Parent Peer Support Partner: Direct supports provided to a parent/caregiver to link with community resources; support navigating the multiple systems in which the family is involved. This support is necessary to ensure that parent/ caregiver relates to another peer with lived experience. A Parent Peer Support Partner supports the parent/caregiver in decision making in a safe and non-judgmental and unbiased relationship. The Peer Supporter links the parent/caregiver to community services and works collaboratively with all the systems the caregiver/parent is involved in.

Example Activities: Meeting with parent/caregiver to provide system-specific information regarding valuable community resources; reviewing common documentation, language, policies and procedures with a youth/caregiver entering a new system such as juvenile justice; teaching youth and caregiver, tips/tools for self-advocacy in the school system.

- **Delivery Mode:** Individual; Face to Face; Phone; In-home; Community

Consultation/Engagement Training: Consultation, training and collaboration with community partners to support them in developing and sustaining family and youth-guided policies and practices within their organization activities and goals. Community partners include all child serving systems, social service agencies, family support organizations, faith-based organizations, civic/social groups, and other community-based entities that have a vested interest in improving outcomes for youth and families.

Public Education

Open workshops/groups for parents/caregivers to provide support and education on social and emotional challenges that impact youth and families involved in multiple systems. The workshops/groups are preventative in nature and designed to offer families with needed information, support, and resources.

Assessments

DMBGC offers several free, innovative programs to youth and families in the community to raise awareness, reduce

stigma and promote overall health and wellness. Assessments for youth and caregivers/parents to identify areas where they are excelling and areas in which increased support is needed.

Staff: The above services will be provided by: Executive Director, Support Staff, Project Director, Case Manager, Youth Development Specialist Youth Advocate, Youth Support Staff, Parent Peer Support

Comments

Target population and proposed services align with Priority #2. The services are intended to support youth in navigating challenges, provide peer support to parents navigating multiple systems and linkage to community resources, and to educate the broader community and assist partners on developing youth and family guided policies and practices. Assessments of youth and families to identify strengths and weaknesses is noted but the tool is not identified. While there is some similarity to the CU Change proposal regarding services to youth, this application seeks to deliver services in the broader community. There is also less emphasis on delivering services to a specific youth or family as indicated by the low number of clients to be served and more emphasis on systems change through engagement with community partners and public education.

Access to Services for Rural Residents

For full description, see submitted Program Plan Part I Form.

Target Population

For full description, see submitted Program Plan Part I Form.

Residency

| | | |
|-------------------------------|-------------------------------|---|
| Total Served | 69 in FY2016 (last full year) | 11 in FY2017 – 1 st 2 quarters |
| Champaign Set | 26 (37.7%) for FY16 | 3 (27.3%) for FY17 |
| Urbana Set | 21 (30.4%) for FY16 | 3 (27.3%) for FY17 |
| Rantoul -single | 16 (23.2%) for FY16 | 1 (9.1%) for FY17 |
| Mahomet - single | 3 (4.3%) for FY16 | 4 (36.4%) for FY17 |
| Other Champaign County | 3 (4.3%) for FY16 | 0 (.0%) for FY17 |

Demographics

| | |
|---|------------|
| Total Served 69 in FY2016 | |
| Age | |
| Ages 7-12 ----- | 4 (5.8%) |
| Ages 13-18 ----- | 27 (39.1%) |
| Ages 19-59 ----- | 38 (55.1%) |
| Race | |
| White ----- | 18 (26.1%) |
| Black / AA ----- | 22 (31.9%) |
| Other (incl. Native American and Bi-racial) - | 4 (5.8%) |
| Not Available Qty ----- | 25 (36.2%) |
| Gender | |
| Male ----- | 11 (15.9%) |
| Female ----- | 58 (84.1%) |
| Ethnicity | |
| Of Hispanic / Latino origin ----- | 2 (2.9%) |
| Not of Hispanic/Latino Origin ----- | 46 (66.7%) |
| Not Available Qty ----- | 21 (30.4%) |

Program Performance Measures

ACCESS

For full description, see submitted Program Plan Part I Form.

Comments

Section speaks to delivering youth and parent focused services in natural settings of home, schools, and community. Reference to community engagement and public education identifies broad range of community based entities intended to be engaged. No access related measures are defined.

With very limited program capacity, how will participants be determined from those youth referred? How quickly will youth engage in services and how long is participation in services expected to last?

CONSUMER OUTCOMES

For full description, see submitted Program Plan Part I Form.

Comment

No details on how outcomes are measured. No performance targets are set. Last bullet point is incomplete.

UTILIZATION

Treatment Plan Clients (TPCs) 5, not defined but will be required if funding awarded.

Non-Treatment Plan Clients (NTPCs) 20, defined as Linkage and engagement. More detail will be required if funding awarded.

Service Contacts (SCs) 125, defined as Youth Advocacy, Peer Support, Consultation/Engagement Training, Public Education, Assessments. Clarification is necessary on counting a training or public education event as a service contact. They would appear to be more appropriately listed as CSEs.

Community Service Events (CSEs) 16, defined as Workshops and Open Groups associated with the public education activity.

Comments Unclear what TPC and NTPC categories represent; low numbers for amount of money.

FY18 Annual targets (per Utilization Form)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---------------|-----|------|-----|-----|-------|
| Annual Target | 5 | 20 | 125 | 16 | 0 |

FY17 First two quarters (per submitted Quarterly Reports)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---------------------|-----|------|-----|------|-------|
| First Quarter FY17 | 0 | 7 | 53 | 53 | 0 |
| Second Quarter FY17 | 0 | 4 | 6 | 69 | 0 |
| Annual Target | 0 | 20 | 100 | 60 | 0 |
| % completion | n/a | 55% | 59% | 203% | |

FY16 all four quarters (per submitted Quarterly Reports)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---------------------|-----|------|------|-----|-------|
| First Quarter FY16 | 33 | 57 | 32 | 4 | 0 |
| Second Quarter FY16 | 21 | 62 | 122 | 15 | 0 |
| Third Quarter FY16 | 22 | 36 | 120 | 15 | 0 |
| Fourth Quarter FY16 | 11 | 0 | 150 | 9 | 0 |
| Annual Target | 125 | 290 | 220 | 115 | 0 |
| % completion | 69% | 53% | 193% | 34% | |

Comments Targets fluctuate from year to year. How utilization categories are defined has shifted to some degree year to year or not been defined. Missing information will need to be provided if the application is funded.

Financial Analysis

For more detail, see submitted Revenue, Expense, Personnel, and Budget Narrative Forms

PY18 CCMHB Funding Request \$160,000

PY18 Total Program Budget \$260,000 (amount is incorrect due to error on form)

Current Year Funding (PY17) \$160,000

Proposed Change in CCMHB Funding - PY17 to PY18 0 percent

Program Staff - CCMHB Funds:

Indirect = 0 FTEs Direct = 2.25 FTEs, Total CCMHB = 2.25 FTEs

Total Program Staff:

Indirect = 2.3 FTEs Direct = 2.25 FTEs, Total Program = 4.55 FTEs

Budget Analysis: (staff comments) High cost per person served. Less emphasis appears to be placed on delivering services to a specific youth or family as indicated by the low number of clients to be served and more emphasis on systems change through engagement with community partners and public education.

Errors were made completing the personnel form. Total indirect staff allocated to the total program is incorrect.

Direct staff include six part-time positions. These staff also work for the Youth and Family Peer Support Alliance. The amount of time dedicated to the program varies by position. No indirect staff is listed as being supported with CCMHB funds. This lack of support for indirect staff is apparently offset by the \$24,000 charged to the general operating expense line for as overhead and administration.

Funding from the CCMHB represents 61.5% of the total program budget. $\$160,000 / \$260,000 = 61.5$ percent

Budget Analysis: (staff comments) Errors were made completing the revenue and expense forms. Total program revenue is \$160,000 and CCMHB is the sole source of support.

Personnel related costs are the primary expense charged to CCMHB, at $\$98,523 / \$160,000 = 61.6$ percent

Some observations and comparisons are needed here. Payroll taxes charged as part of CU Change personnel costs is over 15% of salaries. For the Youth and Family Services application the rate is less than 11%. Another difference between the two proposals is general administration (interpreted as management & general) expense. For the \$100,000 CU Change application this amount is \$6,275. For the \$160,000 Youth and Family Services application the amount is \$24,000. No audit expense is listed in the CU Change proposal but is \$5,000 in Youth and Family Services application. The audit is charged off to the consumables expense line rather than professional fees/consultants. Also charged off to the consumables expense line is \$1,500 for mileage reimbursement. Yet there is \$3,500 allocated to the local transportation line. A children's mental health dinner and dance is listed at \$5,000 as a consumables expense line item but not referenced in the services section. Clarification on these differences and observations would be helpful.

Audit Findings Audit in Compliance

Comment Audit was late and no extension was requested.

CCMHB FY18 Decision Priorities and Decision Support Criteria

Priority #1: Collaboration with the Champaign County Developmental Disabilities Board No

Priority #2 System of Care for Youth & Families Yes. Proposal aligns with priority. Range of services includes youth coaching and mentoring, parent peer support, systems related consultation and training on developing and sustaining family driven/youth guided policies and practices, public education on social emotional challenges of youth and families with multi-system involvement. The systems related work and public education activity appear to be primary focus of the application as proposed number of clients served is low.

Priority #3 Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice

Interface No

Priority #4 Innovative practices to support access to core services No

Overarching Decision Support Criteria

Underserved Populations/ Cultural Competence Plan Yes. Proposes to serve multi-system involved youth and families although number served is low. CLC Plan review prefaces agency program summaries.

Anti-Stigma Efforts Yes. *Public education activities are intended to address stigma.*

Countywide Access Yes. *Commitment to serving youth and families in natural settings would extend to rural areas. Public education and systems training have the potential to benefit rural areas.*

Budget-Program Connectedness *In general, program aligns with budget. Although there are errors on the revenue, expense and personnel forms. Lack of consistency between the CU Change and Youth and Family Services applications raises questions. Questions on some specific costs included in the budget need clarification. Though forms are completed incorrectly, it seems that 100% funding requested from CCMHB.*

Realignment of FY17 Contracts to Priorities No. *Program requests same level of funding as awarded in FY17.*

Technical Criteria

Approach/Methods/Innovation Yes. *Qualified yes. Elements of proposal related to peer support for parents, and assisting community partners with multi systems policies and practices support align with the criteria. However, issues include assessment tool is not identified and lack of staff credentials or specialized training supporting capacity to do the work.*

Staff Credentials No. *Qualifications or credentials are not provided.*

Resource Leveraging No. *CCMHB is the sole funder.*

Process Considerations & Caveats

Clarification on some of the differences between the CU Change and Youth and Family Services applications is of interest.

Contracting Considerations *If this application is approved for funding, the applicants may be required to submit the following for staff review and approval prior to execution of the final FY18 contract: The lack of definitions of some utilization categories will need to be corrected/revised. The budget forms will also need to be corrected/revised to conform with application requirements as necessary and to be pursued if any of the three DMBGC applications are awarded funding.*

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

**2018 Summary Analysis of Applicant's Cultural and Linguistic Competence Activities
CCMHB**

Eastern Illinois Refugee Mutual Assistance

CCMHB reviews all CLCP plans submitted with FY2018 applications for funding, with particular attention actions steps associated to benchmarks for each of the following action areas:

1. Annual Cultural Competence Training
2. Recruitment of Diverse backgrounds and skills for Board of Director and Workforce:
3. Cultural Competence Organizational or Individual Assessment/Evaluation: Yes
4. Implementation of Cultural Competence Values in Policy and Procedure: Yes
5. Outreach and Engagement of Underrepresented and Marginalized Communities and target population defined in the criteria
6. Inter-Agency Collaboration
7. Language and Communication Assistance

Annual Cultural Competence Training

*Interpreter/Cultural Training Attendance or registration/presence at a webnet training
(www.uniteforsight.org/cultural-competency)*

Recruitment of a diverse Board of Directors and Workforce

The Board will annually evaluate the diversity of the Board and the Multidisciplinary Team.

Cultural Competence Organizational Assessment/Evaluation

- *Assess Facilities—Welcoming and wheel chair accessible.*

Policies and procedures which reflect Cultural Competence values

- *All Staff will review and sign CLC Plan*

Evidence of outreach and engagement with underrepresented populations defined in application criteria

- *Organize support groups and participate in Cultural Celebrations*

Inter-Agency Collaboration

- *Interagency Collaboration Providing/accepting referrals*

Language and Communication Assistance

- *Materials & periodicals in multiple languages. Coloring books for children. Newsletter in four languages*
- *Staff demonstrates competency in home language and English. Seven languages spoken by native speakers.*

DRAFT

2018 Summary Analysis of Applicant's Cultural and Linguistic Competence Activities

CCMHB

Eastern Illinois Refugee Mutual Assistance

Overall CLC Plan Comments

The CLC Plan developed by EIRMAC was not comprehensive. "The Refugee is the one local organization that is the most equipped in the field of cultural and linguistic competency," is their leading statement on the CLC Plan. It is recommended that technical assistance is provided to update their CLC Plan to ensure that the information is captured for all of the work that is done to ensure cultural competence.

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Draft CCMHB Program Summary FY2018
Agency: East Central Illinois Refugee Mutual Assistance Center
Program: Family Support & Strengthening

PY18 CCMHB Funding Request \$25,000

PY18 Total Program Budget \$207,995

Current Year Funding (PY17)\$19,000

Proposed Change in CCMHB Funding - PY17 to PY18 31.6 percent

Focus of Application Mental Health

Type of Contract Grant

Priority Other/Renewal

Services/People Served

Service Description/Type

The goal of the Family Support and Strengthening program is to educate and support refugees and immigrant families to help them successfully transition to a new culture. The services are provided in nine different languages by bi-lingual bi-cultural staff. Speakers of other languages are available on an on-call basis. All staff members are experienced in social services. The Center provides:

- 1) Assistance to refugee/immigrant mutual support groups. Staff/board facilitate group meetings, provide speakers, recommend activities, identify individuals willing to share their knowledge or be a resource.
- 2) Linkage with mainstream service providers regarding the mental health needs of clientele. Interpretation and translation services during appointments with mental health providers and explanation of the cultural barriers that may be encountered during the sessions. Mediations and education related to cultural differences are provided.
- 3) One-on-one counseling and/or education at the Center, a neutral site, or in the homes of families in crisis.
- 4) Collaboration with Immigration Project and Courage Connection on Violence Against Women Act (VAWA) immigration applications. This helps spouses ensnared in domestic violence situations to obtain legal permanent residence without their spouses' approval.
- 5) Educational program, in collaboration with the Champaign County Adult Diversion Program, to explain American cultural expectations of proper behavior. Program is administered and delivered by bi-cultural bi-lingual staff members to clients referred by the justice system.
- 6) Collaboration with Prairie Center, assisting DUI clients during their educational and drug treatment classes
- 7) Culturally appropriate Smart Money, Parenting, & Promoting Better Health to Fight Obesity and Diabetes workshops. The smart money workshops deal with how money affects family relationships. Parenting workshops will develop strategies to improve parent/child relationships. The health workshops educate the clients on nutrition and the effects of obesity and diabetes on the family.
- 8) A bi-annual educational newsletter focusing on information on mental health to clients, cooperative providers, and volunteers who assist clients. The information is provided in English, French, Vietnamese, and Russian.
- 9) A Saturday Morning Tutoring Program provides tutoring, enrichment activities, and workshops to help children adjust to a new culture, its rules, and expectations. Two school liaisons serve as advocates, interpreters, and translators for

parents dealing with the school issues (discipline, classroom expectations, bullying, special needs, behavior problems etc.).

9) Certified interpreters are involved with medical appointments and court services.

10) One-on-one education, which employs cultural awareness, to explain the requirements/expectations of living within American society.

Comments

Proposal not linked to one of the four priority areas and is classified as Other/Renewal. The program provides a range of supports to newly arrived immigrants, refugees and asylees. Services build on natural support networks to assist individuals and families adjust to a new culture. Elements of the program also involve collaboration with other social service providers, schools and the courts. It also has a regular presence in Rantoul at the Community Service Center. The agency is unique in terms of who it serves and the services it offers to them.

Access to Services for Rural Residents

For full description, see submitted Program Plan Part I Form.

Target Population

For full description, see submitted Program Plan Part I Form.

Residency

| | | |
|-------------------------------|---------------------------------|---|
| Total Served | 2234 in FY2016 (last full year) | 1362 in FY2017 – 1 st 2 quarters |
| Champaign Set | 1,122 (50.2%) for FY16 | 604 (44.3%) for FY17 |
| Urbana Set | 791 (35.4%) for FY16 | 516 (37.9%) for FY17 |
| Rantoul -single | 248 (11.1%) for FY16 | 197 (14.5%) for FY17 |
| Mahomet - single | 2 (.1%) for FY16 | 4 (.3%) for FY17 |
| Other Champaign County | 71 (3.2%) for FY16 | 41 (3.0%) for FY17 |

Demographics

Total Served 2234 in FY2016

Age

| | |
|-------------------------|---------------|
| Ages 0-6 ----- | 363 (16.2%) |
| Ages 7-12 ----- | 260 (11.6%) |
| Ages 13-18 ----- | 165 (7.4%) |
| Ages 19-59 ----- | 1,363 (61.0%) |
| Ages 60-75+ ----- | 73 (3.3%) |
| Not Available Qty ----- | 10 (.4%) |

Race

| | |
|-------------------------|---------------|
| White ----- | 1,231 (55.1%) |
| Black / AA ----- | 264 (11.8%) |
| Asian / PI ----- | 704 (31.5%) |
| Not Available Qty ----- | 35 (1.6%) |

Gender

| | |
|-------------------------|---------------|
| Male ----- | 1,062 (47.5%) |
| Female ----- | 1,162 (52.0%) |
| Not Available Qty ----- | 10 (.4%) |

Ethnicity

| | |
|-------------------------------------|---------------|
| Of Hispanic / Latino origin ----- | 1,143 (51.2%) |
| Not of Hispanic/Latino Origin ----- | 88 (3.9%) |
| Not Available Qty ----- | 1,003 (44.9%) |

Program Performance Measures

ACCESS

For full description, see submitted Program Plan Part I Form.

Comments

Access section focuses on use of referral sources and other information sharing activities to create awareness of services. Program also notes assistance provided to individuals and families with accessing other services. Program has bi-lingual and multi-lingual staff available to enabling services to be provided in native languages or to translate when meeting with other providers.

CONSUMER OUTCOMES

For full description, see submitted Program Plan Part I Form.

Comment

Program identifies range of outcomes resulting from services provided. In some instances, results are noted.

UTILIZATION

Treatment Plan Clients (TPCs) 0

Non-Treatment Plan Clients (NTPCs) 0

Service Contacts (SCs) 0

Community Service Events (CSEs) 75 defined as Number of groups, special events, newsletters, and community education activities.

Other 25, defined as Number of hours of service provided in specialized workshops on topics related to managing money or health and wellness

Comments Program reports zip code data based on location of event for CSEs. Demographic data reflects those served by the agency and participating in events.

FY18 Annual targets (per Utilization Form)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---------------|-----|------|----|-----|-------|
| Annual Target | 0 | 0 | 0 | 75 | 25 |

FY17 First two quarters (per submitted Quarterly Reports)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---------------------|-----|------|----|-----|-------|
| First Quarter FY17 | 0 | 0 | 0 | 18 | 2 |
| Second Quarter FY17 | 0 | 0 | 0 | 28 | 5 |
| Annual Target | 0 | 0 | 0 | 75 | 28 |
| % completion | | | | 61% | 25% |

FY16 all four quarters (per submitted Quarterly Reports)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---------------------|-----|------|----|------|-------|
| First Quarter FY16 | 0 | 0 | 0 | 14 | 7 |
| Second Quarter FY16 | 0 | 0 | 0 | 22 | 3 |
| Third Quarter FY16 | 0 | 0 | 0 | 27 | 6 |
| Fourth Quarter FY16 | 0 | 0 | 0 | 25 | 8 |
| Annual Target | 0 | 0 | 0 | 75 | 20 |
| % completion | | | | 117% | 120% |

Financial Analysis

For more detail, see submitted Revenue, Expense, Personnel, and Budget Narrative Forms.

PY18 CCMHB Funding Request \$25,000

PY18 Total Program Budget \$207,995

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Current Year Funding (PY17)\$19,000

Proposed Change in CCMHB Funding - PY17 to PY18 31.6 percent

Program Staff - CCMHB Funds:

Indirect = 0.01 FTEs Direct = 0.68 FTEs, Total CCMHB = 0.69 FTEs

Total Program Staff:

Indirect = 0.08 FTEs Direct = 5.79 FTEs, Total Program = 5.87 FTEs

Budget Analysis: (staff comments) Program allocates a portion of CCMHB funds to 9 of 12 staff positions employed by the agency. Most staff are part time.

Funding from the CCMHB represents 12% of the total program budget. \$25,000 / \$207,995 = 12.0 percent
United Way% 13.3 percent; Contributions – various 47.6 percent; State 11 percent

Budget Analysis: (staff comments) Program relies on contributions and fundraising as the primary source of support. In addition to the CCMHB and United Way funding, other local grants and service fees provide another 16% of program revenue. Agency is requesting an increase of \$6,000 from the CCMHB over the amount awarded in FY17.

Personnel related costs are the primary expense charged to CCMHB, at \$22,764 / \$25,000 = 91.1 percent
Funds remaining are primarily cost allocated across various expense lines.

Audit Findings: Audit Requirement Waived

Comment While the audit is waived, agency does have an audit completed and provides a copy to the CCMHB. If funded at the requested level of \$25,000 the audit would be required.

CCMHB FY18 Decision Priorities and Decision Support Criteria

Priority #1 Collaboration with the Champaign County Developmental Disabilities Board No

Priority #2 System of Care for Youth & Families No

Priority #3 Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface No

Priority #4 Innovative practices to support access to core services No

Overarching Decision Support Criteria

Underserved Populations/ Cultural Competence Plan Yes. Serves immigrants and refugees resettling to Champaign County. CLC Plan review prefaces agency program summary.

Anti-Stigma Efforts Yes. Program helps new immigrants and refugees assimilate through education, counseling and other support services. Also assists providers, schools, and justice system.

Countywide Access Yes. Location of services is Champaign and Urbana. Also has regular presence in Rantoul at the Community Service Center.

Budget-Program Connectedness Yes. Funding requested from CCMHB represents 12% of program revenue. Program aligns with budget. Agency seeks an increase of \$6,000 over the FY17 award.

Realignment of FY17 Contracts to Priorities Proposal is not linked to one of the four priority areas but of the four would most closely align with Priority #4: Innovative Practices to Support Core Services. Program is an established contract with a long history of support from the CCMHB.

Technical Criteria

Approach/Methods/Innovation Uses natural support networks, peer support and mentoring.

Staff Credentials Yes. Staff is bi-lingual/multi-lingual.

Resource Leveraging Program is heavily reliant on contributions and fundraising for revenue. Other local sources including CCMHB funds are also a primary source of support. A small percentage of program revenue is tied to state funding.

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Process Considerations & Caveats

Contracting Considerations If this application is approved for funding, the applicants may be required to submit the following for staff review and approval prior to execution of the final FY18 contract: *n/a*

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
2018 Summary Analysis of Applicant's Cultural and Linguistic Competence
Activities
CCMHB
Family Service Center of Champaign County

CCMHB reviews all CLCP plans submitted with FY2018 applications for funding, with particular attention actions steps associated to benchmarks for each of the following action areas:

1. Annual Cultural Competence Training
2. Diverse Board and Staff Recruitment
3. Cultural Competence Organizational Assessment/Evaluation
4. Implementation of Cultural Competence Values in Policy and Procedure
5. Outreach and Engagement of Underrepresented Populations defined in the Criteria-
6. Inter-Agency Collaboration-
7. Language and Communication Assistance

Cultural Competence Training

- *Cultural Competence Training is provided annually to all staff. In the updated strategic plan cultural competence training will happen during the board of director's orientation session. New board members will receive training about the CLCP and provide input and feedback on changes as a part of strategic planning.*

Recruitment of a diverse Board and Staff

- *Develop and adopt a board development plan that reflects the agency's commitment to having a board of directors that is diverse and representative of our community and those whom we serve and that includes specific procedures for recruiting diverse board members. This will be reviewed in December when officer elections take place.*
- *Affirmative Action Policy was updated in 2017 and it is followed when recruiting and hiring new employees; policy includes procedure to send information on position openings to a list of community agencies and locations to ensure outreach to a diverse applicant pool.*

DRAFT
2018 Summary Analysis of Applicant's Cultural and Linguistic Competence
Activities
CCMHB
Family Service Center of Champaign County

Cultural Competence Organizational Assessment/Evaluation

- *In order to assess the agency's progress in implementing CLC principles and strategies, conduct an annual analysis that compares the percentage of people of color being served by the agency to the percentage of people of color in Champaign County and to the percentage of people of color on staff in order to assure that our staff is diverse and reflective of those whom we serve and that persons of color are utilizing our services.*
- *Clients will receive satisfaction surveys at the conclusion of service or annually; survey results will be compiled and shared with appropriate staff and with the Program Committee of the Board of Directors*

Policies and procedures which reflect Cultural Competence values

- *Assure that all position descriptions include a requirement that staff demonstrate or develop a knowledge of and sensitivity to cultural issues and assess each employee's demonstrated ability to provide service in a culturally competent manner during interviews of prospective employees and during employee performance evaluations.*
- *Assure that all new and existing employees receive a copy of the agency CLCP upon hire and whenever the plan is modified; review and discuss plan with employees.*
- *All program advisory committees will include consumers or their representatives as well as other community stakeholders*

Evidence of outreach and engagement with underrepresented populations defined in application criteria

- *Conduct community outreach and engagement activities that target key access points such as places of worship, community centers, service agencies, senior and low-income housing and primary and public health providers.*
- *Program Directors will identify at least two outreach and engagement activities for each service that were targeted to community key access points*

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DRAFT
2018 Summary Analysis of Applicant's Cultural and Linguistic Competence
Activities
CCMHB
Family Service Center of Champaign County

Inter-Agency Collaboration

Collaborate with other agencies serving diverse populations, e.g., the East Central Illinois Refugee Mutual Assistance Center, to assure that their clients have access to our services as needed and to utilize their staff as cultural consultants for our clients as appropriate. FY 18 have a more formalized collaboration with written MOU with organizations.

Overall CLC Plan Comments

The CLCP followed the template instructions in the application. Family Service provided detail about their on-going activities. There was an actual detailed information and historical information provided as a context to how the value of CLC has continued to be a part of their strategic plan.

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Draft CCMHB Program Summary FY2018

Agency: Family Service of Champaign County

Program: Counseling

PY18 CCMHB Funding Request \$25,000

PY18 Total Program Budget \$68,785

Current Year Funding (PY17) \$20,000

Proposed Change in CCMHB Funding - PY17 to PY18 25.0 percent

Focus of Application Mental Health

Type of Contract Fee for Service (FFS)

Priority #3 – Behavioral Health Supports for Adults with Justice System Involvement

Services/People Served

Service Description/Type

The Counseling program operates on a philosophy of self-determination and respect for the client. Our therapists work with clients to create a therapeutic environment that is respectful, mindful and sensitive to the client's culture, values, beliefs, traditions, customs, family values, trust and personal preferences. The client's right to make personal choices is respected, as long as no harm to self or others would result.

Services usually begin with a referral from an outside source or contact from a prospective client. After an intake interview has been conducted, the case is assigned to a therapist. The therapist makes every effort to schedule an initial session with a client within 1-2 days following the intake interview. In the initial therapy sessions, depending on the client's needs and situation, an assessment is completed and therapist and client begin to develop a treatment plan. Goals are reviewed every three months (more often, if necessary) to determine progress and/or need for continuing therapy. Client and therapist together decide future treatment goals.

Therapy sessions are conducted primarily at the Family Service office but Drug Court clients will occasionally be seen off-site. Family Service offers individual, couples and family therapy. The therapists address issues such as anger management, abuse (which may include adult and/or child abuse), child behavioral issues, family discord, trauma, grief and substance abuse. A strong educational component is included when addressing issues such as substance abuse and parenting challenges. Clients may be given homework assignments; children and adults may be asked to complete projects together or express feelings through artwork or written documents. Many times these alternative therapeutic strategies lead to greater insight and progress on the part of the client than sitting and talking in an office with the therapist.

Therapists attend weekly staff meetings to discuss clinical issues, share ideas, discuss current clinical trends and review client treatment plans. Additionally, the clinical supervisor provides weekly and as needed individual supervision to ensure quality services and growth in clinical expertise.

Staff qualifications: The program director and therapists are master's level trained with many years of experience. The two therapists are also licensed clinicians (LCSW/LCPC). The clinical supervisor/clinical therapist works 18.75 hours per week. The other clinical therapist works 20 hours per week. During FY17, all therapists, including the program director, will complete the IDCFS Trauma-Informed Credentialing for Treatment Providers.

Comments

Counseling services are available to persons of any age. A priority population for the program are adults referred from the Champaign County Drug Court. Involvement with Drug Court aligns program with Priority #3 – Behavioral Health Supports for Adults with Justice System Involvement. In general counseling clients are not on Medicaid and have limited ability to pay for services. Following an assessment a treatment plan is completed and reviewed quarterly. Sessions may address a range of mental health issues. Services are primarily office based with some evening appointment times available and provided by two licensed clinicians.

Access to Services for Rural Residents

For full description, see submitted Program Plan Part I Form.

Target Population

For full description, see submitted Program Plan Part I Form.

Residency

| | | |
|-------------------------------|-------------------------------|---|
| Total Served | 37 in FY2016 (last full year) | 40 in FY2017 – 1 st 2 quarters |
| Champaign Set | 17 (45.9%) for FY16 | 18 (45.0%) for FY17 |
| Urbana Set | 13 (35.1%) for FY16 | 13 (32.5%) for FY17 |
| Rantoul -single | 1 (2.7%) for FY16 | 2 (5.0%) for FY17 |
| Mahomet - single | 2 (5.4%) for FY16 | 3 (7.5%) for FY17 |
| Other Champaign County | 4 (10.8%) for FY16 | 4 (10.0%) for FY17 |

Demographics

Total Served 37 in FY2016

Age

| | |
|-------------------|------------|
| Ages 0-6 ----- | 1 (2.7%) |
| Ages 7-12 ----- | 5 (13.5%) |
| Ages 13-18 ----- | 6 (16.2%) |
| Ages 19-59 ----- | 22 (59.5%) |
| Ages 60-75+ ----- | 3 (8.1%) |

Race

| | |
|------------------|------------|
| White ----- | 26 (70.3%) |
| Black / AA ----- | 10 (27.0%) |
| Asian / PI ----- | 1 (2.7%) |

Gender

| | |
|--------------|------------|
| Male ----- | 22 (59.5%) |
| Female ----- | 15 (40.5%) |

Ethnicity

| | |
|-------------------------------------|------------|
| Of Hispanic / Latino origin ----- | 1 (2.7%) |
| Not of Hispanic/Latino Origin ----- | 36 (97.3%) |

Program Performance Measures

ACCESS

For full description, see submitted Program Plan Part I Form.

Comments

Access section is a bit dated with references to the Shallcross Report. The program does describe intent to coordinate services with other community providers, use of sliding fee scale, and location as elements of accessibility.

Service section did include reference to therapist contact with client occurring within two days of referral and review of treatment plan every three months. While not in the access outcome section, the information does provide some sense of client engagement in services.

CONSUMER OUTCOMES

For full description, see submitted Program Plan Part I Form.

Comments

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Program defines, tracks, and reports results for three client outcomes. Methods include use of Global Assessment of Functioning (GAF) scores and Outcome Rating Scales (ORS) used to rate completion of clients' treatment plan goals and client level of functioning. For FY17, the program has started using quality assurance surveys at case closure to evaluate clinicians' performance.

UTILIZATION

Treatment Plan Clients (TPCs) 60, defined as Number of clients program projects engaging in counseling services.

Comments Utilization narrative describes on-going effort to increase access and engage of eligible clients.

FY18 Annual target (per Utilization Form)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---------------|-----|------|----|-----|-------|
| Annual Target | 60 | 0 | 0 | 0 | 0 |

FY17 First two quarters (per submitted Quarterly Reports)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---------------------|-----|------|----|-----|-------|
| First Quarter FY17 | 29 | 0 | 0 | 0 | 0 |
| Second Quarter FY17 | 11 | 0 | 0 | 0 | 0 |
| Annual Target | 60 | 0 | 0 | 0 | 0 |
| % completion | 67% | | | | |

FY16 all four quarters (per submitted Quarterly Reports)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---------------------|-----|------|----|-----|-------|
| First Quarter FY16 | 16 | 0 | 0 | 0 | 0 |
| Second Quarter FY16 | 4 | 0 | 0 | 0 | 0 |
| Third Quarter FY16 | 10 | 0 | 0 | 0 | 0 |
| Fourth Quarter FY16 | 7 | 0 | 0 | 0 | 0 |
| Annual Target | 90 | 0 | 0 | 0 | 0 |
| % completion | 41% | | | | |

Financial Analysis

For more detail, see submitted Revenue, Expense, Personnel, and Budget Narrative Forms.

PY18 CCMHB Funding Request \$25,000

PY18 Total Program Budget \$68,785

Current Year Funding (PY17) \$20,000

Proposed Change in CCMHB Funding - PY17 to PY18 25.0 percent

Program Staff - CCMHB Funds: (FTE)

Indirect = 0.16 FTEs Direct = 0.42 FTEs, Total CCMHB = 0.58 FTEs

Total Program Staff: (FTE)

Indirect = 0.45 FTEs Direct = 1.18 FTEs, Total Program = 1.63 FTEs

Budget Analysis: (staff comments) Program employs two part-time clinicians. CCMHB supports less than 20% of each clinician plus a small percentage of the program director's time. Indirect staff include administration, fiscal, and others involved in general support of the agency.

Funding from the CCMHB represents 36.3% of the total program budget. \$25,000 / \$68,785 = 36.3 percent

Contributions – various = 38.5 percent

Budget Analysis: (staff comments) Donations to Family Service (contributions) and allocated to the program are a primary source of support as are the funds awarded by the CCMHB. Other revenue includes client fees paid based on a sliding fee scale. A DCFS contract accounts for less than one percent of funding and is of little consequence. Program is currently fee for service and is on track to bill out the contract. Application requests an increase of \$5,000 over the FY17 award. Current rate of billed activity aligns with the requested increase. Over the last several

years program has under billed the contract resulting in a reduction of the following years' award. Consideration to moving the contract from fee for to service to grant should be considered to reduce administrative expenses.

Personnel related costs are the primary expense charged to CCMHB, at \$19,626 / \$25,000 = 78.5 percent
Budget narrative addresses how funds are allocated. Since this is a fee for service contract and payment is made based on billed services, funds received are cost allocated across various expense lines.

Audit Findings: Audit in Compliance

CCMHB FY18 Decision Priorities and Decision Support Criteria

Priority #1 Collaboration with the Champaign County Developmental Disabilities Board No

Priority #2 System of Care for Youth & Families No

Priority #3 Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface Yes. *Program has some involvement with Drug Court. Program director participates in Drug Court team meetings and provides weekly reports on Drug Court participants receiving counseling from Family Services clinicians.*

Priority #4 Innovative practices to support access to core services No

Overarching Decision Support Criteria

Underserved Populations/ Cultural Competence Plan Yes. *Population served includes Drug Court clients. Others billed to the program do not qualify for Medicaid and have limited capacity to pay fees. CLC Plan review prefaces agency program summaries.*

Anti-Stigma Efforts No. *Not a focus of the application.*

Countywide Access No. *Services are office based.*

Budget-Program Connectedness Yes. *CCMHB accounts for 36% of program funding. An increase of \$5,000 is requested. Program aligns with budget.*

Realignment of FY17 Contracts to Priorities *Program is currently fee for service. In the past few years program had consistently under billed the contract amount resulting in reductions to subsequent awards. For FY17 program is on track to bill out the award. Based on the current billings rate, program would bill an amount equal to or exceeding the FY18 request.*

Technical Criteria

Approach/Methods/Innovation Yes. *Service is outpatient counseling/therapy.*

Staff Credentials Yes. *Program staff are Master's level licensed therapists.*

Resource Leveraging *Program relies primarily on agency contributions allocated to program and CCMHB funding to operate the program. Other source of support is client fees.*

Process Considerations & Caveats

Consideration should be given to moving contract from fee for service to grant.

Contracting Considerations *If this application is approved for funding, the applicants may be required to submit the following for staff review and approval prior to execution of the final FY18 contract: n/a.*

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 FY2018
Agency: Family Service of Champaign County
Program: Self-Help Center

PY18 CCMHB Funding Request \$28,428

PY18 Total Program Budget \$31,128

Current Year Funding (PY17)\$28,928

Proposed Change in CCMHB Funding - PY17 to PY18 = -1.7 percent

Focus of Application Mental Health

Type of Contract Grant

Priority #4 – Innovative Practices to Support Access to Core Services

Services/People Served

Service Description/Type

1. Maintain a database of information in the Self-Help Center on support groups in Champaign County and selected groups in surrounding communities in East Central Illinois.
 2. Publish a support group directory every other year listing approximately 200 local and regional groups. This directory is distributed to professionals, group leaders and members on an ongoing basis. The 16th edition of the directory will be published in the current fiscal year and distribution will continue throughout FY18. The online edition of the support group directory is updated continually throughout the fiscal year as information about groups frequently changes.
 3. Maintain an internet home page and an online listing of groups and activities of the Self-Help Center. The support group directory (in print and online) provides listings of more than 200 local and regional self-help and support groups.
 4. Publish eleven specialized lists of group information by major topical themes. The lists are posted on bulletin boards in numerous human service agency lobbies, public libraries and counseling offices. These specialized lists are available to anyone requesting them and are made available at public fairs.
 5. Maintain a lending library in the Self-Help Center of training materials for self-help groups.
 6. Provide consultation services and educational packets for individuals wanting to start a group or improve existing group functioning on an ongoing basis. Consultation is by phone or in face-to-face meetings at a location convenient to the individual.
 7. Coordinate and host a self-help conference for group leaders, members, professionals and the interested public every other year at a community location. The next biennial conference will be held on April 7, 2017 at Hawthorne Suites in Champaign. No conference will be held FY18.
 9. Provide one to three workshops per year for self-help group skill development at Family Service or another community location.
 10. Enhance public awareness regarding self-help groups by actively participating at approximately 5-7 community fairs/forums for the public or professionals.
 11. Publish the Self-Helper newsletter quarterly for group leaders, support group members and community professionals.
- Staff Qualifications:** The .53 FTE Self-Help Center coordinator has a Masters in Counseling Psychology. The coordinator has a long history in the social services community, most notably in child advocacy (the Champaign County Children's Advocacy Center and Illinois CASA) and most recently with the Presence Covenant Community Resource Center.

Comments

Program aligns with Priority #4 – Innovative Practices to Support Access to Core Services. The Self-Help Center focus is on assisting with the promotion and facilitation of support groups. Program will assist individuals connect with an existing support group or who are interested in starting a support group, provide periodic training for facilitators and other interested parties, and promote the groups through various media and activities. Major

initiatives undertaken every other year are the publication of the self-help directory and the organizing of the self-help conference. Staff qualifications and experience are appropriate to the position. The Self-Help Center is a resource not found elsewhere in central Illinois.

Access to Services for Rural Residents

For full description, see submitted Program Plan Part I Form.

Target Population

For full description, see submitted Program Plan Part I Form.

Residency / Demographics Data

Comment: Residency and demographic data are not collected for this program.

Program Performance Measures

ACCESS

For full description, see submitted Program Plan Part I Form.

Comment: Section describes how information about the self-help center and support groups is accessible online, through newsletters, and other media. Inquiries about groups or services are responded to within 24 hours. The coordinator's participation in various networks, coalitions and other groups helps keep information on support groups current and also provides an opportunity share information about groups. Outside of the response to inquiries there is little access related activity to be measured.

CONSUMER OUTCOMES

For full description, see submitted Program Plan Part I Form.

Comment

Program is not a direct service provider per se but rather performs a supporting role to the support groups themselves. As a result, the Center is limited in measuring its impact. Evaluations are collected on workshops, training, and the conference. A measure associated with number of leaders assisted or trained might be useful.

UTILIZATION

Community Service Events (CSEs) 270, defined as Number of activities program has been engaged in including participation in networking groups, planning meetings associated the conference or self help directory, organizing and hosting of workshops or other training events, newsletters published, and responses to inquiries count toward the target. Program uses a long established weighting system to give greater value to more involved activities.

FY18 Annual target (per Utilization Form)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---------------|-----|------|----|-----|-------|
| Annual Target | 0 | 0 | 0 | 270 | 0 |

FY17 First two quarters (per submitted Quarterly Reports)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---------------------|-----|------|----|-----|-------|
| First Quarter FY17 | 0 | 0 | 0 | 77 | 0 |
| Second Quarter FY17 | 0 | 0 | 0 | 89 | 0 |
| Annual Target | 0 | 0 | 0 | 280 | 0 |
| % completion | | | | 59% | |

FY16 all four quarters (per submitted Quarterly Reports)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---------------------|-----|------|----|-----|-------|
| First Quarter FY16 | 0 | 0 | 0 | 65 | 0 |
| Second Quarter FY16 | 0 | 0 | 0 | 76 | 0 |

| | | | | | |
|---------------------|---|---|---|------|---|
| Third Quarter FY16 | 0 | 0 | 0 | 100 | 0 |
| Fourth Quarter FY16 | 0 | 0 | 0 | 103 | 0 |
| Annual Target | 0 | 0 | 0 | 270 | 0 |
| & completion | | | | 127% | |

Financial Analysis

For more detail, see submitted Revenue, Expense, Personnel, and Budget Narrative Forms.

PY18 CCMHB Funding Request \$28,428
PY18 Total Program Budget \$31,128
Current Year Funding (PY17)\$28,928
Proposed Change in CCMHB Funding - PY17 to PY18 -1.7 percent

Program Staff - CCMHB Funds:

Indirect 0.11 FTEs Direct 0.57 FTEs Total CCMHB 0.68 FTEs

Total Program Staff:

Indirect 0.12 FTEs Direct 0.63 FTEs Total Program 0.75 FTEs

Budget Analysis: (staff comments) Direct staff is the half-time coordinator. A small percentage of the program director is also allocated to direct program staff. Indirect staff is tied to administration and general operations of the agency.

Funding from the CCMHB represents 91.3% of the total program budget. \$28,428 / \$31,128 = 91.3 percent
 Contributions – various = 0.3 percent

Budget Analysis: (staff comments) The CCMHB provides virtually all of the funding for the Self-Help Center. A small grant for Carle Hospital makes up the remaining 8% of revenue.

Personnel related costs are the primary expense charged to CCMHB, at \$21,942 / \$28,428 = 77.2 percent

After personnel costs, remaining funds are cost allocated across various expense lines. Costs charged to local travel, membership dues, and staff development/conference expense lines are specific to the program.

Audit Findings: Audit in Compliance

CCMHB FY18 Decision Priorities and Decision Support Criteria

Priority #1 Collaboration with the Champaign County Developmental Disabilities Board No

Priority #2 System of Care for Youth & Families No

Priority #3 Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface No

Priority #4 Innovative practices to support access to core services Yes. Program aligns with this priority. Program is not a direct service provider per se but rather performs a supporting role to the support groups themselves. The Self-Help Center assists with the start-up, facilitation, and promotion of support groups.

Overarching Decision Support Criteria

Underserved Populations/ Cultural Competence Plan Yes. Program assists individuals connect with an existing support group or who are interested in organizing a support group, provides periodic training for facilitators and other interested parties, and promotes the groups through various media and activities. CLC Plan review prefaces agency program summaries.

Anti-Stigma Efforts Yes. Program links consumers and professionals to local support groups and provides training for self-help group facilitators. It also organizes a self-help conference held every other year and publishes a self-help group directory.

Countywide Access Yes. Information and assistance is available via telephone, email, and the web. Newsletters and directories are distributed to libraries throughout the county.

Budget-Program Connectedness Yes. CCMHB funding accounts for 91% of program revenue. Program aligns with budget.

Realignment of FY17 Contracts to Priorities No. Program is an established contract with a long history of support from the CCMHB.

Technical Criteria

Approach/Methods/Innovation Training and support services provided to group leaders and community. Self-Help Center is a unique resource. Such a resource is not very common.

Staff Credentials Yes. Noted for Coordinator position.

Resource Leveraging The CCMHB is essentially the sole source of support. Carle Hospital does provide a small grant to support the Self-Help Center.

Process Considerations & Caveats

Contracting Considerations If this application is approved for funding, the applicants may be required to submit the following for staff review and approval prior to execution of the final FY18 contract:

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.

Recommendations Pending

Draft CCMHB Program Summary FY2018
Agency: Family Service of Champaign County
Program: Senior Counseling & Advocacy

PY18 CCMHB Funding Request \$142,337
PY18 Total Program Budget \$462,676
Current Year Funding (PY17) \$142,337
Proposed Change in CCMHB Funding - PY17 to PY18 0.0 percent

Focus of Application Mental Health
Type of Contract Grant
Priority #4 – Innovative Practices to Support Access to Core Services

Services/People Served

Service Description/Type

Staff use standardized and interview assessments, along with the presenting need, to determine what services to offer. Trained caseworkers can then use Options Counseling, a tool to help seniors and adults with disabilities develop an individualized, person-centered plan of long-term services and supports they might need and prefer. These plans emphasize self-determination reflecting the culture and values of the client.

Non-Treatment Plan clients generally receive some supportive counseling (see below) as well as advocacy. They are referred for Treatment Plan services if staff believe they might benefit from extended services and if the clients are willing.

Staff use multiple methodologies with Treatment Plan clients:

PEARLS: evidence-based program to empower older adults with mild depression to manage symptoms and improve quality of life. (We also offer several evidence-based healthy aging programs to our clients.)

Supportive Counseling: brief solution-focused therapy helps people identify problems and develop active steps to address them with caseworker support. Grief support, empathetic listening, reality approaches, behavioral activation, family meetings and other therapeutic interventions are used as appropriate.

Advocacy: help accessing services addressing poverty, isolation, chronic health concerns and other unmet needs that can lead to depression and anxiety.

Counseling and Advocacy is the Coordinated Point of Entry for Champaign County and acts as its Aging and Disability Resource Center. As such, many services – including Options Counseling as well as Adult Protective Services investigation and advocacy – are also available to adults age 18-59 with disabilities. Staff also refer people to community services for which they qualify and work with them until services are engaged.

Caseworkers have at least a bachelor's degree; two have master's degrees. The supervisor has a master's degree and more than 30 years experience. Staff are Certified Information and Referral Specialists in Aging (CIRS-A). As renewal dates occur, staff are upgrading their certification to the newer, more comprehensive designation for Aging and Disabilities (CIRS-AD); five have this certification. Staff members receive regular training. In FY2016, they completed training on therapeutic and supportive interventions that included Anxiety and Depression; Grief, Loss and Bereavement; and Problem Solving. Caseworkers receive clinical supervision from their supervisor.

Staff actively engage in outreach and education to raise awareness county-wide about services and supports available.

Most services are provided in the client’s home or in the community advocating with/for the client. Office visits are available. Services are available 8:30 a.m. – 5:00 p.m., Monday-Friday. After-hours services are available, if needed.

Comments

Application states services align with Priority #4 – Innovative Practices to Support Access to Core Services as it provides case management to a special population. In this case that is the elderly and adults with disabilities having one or more needs related to mental health, neglect or abuse, or assistance with accessing other services related to basic needs. Program also assists grandparents raising grandchildren, family members caring for elderly parents, and elderly caring for adult children with disabilities.

Services provided are based on the outcome of a standardized assessment, and where multiple needs are identified apply options counseling to develop a service plan. Range of services offered are information and referral, advocacy (case management), counseling including PEARLS (an evidence based model for the elderly with mild depression), and brief solution focused therapy. The program has been designated the Coordinated Point of Entry and acts as the Aging and Disability Resource Center. Staff credentials are noted including certification as information and referral specialists for the specialized populations served. Services are provided in client’s home, in the office, or assisted with transportation to community local/provider.

Program enables seniors to live independently. Adult protective services reduces abuse and neglect and in many cases investigation leads to additional supports being provided to the individual. Appears to be a need to increase collaboration with providers serving adults with disabilities.

Access to Services for Rural Residents

For full description, see submitted Program Plan Part I Form.

Target Population

For full description, see submitted Program Plan Part I Form.

Residency

| | | |
|-------------------------------|---------------------------------|---|
| Total Served | 2060 in FY2016 (last full year) | 1168 in FY2017 – 1 st 2 quarters |
| Champaign Set | 844 (41.0%) for FY16 | 488 (41.8%) for FY17 |
| Urbana Set | 592 (28.7%) for FY16 | 334 (28.6%) for FY17 |
| Rantoul -single | 181 (8.8%) for FY16 | 91 (7.8%) for FY17 |
| Mahomet - single | 99 (4.8%) for FY16 | 45 (3.9%) for FY17 |
| Other Champaign County | 344 (16.7%) for FY16 | 210 (18.0%) for FY17 |

Demographics

Total Served 2060 in FY2016

Age

| | |
|-------------------------|---------------|
| Ages 19-59 ----- | 216 (10.5%) |
| Ages 60-75+ ----- | 1,816 (88.2%) |
| Not Available Qty ----- | 28 (1.4%) |

Race

| | |
|---|---------------|
| White ----- | 1,358 (65.9%) |
| Black / AA ----- | 551 (26.7%) |
| Asian / PI ----- | 25 (1.2%) |
| Other (incl. Native American and Bi-racial) | 39 (1.9%) |
| Not Available Qty ----- | 87 (4.2%) |

Gender

| | |
|--------------|---------------|
| Male ----- | 619 (30.0%) |
| Female ----- | 1,441 (70.0%) |

Ethnicity

| | |
|-------------------------------------|---------------|
| Of Hispanic / Latino origin ----- | 35 (1.7%) |
| Not of Hispanic/Latino Origin ----- | 1,889 (91.7%) |
| Not Available Qty ----- | 136 (6.6%) |

Program Performance Measures

ACCESS

For full description, see submitted Program Plan Part I Form.

Comments

Section provides an overview of referral sources and screening/assessment process. Timeframes accompanied by targets for completing assessments, engaging clients, and length of engagement are provided. Length of engagement is tied to level of need and number of service contacts. Additional detail is provided relative to clients screened and then engaged in PEARLS. Results relative to the measures for FY16 are summarized. Access measures are well defined for this program.

CONSUMER OUTCOMES

For full description, see submitted Program Plan Part I Form

Comments

Section presents clear consumer outcome measures and summarizes prior results. Outcomes and targets relate to reduction of anxiety and depressive symptoms for PEARLS participants, and for other clients that they experience less social isolation and that basic needs are met. Tools used to measure change are referenced. What appears to be missing from the outcomes are measures associated with serving adults with disabilities.

The Senior Counseling and Advocacy program is one of four programs receiving targeted support from the U of I Building Evaluation Capacity initiative funded by the Board.

UTILIZATION

Treatment Plan Clients (TPCs) 320, defined as Number of clients who require help with long term and/or complex needs including mental health issues.

Each client has a treatment plan addressing assessed needs.

Non-Treatment Plan Clients (NTPCs) 1,275, defined as Number of clients who require interventions to address needs that can be resolved in no more than two or three contacts. Case record includes a comprehensive assessment but no formal treatment plan.

Service Contacts (SCs) 9,200, defined as Number of information, referral, and other assistance provided by telephone or computer to seniors, those with disabilities, their families, service providers and the community regarding resources and services that are pertinent to aging.

Other 200, defined as Number of adults assisted who are caring for a senior family member, grandparents raising grandchildren (or others raising related minors) or seniors caring for adult children with disabilities.

FY18 Annual targets (per Utilization Forms)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---------------|-----|------|------|-----|-------|
| Annual Target | 320 | 1275 | 9200 | 0 | 200 |

FY17 First two quarters (per submitted Quarterly Reports)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---------------------|-----|------|------|-----|-------|
| First Quarter FY17 | 245 | 401 | 3432 | 0 | 167 |
| Second Quarter FY17 | 46 | 304 | 2752 | 0 | 5 |
| Annual Target | 320 | 1275 | 9200 | 0 | 200 |
| % completion | 91% | 55% | 67% | | 86% |

FY16 all four quarters (per submitted Quarterly Reports)

| Quarter | TPC | NTPC | SC | CSE | OTHER caregiver |
|---------------------|------|------|------|-----|-----------------|
| First Quarter FY16 | 204 | 357 | 2825 | 0 | 135 |
| Second Quarter FY16 | 32 | 406 | 2902 | 0 | 20 |
| Third Quarter FY216 | 37 | 413 | 3267 | 0 | 17 |
| Fourth Quarter FY16 | 51 | 382 | 3297 | 0 | 6 |
| Annual Target | 320 | 1250 | 8650 | 0 | 200 |
| % completion | 101% | 125% | 142% | | 89% |

Financial Analysis

For more detail, see submitted Revenue, Expense, Personnel, and Budget Narrative Forms.

PY18 CCMHB Funding Request\$142,337

PY18 Total Program Budget\$462,676

Current Year Funding (PY17)\$142,337

Proposed Change in CCMHB Funding - PY17 to PY18 0.0 percent

Program Staff - CCMHB Funds:

Indirect = 0.61 FTEs Direct = 3.12 FTEs, Total CCMHB = 3.73 FTEs

Total Program Staff:

Indirect = 1.95 FTEs Direct = 10.13 FTEs, Total Program = 12.08 FTEs

Budget Analysis: (staff comments) CCMHB funds are allocated across 15 direct service personnel positions at various levels of support with no one position funded at greater than 31%. Staff supported include case workers, managers, coordinators, and the director. Indirect staff include administration, fiscal, and others involved in general support of the agency.

Funding from the CCMHB represents 30.8% of the total program budget. \$142,337 / \$462,676 = 30.8 percent; United Way 4.3 percent; Contributions – various 0.2 percent; State 63 percent

Budget Analysis: (staff comments) Funding from the state including contracts issued by the East Central Illinois Area Agency on Aging (ECIAAA) account for 63% of program revenue. Note the ECIAAA may include federal pass through funds. Some of the ECIAAA contracts require local matching funds although it is not clear from the budget narrative whether CCMHB funds are used to meet this match requirement. The CCMHB contract is the largest single source of support for the program.

Personnel related costs are the primary expense charged to CCMHB, at \$119,523 / \$142,337 = 84.0 percent

Personnel accounts for 84% of CCMHB paid expenses. Budget narrative notes change in benefits reduces overall personnel related costs for FY18. Remaining 16% of expenses are a mix of program specific costs such as local travel, training, and membership dues while others are cost allocated expenses such as occupancy and general operating.

Audit Findings: Audit in Compliance

CCMHB FY18 Decision Priorities and Decision Support Criteria

Priority #1 Collaboration with the Champaign County Developmental Disabilities Board No

Priority #2 System of Care for Youth & Families No

Priority #3 Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface No

Priority #4 Innovative practices to support access to core services Yes. Program provides support to primarily the elderly but also adults with disabilities. Range of services includes advocacy tied to accessing services based on identified

need. Clients may also receive brief solution focused therapy to aid the client identify needs and steps necessary to address them.

Overarching Decision Support Criteria

Underserved Populations/ Cultural Competence Plan Yes. Population served includes the elderly, caregivers, and adults with disabilities. Primary focus is on serving the elderly. CLC Plan review prefaces agency program summaries.

Anti-Stigma Efforts No. Not specifically addressed in application.

Countywide Access Yes. Program conducts home visits throughout the county. Outreach includes efforts targeted to rural areas.

Budget-Program Connectedness Yes. CCMHB funding is 31% of program revenue. Program aligns with budget. Funding for personnel supports a portion of all program staff positions.

Realignment of FY17 Contracts to Priorities No. Program is an established contract with a long history of support from the CCMHB. The amount of CCMHB funding has been the same for many years. No increase is requested for FY18.

Technical Criteria

Approach/Methods/Innovation Yes. Program designated Coordinated Point of Entry/Aging and Disability Resource Center. Utilizes options counseling, brief solution focused therapy, and PEARLS in work with clients. CLC Plan review prefaces agency program summaries.

Staff Credentials Yes. Education and certifications as well as recent training completed by staff are referenced.

Resource Leveraging The CCMHB is the largest single source of support for the program. Various sources of state funding including multiple contracts from the East Central Illinois Area Agency on Aging (ECIAAA) account for 63% of program revenue. A number of the ECIAAA contracts are noted as requiring a local match. Application does not indicate if CCMHB funds are used to meet the match requirement.

Process Considerations & Caveats

Contracting Considerations If this application is approved for funding, the applicants may be required to submit the following for staff review and approval prior to execution of the final FY18 contract: n/a

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
2018 Summary Analysis of Applicant's Cultural and Linguistic Competence
Activities
CCDDB/CCMHB
First Followers Program

CCMHB reviews all CLCP plans submitted with FY2018 applications for funding, with particular attention actions steps associated to benchmarks for each of the following action areas:

1. Annual Cultural Competence Training
2. Recruitment of Diverse backgrounds and skills for Board of Director and Workforce:
3. Cultural Competence Organizational or Individual Assessment/Evaluation
4. Implementation of Cultural Competence Values in Policy and Procedure
5. Outreach and Engagement of Underrepresented and Marginalized Communities and target population defined in the criteria
6. Inter-Agency Collaboration
7. Language and Communication Assistance

Annual Cultural Competence Training

Board of Directors will allocate funding for cultural competence training and events,
All board members, staff, and volunteers will receive annual cultural competence training.

Recruitment of Diverse backgrounds and skills for Board of Director and Workforce:

There is no information about a plan of recruiting board members and staff.

Cultural Competence Organizational Assessment/Evaluation

Assess facility to reflect and accommodate inclusiveness

Administer a survey that gauges the cultural climate

Implementation of Cultural Competence Values in Policy and Procedure

Research national trends on cultural competence initiatives

Outreach and Engagement of Underrepresented and Marginalized Communities and target population defined in the criteria

Engage in informal conversations/observations to gather feedback regarding culture climate.

DRAFT
2018 Summary Analysis of Applicant's Cultural and Linguistic Competence
Activities
CCDDB/CCMHB
First Followers Program

Inter-Agency Collaboration

We promote our program at public events county wide and through our contacts with State Representative Carol Ammons, Resource Fairs, the Interfaith Alliance, and the University YMCA.

Language and Communication Assistance

- *Develop communications and language assistance protocol.*

Overall CLC Plan Comments

The template format was followed from the application instructions. The required benchmarks are listed in the CLC Plan. The actions that were listed in the CLC Plan are broad for PY18. In the quarterly reporting, there are more concrete examples of CLC actions and benchmarks that are reported. It is recommended that your CLC Plan includes updated and reporting the clear benchmarks that you have reported.

Draft CCMHB Program Summary FY2018

Agency: First Followers

Program: Peer Mentoring for Re-entry

PY18 CCMHB Funding Request \$59,432

PY18 Total Program Budget \$96,032

Current Year Funding (PY17) \$29,764

Proposed Change in CCMHB Funding - PY17 to PY18 99.7 percent

Focus of Application Mental Health

Type of Contract Grant

Priority #3 – Behavioral Health Supports for Adults with Justice System Involvement

Services/People Served

Service Description/Type

Our services and support use a peer mentoring model. Overall, our activities focus on reducing stigma and the impact of stigma associated with felony convictions and/or incarceration. We combine participant reflection with building community awareness. Mobilizing participants for action in the community addresses the passivity and disorientation associated with Post-Incarceration Syndrome.

Our program for 2018 builds on the anti-stigma advocacy and outreach work supported by the Mental Health Board in 2017. In 2018 we will expand our existing two day/week drop-in center to three days/week (12 hours) under peer mentor leadership and continue public education about our work. The Peer Mentor Coordinator will oversee the work of our peer mentors and support the drop-in center.

In addition, we will carry out three projects: 1) Anti-Stigma- Continuing to use our peer mentors to educate employers about the benefits and importance of employing people with felony convictions. We will hold meetings with 15 employers, expand our data base of employers willing to employ people with felony convictions and gather testimony from supportive employers about positive experiences of employing people with a criminal background. We will compile our findings into a follow up report to our 2017 document; 2) Pilot Intensive Workforce Development- Under the coordination of a peer mentor, we will develop and pilot an intensive workforce preparation course for six individuals from drop-in center clients. The course will last 8 weeks, for 32 hours/week. Content will focus on recommendations received from our anti-stigma advocacy interviews with employers to include basic math, language and communication skills, computer literacy, team building, workplace etiquette, and employee rights. A steering committee will develop and oversee this program. The committee will also provide linkages to WIA and other employment opportunities for those who complete the program. Steering committee members include representatives from the city of Champaign, the village of Rantoul, the University of Illinois Human Resources, University of Illinois College of Business, and employers. Similar to the highly successful Parkland College job training model, participants will receive an hourly stipend for participation. Instruction will be provided by FirstFollowers leadership and peer mentors, University of Illinois graduate students, and adult education experts; 3) Reentry Guide- We will produce and distribute 300 copies of a reentry guide focused on resources in Champaign County. The volume will be modeled after the University of Illinois' Education Justice Project reentry guide, which has been adopted by the Illinois Department of Corrections.

Comments

Target population aligns with Priority #3 Behavioral Supports for Adults with Criminal Justice System Involvement. Four primary activities are proposed in the service section. Continuing operation of the drop-in center and expanding from two to three afternoons a week, educating and recruiting employers in an effort to reduce stigma, develop and pilot workforce development course, and creation of a reentry resource guide. The Peer Mentor Coordinator is responsible for the drop-in center and work of peer mentors. The drop-in center is located in Champaign at the Bethel AME church.

Greater emphasis needs to be placed on the assistance provided through the drop-in center. No reference is made to collaboration/participation by First Followers on the Champaign County Reentry Council. Regarding the Reentry Guide, a list of resources has already been developed through the Reentry Council and Reentry Fairs organized by the Council are held once to twice a year that has included First Followers. Designing a workforce development course seems overly ambitious. Does a course already exist or can services available through the Illinois WorkNet Center achieve the same end - preparing the individual for the workplace?

Access to Services for Rural Residents

For full description, see submitted Program Plan Part I Form.

Target Population

For full description, see submitted Program Plan Part I Form.

Residency

Total Served 34 in FY2017 – 1st 2 quarters
Champaign Set 22 (64.7%) for FY17
Urbana Set 10 (29.4%) for FY17
Rantoul -single 0 (.0%) for FY17
Mahomet – single 0 (.0%) for FY17
Other Champaign County 2 (5.9%) for FY17

Demographics

Total Served 34 in FY2017
Age
Ages 19-59 ----- 30 (88.2%)
Ages 60-75+ ----- 1 (2.9%)
Not Available Qty ----- 3 (8.8%)
Race
Black / AA ----- 31 (91.2%)
Other (incl. Native American and Bi-racial) - 1 (2.9%)
Not Available Qty ----- 2 (5.9%)
Gender
Male ----- 28 (82.4%)
Female ----- 6 (17.6%)
Ethnicity
Not of Hispanic/Latino Origin ----- 32 (94.1%)
Not Available Qty ----- 2 (5.9%)

Program Performance Measures

ACCESS

For full description, see submitted Program Plan Part I Form.

Comments

Section describes promotion and outreach associated with the drop-in center but not the other proposed activities. No specific measures associated with referral and engagement are identified.

CONSUMER OUTCOMES

For full description, see submitted Program Plan Part I Form.

Comments

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Program does not establish any consumer outcome measures associated with the drop-in center. The opening statement does not acknowledge the drop-in center as being part of the program.

For the three projects identified outcomes are associated with peer mentors being advocates but the work is not tied to addressing specific needs of clients except the workforce development course that will serve six people and the preparation of a resource guide. Data associated with "quantitative outputs" will be collected but no performance targets or other benchmarks for comparison are provided other than number to be served (utilization). Qualitative measures is based on a satisfaction survey with again, no performance measure or benchmark provided to compare to results.

UTILIZATION

Treatment Plan Clients (TPCs) 14, defined as Number of individuals participating in the proposed intensive workforce development course and support services. Number includes 8 adults from FY17 plus 6 new clients in FY18.

Non-Treatment Plan Clients (NTPCs) 165, defined as Number of drop-in center participants. Number includes 40 drop-in center participants from FY17 that continue to engage in services through the center plus 125 new drop-in center participants in FY18.

Service Contacts (SCs) 30, defined as Number of contacts with employers.

Community Service Events (CSEs) 4, defined as Number of public events. *This needs to be more specific as to what is to be reported as a CSE. For example participation in Reentry Fair(s) to promote the drop-in center. Reference to presenting "our work" is not sufficient.*

Comments Sections of the application refer to different number of employer contacts to be completed.

FY18 Annual targets (per Utilization Form)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---------------|-----|------|----|-----|-------|
| Annual Target | 14 | 165 | 30 | 4 | 0 |

FY17 First two quarters (per submitted Quarterly Reports)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---------------------|-----|------|-----|------|-------|
| First Quarter FY17 | 0 | 17 | 0 | 1 | 0 |
| Second Quarter FY17 | 0 | 17 | 10 | 3 | 0 |
| Annual Target | 32 | 120 | 30 | 4 | 0 |
| % completion | 0% | 28% | 33% | 100% | |

Financial Analysis

For more detail, see submitted Revenue, Expense, Personnel, and Budget Narrative Forms.

PY18 CCMHB Funding Request \$59,432

PY18 Total Program Budget \$96,032

Current Year Funding (PY17) \$29,764

Proposed Change in CCMHB Funding - PY17 to PY18 99.7 percent

Program Staff - CCMHB Funds: (FTE)

Indirect = 0 FTEs Direct = 0.8 FTEs, Total CCMHB = 0.8 FTEs

Total Program Staff: (FTE)

Indirect = 0 FTEs Direct = 0.8 FTEs, Total Program = 0.8 FTEs

Budget Analysis: (staff comments) Direct staff includes the half-time peer mentor coordinator (.5 FTE). Also proposed is a new peer mentor drop-in center coordinator (.3 FTE) but justification for the position is not provided anywhere in the application. In-direct staff duties/support is provided by volunteers.

Funding from the CCMHB represents 61.9% of the total program budget. $\$59,432 / \$96,032 = 61.9$ percent
 Contributions – various = 38.1 percent

Budget Analysis: (staff comments) The CCMHB represents 62% of total program revenue yet pays all (100%) of total program costs. Increased costs due to operating the Drop-In Center another afternoon and adding or expanding other activities.

Personnel related costs are the primary expense charged to CCMHB, at \$28,000 / \$59,432 = 47.1 percent
*The personnel related cost percentage of 47% is based on salaries/wages, payroll taxes, and benefits amounts listed on the expense form. The amount allocated for payroll taxes is not consistent on the expense form and budget narrative and in either case is overstated. With total salaries/wages at \$22,500 the \$4,000 allocated to payroll taxes appears excessive, equates to a rate of 18%.
Cost to be paid out of the professional fees/consultants expense line totals \$25,232. Largest expense within the line pays six adults to attend the workforce development course at \$10 per hour for 32 hours per week for 8 weeks at a total cost of \$15,360. In addition, the line includes \$3,072 paid to the peer mentor coordinator position for work tied the workforce development course even though the coordinator is a paid staff position. Other costs paid out of that expense line include the audit at \$4,500 (for an agency with a budget less than \$100,000).
A few other observations on the budget narrative. There is \$1,200 for equipment, some of which appears to have been covered by the FY17 contract. Anticipated revenue (\$1,000) from the Community Foundation does not appear on the revenue form nor is the purpose of funds explained.*

Audit Findings: Not Applicable

Comment Agency is required to complete an audit of the FY17 contract.

CCMHB FY18 Decision Priorities and Decision Support Criteria

Priority #1 Collaboration with the Champaign County Developmental Disabilities Board No

Priority #2 System of Care for Youth & Families No

Priority #3 Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface Yes. *Proposal aligns with this priority. Focused on the non-clinical related supports of adults dealing with re-entry.*

Priority #4 Innovative practices to support access to core services No

Overarching Decision Support Criteria

Underserved Populations/ Cultural Competence Plan Yes. *Proposal focuses on the adult population reentering the community from jail or prison. CLC Plan review prefaces agency program summary.*

Anti-Stigma Efforts Yes. *Efforts are targeted at educating employers.*

Countywide Access *Initial contact point is through the drop-in center located in Champaign. E-mail and telephone consultation is an option as is meeting in another location more convenient.*

Budget-Program Connectedness *FY18 funding requested from the CCMHB is twice the amount awarded for FY17. Although other revenue exists, all program costs are borne by the CCMHB.*

Existing direct staff/peer mentor coordinator position funded by the Board is tied to drop-in center and peer mentors. Also funding for a new peer mentor drop-in center coordinator is requested (.3 FTE) but justification for the position is not provided anywhere in the application. The drop-in center would seem to be a primary point of contact for the target population yet services available are not described and does not measure impact other than tracking utilization. Continuation of work with employers is also included. The focus needs to be on the drop-in center and anti-stigma work with and recruitment of employers.

Realignment of FY17 Contracts to Priorities *As a proposal aligning with a high priority in a highly competitive application cycle, consideration to redirection of funds from other contracts as well as support from community stakeholders/partners is likely necessary if proposal to be funded above current contract award.*

Technical Criteria

Approach/Methods/Innovation *Uses peer support approach to engage previously incarcerated adults reentering the community.*

Staff Credentials No. *Staff credentials are not referenced in the application. Relationship between staff and proposed scope of services is not clear, especially for the new position.*

Resource Leveraging No. *Although other sources of revenue are in the program budget, only CCMHB funds are used to pay expenses. The other funds should offset the increase requested from the Board.*

More effort needs to be placed on developing other sources of support to sustain the program rather than simply requesting more funding from the Board.

Process Considerations & Caveats

Contracting Considerations If this application is approved for funding, the applicants may be required to submit the following for staff review and approval prior to execution of the final FY18 contract: *Corrections/revisions to budget forms to conform with application requirements is necessary and to be pursued if the application is awarded funding.*

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
2018 Summary Analysis of Applicant's Cultural and Linguistic Competence Activities
CCMHB
Grow Illinois

CCMHB reviews all CLCP plans submitted with FY2018 applications for funding, with particular attention actions steps associated to benchmarks for each of the following action areas:

1. Annual Cultural Competence Training
2. Recruitment of Diverse backgrounds and skills for Board of Director and Workforce:
3. Cultural Competence Organizational or Individual Assessment/Evaluation:
4. Implementation of Cultural Competence Values in Policy and Procedure:
5. Outreach and Engagement of Underrepresented and Marginalized Communities and target population defined in the criteria
6. Inter-Agency Collaboration
7. Language and Communication Assistance

Annual Cultural Competence Training

- *Staff members are required to receive 8 annual hours of training*

Recruitment of a diverse Board of Directors and Workforce

- *Implement strategies to recruit, retain, and promote staff and leaders who represent the demographic characteristics of each geographical location.*
-

Cultural Competence Organizational Assessment/Evaluation

None Noted in the CLC Plan

Policies and procedures which reflect Cultural Competence values

- *Staff is required to read and sign a copy of the Linguistic and Cultural Competency Guidelines and Assurances.*
-

Evidence of outreach and engagement with underrepresented populations defined in application criteria

None noted in the CLC Plan

Inter-Agency Collaboration

Develop partnerships with communities and utilize a variety of formal and informal mechanisms

DRAFT
2018 Summary Analysis of Applicant's Cultural and Linguistic Competence Activities
CCMHB
Grow Illinois

Language and Communication Assistance

- *Provide literature in large print or Braille where applicable to those needing these services.*
- *Provide literature for non-English speaking individuals as needed.*
- *Assist in locating interpreters when needed so that individuals can fully benefit from the GROW Program.*
- *Offer support groups, literature and where applicable provide bi-lingual staff members to participants with limited English proficiency.*
- *Ensure that conflict and grievance resolution process are culturally sensitive and capable of identifying preventing and resolving cross-cultural conflicts.*

Overall CLC Plan Comments

The CLC Plan submitted by Grow Illinois utilized the format the was required by the State of Illinois. Although the most required benchmarks were mentioned, the format outlined in the application was not utilized.

Draft CCMHB Program Summary FY2018

Agency: GROW in Illinois

Program: Peer-Support

PY18 CCMHB Funding Request \$51,735 - a NEW request

PY18 Total Program Budget \$51,735

Current Year Funding (PY17) N/A

Proposed Change in CCMHB Funding - PY17 to PY18 N/A

Focus of Application Mental Health

Type of Contract Grant

Priority #4 – Innovative Practices to Support Access to Core Services

Services/People Served

Service Description/Type

Provide a network of GROW groups and recovery support activities including:

Agency Groups; County Jail Groups; Hospital Orientation Groups; Socials; Group Organizer Training.

The goal of the GROW Program is for the personal recovery and mental health of individual sufferers which may include addictions. GROW is committed to community mental health including prevention, rehabilitation and restoration of the person to their families and society. The preferred outcome for individual participants is maturity (personal growth), and to effectively employ skills learned for coping with mental health problems.

Weekly GROW group meetings of 3 to 15 members lasting up to two hours are run by GROWers who have advanced in their recovery and volunteered to be organizers for the group.

The GROW Fieldworker is a peer position requiring a Certified Recovery Support Specialist (CRSS) Credential.

Fieldworker duties will include the development of new groups with a focus on rural areas, quality control all GROW Groups, Orientations, and Socials in Champaign County.

GROW National Program Coordinator will provide ongoing Fieldworker and Annual Group Organizer Training.

GROW will participate in anti-stigma awareness campaigns and disability expos.

ACCORDING TO THE RESEARCHERS

Professor Julian Rappaport of the University of Illinois research team and his co-researchers reported that “Many Growers who attend meetings regularly are able to cope more effectively with stressful life events. Those who are regular attendees are more likely than other similar people to show improvement in either psychological, interpersonal or community adjustment. In addition, Growers who have had a history of recent hospitalization in state facilities were found to require fewer days of hospital care after joining GROW than a comparison groups of people with a similar psychiatric history” (Comments by Dr. Rappaport, made as of April 18, 1990.).

Researchers who studied GROW in Australia wrote:

“A sample of GROW members, followed by a period of six months, perceived their lives as having improved in a number of ways. They felt better about their lives as whole as well as specific domains of their lives. They considered their lives more satisfactory by their own standards; on a balance their affective mood was better, and they felt they had more control within their lives. They were more satisfied with their friendships and more intimate relationships and were distressed by fewer psychiatric symptoms” (Williams and Young, “A Research Evaluation of GROW, a Mutual-Help Mental Health Organization,” Psychology Department, University of Tasmania, March, 1990, pp. 91-93).

Comments

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New program proposal from an agency the CCMHB has not contracted with in the past. Application aligns with Priority #4. Proposed peer support services would target adults with most participants in their 40's and 50's. GROW services complements work of professionals, promotes recovery, and seeks to empower participants while connecting them with others in similar situations.

Referrals come from fellow GROW members and mental health and other medical professionals. GROW would establish peer to peer groups and conduct other support activities. Participation in weekly groups is anonymous and confidential. Groups are led by a peer referred to as a GROWer who has volunteered to lead the group. Reference is made to group organizer training presumably required for GROWers. GROW is establishing a group in the jail (March 2017) and one other community based group has continued to operate on a volunteer basis following loss of state support for GROW in Illinois. Groups in the community would be organized and held where most convenient to participants.

Access to Services for Rural Residents

For full description, see submitted Program Plan Part I Form.

Target Population

For full description, see submitted Program Plan Part I Form.

Residency / Demographics

Comment: As a new program proposal for FY18, no prior residency or demographic data is available.

Program Performance Measures

ACCESS

For full description, see submitted Program Plan Part I Form.

Comments

This section describes how GROW groups will be promoted. Groups are open to any individual presenting with no expectation of consistent participation or attendance. The Fieldworker is responsible for outreach and conducting orientation groups. Results from a study of GROW participants completed in 2014 are presented highlighting history of mental illness and treatment and length of participation in GROW. No specific access measures are proposed although the survey upon which the study was based may be a good starting point.

CONSUMER OUTCOMES

For full description, see submitted Program Plan Part I Form.

Comments

Findings of prior studies and researchers comments are cited. Ideas for outcomes are there, but no specific measures. For example, interest in and development of skills leading to becoming a GROWer (group leader) may serve as proxy for measuring participants' progress as whole.

UTILIZATION

Treatment Plan Clients (TPCs) 0

Non-Treatment Plan Clients (NTPCs) 60, defined as Number of unduplicated participants in groups. Additional information on number of times groups met and number of hours of service will be reported.

Service Contacts (SCs) 240, defined as Number of contacts is established but what a contact represents is not defined.

Community Service Events (CSEs) 0, defined as Number of events will be tracked and reported but no target is listed and what constitutes a CSE is not defined.

Comments

Utilization narrative references providing monthly reports on NTPCs and reporting after twelve months on community service events and contacts. Timeframes will need to be adjusted to match CCMHB quarterly report

schedule. Also Service Contacts and Community Service Events need to be defined. Absent from the proposal is any discussion of or target for number of groups to be established.

FY18 Annual targets (per Utilization Form)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---------------|-----|------|-----|-----|-------|
| Annual Target | 0 | 60 | 240 | 0 | 0 |

Financial Analysis

PY18 CCMHB Funding Request \$51,735

PY18 Total Program Budget \$51,735

Current Year Funding (PY17) N/A

Proposed Change in CCMHB Funding - PY17 to PY18 N/A

Program Staff - CCMHB Funds:

Indirect 0 FTEs Direct 1 FTEs Total CCMHB 1 FTEs

Total Program Staff:

Indirect 0 FTEs Direct 1 FTEs Total Program 1 FTEs

Budget Analysis: (staff comments) New program proposes to hire a fulltime GROW Fieldworker to be filled by a peer who is Certified Recovery Support Specialist. The GROW National Program Coordinator is also referred to in the Budget Narrative. The Coordinator will have administrative/management duties and be responsible for program development and staff and peer training among other duties. However, the position is not listed on the personnel form. The duties and cost are listed on the general operating line. Clarification and/or correction is needed on the Coordinator position and how it is expensed as it appears to be a paid staff position.

Funding from the CCMHB represents 100% of the total program budget. \$51,735 / \$51,735 = 100.0 percent

Budget Analysis: (staff comments) Group references in Utilization section of program narrative, loss of state funding due to Illinois budget cuts that shut program down statewide.

The CCMHB is the sole funder of the Champaign County targeted program proposed by GROW in Illinois. The total agency budget does list some small contributions and in-kind contributions but they support the statewide agency not the local program.

Personnel related costs are the primary expense charged to CCMHB, at \$35,580 / \$51,735 = 68.8 percent

The GROW Fieldworker accounts for 100% of personnel related costs. Duties associated with the National Program Coordinator make associated costs more appropriately listed as a personnel expense. The amount allocated to payroll taxes seems excessive, equaling 27%. No funds are allocated to benefits, so perhaps those costs were included as part of the payroll tax line. No funds are budgeted for a required financial audit. No funds are allocated to local transportation. If funded and regardless of the amount, changes to the financial forms are necessary.

Audit Findings: Not Applicable

Comment If awarded a contract of \$20,000 or more, funds would need to be budgeted for an audit.

CCMHB FY18 Decision Priorities and Decision Support Criteria

Priority #1 Collaboration with the Champaign County Developmental Disabilities Board No

Priority #2 System of Care for Youth & Families No

Priority #3 Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface Program is establishing a group in the Champaign County Jail, target date for start of the group was March 2017.

Priority #4 Innovative practices to support access to core services Yes. Program aligns with this priority. Proposes unique network of peer support groups.

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Overarching Decision Support Criteria

Underserved Populations/ Cultural Competence Plan Yes. New program proposal to CCMHB for FY18 focuses on providing peer support groups to adults with mental illness. CLC Plan review prefaces agency program summary.

Anti-Stigma Efforts Yes. Peer support groups and other activities including participation in disAbility Expo and other anti-stigma events.

Countywide Access Intent is to establish/hold groups in locations and at times easily accessible to participants. Commitment to communities/rural areas outside of Champaign and Urbana is not clearly stated.

Budget-Program Connectedness In general budget aligns with proposed program. There are weaknesses in aspects of the budget such as over budgeting for payroll taxes, how the National Coordinator's role is treated, and no funds for local transportation or an audit. On the program side, it would be helpful if an estimate were provided on number of groups to be established and defined some service categories and outcome measures. The CCMHB would be the only funder of the program and as a single purpose agency, the agency.

Realignment of FY17 Contracts to Priorities Program aligns with Priority #4 that is new for the FY18 allocation cycle. Allocation of new funds as may be available for FY18 or redirection of funds supporting an existing contract is likely necessary if proposal to be funded in part or in full.

Technical Criteria

Approach/Methods/Innovation Yes. Proposal presents past research/studies on GROW supporting the peer support work of the agency. Group orientations sessions and other trainings by the Fieldworker and National Coordinator support group leaders. Based on peer support research.

Staff Credentials Yes. Clearly described for the Fieldworker position in services section of Part I form.

Resource Leveraging No. No other funding or in-kind contribution is identified as revenue supporting the program, leaving the CCMHB as the sole funder for the new initiative.

Process Considerations & Caveats

Clarification and/or correction is needed on the Coordinator position and how it is expensed and amount charged for payroll taxes.

Contracting Considerations If this application is approved for funding, the applicants may be required to submit the following for staff review and approval prior to execution of the final FY18 contract: n/a.

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

2018 Summary Analysis of Applicant's Cultural and Linguistic Competence Activities

CCMHB

MAYC

CCMHB reviews all CLCP plans submitted with FY2018 applications for funding, with particular attention actions steps associated to benchmarks for each of the following action areas:

1. Annual Cultural Competence Training
2. Recruitment of Diverse backgrounds and skills for Board of Director and Workforce:
3. Cultural Competence Organizational or Individual Assessment/Evaluation: Yes
4. Implementation of Cultural Competence Values in Policy and Procedure: Yes
5. Outreach and Engagement of Underrepresented and Marginalized Communities and target population defined in the criteria
6. Inter-Agency Collaboration
7. Language and Communication Assistance

Annual Cultural Competence Training

- *BLAST and Members Matter coordinators complete Cultural Competency training each year with a semester update for new instructors. This includes a volunteer and coordinator orientation session.*
- *MAYC employees complete Cultural Competency training annually*

Recruitment of a diverse Board of Directors and Workforce

Recruit and retain diverse work force/volunteer base, including a plan to recruit past members

Cultural Competence Organizational Assessment/Evaluation

- *Staff will assess spaces for necessary improvement and make suggestions to the board for approval as needed. Games, toys, and related needs will be kept in good working condition, and be available for use.*
- *Encourage families to take BLAST, Members Matters, and MAYC surveys and continually make suggestions regarding programming and cultural needs*

Policies and procedures which reflect Cultural Competence values

- *Review and update MAYC's and MS Schools policy on cultural competency related items*
- *Ensure that parent/family wishes are documented and implemented in programming and services provided*

Evidence of outreach and engagement with underrepresented populations defined in application criteria

None noted in the CLC Plan

Inter-Agency Collaboration

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DRAFT

2018 Summary Analysis of Applicant's Cultural and Linguistic Competence Activities

CCMHB

MAYC

Partner with social workers, Eastern Illinois Foodbank, DSC, and other organizations to ensure that our underserved populations are aware of other resources in the community

Language and Communication Assistance

Partner with social workers and The Reading Group to provide support and to have protocols for language assistance

Overall CLC Plan Comments

The CLC Plan submitted by the Mahomet Area Youth Club had most of the required benchmarks included. There was no mention of how the organization would outreach or engage to underrepresented populations. In the application, it mentioned that no person is refused programming offered by MACY.

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Draft CCMHB Program Summary FY2018
Agency: Mahomet Area Youth Club
Program: Bulldogs Learning & Succeeding Together

PY18 CCMHB Funding Request \$15,000

PY18 Total Program Budget \$33,000

Current Year Funding (PY17) \$15,000

Proposed Change in CCMHB Funding - PY17 to PY18 0.0 percent

Focus of Application Mental Health

Type of Contract Grant

Priority #2: System of Care for Youth & Families

Services/People Served

Service Description/Type: MAYC's BLAST Programming for students K-12 includes enrichment activities, academic help, and cultural and community-based programming. MAYC partnered with Mahomet Seymour Schools District in this endeavor for several reasons: it allows the use of district facilities, providing a safe and structured environment, children participate in activities in their own school community, additional contact with teachers, school staff, social workers, and guidance counselors, specialized learning spaces (including computer labs, gums, music and art rooms), access to a variety of caring community volunteers, and most importantly, an inclusive environment that brings students from all economic backgrounds together.

The enrichment classes offer students a chance to experience new activities in arts, culture, life skills, and recreation. BLAST Enrichment Classes are offered in 6 week sessions, 60 – 90 minutes after school Monday – Thursday at Sangamon School, Lincoln Trail, and MS Junior High and are offered four (4) times throughout the school year (2 per semester). During non-session times, students have the opportunity to participate in the schools after school program. Enrichment classes are age-appropriate and from multiple disciplines. Programs thus far have included cooking classes, Code studio, Zumba, Crafty Kids, Being Creative with Literacy, History's Mysteries, Music, Wacky Science, Glass Art, Veterinary Medicine, Club MATH-tastic, Money Matters, Tae Kwan Do and many others. In addition, both MS Junior and High schools host a MAYC afterschool club providing a chance for students to have a supervised activities and homework help. MS High School is also home to a BLAST Robotics class taught by University of Illinois Extension.

The BLAST programs have afforded MS students the opportunity to meet caring community members, share experiences with the peers in an age-appropriate environment, and to get in contact with vital community resources and programs, such as the University of Illinois, Champaign County Park District, and many others. According to the Search Institute, there are 40 developmental assets that influence a child to grow up to be healthy, caring, and responsible adults. The creation of BLAST programming for MS students has created or enhanced several opportunities to afford MS students these developmental assets. Though BLAST supports at least 25 of the 40 developmental assets, a few include non-family adult relationships, community values youth, safety, adult role models, positive peer influence, high expectations, creative activities, achievement motivation, bonding to school, equality and social justice, integrity, interpersonal competence, cultural competence, and a sense of purpose. Giving MS children these additional opportunities is a means to expose children to healthy functioning and to prevent the need for mental health services in the future. The goal of this grant is to ensure continued programming for students of low income, increase the number of BLAST participants in coming sessions, and expand our outreach to students with other non-economic risk factors (such as Special Education programs, etc).

Comments

Proposal aligns with Priority #2. Program works in collaboration with the Mahomet-Seymour School District to provide an after school enrichment program. CCMHB support enables the program to target low income and disadvantaged youth. Sessions are intended to expose students to wide range of age appropriate topics/experiences. Sessions run for six weeks twice a semester. Reference is made to the Search Institutes' Developmental Assets with

program said to impact 25 of the 40 assets. The collaboration with the school district and targeting of youth who may be at risk are positive elements of the program as well as the breadth of enrichment activities offered. It is not clear how change in participants' developmental assets as a result of their participation in the program is determined.

Access to Services for Rural Residents

For full description, see submitted Program Plan Part I Form.

Target Population

For full description, see submitted Program Plan Part I Form.

Residency

| | | |
|-------------------------------|--------------------------------|--|
| Total Served | 504 in FY2016 (last full year) | 220 in FY2017 – 1 st 2 quarters |
| Champaign Set | 0 (0%) for FY16 | 0 (0%) for FY17 |
| Urbana Set | 0 (0%) for FY16 | 0 (0%) for FY17 |
| Rantoul -single | 0 (0%) for FY16 | 0 (0%) for FY17 |
| Mahomet - single | 504 (100.0%) for FY16 | 220 (100.0%) for FY17 |
| Other Champaign County | 0 (0%) for FY16 | 0 (0%) for FY17 |

Demographics

| | |
|---|---------------|
| Total Served | 504 in FY2016 |
| Age | |
| Ages 0-6 ----- | 109 (21.6%) |
| Ages 7-12 ----- | 338 (67.1%) |
| Ages 13-18 ----- | 57 (11.3%) |
| Race | |
| White ----- | 405 (80.4%) |
| Black / AA ----- | 32 (6.3%) |
| Asian / PI ----- | 18 (3.6%) |
| Other (incl. Native American and Bi-racial) | 27 (5.4%) |
| Not Available Qty ----- | 22 (4.4%) |
| Gender | |
| Male ----- | 234 (46.4%) |
| Female ----- | 270 (53.6%) |
| Ethnicity | |
| Of Hispanic / Latino origin ----- | 22 (4.4%) |
| Not of Hispanic/Latino Origin ----- | 482 (95.6%) |

Program Performance Measures

ACCESS

For full description, see submitted Program Plan Part I Form.

Comment

Access section describes how the BLAST program is promoted to students. Registration occurs one week prior to start of the enrichment classes. Payment of fee or request for a scholarship must accompany registration. Eligibility for free and reduced lunch appears to be linked to scholarship and priority for placement in preferred enrichment class.

No targets are set for priority population participation. However, narrative indicates no student registering for BLAST has been denied access to the program as adjustments are sometimes made to class sizes to accommodate demand.

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CONSUMER OUTCOMES

For full description, see submitted Program Plan Part I Form.

Comment

Program measures are tied to participation and daily attendance in specific sessions as indicators of programs success. A parent satisfaction survey is also distributed twice a year but no results are discussed. The consumer outcome measures need work.

The target population section makes the statement that MAYC has made tremendous progress addressing the persistent achievement gaps between socioeconomic groups. However, no measures are associated with change in achievement gap. Program does state an intention to include other measures in the future that demonstrate impact on school success, school attendance, and other positive outcomes. Integration of program with the school district should enable the program to provide some data related to improved school performance and attendance.

UTILIZATION

Treatment Plan Clients (TPCs) 3, defined as Number of participants referred to other providers for services.

Non-Treatment Plan Clients (NTPCs) 500, defined as Number of participants in BLAST program. Parents and community members having contact with the program may also be counted as an NTPC.

Service Contacts (SCs) 2,613, defined as Number of contacts with participants throughout course of the program as well as about upcoming events and activities. Contacts with parents and community members are also tracked.

Community Service Events (CSEs) 600, defined as Number of enrichment opportunities, the number of meetings each week, and the length of the program.

FY18 Annual targets (per Utilization Form)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---------------|-----|------|------|-----|-------|
| Annual Target | 3 | 500 | 2613 | 600 | 0 |

FY17 First two quarters (per submitted Quarterly Reports)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---------------------|-----|------|-----|------|-------|
| First Quarter FY17 | 0 | 167 | 66 | 167 | 0 |
| Second Quarter FY17 | 0 | 53 | 51 | 151 | 0 |
| Annual Target | 6 | 600 | 150 | 110 | 0 |
| % completion | 0% | 37% | 78% | 289% | |

FY16 all four quarters (per submitted Quarterly Reports)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---------------------|-----|------|------|------|-------|
| First Quarter FY16 | 0 | 268 | 66 | 95 | 0 |
| Second Quarter FY16 | 0 | 136 | 70 | 136 | 0 |
| Third Quarter FY16 | 0 | 51 | 75 | 51 | 0 |
| Fourth Quarter FY16 | 0 | 49 | 75 | 49 | 0 |
| Annual Target | 6 | 600 | 150 | 110 | 0 |
| % completion | 0% | 84% | 190% | 301% | |

Financial Analysis

For more detail, see submitted Revenue, Expense, Personnel, and Budget Narrative Forms.

PY18 CCMHB Funding Request \$15,000

PY18 Total Program Budget \$33,000

Current Year Funding (PY17) \$15,000

Proposed Change in CCMHB Funding - PY17 to PY18 0.0 percent

Program Staff - CCMHB Funds:

Indirect = 0.05 FTEs Direct = 0 FTEs, Total CCMHB = 0.05 FTEs

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Total Program Staff:

Indirect = 0.05 FTEs Direct = 0 FTEs, Total Program = 0.05 FTEs

Budget Analysis: (staff comments) Direct service staff time charged to CCMHB reflects the executive director's involvement with the program.

Funding from the CCMHB represents 45.5% of the total program budget. \$15,000 / \$33,000 = 45.5 percent; United Way 8.0 percent; Contributions – various 46.6 percent

Budget Analysis: (staff comments) The CCMHB is the single largest source of support. Expense form indicates the program operates at a loss.

Personnel related costs are the primary expense charged to CCMHB, at \$2,500 / \$15,000 = 16.7 percent

CCMHB funds are allocated to personnel and professional fees/consultants expenses. The professional fees/consultants line pays school staff to coordinate and deliver the enrichment program. School staff involvement in the enrichment program is independent of any school duties.

Budget narrative is confusing.

Audit Findings: Audit Requirement Waived

CCMHB FY18 Decision Priorities and Decision Support Criteria

Priority #1 Collaboration with the Champaign County Developmental Disabilities Board No

Priority #2 System of Care for Youth & Families Yes. *Provides prevention based enrichment classes and activities to improve performance in schools and exposure to new activities to build self-esteem.*

Priority #3 Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface No

Priority #4 Innovative practices to support access to core services No

Overarching Decision Support Criteria

Underserved Populations/ Cultural Competence Plan Yes. *Program serves rural school district students with priority given to low-income and disadvantaged students. CLC Plan review prefaces agency program summaries.*

Anti-Stigma Efforts No. *Not a focus of the application.*

Countywide Access No. *Limited to Mahomet-Seymour school district students.*

Budget-Program Connectedness *CCMHB is largest single source of support. CCMHB funding allocated to professional fees line for school employees under contract with the agency to staff enrichment classes and to the personnel line for 5% of the executive directors time. Program appears to operate at a loss.*

Budget narrative is confusing.

Realignment of FY17 Contracts to Priorities No. *Program requests same level of funding as awarded in FY17.*

Technical Criteria

Approach/Methods/Innovation *Enrichment classes as part of after school program address wide range of topics.*

Staff Credentials No. *Not referenced. Enrichment classes are staffed by school district employees under contract with Mahomet Area Youth Club*

Resource Leveraging *CCMHB funding and contributions to the agency support the program. Program is a collaboration with the school district which provides space for the program.*

Process Considerations & Caveats

Contracting Considerations *If this application is approved for funding, the applicants may be required to submit the following for staff review and approval prior to execution of the final FY18 contract: n/a*

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 FY2018
Agency: Mahomet Area Youth Club
Program: MAYC Members Matter!

PY18 CCMHB Funding Request \$12,000

PY18 Total Program Budget \$70,500

Current Year Funding (PY17)\$12,000

Proposed Change in CCMHB Funding - PY17 to PY18 0.0 percent

Focus of Application Mental Health

Type of Contract Grant

Priority #2: System of Care for Youth and Families

Services/People Served

Service Description/Type

The MAYC Members Matter! Program offer programs that are in alignment with our mission statement and with the focus of our five core values: Character and Stewardship; Health Life Skills; Education and Leadership; Creative Arts and Expression, and Sports and Recreation.

The MAYC Members Matter! Junior High Club operates Monday thru Friday from 3:00pm to 6:00pm on school days, under the direct supervision of a certified teacher and staff aide (funded by MAYC), who systematically match individual students' academic progress needs to a tailored combination of support and rewards. The MAYC staff work with school principal to make special efforts to enroll harder-to-recruit struggling students, such as those at risk of not being promoted, who research has shown benefit more than other students from participation in after-school activities.

The program provides a safe place for 60 students at no cost, to study, socialize with peers, play sports and games, and establish meaningful relationships with caring adults. Goals for this program are increased attendance at school, higher rates of homework completion, reduced incidents of disruptive behavior, and improved study habits.

The MAYC Member Matters! Summer program operates Monday thru Friday from 7:30a.m. To 6:00p.m., offering activities for 95 kids last summer, ranging from educational, arts and crafts, physical fitness, food and nutrition, swimming, field trips. Goals for this program are increased physical activity, knowledge of health and nutrition, food security and retention of the knowledge gained during the school year. These outcomes generally precede the attainment of physical health outcomes like improved health, Increase in physical activity, decreased nutritional risk, and increased knowledge of how to improve health and fitness, increased knowledge of proper nutrition and having immediate needs for food met. Without MAYC, a great many at-risk, low income children with working parents would end up with little or no supervision in potentially dangerous situations. Ensuring that youth are involved in positive summer activities is important for the strength and safety of a community.

Comments

Proposal aligns with Priority #2. Program is open to school age children with effort placed on recruiting low-income children and youth who can participate at no-cost. Members Matter operates a junior high club on week days after school during the school year. A day long five day a week summer program is open to children and youth. The intent of both components of the program is to provide participants with a safe supportive learning environment. Mentioned elsewhere in the application but not included in the services description is a MAYC Parents Club where information is shared with parents and feedback on services solicited and also mention of a Teen Entrepreneurial program.

Access to Services for Rural Residents

For full description, see submitted Program Plan Part I Form.

Target Population

For full description, see submitted Program Plan Part I Form.

Residency

| | | |
|-------------------------------|-------------------------------|---|
| Total Served | 81 in FY2016 (last full year) | 29 in FY2017 – 1 st 2 quarters |
| Champaign Set | 0 (0%) for FY16 | 0 (0%) for FY17 |
| Urbana Set | 0 (0%) for FY16 | 0 (0%) for FY17 |
| Rantoul -single | 0 (0%) for FY16 | 0 (0%) for FY17 |
| Mahomet - single | 81 (100.0%) for FY16 | 29 (100.0%) for FY17 |
| Other Champaign County | 0 (0%) for FY16 | 0 (0%) for FY17 |

Demographics

| | |
|---|--------------|
| Total Served | 81 in FYFY16 |
| Age | |
| Ages 7-12 ----- | 80 (98.8%) |
| Ages 13-18 ----- | 1 (1.2%) |
| Race | |
| White ----- | 68 (84.0%) |
| Black / AA ----- | 9 (11.1%) |
| Asian / PI ----- | 1 (1.2%) |
| Other (incl. Native American and Bi-racial) | 2 (2.5%) |
| Not Available Qty ----- | 1 (1.2%) |
| Gender | |
| Male ----- | 40 (49.4%) |
| Female ----- | 41 (50.6%) |
| Ethnicity | |
| Of Hispanic / Latino origin ----- | 3 (3.7%) |
| Not of Hispanic/Latino Origin ----- | 78 (96.3%) |

Program Performance Measures

ACCESS

For full description, see submitted Program Plan Part I Form.

Comments

No access specific measures are identified. A potential measure of access could be out of all club members, number of children and youth participating who are low-income or received a reduced fee or scholarship. Section describes recruitment of members and potential referral sources, engagement and communication with parents including information on developmental assets, availability of a sliding fee scale to reduce any financial barrier, and planning of activities to be held at the club. Parents serve on the Board of Directors.

CONSUMER OUTCOMES

For full description, see submitted Program Plan Part I Form.

Comments

No measurable outcomes specified. The consumers outcome section does reference use of PBIS (Positive Behavioral Interventions and Supports) being used at the club to communicate expectations for members' behavior and how they are held accountable for their conduct. Values associated with participation in the club

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are referenced and how those values are communicated to members and parents explained. Measures associated with behavior or values are not identified.

UTILIZATION

Treatment Plan Clients (TPCs) 3, defined as Number of participants referred to other providers for services.

Non-Treatment Plan Clients (NTPCs) 120, defined as Number of participants in BLAST program. Parents and community members having contact with the program may also be counted as an NTPC.

Service Contacts (SCs) 2,445, defined as Number of contacts with participants throughout course of the program as well as about upcoming events and activities. Contacts with parents and community members are also tracked.

Community Service Events (CSEs) 208, defined as Number of attendance days, days the club is open for summer programming, and the total number of events that are available to the youth for the Jr. High After School Program and the summer program.

FY18 Annual targets (per Utilization Form)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---------------|-----|------|------|-----|-------|
| Annual Target | 3 | 120 | 2445 | 208 | 0 |

FY17 First two quarters (per submitted Quarterly Reports)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---------------------|-----|------|-----|-----|-------|
| First Quarter FY17 | 0 | 25 | 50 | 25 | 0 |
| Second Quarter FY17 | 0 | 4 | 58 | 47 | 0 |
| Annual Target | 4 | 110 | 175 | 76 | 0 |
| % completion | 0% | 26% | 62% | 95% | |

FY16 all four quarters (per submitted Quarterly Reports)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---------------------|-----|------|-----|------|-------|
| First Quarter FY16 | 0 | 30 | 60 | 30 | 0 |
| Second Quarter FY16 | 0 | 18 | 36 | 18 | 0 |
| Third Quarter FY16 | 0 | 15 | 30 | 15 | 0 |
| Fourth Quarter FY16 | 0 | 18 | 36 | 18 | 0 |
| Annual Target | 4 | 110 | 175 | 75 | 0 |
| % completion | 0% | 74% | 93% | 108% | |

Financial Analysis

For more detail, see submitted Revenue, Expense, Personnel, and Budget Narrative Forms.

PY18 CCMHB Funding Request \$12,000

PY18 Total Program Budget \$70,500

Current Year Funding (PY17) \$12,000

Proposed Change in CCMHB Funding - PY17 to PY18 0.0 percent

Program Staff - CCMHB Funds:

Indirect = 0.00 FTEs Direct = 0.45 FTEs, Total CCMHB = 0.45 FTEs

Total Program Staff:

Indirect = 0.28 FTEs Direct = 1.45 FTEs, Total Program = 1.73 FTEs

Budget Analysis: (staff comments) Direct service staff time charged to CCMHB pays for the part-time program coordinator and for one part-time club counselor involved with the Members Matter program. Both positions are for the summer program and to be hired.

Funding from the CCMHB represents 17% of the total program budget. $\$12,000 / \$70,500 = 17.0$ percent; United Way 38.3 percent; Contributions – various 23.4 percent

Budget Analysis: (staff comments) The CCMHB is the single largest source of support. Other remaining source of program revenue (missing 21%) comes from program fees charged to participants. Expense form indicates the program operates at a loss.

Personnel related costs are the primary expense charged to CCMHB, at \$12,000 / \$12,000 = 100.0 percent
*All of CCMHB funding is allocated to salaries/wages page to the two part-time positions.
Budget narrative is confusing.*

Audit Findings: Audit Requirement Waived

CCMHB FY18 Decision Priorities and Decision Support Criteria

Priority #1 Collaboration with the Champaign County Developmental Disabilities Board No

Priority #2 System of Care for Youth & Families Yes. *Provides prevention based activities and supports to rural children and youth.*

Priority #3 Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface No

Priority #4 Innovative practices to support access to core services No

Overarching Decision Support Criteria

Underserved Populations/ Cultural Competence Plan Yes. *Program serves rural northwestern Champaign County with priority given to low-income children and youth. CLC Plan review prefaces agency program summaries.*

Anti-Stigma Efforts No. *Not a focus of the application.*

Countywide Access No. *Limited to rural northwestern Champaign County.*

Budget-Program Connectedness CCMHB provides of 17% of program revenue. *Single largest source of support is United Way. Program appears to operate at a loss.
Budget narrative is confusing.*

Realignment of FY17 Contracts to Priorities No. *Program requests same level of funding as awarded in FY17.*

Technical Criteria

Approach/Methods/Innovation *Offers after school and summer program activities.*

Staff Credentials No. *Not referenced.*

Resource Leveraging *Funding from United Way, the CCMHB, and contributions to the agency support the program. Fees charged to some participants also support the program.*

Process Considerations & Caveats

Contracting Considerations *If this application is approved for funding, the applicants may be required to submit the following for staff review and approval prior to execution of the final FY18 contract: n/a*

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
2018 Summary Analysis of Applicant's Cultural and Linguistic Competence
Activities
CCMHB
Prairie Center Health Systems

CCMHB reviews all CLCP plans submitted with FY2018 applications for funding, with particular attention actions steps associated to benchmarks for each of the following action areas:

1. Annual Cultural Competence Training
2. Recruitment of Diverse backgrounds and skills for Board of Director and Workforce:
3. Cultural Competence Organizational or Individual Assessment/Evaluation
4. Implementation of Cultural Competence Values in Policy and Procedure
5. Outreach and Engagement of Underrepresented and Marginalized Communities and target population defined in the criteria
6. Inter-Agency Collaboration
7. Language and Communication Assistance

Annual Cultural Competence Training

- *CEU's are funded annually for Cultural Competence Training*

Recruitment of Diverse backgrounds and skills for Board of Director and Workforce:

- *Board Demographics to mirror closely as possible the population that is being served.*
- *Board Members have lived experience with substance use disorders.*
- *Continue plan to recruit and retain a diverse workforce, including collaborating with area universities in offering internship opportunities in substance abuse services*

Cultural Competence Organizational Assessment/Evaluation

- *MSAC (Multicultural Services Advisory Council) Meets quarterly to review CLC Plan and update any CLC Action.*
- *Use survey responses from bi-annual Organizational Cultural Competency Assessment (to be completed in FY18), client responses to Client Satisfaction Survey, and analysis of population served to develop specific action plan; report progress on plan quarterly.*
- *Assess and modify the physical facility to reflect the population of focus, to be welcoming, clean, and attractive by providing cultural art, magazines, refreshments, etc.*
- *Conduct bi-annual agency-wide individual staff CLC self-assessments*

DRAFT
2018 Summary Analysis of Applicant's Cultural and Linguistic Competence
Activities
CCMHB
Prairie Center Health Systems

Policies and procedures which reflect Cultural Competence values

- *Provide resources and support for Carol Bradford, Clinical Director, to participate in National Council for Behavioral Health's Addressing Health Disparities Leadership*
- *Read and sign agreement that CLC plan has been read and understood.*
- *Collect and enter data on race, ethnicity, and primary language of individuals in Demographic form kept in electronic health record (also the management information system)*

Outreach and Engagement of Underrepresented and Marginalized Communities and target population defined in the criteria

- *Staff and volunteers will participate in at least 3 outreach, engagement, and advocacy events throughout the year.*
- *Former/current clients will assist with educating community, policy makers, funders, family members, and prospective clients about substance use disorders and Prairie Center services.*

Inter-Agency Collaboration

- *Review working agreements with other organizations and determine need for renewal of current or development of any new working agreements to support clients' diverse needs.*

Language and Communication Assistance

Budget is provided to provide language assistance free of charge to clients.

Overall CLC Plan Comments-

The CLCP that was submitted by PCHS was comprehensive and specific. Allocating resources for a staff member that is committed to looking at Disparities Systematically is considered to be a best practice to organizational change. All of the required benchmarks were included in the plan with clear actions and benchmarks.

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Draft CCMHB Program Summary FY2018

Agency: Prairie Center Health Systems, Inc.

Program: Criminal Justice Substance Use Tx

PY18 CCMHB Funding Request \$10,600

PY18 Total Program Budget \$25,789

Current Year Funding (PY17) \$10,300

Proposed Change in CCMHB Funding - PY17 to PY18 2.9 percent

Focus of Application Substance Use Disorders

Type of Contract Grant

Priority Priority #3 – Behavioral Health Supports for Adults with Justice System Involvement

Services/People Served

Service Description/Type

Staff of PCHS provides consumer-driven, strengths-based, trauma-informed services with sensitivity to culture, race, and ethnicity, as well as age, gender, sexual orientation, and disability. Screening, brief intervention, counseling, and case management services are provided by Master and/or Bachelor level, licensed (LPC, LCPC, LSW, LCSW) and/or certified (CADC, CARS) clinicians or case managers. PCHS staff is required to be licensed or certified within two years of employment. Clinical supervision is provided by an experienced, licensed (LCPC, LCSW) Clinical Coordinator.

Inmates who are current or past PCHS clients will be identified by a review of the daily Arraignment/Bond Court List sent out by the Champaign County Sheriff Corrections Division. For identified current PCHS clients, the case manager will provide coordination of services to assist with continuation of treatment upon the inmate's release. Past PCHS clients, along with newly identified inmates with substance use issues, will be provided with brief intervention and/or case management. Case management includes contacting those inmates who agree (after completing a GAIN Short Screen indicating need for an assessment) by phone and/or letter to set up a date and time to complete an assessment.

The PCHS case manager will work in collaboration with Champaign County Sheriff Corrections Division, Rosecrance, and Correctional Healthcare Companies (Correct Care Solutions) to identify and engage inmates in substance abuse treatment services upon release from the jail in hopes of increasing the likelihood of successful treatment completion rates and reduced recidivism rates for this population. Due to high rates of co-occurring disorders among offenders in criminal justice settings, the identification of a mental health disorder should immediately trigger screening for a substance use disorder. (Substance Abuse Treatment for Adults in the Criminal Justice System. Treatment Improvement Protocol (TIP) #44, US Dept. of Health and Human Services, 2013.) The PCHS case manager will staff cases with the Rosecrance, Correctional Healthcare Companies (Correct Care Solutions) staff, and corrections officers as requested to coordinate referrals, treatment services, and clients' needs and progress. The case manager will meet with identified incarcerated individuals and conduct brief intervention services, utilizing motivational interviewing techniques, and a screening (GAIN Short Screen). Offenders released from jail are more likely to participate in treatment if they have previously been involved in treatment while in jail. (Reducing Recidivism through a Seamless System of Care: Components of Effective Treatment, Supervision, and Transition Services in the Community. Taxman and Spinner, 1997.) If indicated, the case manager will schedule an assessment at the Urbana PCHS facility for the inmate following their release. In addition, PCHS has walk-in assessment times available at the Urbana facility Monday through Thursday.

Comments

Program aligns with Priority #3 – Behavioral Health Supports for Adults with Justice System Involvement. The program targets adults in the Champaign County Correctional Center (jail) identified at time of booking/incarceration as having substance use issues by virtue of arrest, behavior, or treatment history. Referrals

for screening, brief intervention, and case management while incarcerated can from correctional staff, other providers within the jail, PCHS staff, or as a self-referral. Initial screening followed by efforts to engage client to pursue assessment and treatment on release is the focus of the program. Outreach following release for known individuals is also provided. An assessment can be scheduled by the case manager or the individual simply walk-in for an assessment. Limited funding impacts amount of time staff are present at the facility and for outreach following release.

Access to Services for Rural Residents

For full description, see submitted Program Plan Part I Form.

Target Population

For full description, see submitted Program Plan Part I Form.

Residency

| | | |
|-------------------------------|-------------------------------|--|
| Total Served | 10 in FY2016 (last full year) | 1 in 1 st 2 quarters FY2017 |
| Champaign Set | 3 (30.0%) for FY16 | 0 (.0%) for FY17 |
| Urbana Set | 3 (30.0%) for FY16 | 1 (100.0%) for FY17 |
| Rantoul -single | 3 (30.0%) for FY16 | 0 (.0%) for FY17 |
| Mahomet - single | 0 (.0%) for FY16 | 0 (.0%) for FY17 |
| Other Champaign County | 1 (10.0%) for FY16 | 0 (.0%) for FY17 |

Demographics

| | |
|-------------------------------------|--------------|
| Total Served | 10 in FY2016 |
| Age | |
| Ages 13-18 ----- | 1 (10.0%) |
| Ages 19-59 ----- | 9 (90.0%) |
| Race | |
| White ----- | 5 (50.0%) |
| Black / AA ----- | 5 (50.0%) |
| Gender | |
| Male ----- | 4 (40.0%) |
| Female ----- | 6 (60.0%) |
| Ethnicity | |
| Not of Hispanic/Latino Origin ----- | 10 (100.0%) |

Program Performance Measures

ACCESS

For full description, see submitted Program Plan Part I Form.

Comments

Process for identifying candidates for screening and brief intervention while in jail and efforts to contact following release is described. General information on breadth of services available on release and times available is presented with timeframes for engagement following completion of an assessment.

Access measures associated with contacts within the jail and completion of the screening tool reflect the primary focus of the program. With an increase emphasis on outreach following release, a measure associated with completing assessment has been added.

CONSUMER OUTCOMES

For full description, see submitted Program Plan Part I Form.

Comments

Target is related to engagement following release. In essence it is an extension of the access measure on completion of assessment.

Prairie Center also uses a consumer satisfaction survey to assess services provided by the agency as a whole. Four specific measures are identified. The results are compared to regional and national averages with Prairie Center outperforming the regional and national averages.

UTILIZATION

Treatment Plan Clients (TPCs) 2, defined as inmates who have or receive a treatment plan following jail release. This would be new clients. Number of existing clients that return to treatment following release are referenced in the comments section of the quarterly program report.

Non-Treatment Plan Clients (NTPCs) 120, defined as inmates receiving brief intervention and screening services while incarcerated. The difference between TPCs and NTPCs would represent those who do not engage following release.

Service Contacts (SCs) 2, defined as Number of assessments completed by inmates at the jail or following jail release.

Other 200, defined as Total number of service hours provided to inmates at the jail (brief intervention, case management, screening, assessment).

FY18 Annual targets (per Utilization Form)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---------------|-----|------|----|-----|-------|
| Annual Target | 2 | 120 | 2 | 0 | 200 |

FY17 First two quarters (per submitted Quarterly Reports)

| Quarter | TPC | NTPC | SC | CSE | OTHER | direct service hours |
|---------------------|-----|------|-----|-----|-------|----------------------|
| First Quarter FY17 | 0 | 31 | 0 | 0 | 63 | |
| Second Quarter FY17 | 1 | 29 | 1 | 0 | 68.25 | |
| Annual Target | 2 | 150 | 3 | 0 | 150 | |
| % completion | 50% | 40% | 33% | | 88% | |

FY16 all four quarters (per submitted Quarterly Reports)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---------------------|------|------|------|-----|-------|
| First Quarter FY16 | 2 | 35 | 0 | 0 | 58 |
| Second Quarter FY16 | 3 | 41 | 18 | 0 | 58.5 |
| Third Quarter FY16 | 3 | 10 | 0 | 0 | 13.25 |
| Fourth Quarter FY16 | 2 | 74 | 2 | 0 | 43.25 |
| Annual Target | 4 | 20 | 4 | 0 | 130 |
| % completion | 250% | 800% | 500% | | 133% |

Financial Analysis

For more detail, see submitted Revenue, Expense, Personnel, and Budget Narrative Forms.

PY18 CCMHB Funding Request \$10,600

PY18 Total Program Budget \$25,789

Current Year Funding (PY17) \$10,300

Proposed Change in CCMHB Funding - PY17 to PY18 2.9 percent

Program Staff - CCMHB Funds:

Indirect = 0.02 FTEs Direct = 0.24 FTEs, Total CCMHB = 0.26 FTEs

Total Program Staff:

Indirect = 0.07 FTEs Direct = 0.45 FTEs, Total Program = 0.52 FTEs

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Budget Analysis: (staff comments) A fulltime case manager is assigned to work about a quarter of their time on the program. CCMHB funds support about 20% of position. Other personnel time include supervision and administrative support.

Funding from the CCMHB represents 41.1% of the total program budget. $\$10,600 / \$25,789 = 41.1$ percent
State 68.9%

Budget Analysis: (staff comments) The percentage of state funds is 69% of the total program budget. This represents funds allocated to the program from a DASA contract. The CCMHB is the only other source of support providing the remaining 41% of program revenue.

Personnel related costs are the primary expense charged to CCMHB, at $\$9,344 / \$10,600 = 88.2$ percent

In addition to personnel related expenses, accounting for 88% of CCMHB funding, the budget narrative explains how the remaining 12% is used to support the program. Most of these expenses are cost allocated to the program. Local travel expenses incurred by staff to visit the jail are specific to the program.

Audit Findings: Audit in Compliance

CCMHB FY18 Decision Priorities and Decision Support Criteria

Priority #1 Collaboration with the Champaign County Developmental Disabilities Board No

Priority #2 System of Care for Youth & Families No

Priority #3 Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface Yes. Proposal aligns with this priority. Program attempts to engage individuals with substance use disorders or treatment histories using screening, brief intervention, and case management while booked in the jail awaiting a court hearing.

Priority #4 Innovative practices to support access to core services No

Overarching Decision Support Criteria

Underserved Populations/ Cultural Competence Plan Yes. Program serves adults in the Champaign County jail. CLC Plan review prefaces agency program summaries.

Anti-Stigma Efforts No. Not a focus of the application.

Countywide Access No. Limited to jail population.

Budget-Program Connectedness Yes. Of total program funding, 41% is requested from CCMHB. Program aligns with budget. CCMHB funds support staff and travel costs with balance of funds cost allocated across various expense lines.

Realignment of FY17 Contracts to Priorities No. Small program contract requests 3% increase over FY17 award.

Technical Criteria

Approach/Methods/Innovation Yes. Attempts to engage clients while incarcerated. Uses evidence-based GAIN-Short Screen as screening instrument.

Staff Credentials Yes. Noted for program and agency as a whole.

Resource Leveraging No. Program is an existing contract supporting 25% of a Case Manager position to be on-site at the jail to provide screening and supports to inmates related to substance use disorders. The CCMHB investment is \$10,000. State funding allocated to the program is about \$15,000.

Process Considerations & Caveats

Contracting Considerations If this application is approved for funding, the applicants may be required to submit the following for staff review and approval prior to execution of the final FY18 contract: n/a

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 FY2018

Agency: Prairie Center Health Systems, Inc.

Program: Fresh Start

PY18 CCMHB Funding Request \$77,000

PY18 Total Program Budget \$77,000

Current Year Funding (PY17) \$75,000

Proposed Change in CCMHB Funding - PY17 to PY18 2.7 percent

Focus of Application Substance Use Disorders

Type of Contract Grant

Priority #2 – System of Care for Youth and Families

Services/People Served

Service Description/Type

In collaboration with the Champaign County Community Coalition, PCHS will provide intensive case management services for Fresh Start participants, emulating a model based on David M. Kennedy's "Don't Shoot: One Man Street Fellowship, and the End of Violence in Inner-City America." Prairie Center will participate in the Steering Committee which meets bi-weekly, with Community Coalition leadership; law enforcement; health and human service, education, housing, and vocational providers; court system; probation/parole; etc.

The Case Manager acts as a community liaison between the Steering Committee and the Fresh Start participants. The Case Manager is a person reflective of the population served and/or familiar with behavioral health treatment and available community services. The Case Manager conducts outreach and intensive case management services in the community. Once an offender has agreed to participate in the program, the Case Manager and participant develop a strengths-based individualized service plan based on information gathered from the offender's responses to the Adult Needs and Strengths Assessment (ANSA), an evidence-based assessment tool. The Case Manager will assist individuals in making connections to community service providers who can help the participant address items on the individualized service plan. The Case Manager will provide follow-up and ongoing monitoring of the participant's status and the services delivered. The Case Manager may also provide home visits, transportation to/from services and/or court, provide advocacy (as needed) for Fresh Start program participants, help participants identify possible natural supports, address immediate personal or family issues encountered by program participants, and assist participants in reducing barriers to employment, housing, education, healthcare, and behavioral health treatment.

The amount of case management provided to an individual will depend on the participant's identified needs. However, at a minimum, case management will include an in-person meeting to take place every-other-week. At the meeting, the Case Manager will review the service plan and document steps completed, determine if the target dates for completions were met, and note the participant's progress in achieving goals. In between face-to-face meetings, follow-up with participants will be conducted at least weekly via phone calls or e-mails to check on the participant's progress and to determine if they need assistance or information on resources. Follow-up contacts will be documented in client file case notes.

The Case Manager will be supervised by a licensed Clinical Director experienced in behavioral health treatment, knowledgeable of community resources, and who maintains a thorough understanding of the population served.

Comments

Application indicates it aligns Priority #2 – System of Care for Youth and Families although it can also be said to align with Priority #3 – Behavioral Health Supports for Adults with Justice System Involvement. The program is

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an initiative of the Champaign Community Coalition and as such has broad support from community stakeholders. Population served are young adults, primarily men, with felony convictions involving use of a gun or violence that have been identified by Fresh Start Steering Committee/law enforcement as prime candidates for intervention. In addition to their violent criminal history many also are presumed to have substance use disorders. Those adults choosing to participate in Fresh Start will work with the Case Manager also referred to as the community liaison. A service plan will be developed based on a strengths based assessment. The case manager will provide intensive supports to the participants and assist with connecting to community services and other resources as appropriate to the service plan. Frequent contact between the case manager and the participants will occur in the community. Fresh Start is based on the David M. Kennedy's Don't Shoot model. FY18 would be the second year for the program.

Access to Services for Rural Residents

For full description, see submitted Program Plan Part I Form.

Target Population

For full description, see submitted Program Plan Part I Form.

Residency

Total Served 7 in FY2017 – 1st 2 quarters
Champaign Set 7 (100.0%) for 2017
Urbana Set 0 (.0%) for 2017
Rantoul -single 0 (.0%) for 2017
Mahomet - single 0 (.0%) for 2017
Other Champaign County 0 (.0%) for 2017

Demographics

Total Served 7 in FY2017
Age
Ages 19-59 ----- 7 (100.0%)
Race
Black / AA ----- 7 (100.0%)
Gender
Male ----- 7 (100.0%)
Ethnicity
Not of Hispanic/Latino Origin ----- 7 (100.0%)

Program Performance Measures

ACCESS

For full description, see submitted Program Plan Part I Form.

Comments

The services provided by the Case manager will not necessarily align with traditional office hours but rather accommodate the times and needs of the participant. Timeframe for engaging participants is noted as is required close collaboration with law enforcement when making initial contact. Measures setting targets and benchmarks for initial contact and engagement is provided. As a new program limited data is available for FY17 but data through the second quarter is presented.

CONSUMER OUTCOMES

For full description, see submitted Program Plan Part I Form.

Comments

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Specific outcome measures with benchmarks are included in the application. These are primarily process oriented. The Case Manager will also report to the Fresh Start Steering Committee on participants' progress. Experience in other communities implementing the Don't Shoot model has reported declines in rates of violence of 25% or greater. A similar target is established for the Fresh Start program. Application indicates a correlation between any reduction in the rate of gun violence and the Fresh Start program may not be readily apparent due to the short time the program has been in operation.

UTILIZATION

Treatment Plan Clients (TPCs) 36, defined as Number of unduplicated persons identified by the Fresh Start Steering Committee who engage in the program and develop a strengths-based individualized services plan

Non-Treatment Plan Clients (NTPCs) 10, defined as Number of persons identified by the Fresh Start Steering Committee who choose not to engage in the program. The more the program underperforms this target the better as it means more of the adults targeted for participation are engaging.

Service Contacts (SCs) 20, defined as Number of Screenings completed.

Community Service Events (CSEs) 150, defined as Number of Steering Committee and other service coordination/planning meetings attended by Case Manager, Supervisor, and/or CEO.

Other 30, defined as Number of linkages (to transportation, employment, housing, education, healthcare, and behavioral health treatment) which the Case Manager helps develop while working with Fresh Start participants who engage.

FY18 Annual targets (per Utilization Form)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---------------|-----|------|----|-----|-------|
| Annual Target | 36 | 10 | 20 | 150 | 30 |

FY17 First two quarters (per submitted Quarterly Reports)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---------------------|-----|------|-----|------|-------|
| First Quarter FY17 | 0 | 0 | 0 | 42 | 0 |
| Second Quarter FY17 | 7 | 2 | 5 | 61 | 12 |
| Annual Target | 12 | 13 | 12 | 50 | 50 |
| % completion | 58% | 15% | 42% | 206% | 24% |

Financial Analysis

For more detail, see submitted Revenue, Expense, Personnel, and Budget Narrative Forms.

PY18 CCMHB Funding Request \$77,000

PY18 Total Program Budget \$77,000

Current Year Funding (PY17) \$75,000

Proposed Change in CCMHB Funding - PY17 to PY18 2.7 percent

Program Staff - CCMHB Funds:

Indirect = 0.12 FTEs Direct = 1.05 FTEs, Total CCMHB = 1.17 FTEs

Total Program Staff:

Indirect = 0.13 FTEs Direct = 1.05 FTEs, Total Program = 1.18 FTEs

***Budget Analysis: (staff comments)** As the sole funder, all staff time is charged to the CCMHB. Direct service staff is comprised of the fulltime case manager and 5% of the clinical directors' time. Indirect staff includes agency administration and other general support staff.*

Funding from the CCMHB represents 100% of the total program budget. $\$77,000 / \$77,000 = 100.0$ percent

***Budget Analysis: (staff comments)** The CCMHB is the sole funder of the Prairie Center Fresh Start program.*

Personnel related costs are the primary expense charged to CCMHB, at $\$67,485 / \$77,000 = 87.6$ percent

In addition to personnel related expenses, accounting for 88% of CCMHB funding, the budget narrative explains how the remaining 12% is used to support the program. Some of these expenses are tied to occupancy, lease/rental,

and general operating expenses cost allocated to the program. Other expenses pay for local travel expenses incurred by staff and consumables such as food for meetings, are specific to the program.

Audit Findings: Audit in Compliance

CCMHB FY18 Decision Priorities and Decision Support Criteria

Priority #1 Collaboration with the Champaign County Developmental Disabilities Board No

Priority #2 System of Care for Youth & Families Yes. Program aligns with this priority as the program is a high profile initiative of the Champaign Community Coalition developed in response to violence occurring in Champaign and Urbana. Program provides case management services to young adults with history of committing violent crime.

Priority #3 Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface Yes. Program can also be considered to align with this priority based on the target population - young adults with felony convictions involving guns or violence.

Priority #4 Innovative practices to support access to core services No

Overarching Decision Support Criteria

Underserved Populations/ Cultural Competence Plan Yes. Proposal targets young adults identified by law enforcement and other community stakeholders as likely to continue to be involved in violent criminal activity. CLC Plan review prefaces agency program summaries.

Anti-Stigma Efforts Not a focus of the application. (JK 3/26/17)

Countywide Access No. While services may be provided anywhere in the county, locations referenced for engaging participants are in Champaign and Urbana. Participants to date have all been from Champaign. Considering the intent of the program is to reduce incidence of violence occurring in Champaign and Urbana, service locations noted or residency of participants is to be expected.

Budget-Program Connectedness Yes. The CCMHB is the sole source of revenue/program support. Program aligns with budget. Other than direct staff costs, most expenses with the exception of travel and food appear to be based on a cost allocation rate.

Realignment of FY17 Contracts to Priorities No. Program requests a 3% increase over FY17 award.

Technical Criteria

Approach/Methods/Innovation Yes. Based on Kennedy's Don't Shoot Model. Program is a collaboration between law enforcement and other criminal justice and community stakeholders to address community violence. Prairie Center Case Manager is the primary position responsible for engaging participants and connecting them with community resources to address specific needs associated with housing, employment, access to primary and behavioral healthcare, etc.

Staff Credentials No. Credentials/qualifications of the Case Manager are not specified. Reference is made to the person being "reflective of the population served ... familiar with behavioral health treatment and available community resources." Position is supervised by licensed Clinical Director.

Resource Leveraging No. As a program that is a high priority and an initiative of the Community Coalition, financial support from community stakeholders/partners in future years may be necessary to sustain the initiative, particularly if additional staffing to manage a larger caseload or a broader array of services is necessary to meet the needs of population served. At this time no additional investment is made in services to which the participants are connected.

Process Considerations & Caveats

Contracting Considerations If this application is approved for funding, the applicants may be required to submit the following for staff review and approval prior to execution of the final FY18 contract:

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 FY2018
Agency: Prairie Center Health Systems, Inc.
Program: Parenting with Love and Limits – Extended Care

PY18 CCMHB Funding Request \$301,300
PY18 Total Program Budget \$301,300
Current Year Funding (PY17) \$300,660
Proposed Change in CCMHB Funding - PY17 to PY18 0.2 percent

Focus of Application Mental Health
Type of Contract Grant
Priority #2: System of Care for Youth & Families

Services/People Served

Service Description/Type

The overarching goal of PLL is to keep youth “at home, in school, and out of trouble” by reducing juvenile recidivism rates. PLL staff provide family-driven, strength-based services with sensitivity to culture, race and ethnicity, as well as age, gender, sexual orientation, and disability, thereby providing successful youth/family engagement, participation, and completion of the PLL program.

PLL is a Brief Family Therapy Model which includes multi-family group education and discussion, videotapes, age-specific breakout sessions, role play, and individual family therapy/coaching. Services begin with a family-focused, culturally-sensitive structured admission interview utilizing Motivational Interviewing which is designed to secure a commitment by the youth/family to participate in the program. This integration of motivational interviewing, behavioral contracting, skill-building, family therapy, wound work, and individualized family coaching is designed to engage, stabilize, and equip families to apply new tools and concepts to real life situations. PLL educates families how to set and maintain consistent expectations and limits while rebuilding a loving, nurturing relationship with their child.

30, 60, and 90 day follow up contact upon graduation allows therapists to assist families in continuing to use the skills learned. Tune up sessions are completed as needed. Therapists and case manager also provide multi-system advocacy, support, and linkage.

STAFF QUALIFICATIONS:

Therapists have completed training with Dr. Scott Sells of the Savannah Family Institute (SFI), and therapists provide this evidence-based curriculum in adherence with the requirements identified by Dr. Sells and SFI.

PLL services are provided by Leon Bryson (Master's degree in Business Administration), Brittney McVey (Masters degree in Social Work Degree), and Brittney Gunn (Master's degree in Education). These staff receive salaries commiserate with their experience and certified PLL therapist status and are eligible for incentive-based salary increases dependent on the outcomes of their work with families (e.g. consumer engagement and completion rates, etc, which is determined by Prairie Center's CEO, the Clinical Director and Coordinator.

Fulltime Case Manager, Garren Holt(Bachelors' Degree),coordinates protective factors for the families, including linkages for job placements, advocacy with the courts or schools, social skills development, and/or substance abuse treatment. Co-facilitation of PLL groups will also be provided by the PLL-trained case manager. Ongoing staff training and supervision will be provided by PLL Clinical Supervisors from the SFI. The Case Manager will be eligible for incentive-based salary increases dependent on the outcomes of the work with families (e.g. consumer engagement and completion

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rates, etc., which is determined by Prairie Center's CEO, Clinical Director and the Clinical coordinator.

Comments

The Parenting with Love and Limits (PLL) Extended Care program provides juvenile justice diversion services for young people, age 10 to 17, with serious emotional disturbance and multiple system involvement in keeping with Priority #2 of the allocation criteria. Those eligible for the extended care program have had greater involvement with the criminal justice system as well as other emotional/behavioral issues, than those served by the Rosecrance PLL-Front End program. PLL Extended Care youth score moderate to high on the Youth Assessment and Screening Instrument (YASI) and are likely to have spent time in the Juvenile Detention Center. Initial engagement involves a motivational interview/intake. Youth and parents/caregivers participate in a series of eight weekly group sessions and family coaching sessions. Following the families graduation from the program, after care support is available as a "tune up."

All staff have completed training on the evidence based curriculum by Savannah Family Institute and receive regular supervision to assure fidelity to the model. Groups are held at the Juvenile Detention Center and at the Prairie Center office. Staff may visit youth's homes as part of the motivational interview/intake process and for family coaching sessions.

Access to Services for Rural Residents

For full description, see submitted Program Plan Part I Form.

Target Population

For full description, see submitted Program Plan Part I Form.

Residency

Total Served 60 in FY2016
Champaign Set 33 (55.0%) for FY16
Urbana Set 14 (23.3%) for FY16
Rantoul -single 5 (8.3%) for FY16
Mahomet - single 1 (1.7%) for FY16
Other Champaign County 7 (11.7%) for 2016

Demographics

Total Served 60 in FY2016
Age
Ages 7-12 ----- 4 (6.7%)
Ages 13-18 ----- 56 (93.3%)
Race
White ----- 24 (40.0%)
Black / AA ----- 32 (53.3%)
Other (incl. Native American and Bi-racial) - 2 (3.3%)
Not Available Qty ----- 2 (3.3%)
Gender
Male ----- 35 (58.3%)
Female ----- 25 (41.7%)
Ethnicity
Of Hispanic / Latino origin ----- 2 (3.3%)
Not of Hispanic/Latino Origin ----- 58 (96.7%)

Program Performance Measures

ACCESS

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For full description, see submitted Program Plan Part I Form.

Comments

Savannah Family Institute developed the Parenting with Love and Limits model. To use the model, CCMHB contracts with Savannah Family Institute (SFI) on behalf of the two local PLL providers. The contract licenses use of the model, with SFI providing supervision of the therapists to ensure fidelity to the model, provides support and technical assistance including quarterly reviews and annual performance assessments and evaluation.

Narrative on consumer access provided in the application addressed efforts to engage youth and families and collaboration with other partners and stakeholders on referrals.

CONSUMER OUTCOMES

For full description, see submitted Program Plan Part I Form.

Comments

See comment above regarding role of Savannah Family Institute. The Institute defines measures and establishes benchmarks for access and engagement. Pre and post tests (Child Behavioral Checklist and the FACES IV) are used to measure change in youth and family functioning. Savannah Family Institute has also studied recidivism for this program in the past demonstrating impact of the program.

UTILIZATION

Treatment Plan Clients (TPCs) 66, defined as Number of youth and families that start a PLL group or coaching session.
Non-Treatment Plan Clients (NTPCs) 66, not defined. May represent number of youth referred the therapists unable to contact or do not engage following intake. Clarification on what this number represents is needed.

Service Contacts (SCs) 130, defined as Number of eligible youth referred to the PLL program that therapists were able to contact. Many referrals are unable to be contacted, or if contacted do not complete a motivational interview/intake, or present for group. Savannah Family Institute sets a benchmark of 70% of families completing the motivational interview/intake will present for PLL groups.

Community Service Events (CSEs) 20, not defined. Clarification on what this number represents is needed.

Comments

The maximum number of youth that can be served by the program is 100 according to Savannah Family Institute standards associated with therapist clinical minimums and maximums. The clinical minimum is 24 for PLL Therapists and 18 for lead PLL Therapists for a combined total of 66 that represents the target set for TPCs. Staff turnover within a given year can result in lower actual number served in relation to the target, as has been the case the last several years.

Program has exceeded benchmarks for graduation rates for families that engage in the program.

FY18 Annual targets (per Utilization Form)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---------------|-----|------|-----|-----|-------|
| Annual Target | 66 | 66 | 130 | 20 | 0 |

FY17 First two quarters (per submitted Quarterly Reports)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---------------|-----|------|-----|-----|-------|
| Q1+Q2 | 26 | 0 | 71 | 0 | |
| Annual Target | 66 | 0 | 160 | 10 | 0 |

FY16 all four quarters (per submitted Quarterly Reports)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|-----------------|-----|------|-----|-----|-------|
| Year End Report | 60 | 0 | 101 | 0 | |
| Annual Target | 66 | 0 | 160 | 10 | 0 |

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Comments

FY16 PLL Year End Report from Savannah Family Institute finds 60 TPCs (youth and their families) engaged in PLL with 47 graduating and 13 dropping out of the program for a graduation rate of 78%. Savannah Family Institute sets a graduation rate of 70%. Fifty five new families engaged in the program during the year. FY17 data is from SFI quarterly review report. 26 TPCs (youth and their families) engaged in PLL with 14 graduating, 4 dropping out and the rest are engaged in services.

Financial Analysis

For more detail, see submitted Revenue, Expense, Personnel, and Budget Narrative Forms.

PY18 CCMHB Funding Request \$301,300

PY18 Total Program Budget \$301,300

Current Year Funding (PY17) \$300,660

Proposed Change in CCMHB Funding - PY17 to PY18 0.2 percent

Program Staff - CCMHB Funds:

Indirect = 0.68 FTEs Direct = 4.15 FTEs, Total CCMHB = 4.83 FTEs

Total Program Staff:

Indirect = 0.68 FTEs Direct = 4.15 FTEs, Total Program = 4.83 FTEs

Budget Analysis: (staff comments) Direct program staff includes the lead PLL Therapist who in addition to providing direct service supervises the team that includes two fulltime (2 FTE) PLL Therapists and 1 fulltime (1 FTE) PLL case Manager. A percentage (15%) of the Clinical Director time is also allocated the program. Indirect staff include agency administration and other general support staff.

Funding from the CCMHB represents 100% of the total program budget. $\$301,300 / \$301,300 = 100.0$ percent

Budget Analysis: (staff comments) The CCMHB is the sole source of revenue for the program and pays all program expenses.

Personnel related costs are the primary expense charged to CCMHB, at $\$255,215 / \$301,300 = 84.7$ percent

In addition to personnel related expenses, accounting for 84% of CCMHB funding, the budget narrative explains how the remaining 16% of CCMHB funds are used to support the program. The consumables expense line is the next largest expense after personnel related costs. Consumables include required materials used by youth and families and for food for the evening sessions and other special events. Other program specific expenses are for staff travel. Funds are allocated for equipment but not detailed. Occupancy and general operating expenses are cost allocated to the program based on space and other fixed costs.

Audit Findings: Audit in Compliance.

CCMHB FY18 Decision Priorities and Decision Support Criteria

Priority #1 Collaboration with the Champaign County Developmental Disabilities Board No

Priority #2 System of Care for Youth & Families Yes. Parenting with Love and Limits meets criteria identified for this priority. Targets multi-system involved youth having contact with the juvenile justice system.

Priority #3 Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface No

Priority #4 Innovative practices to support access to core services No

Overarching Decision Support Criteria

Underserved Populations/ Cultural Competence Plan Yes. Serves youth involved with the juvenile justice system and have other risk factors. CLC Plan review prefaces agency program summaries.

Anti-Stigma Efforts No. Not a focus of the program.

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Countywide Access Eligibility requires criminal justice system involvement. Primary locations for group sessions are the juvenile detention center and Prairie Center office. Primary referral source is Champaign County Juvenile Probation staff. Some contact with youth and family may occur in the home in an effort to complete motivational interview/intake and for family coaching sessions.

Budget-Program Connectedness Yes. The CCMHB is the sole source of revenue. Staffing pattern and other program activities align with budget.

Realignment of FY17 Contracts to Priorities No. Funding requested is essentially the same as FY17. FY18 funding is \$640 more than FY17. Program has in recent years returned funds as excess revenue resulting from staff vacancies.

Technical Criteria

Approach/Methods/Innovation Yes. PLL is an evidence based model. Pre and post-test measures are used to track and report change in the family. Under the license agreement, Savannah Family Institute performs regular staff supervision to ensure fidelity to the model.

Staff Credentials Yes. All staff have been trained in the PLL model.

Resource Leveraging No. The CCMHB is and has been the sole funder for the program since its inception.

Process Considerations & Caveats

Some clarification is needed on utilization definitions.

Contracting Considerations If this application is approved for funding, the applicants may be required to submit the following for staff review and approval prior to execution of the final FY18 contract: *revised Part I Form*.

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 FY2018

Agency: Prairie Center Health Systems, Inc.

Program: Prevention Program

PY18 CCMHB Funding Request \$65,750

PY18 Total Program Budget \$236,010

Current Year Funding (PY17) \$58,247

Proposed Change in CCMHB Funding - PY17 to PY18 12.9 percent

Focus of Application Substance Use Disorders

Type of Contract Grant

Priority Other/Renewal

Services/People Served

Service Description/Type

1) Youth/Staff: Curricula are designed to meet age appropriateness, education level, group skills, and sensitivity to ethnicity and requested topics of information. Curricula currently being implemented are Too Good for Drugs (TGFD) and Too Good for Violence (TGFV) curriculums to encompass ATOD and life skills education and violence/bullying prevention. Both curriculums have received national evidence-based results through the Substance Abuse and Mental Health Services Association and U.S. Department of Human Services. Each program is grade specific and utilizes highly interactive teaching methods which engage students through role-play, cooperative learning games, small group activities, and class discussion which encourages students to bond with pro-social peers. "TGFD" and "TGFV" also impact students through family components used in each grade level, utilizing "home workouts" and "home pages". The Too Good for Drugs/ Violence curriculums both meet requirements established by the Illinois State Standards required for Health Education. All Prevention Specialists have been trained on both curriculums. A Communication Campaign was launched in FY14 and will continue through FY17 at Urbana Middle School to increase perception of risk/harm and reduce of marijuana use. Prevention staff will evaluate the data of the 2016 Illinois Youth survey to determine if any changes to the campaign need to be addressed.

2) Parents: The "Home Workouts" reinforce the skills taught in TGFD/TGFV and provide information about harm/risk of drug use, tips for parents and information about prevention. Parents exposed to this intervention will be more likely to reinforce prevention skills and norms of non-use, more likely to support and participate in school-related activities and more likely to communicate a clear non-use message regarding drug-use.

3) Community: Prevention staff serves on various committees throughout the Champaign County. Staff have collaborated with Champaign Police Department as well as University of Illinois with Unofficial St. Patrick's Day monitoring/enforcement. Prevention staff serve on the Champaign Co. Tobacco Prevention Coalition, hosted by the Champaign-Urbana Public Health Dept. and is available to assist with tobacco compliance checks. Prevention staff serve as an active member on the Walk as One Community Coalition and have collaborated with United Way of Champaign to assist in meeting the IPLAN goals and objectives for Champaign County. The prevention department will continue to facilitate the Champaign Urbana Youth Committee coalition, Too Smart Too Start: C-U Youth Coalition. The C-U Youth Coalition primary focus is to reduce substance use among youth and increase perception of harm of using/misusing alcohol and other drugs. The target audience of the coalition include youth, parents, and the community as a whole.

Comments

Program is an established contract with a long history of support from the CCMHB. It does not align with any of the four priority areas. It is a prevention based education program using evidenced based Too Good for Drugs and Too Good for Violence curricula proven effective with diverse populations and age groups. Program targets youth in 4th through 8th grades, parents, and community at large. Youth services are school based and run for set

number of weeks each quarter depending on the curricula being used. Staff is trained in the curricula. Schools include all middle schools in Champaign and Urbana, Mahomet High School and Ludlow middle school students. Program is marketed to other rural schools and has a new school interested in the program for next year. Program staff collaborate with other community coalitions as well as implements targeted education campaign called "Too Smart Too Start" to students.

Access to Services for Rural Residents

For full description, see submitted Program Plan Part I Form.

Target Population

For full description, see submitted Program Plan Part I Form.

Residency

| | | |
|-------------------------------|---------------------------------|----------------------|
| Total Served | 1301 in FY2016 (last full year) | 680 in FY2017 |
| Champaign Set | 551 (42.4%) for FY16 | 336 (49.4%) for FY17 |
| Urbana Set | 577 (44.4%) for FY16 | 261 (38.4%) for FY17 |
| Rantoul -single | 4 (.3%) for FY16 | 0 (.0%) for FY17 |
| Mahomet - single | 60 (4.6%) for FY16 | 30 (4.4%) for FY17 |
| Other Champaign County | 109 (8.4%) for FY16 | 53 (7.8%) for FY17 |

Demographics

Total Served 3560 in FY2016

Age

| | |
|------------------|---------------|
| Ages 0-6 ----- | 175 (4.9%) |
| Ages 7-12 ----- | 1,517 (42.6%) |
| Ages 13-18 ----- | 1,798 (50.5%) |
| Ages 19-59 ----- | 70 (2.0%) |

Race

| | |
|---|---------------|
| White ----- | 1,555 (43.7%) |
| Black / AA ----- | 1,359 (38.2%) |
| Asian / PI ----- | 219 (6.2%) |
| Other (incl. Native American and Bi-racial) - | 427 (12.0%) |

Gender

| | |
|--------------|---------------|
| Male ----- | 1,748 (49.1%) |
| Female ----- | 1,812 (50.9%) |

Ethnicity

| | |
|-------------------------------------|---------------|
| Of Hispanic / Latino origin ----- | 324 (9.1%) |
| Not of Hispanic/Latino Origin ----- | 3,236 (90.9%) |

Program Performance Measures

ACCESS

For full description, see submitted Program Plan Part I Form.

Comments The access measure section is used to describe the demonstrated effectiveness of the curricula with diverse populations. Length of engagement is tied to time required to present the respective curriculum in the classroom. That program is currently presenting to Urbana afterschool programs is also noted in the section.

CONSUMER OUTCOMES

For full description, see submitted Program Plan Part I Form.

Comments Clear measures for learning material are identified. Program uses pre- and post-test knowledge based tools for the curricula in each classroom. Results are provided for each of the middle schools showing increased

knowledge albeit to differing degrees. Indicators of long-term impact are described elsewhere in the application. Where the program has had a presence over several years, staff has reported improved retention rates for each subsequent grade through increased pre-test scores at next grade level.

UTILIZATION

Community Service Events (CSEs) 900, defined as Number of classroom presentations of the Too Good for Drugs or Too Good for Violence curricula.

Comments Utilization narrative highlights increase in youth exposed to the Too Good for Drugs curriculum through the prevention program in 2016. Program expects to add a rural school in FY18.

FY18 Annual target (per Utilization Form)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---------------|-----|------|----|-----|-------|
| Annual Target | 0 | 0 | 0 | 900 | 0 |

FY17 First two quarters (per submitted Quarterly Reports)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---------------------|-----|------|----|-----|-------|
| First Quarter FY17 | 0 | 0 | 0 | 260 | 0 |
| Second Quarter FY17 | 0 | 0 | 0 | 420 | 0 |
| Annual Target | 0 | 0 | 0 | 900 | 0 |
| % completion | | | | | 76% |

FY16 all four quarters (per submitted Quarterly Reports)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---------------------|-----|------|----|-----|-------|
| First Quarter FY16 | 0 | 0 | 0 | 203 | 0 |
| Second Quarter FY16 | 0 | 0 | 0 | 380 | 0 |
| Third Quarter FY16 | 0 | 0 | 0 | 413 | 0 |
| Fourth Quarter FY16 | 0 | 0 | 0 | 305 | 0 |
| Annual Target | 0 | 0 | 0 | 900 | 0 |
| % completion | | | | | 145% |

Comments Program reports location of presentations on the quarterly zip code report and demographics of students on the quarterly demographic report.

Financial Analysis

For more detail, see submitted Revenue, Expense, Personnel, and Budget Narrative Forms.

PY18 CCMHB Funding Request \$65,750

PY18 Total Program Budget \$236,010

Current Year Funding (PY17) \$58,247

Proposed Change in CCMHB Funding - PY17 to PY18 12.9 percent

Program Staff - CCMHB Funds:

Indirect = 0.09 FTEs Direct = 1.06 FTEs, Total CCMHB = 1.15 FTEs

Total Program Staff:

Indirect = 0.33 FTEs Direct = 4 FTEs, Total Program = 4.33 FTEs

Budget Analysis: (staff comments) Program has four fulltime staff of which three have a portion of their time, a little more than one third of each position, funded by the CCMHB. Indirect staff represent agency administration and general staff support charged off to the program.

Funding from the CCMHB represents 27.9% of the total program budget. $\$65,750 / \$236,010 = 27.9$ percent

United Way 4.4 percent; Contributions – various 0.6 percent; State 60.6 percent

Budget Analysis: (staff comments) A state contract is the single largest source of support for the program (61%). A small Ford County 708 Board contract accounts for 6.5% of program revenue.

Requested increase of 13% in funding is to replace reduced state funding to Urbana School District from a 21st Century grant supporting after school programming that funds in part the involvement of the prevention program. The reduced funding is a planned reduction under terms of the contract with the state. The prevention program would use the increased funding to continue life skills programming to students in a district afterschool program. Based on information provided in the Access Measures section, the program is providing this service with 21st Century funds for FY17 and presumably would discontinue doing so without the increased funding from CCMHB or the Urbana School District would have to allocate funds for this purpose.

Personnel related costs are the primary expense charged to CCMHB, at \$51,770 / \$65,750 = 78.7 percent
In addition to personnel related expenses, accounting for 79% of CCMHB funding, the budget narrative explains how the remaining 21% is used to support the program. Most of these expenses are tied to occupancy and general operating expenses cost allocated to the program. Other expenses including conference/staff development line for staff training, consumables such as materials used as part of classroom presentations, or local transportation expenses for staff travel to schools, are specific to the program.

Audit Findings: Audit in Compliance.

CCMHB FY18 Decision Priorities and Decision Support Criteria

Priority #1 Collaboration with the Champaign County Developmental Disabilities Board No

Priority #2 System of Care for Youth & Families No. *Not directly connected to system of care. Classroom based education.*

Priority #3 Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface No

Priority #4 Innovative practices to support access to core services No

Overarching Decision Support Criteria

Underserved Populations/ Cultural Competence Plan *CLC Plan review prefaces agency program summaries.*

Anti-Stigma Efforts Yes. *Program includes prevention education activities in the community.*

Countywide Access Yes. *Program held in various school districts around the county. Program does promote program to rural districts and expects to expand to another rural district in FY18. Services occur primarily in Champaign and Urbana middle schools.*

Budget-Program Connectedness Yes. *Of total program funding, 28% is requested from CCMHB. Program services align with budget. Relationship of CCMHB funds to staffing pattern and associated costs is explained.*

Realignment of FY17 Contracts to Priorities Yes. *Program is an established contract with a long history of support from the CCMHB. Application seeks a 13% increase over FY17 award to offset loss of 21st Century grant funding used by Urbana School District to fund Prairie Center Prevention program activities in afterschool programs.*

Technical Criteria

Approach/Methods/Innovation Yes. *Evidence based curricula used in classrooms. Pre and post-tests used to measure change in students understanding of risk from using alcohol, tobacco, and other drugs.*

Staff Credentials Yes. *Staff are trained in curricula.*

Resource Leveraging No. *Primary source of funding is a state contract. The CCMHB funds equate to the addition of one fulltime staff member in the program.*

Process Considerations & Caveats

Contracting Considerations If this application is approved for funding, the applicants may be required to submit the following for staff review and approval prior to execution of the final FY18 contract: *n/a*

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 FY2018

Agency: Prairie Center Health Systems, Inc.

Program: Specialty Courts

PY18 CCMHB Funding Request \$203,000

PY18 Total Program Budget \$457,000

Current Year Funding (PY17) \$199,050

Proposed Change in CCMHB Funding - PY17 to PY18 2.0 percent

Focus of Application Substance Use Disorders

Type of Contract Grant

Priority #3 – Behavioral Health Supports for Adults with Justice System Involvement

Services/People Served

Service Description/Type

For over 17 years, PCHS has provided services for Champaign County Drug Court. PCHS staff provides consumer-driven, strength-based, trauma-informed services with sensitivity to culture, race, ethnicity, age, gender, sexual orientation, and disability. Substance use disorder treatment services include an evidence-based assessment, modules from evidence-based approaches of the Matrix Model, Seeking Safety, and Hazelden Co-Occurring Disorders Program, Cognitive Behavioral Therapy, gender-specific group therapy, and intensive case management.

The PCHS Drug Court staff works in collaboration with other County Drug Court Team members including the Champaign County Court, State's Attorney, Public Defender, Probation, Rosecrance, Cognition Works, Family Services, and SAFE House. Due to the severity of consumer needs, frequent history of multiple treatment episodes, and extensive legal involvement, Drug Court consumers' length of stay in treatment is substantially longer than non-Drug Court consumers. This, coupled with random alcohol/drug testing, random home visits by law enforcement, incentives, sanctions, and involvement in 12-Step and/or other recovery support groups, results in higher successful completion rates.

The level of services provided to the participants of the Drug Court program requires more intensive coordination and collaboration by the Drug Court clinicians and case manager than is typical for other clients. The highly collaborative approach used creates a successful Drug Court system that relies heavily on PCHS time spent outside of billable hours providing treatment services. Without the funding for such activities, PCHS staff could not participate in the full scope of the Drug Court program, negatively affecting clients.

PCHS Drug Court counseling and case management services are provided by Masters or Bachelor level, licensed and/or certified Addictions Counselors or Case Managers. Clinical supervision is provided by an experienced, licensed Clinical Coordinator. PCHS maintains a strong commitment to providing ongoing internal and external training to ensure clinicians' knowledge and skills are current within the field.

PCHS continues to take part in a project involving medication-assisted treatment with Vivitrol for County Drug Court clients with opioid use disorder. This project, in response to growing number of clients struggling with addictions to heroin and other opioids, is a collaborative with the County Court, Correctional Center, Carle Foundation Hospital, and the pharmaceutical companies. PCHS's Medical Director and nursing (RN, LPN) staff are integral to provision of Vivitrol services.

Additionally, as part of Certification now required by the Administrative Office of Illinois Courts, Judge Ford has requested increased client monitoring through drug screens on weekends, provided by a technician at Prairie Center.

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Comments

Proposal aligns with Priority #3. The CCMHB has a long history of funding this program. Target population, adults with history of non-violent felony offenses and in many cases past attempts at treatment, and the continuum of services available, use of evidence based treatment, intensive case management and service coordination, and collaboration with other drug court team members are described in detail. Clients have access to Prairie Centers' residential treatment and outpatient/intensive outpatient treatment services. PCHS holds two groups one day a week in Rantoul. A high percentage of clients are said to be without insurance coverage.

CCMHB funds activities associated with case management and service coordination, involvement in drug team meetings, court proceedings, and reports that are not billable to other payers. Staff qualifications are noted.

Several years ago, Drug Court added a medically assisted treatment component for opioid addicted drug court clients using the drug Vivitrol that PCHS staff assists in managing.

The State of Illinois has initiated a certification requirement for drug courts operating in the state. Champaign County has submitted its application to the Administrative Office of the Courts.

Access to Services for Rural Residents

For full description, see submitted Program Plan Part I Form.

Target Population

For full description, see submitted Program Plan Part I Form.

Residency

| | | |
|-------------------------------|-------------------------------|---|
| Total Served | 99 in FY2016 (last full year) | 68 in FY2017 – 1 st 2 quarters |
| Champaign Set | 43 (43.4%) for FY16 | 32 (47.1%) for FY17 |
| Urbana Set | 27 (27.3%) for FY16 | 19 (27.9%) for FY17 |
| Rantoul -single | 17 (17.2%) for FY16 | 7 (10.3%) for FY17 |
| Mahomet - single | 5 (5.1%) for FY16 | 2 (2.9%) for FY17 |
| Other Champaign County | 7 (7.1%) for FY16 | 8 (11.8%) for FY17 |

Demographics

| | |
|---|--------------|
| Total Served | 99 in FY2016 |
| Age | |
| Ages 19-59 ----- | 98 (99.0%) |
| Ages 60-75+ ----- | 1 (1.0%) |
| Race | |
| White ----- | 46 (46.5%) |
| Black / AA ----- | 48 (48.5%) |
| Other (incl. Native American and Bi-racial) - | 5 (5.1%) |
| Gender | |
| Male ----- | 60 (60.6%) |
| Female ----- | 39 (39.4%) |
| Ethnicity | |
| Of Hispanic / Latino origin ----- | 8 (8.1%) |
| Not of Hispanic/Latino Origin ----- | 91 (91.9%) |

Program Performance Measures

ACCESS

For full description, see submitted Program Plan Part I Form.

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Comments

Timeframe from sentencing to drug court to assessment and from assessment to engagement are noted and accompanied by results in relation to performance benchmark.

Access to Prairie Centers' residential services and intensive outpatient and outpatient treatment attempts to accommodate client schedules with Drug Court clients receiving priority placement. Beside morning and evening hours for groups, sessions are also available one a week in Rantoul. If a client requires a stay in residential treatment greater than 30 days, the case manager working with the clinician, will assist the client with placement in a long-term facility.

CONSUMER OUTCOMES:

For full description, see submitted Program Plan Part I Form.

Comments

Clear outcome measures are identified and results presented. Two of the four measures will be discontinued as they are a requirement to graduate from Drug Court. The remaining measures are associated with graduation and recidivism rates. Prairie Center also uses a consumer satisfaction survey to assess services provided by the agency as a whole. Four specific measures are identified. The results are compared to regional and national averages with Prairie Center outperforming the regional and national averages.

UTILIZATION

Treatment Plan Clients (TPCs) 90, defined as Number of Drug Court clients with a strengths-based, individualized Treatment Plan. Number of Drug Court graduates will be noted in comment section of the quarterly reports following the graduation ceremony.

Non-Treatment Plan Clients (NTPCs) 0

Service Contacts (SCs) 1,700, defined as Number of weekly Drug Court reports completed and submitted to Champaign County Drug Court.

Community Service Events (CSEs) 5, defined as Number of times media reports on Drug Court (3), typically associated with graduation or other significant program accomplishment, and number of drug court graduation events (2).

Other 23,500, defined as Number of hours of service provided to drug court clients.

FY18 Annual targets (per Utilization Form)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---------------|-----|------|------|-----|-------|
| Annual Target | 90 | 0 | 1700 | 5 | 23500 |

FY17 First two quarters (per submitted Quarterly Reports)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---------------------|-----|------|--------|-----|---------|
| First Quarter FY17 | 61 | 0 | 1591.5 | 0 | 5732.5 |
| Second Quarter FY17 | 7 | 0 | 1411 | 3 | 5767.25 |
| Annual Target | 95 | 0 | 4500 | 6 | 25094 |
| % completion | 72% | | 67% | 50% | 46% |

FY16 all four quarters (per submitted Quarterly Reports)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---------------------|------|------|------|-----|---------|
| First Quarter FY16 | 75 | 0 | 1075 | 0 | 4577 |
| Second Quarter FY16 | 6 | 0 | 1552 | 2 | 8152.25 |
| Third Quarter FY16 | 5 | 0 | 693 | 1 | 7076.75 |
| Fourth Quarter FY16 | 13 | 0 | 1059 | 2 | 2936.33 |
| Annual Target | 90 | 0 | 3800 | 6 | 12735 |
| % completion | 110% | | 115% | 83% | 179% |

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Financial Analysis

For more detail, see submitted Revenue, Expense, Personnel, and Budget Narrative Forms.

PY18 CCMHB Funding Request \$203,000

PY18 Total Program Budget \$457,000

Current Year Funding (PY17) \$199,050

Proposed Change in CCMHB Funding - PY17 to PY18 2.0 percent

Program Staff - CCMHB Funds:

Indirect = 0.98 FTEs Direct = 3 FTEs, Total CCMHB = 3.98 FTEs

Total Program Staff:

Indirect = 3.02 FTEs Direct = 6.13 FTEs, Total Program = 9.15 FTEs

Budget Analysis: (staff comments) *The primary direct service personnel are two drug court counselors and a case manager (one of the counselor positions is incorrectly listed as indirect staff). Other positions with time allocated to the program include another addictions counselor facilitating groups, clinical coordinators, nursing staff (Vivitrol) and other program support staff.*

Funding from the CCMHB represents 44.4% of the total program budget. $\$203,000 / \$457,000 = 44.4$ percent
State 55 percent (multiple sources)

Budget Analysis: (staff comments) *The percentage of state funds identified as 55% of the total program budget includes funds from a DASA contract where a portion is allocated to the program but also includes services billed to Medicaid and Managed Care Organizations (MCO) plans. At 44% the CCMHB is the single largest source of support for the program. Program requests a 2% increase for FY18.*

Personnel related costs are the primary expense charged to CCMHB, at $\$166,615 / \$203,000 = 82.1$ percent

In addition to personnel related expenses, accounting for 82% of CCMHB funding, the budget narrative explains how the remaining 18% is used to support the program. Most of these expenses are tied to occupancy and general operating expenses cost allocated to the program. Other expenses including conference/staff development line for staff to attend the annual state specialty court conference, or local transportation expenses to assist clients attend court or treatment are directly related to the program.

Audit Findings: Audit in Compliance.

CCMHB FY18 Decision Priorities and Decision Support Criteria

Priority #1 Collaboration with the Champaign County Developmental Disabilities Board No

Priority #2 System of Care for Youth & Families No

Priority #3 Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface Yes. *Program aligns with priority. Specialty Court program serves participants of Champaign County Problem Solving Courts (Drug Court). This is a well established program.*

Priority #4 Innovative practices to support access to core services No

Overarching Decision Support Criteria

Underserved Populations/ Cultural Competence Plan Yes. *Program serves adults with history of non-violent felony convictions that have now been sentenced to Drug Court. CLC Plan review prefaces agency program summaries.*

Anti-Stigma Efforts No. *Not a focus of application.*

Countywide Access No. *Services may be accessed at PCHS offices or one day a week in Rantoul. Participants must be present one day per week at Drug Court.*

Budget-Program Connectedness Yes. *Of total program funding, 44% is requested from CCMHB. Program aligns with budget. Relationship of funding streams to services and use of CCMHB funds to support non-billable activity is explained.*

Realignment of FY17 Contracts to Priorities:

Yes *Program is an existing contract serving criminal justice involved population. Program requests 2% increase over amount awarded for FY17.*

Technical Criteria

Approach/Methods/Innovation Yes. Program is well established. Uses evidence based practices, has strong collaboration component, and the Champaign County Court has applied to the state Administrative Office of the Courts to certify the Champaign County Drug Court meets state standards.

Staff Credentials Yes. Required credentials identified for program and agency.

Resource Leveraging Yes. CCMHB funds supports service not billable to other payers, primarily intensive case management and service coordination, time spent at Drug Court team meetings and court proceedings as well as court mandated reports on participants progress in treatment. It is unlikely the drug court program could function without this investment.

Process Considerations & Caveats

Contracting Considerations If this application is approved for funding, the applicants may be required to submit the following for staff review and approval prior to execution of the final FY18 contract: n/a

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 FY2018

Agency: Prairie Center Health Systems, Inc.

Program: Youth Services

PY18 CCMHB Funding Request \$108,150

PY18 Total Program Budget \$140,650

Current Year Funding (PY17) \$108,150

Proposed Change in CCMHB Funding - PY17 to PY18 0.0 percent

Focus of Application Substance Use Disorders

Type of Contract Grant

Priority #2: System of Care for Youth & Families

Services/People Served

Service Description/Type

Upon referral, Youth are screened using the CRAFFT and, if indicated, complete a Biopsychosocial Youth Assessment using ASAM (American Society of Addiction Medicine) and the DSM 5 (Diagnostic and Statistical Manual of Mental Disorders) criteria. Youth Counselors provide individual and group sessions, utilizing trauma-focused cognitive behavioral therapy and motivational interviewing, including the Motivational Enhancement Therapy and Cognitive Behavioral Therapy for Adolescent Cannabis Users: 5 Sessions (MET/CBT5) and The Motivational Enhancement Therapy and Cognitive Behavioral Therapy Supplement: 7 Sessions of Cognitive Behavioral Therapy (MET/CBT7) for Adolescent Cannabis Users. MET/CBT5 + CBT7 is appropriate for use as either an outpatient treatment (American Society of Addiction Medicine [ASAM] Level 1) or an early intervention (ASAM Level 0.5). An individualized treatment plan with their treatment goals is developed with youth diagnosed with a substance use disorder. The World Health Organization and American Psychiatric Association approved DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measure— Child Age 11–17 is utilized at case opening and closing to monitor progress in treatment.

This population faces a multitude of barriers to engaging in and successfully completing treatment. The case manager provides case management services, including transportation and referrals to ancillary services. Prairie Center's participation in FY14 in a research study conducted by Dr. Douglas Smith (School of Social Work, University of Illinois at Urbana-Champaign) showed a significant difference in youth engagement between our agency and a second participating agency which was explained by the lack of outreach and case management resources available at Prairie Center (Normative Feedback and Adolescents. Smith et al, In Press.) There is currently not other funding available for the intensive level of case management services needed by this population.

In addition to case management services, staff uses incentives to increase motivation for youth to engage in treatment. Using motivational incentives as a clinical tool leads to higher rates of retention in substance abuse treatment as well as abstinence from drug abuse. (Promoting Awareness of Motivational Incentives. Blending Initiative, National Institute on Drug Abuse and Substance Abuse and Mental Health Services Administration, 2011.)

Counseling services are provided by a Masters level clinical and case management services are provided by a Bachelors level case manager. Clinical supervision is provided by an experienced, licensed Clinical Coordinator. PCHS continues to provide ongoing training to ensure clinicians' knowledge and skills are current and effective.

Comments

Proposal considered to align with Priority #2: System of Care for Youth and Families. Program serves youth ages 12 to 18 diagnosed with a substance use disorder. Involvement with the criminal justice system is common and may also include the child welfare system. Barriers to engaging in services that youth face are noted. Program also seeks to educate family members and other adults involved in the youths lives. Various referral sources are identified. Schools are a primary source of referrals. Program has a regular presence at READY School, juvenile detention center, and Youth Assessment Center. Program cites evidence based approaches used

as well as screening and assessment tools. End result is target population and evidence based treatment and case management support is well defined.

Access to Services for Rural Residents

For full description, see submitted Program Plan Part I Form.

Target Population

For full description, see submitted Program Plan Part I Form.

Residency

| | | |
|-------------------------------|-------------------------------|---------------------|
| Total Served | 74 in FY2016 (last full year) | 59 in FY2017 |
| Champaign Set | 31 (41.9%) for FY16 | 28 (47.5%) for FY17 |
| Urbana Set | 19 (25.7%) for FY16 | 27 (45.8%) for FY17 |
| Rantoul -single | 5 (6.8%) for FY16 | 1 (1.7%) for FY17 |
| Mahomet - single | 6 (8.1%) for FY16 | 1 (1.7%) for FY17 |
| Other Champaign County | 13 (17.6%) for FY16 | 2 (3.4%) for FY17 |

Demographics

| | |
|---|--------------|
| Total Served | 74 in FY2016 |
| Age | |
| Ages 13-18 ----- | 74 (100.0%) |
| Race | |
| White ----- | 28 (37.8%) |
| Black / AA ----- | 32 (43.2%) |
| Asian / PI ----- | 2 (2.7%) |
| Other (incl. Native American and Bi-racial) - | 12 (16.2%) |
| Gender | |
| Male ----- | 50 (67.6%) |
| Female ----- | 24 (32.4%) |
| Ethnicity | |
| Of Hispanic / Latino origin ----- | 4 (5.4%) |
| Not of Hispanic/Latino Origin ----- | 70 (94.6%) |

Program Performance Measures

ACCESS

For full description, see submitted Program Plan Part I Form.

Comments

The access section includes defined timeframes from referral to assessment and from assessment to start of treatment. Results are reported in relation to the established timeframes. Section also references barriers associated with youth engaging in treatment. Complicating access and treatment has been turnover in staff. Services are offered at schools as well as PCHS office. Staff may also visit clients home in an effort to build relationship with the client and family as part of the effort to engage the youth in services. Information provided is a fair representation of access measures and results as well as factors impacting access to services.

CONSUMER OUTCOMES

For full description, see submitted Program Plan Part I Form.

Comments

Symptom improvement is measured across 12 domains. Use of pre and post test results measure change using a tool with proven reliability. Use of the tool is new for FY17. A target of youth showing improvement in 50% of the

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domains is established for FY18.

An agency wide client satisfaction survey is also used to measure consumer outcomes. Four specific measures are identified. The results are compared to regional and national averages with Prairie Center outperforming the regional and national averages.

UTILIZATION

Treatment Plan Clients (TPCs) 90, defined as Number of clients who engage in treatment following assessment.

Non-Treatment Plan Clients (NTPCs) 60, defined as Number of clients who are not recommended for treatment or who do not engage in recommended treatment following the assessment.

Service Contacts (SCs) 100, defined as Number of clients screened for the program. Target appears low considering TPCs plus NTPCs totals 150.

Community Service Events (CSEs) 30, defined as Rather than a specific number of events, this target represents hours spent doing presentations and other public events. Would be helpful if number of events was included in the comment section of the quarterly report.

Other 1,100, defined as Number of client hours of service, including screenings, assessments, individual and group counseling, and case management.

Comments

Utilization narrative and other sections of application address some performance issues. Staff turnover has impacted program ability to deliver services. Barriers youth face in accessing and engaging in services are another factor.

FY18 Annual targets (per Utilization Form)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---------------|-----|------|-----|-----|-------|
| Annual Target | 90 | 60 | 100 | 30 | 1100 |

FY17 First two quarters (per submitted Quarterly Reports)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---------------------|-----|------|-----|------|--------|
| First Quarter FY17 | 31 | 30 | 17 | 4 | 159.5 |
| Second Quarter FY17 | 28 | 14 | 42 | 10.5 | 302.25 |
| Annual Target | 90 | 50 | 100 | 30 | 1100 |
| % completion | 68% | 88% | 59% | 48% | 42% |

FY16 all four quarters (per submitted Quarterly Reports)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---------------------|-----|------|------|------|-------|
| First Quarter FY16 | 37 | 16 | 27 | 7 | 377 |
| Second Quarter FY16 | 17 | 16 | 33 | 13.5 | 252 |
| Third Quarter FY16 | 10 | 11 | 21 | 18 | 341 |
| Fourth Quarter FY16 | 10 | 24 | 34 | 13 | 416.5 |
| Annual Target | 85 | 50 | 95 | 12 | 1000 |
| % completion | 87% | 134% | 121% | 429% | 139% |

Financial Analysis

For more detail, see submitted Revenue, Expense, Personnel, and Budget Narrative Forms.

PY18 CCMHB Funding Request \$108,150

PY18 Total Program Budget \$140,650

Current Year Funding (PY17) \$108,150

Proposed Change in CCMHB Funding - PY17 to PY18 0.0 percent

Program Staff - CCMHB Funds:

Indirect = 0.15 FTEs Direct = 1.85 FTEs, Total CCMHB = 2 FTEs

Total Program Staff:

164

Indirect = 0.23 FTEs Direct = 2.38 FTEs, Total Program = 2.61 FTEs

Budget Analysis: (staff comments) Staffing pattern includes the youth addictions counselor and case manager positions. The CCMHB is the primary source of support for the two positions. In addition, a portion of the Clinical Directors and Clinical Coordinators time allocated to the program is supported by the CCMHB.

Funding from the CCMHB represents 76.9% of the total program budget. \$108,150 / \$140,650 = 76.9 percent
State 16 percent

Budget Analysis: (staff comments) The percentage of state funds is 16% of the total program budget. This includes funds from a DASA contract where a portion is allocated to the program but also includes services billed to Medicaid and Managed Care Organization (MCO) plans. The CCMHB is the single largest source of support at 77% of program revenue. The balance of program revenue comes from federal funds passed through the state (Title XX). Program is currently a fee for service contract but FY18 application requests it be moved to a grant. Program is currently under-billed as a fee for service contract due in part to staff turnover.

Personnel related costs are the primary expense charged to CCMHB, at \$87,843 / \$108,150 = 81.2 percent

In addition to personnel related expenses, accounting for 81% of CCMHB funding, the budget narrative explains how the remaining 19% is used to support the program. Most of these expenses are tied to occupancy and general operating expenses cost allocated to the program. Other expenses including conference/staff development line for staff training necessary to maintain credentials, consumables including incentives for youth, or local transportation expenses for staff travel to schools, are specific to the program.

Audit Findings: Audit in Compliance.

CCMHB FY18 Decision Priorities and Decision Support Criteria

Priority #1 Collaboration with the Champaign County Developmental Disabilities Board No

Priority #2 System of Care for Youth & Families Yes. Program serves youth 12 to 17 with multi-system involvement, primarily with the juvenile justice system. Program has presence at READY school that also indicates working with youth experiencing trouble within traditional schools. Wide range of referral sources from criminal justice, child welfare, and education are referenced. This proposal is the only youth-serving program solely focused on substance use treatment.

Priority #3 Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice

Interface No

Priority #4 Innovative practices to support access to core services No

Overarching Decision Support Criteria

Underserved Populations/ Cultural Competence Plan Yes. Serves youth with substance use disorders who have also had interactions with the juvenile justice, child welfare systems, or have other risk factors. CLC Plan review prefaces agency program summaries.

Anti-Stigma Efforts No. Not a focus of the application.

Countywide Access Yes. Home visits may occur as part of initial engagement. Program assists with transportation. A fair percentage of youth are reported as being served from rural Champaign County in FY16. This may represent services provided at READY School, Youth Assessment Center or PCHS office. No rural high schools are identified as being served.

Budget-Program Connectedness Yes. Of total program funding, 77% is requested from CCMHB. Program aligns with budget. Relationship of CCMHB funds to support staffing pattern and associated costs is explained.

Realignment of FY17 Contracts to Priorities No. Same amount of funding is requested for FY18 as awarded in FY17. Program applies as grant for FY18. Current contract is fee for service and program is under billed.

Technical Criteria

Approach/Methods/Innovation Yes. Uses evidence based practices and screening and assessment tools.

Staff Credentials Yes. Clearly described in services section of application with additional detail related to credentials and duties included in budget narrative.

Resource Leveraging No. *The CCMHB is the primary source of support for the program. Other sources may be billed as appropriate to service and eligibility.*

Process Considerations & Caveats

Contracting Considerations If this application is approved for funding, the applicants may be required to submit the following for staff review and approval prior to execution of the final FY18 contract: *n/a*

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

**2018 Summary Analysis of Applicant's Cultural and Linguistic Competence Activities
CCMHB
Promise Healthcare**

CCMHB reviews all CLCP plans submitted with FY2018 applications for funding, with particular attention actions steps associated to benchmarks for each of the following action areas:

1. Annual Cultural Competence Training
2. Recruitment of Diverse backgrounds and skills for Board of Director and Workforce:
3. Cultural Competence Organizational or Individual Assessment/Evaluation:
4. Implementation of Cultural Competence Values in Policy and Procedure:
5. Outreach and Engagement of Underrepresented and Marginalized Communities and target population defined in the criteria
6. Inter-Agency Collaboration
7. Language and Communication Assistance

Annual Cultural Competence Training

- *Board Members and Staff will have CLC Training Annually that will be reflected in the minutes.*

Recruitment of a diverse Board of Directors and Workforce

- *Evaluate the recruitment of agency staff and foster families will be completed in a manner that allows a variety of persons to apply (job fairs, radio stations, billboards, TV-with the signage itself promoting diversity)*
- *Develop a Youth Advisory Board*

Cultural Competence Organizational Assessment/Evaluation

- *CLAS Plan monitored and reviewed annually*
- *Annual Cultural Competence Self-Assessment will be administered to staff.*

Policies and procedures which reflect Cultural Competence values

- *Establish a plan to support or incentives for supervisors and workers to prevent burnout and compassion fatigue.*
- *Review CLC plan Bi-annually with feedback from management staff and patients.*
- *Maintain a CLC Committee as a subcommittee of the Quality Improvement/Quality Assurance Committee.*
-

Evidence of outreach and engagement with underrepresented populations defined in application criteria

- *Identify natural and informal supports for the individual and their family.*
- *Plan and implement outreach or engagement to promote behavioral health/disparity awareness.*

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DRAFT
2018 Summary Analysis of Applicant's Cultural and Linguistic Competence Activities
CCMHB
Promise Healthcare

Inter-Agency Collaboration

- *Provide services in community based settings based and medically underserved communities and develop formal Memorandum of Understanding agreements.*

Language and Communication Assistance

- *Interpretation services policy included in the annual review.*

Overall CLC Plan Comments

The CLC Plan developed by Promise Healthcare was comprehensive. The plan outlined detailed Action steps and noted the updates and changes that were made from the previous program year.

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Draft CCMHB Program Summary FY2018

Agency: Promise Healthcare

Program: Mental Health Services with Promise

PY18 CCMHB Funding Request \$222,000

PY18 Total Program Budget \$1,723,698

Current Year Funding (PY17) \$222,000

Proposed Change in CCMHB Funding - PY17 to PY18 0 percent

Focus of Application Mental Health

Type of Contract Grant

Priority Other/Renewal

Services/People Served

Service Description/Type

Counseling Services

Mental health services to both adults and children will be provided by James Hamilton, LCPC (1.0 FTE) and by Shae Ellington, LCSW (1.0 FTE) to established medical patients who are referred by one of the health center's primary care medical providers. Our counseling program can accept a limited number of new patients directly to counseling. A mental health assessment is initiated within three weeks. Critical or crisis situations are immediately addressed regardless of how the patient contacted the health center. Based upon the findings, follow up appointments or counseling sessions are scheduled and, if the patient continues, a treatment plan is developed with the client generally at the second visit. Some case management services are provided where clients are linked with one of many community based programs.

Psychiatry

Dr. Archana Chopra (.50FTE), a psychiatrist, provides services for patients with acute or chronic/serious mental illness who are often in need of medication management. All patients are internal referrals. Dr. Chopra leads monthly Lunch and Learn meetings with our primary care providers and nurses. These are opportunities to share cases and discuss medications, trends with our patients, community issues, and more. In addition, she meets with PCPs individually for case consultation.

Dr. Hayng-Sung Yang (1 FTE) and Dr. Feiteng Su (.50 FTE) are psychiatrists who work with patients supported by Promise Healthcare primary care providers, counselors, or Rosecrance counselors and case managers for behavioral health medication management.

Nursing Support for Mental Health

Janet LaValle, RN (1 FTE about half-time to program), Daneen Orwick, RN (1 FTE to program), and Lois Schopp, LPN (1 FTE, .40 FTE to program) support our patients who are prescribed psychiatric medications including anti-depressants for depression, mood stabilizers for bi-polar disorder, stimulants for ADHD and attention issues, and anti-anxiety for anxiety, panic and PTSD, and administer injection clinics. Our mental health nurses also provide extended triage coverage for patients under the care of our psychiatrists and/or the care of our primary care providers prescribing psych meds.

Program Support

Mental Health Services with Promise Healthcare are supported by our Medication Assistance Program, Women's Health Coordinator, benefit enrollment staff, Prenatal Coordinator, and Interpreters. These are all enabling services critical to the execution of the program and not included in our Wellness and Justice proposal.

Comments

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Application is a renewal of an existing contract and not associated with any of the four priorities. Unique aspect of the program is integration of mental health services and medical care. Promise Healthcare - Frances Nelson is the federally qualified health center serving Champaign County. Program provides mental health counseling and psychiatric services at Frances Nelson including consultation and support to medical providers. Program also supports psychiatric services delivered at Rosecrance Walnut Street location. Additional patient support services are provided through nursing staff and other agency resources. Collaboration between providers internal to Frances Nelson and with Rosecrance mental health services enables coordination of services and expands access. Frances Nelson based services are provided to patients of the health center or to Rosecrance clients seen at Walnut Street. Qualifications and credentials for primary staff are clearly described.

Access to Services for Rural Residents

For full description, see submitted Program Plan Part I Form.

Target Population

For full description, see submitted Program Plan Part I Form.

Residency

| | | |
|-------------------------------|---------------------------------|---|
| Total Served | 1553 in FY2016 (last full year) | 1585 in FY2017 – 1 st 2 quarters |
| Champaign Set | 736 (47.4%) for FY16 | 759 (47.9%) for FY17 |
| Urbana Set | 423 (27.2%) for FY16 | 441 (27.8%) for FY17 |
| Rantoul -single | 164 (10.6%) for FY16 | 158 (10.0%) for FY17 |
| Mahomet - single | 62 (4.0%) for FY16 | 64 (4.0%) for FY17 |
| Other Champaign County | 168 (10.8%) for FY16 | 163 (10.3%) for FY17 |

Demographics

Total Served 1553 in FY2016

Age

| | |
|-------------------|---------------|
| Ages 0-6 ----- | 13 (.8%) |
| Ages 7-12 ----- | 27 (1.7%) |
| Ages 13-18 ----- | 37 (2.4%) |
| Ages 19-59 ----- | 1,252 (80.6%) |
| Ages 60-75+ ----- | 224 (14.4%) |

Race

| | |
|---|---------------|
| White ----- | 1,002 (64.5%) |
| Black / AA ----- | 453 (29.2%) |
| Asian / PI ----- | 19 (1.2%) |
| Other (incl. Native American and Bi-racial) - | 56 (3.6%) |
| Not Available Qty ----- | 23 (1.5%) |

Gender

| | |
|-------------------------|-------------|
| Male ----- | 622 (40.1%) |
| Female ----- | 928 (59.8%) |
| Not Available Qty ----- | 3 (.2%) |

Ethnicity

| | |
|-------------------------------------|---------------|
| Of Hispanic / Latino origin ----- | 92 (5.9%) |
| Not of Hispanic/Latino Origin ----- | 1,432 (92.2%) |
| Not Available Qty ----- | 29 (1.9%) |

Program Performance Measures

ACCESS

For full description, see submitted Program Plan Part I Form.

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Comments

Timeframe for completing assessments and associated benchmark are identified. Results from prior year are presented in relation to benchmark. Program slightly underperformed on counseling and exceeded target for psychiatry. Measures used are an example of how an agency is to identify and report an access measure.

CONSUMER OUTCOMES

For full description, see submitted Program Plan Part I Form.

Comments

Clear measures and results are reported. That the GAF score is initially completed and then rescored after a set interval and accompanied by change in score is noted. It would be helpful to know how many of the counseling patients completed the GAF at six months or case closure.

UTILIZATION

Treatment Plan Clients (TPCs) 420/1600, defined as - Counseling: 420 TPCs = Number of patients engaged in services in FY17 that continue to be served in FY18 and new patients to counseling.

Psychiatry: 1600 TPCs = Number of patients engaged in services in FY17 that continue to be served in FY18 and new patients to psychiatry.

Non-Treatment Plan Clients (NTPCs) 0/850, defined as - Psychiatry: Number of patients who receive their behavioral health medications from their Promise Healthcare primary care provider due to the support provided by Dr. Chopra.

Counseling: Number of counseling patients patient does not complete assessment or choses to not engage in therapy with one of our therapists. No target is associated with Counseling NTPCs.

Service Contacts (SCs) 2,200/7,500, defined as Number of service encounters by therapists and medication management encounters by psychiatrists. Each encounter or attended appointment will be tracked and reported as an SC. Target for encounters related to counseling by therapists is 2,200. Target for medication related encounters is 7,500.

Community Service Events (CSEs) 0/10, defined as Number of community events including health fairs therapists attend to promote the mental health program or educate community raise mental health awareness outside the health center. No target is provided for therapists participating in such events/activities. For psychiatry, CSE represents the monthly noon meetings Dr. Chopra will have with other Frances Nelson providers and nurses. Target is 10.

Other 100/0, defined as Number of case management and consultation related activities performed by therapists. For psychiatrists, this would number consultations with medical providers related to treating patients with mental health issues, however no target is provided for this activity.

Comments

Two Part II utilization data forms are submitted. One quantifies projected number to be served through counseling and the other quantifies number to be served through psychiatry. Respective targets by category are identified above and in utilization narrative.

FY18 Annual targets (per Utilization Form)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|--------------------------|------|------|------|-----|-------|
| Counseling Annual Target | 420 | 0 | 2200 | 0 | 100 |
| Psychiatry Annual Target | 1600 | 850 | 7500 | 10 | 0 |

FY17 First two quarters (per submitted Quarterly Reports)

| Quarter | TPC | NTPC | SC | CSE | OTHER | case mgt |
|---------------------|-----|------|------|-----|-------|----------|
| First Quarter FY17 | 192 | 10 | 557 | 0 | 19 | |
| Second Quarter FY17 | 86 | 20 | 553 | 0 | 15 | |
| Annual Target | 385 | 0 | 1900 | 2 | 100 | |
| % completion | 72% | n/a | 58% | 0% | 34% | |

FY16 all four quarters (per submitted Quarterly Reports)

| Quarter | TPC | NTPC | SC | CSE | OTHER | case mgt |
|--------------------|-----|------|-----|-----|-------|----------|
| First Quarter FY16 | 123 | 16 | 390 | 0 | 11 | |

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| | | | | | |
|---------------------|------|-----|------|----|-----|
| Second Quarter FY16 | 58 | 14 | 449 | 1 | 18 |
| Third Quarter FY16 | 68 | 13 | 324 | 0 | 21 |
| Fourth Quarter FY16 | 93 | 10 | 520 | 0 | 0 |
| Annual Target | 320 | | 1500 | 2 | 400 |
| % completion | 107% | n/a | 112% | 0% | 12% |

Comments

Data presented in tables for FY16 and FY17 is specific to counseling services. Psychiatric services has targets established and submits separate report. Combining the data provided was problematic due to differences in definitions of service categories, e.g. NTPCs. Residency and demographic data is for both populations.

Financial Analysis

For more detail, see submitted Revenue, Expense, Personnel, and Budget Narrative Forms.

PY18 CCMHB Funding Request \$222,000
PY18 Total Program Budget \$1,723,698
Current Year Funding (PY17) \$222,000
Proposed Change in CCMHB Funding - PY17 to PY18 0 percent

Program Staff - CCMHB Funds: (FTE)

Indirect = 0 FTEs Direct = 1.57 FTEs, Total CCMHB = 1.57 FTEs

Total Program Staff: (FTE)

Indirect = 1.3 FTEs Direct = 11.1 FTEs, Total Program = 12.4 FTEs

Budget Analysis: (staff comments) CCMHB funds at various levels of support wide range of positions involved in delivery of mental health and psychiatric services.

Funding from the CCMHB represents 12.9% of the total program budget. $\$222,000 / \$1,723,698 = 12.9$ percent
 United Way% \$5,000 = 0.3 percent; Contributions - various \$90,000 = 5.2 percent

Budget Analysis: (staff comments) As federally qualified health center, funding supporting the program is primarily the result of federal grants and fee for service contracts, e.g. Medicaid. The budget narrative describes sources of funds in detail. No state funds support the program. CCMHB funding represents 13% of program revenue and is third largest source of funding. The second largest source of support is tied to a medication assistance program. CCMHB funds support services provided to the underinsured/uninsured patients served by the program, estimated at 9% of all patients served.

Personnel related costs are the primary expense charged to CCMHB, at \$222,000 / \$222,000 = 100.0 percent
All of CCMHB funds are allocated to personnel related expenses. Other program revenue supports additional personnel costs plus all other program related expenses.

Audit Findings: Audit NOT in Compliance

Comment Elements of audit did not comply with CCMHB/CCDDB requirements. Provider has been informed of deficiencies and will correct omissions going forward. Supplemental report required under a special provision of the contract has been submitted after the fact. Agency fiscal year is the calendar posing some issues for meeting audit requirements.

CCMHB FY18 Decision Priorities and Decision Support Criteria

Priority #1 Collaboration with the Champaign County Developmental Disabilities Board No

Priority #2 System of Care for Youth & Families No

Priority #3 Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface No. *Not directly related to justice system, but only application with psychiatric services.*

Priority #4 Innovative practices to support access to core services No

Overarching Decision Support Criteria

Underserved Populations/ Cultural Competence Plan Yes. *Promise Healthcare operates Frances Nelson, the federally qualified health center serving Champaign County. A high percentage of patients served by Frances Nelson live below the poverty level. Many are on Medicaid. About 22% are uninsured or underinsured and about 9% of those receiving mental health services fall into one of these categories. CLC Plan review prefaces agency program summaries.*

Anti-Stigma Efforts No. *Not a focus of the application.*

Countywide Access *Services are office based and located in Champaign. Note 24% of patients in program come from outside Champaign and Urbana.*

Budget-Program Connectedness Yes. *Of total program funding, 13% is from CCMHB. All CCMHB funds are allocated to personnel related expenses. Application is clear that funding requested is to cover services to underinsured/uninsured clients and/or not billable to another payer.*

Realignment of FY17 Contracts to Priorities No. *Application is a renewal of an existing contract and not associated with any of the four priorities. Requested funding is same level as awarded for FY17.*

Technical Criteria

Approach/Methods/Innovation Yes. *Program places strong emphasis on integrating mental health care with primary care. Unique aspect of the program is integration of mental health services and medical care. In addition to serving patients, therapists, psychiatrist and nursing staff at Frances Nelson consults and provide support to medical providers managing patients with mental illness. Support services includes assistance with enrolling in benefit plans (Medicaid/MCO plans) and insurance.*

Staff Credentials Yes. *Clearly stated in services section of application.*

Resource Leveraging No. *CCMHB funds fill gap in funding for services to under insured/uninsured patients at Frances Nelson. Federal grants and fee for service contracts are primary source of support.*

Process Considerations & Caveats

Contracting Considerations *If this application is approved for funding, the applicants may be required to submit the following for staff review and approval prior to execution of the final FY18 contract: n/a*

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 FY2018
Agency: Promise Healthcare
Program: Promise Healthcare Wellness and Justice

PY18 CCMHB Funding Request \$58,000

PY18 Total Program Budget \$94,724

Current Year Funding (PY17) \$58,000

Proposed Change in CCMHB Funding - PY17 to PY18 0.0 percent

Focus of Application Mental Health

Type of Contract Grant

Priority Priority #3 – Behavioral Health Supports for Adults with Justice System Involvement

Services/People Served

Service Description/Type

Patient Assistance and Case Management – The project coordinators will work with our medical and mental health providers and referring partners to identify patients who need assistance to remove barriers to being able to execute their treatment plan. Our coordinators will work with patients to help them with other challenges in order to move patients towards wellness including: help them be supported with a medical home, obtaining a state ID, utility assistance, legal assistance, dental care, food support, and more. Patients who are engaged over several contacts or assisted through several barriers are considered case management (TPC). Those assisted in one visit are counted as patient assistance (NTPC)

Promise Healthcare on Walnut Satellite – Wellness and Justice staff are charged with facilitating patient access to Promise Healthcare on Walnut including our primary care providers and psychiatrists.

Community Outreach – Wellness and Justice will be responsible for participating in community events. Events will include the Re-entry Resource Fair, Love Clinic at the Church of the Living God, Champaign Urbana Days at Douglas Park, the Disability Expo, Church Women United Back to School Event in Rantoul, St. Mary's Latino Fair, and more.

Service Collaboration – Wellness and Justice will work with several agencies in town to help provide resources to our patients.

Mona Fortner is Promise Healthcare's lead Wellness and Justice Coordinator. Mona has worked at Frances Nelson for over seven years and has extensive knowledge of services and support to help patients remove barriers from reaching optimum medical and mental health.

Norma Coleman provides Wellness and Justice backup including supporting our Promise Healthcare on Walnut satellite clinic.

Katy Black provides Wellness and Justice backup including supporting our Promise Healthcare on Walnut satellite clinic.

Octavia Tanner is our senior Outreach and Enrollment coordinator and leads the staff supporting enrollment in Medicaid and marketplace insurance.

Comments

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Proposal aligns with two of the four priority areas – Priority #3 and Priority #4. Program seeks to address non-clinical needs of patients that present as barriers to managing medical and mental health conditions. This can be help with access food pantries, applying for energy assistance, or establishing a medical home. Population served includes those adults who are patients of Frances Nelson and have involvement with the criminal justice system although this is only about 10% of those to be served by the program. Linkage and referral with other social service providers and for patients with more involved needs case management are the primary activities performed by staff. Assistance will enrolling in Medicaid, Managed Care Plans, and private insurance is also provided.

Support extends to the Promise Healthcare psychiatrists working at Rosecrance Walnut Street location. This is primarily related to managing appointments: verifying eligibility, pay source, primary care provider, prescriptions/medication records, and that all necessary paperwork is in order.

Access to Services for Rural Residents

For full description, see submitted Program Plan Part I Form.

Target Population

For full description, see submitted Program Plan Part I Form.

Residency

| | | |
|-------------------------------|---------------------------------|----------------------|
| Total Served | 1224 in FY2016 (last full year) | 261 in FY2017 |
| Champaign Set | 601 (49.1%) for FY16 | 151 (57.9%) for FY17 |
| Urbana Set | 318 (26.0%) for FY16 | 71 (27.2%) for FY17 |
| Rantoul -single | 121 (9.9%) for FY16 | 17 (6.5%) for FY17 |
| Mahomet - single | 43 (3.5%) for FY16 | 4 (1.5%) for FY17 |
| Other Champaign County | 141 (11.5%) for FY16 | 18 (6.9%) for FY17 |

Demographics

| | |
|---|----------------|
| Total Served | 1224 in FY2016 |
| Age | |
| Ages 0-6 ----- | 1 (.1%) |
| Ages 7-12 ----- | 14 (1.1%) |
| Ages 13-18 ----- | 9 (.7%) |
| Ages 19-59 ----- | 995 (81.3%) |
| Ages 60-75+ ----- | 205 (16.7%) |
| Race | |
| White ----- | 767 (62.7%) |
| Black / AA ----- | 371 (30.3%) |
| Asian / PI ----- | 19 (1.6%) |
| Other (incl. Native American and Bi-racial) - | 30 (2.5%) |
| Not Available Qty ----- | 37 (3.0%) |
| Gender | |
| Male ----- | 525 (42.9%) |
| Female ----- | 694 (56.7%) |
| Not Available Qty ----- | 5 (.4%) |
| Ethnicity | |
| Of Hispanic / Latino origin ----- | 20 (1.6%) |
| Not of Hispanic/Latino Origin ----- | 1,167 (95.3%) |
| Not Available Qty ----- | 37 (3.0%) |

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Program Performance Measures

ACCESS

For full description, see submitted Program Plan Part I Form.

Comments

Reference is made to managing referrals from providers and response to requests for assistance. Most requests are said to generate an immediate response to the exam room. Descriptions of various service categories is included here and how activity will be classified in regards to level of support required.

CONSUMER OUTCOMES

For full description, see submitted Program Plan Part I Form.

Comments

Measures described are associated with contacts with individuals to address barriers. A specific goal is to reduce number of patients without insurance/benefit plan coverage. Data on increase in coverage/reduction in uninsured is provided for FY16.

The Wellness and Justice program is one of four programs receiving targeted support from the U of I Building Evaluation Capacity initiative funded by the Board.

UTILIZATION

Treatment Plan Clients (TPCs) 65, defined as subset of NTPCs and represent patients with multiple barriers and needs requiring more support and case management. This may include some patients involved with the criminal justice system.

Non-Treatment Plan Clients (NTPCs) 460, defined as Number of unduplicated patients who receive support addressing a barrier or need. Typically the need will be addressed through one interaction with a wellness coordinator. More complicated cases will be reported as TPCs. Program projects about 10% of patients assisted (45) will be involved with the criminal justice system.

Service Contacts (SCs) 700, defined as Number of contacts with patients, assisting them to address barriers to service. Some patients may require multiple service contacts depending on the level of need/barriers.

Community Service Events (CSEs) 27, defined as Number of active collaborations with other agencies or organizations and public presentations/health fairs. Goal is 12 events and 15 collaborations.

Other 2,000, defined as Number of adults receiving assistance with enrolling in benefit/insurance plans. This number can include patients of Frances Nelson as well as other community based providers and health clinics.

FY18 Annual targets (per Utilization Form)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---------------|-----|------|-----|-----|-------|
| Annual Target | 65 | 460 | 700 | 27 | 2000 |

FY17 First two quarters (per submitted Quarterly Reports)

| Quarter | TPC | NTPC | SC | CSE | OTHER collaborations |
|---------------------|-----|------|-----|------|----------------------|
| First Quarter FY17 | 20 | 161 | 170 | 27 | 400 |
| Second Quarter FY17 | 17 | 100 | 113 | 6 | 490 |
| Annual Target | 100 | 300 | 600 | 27 | 2000 |
| % completion | 37% | 87% | 47% | 122% | 45% |

FY16 all four quarters (per submitted Quarterly Reports)

| Quarter | TPC | NTPC | SC | CSE | OTHER collaborations |
|---------------------|------|------|------|------|----------------------|
| First Quarter FY16 | 45 | 116 | 187 | 15 | 950 |
| Second Quarter FY16 | 19 | 74 | 141 | 7 | 500 |
| Third Quarter FY16 | 9 | 924 | 955 | 8 | 350 |
| Fourth Quarter FY16 | 3 | 34 | 56 | 6 | 475 |
| Annual Target | 60 | 600 | 27 | 1200 | |
| % collaboration | 127% | 223% | 133% | 190% | |

Financial Analysis

For more detail, see submitted Revenue, Expense, Personnel, and Budget Narrative Forms.

PY18 CCMHB Funding Request \$58,000

PY18 Total Program Budget \$94,724

Current Year Funding (PY17) \$58,000

Proposed Change in CCMHB Funding - PY17 to PY18 0.0 percent

Program Staff - CCMHB Funds: (FTE)

Indirect = 0 FTEs Direct = 1.6 FTEs, Total CCMHB = 1.6 FTEs

Total Program Staff: (FTE)

Indirect = 0.2 FTEs Direct = 1.7 FTEs, Total Program = 1.9 FTEs

***Budget Analysis: (staff comments)** Direct service positions assigned to the program and supported with CCMHB funds include the two half-time coordinators positions, quarter-time of the outreach and enrollment position and the medication assistance position, and 10% of a medical assistant position.*

Funding from the CCMHB represents 61.2% of the total program budget. $\$58,000 / \$94,724 = 61.2$ percent

Contributions - various $\$21,724 = 22.9$ percent

***Budget Analysis: (staff comments)** The CCMHB is the primary funder for the program. Other funding comes from contributions received by the agency and allocated to the program. A small amount of the federal grant supporting the general operation of Frances Nelson as a federally qualified health center is allocated to the program.*

Personnel related costs are the primary expense charged to CCMHB, at \$58,000 / \$58,000 = 100.0 percent.

All of CCMHB funds are allocated to personnel related expenses. Other program revenue supports additional personnel costs plus some professional fees/consultant expense line costs. No other expenses are identified for the program.

Audit Findings: Audit NOT in Compliance

***Comments** Elements of audit did not comply with CCMHB/CCDDB requirements. Provider has been informed of deficiencies and will correct omissions going forward. Supplemental report required under a special provision of the contract has been submitted after the fact. Agency fiscal year is the calendar posing some issues for meeting audit requirements.*

CCMHB FY18 Decision Priorities and Decision Support Criteria

Priority #1 Collaboration with the Champaign County Developmental Disabilities Board No

Priority #2 System of Care for Youth & Families No

Priority #3 Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice

Interface Yes. Criminal justice involved adults are part of the population to be served. Program provides prevention based supports for people with barriers, with an aim to reduce involvement in the justice system. Most patients assisted will not have criminal justice involvement.

Priority #4 Innovative practices to support access to core services Yes. Program provides supports to patients with non-clinical barriers to service including lack of insurance/benefits plan coverage. Linkage and referral with other social service providers and for patients with more involved needs case management are the primary activities performed by staff.

Overarching Decision Support Criteria

Underserved Populations/ Cultural Competence Plan Yes. Promise Healthcare operates Frances Nelson, the federally qualified health center serving Champaign County. A high percentage of patients served by Frances Nelson live below the poverty level. Many are on Medicaid or under insured/uninsured. CLC Plan review prefaces agency program summaries.

Anti-Stigma Efforts No. Not a focus of the application. Staff does participate in public education events and health fairs.

Countywide Access Services are office based. Of those served, 16% of patients come from rural areas.

Budget-Program Connectedness Yes. *The CCMHB is the primary source of funding, providing 61% of program revenue. CCMHB funds support personnel related expenses. Program aligns with budget.*

Realignment of FY17 Contracts to Priorities No. *Application is a renewal of an existing contract. No increase in funding is requested for FY18.*

Technical Criteria

Approach/Methods/Innovation Yes. *Proposal describes range of support services and collaborative activities.*

Staff Credentials No. *For primary staff – Wellness Coordinator only. Not specified for others involved in delivering services.*

Resource Leveraging No. *The CCMHB is the primary funder. Services are not billable to other third party payers. Promise Healthcare allocates funds raised from contributions and small amount of funds from federal grant that supports general operation of Frances Nelson.*

Process Considerations & Caveats

Contracting Considerations If this application is approved for funding, the applicants may be required to submit the following for staff review and approval prior to execution of the final FY18 contract:

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
2018 Summary Analysis of Applicant's Cultural and Linguistic Competence
Activities
CCMHB
Rape Advocacy Counseling and Education Services (RACES)

CCMHB reviews all CLCP plans submitted with FY2018 applications for funding, with particular attention actions steps associated to benchmarks for each of the following action areas:

1. Annual Cultural Competence Training
2. Recruitment of Diverse backgrounds and skills for Board of Director and Workforce:
3. Cultural Competence Organizational or Individual Assessment/Evaluation:
4. Implementation of Cultural Competence Values in Policy and Procedure:
5. Outreach and Engagement of Underrepresented and Marginalized Communities and target population defined in the criteria
6. Inter-Agency Collaboration
7. Language and Communication Assistance

Annual Cultural Competence Training

Allocate adequate resources for annual Board training around the issues of cultural and linguistic competency. 3 hours will be allocated annually for Cultural Competence Training

Ensure employees and volunteers receive a minimum 4 hours training about privilege and oppression prior to service provision.

Recruitment of Diverse backgrounds and skills for Board of Director and Workforce:

- *To ensure that employees, Board members, and volunteers reflect the diversity of our clientele, positions will be actively recruited from minority populations and regularly assess racial and ethnic composition of agency.*
- *In accordance with the Illinois Coalition Against Sexual Assault, ensure the Board of Directors is comprised of more than 50% female members.*

Cultural Competence Organizational Assessment/Evaluation

Assess and modify the make-up of the physical space; composition and training of employees, Board Members, and volunteers; materials for distribution; and standards of service.

Implementation of Cultural Competence Values in Policy and Procedure:

DRAFT
2018 Summary Analysis of Applicant's Cultural and Linguistic Competence
Activities
CCMHB
Rape Advocacy Counseling and Education Services (RACES)

- *Give feedback on services received during engagement with agency and on employees delivering services*
- *All service plans to be created with and include goals set by the client, and their progress measured against these goals.*

Comments:

Evidence of outreach and engagement with underrepresented populations defined in application criteria

- *. We also have Thursday evening appointments available for those whose schedules are not flexible during the business day.*
- *. When group counseling services are offered, the group is traditionally offered in the late afternoon or evening, which accommodates most people's schedules.*

Inter-Agency Collaboration

Language and Communication Assistance

Ensure that materials distributed to clients and community members include people of diverse backgrounds, including pictures of diverse populations, large print, and languages other than English

Overall CLC Plan Comments

The CLCP Template followed the format outlined in the application. It is recommended that in places where there is "continuously" as a timeframe there should be more concrete information provided.

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Draft CCMHB Program Summary FY2018
Agency: Rape Advocacy, Counseling, & Education Services
Program: Counseling & Crisis Services

PY18 CCMHB Funding Request \$18,600

PY18 Total Program Budget \$285,309

Current Year Funding (PY17) \$7750 (5 month term; \$18,600 for 12 month term)

Proposed Change in CCMHB Funding - PY17 to PY18 0.0 percent

Focus of Application Mental Health

Type of Contract Grant

Priority #3 – Behavioral Health Supports for Adults with Justice System Involvement

Services/People Served

Service Description/Type

Services to be provided by funded staff would be counseling, crisis intervention, and emergency medical advocacy services. Counseling includes in-person and telephone counseling as well as individual and group services to survivors, and their non-offending significant others ages three and older. Crisis intervention services are primarily provided via our 24-hour, 365-day hotline, and all full-time staff--including the Executive Director--occasionally provide telephone or in-person crisis interventions. Additionally, as begun in FY 15, we will be reporting emergency medical advocacy services provided by funded staff to residents of Champaign County. Medical advocacy is part of the agency's established crisis response services in which staff members provide support, crisis counseling, and information and referrals to those seeking medical care and evidence collection at local emergency departments.

One of the agency's most important activities is helping to reduce the stigma our society holds for crime victims, especially victims/survivors of sexual assault and child sexual abuse. The violence leaves lasting psychic scars, some of which is created after the victimization when individuals or institutions communicate toxic messages such as "she asked for it" or "if only that kid had stood up for himself, that coach wouldn't have wanted to abuse him". Through community education and media events, we work toward a day when all believe as we do that no one deserves to be raped or abused, and that with the right help healing can begin.

Comments

Provider is essentially a single purpose agency that has faced considerable financial difficulties over the last eighteen months due to the state budget crisis. Provider is working to re-establish services to aid victims of sexual assault. Four service elements comprise the program and work of the agency: crisis hotline available 24/7, emergency medical advocacy services, counseling, and community education. The first two elements provide immediate response to victims. Counseling is provided to anyone age three or older. Many of those seeking counseling are adult survivors of childhood assault. Counseling may be provided at the RACES office or in the community at locations providing a safe private space to meet. Community education aims to reduce stigma associated with being a victim/survivor of sexual violence.

Access to Services for Rural Residents

For full description, see submitted Program Plan Part I Form.

Target Population

For full description, see submitted Program Plan Part I Form.

Residency

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Total Served 17 in FY2016
Champaign Set 10 (58.8%) for 2016
Urbana Set 4 (23.5%) for 2016
Rantoul -single 1 (5.9%) for 2016
Mahomet - single 1 (5.9%) for 2016
Other Champaign County 1 (5.9%) for 2016

Demographics

Total Served 17 in FY2016

Age

| | |
|-------------------|-----------|
| Ages 0-6 ----- | 1 (5.9%) |
| Ages 7-12 ----- | 2 (11.8%) |
| Ages 13-18 ----- | 4 (23.5%) |
| Ages 19-59 ----- | 9 (52.9%) |
| Ages 60-75+ ----- | 1 (5.9%) |

Race

| | |
|-------------------------|-----------|
| White ----- | 7 (41.2%) |
| Black / AA ----- | 4 (23.5%) |
| Not Available Qty ----- | 6 (35.3%) |

Gender

| | |
|--------------|-------------|
| Female ----- | 17 (100.0%) |
|--------------|-------------|

Ethnicity

| | |
|-------------------------------------|------------|
| Not of Hispanic/Latino Origin ----- | 11 (64.7%) |
| Not Available Qty ----- | 6 (35.3%) |

Program Performance Measures

ACCESS

For full description, see submitted Program Plan Part I Form.

Comments

Access section appears to be a continuation the description of services to be provided. Program does offer a crisis hotline that is accessible 24 hours a day, seven days a week. Hospital Emergency Departments request medical advocacy support through the hotline.

Response time for afterhours calls and to requests for medical advocacy might serve as a measure of access. Length of time from request for counseling to first appointment might also be a measure of access to services.

CONSUMER OUTCOMES

For full description, see submitted Program Plan Part I Form.

Comments

Program has in the past attempted to develop an evaluation tool but proved unreliable. As a result, the agency is still developing outcome measures.

UTILIZATION

Treatment Plan Clients (TPCs) 17, defined as Number of clients that have attended at least one in-person session (assessment), and have agreed to a treatment plan developed in consultation with the counseling clinician (completed 5 sessions). Twelve clients would be new in FY18 and 5 TPCs would be existing clients from FY17 that continue to engage in services in FY18.

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Non-Treatment Plan Clients (NTPCs) 8, defined as Number of clients that have attended at least one in-person session (assessment), but who concluded counseling before a treatment plan was developed in consultation with the counseling clinician (by the 5th session).

Service Contacts (SCs) 25, defined as Combined total of NTPCs and TPCs. *Based on the definition, this category does not provide any additional information related to services provided. Number of hotline calls or medical advocacy contacts fielded by funded staff might be a better use of the category.*

Community Service Events (CSEs) 12, defined as Number of presentations and or trainings provided by staff.

FY18 Annual targets (per Utilization Form)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---------------|-----|------|----|-----|-------|
| Annual Target | 17 | 8 | 25 | 12 | 0 |

FY17 First two quarters (per submitted Quarterly Reports)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|--|-----|------|----|-----|-------|
| (Program not run during the first two quarters of FY17.) | | | | | |
| Annual Target | 30 | 13 | 35 | 180 | 4 |

FY16 all four quarters (per submitted Quarterly Reports)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---------------------|-----|------|-----|-----|-------|
| First Quarter FY16 | 24 | 2 | 5 | 85 | 1 |
| Second Quarter FY16 | 1 | 3 | 11 | 78 | 0 |
| Third Quarter FY16 | 3 | 3 | 7 | 15 | 2 |
| Annual Target | 50 | 15 | 40 | 200 | 8 |
| % completion | 56% | 53% | 58% | 89% | 38% |

Comments

Agency laid off staff in the fourth quarter of FY16. No report for the fourth quarter was filed as a result. Targets for FY18 are specific to CCMHB funded staff activity.

Financial Analysis

For more detail, see submitted Revenue, Expense, Personnel, and Budget Narrative Forms.

PY18 CCMHB Funding Request \$18,600

PY18 Total Program Budget \$285,309

Current Year Funding (PY17) \$7750 (5 month term; \$18,600 for 12 month term)

Proposed Change in CCMHB Funding - PY17 to PY18 0.0 percent

Program Staff - CCMHB Funds: (FTE)

Indirect = 0.2 FTEs Direct = 0.2 FTEs, Total CCMHB = 0.4 FTEs

Total Program Staff: (FTE)

Indirect = 1 FTEs Direct = 3.2 FTEs, Total Program = 4.2 FTEs

***Budget Analysis: (staff comments)** Staffing supported by CCMHB is equally divided between support for the executive director (indirect staff) and the counselor (direct program staff). Agency as a whole employs are small number of staff.*

Funding from the CCMHB represents 6.5% of the total program budget. $\$18,600 / \$285,309 = 6.5$ percent; United Way 0.5 percent; Contributions – various 34.5 percent; State 56 percent

***Budget Analysis: (staff comments)** Current year funding is a pro-rated amount based on five month term for the contract. In January a new executive director was hired and the CCMHB contract was issued. Prior to that time, the agency had reduced staff and moved temporarily to volunteer supported service. A full time term contract equals the amount of the FY18 request of \$18,600.*

The agency is heavily reliant on federal funding coming through the state via the Illinois Coalition Against Sexual

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Assault. State general revenue funds are no longer considered a reliable source of support and not budgeted by the agency. Contributions are the next largest source of support. CCMHB funds is the third largest source of support accounting for less than 7% of the total program/agency budget.

Personnel related costs are the primary expense charged to CCMHB, at \$17,100 / \$18,600 = 91.9 percent
In addition to staff costs, an expense line for membership dues, at \$1500, is included for ICASA.

Audit Findings: Audit Requirement Waived

Comment Total CCMHB funding is less than \$20,000. Audit requirement is waived.

CCMHB FY18 Decision Priorities and Decision Support Criteria

Priority #1 Collaboration with the Champaign County Developmental Disabilities Board No

Priority #2 System of Care for Youth & Families No

Priority #3 Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface Yes. *Program aligns with Priority. Provider has faced considerable financial difficulties over the last eighteen months due to the state budget crisis. Provider is working to re-establish services to aid victims of sexual assault. This priority is more oriented to addressing the needs of offenders reentering the community and reducing potential for them to recidivate, however, the need to assist victims should not be overlooked.*

Priority #4 Innovative practices to support access to core services No

Overarching Decision Support Criteria

Underserved Populations/ Cultural Competence Plan Yes. *Agency serves victims/survivors of sexual assault. CLC Plan review prefaces agency program summary.*

Anti-Stigma Efforts Yes. *Community service events are targeted to schools and the public at large seek to educate the public about sexual assault and child sexual abuse.*

Countywide Access Yes. *24-hour rape crisis hotline for victims of sexual assault. Staff available to travel to rural areas.*

Budget-Program Connectedness Yes. *The CCMHB contributes less than 7% of total program/agency budget. Primary source is federal pass through funds and dedicated funds raised through a state imposed strip club tax. The agency has not included state general revenue funds in the budget. Program aligns with budget.*

Realignment of FY17 Contracts to Priorities No. *Program is an established contract with a long history of support from the CCMHB.*

Technical Criteria

Approach/Methods/Innovation Yes. *Meets standards set by ICASA.*

Staff Credentials Yes. *Education and staff training clearly detailed in budget narrative.*

Resource Leveraging No. *CCMHB funding is small percentage of total budget.*

Process Considerations & Caveats

Contracting Considerations If this application is approved for funding, the applicants may be required to submit the following for staff review and approval prior to execution of the final FY18 contract: *n/a*

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

**2018 Summary Analysis of Applicant's Cultural and Linguistic Competence Activities
CCDDDB**

Rosecrance

CCDDDB reviews all CLCP plans submitted with FY2018 applications for funding, with particular attention actions steps associated to benchmarks for each of the following action areas:

1. Annual Cultural Competence Training
2. Recruitment of Diverse backgrounds and skills for Board of Director and Workforce:
3. Cultural Competence Organizational or Individual Assessment/Evaluation: Yes
4. Implementation of Cultural Competence Values in Policy and Procedure: Yes
5. Outreach and Engagement of Underrepresented and Marginalized Communities and target population defined in the criteria
6. Inter-Agency Collaboration
7. Language and Communication Assistance

Annual Cultural Competence Training

- *The Community Board of Directors will be offered an opportunity to participate in at least one cultural competency event.*

Recruitment of a diverse Board of Directors and Workforce

- *When Community Board vacancies occur the Board will commit to recruiting a diverse membership.*
- *Ensure that individuals of diverse backgrounds are integrated into Board and Staff Positions as well as volunteer opportunities.*

Cultural Competence Organizational Assessment/Evaluation

- *All Staff will be provided the opportunity to complete the bi-annual agency CLC assessment*

Policies and procedures which reflect Cultural Competence values

- *The Community Board of Directors will review the Cultural Competency Plan.*
- *The RCU Leadership Team and QMC will annually review and update the Cultural Competency Plan with Community Board approval as needed*

Evidence of outreach and engagement with underrepresented populations defined in application criteria

- *Provide educational opportunities and presentations to various diverse groups throughout the year such as churches, civic groups, community groups and other organizations*

Inter-Agency Collaboration

- *The Agency will participate, as resources allow, in community events focused on reducing stigma and improving CLC competency including but not limited to MLK, CC Alliance for AIR, and the Community Coalition by providing sponsorship and staff support.*

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DRAFT
2018 Summary Analysis of Applicant's Cultural and Linguistic Competence Activities
CCDDB
Rosecrance

Language and Communication Assistance

- *Utilize the language line and/or in person interpreters to provide support and access to non-English and hearing impaired consumers.*

Overall CLC Plan Comments

Rosecrance was merged into a larger organization that serves a larger geographic area. The CLCP is based on Rosecrance of Champaign County. The CLCP appears to have all of the required benchmarks.

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Draft CCMHB Program Summary FY2018
Agency: Rosecrance Champaign/Urbana
Program: Anti-Stigma Education & Recovery Partners

PY18 CCMHB Funding Request \$62,351 – a NEW request

PY18 Total Program Budget \$62,351

Current Year Funding (PY17) N/A

Proposed Change in CCMHB Funding - PY17 to PY18 N/A

Focus of Application Mental Health

Type of Contract Grant

Priority #4 - Innovative Practices to Support Access to Core Services

Services/People Served

Service Description/Type

In order to increase the public's awareness and understanding of mental health and substance use illnesses such as depression, bipolar disorder, schizophrenia, and addiction and the impacts these disorders have on the people who live with them, as well as their families and communities, it is vital that mechanisms with the ability to reach vast audiences be utilized for messaging and education. As such, further development of the existing AIR website to feature people, publications, helpful materials, and links to various community supports and events, including information and events from the Community Coalition, is proposed. In addition, social media outlets, such as Facebook, Twitter, and Instagram would be utilized to instantly share messages and images to increase consciousness of these issues and promote dialogue about stigma, inclusion of people with a mental health illness or addiction(s), and the reality of hope and recovery.

This grant would provide support for .25 of a FT Coordinator. In addition, this grant would support the fees for services provided by a Website Designer/Developer for further development of the existing AIR website, and provision of routine maintenance of the page, periodically. Also included would be funding for printed materials such as fliers, brochures, newsletters, and educational materials. Lastly, to continue to encourage Mental Health First Aid (MHFA) in our community, this grant would support training a Trainer in MHFA for specialized populations, provide one training per quarter to a specific population, such as MHFA - Youth, MHFA - Adults, MHFA - First Responders, MHFA – College Students, and books/materials. RCU's Executive Director would supervise the Coordinator and oversee all activities of the Anti-Stigma Education & Recovery Partnership (ASERP).

The Coordinator would produce various materials for the website. Such materials would include a monthly newsletter that spotlights local people with personal stories of hope and recovery, and exemplifies different groups and community partners that offer help and support - such as NAMI, GROW, AA/NA and DBSA. In addition, the newsletter would post current publications and advertise local events, such as the National Depression Screening Day at Parkland College, the annual Disability Expo, and information and events from the Community Coalition through special features as well as a community calendar. In addition, the Coordinator would assist AIR partners with coordinating community events, such as the NAMI Art Fair and Ebertfest.

Comments

New program proposal that in target population section agency links to Priority #4 - Innovative Practices to Support Access to Core Services. Proposed services include web based initiative, MHFA training, and support for Ebertfest and NAMI Art Fair. (Is this the same as the Alliance Art Fair?) The web based platform would provide access to information for rural residents.

The CCMHB has provided funding to this provider for two MHFA trainers in the past. The CCMHB has also funded

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a law enforcement officer to be trained in MHFA-Law Enforcement who has been actively training officers. Other local organizations have also supported training for MHFA, particularly MHFA-Youth. There are currently many ways to get information including an existing website, NAMI newsletter, and Self-Help Center Newsletter.

Access to Services for Rural Residents

For full description, see submitted Program Plan Part I Form.

Target Population

For full description, see submitted Program Plan Part I Form.

Residency / Demographics

Data not available, is a new program request.

Program Performance Measures

ACCESS

For full description, see submitted Program Plan Part I Form.

Comment

Use of "hits" to a web site may be an unreliable measure. Is "quantifiable indications" a measure?

CONSUMER OUTCOMES

For full description, see submitted Program Plan Part I Form.

Comment

What is described here are activities to be completed not measures of those activities with the exception of item #3 solicit feedback on the newsletter and calendar.

UTILIZATION

Community Service Events (CSEs) 7, defined as Participation in three community education events and quarterly MHFA trainings.

Other 185, defined as Committee meetings, newsletters, website updates, and 52 postings to each social media platform.

Comments

The detail of what will be undertaken and reported under the "Other" service category totals 185 assuming the proposed 52 new messages are unique to each of the social media platforms. Type of services to be provided are not likely to generate residency or demographic data.

The CSEs, participation in the three community events referenced has occurred in the past without CCMHB support or been part of the Crisis Line Coordinator (or other crisis team member) community education activity supported by the Crisis contract. The MHFA activity may duplicate training opportunities provided by others in the community.

FY18 Annual targets (per Utilization Forms)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---------------|-----|------|----|-----|-------|
| Annual Target | 0 | 0 | 0 | 7 | 185 |

Financial Analysis

For more detail, see submitted Revenue, Expense, Personnel, and Budget Narrative Forms.

PY18 CCMHB Funding Request \$62,351 - a NEW request

PY18 Total Program Budget \$62,351

Current Year Funding (PY17) N/A

Proposed Change in CCMHB Funding - PY17 to PY18 N/A

Program Staff - CCMHB Funds: (FTE)

Indirect = 0.05 FTEs Direct = 0.25 FTEs, Total CCMHB = 0.3 FTEs

Total Program Staff: (FTE)

Indirect = 0.05 FTEs Direct = 0.25 FTEs, Total Program = 0.3 FTEs

Budget Analysis: (staff comments) Direct program staff position the CCMHB funds would support is 25% of the Criminal Justice Liaison position.

Funding from the CCMHB represents 100% of the total program budget. $\$62,351 / \$62,351 = 100.0$ percent

Budget Analysis: (staff comments) The CCMHB is the sole source of revenue for the program. No in-kind contributions are listed or support from other community stakeholders/partners.

Some expenses identified in the Budget Narrative can be adjusted. For example, the AIR website exists and has been made functional through CCMHB, supported by a low cost maintenance agreement.

Personnel related costs are NOT the primary expense charged to CCMHB, at $\$17,471 / \$62,351 = 28.0$ percent

Generally personnel is the single largest expense for a program. For this proposal it is the professional fees/consultants line accounting for 38% of the budget. Some of these costs include \$5,000 for the website, and \$12,880 for MHFA trainer fees. Another \$2,500 for MHFA training costs is included in the Conferences/Staff Development line. The \$15,000 for Ebertfest is found in Miscellaneous expense line and is 24% of the budget. Per the budget narrative, FY18 administrative expense is charged at a rate of 17%. For FY17 the rate was 11.8%. Management & General is listed as an expense in professional fees line at \$6,000.

Audit Findings: Audit in Compliance

Comment Audit was late and no extension was requested.

CCMHB FY18 Decision Priorities and Decision Support Criteria

Priority #1 Collaboration with the Champaign County Developmental Disabilities Board No

Priority #2 System of Care for Youth & Families No

Priority #3 Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface No

Priority #4 Innovative practices to support access to core services

Program is focused on anti-stigma. There are currently many ways to get information including an existing website, NAMI newsletter, Self-Help Center Newsletters.

Overarching Decision Support Criteria

Underserved Populations/ Cultural Competence Plan No. *CLC Plan review prefaces agency program summaries.*

Anti-Stigma Efforts Yes. *Intent is to increase public education through promotion of and participation in various community events and trainings, and publication of materials and social media presence.*

Countywide Access Yes. *Via web site and other social media platforms.*

Budget-Program Connectedness Yes. *Program services aligns with budget. The CCMHB is the sole source of revenue for the program. No in-kind contributions are listed or support from other community stakeholders/partners. Expenses typically dominated by personnel related costs are second to costs to be paid out of the professional fees line. Miscellaneous expense for Ebertfest event is almost as much as personnel cost.*

Per the budget narrative, FY18 administrative expense is charged at a rate of 17%. For FY17 the rate was 11.8%. Management & General is listed as an expense in professional fees line at \$6,000.

Realignment of FY17 Contracts to Priorities Yes. *As a new proposal, consideration to redirection of funds from other contracts or requiring support from community stakeholders/partners is likely necessary if proposal to be funded.*

Technical Criteria

Approach/Methods/Innovation *Increased use of social media is positive although aspects potentially duplicate existing efforts or seeks funding for activities that have been provided in the past without cost to the Board through a broader community based coalition.*

Staff Credentials *No. Staff member to provide services is the Criminal Justice Liaison. While this staff person does excellent work in the area of criminal justice-mental health, the application is silent on the individual's qualifications related to anti-stigma.*

Resource Leveraging *No. The CCMHB is the sole source of revenue for the program. No in-kind contributions are listed or support from other community stakeholders/partners.*

Process Considerations & Caveats

Contracting Considerations *If this application is approved for funding, the applicants may be required to submit the following for staff review and approval prior to execution of the final FY18 contract: revised program plan.*

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 FY2018
Agency: Rosecrance Champaign/Urbana
Program: Co Responder Team (CRT)

PY18 CCMHB Funding Request \$219,187 - a NEW request

PY18 Total Program Budget \$219,187

Current Year Funding (PY17) N/A

Proposed Change in CCMHB Funding - PY17 to PY18 N/A

Focus of Application Mental Health

Type of Contract Grant

Priority Priority #3 – Behavioral Health Supports for Adults with Justice System Involvement

Services/People Served

Service Description/Type

Co-Responder Team (CRT) models are available in a number of communities across the country. In our model, we propose to pilot a team of two full-time members, a plain clothed CIT officer and a master's-level clinician. This team, at times, will be augmented by supports available from peers/self-help/advocacy groups and benefits assistance provider(s), as appropriate to support individuals and their families.

The CRT pilot will operate Monday through Friday, 8 am to 4 pm. This timeframe was chosen after consultation with law enforcement, input from the Justice Mental Health and Collaboration Program (JMHCP) Committee, and review of the available data for CIT requests. It is understood that CIT calls do occur after hours and on weekends, and that if successful, this pilot will provide the data needed to write additional grants, such as the JMHCP Implementation grant, etc. and grow the number of teams needed to cover evenings and weekends.

The CRT will be supervised by the Executive Director, who is an LCSW, and led by an officer, Brian Tison, who has been identified for the pilot by consensus among law enforcement entities. Brian is a 21 year veteran police officer with the U of I Police Department, currently in the patrol division on first shift. He is team leader for SWAT's Crisis Negotiation Team, Vice-President for Illinois' Crisis Negotiators Association, and a member of the County's CIT steering committee. He teaches "Mental Health Intervention and De-escalation" and the police portion of the 40 hour CIT program. Brian is recognized by NAMI for his work with the mentally ill and was CIT Officer of the Year for the State of Illinois in 2006. The master's-level clinician will be supervised by Monica Cherry, the current Crisis and Crisis Respite Team Supervisor.

The team will use an unmarked vehicle, a police radio and computer equipment in order to respond quickly when a CIT request occurs. This is possible because of an interagency agreement allowing available CIT Officers, regardless of jurisdiction, to respond to a CIT call that is generated anywhere in the County. In addition to addressing new calls, the team will also review all CIT documents in the ARMS system to look for familiar names and addresses. When not addressing 911 calls and requests for response, the CRT will educate others, perform outreach and follow-up with those individuals and families that received service the previous week.

Comments

New program proposal aligns with Priority #3. The Master's level crisis clinician is a new position. Contrary to the crisis program where the team responds almost exclusively to the local hospitals emergency departments, this proposal would respond to location of the request for CIT assistance. Follow-up visits will also occur.

Also, do CCMHB contract provisions and by extension state laws present a problem for the law enforcement officer or the clinician, particularly regarding confidentiality rule? Does having a CIT officer who is completing the law

enforcement CIT form in response to contacts compromise the client confidentiality required of the crisis clinician, since the two are riding together? Clarification on these points are needed.

Access to Services for Rural Residents

For full description, see submitted Program Plan Part I Form.

Target Population

For full description, see submitted Program Plan Part I Form.

Residency / Demographics

Comment Data not available, as this is a new program request.

Program Performance Measures

ACCESS

For full description, see submitted Program Plan Part I Form.

Comments

Outcome measures associated with Co-Responder Team are identified. Tracking client engagement through the Avatar system is limited to those clients engaging with Rosecrance.

CONSUMER OUTCOMES

For full description, see submitted Program Plan Part I Form.

Comments

Overall goals are included, but not specific outcomes. Consumer outcome measures are identified as goals because projected targets and/or benchmark data is not available to compare against anticipated reductions in bookings at the jail or contacts at the emergency departments.

Clarification on the use of the client satisfaction survey would be helpful - other Rosecrance applications refer to use of a client satisfaction survey where results are not specific to the program but for the agency as a whole.

UTILIZATION

Non-Treatment Plan Clients (NTPCs) 520, defined as Number of ARMS CIT Forms completed by the CRT following a request for CIT response from METCAD or law enforcement personnel.

Service Contacts (SCs) 1,200, defined as Number of outreach or follow up contacts that are made by the CRT.

Community Service Events (CSEs) 250, defined as Number of educational presentations (including, but not limited to MHFA), community events or individual/group requests for information that the CRT completes or responds to.

Other 520, defined as Number of referrals to organizations or agencies NTPCs receive from the CRT.

Comments

On SCs - Explanation of what constitutes a "contact" would be helpful – is it an in person contact with an individual/client by both team members?

On CSEs - Measure is tied to number of events with a target of 250 which equates to one event per work day.

FY18 Annual target (per Utilization report)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---------------|-----|------|------|-----|-------|
| Annual Target | 0 | 520 | 1200 | 250 | 520 |

Comments No prior data. New proposal for FY18.

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Financial Analysis

For more detail, see submitted Revenue, Expense, Personnel, and Budget Narrative Forms.

PY18 CCMHB Funding Request \$219,187 – a NEW request

PY18 Total Program Budget \$219,187

Current Year Funding (PY17) N/A

Proposed Change in CCMHB Funding - PY17 to PY18 N/A

Program Staff - CCMHB Funds:

Indirect = 0.19 FTEs Direct = 1.2 FTEs, Total CCMHB = 1.39 FTEs

Total Program Staff:

Indirect = 0.19 FTEs Direct = 1.2 FTEs, Total Program = 1.39 FTEs

Budget Analysis: (staff comments) Direct staff includes a new fulltime crisis clinician position dedicated to this program. The Emergency Services Manager position has 20% of their time allocated to the program. No funds support staff to conduct analysis of the data generated by the program or comparison with the ARMS data discussed in the consumer outcomes section.

Funding from the CCMHB represents 100% of the total program budget. $\$219,187 / \$219,187 = 100.0$ percent

Budget Analysis: (staff comments) The CCMHB is the sole funder for the program. The majority of program expenses are tied to law enforcement involvement in the program. No financial contributions from other stakeholders/partners are included in the application.

Personnel related costs are the primary expense charged to CCMHB, at $\$91,027 / \$219,187 = 41.5$ percent

Cost for the law enforcement officer is included in the professional fees line in the amount of \$92,000 as is gas/vehicle insurance (\$2,500) and for lease/rental of police vehicle (\$16,500). As the sole source of support these expenses are charged to the CCMHB. The MHFA training cost (\$5,000) included in the staff development line is questioned.

Per the budget narrative, FY18 administrative expense is charged at a rate of 17%. For FY17 the rate was 11.8%. Proposal is more than triple the cost of comparable program serving similar numbers albeit a smaller service area (See CCRPC Justice System Diversion Services program summary).

Audit Findings: Audit in Compliance

Comment Audit was late and no extension was requested.

CCMHB FY18 Decision Priorities and Decision Support Criteria

Priority #1 Collaboration with the Champaign County Developmental Disabilities Board No

Priority #2 System of Care for Youth & Families No

Priority #3 Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice

Interface Yes. *This is a new proposal for FY18. Applies the Co-Responder Team model pairing an experienced CIT trained police officer with a mental health clinician to respond to weekday requests for CIT assistance. Responses would occur in the community. Primary outcomes identified are the reduction of adults with mental illness booked in to the jail or taken to hospital emergency departments.*

Is similar to CCRPC Justice System Diversion Services proposal, though county-wide.

Priority #4 Innovative practices to support access to core services No

Overarching Decision Support Criteria

Underserved Populations/ Cultural Competence Plan Yes. *New proposal seeks to meet needs of individuals in crisis or with frequent crisis contacts, through a community based response. CLC Plan review prefaces agency program summaries.*

Anti-Stigma Efforts No. *Not a focus of the application.*

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Countywide Access Yes. Provides for community based crisis response throughout the county.

Budget-Program Connectedness Yes. CCMHB is the sole funder for the program. Primary expenses are for personnel - the fulltime crisis clinician and 20% of the Emergency Services Manager position plus under the professional fees/consultants line cost for the CIT trained police officer.

Whether it is appropriate for the Board to pay the personnel costs (\$92,000) of the law enforcement officer and associated costs for gas/insurance (\$2,500) or for the lease/rental of a police vehicle (\$16,500) as opposed to it being borne by other community partners/stakeholders is an open question.

While in general services align with the proposed budget there is an exception. The service section makes no mention of Mental Health First Aid training for the clinician or the law enforcement officer yet \$5,000 is included in the budget for this purpose. If funded the award should be reduced by a like amount.

Per the budget narrative, FY18 administrative expense (aka management & general) is charged at a rate of 17%. For FY17 the rate was 11.8%.

Realignment of FY17 Contracts to Priorities Yes. As a new proposal aligning with a high priority in a highly competitive application cycle, consideration to redirection of funds from other contracts as well as support from community stakeholders/partners is likely necessary if proposal is to be funded.

Technical Criteria

Approach/Methods/Innovation Yes. Co-Responder Team model represents an innovative approach. Enables community based response to requests for CIT/crisis team assistance. Proposal developed in consultation with law enforcement.

Staff Credentials Yes. Clearly described in services section of Part I form.

Resource Leveraging No. No other funding or in-kind contribution is identified as revenue, leaving the CCMHB as the sole funder for the new initiative.

Process Considerations & Caveats

Clarification on some utilization definitions is needed. Support for analysis of data generated by the program outlined in the consumer outcomes section is not included in the budget. This may be a matter subject to contract negotiation.

Contracting Considerations If this application is approved for funding, the applicants may be required to submit the following for staff review and approval prior to execution of the final FY18 contract: *as above*.

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 FY2018

Agency: Rosecrance Champaign/Urbana

Program: Criminal Justice

PY18 CCMHB Funding Request \$300,265

PY18 Total Program Budget \$300,265

Current Year Funding (PY17) \$284,080

Proposed Change in CCMHB Funding - PY17 to PY18 5.7 percent

Focus of Application Co-Occurring Disorders (MI/SA, MI/DD)

Type of Contract Grant

Priority #3 – Behavioral Health Supports for Adults with Justice System Involvement

Services/People Served

Service Description/Type

A detailed screening is completed on each individual to determine their level of functioning and potential need for treatment services.

Linkage/case management services are offered in the jail and in the community. Staff work with clients to obtain services needed to help them stabilize and reduce the likelihood of recidivism. Examples of linkage/case management services include connecting with mental health and/or substance abuse treatment, finding employment, locating affordable housing, obtaining a state ID, securing health insurance, obtaining a medical provider, and any other needs that are identified. Clients are linked to community agencies based on their needs and are provided with transportation resources when needed.

Treatment services offered at the jail include mental health case management, community support, counseling and Moral Reconciliation Therapy (MRT), an evidenced-based treatment group. MRT and Coping with Anger groups are also offered at the Probation office and Rosecrance. Clients in need of substance abuse treatment or co-occurring mental health and substance abuse can be referred to one of Rosecrance's Intensive Outpatient Programs.

The Supervisor of the Community Support Team is an LCSW and provides administrative and clinical oversight for the criminal justice services. A Master's Level Social Worker coordinates all jail-based services, provides direct service at the jail and currently supervises two full-time case managers. Both case managers are bachelor level. This application is seeking to add one additional bachelor level case manager. This case manager would be responsible for connecting with individuals that were initially screened in the jail and identified as needing treatment services once they bond out or are released. They would complete mental health assessments and be the primary case manager for these clients in order to better provide a continuum of care post-incarceration. This case manager can begin this process in the jail as well as assist the jail case manager with additional intake screenings. This position can provide screenings, mental health assessments, and case management for the increasing referrals from the Champaign County Probation and Court Services department allowing for quicker access to behavioral health treatment services.

Forensic Team meetings are held bi-weekly to review services, staff cases, and resolve complex clinical situations. The Forensic Team is comprised of the following agency staff: Criminal Justice Team Leader, Criminal Justice Case Manager, Forensic Case Manager, Re-entry Case Manager, Criminal Justice Liaison, Community Support Supervisor, Crisis Team Leader, and Clinical Coordinator – Substance Abuse.

Comments

Proposal aligns with Priority #3. Program serves adults involved with the criminal justice system. Staff primary activity is case management. Community based case manager also conducts some groups - MRT and anger

management at Court Services/Probation office at Courthouse. Although drug court clients are mentioned in target population section, the Criminal Justice Coordinators work with the Problem Solving Court and Drug Court Team is omitted from the service description. Staff credentials are well defined.

Where screening indicates potential substance use disorder (SUD) or co-occurring disorder, program relies on internal referrals. Program does refer to screening for range of needs and referring as appropriate to other community resources. Rural access appears tied to clients coming to Urbana for court.

Application includes request to add another case manager position. The position would work in the jail and the community.

Access to Services for Rural Residents

For full description, see submitted Program Plan Part I Form.

Target Population

For full description, see submitted Program Plan Part I Form.

Residency

| | | |
|-------------------------------|--------------------------------|--|
| Total Served | 195 in FY2016 (last full year) | 109 in FY2017 – 1 st 2 quarters |
| Champaign Set | 98 (50.3%) for FY16 | 56 (51.4%) for FY17 |
| Urbana Set | 52 (26.7%) for FY16 | 31 (28.4%) for FY17 |
| Rantoul -single | 26 (13.3%) for FY16 | 8 (7.3%) for FY17 |
| Mahomet - single | 8 (4.1%) for FY16 | 4 (3.7%) for FY17 |
| Other Champaign County | 11 (5.6%) for FY16 | 10 (9.2%) for FY17 |

Demographics

| | |
|---|---------------|
| Total Served | 195 in FY2016 |
| Age | |
| Ages 19-59 ----- | 191 (97.9%) |
| Ages 60-75+ ----- | 4 (2.1%) |
| Race | |
| White ----- | 80 (41.0%) |
| Black / AA ----- | 106 (54.4%) |
| Other (incl. Native American and Bi-racial) | 9 (4.6%) |
| Gender | |
| Male ----- | 137 (70.3%) |
| Female ----- | 58 (29.7%) |
| Ethnicity | |
| Of Hispanic / Latino origin ----- | 8 (4.1%) |
| Not of Hispanic/Latino Origin ----- | 183 (93.8%) |
| Not Available Qty ----- | 4 (2.1%) |

Program Performance Measures

ACCESS

For full description, see submitted Program Plan Part I Form.

Comments

Clear outcome measures are not stated although effort to engage within five days provides some sense of how quickly community based clients are contacted by case manager. Problem solving court clients experience no delay in contact or engagement due to their involvement with the court. No statement is made on contact within the jail or referrals to services.

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CONSUMER OUTCOMES

For full description, see submitted Program Plan Part I Form.

Comment

Identifies and reports results - primary outcome is recidivism of TPCs. Program does track and report identified needs for individuals screened by the case managers in the jail.

The Criminal Justice program is one of four programs receiving targeted support from the U of I Building Evaluation Capacity initiative funded by the Board. Additional measures are in progress based on this support.

UTILIZATION

Treatment Plan Clients (TPCs) 150, defined as Problem Solving Court (PSC) clients and Community based clients engaged in services.

Non-Treatment Plan Clients (NTPCs) 210, defined as individuals in the jail served by the case manager(s).

Comments

Utilization narrative explains past performance and adjustments to the current targets. Increased number of TPCs for FY17 served is tied to growth of substance use services. With substance use treatment no longer part of the application for FY18, target for TPCs is adjusted. Further adjustment would be made if the new case manager position were not to be funded. The experience with jail based services (NTPCs) finds declining numbers but increased contact between case managers and jail staff.

FY18 Annual targets (per Utilization Form)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---------------|-----|------|----|-----|-------|
| Annual Target | 150 | 210 | 0 | 0 | 0 |

FY17 First two quarters (per submitted Quarterly Reports)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---------------------|-----|------|----|-----|-------------------------|
| First Quarter FY17 | 99 | 96 | 0 | 0 | 18 group sessions begun |
| Second Quarter FY17 | 70 | 42 | 0 | 0 | 18 group sessions begun |
| Annual Target | 200 | 470 | 0 | 0 | 0 |
| % completed | 84% | 29% | | | |

FY16 all four quarters (per submitted Quarterly Reports)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---------------------|------|------|----|-----|-------------------|
| First Quarter FY16 | 86 | 172 | 0 | 0 | 97 group sessions |
| Second Quarter FY16 | 47 | 100 | 0 | 0 | 99 |
| Third Quarter FY16 | 24 | 75 | 0 | 0 | 16 |
| Fourth Quarter FY16 | 38 | 72 | 0 | 0 | 0 |
| Annual Target | 190 | 490 | 0 | 0 | 0 |
| % completed | 103% | 86% | | | |

Financial Analysis

For more detail, see submitted Revenue, Expense, Personnel, and Budget Narrative Forms.

PY18 CCMHB Funding Request \$300,265

PY18 Total Program Budget \$300,265

Current Year Funding (PY17) \$284,080

Proposed Change in CCMHB Funding - PY17 to PY18 5.7 percent

Program Staff - CCMHB Funds:

Indirect = 1.11 FTEs Direct = 4.23 FTEs, Total CCMHB = 5.34 FTEs

Total Program Staff:

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Indirect = 1.11 FTEs Direct = 4.23 FTEs, Total Program = 5.34 FTEs

Budget Analysis: (staff comments) All staff time assigned to the program is billed to CCMHB. Prior years included funding from other sources. Staff time on the program previously supported in part from other sources are now billed entirely to CCMHB; whatever amount of time staff now spends on the program is paid by CCMHB.

Program staff positions include 2 existing fulltime Case Managers (CM), proposed addition of new fulltime CM, plus 90% CJ Coordinators time, 10% of Benefit Case Manager (other 90% is in the Crisis, Access and Benefits application), 20% of Community Support Manager, 3% of clinical director. See personnel section comments.

Percentage of indirect staff time is overstated due to an error by RC/U when completing the form. Cost charged for indirect staff appears correct.

Funding from the CCMHB represents 100% of the total program budget. $\$300,265 / \$300,265 = 100.0$ percent

Budget Analysis: (staff comments) FY18 finds CCMHB as sole funder for CM services.

FY17 CJ program included funds from three other sources – Champaign County Reentry contract (\$100,000), plus Program Fees-insurance (\$100,000) and DASA (\$88,000) to support SUD treatment services. CJ case management (CM) clients were a priority for these SUD treatment services but criminal justice involvement was not required to access SUD services. All of these other sources have been dropped from the program application. The SUD treatment funding is not listed in the Substance Use Services application either where CCMHB is also sole source of funding.

Personnel related costs are the primary expense charged to CCMHB, at \$235,270 / \$300,265 = 78.4 percent

Staff assigned to the program includes the addition of one new case manager position. Salary for the new CM, \$27,851, plus benefits and payroll taxes, ~ 30% of salary (\$8,355), totals \$36,206.

FY18 application request of \$300,265 less cost for new CM \$36,205 = \$264,060.

FY17 contract award was \$284,080 and included \$17,500 for DoJ JMHCP planning grant making FY17 base funding \$266,580. Rosecrance is proposing to annualize the planning grant matching funds plus an equal amount of new funding.

Per the budget narrative, FY18 administrative expense is charged at a rate of 17%. For FY17 the rate was 11.8%.

Audit Findings: Audit in Compliance

Comments Audit was late and no extension was requested.

CCMHB FY18 Decision Priorities and Decision Support Criteria

Priority #1: Collaboration with the Champaign County Developmental Disabilities Board No

Priority #2 System of Care for Youth & Families No

Priority #3 Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface Yes. Well established program. One fulltime position is housed in the jail, one fulltime position works with people in the community. CJ Coordinator divides time between jail, problem solving court, and community/Walnut St. Program holds internal forensic team meetings to coordinate services with crisis and reentry programs.

Priority #4 Innovative practices to support access to core services No

Overarching Decision Support Criteria:

Underserved Populations/ Cultural Competence Plan Yes. Program serves adults involved with the criminal justice system. CLC plan submitted - review prefaces agency program summaries.

Anti-Stigma Efforts No. Not a focus of the application.

Countywide Access Yes. *Qualified Yes as access is driven by involvement with criminal justice system. Engagement occurs at jail, courts/probation, and community/Walnut St location.*

Budget-Program Connectedness Yes. *Program aligns with budget. For FY18 CCMHB has become sole funder for program. Staff allocated to program includes request to add one new case manager position. FY17 contract included matching funds for DoJ JCMHP contract. Addition of new staff position would annualize this match expense plus require new funds. CCMHB has committed to providing up to \$75,000 in matching funds over two years as part of the JMHCP implementation grant application to the Department of Justice.*

Realignment of FY17 Contracts to Priorities No. *FY18 application request is \$300,265. FY17 base grant amount excluding JMHCP planning grant match was \$266,580. Without the new position (salary/benefits/payroll taxes) the FY18 request is \$264,059.*

Technical Criteria

Approach/Methods/Innovation Yes. *Dedicated case management for adults involved with the criminal justice system, in jail, or in problem solving courts. Community based case manager also conducts MRT and anger management groups at the Court Services/Probation office at the courthouse.*

Staff Credentials Yes. *Clearly described in services section of Part I form.*

Resource Leveraging No. *CCMHB is sole funder. Case management activity are not billable to other funders in many cases.*

Process Considerations & Caveats

Contracting Considerations If this application is approved for funding, the applicants may be required to submit the following for staff review and approval prior to execution of the final FY18 contract: *minor correction to personnel form.*

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 FY2018

Agency: Rosecrance Champaign/Urbana

Program: Crisis, Access, & Benefits

PY18 CCMHB Funding Request \$274,888

PY18 Total Program Budget \$772,797

Current Year Funding (PY17) \$255,440

Proposed Change in CCMHB Funding - PY17 to PY18 7.6 percent

Focus of Application Mental Health

Type of Contract Grant

Priority #3 – Behavioral Health Supports for Adults with Justice System Involvement

Services/People Served

Service Description/Type

Crisis Line is a 24-hour telephone service staffed by Bachelor and Master's level clinicians. The Crisis Line Coordinator, a Master's Level clinician, oversees the day-to-day functions of the crisis line, acts as backup to the crisis clinicians with responding to crisis line calls, screens individuals during the walk-in times at Walnut, and provides community education regarding the crisis line and mental health services offered by Rosecrance.

Crisis/Access Clinicians are both Bachelor and Master's level clinicians who provide short-term screenings and support to determine the client's immediate care needs. These interventions occur most often at the emergency rooms, at Rosecrance facilities, and in collaboration with area police. The goal is to stabilize and restore functioning and minimize disruption within the family and community. These clinicians also complete intake screenings for people who present during walk-in times and are also available to consult or respond with police regarding incidences in the community. Crisis clinicians use a proprietary crisis assessment that is founded in best practices and was developed based on the Suicide Assessment Five-Step Evaluation and Triage (SAFE-T). The SAFE-T Assists clinicians in conducting a suicide assessment using a 5-step evaluation and triage plan to identify risk factors and protective factors, conduct a suicide inquiry, determine risk level and potential interventions, and document a treatment plan.

Benefits Case management services are available from one Master's level licensed clinician from Rosecrance and one working towards a Bachelor's degree in Political Science and Social Work from Champaign County Health Care Consumers who assist with the application, submission, and appeal process in order to obtain the benefits necessary to receive behavioral health services.

Comments

Missing from the service section is any in depth description of collaboration by the crisis team with local law enforcement (see the Co-Responder Team program summary for related proposal). Crisis assessment tool is based on the Suicide Assessment Five-Step Evaluation and Triage (SAFE-T). The five elements of the tool are described.

Program has moved away from using volunteers to help staff the 24 hour crisis line. All crisis line calls are now handled by crisis/access staff. Crisis/access staff are also responsible for access (intake screenings) during day time walk-in hours. Crisis line coordinator also provides community education on crisis services and Rosecrance services in general. Staff qualifications are noted for the various positions.

Service section references assisting clients with enrolling in benefit plans (SSI/SSDI, Medicaid, and Managed Care Plans). Services are provided by a benefits case manager on staff and under a CCMHB funded subcontract with Champaign County Health Care Consumers. However, funding for the Champaign County Health Care Consumer subcontract is not included in budget.

Access to Services for Rural Residents

For full description, see submitted Program Plan Part I Form.

Target Population

For full description, see submitted Program Plan Part I Form.

Residency

| | | |
|-------------------------------|--------------------------------|---------------------|
| Total Served | 395 in FY2016 (last full year) | 89 in FY2017 |
| Champaign Set | 230 (58.2%) for FY16 | 45 (50.6%) for FY17 |
| Urbana Set | 93 (23.5%) for FY16 | 18 (20.2%) for FY17 |
| Rantoul -single | 18 (4.6%) for FY16 | 8 (9.0%) for FY17 |
| Mahomet - single | 17 (4.3%) for FY16 | 3 (3.4%) for FY17 |
| Other Champaign County | 37 (9.4%) for FY16 | 15 (16.9%) for FY17 |

Demographics

Total Served 395 in FY2016

Age

| | |
|-------------------|-------------|
| Ages 13-18 ----- | 2 (.5%) |
| Ages 19-59 ----- | 363 (91.9%) |
| Ages 60-75+ ----- | 30 (7.6%) |

Race

| | |
|---|-------------|
| White ----- | 217 (54.9%) |
| Black / AA ----- | 166 (42.0%) |
| Asian / PI ----- | 1 (.3%) |
| Other (incl. Native American and Bi-racial) - | 8 (2.0%) |
| Not Available Qty ----- | 3 (.8%) |

Gender

| | |
|--------------|-------------|
| Male ----- | 233 (59.0%) |
| Female ----- | 162 (41.0%) |

Ethnicity

| | |
|-------------------------------------|-------------|
| Of Hispanic / Latino origin ----- | 32 (8.1%) |
| Not of Hispanic/Latino Origin ----- | 363 (91.9%) |

Program Performance Measures

ACCESS

For full description, see submitted Program Plan Part I Form.

Comments

Outcome measures associated with crisis response (crisis line and crisis team) are well defined and results reported. Detail on location of response provided as part of the FY17 quarterly reports finds the location of virtually all crisis team responses are to the Emergency Departments at Carle and Presence Covenant Medical Center. Reports indicate a small percentage involve contact with law enforcement.

CONSUMER OUTCOMES

For full description, see submitted Program Plan Part I Form.

Comments

No outcome measures are proposed specific to the crisis assessment tool, outcome of crisis intervention, or for benefits engagement. Agency uses a client satisfaction survey to assess consumer outcomes in general. While not

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detailed in the application, the measures are usually associated with satisfaction with treatment and with clinician, and willingness to recommend services to others.

UTILIZATION

Non-Treatment Plan Clients (NTPCs) 400, defined as Number of Intake Screenings completed by Access Clinicians for those who are Champaign County residents and who are seeking Rosecrance services.

Service Contacts (SCs) 3,500, defined as Number of crisis line calls

Community Service Events (CSEs) 20, defined as Number of educational presentations, community events or requests for consultations attended by the Crisis Line Coordinator.

Other 160, defined as Number of people served by the Benefits Case Managers including those served by CCHCC Benefits Case Manager.

Comments

No targets are identified relative to crisis team activity. Program does report crisis team activity in the narrative of the quarterly report. In FY17 this has included contacts by the team, number involving law enforcement, location of crisis team responses, and number of contacts at emergency departments involving residents of Champaign County and from outside Champaign County.

FY18 Annual targets (per Utilization Form)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---------------|-----|------|------|-----|-------|
| Annual Target | 0 | 400 | 3500 | 20 | 160 |

FY17 First two quarters (per submitted Quarterly Reports)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---------------------|-----|------|------|-----|--------------------------------|
| First Quarter FY17 | 0 | 247 | 780 | 8 | 129 other benefit applications |
| Second Quarter FY17 | 0 | 96 | 987 | 4 | 49 |
| Annual Target | 0 | 350 | 4400 | 30 | 200 |
| % completed | n/a | 98% | 40% | 40% | 89% |

FY16 all four quarters (per submitted Quarterly Reports)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---------------------|-----|------|------|-----|--------------------------|
| First Quarter FY16 | 0 | 113 | 1136 | 6 | 229 benefit applications |
| Second Quarter FY16 | 0 | 113 | 1110 | 11 | 67 |
| Third Quarter FY16 | 0 | 59 | 1131 | 7 | 50 |
| Fourth Quarter FY16 | 0 | 30 | 1104 | 4 | 49 |
| Annual Target | 0 | 900 | 4400 | 40 | 0 |
| % completed | n/a | 35% | 102% | 70% | |

Financial Analysis

For more detail, see submitted Revenue, Expense, Personnel, and Budget Narrative Forms.

PY18 CCMHB Funding Request \$274,888

PY18 Total Program Budget \$772,797

Current Year Funding (PY17) \$255,440

Proposed Change in CCMHB Funding - PY17 to PY18 7.6 percent

Program Staff - CCMHB Funds: (FTE)

Indirect = 0.58 FTEs Direct = 3.28 FTEs, Total CCMHB = 3.86 FTEs

Total Program Staff: (FTE)

Indirect = 1.85 FTEs Direct = 11.34 FTEs, Total Program = 13.19 FTEs

Budget Analysis: (staff comments) Direct service staff time charged to the CCMHB includes 90% of a Benefits Case Manager's time (other 10% is requested from CCMHB as part of the Criminal Justice application). This individual

2021

assists clients with enrolling in benefit/entitlement plans and of particular note has expertise in SSDI/SSI applications. Crisis/access staff time supported by the CCMHB includes one position fully funded by the Board (Crisis Line Coordinator) plus 11 other positions at 12%. The fulltime position supported entirely with CCMHB funds conducts community education, oversees the crisis line and provides back-up to clinicians staffing the line, and works walk-in hours for access screenings. The Director of Clinical Services has 6% of their time charged to the CCMHB.

Funding from the CCMHB represents 35.6% of the total program budget. $\$274,888 / \$772,797 = 35.6$ percent
State 42 percent

Budget Analysis: (staff comments) The CCMHB is the largest single source of support. Other local funding sources (Carle Hospital, Presence Covenant Medical Center, and University of Illinois) account for 21% of total program revenue. These contracts are fee for service. A portion of the state funding is also fee for service. Justification for the 7.6% increase in funding from the CCMHB is not provided. Also see the Co-Responder Team program summary for related proposal.

Personnel related costs are the primary expense charged to CCMHB, at $\$183,977 / \$274,888 = 66.9$ percent

Comment: Champaign County Health Care Consumers subcontract to assist with benefit applications for adults involved with the criminal justice system is referenced in the program narrative but is not listed in the budget. For FY17 the CCHCC subcontract was \$49,440.

Per the budget narrative, FY18 administrative expense is charged at a rate of 17%. For FY17 the rate was 11.8%.

Audit Findings: Audit in Compliance

Comment Audit was late and no extension was requested.

CCMHB FY18 Decision Priorities and Decision Support Criteria

Priority #1 Collaboration with the Champaign County Developmental Disabilities Board No

Priority #2 System of Care for Youth & Families No

Priority #3 Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface No. This was yes in the past but application does not discuss relationship with law enforcement except for a passing reference in the service section and no outcome measures associated with collaboration with law enforcement are identified. The CCHCC Benefits Case Manager does assist adults involved with the criminal justice system targeting those in the jail but funding for the subcontract is not included in the budget.

Priority #4 Innovative practices to support access to core services No. Benefits enrollment fits a niche that is needed and can help lead to other funding sources (i.e. federal benefits).

Overarching Decision Support Criteria

Underserved Populations/ Cultural Competence Plan Yes. Proposal serves primarily adults in crisis, supports access screenings and provides assistance with enrolling in Medicaid, MCO plans or insurance. CLC plan submitted - review prefaces agency program summaries.

Anti-Stigma Efforts No. Fulltime crisis line coordinator does community presentations on crisis services and also participates in other community events, however the activity is not described as anti-stigma but rather promoting crisis services and other services offered by Rosecrance.

Countywide Access Yes. Although is limited to initial contact by telephone. The crisis line is staffed 24/7 and access services can be reached during office hours. For the crisis team, the vast majority of contacts occur at hospital emergency departments. In person screenings require the person to present during walk-in hours at the Walnut Street location.

Budget-Program Connectedness Yes. CCMHB is the largest single source of program revenue. CCMHB funds supports 12% of each of the 11 crisis/access staff positions. The CCMHB funds 100% of the Crisis Line Coordinators position and 90% of the Benefits Case Manager position (the other 10% is requested from the CCMHB as part of the Criminal Justice application).

The CCHCC Benefits Case Manager position is supported through a subcontract that is not included in the budget. For FY17, the subcontract was \$49,440.

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Per the budget narrative, FY18 administrative expense is charged at a rate of 17%. For FY17 the rate was 11.8%.
Realignment of FY17 Contracts to Priorities No. Rosecrance has submitted a separate proposal - see Co-Responder Team (CRT) program summary. That application includes a dedicated crisis team staff member working with a trained Crisis Intervention Team police officer. There is no offset to the amount of funding requested for Crisis, Access, and Benefits application to support the crisis team member's participation in the CRT program. In addition the program requests an increase in funding.

Technical Criteria

Approach/Methods/Innovation No. Application does state "Crisis clinicians use a proprietary crisis assessment that is founded in best practices and was developed based on the Suicide Assessment Five-Step Evaluation and Triage (SAFE-T)."

Staff Credentials Yes. Clearly described in services section of Part I form.

Resource Leveraging No. Other funding is part of the budget. None of these other funds require a match or are the direct result of CCMHB participation in the program. CCMHB funding represents 35.6% of the total program revenue.

Process Considerations & Caveats

Contracting Considerations If this application is approved for funding, the applicants may be required to submit the following for staff review and approval prior to execution of the final FY18 contract: n/a

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

204

Draft CCMHB Program Summary FY2018
Agency: Rosecrance Champaign/Urbana
Program: Parenting with Love & Limits-Front End

PY18 CCMHB Funding Request \$303,806
PY18 Total Program Budget \$303,806
Current Year Funding (PY17) \$282,663
Proposed Change in CCMHB Funding - PY17 to PY18 7.5 percent

Focus of Application Mental Health
Type of Contract Grant
Priority #2: System of Care for Youth & Families

Services/People Served

Service Description/Type

To meet program outcomes the following services are provided:

1. Motivational Phone Call using the 8% tool to evaluate if youth the is appropriate for PLL Front End or PLL Extended Care
2. Motivational Intake
3. Family coaching sessions
4. Behavioral contracting
5. Multi-family group therapy
6. 30 and 60 day follow up contact upon graduation
7. Tune up sessions as needed
8. Multi-system advocacy, support and linkage
9. Assistance with transportation
10. Flex funds to support teen engagement activities with the Family Support Specialist
11. Language interpreters for non-English speaking families

Group and individual coaching sessions will be offered where ever best meets the needs of group members. Groups currently are being held at RCU.

RCU employs three Master's level PLL Certified clinicians (one of which is also the program supervisor) and one Bachelor's level PLL Certified case manager. James Warren is licensed as a LCSW and directly supervises the PLL staff and is responsible for the daily administrative oversight of the program.

Comments

The Parenting with Love and Limits Front End program provides juvenile justice diversion services for young people with serious emotional disturbance and multiple system involvement in keeping with Priority #2 of the allocation criteria. Youth served by the PLL Front End program have had less contact with law enforcement and the criminal justice system than youth served by the Prairie Center PLL Extended Care program and have scored low risk on the Youth Assessment and Screening Instrument. The three therapists a master's level clinicians. All staff have completed training on the evidence based curriculum by Savannah Family Institute and receive regular supervision to assure fidelity to the model. Initial engagement involves a motivational interview/intake. Youth and parents/caregivers participate in a series of six weekly group sessions and family coaching sessions. Following graduation from the program, after care support is available as a "tune up."

Regarding access to rural residents, no groups have been held outside of the Champaign offices. The Community Service Center of Northern Champaign County in Rantoul has space available.

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Access to Services for Rural Residents

For full description, see submitted Program Plan Part I Form.

Target Population

For full description, see submitted Program Plan Part I Form.

Residency

| | |
|-------------------------------|-------------------------------|
| Total Served | 52 in FY2016 (last full year) |
| Champaign Set | 30 (57.7%) for FY16 |
| Urbana Set | 10 (19.2%) for FY16 |
| Rantoul -single | 5 (9.6%) for FY16 |
| Mahomet - single | 3 (5.8%) for FY16 |
| Other Champaign County | 4 (7.7%) for FY16 |

Demographics

| | |
|---|--------------|
| Total Served | 52 in FY2016 |
| Age | |
| Ages 7-12 ----- | 5 (9.6%) |
| Ages 13-18 ----- | 47 (90.4%) |
| Race | |
| White ----- | 23 (44.2%) |
| Black / AA ----- | 17 (32.7%) |
| Other (incl. Native American and Bi-racial) - | 7 (13.5%) |
| Not Available Qty ----- | 5 (9.6%) |
| Gender | |
| Male ----- | 34 (65.4%) |
| Female ----- | 18 (34.6%) |
| Ethnicity | |
| Of Hispanic / Latino origin ----- | 5 (9.6%) |
| Not of Hispanic/Latino Origin ----- | 47 (90.4%) |

Program Performance Measures

ACCESS

For full description, see submitted Program Plan Part I Form.

Comment

Savannah Family Institute developed the Parenting with Love and Limits model. To use the model, CCMHB contracts directly with Savannah Family Institute (SFI) on behalf of the two local PLL providers. The contract licenses use of the model, with SFI providing supervision of the therapists to ensure fidelity to the model, provides support and technical assistance including quarterly reviews and annual performance assessments and evaluation.

CONSUMER OUTCOMES

For full description, see submitted Program Plan Part I Form.

Comment

See above regarding role of Savannah Family Institute. The Institute defines measures and establishes benchmarks for access and engagement. Pre and post tests (Child Behavioral Checklist and the FACES IV) are used to measure change in youth and family functioning. Annual reports include evaluation of pre- and post-test results.

UTILIZATION

Treatment Plan Clients (TPCs) 80, defined as Number of youth and families that start a PLL group or coaching session.
Non-Treatment Plan Clients (NTPCs) 162, defined as Difference between referrals (SCs) and TPCs (youth and families attending at least two sessions).

Many referrals are unable to be contacted, or if contacted do not complete a motivational interview/intake, or present for group. Savannah Family Institute sets a benchmark of 70% of families completing the motivational interview/intake will present for PLL groups.

Service Contacts (SCs) 242, defined as Number of referrals received.

Comments

The 128 figure referenced in the narrative represents the original maximum number of youth that could served by the program according to Savannah Family Institute standards associated with therapist clinical minimums and maximums. The clinical minimum for the three therapists combined is 62.

The projected target of 80 TPCs is in line with past performance with three therapists working a full year. Staff turnover within a given year can result in lower actual number served in relation to the target, as has been the case the last several years.

Program has exceeded benchmarks for graduation rates for families that engage in the program.

FY18 Annual targets (per Utilization Form)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---------------|-----|------|-----|-----|-------|
| Annual Target | 80 | 162 | 242 | 0 | 0 |

FY17 First two quarters (per submitted Quarterly Reports)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---------------|-----|------|-----|-----|-------|
| Q1+Q2 | 23 | 65 | 121 | | |
| Annual Target | 128 | 90 | 256 | 0 | 0 |

FY16 all four quarters (per submitted Quarterly Reports)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|-----------------|-----|------|-----|-----|-------|
| Year End Report | 52 | 93 | 188 | | |
| Annual Target | 128 | 99 | 227 | 0 | 0 |

Comments

FY16 PLL Year End Report from Savannah Family Institute finds 52 TPCs (youth and their families) engaged in PLL with 44 graduating and 8 dropping out of the program for a graduation rate of 86%.

FY17 data is from SFI quarterly review report. 23 TPCs (youth and their families) engaged in PLL with 21 graduating and 2 dropping out.

Primary cause of low number of TPCs is staff turnover/vacancy. When a therapist leaves the program, a replacement must be hired then complete training by Savannah Family Institute after which they are scheduled to start a group session with families that must be coordinated with schedule of the other PLL Therapists.

Financial Analysis

For more detail, see submitted Revenue, Expense, Personnel, and Budget Narrative Forms.

PY18 CCMHB Funding Request \$303,806

PY18 Total Program Budget \$303,806

Current Year Funding (PY17) \$282,663

Proposed Change in CCMHB Funding - PY17 to PY18 7.5 percent

207

Program Staff - CCMHB Funds:

Indirect = 0.72 FTEs Direct = 4 FTEs, Total CCMHB = 4.72 FTEs

Total Program Staff:

Indirect = 0.72 FTEs Direct = 4 FTEs, Total Program = 4.72 FTEs

Budget Analysis: (staff comments) Direct program staff includes the PLL Supervisor (.8 FTE), two fulltime (2 FTE) PLL Therapists and 1 fulltime (1 FTE) PLL case Manager, and PLL Peer Support (.2 FTE). The Peer Support position is currently vacant and would be filled by a graduate of the program. The PLL Supervisor's time was reduced to .65 FTE in FY16 in response to a promotion and has been increased to .8 FTE for FY18.

Funding from the CCMHB represents 100% of the total program budget. \$303,806 / \$303,806 = 100.0 percent
Budget Analysis: (staff comments) The CCMHB is the sole funder for the program and has been since its inception.

Personnel related costs are the primary expense charged to CCMHB, at \$242,126 / \$303,806 = 79.7 percent
After personnel costs, the professional fees and consultants expense line is next largest budgeted expense line. The line pays for a wide range of contracted services for the operation of the agency although a charge off for management and general is the single largest cost within the line item.

While a small amount in relation to the overall budget, \$1,500 is allocated to staff training. Per the terms of the contract, PLL training expenses are to be offset by savings accrued from staff vacancies. No funds should be included in the original budget for staff training.

Per the budget narrative, FY18 administrative expense is charged at a rate of 17%. For FY17 the rate was 11.8%.

Audit Findings: Audit in Compliance

Comment Audit was late and no extension was requested.

CCMHB FY18 Decision Priorities and Decision Support Criteria

Priority #1 Collaboration with the Champaign County Developmental Disabilities Board No

Priority #2 System of Care for Youth & Families Yes. *Parenting with Love and Limits meets criteria identified for this priority.*

Priority #3 Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface No

Priority #4 Innovative practices to support access to core services No

Overarching Decision Support Criteria

Underserved Populations/ Cultural Competence Plan Yes. *Program serves youth having contact with law enforcement, or behavioral problems in school or at home. Referrals sources include the Youth Assessment Center. The CLC Plan review prefaces the agency's program summaries.*

Anti-Stigma Efforts No. *Addressing stigma is not a focus of the program.*

Countywide Access No. *Program may assist with identifying transportation options. While application states groups/sessions may be held at other locations in the community, groups are held at Rosecrance Fox Drive location.*

Budget-Program Connectedness Yes. *The CCMHB is the sole source of revenue. The PLL Supervisor's time allocated to program and for the peer support specialist are both increased for FY18. Staff training expense line item is questioned. Per the budget narrative, FY18 administrative expense is charged at a rate of 17%. For FY17 the rate was 11.8%.*

Realignment of FY17 Contracts to Priorities No. *Funding requested is a 7.5% increase (\$21,143) over the amount awarded in FY17. Program has in recent years returned funds as excess revenue resulting from staff vacancies.*

Technical Criteria

208

Approach/Methods/Innovation Yes. *PLL is an evidence based model. Pre and Post-test measures are used to track and report change in the family and youth dynamics. Under the license agreement, Savannah Family Institute performs regular staff supervision to ensure fidelity to the model.*

Staff Credentials Yes. *Noted in services section of application. All staff are trained in the PLL Model.*

Resource Leveraging No. *The CCMHB is and has been the sole funder for the program since its inception.*

Process Considerations & Caveats

Contracting Considerations If this application is approved for funding, the applicants may be required to submit the following for staff review and approval prior to execution of the final FY18 contract:

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

209

Draft CCMHB Program Summary FY2018

Agency: Rosecrance Champaign/Urbana

Program: Substance Use Services Program

PY18 CCMHB Funding Request \$109,549 - a NEW request

PY18 Total Program Budget \$109,549

Current Year Funding (PY17) N/A

Proposed Change in CCMHB Funding - PY17 to PY18: N/A

Focus of Application Substance Use Disorders

Type of Contract Grant

Priority:

Services/People Served

Service Description/Type

One of the barriers to treatment is the difficulty of accessing a timely assessment by a certified and accredited clinician and organization. Rosecrance has a long history of providing efficient access to assessments for those in need of substance use treatment. As a result of the merger of Community Elements and Rosecrance, new evidence based substance use treatments and associated practices have been implemented.

The first step taken to determine if treatment is right for the individual is a detailed telephone or in-person screening, or if we are able to accommodate walk ins (as the program grows) we can complete the assessments at the time the individual presents. Following the screening, as appropriate, a scheduled office based assessment will take place. If there is a recommendation for treatment, referrals are made internally or externally to promote client choice.

Adults and adolescents, over age 12, and assessed to need treatment can participate in the services available at RCU, which include: For adults - A regular or co-occurring Intensive Outpatient Program (IOP) as well as a continuing care group at our Walnut facility OR For Adolescents - An Adolescent IOP, continuing care group, and/or a quarterly Too Good for Drugs class at our Fox Drive facility. Those meeting criteria for IOP are required to attend a minimum of 9 treatment hours per week.

The Executive Director, an LCSW supervises the Clinical Coordinator, an LCPC who provides overall supervision of the criminal justice SUS services. There is three full time clinical staff with duties that include screenings, assessments and individual and intensive based program/group services.

The Adolescent Addictions Clinicians will conduct a quarterly office based version of the Too Good for Drugs (TGFD) curriculum. TGFD is a companion program to Too Good for Violence (TGFV). Rosecrance has implemented this program for school aged youth 12-18 so that it follows the 10 lessons within the TGFD & V program. The traditional first three lessons are Week 1, the next four lessons (4 – 7) are Week 2, and the last three lessons (8 – 10) are Week 3. Week 3 allows the parents to participate. This is an evidenced based program with the following goals: Reduce intentions to use alcohol, tobacco, and marijuana and to engage in violence, Increase awareness of risk and protective factors, promote healthy personal and pro-social behaviors, and educate adolescents (and parents) on the consequences of use.

Comments

Application is a new proposal. Following the merger with Rosecrance, the new Champaign regional office Rosecrance CU is placing an increased emphasis on substance use treatment.

To the extent criminal justice system involved adults are prioritized for services, proposal has some relationship to Priority #3. Services are available to any youth age 12 and older and adults. A range of services is proposed including walk-in screens/assessments, evidence based treatment including intensive outpatient treatment for youth and for adults, continuing care groups for adults and adolescents involved in treatment, and quarterly

prevention education for youth age 12 to 18 using the Too Good for Drugs curriculum targeted to youth. Clients will have the choice of an internal or external referral for services. Services are office based. Staff credentials are noted for supervisory staff. Agency is certified by the Illinois Department of Human Service Division of Alcohol and Substance Abuse (DASA).

Much of what is proposed here appears similar to existing services available in the community. An exception would be treatment for individuals with co-occurring disorders and adolescent IOP.

Access to Services for Rural Residents

For full description, see submitted Program Plan Part I Form.

Target Population

For full description, see submitted Program Plan Part I Form.

Residency / Demographics

Comment: Data not available as this is a new program request

Program Performance Measures

ACCESS

For full description, see submitted Program Plan Part I Form.

Comments

Clear outcome measure is not stated although effort to engage within five days provides some sense of how quickly community based clients are contacted. Criminal justice involved clients are prioritized and implies engagement is attempted sooner than five days. Although this is a new program proposal, the criminal justice prioritized population was part of the FY17 Criminal Justice program so there should be data on how quickly those clients accessed services and length of engagement. Such data would provide the basis to measure access with definable target for engagement.

CONSUMER OUTCOMES

For full description, see submitted Program Plan Part I Form.

Comments

Program will track number assessed and of those number that engage in treatment, essentially an access measure. A subset of assessments data is number with criminal justice involvement. Successful completion of treatment or transition to continuing care will be an indicator of a positive outcome. No target is identified for how many or what percentage of clients that engage will successfully complete treatment. Client satisfaction survey will also be used.

Reference is made to assessments completed in FY17. 15% were from out of county. All Champaign County assessments are reported to involve criminal justice involved individuals. How will out of county clients access services in FY18 when the CCMHB is the sole funder?

UTILIZATION

Treatment Plan Clients (TPCs) 220, defined as Number of assessments that resulted in engagement in treatment.

Non-Treatment Plan Clients (NTPCs) 375, defined as Number of substance use assessments completed.

Community Service Events (CSEs) 4, defined as Number of sessions of Too Good For Drugs that are held.

Comments

Use of NTPCs for number assessed and TPCs as number that engage provides clear data points as clients move through the program.

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FY18 Annual targets (per Utilization Forms)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---------------|-----|------|----|-----|-------|
| Annual Target | 220 | 375 | 0 | 4 | 0 |

Financial Analysis

For more detail, see submitted Revenue, Expense, Personnel, and Budget Narrative Forms.

PY18 CCMHB Funding Request \$109,549

PY18 Total Program Budget \$109,549

Current Year Funding (PY17) N/A

Proposed Change in CCMHB Funding - PY17 to PY18: N/A

Program Staff - CCMHB Funds:

Indirect = 0.39 FTEs Direct = 1.4 FTEs, Total CCMHB = 1.79 FTEs

Total Program Staff:

Indirect = 0.39 FTEs Direct = 1.4 FTEs, Total Program = 1.79 FTEs

Budget Analysis: (staff comments) Funding for direct service staff supports 30% of three addiction counselor positions (.9 FTE) and 50% of the Substance Abuse Clinician Coordinator position.

Funding from the CCMHB represents 100% of the total program budget. $\$109,549 / \$109,549 = 100.0$ percent

Budget Analysis: (staff comments) CCMHB is sole funder for the FY18 application. The FY17 Criminal Justice application included substance use services with other funding coming from program service fees/insurance, ~\$100,000, and from a state DASA contract, ~\$88,000. Why is there is not funding from Medicaid or insurance for FY18?

Personnel related costs are the primary expense charged to CCMHB, at \$104,499 / \$109,549 = 95.4 percent

Personnel expense is much higher for this program compared to other proposals from Rosecrance.

Per the budget narrative, FY18 administrative expense is charged at a rate of 17%. For FY17 the rate was 11.8%.

Audit Findings Audit in Compliance

CCMHB FY18 Decision Priorities and Decision Support Criteria

Priority #1 Collaboration with the Champaign County Developmental Disabilities Board No

Priority #2 System of Care for Youth & Families No

Priority #3 Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface No. *Although criminal justice involved adults will be prioritized.*

Priority #4 Innovative practices to support access to core services No

Overarching Decision Support Criteria

Underserved Populations/ Cultural Competence Plan No. *Review of CLC Plan prefaces the agency's program summaries.*

Anti-Stigma Efforts No. *Involves use of Too Good for Drugs prevention education curriculum.*

Countywide Access No. *Adult services are offered on-site at the agency's Walnut Street location and for youth at the Fox Drive location.*

Budget-Program Connectedness Yes. *Proposed scope of services aligns with budget. Personnel related expenses account for 95% of expenses. Could these services be billed to DASA or insurance?*

Realignment of FY17 Contracts to Priorities No. *Adult SUD treatment was previously part of the criminal justice application. FY18 application expanded to serve youth and adults and only partially aligns with one of the four priorities. As a new application, some proposed services appear similar to those already available in the community.*

Technical Criteria

Approach/Methods/Innovation Yes. Program uses evidence based treatment - Matrix Model, and prevention curriculum - Too Good for Drugs. Program is certified by DASA.

Staff Credentials No. Provided for the executive director and clinical coordinator but not clinicians.

Resource Leveraging No. Funds included to support SUD treatment in the FY17 criminal justice program are not included in this proposal. The CCMHB is the sole funder.

Process Considerations & Caveats

Possible revisions to budget forms.

Contracting Considerations If this application is approved for funding, the applicants may be required to submit the following for staff review and approval prior to execution of the final FY18 contract: *revised budget forms.*

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

213

Draft CCMHB Program Summary FY2018

Agency: Rosecrance Champaign/Urbana

Program: Transition Housing CJ

PY18 CCMHB Funding Request \$14,000 a NEW request

PY18 Total Program Budget \$254,996

Current Year Funding (PY17) N/A

Proposed Change in CCMHB Funding - PY17 to PY18 N/A

Focus of Application Co-Occurring Disorders (MI/SA, MI/DD)

Type of Contract Fee for Service (FFS)

Priority Priority #3: Behavioral Health Supports for Adults w/ Justice System Involvement

Services/People Served

Service Description/Type

- Mental health screening
- Substance use screening
- Self-sufficiency assessment
- Individualized plan of care based on screenings and assessment
- Case management services to assist with overcoming barriers to self-sufficiency as identified in Plan of Care such as linkage and referrals to: benefits case manager, mental health and substance use services, criminal justice case manager; education, jobs, health care etc.
- Individuals will be placed on a waitlist and contacted as beds become available.
- Information regarding Central Intake is also provided to those placed on the waitlist.

The Case Manager completes the majority of all screening and intakes. The Recovery Specialists may also assist with some of the intake responsibilities while also assisting the residents with steps on their Individual support plans. The case manager, Brad Buldak has a Bachelor's degree and more than three years of social service experience. Recovery Specialists have a minimum of a high school diploma and experience working with the homeless or vulnerable populations.

Comments

Proposal renames previous TIMES Center application. Services reconfigured to serve level II transitional housing residents, adult men, placing a priority on filling vacancies in the program with men with criminal justice system involvement in the last six months. Increased emphasis is placed on case management for residents. Various screening will be completed as part of the intake process.

Facility is located in downtown Champaign. Transportation may be arranged but not provided. Staff qualifications are noted.

Access to Services for Rural Residents

For full description, see submitted Program Plan Part I Form.

Target Population

For full description, see submitted Program Plan Part I Form.

Residency / Demographics

214

Comment Data not available, as this is a new program request.

Program Performance Measures

ACCESS:

For full description, see submitted Program Plan Part I Form.

Comments

No specific measure is described. Utilization definition of NTPC implies high rate of unsuccessful placement. While anticipated placement of TPCs implies a fair amount of turnover for a program that allows residents to stay for up to two years. The high turnover rate has implications for the consumer outcome measure described below.

Not referenced in use of central intake or calls directly to the facility is the priority to criminal justice system involvement.

CONSUMER OUTCOMES:

For full description, see submitted Program Plan Part I Form.

Comments

Consumer outcome measure is well defined. Program will use the The Self-Sufficiency Matrix that applies a federal standard for outcomes measurement called ROMA (Results Oriented Management and Accountability). Program has selected five measures from the full matrix to track: Housing, Income, Mental Health, Substance Abuse, and Life Skills (financial maintenance). The self-sufficiency assessment will be completed at regular intervals and at discharge. Target set is 60% of residents will show progress on three of more of the measures after one year of services.

UTILIZATION

Treatment Plan Clients (TPCs) 50, defined as Number of unduplicated residents being served. Target includes 20 continuing TPCs (residents as of June 30, 2017 that are still residents on July 1 2017) and 30 new TPCs (new residents housed over the course of the program year).

Non-Treatment Plan Clients (NTPCs) 80, defined as Number of individuals from the waitlist that staff attempted to bring into the program but were unsuccessful.

Service Contacts (SCs) 6,600, defined as data program required to report to Illinois Department of Human Services (DHS) on a quarterly basis called Supportive Services. Staff track the number of interactions they have with the residents based on a list of 20+ supportive services categories as defined by DHS.

Comments

Utilization categories are well defined. On NTPCs, information on reason for unsuccessful placement would be useful.

FY18 Annual target (per Utilization report)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---------------|-----|------|------|-----|-------|
| Annual Target | 50 | 80 | 6600 | 0 | 0 |

Financial Analysis

For more detail, see submitted Revenue, Expense, Personnel, and Budget Narrative Forms.

PY18 CCMHB Funding Request \$14,000 - a NEW request

PY18 Total Program Budget \$254,996

Current Year Funding (PY17) N/A

Proposed Change in CCMHB Funding - PY17 to PY18 N/A

215

Program Staff - CCMHB Funds:

Indirect = 0 FTEs Direct = 0.47 FTEs, Total CCMHB = 0.47 FTEs

Total Program Staff:

Indirect = 0.58 FTEs Direct = 4.27 FTEs, Total Program = 4.85 FTEs

Budget Analysis: (staff comments)

Staff listed on the personnel form as supported with CCMHB funds include 42% of a Recovery Specialist's time and 5% of the Case Manager's time. The allocation of staff time does not match up with the service narrative.

Funding from the CCMHB represents 5.5% of the total program budget. \$14,000 / \$254,996 = 5.5 percent

United Way 13.9 percent; Contributions - various 0.8 percent; State 53 percent

Budget Analysis: (staff comments) *In FY17 this program was named TIMES Center and was awarded a \$70,000 contract. For FY18, other local sources of revenue or funds passed through local sources represent 15% of total program revenue. Client fees and miscellaneous income is 12% of program revenue.*

Personnel related costs are the primary expense charged to CCMHB, at \$14,000 / \$14,000 = 100.0 percent

All expenses charged to CCMHB are related to personnel (salaries/wages, payroll taxes, and benefits). Type of contract is fee for service with payment tied to billed service activity. Consideration should be given converting contract to grant.

For this application the total agency budget shows a deficit for the agency as a whole that does not appear in the other applications.

Audit Findings: Audit in Compliance

Comment Audit was late and no extension was requested.

CCMHB FY18 Decision Priorities and Decision Support Criteria

Priority #1 Collaboration with the Champaign County Developmental Disabilities Board No

Priority #2 System of Care for Youth & Families No

Priority #3 Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice

Interface Yes. *Program ties access to residential placement and associated services to criminal justice system involvement within last six months. Also is only application that includes temporary housing.*

Priority #4 Innovative practices to support access to core services No

Overarching Decision Support Criteria

Underserved Populations/ Cultural Competence Plan Yes. *Program targets services to homeless men with a prior history of criminal justice involvement. CLC Plan review prefaces agency program summaries.*

Anti-Stigma Efforts No. *None indicated.*

Countywide Access No. *Services only accessible at TIMES Center.*

Budget-Program Connectedness Yes. *This program is fee for service. Other revenue sources are primary source of support. While program narrative emphasizes role of the Case Manager in delivering services, the percentage of time allocated to CCMHB is very low. The primary staff position appears to be a Recovery Specialist.*

Realignment of FY17 Contracts to Priorities No. *Existing commitment to TIMES Center exceeds request for Transitional Housing program. Difference between request and existing contract, \$54,000 is available for redirection.*

Technical Criteria

Approach/Methods/Innovation *Consumer Outcome measurement will use a self-sufficiency scale tied to federal standard to measure progress toward five goals.*

Staff Credentials Yes. *Clearly described in services section of Part I form.*

(Handwritten signature)

Resource Leveraging No. CCMHB funding represents 5.5% of the total program revenue. Other local funders contribute funding. Primary source of support are two state contracts. None of these other funds require a match or are the direct result of CCMHB participation in the program.

Process Considerations & Caveats

Consideration should be given to making contract a grant.

Contracting Considerations If this application is approved for funding, the applicants may be required to submit the following for staff review and approval prior to execution of the final FY18 contract: *n/a*

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
2018 Summary Analysis of Applicant's Cultural and Linguistic Competence Activities
CCDDDB
RCCSE

CCDDDB reviews all CLCP plans submitted with FY2018 applications for funding, with particular attention actions steps associated to benchmarks for each of the following action areas:

1. Annual Cultural Competence Training
2. Recruitment of Diverse backgrounds and skills for Board of Director and Workforce:
3. Cultural Competence Organizational or Individual Assessment/Evaluation: Yes
4. Implementation of Cultural Competence Values in Policy and Procedure: Yes
5. Outreach and Engagement of Underrepresented and Marginalized Communities and target population defined in the criteria
6. Inter-Agency Collaboration
7. Language and Communication Assistance

Annual Cultural Competence Training

- *Ensure that all RCCSE Staff participate in an annual CLC Training*

Recruitment of a diverse Board of Directors and Workforce

- *Ensure that individuals of diverse backgrounds are included in policy making and program development.*
- *Ensure that individuals of diverse backgrounds are integrated into Board and Staff Positions as well as volunteer opportunities.*

Cultural Competence Organizational Assessment/Evaluation

Conduct annual self-assessments among RCCSEC staff; Conduct participant satisfaction surveys at the DisABILITY Expo, including data on disability, race, ethnicity, and primary language of individuals and families served.

Policies and procedures which reflect Cultural Competence values

All Board Members, Staff, and individuals served will read and sign CLC Plan Annually.

Evidence of outreach and engagement with underrepresented populations defined in application criteria

- *RCCSEC will provide administrative support for the annual DisABILITY Resource Expo, which is, by design, an outreach and engagement activity to promote disability awareness and inclusion, and which will be held on a Saturday in an accessible setting, so as to be at an optimal time around family work schedules, and in an optimal location re accessibility.*

Inter-Agency Collaboration

- *RCCSEC will plan for the make-up of the Expo Steering Committee and Sub-Committees, plus exhibitors, to include representation of diverse populations.*

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DRAFT
2018 Summary Analysis of Applicant's Cultural and Linguistic Competence Activities
CCDDB
RCCSE

Language and Communication Assistance

The Expo Committee will consult with members and partners re provision of language assistance for the Expo event, and for interpretation of resource directory information on a case-by-case basis.

Overall CLC Plan Comments

Required benchmarks are mentioned in the CLCP. The CLC Template format was not utilized. There are not clear timeframes mentioned because this is a new application. There will be updates made to the progress in the 2nd & 4th quarter reporting.

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Draft CCMHB Program Summary FY2018
Agency: Rural Champaign County Special Education Cooperative
Program: disABILITY Resource Expo

PY18 CCMHB Funding Request \$66,781 - a NEW request

PY18 Total Program Budget \$76,781

Current Year Funding (PY17) – currently part of the CCMHB/CCDDB administrative budget

Proposed Change in CCMHB Funding - PY17 to PY18 N/A

Focus of Application MI/SA/DD

Type of Contract Special Initiative

Priority #1: Collaboration with CCDDB; #3: Innovative Practices to Support Access to Core Services

Services/People Served

Service Description/Type

The disABILITY Resource Expo will provide information via annual Expo event, an up-to-date website-based directory of disability-related resources, and year-around disability resource information via telephone/email.

Comments

A NEW program, to assume coordination previously done through board staff and consultant contracts. Although treated as an ID/DD application, the event and associated resources are designed for people seeking and offering many other possible supports, services, and products related to any disability or health condition.

Proposed expansion of online resource directory has been discussed and may be a valuable component. Some of that work could be done through CCMHB/CCDDB admin and later maintained by Expo consultants and website developer. The CCMHB/CCDDB could continue to contract for maintenance of the website and resource directory, with this contract responsible for providing up to date information to various sections of the site and the facebook page. A steering committee and working subcommittees meet year-round to plan the large annual expo event and smaller related events.

Access to Services for Rural Residents

Rural Champaign County residents are invited to partake in all DisABILITY Expo activities, including the Expo event, website info, and telephone/email resource info.

Target Population

The DisABILITY Resource Expo is designed to provide valuable information to all Champaign County residents with disabilities and their families, and is also intended to raise awareness of disability issues among all Champaign County residents.

Residency / Demographics

Comment Not appropriate to the type of service.

Program Performance Measures

ACCESS

The DisABILITY Expo staff and committee will make every effort to advertise and spread the word about the Expo event, website and telephone/email info service to all Champaign County residents with disabilities. Further, the expo facilities and website will be designed to be disability-friendly in every way possible. The Expo venue will have a fully accessible

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entryway, passageways, restrooms, and eating area. Materials at the expo event will available in multiple, user-friendly formats, e.g., CD and website versions of Expo Resource Book, large print version of Expo map/guide, and forms to request additional alternate formats of any expo brochures.

Comments

The next annual Expo event is scheduled for April 7, 2018. A meet-and-greet for exhibitors and participants, with special presentation by State Treasurer Frerichs, is scheduled for May 4, 2017.

CONSUMER OUTCOMES

Those who attend the Expo event or visit the Expo website will be made aware of a vast array of disability-related resources available to residents of Champaign County. Expo activities will serve to elevate awareness and appreciation of disability issues among the general population of Champaign County.

Comments

Established participant and exhibitor evaluation methods are used at every annual expo but not described here. Summary reports have been presented to the CCMHB and CCDDDB at the close of each year.

UTILIZATION

Treatment Plan Clients (TPCs) 0

Non-Treatment Plan Clients (NTPCs) 0

Service Contacts (SCs) 0

Community Service Events (CSEs) 1

Narrative Expo event serves approximately 2000 individuals in attendance each year. It is estimated that the website-based resource directory/info service will reach an additional 1000-2000 individuals annually.

Comments

Committee meetings to plan and organize the Expo, related events, and website could be counted as Service Contacts or additional Community Service Events. People in attendance at event(s) could be NTPCs. Exhibitors could also be counted.

FY18 Annual target (per Utilization Form)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---------------|-----|------|----|-----|-------|
| Annual Target | 0 | 0 | 0 | 1 | 0 |

Financial Analysis

For more detail, see submitted Revenue, Expense, Personnel, and Budget Narrative Forms.

PY18 CCMHB Funding Request \$66,781 - a NEW request

PY18 Total Program Budget \$76,781

Current Year Funding (PY17) – funded through CCMHB/CCDDDB administrative budget

Proposed Change in CCMHB Funding - PY17 to PY18 N/A

Program Staff - CCMHB Funds:

Indirect = 0.16 FTEs Direct = 0.15 FTEs, Total CCMHB = 0.3 FTEs

Total Program Staff:

Indirect = 0.16 FTEs Direct = 0.15 FTEs, Total Program = 0.3 FTEs

Budget Analysis: (staff comments)

Staff listed on the personnel form as supported with CCMHB funds include 10% of bookkeeper, 4% of Executive Secretary, and 2% of Executive Director (as indirect) and 15% of Expo Assistant Coordinator (as direct.)

Funding from the CCMHB represents 87% of the total program budget. \$66,781 / \$76,781 = 87.0 percent

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Budget Analysis: (staff comments) The only other revenue source identified is \$10,000 Miscellaneous, which is described in the Budget Narrative as the total of fees from for-profit and non-profit vendor booth plus sponsorships, based on previous year actuals. No information is provided for the total agency budget.

Personnel related costs are 34.5% of CCMHB expenditures.

Professional Fees are 40.6 % of CCDDDB/CCMHB expense, includes the Expo Coordinator. Other expenses are for Consumables (5.6%), General Operating (5.9% - printing, advertising), Occupancy, Conferences/Staff Development (exhibitor recruitment at Chicago area expo), Specific Assistance (for sign language interpreters and personal assistants), and Lease/Rental (9.7%). Revenue from booth and sponsorship fees supports additional General Operating cost. The Budget Narrative includes details on other revenue and on each expenditure, many based on previous years' actuals. Also describes the Expo responsibilities of four RRSEC staff members. Although costs associated with a website and maintenance are not explicitly described in the Budget Narrative, they are assumed to be under General Operating and paid staff.

Audit Findings: Not applicable.

CCMHB FY18 Decision Priorities and Decision Support Criteria

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

Priority #2 System of Care for Youth & Families No, but supports networking of all organizations.

Priority #3 Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface No

Priority #4 Innovative practices to support access to core services Yes

Overarching Decision Support Criteria

Underserved Populations/ Cultural Competence Plan See CLC Plan review.

Anti-Stigma Efforts Yes. A primary focus.

Countywide Access Yes. Increased involvement by the Rural Champaign County Special Ed Coop.

Budget-Program Connectedness Yes.

Realignment of FY17 Contracts to Priorities No

Technical Criteria

Approach/Methods/Innovation No

Staff Credentials No

Resource Leveraging Yes

Process Considerations & Caveats

Additional details will be helpful prior to contracting. Development of comprehensive resource directory within or linked to existing Expo website may change the anticipated costs and service activities.

Contracting Considerations If this application is approved for funding, the applicants may be required to submit the following for staff review and approval prior to execution of the final FY18 contract: *revised budget forms; the CCMHB/CCDDDB contracts with consultants who would subcontract with this agency instead, as of July 1, 2017, to support the activities described in this application. Identify Utilization and Outcome measures related to activities.*

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

**2018 Summary Analysis of Applicant's Cultural and Linguistic Competence Activities
CCMHB**

The UP Center

CCMHB reviews all CLCP plans submitted with FY2018 applications for funding, with particular attention actions steps associated to benchmarks for each of the following action areas:

1. Annual Cultural Competence Training
2. Recruitment of Diverse backgrounds and skills for Board of Director and Workforce:
3. Cultural Competence Organizational or Individual Assessment/Evaluation: Yes
4. Implementation of Cultural Competence Values in Policy and Procedure: Yes
5. Outreach and Engagement of Underrepresented and Marginalized Communities and target population defined in the criteria
6. Inter-Agency Collaboration
7. Language and Communication Assistance

Annual Cultural Competence Training

- Funds/resources will be allocated for annual cultural competence training for board and staff.
- Staff will be allowed 8 hours per year for cultural competence training.
- Annual cultural competence training will be held at the fall board retreat.

Recruitment of a diverse Board of Directors and Workforce

- Board recruitment will focus on racially and ethnically representation as members of the board of directors.
- There is a requirement that one member of the board will be a youth.

Cultural Competence Organizational Assessment/Evaluation

- Monitor the physical facility to reflect the population of focus, to be welcoming, clean, and attractive to the agency's diverse consumers, and to be as physically accessible as possible.
- Individuals will take surveys before and after participating in programs, events, and/or other services.
- Interested individuals will participate in a needs assessment before The UP Center starts a new program or before organizing an event.

Policies and procedures which reflect Cultural Competence values

- All Board Members, Staff, and individuals served will read and sign CLC Plan Annually.
- Practices will be implemented annually within the designated timeframe outlined in the CLC Plan.

Evidence of outreach and engagement with underrepresented populations defined in application criteria

- Staff will distribute to youth and parents who are driving youth from rural areas and clinical clients gas cards to cover the cost of transportation to and from The UP Center.

DRAFT

**2018 Summary Analysis of Applicant's Cultural and Linguistic Competence Activities
CCMHB**

The UP Center

- *The Youth Coordinator will visit local Gay Straight Alliances, schools, and other organizations that support LGBT youth to inform them about agency programs, events, and clinical services*
- *Participate in and promote Act UP LGBTQ Youth Theater Group, including public performances*

Inter-Agency Collaboration

- *Update existing directory of local providers, organizations, and other community supports.*

Language and Communication Assistance

- *Continue to make available brochures and flyers for people who read and/or speak Spanish.*
- *Staff will establish and maintain relationships with community partners who can provide support and services to youth and clients who speak Spanish, including social service providers and translators, as needed.*

Overall CLC Plan Comments

The CLC Plan has all of the required benchmarks. New outreach engagement opportunities for LGBTQ Youth were presented in the CLCP. It is recommended updated CLCP template is reviewed in order to capture updated resources and information provided in order to broaden service to LGBTQ youth.

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Draft CCMHB Program Summary FY2018

Agency: The UP Center of Champaign County

Program: Children, Youth & Families Program

PY18 CCMHB Funding Request \$19,000

PY18 Total Program Budget \$31,000

Current Year Funding (PY17) \$19,000

Proposed Change in CCMHB Funding - PY17 to PY18 0.0 percent

Focus of Application Mental Health

Type of Contract Grant

Priority #2: System of Care for Youth & Families

Service Description/Type

One part-time Program Coordinator and Administrative Support staff are employed within this program. The Administrator conducts administrative tasks and assists with drop-in hours for youth. The Program Coordinator (Coordinator) provides direct service to the target population through non-clinical crisis intervention, risk assessment, risk reduction strategies, support groups, community-building events, and volunteer management. All services take place at The UP Center or throughout the Champaign County community.

The Coordinator engages in outreach to the community (including schools and other social service organizations) to promote awareness of the programs available.

The Coordinator provides in-person coordination of youth support groups. Additionally, the Coordinator currently provides 9 hours of drop in staffing per week for LGBTQ youth; we aim to increase this to 16 hours per week (every day after school). Community-building events, such as game nights or family social events are held monthly for LGBTQ youth and LGBTQ families.

The Coordinator provides non-clinical crisis intervention and case management services for LGBTQ adolescents, families, and children. Non-clinical crisis intervention services are available over the telephone or in-person. The Coordinator assesses the individual or family's need for non-clinical crisis services through a non-clinical assessment and then provides these services, as needed. Some individuals and families need case management services. The Coordinator provides referrals to other service agencies or programs and coordinates services within the community.

Within the program, there is a family support group for parents of transgender children and will continue in FY18. This support group provides non-clinical social-emotional support for parents of children who are questioning their gender identity or who have identified as transgender.

Finally, the Coordinator manages volunteers within the program, including youth group co-facilitators and event organizers.

It is important to note that research suggests that LGBTQ individuals in crisis or in need of services require these services to be sensitive to the needs of LGBTQ individuals; however, such sensitivity is not always available within general service agencies. This program provides LGBTQ-identity specific resources to meet the needs of LGBTQ individuals and referrals to other organizations competent in meeting the needs that cannot be provided by The UP Center.

Comments

Program serves LGBTQ youth and families. Services include a drop-in center for youth, youth and family peer support groups, non-clinical crisis intervention and case management. Greater emphasis needs to be placed on the assistance provided through the drop-in center. Reference is made to use of a non-clinical assessment but the

instrument used is not identified. Staff qualifications found in the budget narrative are not up to date as they apply to the previous coordinator. Aspects of the program may align with either Priority #2 or Priority #4.

Access to Services for Rural Residents

For full description, see submitted Program Plan Part I Form.

Target Population

For full description, see submitted Program Plan Part I Form.

Residency

| | | |
|-------------------------------|-------------------------------|---|
| Total Served | 59 in FY2016 (last full year) | 17 in FY2017 – 1 st 2 quarters |
| Champaign Set | 34 (57.6%) for FY16 | 8 (47.1%) for FY17 |
| Urbana Set | 13 (22.0%) for FY16 | 3 (17.6%) for FY17 |
| Rantoul -single | 1 (1.7%) for FY16 | 0 (.0%) for FY17 |
| Mahomet - single | 0 (.0%) for FY16 | 1 (5.9%) for FY17 |
| Other Champaign County | 11 (18.6%) for FY16 | 5 (29.4%) for FY17 |

Demographics

| | |
|---|-------------|
| Total Served 59 in FY2016 | |
| Age | |
| Ages 13-18 ----- | 59 (100.0%) |
| Race | |
| White ----- | 43 (72.9%) |
| Black / AA ----- | 4 (6.8%) |
| Asian / PI ----- | 1 (1.7%) |
| Other (incl. Native American and Bi-racial) - | 3 (5.1%) |
| Not Available Qty ----- | 8 (13.6%) |
| Gender | |
| Male ----- | 13 (22.0%) |
| Female ----- | 9 (15.3%) |
| Not Available Qty ----- | 37 (62.7%) |
| Ethnicity | |
| Of Hispanic / Latino origin ----- | 3 (5.1%) |
| Not of Hispanic/Latino Origin ----- | 51 (86.4%) |
| Not Available Qty ----- | 5 (8.5%) |

Program Performance Measures

ACCESS

For full description, see submitted Program Plan Part I Form.

Comments

Referral process and length of engagement for various services is clearly defined. Reference to use of a clinical assessment related to crisis and case management is made but instrument is not identified. Program uses program tracking sheet submitted to administrator on monthly basis to record participation in support groups and other activities. Role of drop-in center as access point is not addressed.

CONSUMER OUTCOMES

For full description, see submitted Program Plan Part I Form.

Comments

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Measures clearly defined for select activities. Program uses a pre test and quarterly post-test for youth support group participants. Instrument used is the DASS (Depression, Anxiety, Stress Scale). Program describes anticipated results but does not benchmark or quantify projected level of change. Similar process will be used for adults receiving crisis intervention and case management services.

UTILIZATION

Treatment Plan Clients (TPCs) 25, defined as Number of children, youth, or adults receiving case management services. Target includes 20 new TPCs and 5 continuing TPCs from FY17.

Non-Treatment Plan Clients (NTPCs) 30, defined as Number of youth attending support groups during the funded year, as well as youth or adults attending community-building events organized through the Center. Proposed use of NTPC may result in duplicated count over course of the year. Clarification/revision of the definition of NTPC is necessary.

Service Contacts (SCs) 60, defined as Number of individuals receiving screening/intake assessments, non-clinical crisis services, or information and referral either in person or via phone.

Community Service Events (CSEs) 25, defined as Number of public presentations to classrooms, organizations, or schools with the goal of increasing sensitivity and tolerance toward LGBTQ individuals and meetings with social service agencies to plan community service events.

Comments

Are youth coming to the drop-in center considered an NTPC? If not, where are they reported? The drop-in center staffed by the program coordinator, accounts for 16 hours of service per week. What is the impact in terms of access and utilization?

FY18 Annual targets (per Utilization Forms)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---------------|-----|------|----|-----|-------|
| Annual Target | 25 | 30 | 60 | 25 | 0 |

FY17 First two quarters (per submitted Quarterly Reports)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---------------------|-----|------|-----|-----|-------|
| First Quarter FY17 | 17 | 27 | 0 | 4 | 0 |
| Second Quarter FY17 | 0 | 11 | 11 | 6 | 0 |
| Annual Target | 30 | 50 | 100 | 30 | 0 |
| % complete | 57% | 76% | 11% | 33% | |

FY16 all four quarters (per submitted Quarterly Reports)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---------------------|------|------|------|------|-------|
| First Quarter FY16 | 0 | 27 | 0 | 4 | 0 |
| Second Quarter FY16 | 10 | 11 | 46 | 9 | 0 |
| Third Quarter FY16 | 6 | 9 | 31 | 9 | 0 |
| Fourth Quarter FY16 | 0 | 12 | 31 | 12 | 0 |
| Annual Target | 10 | 28 | 50 | 20 | 0 |
| % complete | 160% | 211% | 216% | 170% | |

Financial Analysis

For more detail, see submitted Revenue, Expense, Personnel, and Budget Narrative Forms.

PY18 CCMHB Funding Request \$19,000

PY18 Total Program Budget \$31,000

Current Year Funding (PY17) \$19,000

Proposed Change in CCMHB Funding - PY17 to PY18 0.0 percent

Program Staff - CCMHB Funds:

Indirect = 0 FTEs Direct = 0.5 FTEs, Total CCMHB = 0.5 FTEs

Total Program Staff:

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Indirect = 0.25 FTEs Direct = 0.5 FTEs, Total Program = 0.75 FTEs

Budget Analysis: (staff comments) Staff position supported with CCMHB funds is the half-time program coordinator. The other paid staff position with the agency/program is the quarter-time administrative assistant but is not supported by the CCMHB.

Funding from the CCMHB represents 61.3% of the total program budget. \$19,000 / \$31,000 = 61.3 percent
Contributions – various 38.7 percent

Budget Analysis: (staff comments) The CCMHB is the only grant based source of support. Agency also allocates proceeds from contributions and fundraising to the program. Program budget shows projected revenue exceeding expenses although 100% of CCMHB funds are expensed.

Personnel related costs are the primary expense charged to CCMHB, at \$15,674 / \$19,000 = 82.5 percent

Beyond the personnel related expenses, the CCMHB is charged a portion of consumables, general operating, and specific assistance expense lines. Specific assistance pays for travel expenses incurred by rural residents to travel to The UP Center and for clothing assistance for transgender youth.

Audit Findings: Audit Requirement Waived

Comment Total funding is less than \$20,000. Audit requirement is waived.

CCMHB FY18 Decision Priorities and Decision Support Criteria

Priority #1 Collaboration with the Champaign County Developmental Disabilities Board No

Priority #2 System of Care for Youth & Families *Elements of program mirror services provided by others involved with the system of care for youth and families. Proposal is to serve LGBTQ youth and their families.*

Priority #3 Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface No

Priority #4 Innovative practices to support access to core services Yes *Peer support and case management to LGBTQ youth and families aligns with this priority.*

Overarching Decision Support Criteria

Underserved Populations/ Cultural Competence Plan Yes. *Population targeted is the LGBTQ community. CLC Plan review prefaces agency program summaries.*

Anti-Stigma Efforts Yes. *Program offers support for LGBTQ youth and community service events to increase tolerance and sensitivity.*

Countywide Access Yes. *While services are provided in Champaign, program does draw participants from outside Champaign and Urbana. Small pool of funds is set aside to provide assistance with travel expense to rural residents.*

Budget-Program Connectedness Yes. *Of total funding allocated to program, 61% requested from CCMHB. Program aligns with budget. Program budget shows small surplus although all CCMHB funds are expensed.*

Realignment of FY17 Contracts to Priorities No. *Amount requested is same as FY17.*

Technical Criteria

Approach/Methods/Innovation Yes. *Program offers LGBTQ-identity specific services that are not often available in general service agencies. CLC Plan review prefaces agency program summary.*

Staff Credentials No. *Staff credentials not specified. Information provided in the budget narrative applies to previous coordinator and is out of date.*

Resource Leveraging No. *The CCMHB is the only grant based source of support for the program. Other sources are the result of contributions and fundraising. More effort needs to be placed on developing other grant based sources of support to sustain the program.*

Process Considerations & Caveats

Clarification/revision of the definition of NTPC is necessary.

Contracting Considerations If this application is approved for funding, the applicants may be required to submit the following for staff review and approval prior to execution of the final FY18 contract: *revised Part I form*.

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

**2018 Summary Analysis of Applicant's Cultural and Linguistic Competence Activities
CCDDDB**

United Cerebral Palsy Land of Lincoln

CCDDDB reviews all CLCP plans submitted with FY2018 applications for funding, with particular attention actions steps associated to benchmarks for each of the following action areas:

1. Annual Cultural Competence Training
2. Recruitment of Diverse backgrounds and skills for Board of Director and Workforce:
3. Cultural Competence Organizational or Individual Assessment/Evaluation: Yes
4. Implementation of Cultural Competence Values in Policy and Procedure: Yes
5. Outreach and Engagement of Underrepresented and Marginalized Communities and target population defined in the criteria
6. Inter-Agency Collaboration
7. Language and Communication Assistance

Annual Cultural Competence Training

- Board of directors has allotted minimum of 2 hours for each staff person to take CLC Training
- It is required all staff to have at least 2 hours of CLC Training annually.
- The annual training curriculum through Relias Learning Management System will be reviewed and revised to reflect our commitment to diversity and cultures reflective of our central Illinois communities. Changes to annual requirements will be made as identified.

Recruitment of a diverse Board of Directors and Workforce

The Human Resources Manager will contact local churches, job fairs offered through minority organizations to expand UCP's applicant pool

Cultural Competence Organizational Assessment/Evaluation

Annually review/revise the Board policies on accessibility and compliance

Annual review of accessibility plan with goals to address barriers to services

Policies and procedures which reflect Cultural Competence values

All Board Members, Staff, and individuals served will read and sign CLC Plan Annually.

Evidence of outreach and engagement with underrepresented populations defined in application criteria

- *Individuals/families participate in the development of the service plan with inclusion of any communication and cultural considerations in the way services will be delivered.*
- *The training curriculum for persons served will be reviewed and revised to reflect our commitment to diversity and cultures reflective of our central Illinois communities*

Inter-Agency Collaboration

- *There are no actions in the CLC Plan that talk about inter-agency collaboration.*

Language and Communication Assistance

DRAFT
2018 Summary Analysis of Applicant's Cultural and Linguistic Competence Activities
CCDDB
United Cerebral Palsy Land of Lincoln

Overall CLC Plan Comments

The CLCP submitted by UCP was the CLCP from FY 17. The plan will need to be revised and updated with new benchmarks when the board of directors meet.

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Draft CCMHB Program Summary FY2018
Agency: United Cerebral Palsy Land of Lincoln CCMHB
Program: Vocational Training and Support

PY18 CCMHB Funding Request \$51,885 - a NEW request

PY18 Total Program Budget \$69,885

Current Year Funding (PY17) N/A

Proposed Change in CCMHB Funding - PY17 to PY18 N/A

Focus of Application Mental Health

Type of Contract Grant

Priority #4 – Innovative Practices to Support Access to Core Services

Services/People Served

Service Description/Type

The program will provide employment training, job placement services, money management training and self-advocacy skills to 30 adults who want to become financially stable. The program will meet with participants to identify barriers to employment and help them develop plans to overcome these barriers so they are job-ready. UCP will assist the individuals on job development and placement services and provide the support services necessary for them to maintain success on the job. UCP will collaborate with financial partners in the community to provide money management planning, self-sufficiency skills and education on future planning and security. UCP will mentor the individuals on money management skills and provide the case management and job coach services necessary for them to find a job, maintain it and become self-sufficient. These services include extended job coaching and case management to individuals currently working in the community as well as vocational training and job development to individuals with disabilities who have lost employment or want to improve their job skills. Some of the individuals that the funds will directly benefit have utilized services through the Division of Rehabilitation Services (DRS) and can no longer use DRS services because their case has been closed, but they are still in need of support services in order to maintain their job. UCP will provide job coaching/ support services to allow individuals to continue working in their community, receive promotions, and have the opportunity to work more hours. Individuals looking for employment will receive vocational training to help prepare them for the workforce. UCP will work with participants on assessments, interviews and career exploration and identify the support services they need in order to become job ready and financially stable.

Comments

New program proposal from an agency currently under contract with the CCDDDB to provide similar services to adults with intellectual/developmental disabilities. The new proposal provides employment, job coaching, and other financial management supports to adults with severe mental illness. Referrals will come through existing relationships with the DHS Division of Rehabilitation Services, Regional Planning Commission, schools, and other providers. Program will support adults in rural areas if that is where preferred employment is located. The proposal takes the CCMHB in a new direction by providing employment supports including money management, placement assistance, mentoring, and job coaching. Application aligns with Priority #4: Innovative Practices to Support Access to Core Services.

Access to Services for Rural Residents

For full description, see submitted Program Plan Part I Form.

Target Population

For full description, see submitted Program Plan Part I Form.

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Residency / Demographics

Comments Data not available as this is a new funding request, but the program does exist and already serves persons with MI.

Program Performance Measures

ACCESS

For full description, see submitted Program Plan Part I Form.

Comments

Access section identified timeframe of seven days from UCP receipt of referral to when staff initiates contact to schedule intake. All referred clients will have the opportunity to be assessed. Assessment tool(s) are noted. Individual Service Plans (ISP) will be prepared on any adults engaging in services. A weekly schedule of services and supports will be based on the ISP.

CONSUMER OUTCOMES

For full description, see submitted Program Plan Part I Form.

Comments

Clear outcomes noted with a specific benchmark for job placement; 90% of adults served will obtain employment. Agency is accredited by CARF (Commission on Accreditation of Rehabilitation facilities). Clarification of eligibility requirements associated with the CCDDDB contract identified clients with mental illness that would benefit from the service but did not qualify for services under the CCDDDB contract.

UTILIZATION

Treatment Plan Clients (TPCs) 30, defined as Number of clients that develop an Individual Service Plan that is person-centered and based on the desired employment goals of the individual.

Service Contacts (SCs) 90, defined as Number of the client intakes completed as well as any screenings of potential candidates who do not enter the program. Represents initial point of contact with a minimum of 30 completing intake and an individual service plan.

Community Service Events (CSEs) 40, defined as Number of 40 in-service trainings and public presentations.

Other 7,500, defined as Hours of service/supports provided to the 30 new TPCs. Target is based on 30 clients averaging 5 hours of service per week for 50 weeks. As a new program without an established caseload, the capacity of the program to meet the target is questionable.

Comments As new program proposal for FY18, no prior service data is available specific to the population served. Agency has received contracts from the CCDDDB to provide similar array of services to the ID/DD population.

FY18 Annual target (per Utilization Form)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---------------|-----|------|----|-----|-------|
| Annual Target | 30 | 0 | 90 | 40 | 7500 |

Financial Analysis

For more detail, see submitted Revenue, Expense, Personnel, and Budget Narrative Forms.

PY18 CCMHB Funding Request \$51,885 – a NEW request

PY18 Total Program Budget \$69,885

Current Year Funding (PY17) N/A

Proposed Change in CCMHB Funding - PY17 to PY18 N/A

Program Staff - CCMHB Funds:

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Indirect = 2.96 FTEs Direct = 3.78 FTEs, Total CCMHB = 6.74 FTEs

Total Program Staff:

Indirect = 0.08 FTEs Direct = 2.04 FTEs, Total Program = 2.12 FTEs

Budget Analysis: (staff comments) *There is an error in the percentage of CCMHB supported staff time allocated to the program. Various direct staff positions supported with CCMHB funds total 1.54 FTE. Indirect staff time totals .06 FTE. Total staff supported by the CCMHB is 1.6 FTE out of 2.12 FTE involved with the program. Amounts to be charged to CCMHB appear to be correct. Direct staff include three job coaches, a job development supervisor, and chief employment officer (very small percentage of time).*

Funding from the CCMHB represents 74.2% of the total program budget. \$51,885 / \$69,885 = 74.2 percent
State 25.8 percent

Budget Analysis: (staff comments) *Two sources of revenue support the program. The CCMHB is the primary source of support providing about 3/4's of program revenue. The remaining revenue comes from an Illinois Department of Human Services Division of Rehabilitation Services contract.*

Personnel related costs are the primary expense charged to CCMHB, at \$44,215 / \$51,885 = 85.2 percent
Besides personnel related expenses, other costs charged to CCMHB include consumables, general operating, local transportation, lease/rental and small amounts for professional fees and staff development. Budget narrative explains relationship of costs to program.

Audit Findings: Audit NOT in Compliance

Comment *Elements of audit did not comply with CCMHB/CCDDB requirements. Provider has been informed of deficiencies and will correct omissions going forward.*

CCMHB FY18 Decision Priorities and Decision Support Criteria

Priority #1 Collaboration with the Champaign County Developmental Disabilities Board No

Priority #2 System of Care for Youth & Families No

Priority #3 Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface No

Priority #4 Innovative practices to support access to core services Yes. *Program aligns with criteria. Clearly fits a niche that is needed for adults with severe mental illness and can help lead to other funding sources for the individual (i.e. employment.)*

Overarching Decision Support Criteria

Underserved Populations/ Cultural Competence Plan *Provides a service not readily available. CLC Plan review prefaces agency program summaries.*

Anti-Stigma Efforts No. *Not a focus of the application.*

Countywide Access *Participants are responsible for their own transportation. Program will assist with placement and job supports with an employer in rural Champaign County if preferred by the client and employment opportunity is available.*

Budget-Program Connectedness Yes. *CCMHB is primary source of program funding at 74% of total budget. Program aligns with budget.*

Realignment of FY17 Contracts to Priorities Yes. *As a new proposal aligning with a high priority in a highly competitive application cycle, consideration to redirection of funds from other contracts or commitment of new funds if available, would be required if proposal to be funded.*

Technical Criteria

Approach/Methods/Innovation Yes. *Provides range of employment related services for people with mental illness.*

Staff Credentials No. *Not specified. It would be helpful to know what qualifications staff have to perform the work, for example being trained in customized employment. All job coaches may have completed some Customized Employment training since the date this application was submitted.*

Resource Leveraging No. *Program has two sources of revenue - CCMHB and DHS Division of Rehabilitation Services.*

Process Considerations & Caveats

Contracting Considerations If this application is approved for funding, the applicants may be required to submit the following for staff review and approval prior to execution of the final FY18 contract: *Error on personnel form will need to be corrected.*

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
2018 Summary Analysis of Applicant's Cultural and Linguistic Competence
Activities
CCMHB
The Urbana Neighborhood Connections Center

CCMHB reviews all CLCP plans submitted with FY2018 applications for funding, with particular attention actions steps associated to benchmarks for each of the following action areas:

1. Annual Cultural Competence Training
2. Diverse Board and Staff Recruitment
3. Cultural Competence Organizational Assessment/Evaluation
4. Implementation of Cultural Competence Values in Policy and Procedure
5. Outreach and Engagement of Underrepresented Populations defined in the Criteria
6. Inter-Agency Collaboration
7. Language and Communication Assistance

Cultural Competence Training

- *Board of Directors will allocate funding for 5 hours of cultural competence training for staff.*

Recruitment of a diverse Board and Staff

No Information Noted

Cultural Competence Organizational Assessment/Evaluation

- *Conduct Regular Focus Groups for clients to discuss the services that are delivered.*
- *Allow staff to assess and provide feedback about the services that are provided.*

Policies and procedures which reflect Cultural Competence values

- *Ensure that facility is reflective of the population served as well as provide a welcoming environment for visitors.*

Evidence of outreach and engagement with underrepresented populations defined in application criteria

Maintain resources related to community service providers that will be a source of referral for UNCC and families.

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DRAFT
2018 Summary Analysis of Applicant's Cultural and Linguistic Competence
Activities
CCMHB
The Urbana Neighborhood Connections Center

Inter-Agency Collaboration

Continue to partner with local community agencies and organizations such as Urbana's School Based Health Center, Rosecrance, Housing Authority of Champaign County and others that focus efforts on vitalizing children, families and the neighborhoods in which they live.

Language and Communication Assistance

No information noted in the CLC Plan

Overall CLC Plan Comments-

The CLCP template was followed according to the instructions that were provided. It was included that the board of directors will provide resources for cultural competence training. The plan did not include information about Language and Communication assistance.

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Draft CCMHB Program Summary FY2018
Agency: Urbana Neighborhood Connections Center, Inc
Program: Community Study Center-ACCESS Initiative

PY18 CCMHB Funding Request \$19,500

PY18 Total Program Budget \$92,500

Current Year Funding (PY17) \$12,000

Proposed Change in CCMHB Funding - PY17 to PY18 (\$19,500 - \$12,000) / \$12,000 = 62.5 percent

Focus of Application Mental Health

Type of Contract Grant

Priority #2: System of Care for Youth & Families

Services/People Served

Service Description/Type Since its grassroots development in 2010, UNCC has remained committed to serving as an empowerment zone through which children and youth benefit from productive year-round academic, recreational, and social-emotional enrichment. Additionally, UNCC has evolved into a point of contact for information, linkage and referral to many resources in our communities

During the academic school year, the Community Study Center offers after-school homework and tutorial sessions Monday through Friday from 3:00pm -6:00pm for children in grades K-12 (intense emphasis on K-8) where staff assists children with academic enrichment activities assigned by their classroom teacher or by UNCC's Activity Leaders. Upon completion of academics, participants may participate in recreational activities (basketball, football, board games etc.); arts and crafts, dance groups, social responsibility groups, movies, video games or digital learning activities. School Out Days (i.e. teacher institute and parent-teacher conferences), are held from 8:00am – 5:00pm. and that closely resemble the structure of summer programming. During the summer break UNCC conducts an eight-week Summer Enrichment Camp (8am -5pm / Mon. – Fri.) during which times participants are provided with the opportunity to participate in small group academic enrichment sessions focused on reading, writing and math along with social/emotional development, digital literacy; along with afternoon recreational and leisure activities designed for youth in grades K-8.

In addition to continuing the implementation of life enriching activities including life/social skills, conflict resolution groups, and family focused events along with linkage and referral to professional treatment agencies should the need arise; UNCC has provided more evidence based interventions with youth in grades 5-8 through the use of "Bibliotherapy" in small group sessions. Facilitated by Master Level Social Workers approximately 35 youth have participated in weekly reading and relating groups via the H.O.P.E. (Helping Other People Evolve) Challenge experience. As we are currently collaborating with School Social Workers in Champaign School District with the plan of implementing H.O.P.E. Challenge sites in two elementary buildings, we look forward to a great movement in our Urbana-Champaign community that allows youth to address life's difficulties in a non-traditional treatment approach.

Grant funding for H.O.P.E. Challenge operations has been provided by The Illinois Children's Healthcare Foundation for the past year and will end in June 2017. UNCC is requesting that the CCMHB provide a portion of the funding that will allow UNCC to sustain this effective approach to engaging youth in addressing mental health concerns.

Comments

Program serves school aged children and youth, grades K - 12, with an emphasis on working with children in grades K - 8, particularly those who are African American and/or low-income. Program has strong working relationship with Urbana School District. Afterschool and summer program supports academic enrichment, recreational activities, and provides other supports for social-emotional growth. Program cites use of "Bibliotherapy" and HOPE Challenge - Helping Other People Evolve - facilitated by Masters level social workers

as part of the work with youth. Increased funding requested is tied to continuing use of HOPE Challenge. More detail on this approach would be helpful.

Access to Services for Rural Residents

For full description, see submitted Program Plan Part I Form.

Target Population

For full description, see submitted Program Plan Part I Form.

Residency

| | | |
|-------------------------------|----------------------|---|
| Total Served | 318 (last full year) | 143 (FY2017 – 1 st 2 quarters) |
| Champaign Set | 41 (12.9%) for FY16 | 16 (11.2%) for FY17 |
| Urbana Set | 273 (85.8%) for FY16 | 125 (87.4%) for FY17 |
| Rantoul -single | 2 (0.6%) for FY16 | 0 (0.0%) for FY17 |
| Mahomet - single | 0 (0.0%) for FY16 | 0 (0.0%) for FY17 |
| Other Champaign County | 2 (0.6%) for FY16 | 2 (1.4%) for FY17 |

Demographics

Total Served 318 in FY2016, last full year

Age

| | |
|------------------|-------------|
| Ages 0-6 ----- | 57 (17.9%) |
| Ages 7-12 ----- | 174 (54.7%) |
| Ages 13-18 ----- | 84 (26.4%) |
| Ages 19-59 ----- | 3 (.9%) |

Race

| | |
|---|-------------|
| White ----- | 14 (4.4%) |
| Black / AA ----- | 281 (88.4%) |
| Other (incl. Native American and Bi-racial) - | 19 (6.0%) |
| Not Available Qty ----- | 4 (1.3%) |

Gender

| | |
|--------------|-------------|
| Male ----- | 145 (45.6%) |
| Female ----- | 173 (54.4%) |

Ethnicity

| | |
|-------------------------------------|-------------|
| Of Hispanic / Latino origin ----- | 4 (1.3%) |
| Not of Hispanic/Latino Origin ----- | 154 (48.4%) |
| Not Available Qty ----- | 160 (50.3%) |

Program Performance Measures

ACCESS

For full description, see submitted Program Plan Part I Form.

Comments

No access related measures are defined. Narrative is comprised of a statement about collecting demographic data.

CONSUMER OUTCOMES

For full description, see submitted Program Plan Part I Form.

Comments

In addition to outcomes related to the overall operation of the Community Study Center, special efforts will continue to be made to incorporate essentials of Illinois State Social Emotional Learning Standards that (1)

develop self-awareness and self management skills necessary to achieve school and life success; (2) use self-awareness and interpersonal skills to establish and maintain positive relationships; and (3) demonstrate decision-making skills and responsible behaviors in personal, school, and community context. By incorporating these Social and Emotional Learning (SEL) skills during non-school hours, youth will be able to recognize and model healthy social emotional and academic functioning in multiple environments. General goal statements associated with activities, expected results, and data collection, but no specific outcome measures or benchmarks.

UTILIZATION

Treatment Plan Clients (TPCs) 0

Non-Treatment Plan Clients (NTPCs) 200, defined as number of youth receiving services through the Community Study Center.

Service Contacts (SCs) 0

Community Service Events (CSEs) 0

Other 0

FY18 Annual target (per Utilization Form)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---------------|-----|------|----|-----|-------|
| Annual Target | 0 | 200 | 0 | 0 | 0 |

FY17 First two quarters (per submitted Quarterly Reports)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|---------------------|-----|------|----|-----|-------|
| First Quarter FY17 | 0 | 120 | 0 | 0 | 0 |
| Second Quarter FY17 | 0 | 23 | 0 | 0 | 0 |
| Annual Target | 0 | 200 | 0 | 0 | 0 |
| % complete | | 71% | | | |

FY16 all four quarters (per submitted Quarterly Reports)

| Quarter | TPC | NTPC | SC | CSE | OTHER |
|-----------------------|-----|------|----|-----|-------|
| First Quarter FY2016 | 0 | 243 | 0 | 0 | 0 |
| Second Quarter FY2016 | 0 | 98 | 0 | 0 | 0 |
| Third Quarter FY2016 | 0 | 31 | 0 | 0 | 0 |
| Fourth Quarter FY2016 | 0 | 60 | 0 | 0 | 0 |
| Annual Target | 0 | 100 | 0 | 0 | 0 |
| % complete | | 432% | | | |

Financial Analysis

For more detail, see submitted Revenue, Expense, Personnel, and Budget Narrative Forms.

PY18 CCMHB Funding Request \$19,500

PY18 Total Program Budget \$92,500

Current Year Funding (PY17) \$12,000

Proposed Change in CCMHB Funding - PY17 to PY18 $(\$19,500 - \$12,000) / \$12,000 = 62.5$ percent

CCMHB- funded Program Staff comparison with Total Program Staff

Budget Analysis: (staff comments) Personnel form was not properly completed and will need to be corrected. Total program and CCMHB supported personnel sections are blank. Budget narrative does describe staff to be supported with CCMHB funds including explanation for funding increase that will pay social workers to sustain HOPE Challenge activity. Incorrect revenue in budget narrative.

Funding from the CCMHB represents 21.1% of the total program budget. $\$19,500 / \$92,500 = 21.1$ percent.

United Way $\$27,000 = 29.2$ percent; Contributions - various $\$7,000 = 7.6$ percent

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Budget Analysis: (staff comments) Program requests a \$5,500 increase in funding from the CCMHB. Program receives other local funding including United Way and City of Urbana. Also receives funds from the Champaign County Regional Planning Commission for high school college and career readiness and Illinois Healthcare Foundation for HOPE Challenge.

Personnel related costs are the primary expense charged to CCMHB, at \$10,000 / \$19,500 = 51.3 percent.

Budget Analysis: (staff comments) Expense form not properly completed. Total program expense column and CCMHB expense column are identical when total program should reflect all program expenses using revenue from all sources listed on revenue form. With exception for how personnel costs are accounted for, CCMHB expense column matches budget narrative. Personnel related costs are about 50% of CCMHB budgeted expenses with remaining costs allocated to consumables - primarily food, general operating and occupancy expenses, and transportation to assist with youth and families.

Audit Findings: Audit Requirement Waived.

Comment Total funding is less than \$20,000. Audit requirement is waived.

CCMHB FY18 Decision Priorities and Decision Support Criteria

Priority #1 Collaboration with the Champaign County Developmental Disabilities Board No

Priority #2 System of Care for Youth & Families Yes. *Proposal aligns with priority. After-school programming and summer camp provide academic supports/enrichment followed by recreational activities to at-risk youth. Program works collaboratively with Urbana School District. Services are similar to DMBGC CU Change and Mahomet Area Youth Club, though for Urbana.*

Priority #3 Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface No

Priority #4 Innovative practices to support access to core services No

Overarching Decision Support Criteria

Underserved Populations/ Cultural Competence Plan Yes. *Focused on youth in Urbana who may be overlooked by Champaign-focused programs. Children and youth served are predominantly African American and/or from low-income families. CLC Plan review prefaces agency program summaries.*

Anti-Stigma Efforts No. *Not a focus of the application.*

Countywide Access No. *Program is targeted to Urbana youth.*

Budget-Program Connectedness *Funding requested from CCMHB is about 20% of total program budget. The budget narrative includes some information on staff to be supported with CCMHB funds and use of increased funding requested. Financial forms completed incorrectly and will need to be revised if funded.*

Realignment of FY17 Contracts to Priorities Yes. *Program requests \$5,500 increase to pay licensed social workers to work with students' participating in HOPE Challenge sessions.*

Technical Criteria

Approach/Methods/Innovation Yes. *Neighborhood based after school and summer program activities. References use of Bibliotherapy and HOPE Challenge as approaches used by staff and social workers when working with children/youth. Predominant activity is academic support.*

Staff Credentials No. *In general, not specified. Licensed social workers do assist with some activities.*

Resource Leveraging *Program receives support from other local funders. CCMHB funds are not used as matching funds.*

Process Considerations & Caveats

Contracting Considerations *If this application is approved for funding, the applicants may be required to submit the following for staff review and approval prior to execution of the final FY18 contract: Corrections/revisions to budget forms to conform with application requirements is necessary.*

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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10. A.

CCMHB 2017 Meeting Schedule

First Wednesday after the third Monday of each month--5:30 p.m.
Brookens Administrative Center
Lyle Shields Room
1776 E. Washington St., Urbana, IL (unless noted otherwise)

January 18, 2017

January 25, 2017 Study Session (Putman Rm.)

February 22, 2017

March 8, 2017 (Optional Study Session)

March 22, 2017

~~*March 29, 2017 (Optional Study Session)*~~ CANCELLED

~~*April 19, 2017*~~ CANCELLED

April 26, 2017

*May 5, 2017 – 1PM Joint CCMHB/CCDDB Study Session
presentation by Dave Wetherow*

May 17, 2017 (Study Session)

May 24, 2017

May 31, 2017

June 21, 2017

June 28, 2017 (Optional Study Session)

**This schedule is subject to change due to unforeseen circumstances. Please call the
CCMHB-CCDDB office to confirm all meetings.*

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DRAFT

January to June 2017 Meeting Schedule with Subject and Allocation Timeline*

The schedule provides the upcoming dates and subject matter of board meetings through June 2017 for the Champaign County Mental Health Board. The subjects are not exclusive to any given meeting as other matters requiring Board review or action may also be addressed or may replace the subject listed.

Study sessions may be scheduled throughout the year with potential dates listed. Study session topics will be based on issues raised at board meetings, brought to the CCMHB by staff, or in conjunction with the Champaign County Developmental Disabilities Board.

Included with the meeting dates is a tentative schedule for the CCMHB allocation process for Contract Year 2018 (July 1, 2017 – June 30, 2018).

| <u>Timeline</u> | <u>Tasks</u> |
|--------------------|--|
| 1/4/17 | CCMHB/CCDDB Online System opens for CCMHB CY 2018 application cycle. |
| 1/18/17 | Regular Board Meeting Election of Officers |
| 1/25/17 | Study Session – Application Review/Program Summary |
| 2/10/17 | Online System Application deadline – System suspends access to CY18 applications at 4:30 p.m. (CCMHB close of business). |
| 2/22/17 | Regular Board Meeting Liaison Assignments List of Funding Requests |
| 3/8/17 | (Optional Study Session) |
| 3/22/17 | Regular Board Meeting Approve FY 2016 Annual Report Discussion of Applications for Funding |
| 3/29/17 | Study Session Discussion of Applications for Funding |
| 4/19/17 | Program summaries released to Board and copies posted online with the CCMHB April 26, 2017 Board meeting agenda. |
| 4/19/17 | Regular Board Meeting CANCELLED |

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- 4/26/17 **Regular Board Meeting**
Program Summaries Review and Discussion
- 5/05/17 **CCMHB/CCDDB Joint Study Session**
Speaker: Dave Wetherow
- 5/10/17 The earliest date allocation decision recommendations are released
to Board and copies posted online. The respective meeting agenda
will list allocation decisions as an action item.
- 5/17/17 **Study Session**
Allocation Discussion
- 5/24/17 **Regular Board Meeting**
Allocation Decisions
- 5/31/17 **Regular Board Meeting**
Allocation Decisions
Authorize Contracts for CY 2018
- 6/21/17 **Regular Board Meeting**
Approve FY 2018 Draft Budget
- 6/28/17 (Optional Study Session)
- 6/30/17 Contracts completed.

**This schedule is subject to change due to unforeseen circumstances. Please call the CCMHB-CCDDB office to confirm all meetings and allocation process deadlines.*

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10.B.

Agency and Program acronyms

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

CAC - Children's Advocacy Center

CC – Community Choices

CCDDB – Champaign County Developmental Disabilities Board

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

CCMHB – Champaign County Mental Health Board

CCRPC – Champaign County Regional Planning Commission

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

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

DMBGC - Don Moyer Boys & Girls Club

DSC - Developmental Services Center

ECIRMAC – East Central Illinois Refugee Mutual Assistance Center

ECMHD - Early Childhood Mental Health and Development, a program of Rosecrance Champaign/Urbana

FDC – Family Development Center

FS - Family Service of Champaign County

FN - Frances Nelson previously known as Frances Nelson Health Center Health Center. Healthcare facility operated by Promise Healthcare

GAP – Girls Advocacy Program, a program component of the Psychological Service Center.

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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

RCU – Rosecrance Champaign/Urbana

RPC – Champaign County Regional Planning Commission

TIMES Center – Transitional Initiative Men’s Emergency Shelter Center, a program of Rosecrance Champaign/Urbana

UCP – United Cerebral Palsy

UNCC – Urbana Neighborhood Community Connections Center

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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Glossary of Other Terms and Acronyms

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

CCBoH – Champaign County Board of Health

C-GAF – Children's Global Assessment of Functioning

CILA – Community Integrated Living Arrangement

CIT – Crisis Intervention Team; law enforcement officer trained to respond to calls involving an individual exhibiting behaviors associated with mental illness.

CLC – Cultural and Linguistic Competence

CQL – Council on Equality and Leadership

CRT – Co-Responder Team; mobile crisis response intervention coupling a CIT trained law enforcement officer with a mental health crisis worker.

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

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

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)

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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.

DSP – Direct Support Professional

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

IDOC – Illinois Department of Corrections

I&R – Information and Referral

ISC – Independent Service Coordination

ISP – Individual Service Plan

ISSA – Independent Service & Support Advocacy

JDC – Juvenile Detention Center

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.

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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 and Mental Health Services Administration, a division of the federal Department of Health and Human Services

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

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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.

SEL – Social Emotional Learning

SFI – Savannah Family Institute. Manages the Parenting with Love and Limits (PLL) model.

SUD – Substance Use Disorder

TALKS - TALKS Mentoring (Transferring A Little Knowledge Systematically)

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.

YASI – Youth Assessment and Screening Instrument. Instrument assesses risks, needs, and protective factors in youth. Instrument is used in Champaign County by the Youth Assessment Center, Juvenile Detention Center, and Parenting with Love and Limits programs.

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