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, September 20, 2017
Brookens Administrative Center, Lyle Shields Room
1776 E. Washington St. Urbana, IL
5:30 p.m.

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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 and limit total time to 20 minutes.
4. Approval of Agenda*
5. President's Comments
6. New Business
   A. UIUC Evaluation Capacity Project Presentation **(pages 4-90)**
   Researchers from the UIUC Psychology Department will present on the two year project to support development and evaluation of funded agency program performance outcomes.
   B. Crisis Response Planning Committee Report **(pages 91-119)**
   Representatives of the CRPC will present results of the two year planning effort funded by the Department of Justice with CCMHB match.
   C. CILA and CCMHB FY2018 Budgets **(pages 120-127)***

A Decision Memorandum on the CILA and CCMHB Fiscal Year 2018 Budgets is included in the packet. Action is requested.

D. CCMHB Three Year Plan with DRAFT FY18 Objectives **(pages 128-142)***
Included in the packet for discussion is the CCMHB Three Year Plan for FY16-18 with DRAFT Objectives for FY2018.

7. Old Business

A. Rosecrance JMHCP Match Amendment **(pages 143-144)***
Decision Memorandum on amendment request from Rosecrance concerning local matching funds for Department of Justice "Justice and Mental Health Collaboration Program (JMHCP)" planning grant is included in the packet. Action is requested.

B. Meeting Schedule & Allocation Process Timeline **(pages 145-148)**
Updated copies of the meeting schedule and allocation timeline are included in the packet.

8. Agency Information
The CCMHB reserves the authority to limit individual agency participation to five minutes and limit total time to 20 minutes.

9. CCDDB Information

10. Approval of CCMHB Minutes* **(pages 149-153)**
7/19/17 *Minutes are included. Action is requested.*

11. Executive Director's Comments

12. Staff Reports **(pages 154-173)**
Staff reports from Kim Bowdry, Mark Driscoll, Stephanie Howard-Gallo, Shandra Summerville, and Chris Wilson are included in the packet.

13. Consultant Report **(page 174)**
A report on the 11th Annual disABILITY Resource Expo and related activities is included in the packet.

14. Board to Board Reports

15. Financial Information* **(Pages 175-189)**
    A copy of the claims report is included in the packet. Action is requested.

16. Board Announcements

17. Adjournment

Board action

6.A.

A Report on Building Evaluation Capacity for Programs Funded by the Champaign County Mental Health Board (CCMHB) Year 2

Nicole Allen, Ph.D.
Mark Aber, Ph.D.
Hope Holland, B.A.

Department of Psychology
University of Illinois, Urbana-Champaign

September 20, 2017

A Report on Building Evaluation Capacity for Programs
Funded by the Champaign County Mental Health Board (CCMHB)
Year 2

Statement of Purpose:

The purpose of the FY 2017 year was to begin to build evaluation capacity for programs funded by the CCMHB. In Year 2, we implemented a number of plans identified via Year 1 assessment of current evaluation activities and priorities. Below we review the activities in which we engaged including attention to the activities we plan to continue next year and some our of lessons learned in Year 2.

1. Create a Learning Organization among Funded Agencies and the CCMHB

a. Prepare "targeted" agencies to share information at MHAC meetings once/year

In collaboration with the CCMHB staff, we identified four agencies targeted for more intensive evaluation capacity building partnership. Four funded programs worked closely with evaluation consultants who were doctoral students supervised by Drs. Aber and Allen. These programs engaged in targeted strategies for building evaluation capacity, and received individual support from their consultant throughout the process. The processes and outcomes from these partnerships are explained in detail in Sections II through V of this report. Each section summarizes the effort engaged with each partner agency.

These relationships were created to foster a culture of learning, first within each program as an individual entity, and then across CCMHB-funded agencies as a larger system. Consultants took an intensive approach that emphasized developing a learning organization, or one that is "skilled at creating, acquiring, and transferring knowledge, and at modifying its behavior to reflect new knowledge and insights" (pp. 79; Garvin, 1993). As one example, we hoped to position these target programs as 'peer experts' that could then report back and serve as resources to other CCMHB-funded programs. While the targeted programs are not at a point where they would be able to function as independent supports for other agencies building evaluation capacity, their experiences are valuable learning opportunities for their peers.

During the Mental Health Agency Council (MHAC) meeting on August 22, 2017 representatives from each of the four targeted programs presented to their peers about their experiences building evaluation capacity throughout FY17. Programs briefly shared about challenges they encountered and lessons learned, as well the general processes they engaged in. This feedback

appeared to elicit some excitement among other programs, leading a few to express their desire to participate in this phase of the project in FY18.

Much of the research on learning organizations focuses on individual actors (e.g. employees) within an organization (e.g. a specific business), and our process involved programs and agencies within a larger system (CCMHB). While ongoing effort will further advance these goals, the targeted partnerships begin the process of fostering a cutlure of i) valuing evaluaiton, ii) desiring evaluaiton to be meaningful, and iii) experimenting with evaluation.

2. Create a Uniform Performance Outcome Format

a. Review existing documents for application and performance outcome reporting

b. Edit documents in collaboration with CCMHB staff, members, and funded agencies

c. Pilot new form in FY 17/18 funding cycle

As part of our work to better understand how programs and CCMHB board members experience the current system, we reviewed a variety of data. First, we reviewed information board members shared in interviews with Drs. Aber and Allen in FY16. Then, we reviewed submitted applications and performance measurement outcome (PMO) documents from multiple programs. We then went through the application and PMO reporting processes as if we were a program submitting them, noting any points of ambiguity or confusion.

We then took all of this information and are in the process of revising these documents, focusing on seeking more specificity from programs. Piloting in the 17/18 fiscal year was not viable, but working closely with CCMHB staff, we hope to facilitate greater clarity regarding outcomes and assessment processes in both the FY19 application and in the FY19 final performance outcome measure report.

3. Encourage and Support the Development of Theory of Change Logic Models

a. Offer 2-3 logic modeling workshops to support funded programs in model development

b. Provide follow-up support to targeted agencies who submit a model to the team for review (and to agencies who choose to develop the model using "hours" from the consultation bank)

While we only planned on offering 2-3 logic modeling workshops, ultimately we offered 8 workshops, and held 6 (2 did not have sufficient numbers to hold). We had 17 unique programs represented at the trainings. At each session we offered the opportunity for programs to seek extra assistance in completing their model. While only a few programs actually took advantage of this offer, those that did made signficant progress.

May 16, 2017-

Rape Advocacy, Counseling, & Education Services (R.A.C.E.S)

May 9, 2017-

East Central Illinois Refugee Mutual Assistance Center (ECIRMAC)

Urbana Neighborhood Connections Center

March 16, 2017-

Mahomet Area Youth Center (MAYC)

First Followers

Social-Emotional Headstart

RACES

Champaign County Regional Planning Commission (CCRPC) (unique program/attendance from January workshop)

January 11, 2017-

Family Service Counseling

Courage Connection

CCPRC

December 7, 2016-

Crisis Nursery

Community Services Center of Northern Champaign County (CSCNCC)

Prairie Center

November 11, 2016-

Community Choices

Family Service Senior Advocacy

Promise Healthcare

Rosecrance

4. Create or Use Existing Settings for Organizations to Share Lessons Learned from Evaluation

a. Prepare "targeted" agencies to share information at MHAC meetings once/year

As part of our work to build a learning organization, representatives from the four targeted agencies shared their experiences building evaluation capacity in FY17 to their peers at the August 22 MHAC meeting. Evaluation consultants worked with agency representatives to develop the presentations and assisted them in presenting if the agencies wanted. For more detail on this, please see Goal 1 in this section, titled Create a Learning Organization among Funded Agencies and the CCMHB for more information (p.1).

5. Choose Four Programs for Targeted Evaluation Support

a. Work in collaboration with four funded programs to develop evaluation plans and support them in the implementation of those plans (e.g., instrument development, data gathering, data reporting)

b. The goal would be to guide an evaluation process that can be sustained by the program

Early in FY17, we worked with CCMHB staff to identify four programs to receive targeted evaluation support. These four programs were chosen from approximately 10 programs that volunteered for or expressed interest in this opportunity. Factors we considered when determining which programs to choose included (among others) i. the program's apparent readiness for change and ii. the potential for generalizability to other programs. We also sought variability in the size of the agencies, thinking that agencies of different sizes would potentially face different issues in developing evaluation capacity. Instead of choosing specific programs, we ultimately chose agencies, and then, for those agencies with more than one CCMHB funded program, let the agency choose which of those programs they wanted to receive targeted support. The four agencies and programs ultimately chosen were Promise Healthcare's Wellness and Justice program, Community Choices' Connect program, Family Service's Senior Advocacy program, and Rosecance's CJ708 program. Each program was paired with a graduate student supervised by Drs. Allen and Aber. The processes that each program engaged in are explicated in detail in Sections 2-5. Reflecting on our year long engagement with the four target programs, we believe that for relatively small service organizations, like those funded by the CCMHB, it is not reasonable to expect them to design and implement high quality outcome oriented evaluations on their own without consultation from dedicated evaluation experts. The types of evaluation that programs can engage in themselves will be more oriented to process and internal quality improvement. Evaluations that focus on the extent to which programs are resulting in wholesale improvements in people's lives will be difficult without more concerted resources (like those devoted to PLL). While programs can certainly examine outcomes – they are unlikely to be able to design outcome evaluations that support strong inferences about what caused those outcomes.

6. Create an Evaluation Consultation Bank

a. Offer a bank of 100 consultation hours for use by funded programs

b. Funded programs would request hours based on specific tasks

i. Developing an evaluation focus

ii. Completing a logic model

iii. Identifying process and outcome evaluation questions

iv. Identifying or developing relevant measures

v. Reporting data

We were initially suprised by the limited engagement with this aspect of the evaluation capacity building project. Despite numerous emails and verbal explanations of the availability of the bank and how to access it, as well as both general and specfic examples of possible supports that

programs could receive, few programs took advantage of it. In response to programs' limited engagement with the bank, we offered additional logic modeling workshops, reaching double the amount of programs than if we had only offered the few originally planned. Additionally, because of limited engagement, we were often able to offer increased supports to agencies that did seek assistance. We now think it is likely that, given agencies' limited experience with evaluation, they found it difficult to form questions that were appropriate for the bank. This was reinforced by our work with specific programs that needed tailored support over a sustained period of time to make progress.

Consultation bank requests:

MAYC BLAST (finished logic model)
Family Service Counseling
Courage Connection (initial inquiry only)
R.A.C.E.S. Hotline (extra work on logic model)
Rosecrance Cultural Competence (work on outcome goals and processing data)

The high level of interest in the logic modeling workshops and minimal engagement with the consultation bank suggests that programs are more likely to access structured and specific evaluation capacity building resources. This may be because programs feel overwhelmed with the process, are unsure of where to begin, or feel comfortable with the processes they are currently using. In the future, we will maintain the consultation bank, but are also planning to offer workshops on different topics relevant to builidng evaluation capacity (e.g. identifying process and outcome evaluation questions; reporting data). We expect (and it is our hope) that our previously targeted agencies may now be well positioned to use the bank to continue to develop and implement the evaluation activities spurred by partnership with consultants this year.

7. Build a "Buffet" of Tools

a. Create a Google drive or other web-based repository for measures developed with and/or for funded programs

To encourage programs to use evidence-based and empirically-validated outcome tools, we created a Google drive with detailed descriptions and possible uses for over 50 measures and [1], outcome resources. Measures were chosen specifically with CCMHB programs in mind. We feel that the breadth of this resource will be a positive support for programs wanting to increase their capacity in outcome research.

For the index and alphabetized brief descriptions of included measures, please see section I, appendix A.

Year 3 Proposal

Based on our experiences and progress in Year 2, we proposed and will pursue the following Year 3 activities:

1. Continue to Create a Learning Organization among Funded Agencies and the CCMHB
    a. Prepare new "targeted" agencies to share information at MHAC meetings once/year (most likely during the summer months)

2. Finalize and Implement a Uniform Performance Outcome Format
    a. Provide a new Performance Outcome format for review and approval by CCMHB staff, members, and funded agencies
    b. Have new form available for use in the 18/19 funding cycle should CCMHB staff want to require it

3. Support the Development of Theory of Change Logic Models for CCMHB funded agencies
    a. Offer 4-5 logic modeling workshops to support funded programs in model development
    b. Provide follow-up support to targeted agencies who submit a model to the team for review (and to agencies who choose to develop the model using "hours" from the consultation bank)

4. Choose *up to* Four Programs for Targeted Evaluation Support in Consultation with CCMHB Staff and Board
    a. Work in collaboration with *up to* four funded programs to develop evaluation plans and support them in the implementation of those plans (e.g., instrument development, data gathering, data reporting)
    b. The goal would be to guide an evaluation process that can be sustained by the program

5. Continue the Evaluation Consultation Bank with Emphasis on Previous Target Agencies
    a. Offer a bank of consultation hours for use by funded programs
    b. Funded programs would request hours based on specific tasks, e.g.,
        i. Developing an evaluation focus
        ii. Completing a logic model
        iii. Identifying and implementing an appropriate outcome measure
        iv. Developing and sustaining evaluation activities (particularly in targeted agencies)
        v. Reporting data

6. Continue to Build a "Buffet" of Tools
    a. Maintain and expand a Google drive or other web-based repository for measures developed with and/or for funded programs

7. Provide 1 – 2 Technical Training on Topics of Interest
    a. For example, database creation and management using Excel.

Index:

Folders:

Functional Skills/Daily Living:

-Casey Life Skills Assessment
-Daily Living Activities
-Transition Readiness Assessment Questionnaire
-Activities of Daily Living
-Adult Needs and Strengths Assessment

Need/Stability Measures:

-Adult Needs and Strengths
-Camberwell Assessment of Need Short Appraisal Scale

Depression, Anxiety, and Suicide Assessments:

-Alternatives to the PHQ (resource list)
-10 Item Depression Scale
-20 Item Depression Scale
-PHQ-9 Adolescent Version
-Depression Scale for Children
-Generalized Anxiety Disorder-7
-PHQ-9 Adult
-Columbia Suicide Severity Rating Scale- Screeener and Full Version

Impact of a Chronic Health Condition or Disability:

-Craig Hospital Inventory of Environmental Factors
-Health Assessment Questionnaire
-Impact on Family Scale-Revised

PTSD, Trauma, and/or Refugee-specific Assessments:

-PTSD Screener
-Guidelines for Refugee MH Assessment (Document)
-Refugee Services Toolkit (free online toolkit)
-Life Events Checklist

Substance Use and Risky Behaviors:

-Risk Behavior Survey
-CAGE-AID
-Alcohol Use Disorders Identification Test

Bipolar Disorder Screeners:

-Standards for Bipolar Excellence Toolkit (free online resource)
-Mood Disorder Questionnaire

Acculturation and Cultural Development:

-Cultural Formation Interview
-Societal, Attitudinal, Familial and Environmental Acculturative Stress- child version
-Abbreviated Multidimensional Acculturation Scale

Broad Mental Health Assessments:

-Article about free, validated assessment tools
-Global Appraisal of Individual Needs- short screener
-Patient Stress Questionnaire
-Integrated Behavioral Health Screeners- Resource List

Physical Health and Satisfaction with Care:

General Folder:

-Child Health Questionnaire
-Medical Outcomes Study-36 item

Patient Satisfaction with Medical Care:

-Patient Global Satisfaction with Healthcare
-Visit Specific Satisfaction Instrument

General/ Global Outcomes:

-Emerging Measures from American Psychiatric Association (Resource List)
-Brief Adult Outcome Questionnaire
-Customizable Assessments from ACORN

(12)

-DSM-V Cross-cutting Symptom Measure-Adult

Child/Adolescent Measures:

-Early Development and Home Background Form
-Social Competence Scale for Teenagers
-Strengths and Difficulties Questionnaire
-Pediatric Quality of Life
-Bright Futures Toolkit
-Pediatric Symptom Checklist

Alphabetized Brief Measure Descriptions:

10 Item Depression Scale: 10 item self-report measure of depression for adults

20 Item Depression Scale: 20 item self-report measure of depression for adults

Abbreviated Multidimensional Acculturation Scale: Measure of acculturation into American society and customs

Activities of Daily Living-Screening version: This screener assesses elderly people's independence in activities of daily living

Adult Needs and Strengths Assessment- Manual: This measure identifies areas for support in individuals with varying needs. The manual includes specifics on all of the different domains that can be picked to create a unique assessment to meet program needs.

Adult Needs and Strengths Assessment- Transition to Adulthood: This measure seeks to identify areas for support in individuals transitioning to adulthood; there are different versions available for a variety of populations.

Alcohol Use Disorders Identification Test: This 10 item measure assesses problematic drinking behavior in adults.

Alternatives to the PHQ: This is a list of evidence-based alternative resources to the Patient Health Questionnaire measure.

Article about free, validated assessment tools: This is an article that discusses a variety of free, validated assessment tools for use in community-serving agencies.

Brief Adult Outcome Questionnaire: This measure assesses a variety of patient symptoms and asks about client-therapist rapport

Bright Futures Toolkit: This resource is a free online toolkit with a variety of resources in English and Spanish for providers working with children and families.

CAGE-AID: This 4-item measure screens for alcohol and drug use in adults

Camberwell Assessment of Need Short Appraisal Scale: This measure seeks to assess the health and social needs of adults with serious mental health concerns

Casey Life Skills Assessment-Youth version: This longer measure assesses for functional life skills in youth and adolescents

Child Health Questionnaire: This measure assesses health-related quality of life in children and adolescents through parent-proxy

Columbia Suicide Severity Rating Scale- Screener and Full version: These measures screen for and assess suicidal ideation, likelihood of attempt, and severity of ideation

Craig Hospital Inventory of Environmental Factors: This measure assesses the frequency and magnitude of perceived physical, attitudinal, and policy barriers that keep people with physical disabilities from doing what they want or need to do.

Cultural Formation Interview: This is an emerging measure from the DSM-V, which seeks to "clarify key aspects of presenting clinical problems from the point of view of the individual and and other members of the individual's social network".

Customizable Assessments from ACORN: This document contains information on free, empirically-validated and customizable assessments offered to programs by A Collaborative Outcomes Research Network (ACORN).

Daily Living Activities: This measure can be used with individuals of all ages, and intends to measure the areas of daily living impacted by mental illness or disability.

Depression Scale for Children: This is a 20-item self-report depression inventory for youth.

Generalized Anxiety Disorder-7: This measure is intended for rapid screening for GAD and other common anxiety disorders.

DSM-V Cross-cutting Symptom Measure-Adult: This measure assesses mental health domains that are important across diagnoses.

Early Development and Home Background Form: This 19 item measure seeks to establish a child's early history for clinical and intervention-planning purposes.

Emerging Measures from American Psychiatric Association: This document contains information on new measures created by the American Psychiatric Association.

Global Appraisal of Individual Needs- short screener: This is a brief screener intended for triage and referral purposes.

Guidelines for Refugee MH Assessment (Document): This document explains research-supported ways to assess for the mental health needs of refugees.

Health Assessment Questionnaire- Disability Index: This measure assess the degree of disability in adults with a disability or chronic pain issue

Impact on Family Scale-Revised: This assessment measures the impact of pediatric chronic illness on a family.

Integrated Behavioral Health Screeners- Resource List: This document contains information on screening tools for use in primary care and other client-serving community populations.

Life Events Checklist: This 17 item measure assesses for PTSD in adults

Medical Outcomes Study-36 item: This measure monitors and assesses patient health outcomes in adults.

Mood Disorder Questionnaire: This 13 item measure screens for bipolar disorder.

Patient Global Satisfaction with Healthcare: This questionnaire assesses global levels of patient satisfaction with medical care.

Patient Stress Questionnaire: This measure combines the PHQ-9, GAD-7, CAGE-AID, and AUDIT into one questionnaire.

Pediatric Quality of Life: This assessment measures health-related quality of life in children and adolescents.

Pediatric Symptom Checklist: This measure is a psychosocial screen to facilitate early intervention.

PHQ-9 Adolescent Version: This 9-item measure that screens for depression in adolescents.

PHQ-9 Adult: This 9-item measure screens for depression in adults.

PTSD Screener: This 4 item measure is used to quickly screen for PTSD in primary care settings with adult patients.

Refugee Services Toolkit: This document contains information about a free online toolkit with resources and measures specifically for programs that serve refugees.

Risk Behavior Survey: This 21-item measure assesses drug-use and sexual behavior in adults.

Social Competence Scale for Teenagers: This 9-item measure assesses social competence in adolescents aged 12-17 years.

Societal, Attitudinal, Familial and Environmental Acculturative Stress Scale- Child Version: This measure assess the impact of perceived acculturative stress and discrimination on immigrant and refugee children.

Standards for Bipolar Excellence Toolkit: This document contains information on a free online toolkit for programs who screen for and work with people with bipolar disorder.

Strengths and Difficulties Questionnaire: The SDQ is a brief behavioral screening measure for children aged 2-17 years old, and is available in a variety of languages and formats.

Transition Readiness Assessment Questionnaire: This measure assesses readiness for transitioning to independence in people with special healthcare needs aged 16-26 years old.

Visit Specific Satisfaction Instrument: This short measure assesses client satisfaction with their recent care visit.

Promise Healthcare

Prepared by Jessie Fitts and Nancy Greenwalt, Executive Director of Promise Healthcare

With special thanks to Norma Coleman and Mona Fortner for their role in implementing evaluation capacity building activities and gathering data for this report.

Program Overview

The Wellness and Justice Program at Promise Healthcare aims to connect patients with resources and information to address non-clinical barriers to achieving optimum physical and mental health. These services, known as "patient assists," are particularly targeted to support patients who have both a mental health diagnosis and a chronic medical condition and those who are at risk of or have had an encounter with the justice system. However, the services are available to all adult patients of the healthcare center. The program is part of Promise Healthcare's efforts to serve as a primary medical and mental health home to patients, where they can be connected with any services and resources they may need to achieve their optimal health. From October 2016 to June 2017, a consultant worked with the Executive Director and the two primary staff people of the Wellness and Justice program to build the center's capacity to evaluate and improve the program.

Logic Model

The first step in the process of building evaluation capacity was to identify and detail the parameters of the program—that is, identify what the program "did" on a daily basis and the intended outcomes of these activities. This was an evolving process that continued for the duration of the consultant's engagement with Promise Healthcare. One challenge in specifying the exact activities that comprised the program was that the staff members had multiple roles, and therefore there was sometimes confusion about which tasks were and were not part of the Wellness and Justice Program.

The program activities and intended outcomes were organized into a logic model (see section 2, appendix A for the most updated version). This model was drafted at a workshop by the consultant and the Executive Director, and at later dates was edited to incorporate feedback from the program coordinators (who carry out the primary tasks of the program) and the consultant's supervisors.

Identifying Goals

Using the logic model, over time several goals were identified. These goals centered on understanding the program's processes and proximal impacts with the intention of enabling continuous quality improvement, rather than a large-scale evaluation of the ultimate impacts. The identified goals are:

1. Streamline the current report-writing process by improving the pre-existing data system
2. Create a digitized, searchable, easily-updateable system for organizing resources used to provide assistance to patients

3. Gather information on patient experiences with the Wellness and Justice coordinators and patient intentions to use the provided resources
4. Gather follow-up information on patient experiences of using the resources provided

Executing Goals & Preliminary Findings
The process taken to address each goal and the outcomes/findings are detailed below.

Goal 1: Streamline the report writing process. Early in her engagement, the consultant reviewed the process of how patient assists were tracked in the computer system and how this data was used to produce reports. Producing reports for the CCMHB was identified as a time-intensive process. In the very busy healthcare setting, this constrained other possible evaluation efforts because time and resources were limited. Several features of the computer system made these reports complicated. The NextGen software has two parallel components—a practice management (EPM) system that tracks appointments, scheduling, patient contact and billing details, and an electronic health record (EHR) system that tracks details of patient care and health status. Patient encounters (i.e., phone or in-person conversations with the coordinators) were tracked using both the practice management and health record system. However, some information required in the CCMHB report, such as race, diagnoses, and justice status, was not available through the practice management system. This information was therefore entered into a text "details" section along with a description of the assist and whether the issue was resolved. A details section might read as follows: "Blk PTSD and Dementia complete" to indicate the patient was black and had diagnoses of PTSD and dementia, and that the referral paperwork was completed. It might also read "she needed help with locating a food pantry. I gave her information on all the available locations that she could go to. White." This data structure necessitated hand-counting of race and other information in order to produce reports. Additionally, because the data entry process didn't prompt for information like race, details were often left out and had to be added later.

Several strategies were discussed to make the data entry and management more efficient and usable, but the computer system initially proved to be inflexible. This goal was therefore tabled during the middle portion of the engagement. In May, the issue was revisited by the Executive Director and the Electronic Health Records (EHR) Administrator. The Nextgen computer system had been upgraded, which allowed for race and county to be pulled into the reports on the Practice Management side. In addition, the EHR Administrator added an entry domain to the Practice Management side. This entry domain enabled the automated inclusion of details that were needed for the reports, including:

a) Type of assist (see section 2, appendix b for the categories and codes). The categories was informed by the logic model, by conversation with the coordinators, and by the assist descriptions captured in the notes section of the previous Practice Management system.

b) Whether the patient was justice-involved

c) Whether the assist occurred in-person or over the phone

It was determined that chronic disorder diagnosis was not a necessary component of the report, as the determination of which disorders to include was not clear-cut and did not add substantial value to the report.

By including these codes in the Practice Management system, the process of aggregating data needed for the reports will be streamlined. This system will provide automated counts of important information like in person versus phone assists, number of assists of each type, and the total number of assists.

Another issue in the computer system was how "Treatment Plan Contacts" (also called "Case Management") and "Non-Treatment Plan Contacts" were defined. Initially this was designated by the coordinators, sometimes at the time of the assist and sometimes after the fact. Categorization of contacts into Treatment Plan and Non-Treatment Plan, and designation of this in the computer system, was somewhat idiosyncratic and did not follow a clearly defined rule. Moreover, the distinction did not provide useful information about the assist.

In May, a shift was made to have wellness staff document assists as either an initial assessment or a return. The wellness staff stopped coding specifically for Case Management or Treatment Plan. Starting July 1, "Case Management" was defined to apply to patients who had more than two contacts in a CCMHB year. This rule can be applied consistently and efficiently for future reports.

Goal 2. Create a functional digitized system of resources. The staff members of the Wellness and Justice Program are experts in local resources and agencies. They stored this information in a paper filing cabinet and a binder, and in the memory of the primary coordinator. The paper filing system was not easily updateable, which is problematic in the fast-changing world of social service agencies. Second, it was not easily accessible for other staff members, which was a problem when the coordinators were not available. Third, this system was not transportable to patient rooms (where in-person assists occur). Lastly, the paper system was limited because it was not easily searchable. Thus, creating an electronic, functional, and accessible system was important in expanding the program and enabling a more complete evaluation.

To meet this goal, the consultant created a searchable, editable blog, and the coordinators uploaded (and continue to add to and edit) resources, links to agencies, and important paperwork. The site can be viewed at https://wellnessreferralguide.wordpress.com/. A link to this site was placed on all the computers in patient rooms. Coordinators can now access this information and print forms easily when meeting with patients in any room.

Goal 3. Gather information on patient experiences with the service and their intentions to use the resources. In order to evaluate the outcomes of the program, two points of impact were identified: one, right after the patient met with the coordinators, and two, when they used (or didn't use) the referrals, information, and resources provided. In order to investigate the first time point, a questionnaire was developed and piloted, to be administered on a yearly basis by interns. Promise Healthcare already collects satisfaction surveys from patients on a yearly basis with a target goal of 20 surveys per primary care provider. These questionnaires are sent off to a company that analyzes and summarizes the data. However, there are no specific questions aimed at patient's experiences with the

Wellness and Justice Program. A new questionnaire was developed to address this gap, and can be integrated into the data collection process already in place.

The purpose of the questionnaire is two-fold. One, the survey gathers information on the patient's experience with the coordinator and their overall satisfaction with the service. Secondly, the survey asks patients whether the information/resources/referrals provided are useful and whether they think it will address their need. Often, in order to meet the need, the patient needs to follow-up with the referral or visit another agency. The survey asks patients whether they think this follow-up will address the need and whether they intend to follow up. As this data is gathered over time, it will inform the agency as to what needs they are meeting well and where there may be gaps in their resource provision or customer service.

Piloting of this measure was limited because it occurred during a time when few in-person assists were conducted and when few interns were available to administer the survey. Despite this, the survey was completed and will be used in the next administration of surveys. See section, two appendix c for the most recent version of the survey. Additionally, an excel spreadsheet was created to hold the data and automatically create tables and pie charts. This will enable easy use of the basic data for reports or meetings, as well as store the data in a format that is convenient for more complex analysis if needed.

Goal 4. Gather information on patient experiences with using the resources provided. Most commonly, the need(s) of the patient are not actually met during the meeting with the coordinator; instead, they are provided with information, a referral, paperwork, or other instructions on how to address their concern. Therefore, even if patients are very pleased (or displeased) with the service right afterwards, the question remains of whether they use the resource and whether it fully addresses the initial concern. In order to investigate this question, we conducted a call-back study over the course of a month and a half. Patients were called back within 2 weeks of their appointment and asked a series of questions. These questions included whether they had followed-up on the resources and information provided, why they hadn't if not, and how well they addressed the need if they did follow up. Results from this study are presented below.

Study Results

A. *Types of Assists.* From 3/21/17 to 5/9/17, 39 encounters specific to the Wellness and Justice program were recorded. These included 41 assists, as one encounter involved more than one client concern. This data was collected during a time of staff turnover at the Wellness and Justice program, so this number should not be treated as an assessment of typical patient flow. Due to this small sample size, all findings should be viewed as preliminary and exploratory.

The most common assist category was housing/utilities. This included help with power bills, help with reprieve from eviction, and assistance with mold removal. Eight assists dealt with transportation, such as getting a handicap parking placard, referral to medical transportation charities, and assistance with getting a bus pass. In another eight assists, the coordinators provided a referral to an agency for a medical need (e.g., Rosecrance for counseling, Family Services, smoking quitline, Empty Tomb for medication assistance). Three assists were related to food availability, and were primarily

referrals to Empty Tomb or provision of food baskets available at the health center. Only one assist related to job resources (workers comp billing). Six assists were categorized as "other", which included a patient who needed a phone and was referred to Safelink, instructions for how to use the Vial of Life (a medication information storage system so first responders can find critical information in the case of an emergency), a referral to Courage Connection for domestic violence concerns, and a referral to Empty Tomb for clothing. The most common agencies that coordinators connected patients with were Ameren (to file a hardship with to keep utilities on), Empty Tomb, and Land of Lincoln.

Table 1. Types of assists

Assist Category	Count	Percent
Total	*41*	
Housing/Utilities	15	36.6
Transportation	8	19.5
Referral for medical need	8	19.5
Food	3	7.3
Job resources	1	2.4
Other	6	14.6

B. *Patient follow-up.* Twenty-four patients were reached for follow-up conversation. Out of these, 15 had followed up with the resources or referral they were given; 3 did not need to follow up, and 6 had not followed up yet. For those who had not followed up with the resources or referral, two indicated that the issue resolved itself, one was very upset about a different life issue so had not followed up, one forgot and planned to call in the future, and one hadn't felt like going but still planned to go.

Table 2. Have you followed up with the resources or referral provided?

Answer	Count	Percent
Yes	15	62.5
No	6	25
N/A because follow-up not needed	3	12.5

Of those who did follow up or did not need to, half indicated that the resources provided had resolved the issue completely or mostly. Five people reported that it resolved the issue somewhat; four indicated that it did not resolve the issue at all. Reasons for dissatisfaction included being unhappy with the types/quantity of food they received from Empty Tomb, being unable to request transportation services without already having an appointment, and still waiting for an appointment with an agency. In one case, the service they were referred to was no longer available.

Table 3. How well did the resources or referral resolve the issue?

Answer	Count	Percent

Completely	7	38.9
Mostly	2	11.1
Somewhat	5	27.8
Not at all	4	22.2

Conclusions

Overall, the majority of patients used the resources or referral provided, and found that they resolved the issue completely, mostly, or somewhat. When this did not occur, the data indicates opportunities for the Wellness and Justice services to be strengthened.

A quarter of patients had not followed up with the resources or referral they were given. While this is not a surprising given the complexity of patient's lives, there is room for improvement in terms of connecting patients with resources. To the extent possible, coordinators should aim to connect patients with referral agencies while they are still in the room with them. This may entail completing paperwork with patients or making a phone call while they are in the room. While no patients indicated that transportation or access to a phone was a barrier to accessing a resource, these and other possible barriers should still be discussed with patients while the coordinator is meeting with them.

Job resources were rarely discussed with patients. While this may reflect a lack of need in this area, it is also possible that patients are not being referred to coordinators for this issue because the doctors do not know that the coordinators can help with this issue or because patients are not aware of the coordinator's services. If providing resources on finding and keeping employment is a goal of the Wellness and Justice program, they should strengthen their resources in this area and make sure that the doctors and nurses are aware of this aspect of their services so they can communicate this to patients.

The majority of encounters focused on only one problem. It is possible that these patients had other needs that could have been explored if they were aware of the other resources available. Wellness and Justice coordinators should be encouraged to ask patients about any other areas of their life where they may have concerns, and may want to run through each category (housing/utilities, transportation, medical needs, food, job resources) with patients.

In a few cases, a patient reached out to an agency and found that it did not meet their needs. Patients should be encouraged to reach back out to the Wellness and Justice coordinators when this happens, so that they can provide alternative options or help a patient navigate the system.

Ongoing Program Evaluation & Improvement

In May, near the end of the capacity building project, the primary staff person on the Wellness and Justice program left Promise Healthcare with the work being picked up by other staff. The agency is currently in the process of filling the position and making changes to the program with the goal of making it an indispensable component of their services. The agency intends to continue to evaluate and tweak the program. To this end, the following goals were identified for the ongoing process of internal evaluation and improvement:

1. Investigate how the program meets the needs of healthcare providers, and how it can be improved from their perspective, in order to increase utilization of the program.

The Wellness and Justice Program was initially created as a way to address patient concerns while also enabling doctors to focus on medical concerns and meet efficiently with patients. This latter goal was not investigated as a focus of this evaluation effort. Currently, some doctors use the Wellness and Justice coordinators more often than others. Patients are connected with a coordinator if they ask directly for one or if a healthcare provider thinks they may be well-served by meeting with a coordinator. Therefore, doctors and other healthcare providers are the primary pathway to the coordinators and are essential to utilization of the Wellness and Justice Program. As part of the ongoing evaluation and continuous quality improvement of the program, the Executive Director intends to interview primary care providers to determine how they view the program, how it works for them, and how it could better meet their needs. By addressing any possible barriers to utilization of the services, hopefully more patients will be connected to the Wellness and Justice coordinators.

2. Increase in-person assists.

When a care provider identifies that a patient may have a non-medical need that interferes with their capacity to follow their treatment plan, they can either call a coordinator into the room in-person at the end of the appointment or task a coordinator with calling the patient at a later time. The call-back study uncovered a trend towards electronic tasking for a later call. Best practice for integrated care settings emphasizes the value of "warm hand-offs" (e.g., SAMHSA's 2014 *Organized, Evidence-Based Care Implementation Guide*), and some studies have found that warm hand-offs increase the number of people who enroll in a service or receive care (Cummings, O'Donohue, & Cummings, 2009; Richter, Faseru, Shireman, & Martell, 2016). Given the busy, complex lives of patients, in-person meetings while they are still at the healthcare center are likely more effective in terms of addressing needs than attempting phone calls at a later time. Thus, removing any barriers to in-person assists may promote the utilization and effectiveness of the Wellness and Justice program. Receiving feedback from healthcare providers (goal #1) will be useful in determining how to pursue this goal. Additionally, identifying locations for coordinators to meet with patients if the appointment rooms are filled may increase in-person assists. The number of in-person assists as compared to remote assists can now be tracked through the new codes created in the NextGen computer system.

3. Identify service gaps and seek to address by building relationships with other agencies.

The Wellness and Justice coordinators are in a unique position to evaluate the resources available in the community in relation to their patients' needs. To leverage this position, the coordinators should identify areas of weakness in our local service array (that is, areas where they are unable to provide resources or where patients are dissatisfied with the available services). Previously, collaborations between Promise Healthcare and other agencies, like Rosecrance, have been developed in part to meet these service gaps. Identification of current gaps may lead to future collaborations and the strengthening of the community's service array.

4. Continue to use and update the digitized resource site.

The resource organization system was designed to be easily editable. In order for it to be useful, it must contain comprehensive and up-to-date information. Therefore, continuing to maintain the site is an ongoing goal.

5. Continue to track patient experiences and satisfaction with the program using the questionnaire created.

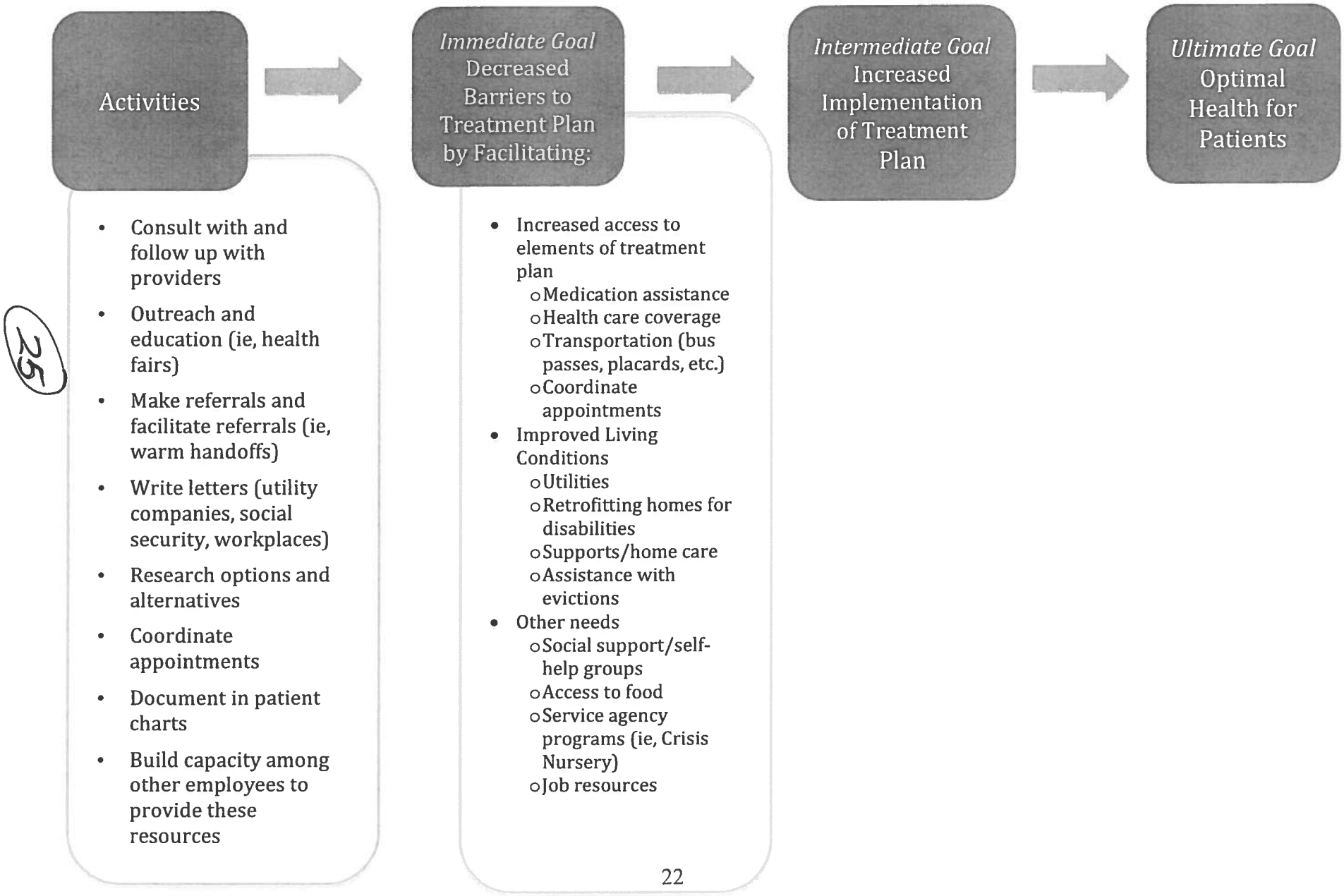
The patient experience survey was designed to be integrated into the yearly survey collection already conducted as part of Promise Healthcare. Collecting these surveys yearly will allow for the identification of strengths and weaknesses of the program as it grows and changes, and can inform continuous improvement of the services.

Summary

For a busy, resource-pressed healthcare center, building evaluation capacity is not a simple task. This project encountered several challenges that are endemic to such settings, including limited availability of time and resources, staff turnover, and pre-existing data management systems with limited flexibility. Despite these challenges, the staff and executive director were able to institute several changes that will strengthen the center's capacity to continuously evaluate the Wellness and Justice Program and target areas for improvement. As a living, evolving program, the Wellness and Justice Program services cannot be evaluated in a static one-time way. Instead, through continued emphasis on internal evaluation, the program can evolve to best meet the diverse needs of Promise Healthcare's patients.

Section II, Appendix A:

Frances Nelson Wellness and Justice Program Logic Model- Draft 6/15/17



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Section II, Appendix B
Assist Categories and Other Codes

Assist Categories (more than one allowed)

CM001: Transportation
Examples: parking placard, bus pass, help getting a license

CM002: Food
Examples: referral to food bank, assistance getting food stamps

CM003: Housing/Utilities
Examples: assistance finding affordable housing, help with keeping utilities on, referral to a homeless shelter

CM004: Occupational (Job resources)
Examples: help with finding job opportunities, medical leave paperwork

CM005: Referral for medical need
Examples: referral to an agency outside of Frances Nelson for medical care/ mental health care/ substance use treatment etc.

CM006: Internal Assistance, Forms
Examples: help with completing intake packets, scheduling an appointment

CM007: Coverage/Health Insurance
Examples: assisting with enrolling in health insurance, answering questions about insurance coverage

CM008: Other
Examples: legal assistance, crisis nursery

Additional Codes (more than one allowed)

CM009: Justice Involved
Indicates that the patient has been involved with the justice system

CM010: In-person Assist
Indicates that the coordinator met with the patient in-person

CM011: Remote Assist
Indicates that the coordinator assisted the patient via phone, email, or mail

Section II, Appendix C: Client Questionnaire

Please help us serve you better by completing this brief survey about your experience today. Your responses will be kept private and will not negatively impact the care you receive.

1. Did you meet with someone today to discuss things you need help with, outside of medical problems (for example, help with utilities, referral to a food bank, help with a job search or getting insurance, assistance with transportation, etc.?)

   ☐Yes ☐ No

If yes, please continue with this survey.

2. What is your age? (Please write in)

_____

3. What is your gender?

   ☐ Man ☐ Woman ☐ Other: _____

4. What is your race/ethnicity? (mark one or more)

   ☐ Hispanic/ Latino

   ☐Asian ☐Black/African American

   ☐White ☐Native Hawaiian

   ☐Other Pacific Islander ☐American Indian/Alaskan Native

5. What was the first need or concern you discussed? *(select one)*

   ☐ Transportation (*e.g., parking placard, bus pass, help getting a license*)

   ☐ Food *(e.g., referral to food bank, assistance getting food stamps)*

   ☐ Housing/Utilities *(e.g., assistance finding affordable housing, help with keeping utilities on, referral to a homeless shelter)*

   ☐ Job resources *(e.g., finding job opportunities, medical leave paperwork)*

   ☐ Referral for medical need (*e.g., referral to an agency outside of Frances Nelson for medical care/ mental health care/ substance use treatment etc.)*

☐Other

If other, please describe:

5a. Was the staff person able to provide information or resources to help with this need?

☐ Yes
☐ No

5b. Was this information or resources helpful?

1	2	3	4
Not at all	A little	Somewhat	Very

5c. How likely are you to use the resources or information that you were just given? (For example, call the agency's phone number, bring in necessary paperwork, visit the foodbank, etc.)

1	2	3	4
Not at all likely	A little	Somewhat	Very likely

→ *If they patient had only one concern, skip to question 8*

6. What was the first need or concern you discussed? *(select one)*

☐ Transportation (*e.g., parking placard, bus pass, help getting a license*)
☐ Food *(e.g., referral to food bank, assistance getting food stamps)*
☐ Housing/Utilities *(e.g., assistance finding affordable housing, help with keeping utilities on, referral to a homeless shelter)*
☐ Job resources *(e.g., finding job opportunities, medical leave paperwork)*
☐ Referral for medical need (*e.g., referral to an agency outside of Frances Nelson for medical care/ mental health care/ substance use treatment etc.)*
☐Other

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If other, please describe:

6a. Was the staff person able to provide information or resources to help with this need?

☐ Yes

☐ No

6b. Was this information or resources helpful?

1	2	3	4
Not at all	A little	Somewhat	Very

6c. How likely are you to use the resources or information that you were just given? (For example, call the agency's phone number, bring in necessary paperwork, visit the foodbank, etc.)

1	2	3	4
Not at all likely	A little	Somewhat	Very likely

7. Was there anything else you needed help with that the staff person was not able to help with?

☐ Yes

☐ No

7a. If yes, please describe.

8. Please rate the staff person who helped you with these things on the following:

	Poor	Fair	Good	Very Good
Friendly and helpful to you				
Spends enough time with you				
Listens to you				
Considers your personal or family beliefs				

9. Overall, how satisfied were you with this service?

1	2	3	4
Not at all	A little	Somewhat	Very

10. How could we improve your satisfaction with this experience?

Community Choices

Prepared by Camarin Meno and Becca Obuchowski, Executive Director of Community Choices

Program Description

Established in 2009, Community Choices is a co-operative based in Champaign with the mission of partnering with people with developmental disabilities in pursuit of independence, opportunity, and choices by offering high quality, self-directed supports and services. With financial support from the CCMHB and other local and state funding sources, Community Choices offers three service programs including: 1) the Community Living program, aimed at supporting adults with disabilities in finding affordable and accessible housing within the community; 2) the Customized Employment program, aimed at supporting adults with disabilities in finding meaningful and sustainable employment; and 3) the Connect Program, aimed at creating a supportive community of people affected by disability and fostering connections between members and the broader Champaign community. For FY2017, Community Choices has so far served 18 members in its Community Living program, 32 members in its Customized Employment program, and 77 members and 97 parents and family members in its Connect program. For the ECB project, Community Choices' Connect program was selected to receive consultation and ECB support from the UIUC team.

Evaluation Capacity Building (ECB) Project

Together, Community Choices staff and the UIUC team developed two key products to build evaluation capacity within the agency and program: the *Connect Program Logic Model* and the *Annual Member Survey*. Both products are provided in Section III Appendices A and B, respectively.

Connect Program Logic Model

The *Connect Program Logic Model* is a visual representation of the logical flow between the activities and expected outcomes of the Connect program, as hypothesized by the program's theory of change. Below is a brief description of the theory of change, activities, and outcomes specified in the *Connect Program Logic Model.*

Theory of Change:
The Connect Program is grounded on the belief that having a supportive community for Community Choices members and family members allows Community Choices members to go out into the world and engage in social activities, which leads to culture shifts in Community Choices membership, from primarily using programmatic supports to using more natural supports to meet social engagement needs.

Activities:

Embedded within ongoing programming aimed at developing the leadership capacity of members through formal leadership classes and informal opportunities for leadership roles throughout the organization, and programming aimed at providing family support to member families through meetings and informal social outings, Community Choices provides the following activities designed to lead to the expected outcomes of the Connect Program:

(1) Community Choices organizes monthly informational meetings for members and their families about resources and social opportunities in the community;
(2) Community Choices organizes social opportunities, including group outings such as group dinners and community events;
(3) Community Choices organizes Co-Op clubs based on interests and hobbies of members;
(4) Community Choices provides "togethering" support to members interested in accessing social opportunities in the local community, by assisting members in making initial connections with community groups and organizations;
(5) Community Choices supports members in creating self-directed Co-Op clubs and social opportunities; and,
(6) Community Choices provides support for members to advocate for themselves in seeking social support.

Expected Outcomes:
Short term: (1) Members develop a desire for social opportunities;
(2) Members develop meaningful friendships;
(3) Members access a variety of support systems; and,
(4) Members are supported by each other.

Long term: (1) Members organize clubs and social lives on their own; and,
(2) Culture shifts occur among the Community Choices membership, from primarily using programmatic supports to using more natural supports to meet social engagement needs

The *Connect Program Logic Model* was developed over several meetings, beginning with a large group session conducted with other CCMHB-funded agencies, and later through one-on-one consultation meetings with a Community Choices staff member and a member of the UIUC team. Overall, the development of the *Connect Program Logic Model* was a complex, lengthy process that eventually produced a highly useful visual heuristic describing the Connect Program (see section III, appendix A). Over the course of the meetings, we focused on different aspects of the logic model, with input from different staff in Community Choices. In our first few meetings held with the Connect program staff, Community Choices Executive Director, and a UIUC consultant, we focused on establishing general outcomes and activities, with less emphasis on the specific details of each of the identified outcomes and activities or the logical connections between them. With a full team developing the logic model, it was more productive to discuss the various goals and activities of the Connect program, and receive input from each of the staff, than to focus heavily on minute details of the program. In subsequent meetings with the Executive Director and the UIUC consultant, emphasis shifted to elucidating the different goals

and activities and identifying the logical connections between them. What helped to facilitate the identification of the logical connections between the outcomes and activities was the articulation of the Connect program's theory of change, which expresses the underlying philosophy of the Connect program and its activities. After we identified the theory of change, the next few meetings focused on further clarifying each of the activities and outcomes and creating a visual representation of these relationships. Throughout this process, drafts of the *Connect Program Logic Model* were presented to the UIUC ECB team for feedback and suggestions.

In discussions with Community Choices staff, the logic model process was identified as being helpful in articulating the theory of change driving the Connect program and identifying the outcomes relevant to the program and its mission. Community Choices staff also highlighted the cross-over utility of the logic model process for other programs within Community Choices.

Annual Member Survey

The *Annual Member Survey* is a 25-item multiple choice and open-ended item questionnaire focusing on members' overall experiences with Community Choices and each of its three programs. The *Annual Member Survey* was modified from an existing survey that was administered to members annually in the month of March. The existing survey had seven items focusing on members' overall experience in Community Choices, prompting members to provide general ratings of each of the programs, with open-ended sections allowing respondents to expand on what they thought Community Choices should continue or discontinue in its programming.

To begin this process of reviewing and strengthening the existing survey, we identified several important limitations in the existing measure. First, the survey items were vaguely worded, with single items covering several distinct aspects of the organization. For example, one item prompted respondents to rate Community Choices on being "respectful of individual, family, and cultural preferences." Second, the survey lacked adequate specific emphasis on Community Choices' individual programs and the expected outcomes of each of these programs. Respondents were prompted to give general rankings of each of the programs, rating each from "Very Poor" to "Great." Third, the survey did not fully meet recommendations for accessible survey methods as identified in the literature (see Department of Health, 2009 and Rios, Magasi, Novak, & Harniss, 2016). These recommendations included the use of a font size of at least 14 and the use of effective graphics to help relay meaning for individuals with learning disabilities. Finally, the administration of the survey was cumbersome and may have contributed to low response rates in the past. In previous years, the survey was emailed to participants with instructions for printing out and mailing the survey to Community Choices. In FY2016, 17 members completed the existing survey, with 24% of respondents identifying as members, 41% identifying as family members, and 35% declining to identify as a member or family member.

In updating the *Annual Member Survey*, Community Choices staff and the UIUC consultant met several times to refine the survey to include items based on the expected outcomes for each of Community Choices' programs, as well as redesign the survey to improve

its accessibility for people with disabilities. The *Annual Member Survey* was also adapted to an online format using Google Forms to further improve the survey's accessibility to all members, as well as aid in compiling survey data for reporting purposes. The administration of the survey was also modified. During the March 2017 monthly meeting, the *Annual Member Survey* was administered to members. Links to the online survey were emailed to all other members. In total, 31 respondents completed the survey, representing an 82% increase from FY2016. Respondents included 10 members (32%) and 21 family members (68%). A majority of the surveys were completed using the online Google Forms format (18 out of 31 surveys). The use of Google Forms is also sustainable given that this is a free service that Community Choices can continue to use.

In discussions with Community Choices staff, the newly revised *Annual Member Survey* was identified as a helpful tool for accessing members' experiences with the different Community Choices programs. Community Choices staff also highlighted the future value of the survey for assessing progress towards each of the different programs' outcomes over the coming years.

Reflections and Future Directions

Overall, efforts to build evaluation capacity were viewed as a useful, informative process that represented an important initial step towards developing evidenced-based programming at Community Choices. Reflecting on this process, and how our experiences might inform future projects, a few key observations can be shared. First, it is important that agencies begin the evaluation capacity building process with the knowledge that there is no single correct way to proceed, and that the process will likely be circuitous and involve several starts and stops. The pacing of the process will depend on many factors, such as the number of hours that staff are able to contribute to the process, the number of staff who are able to work on the project, and how the project fits in with the agency's day-to-day activities and deadlines. For this particular project with Community Choices, we found that having a core team comprised of the Executive Director and a UIUC consultant was the best use of our time and effort. This took some time for us to sort out, and thus it is also important that agencies be aware that the evaluation capacity building process will likely evolve over time as the team works out the best way to proceed.

Second, we would recommend working in ways that are most meaningful and productive for the staff working on the the evaluation capacity building project, avoiding rigid adherence to recommendations on how to proceed, and allowing staff knowledge and experience to play a key role in guiding the process. This issue came up particularly during the development of the *Connect Program Logic Model*, as our team took considerable time to identify the Connect program's main outcomes. Our team struggled to find the best way to sum up the outcomes of such a diverse program as Connect. Although we were initially instructed in the logic model workshop to identify our program's outcomes first, we ended up approaching our logic model from both our program's outcomes *and* activities. Approaching the logic model in this way helped our team avoid getting stuck in "wordsmithing" and also helped build the team's confidence in moving forward with the logic model. As the evaluation capacity building process proceeded, we continued to trust in our experiences as agency staff and the evaluation capacity

building consultants on what would work best for us in developing evaluation capacity for Community Choices.

Third, we would also recommend working with existing evaluation processes the agency uses as a start. When we completed the *Connect Program Logic Model*, there was a brief lull in activity as we tried to move forward and find out how best to evaluate the Connect program. However, the evaluation capacity building process soon picked up in pace when it was time to administer the *Annual Member Survey*. Working on the *Annual Member Survey* provided a focus for the evaluation capacity building process, as it was an evaluation tool that was already built into the agency's activities, and was familiar to most of the agency staff. Thus, there was no need to teach the agency how to use the survey or find ways to build it into their day-to-day work. Because the survey is already a core feature of Community Choices' existing evaluation strategies, we were also confident that the survey would continue to be used even after the ECB process. This was a good example of building on existing capacities and practices. Finally, one of the most important takeaways from redesigning the survey was that the process helped further bolster the team's confidence and expertise in the evaluation capacity building work, which we believed to be key in helping to build a firm foundation for future evaluation efforts.

While we made considerable progress in developing Community Choices' evaluation capacity, there is still much that can be done to further establish evaluation processes in the agency. Next steps should include developing and implementing specific evaluation strategies for the Connect program that measure the program's effectiveness in reaching its identified outcomes. Once the Connect Program's evaluation process is fully developed, it would then be useful to proceed with developing logic models and targeted evaluation strategies for the other two Community Choices programs, as well as any new initiatives Community Choices develops in the future. Important to these efforts would be the development of tools for data analysis and data display, so that the information gained from evaluation efforts would be clearly understood by Community Choices staff and be communicable to the broader Community Choices membership. Community Choices would benefit from future ECB support and consultation to achieve these goals.

An important future step in line with Community Choices' mission of partnership and inclusion with the disability community would be to formally incorporate ECB strategies that directly involve people with disabilities in the planning and implementation of program evaluation. Community Choices staff have expressed interest in developing inclusive ECB strategies, and would benefit from future ECB support and consultation to initiate this process.

Another area of interest for future evaluation projects would be the development of formative evaluation strategies for new programs and activities. Given that Community Choices' mission is focused on partnering with people with disabilities on self-directed supports and services, a fundamental part of the organization is about open, flexible programming that centers on the needs and desires of its members. At the time of the current evaluation project, no new programs or activities were currently being implemented; however, in the future, it is likely that Community Choices will develop new activities based on the interests of its members. Thus, in addition to establishing stronger evaluation processes for its existing programs, Community Choices may also benefit from developing a formative evaluation process for each of its new programs or activities suggested by members.

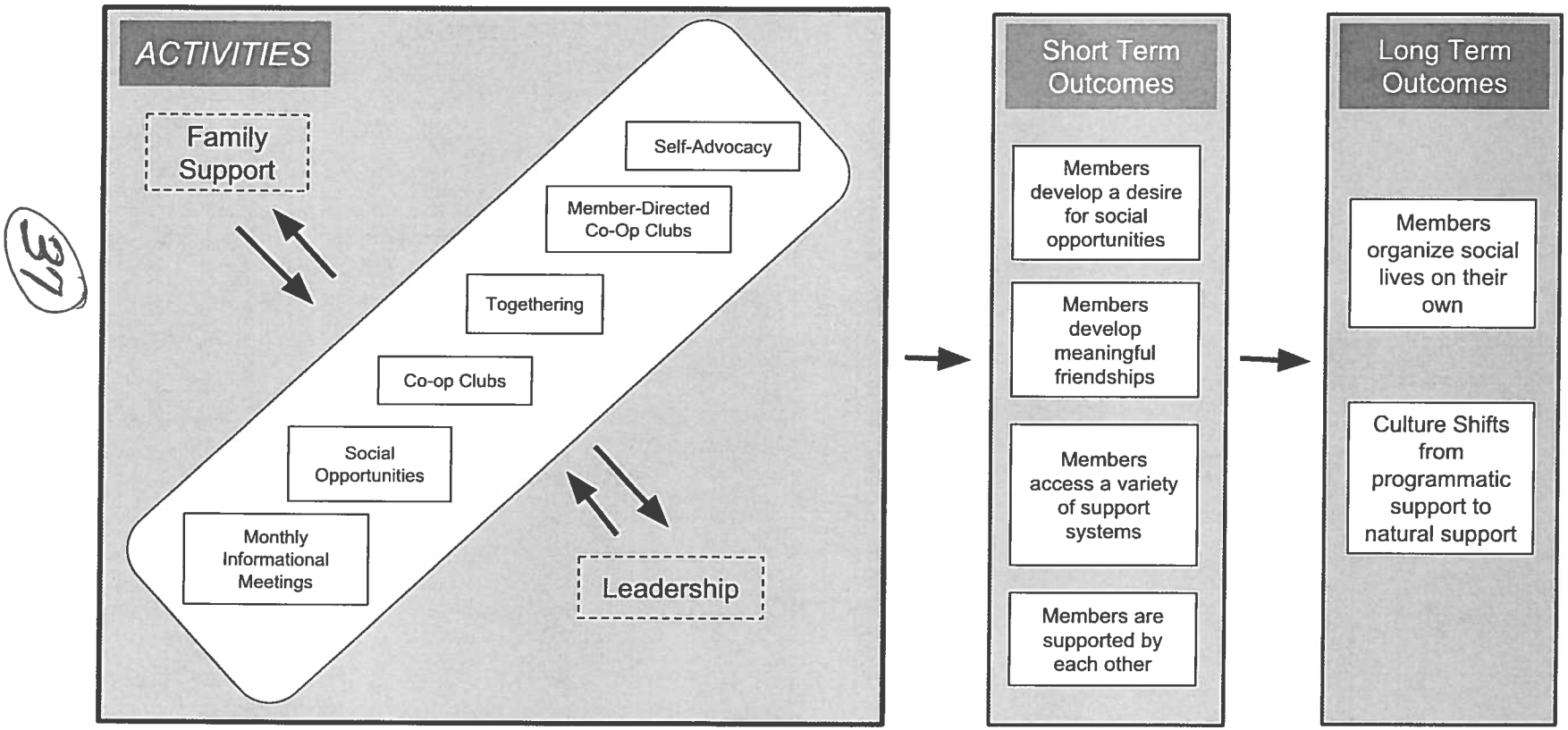
In conclusion, the evaluation capacity building project with Community Choices was successful in creating two key evaluation products, and in creating an important foundation for future evaluation capacity work within the agency. Participation in future CCMHB-funded ECB projects will continue to help build this important agency's evaluation efforts in service of its mission to support the disability community of Champaign county.

Section III, Appendix A: Connect Program Logic Model

Community Choices Logic Model - Connect Department

Theory of Change:

Having a supportive community for members/families → Allows members to go out into the world and engage in social activities → Culture shifts from using programmatic supports to using natural supports to meet social engagement needs



Community Choices: Member Survey – March 2017

Community Choices is conducting a survey to see what you think about each area of the organization. Our aim is to serve you better. You can fill out the survey on your own or ask a friend or family member to help you. All data will remain anonymous unless you choose to write your name. We appreciate your time and participation!

Please tell us about yourself.

1. How are you involved with Community Choices?

   I am a person with a disability.
   I am a family member of a person with a disability.
   I do not wish to answer this question.

2. My age is: _____

   I do not wish to answer this question.

3. My gender is:

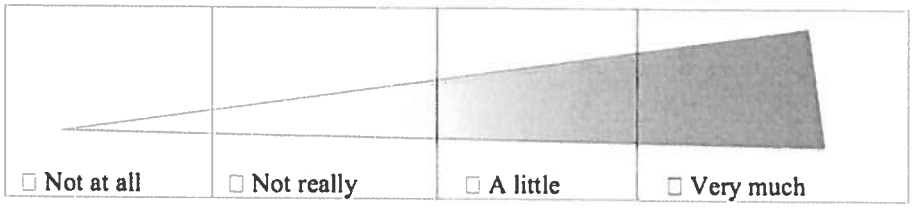
   Female
   Male
   Transgender
   I do not wish to answer this question.

4. My race/ethnicity is (check all that apply):

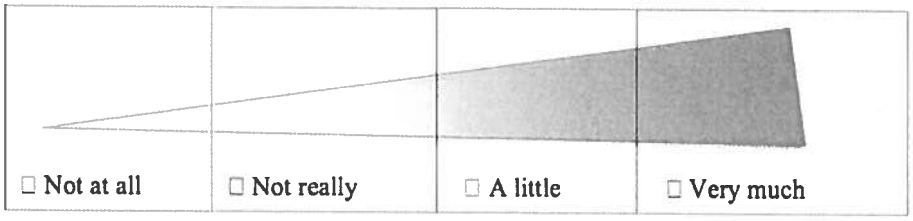
   African American
   Asian
   Latina/Latino
   Native American
   Pacific Islander
   White
   I do not wish to answer this question.

Please tell us about your overall experience with Community Choices.

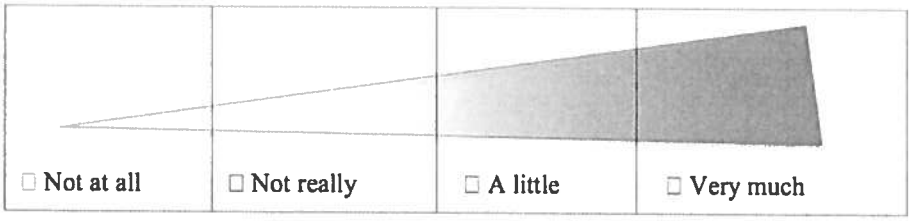
5. Community Choices staff treat me with respect.



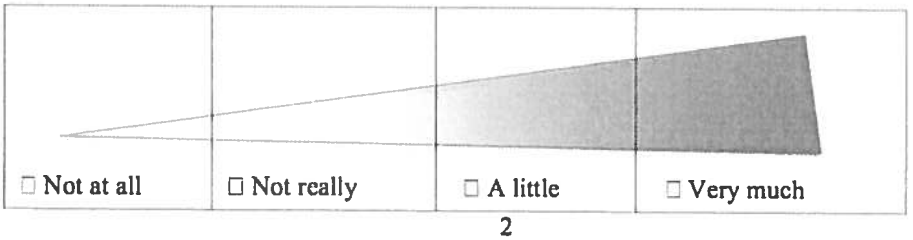
6. Community Choices is respectful of my culture and values.



7. Community Choices staff support my personal goals.



8. Community Choices staff communicate with me in a way that I can understand.



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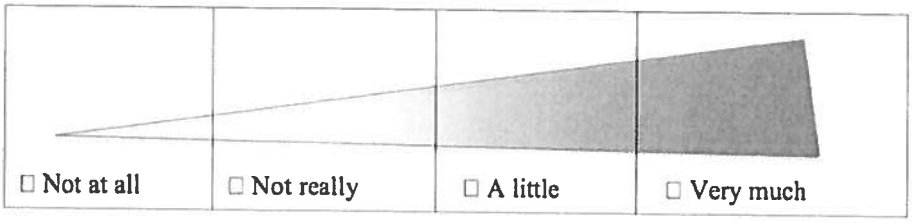
39

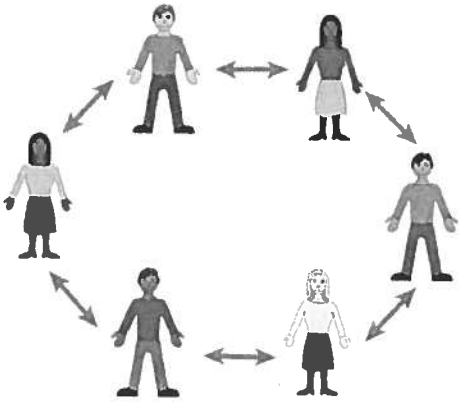
9. Community Choices staff are quick to respond to my phone calls and emails.



Please tell us about your experience with programs in Community Choices.

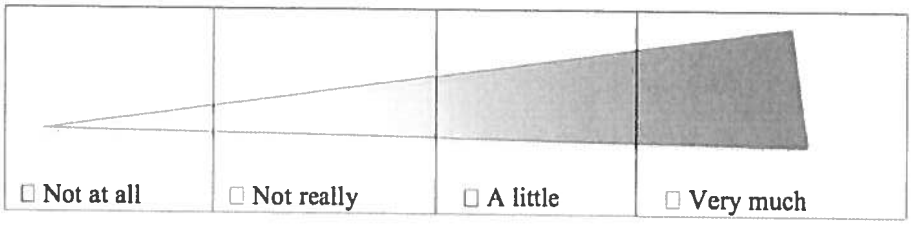
Connect

10. I participated in Co-Op activities this past year.

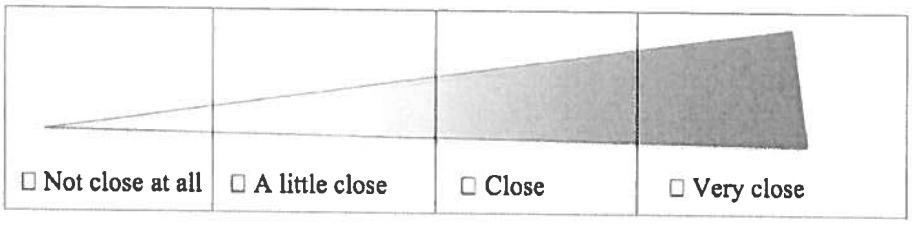


☐ Yes ☐ No

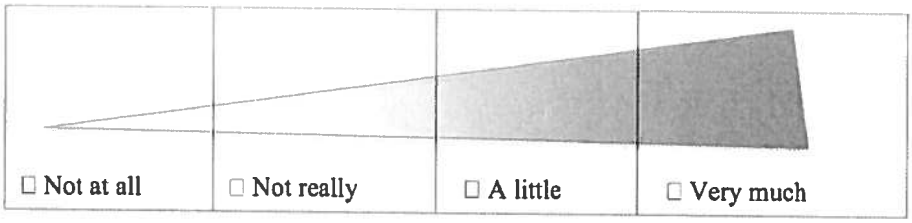
11. I made friends while attending Co-Op activities this past year.



12. Please think of the closest friend you made while attending Co-Op activities. How close are you to this friend?



13. Community Choices provided me with a supportive community.



14. I am a person with a disability and I participated in Community Living activities this past year.

☐ Yes

Please continue to Question 15.

☐ No

Please go to Question 17.

☐ I am a family member of a person with a disability.

Please go to Question 20.

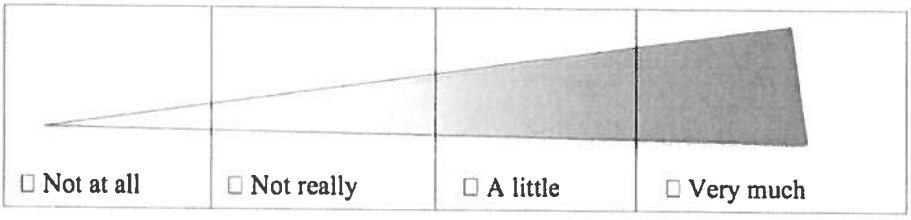
15. The Community Living program enabled me to live independently.

☐ Not at all	☐ Not really	☐ A little	☐ Very much

5

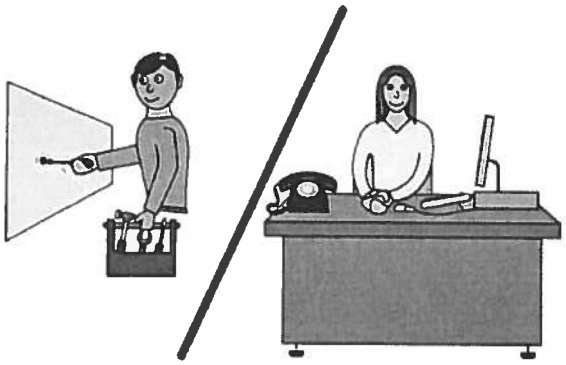
42

16. The Community Living program helped me to grow and mature.



☐ Not at all ☐ Not really ☐ A little ☐ Very much

17. I am a person with a disability and I participated in Customized Employment activities this past year.



☐ Yes

Please continue to Question 18.

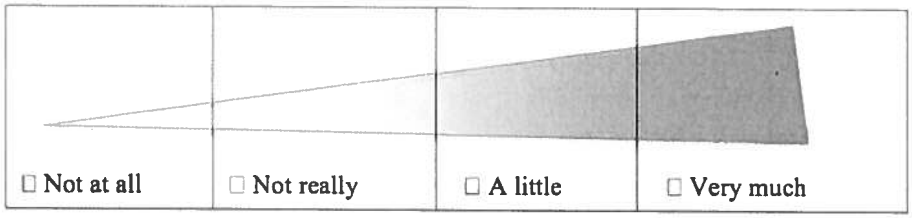
☐ No

Please go to Question 20.

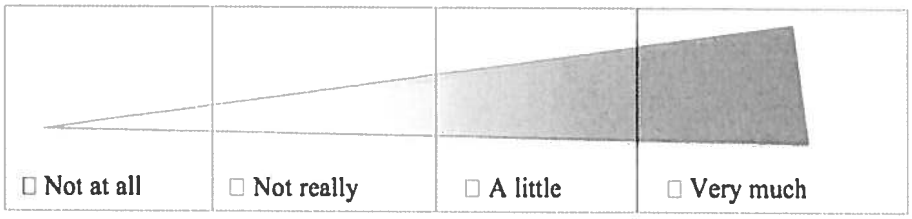
☐ I am a family member of a person with a disability.

Please go to Question 20.

18. I am getting the support I need to work towards my job goals.



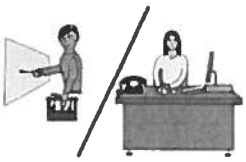
19. My skills and interests are important to the Community Choices staff who help with my employment.



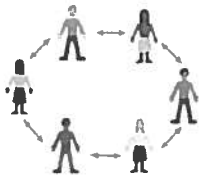
20. Please tell us one story of something that went well with Community Choices.

21. What programs were involved in your story? Check all that apply.

☐ Community Living



☐ Customized Employment



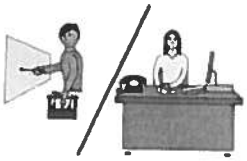
☐ Connect/Co-Op Activities

45

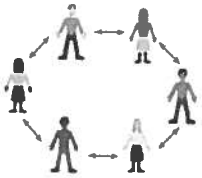
22. Please tell us one story of something that did not go well with Community Choices.

23. What programs were involved in your story? Check all that apply.

☐ Community Living



☐ Customized Employment



☐ Connect/Co-Op Activities

Other thoughts, suggestions, comments:

24. What help did you receive to fill out the survey?

- ☐ I filled out the survey on my own (no help needed).
- ☐ I got help from a family member.
- ☐ I got help from a friend.
- ☐ I got help from a support worker.
- ☐ I did not get help, but I wish I had help to fill out the survey.

Thank you for completing this survey!

Family Service

Prepared by Brett Boeh and Rosanna McLain, Senior Resource Center Director

Family Service

This summarizes evaluation capacity building efforts with Family Service's Senior Counseling and Advocacy programming. The Senior Counseling and Advocacy program aims to increase choices available to seniors and their families that promote inclusive aging in Champaign County. Case-workers are connected to clients through the Senior Resource Center based out of Family Service's home office. Clients are followed by a caseworker until all needs are met or until the client chooses to end services. Given that services are free to clients, the Senior Counseling and Advocacy program offers a unique opportunity to seniors living in Champaign County.

The research team and Family Service worked together to identify outcomes that would help to meet Family Service's goals. See logic model in Appendix A. Once outcomes were identified, the research team and Family Service discussed methods of measurement for outcomes. The methods that were decided upon are included in the remainder of this report.

Treatment Plan versus Non-Treatment Plan Clients

Clients are "on-boarded" as either treatment plan or non-treatment plan clients depending on the nature of their needs. Treatment plan clients require multiple contacts to meet the client's needs. Non-treatment plan clients require limited contacts to meet client needs. For example, a non-treatment plan client may call the Resource Center requesting information on housing available to seniors. The case worker may then provide referrals and the client's need will have been met. In contrast, a treatment plan client may call requesting assistance with paying medical bills. A case worker may then meet with the client in the home many times over a six month period to complete paperwork, and connect the client with services.

Theory of Change Logic Model

To work towards creating outcomes for evaluation, we first crafted a theory of change logic model that captured the goals and outcomes of Family Service's Senior Counseling and Advocacy program. The logic model allowed Family Service to clarify their intended theory of change as well as how goals and values can lead to certain activities which impact outcomes. The logic model is listed in Appendix A.

Future Directions

Over the course of 2016-2017, Family Service's commitment to building evaluation capacity was visible given their willingness to integrate new measures into their case management. New measures were recommended by the University of Illinois research team and selected by Family Service. Measures selected were pulled from the literature and had been empirically validated. Additionally, Family Service hoped to look inward at the data they were already collecting. To do so, Family Service gave previously collected data to the University of Illinois research team and the graduate student researcher compiled results that could be meaningful to future casework. Given that building evaluation capacity is a lifelong goal for agencies and human

services, Family Service plans to continue to work towards these goals. Some future directions are listed below:

- Activities of Daily Living (ADL): Develop new methods for tracking ADL forms to track individual changes for each client rather than aggregate changes. These methods would give greater insight for Family Service regarding if case workers are improving ADLs as others appear.
- Evaluating Results of New Measures: Family Service has added four new measures that they give periodically to treatment plan clients. Measures are listed below with their intended frequency schedule. Complete measures are provided in Appendix B. Future work will review client responses and uncover trends. It is expected that this evaluation will occur in September 2017.
    - Social Isolation Scale – will be collected from Family Service clients every 6 months.
    - Geriatric Anxiety Scale – will be collected from Family Service clients every 6 months.
    - Geriatric Depression Scale – will be collected from Family Service clients every 6 months.
    - Therapeutic Alliance Measure – will be collected from Family Service clients in the yearly satisfaction survey.
- Sharing Knowledge: Given the results of Family Service's efforts to build evaluation capacity, Family Service hopes to share findings within their organization by disseminating knowledge to their case workers. These findings will help case workers to gain new perspective on the work they do and to set goals for the future. Preliminary findings were shared with case workers in May 2017. In the future, Family Service hopes to continue to share findings with their case workers.
- Non-treatment Plan Clients: Given that evaluation was primarily focused on treatment plan clients over the course of this evaluation project, in the future, Family Service also hopes to uncover the way that evaluation can be improved for non-treatment plan clients.

Outcomes in Evaluation

The outcomes used for this evaluation are listed below. Following the listing of outcomes the report details the scope of each outcome and measure used.

Outcomes

1. Outreach plans increase utilization of Family Service in Champaign County?
2. Caseworkers are knowledgeable experts
3. Caseworkers develop rapport with clients
4. If clients have subclinical anxiety or depression, rates decrease over time
5. If clients have clinical anxiety or depression, a referral is made to a licensed mental health care provider
6. If clients are socially isolated, social isolation decreases over time.
7. After options counseling, clients are better able to verbalize the choices available to them
8. Abuse and protection plans are followed consistently by case workers
9. The clients served by the Senior Advocacy and Counseling program matches the demographics of the residents within Champaign county

Concluding Thoughts

The consultation provided by the University of Illinois research team offered a unique opportunity to Family Service to evaluate the steps Family Service was already taking to measure outcomes of their programming. Additionally, it allowed for improved measurement and evaluation for the future. In line with the goals of the consultation, Family Service implemented sustainable measurement tools and tracking procedures to continue to track the progress of clients. This work likely will have an impact on how caseworkers understand the needs of their clients, and thus, how they work to meet those needs.

Outreach Plans Increase Utilization of Family Service in Champaign County

Each year, Family Service creates an outreach plan by targeting areas of Champaign County that are less likely to use their services. These areas are targeted based on past utilization numbers. The purpose of the outreach plan is to increase client utilization in zip codes where there was poor utilization of Family Service is prior years. Therefore, each year, Family Service reviews the zip codes that had the fewest clients. Once outreach locations are identified, case workers visit the locations with marketing materials about the program and make a face-to-face contact with agencies or potential referring agents located in the intended outreach location to increase awareness about their services.

Clients that utilize services are tracked by zip code. Therefore, Family Service aggregate the number of clients that utilize services in each zip code and then compare that aggregate number to the zip codes that were targeted in outreach. Then, Family Service can track the changes from year to year in aggregate utilization. The data presented below sums up the changes in utilization from 2014-2016.

The methods used to obtain these results cannot be conclusive about whether the outreach plan specifically has been an effective strategy because it is not possible to attribute increased utilization to the outreach plan specifically. However, we can conclude that there has been growth in client population across years from targeted zip codes. This was calculated by adding the total number of clients each year and observing their change over time. For instance, from 2014 to 2015, there was a 3% increase in clients served. Likewise, in 2015-2016 there was a 15% increase in clients served and of that 15%, 54% of the clients were clients that were from zip codes that were targeted within the outreach strategy. See graph below for zip codes targeted by the outreach plan. This means, that the services provided by Family Service are growing to meet the needs of more people each year in Champaign County and that outreach efforts in the zip codes identified are expanding at a healthy rate.

The specific zip codes, their corresponding number of clients served, and whether or not the zip code is a part of the outreach plan are listed on the following page for the years 2014, 2015, and 2016. Column one of the table lists the date that a caseworker visited the zip code or location. Column 2 lists the location that was visited within the outreach zip code. Column 3 lists the zip code targeted. Column 4 lists the number of clients served in the corresponding zip code for 2014. Column 5 lists the number of clients served in the corresponding zip code for 2015. Column 6 lists the number of clients served in the corresponding zip code for 2016.

Actual Completion Da	Location	Zip Code	2014	2015	2016
04/13/16	Douglas Center	60076		0	0.00
05/31/16	Christian Health Center/Korean (	61801	280	312	304.00
06/14/16	tes/Airport Road/Columbian Villa	61802	236	273	288.00
No outreach	Urbana	61803	21	2	2
06/01/16	Allerton	61810		0	
04/27/16	Bondville	61815	0	1	1.00
No outreach	Broadlands	61816	2	3	6
04/16/16	n/Grove Street Church/Mt. Olive (	61820	240	265	317.00
No outreach	Champaign	61821	368	356	416
04/07/16	Trailer Park Way west on Windsor	61822	67	93	111.00
No outreach	Champaign	61823	0	0	0
No outreach	Champaign	61824	2	4	2
No outreach	Champaign	61825	0	0	0
No outreach	Champaign	61826	5	2	0
No outreach	Dewey	61840	2	2	0
05/27/16	Fisher	61843	15	23	23.00
05/31/16	Foosland	61845	1	1	0.00
06/16/16	Gifford	61847	9	7	7.00
07/11/16	Homer/Ludlow	61849	7	7	6.00
04/28/16	Ivesdale	61851	0	2	3.00
---------	Longview	61852	3	4	8.00
04/27/16	Candlewood - Mahomet	61853	63	76	99.00
05/17/16	Ogden	61859	4	5	0.00
No outreach	Penfield	61862	4	3	7
06/28/16	Pesotum	61863	4	2	4.00
07/11/16	Philo	61864	15	3	7.00
06/06/16	ivars in Rantoul/Fountain Valley-	61866	133	147	181.00
05/17/16	Royal	61871	1	1	0.00
06/01/16	Sadorus	61872	7	1	6.00
No outreach	St. Joseph	61873	16	36	55
No outreach	Savoy	61874	51	76	114
No outreach	Seymour	61875	2	1	1
07/11/16	Sidney	61877	10	11	8.00
06/01/16	Thomasboro	61878	7	10	19.00
No outreach	Flatville	61878		0	
No outreach	Tolono	61880	84	50	60
No outreach	Unknown/Homeless	unknown	70	3	0
		Total clients	**1729**	**1782**	**2055.00**

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Caseworkers are Knowledgeable Experts

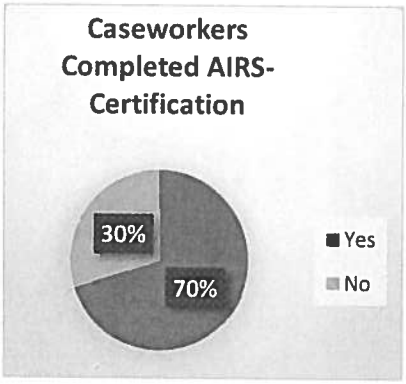
Family Service has a goal of having caseworkers who are knowledgeable experts about the resources available to seniors and their families in Champaign County as well as have expertise in making referrals to such services. One way Family Service measures caseworker expertise is by having caseworkers complete AIRS-Certification.

Caseworkers at Family Service are expected to complete an AIRS-Certification. AIRS stands for the Alliance of Information and Referral Systems and is a professional credentialing program for individuals working within the information and referral (I&R) sector of human services. AIRS hopes to increase the quality of service received by clients and provides quality assurance to organizations by standardizing information and referral testing.

The certification is based on established standards for the field of information and referral. Candidates must be deemed eligible to take the AIRS Certification. To be eligible, a case worker must:

- Have at least 1 year of employment in I&R for applicants with a Bachelors or higher degree.
- Have 2 years of employment in I&R for applicants with an Associates/Community College degree
- Have 3 years of employment in I&R for applicants with a High School diploma or GED
- Have 5 years of I&R employment with no educational qualifications

Certification lasts for 2 years from the time that a case worker passes the examination. Every two years, they must apply for recertification; however they do not need to retake the test so long as they have documentation for at least 10 hours of I&R training or professional development over the two year period. Family Service supports I&R training for caseworkers on the job.



As of April of 2017, 70% of Family Service Senior Advocacy and Counseling Center caseworkers have received their AIRS Certification. The remaining 30% are not yet eligible to take the AIRS exam.

Additionally, on average, caseworkers successfully establish AIRS certification within about a year of becoming eligible suggesting that efforts are made to prioritize this training in a timely manner.

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Caseworkers Develop Rapport with Clients

Rapport building is an important component of the work caseworkers perform with clients at Family Service. To assess the rapport between caseworker and client, we added an empirically validated scale to the surveys collected by Family Service caseworkers (See Appendix B). The scale was adapted from Horwath & Greenberg (1989) Working Alliance Inventory (WAI) scale and the short form has previously been used successfully.

It is our hope that this scale will give Family Service a better idea of client perception of case manager rapport. In September of 2017, the graduate student representative from the University of Illinois research team will follow up with Family Service to conduct preliminary analyses of the collected responses. It is our hope that this follow up with identify areas to update for future evaluation and to make note of initial responses.

If clients have subclinical anxiety or depression, rates decrease over time

Case workers measure client's rates of anxiety and depression using brief in-person screenings (Geriatric Depression Scale Short Form & Geriatric Anxiety Scale; see Appendix B) every 6 months. We used the data collected from client's ratings of anxiety and depression to assesses if anxiety and/or depression decreased over time. First round of results will be collected in August of 2017 given that this is a new process and requires collection of data prior to being able to report.

If clients have clinical anxiety or depression, a referral is made to a licensed mental health care provider

If clients' ratings using the brief anxiety and depression screenings are deemed clinical then, case workers refer clients to clinically trained professionals that can help to treat the anxiety or depression reported. This referral is considered best practices for case managers working with clients that meet criteria for clinical depression or anxiety.

To track if a referral was made, we inserted a checkbox on the anxiety and depression screenings that requires that case workers check the box if they made a referral to therapeutic services and if so, where the referral was made.

In the future, this added check box should help Family Service to ensure that clients are being referred when it is deemed clinically relevant.

After options counseling, clients are better able to verbalize the choices available to them
Family Service provides options counseling to clients as a part of their mission to increase client autonomy and knowledge of options. Options counseling is offered to all clients that meet with a caseworker and clients have the choice to either accept options counseling, or not. Because we were interested in tracking whether options counseling met the desired outcome of increasing client's awareness of options available to them, we added a question to the paperwork that is completed by the caseworker.

At the beginning of meeting for options counseling, the caseworker responds to the following prompt:

Prior to the start of options counseling, is the client aware of options available to them?
- ☐ *Yes; client can name options available to them*
- ☐ *No; client does not feel that there are options available to them.*

At the end of the options counseling session, the caseworker again responds to a parallel prompt listed below:

At the end of options counseling, is the client aware of options available to them?
- ☐ *Yes; client can name options available to them*
- ☐ *No; client does not feel that there are options available to them.*

It is our hope that these two items can help to be a quick measurement tool for assessing if options counseling increases client's awareness of options available to them. In August of 2017, the graduate student representative from the University of Illinois research team will follow up with Family Service to view collected responses and to interpret the outcomes of the new measurements.

Abuse and protection plans are followed consistently

Adult Protection Services completes a yearly case review of Family Service's adult protection plans and reporting to ensure quality reporting of elder abuse. In the 2017 report, Family Service passed with a 95.82%, meaning that of all the abuse and protection plans reported, 95.82% of them were followed and conducted with no mistakes with paperwork or reporting. The review is broken down into four subscales which include, intake, assessment, casework, and case recording form/evidence evaluation tools. Each of these subscales is a different point in the reporting process. They are all reviewed to ensure that all of the paperwork is complete for each subscale and that each step in the reporting process was followed.

For intake, the report identified the following areas as needs for improvement: priority determinations, and Abuse, Neglect, and Exploitation (ANE) intake form completion. For assessment, areas in need of improvement included completion of the client assessment form, preparation for assessment, and ANE client status form completion. For casework, areas in need of improvement included not signing the case plan. Finally, for case recording and evidence of evaluation tools, areas in need of improvement include content of case recording form and completion of case recording form. Despite these growth areas, the abuse and protection report suggests that case work staff is successfully and thoroughly completing abuse protection plans.

The clients served by the Senior Advocacy and Counseling program matches the demographics of the residents within Champaign County

The following demographics are 2010 census data for Champaign County as well as demographics for clients served by Family Service, for age groups 60-110 years old. In many ways, Family Service is meeting their goal of working with clients that match the demographics of Champaign County.

For instance, while Family Service is not matching census data with clients below 64 years old, they are nearly equal to the percentages of older adults living in Champaign County in all other age groups. The majority of Family Service's clients are female. Although the number of female clients served is much higher than census data, it is likely explained by the older sample that Family Service works with and thus, there may be more living women than there are men. It may also be explained by less willingness on behalf of males to seek services. Thus, this may be an area of growth for Family Service in the future. Considering race, the low number of Asian Americans served is likely explained by the very few Asian Americans in the County. As for Whites, while Family Service is not serving the same number as there are demographically, the majority of their services (53%) do serve White clients. Finally, of the clients that identity as White, nearly 2% identify as Hispanic which is twice the amount as the census data estimates in Champaign County.

2010 Census		Family Service
Age	Percent	Percent
60-61	12.75	4.64
62-64	16.92	9.48
65-69	20.39	22.04
70-74	15.63	15.02
75-79	13.29	13.95
80-84	10.56	11.48
85 or more	10.44	11.95

2010 Census		Family Service
Gender	Percent	Percent
Male	44.52	30.31
Female	55.49	69.69

2010 Census		Family Service
Race	Percent	Percent
American Indian and Alaska Native Alone	.21	.32
Asian Alone	2.71	1.16
Black or African American Alone	7.71	25.71

56

<table>
<tr><td>Native Hawaiian and Other Pacific Native Alone</td><td>.02</td><td>0</td></tr>
<tr><td>Some Other Race Alone</td><td>.25</td><td>1.49</td></tr>
<tr><td>Unknown</td><td>XX</td><td>6.65</td></tr>
<tr><td>White Alone</td><td>88.51<table><tr><td>Latino</td><td>Percent</td></tr><tr><td>Yes</td><td>1.02</td></tr><tr><td>No</td><td>98.98</td></tr></table></td><td>53.14<table><tr><td>Latino</td><td>Percent</td></tr><tr><td>Yes</td><td>1.79</td></tr><tr><td>No</td><td>96.72</td></tr></table></td></tr>
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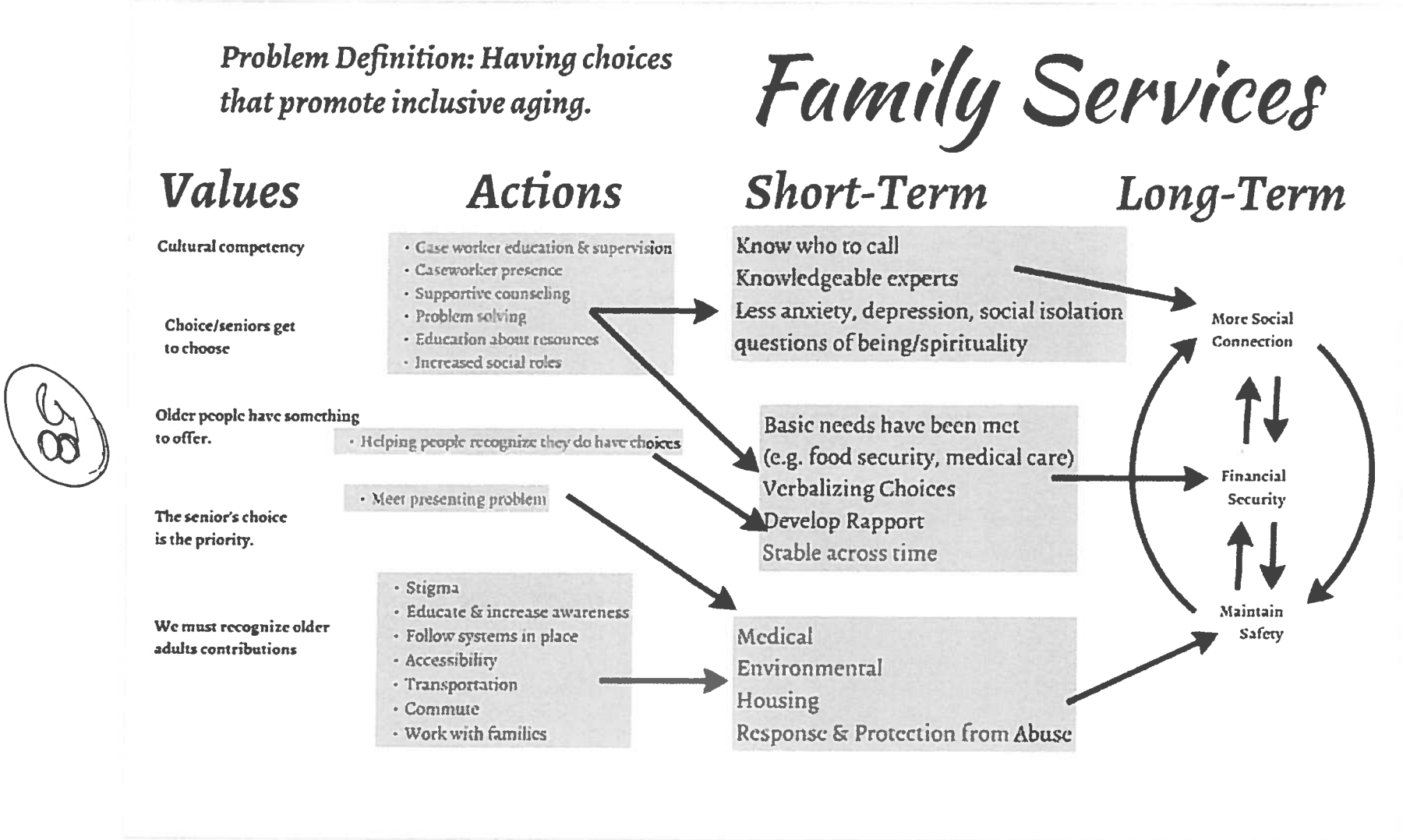
Problem Definition: Having choices that promote inclusive aging.
Family Services
Values
Actions
Short-Term
Long-Term
Cultural competency
Choice/seniors get to choose
Older people have something to offer.
The senior's choice is the priority.
We must recognize older adults contributions
· Case worker education & supervision
· Caseworker presence
· Supportive counseling
· Problem solving
· Education about resources
· Increased social roles
· Helping people recognize they do have choices
· Meet presenting problem
· Stigma
· Educate & increase awareness
· Follow systems in place
· Accessibility
· Transportation
· Commute
· Work with families
Know who to call
Knowledgeable experts
Less anxiety, depression, social isolation
questions of being/spirituality
Basic needs have been met
(e.g. food security, medical care)
Verbalizing Choices
Develop Rapport
Stable across time
Medical
Environmental
Housing
Response & Protection from Abuse
More Social Connection
Financial Security
Maintain Safety

Case Manager – Client Alliance

Please think back to your first impressions of your case manager while completing this form.

	Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always
1) My Case Manager and I agree about the things I need to do in Case Management to help improve my situation.	1	2	3	4	5	6	7
2) What I am doing with my Case Manager gives me new ways of looking at my problems	1	2	3	4	5	6	7
3) My Case Manager perceives accurately what my goals are.	1	2	3	4	5	6	7
4) I believe my Case Manager is genuinely concerned for my welfare.	1	2	3	4	5	6	7
5) My Case Manager and I respect each other.	1	2	3	4	5	6	7
6) My Case Manager and I are working towards mutually agreed upon goals.	1	2	3	4	5	6	7
7) I feel my Case Manager appreciates me as a person.	1	2	3	4	5	6	7

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	Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always
8) We have established a good understanding of the kind of changes that would be good for me.	1	2	3	4	5	6	7
9) I feel my Case Manager cares about me even when I do things that he/she does not approve of.	1	2	3	4	5	6	7

What, if any, additional comments would you like to share with Family Service about your relationship with your case manager?

_____
_____
_____
_____
_____
_____

For Administrative Purposes – Do not write below this line

Scoring

Item Number	Score
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
TOTAL	

Date received:_____

60

Geriatric Anxiety Scale

Circle the best answer for how you have felt **over the last week.**

I worry a lot of the time	Yes	No
I find it difficult to make a decision	Yes	No
I often feel jumpy	Yes	No
I find it hard to relax	Yes	No
I often cannot enjoy things because of my worries	Yes	No
Little things bother me a lot	Yes	No
I often feel like I have butterflies in my stomach	Yes	No
I think of myself as a worrier	Yes	No
I can't help worrying about even trivial things	Yes	No
I often feel nervous	Yes	No
My own thoughts often make me anxious	Yes	No
I get an upset stomach due to my worrying	Yes	No
I think of myself as a nervous person	Yes	No
I always anticipate the worst will happen	Yes	No
I often feel shaky inside	Yes	No
I think that my worries interfere with my life	Yes	No
My worries often overwhelm me	Yes	No
I sometimes feel a great knot in my stomach	Yes	No
I miss out on things because I worry too much	Yes	No
I often feel upset	Yes	No

Administrative use ONLY:

Score 1:_____
Score 2:_____
Score 3:_____

Referral made (Circle): YES NO

- ☐ Client refused referral
- ☐ Client is already enrolled in services

Referral contact information:

_____
_____
_____

Geriatric Depression Scale

Choose the best answer for how you have felt **over the past week**

Are you basically satisfied with your life?	Yes	No
Have you dropped many of your activities and interests?	Yes	No
Do you feel that your life is empty?	Yes	No
Do you often get bored?	Yes	No
Are you in good spirits most of the time?	Yes	No
Are you afraid that something bad is going to happen to you?	Yes	No
Do you feel happy most of the time?	Yes	No
Do you often feel helpless?	Yes	No
Do you prefer to stay at home, rather than going out and doing new things?	Yes	No
Do you feel you have more problems with memory than most?	Yes	No
Do you think it is wonderful to be alive now?	Yes	No
Do you feel pretty worthless the way you are now?	Yes	No
Do you feel full of energy?	Yes	No
Do you feel that your situation is hopeless?	Yes	No
Do you think that most people are better off than you are?	Yes	No

Social Isolation Scale
For each question indicate how often the question applies.

Open up to members of your family?	Often	Some of the Time	Hardly Ever	Not Applicable
Rely on members of your family?	Often	Some of the Time	Hardly Ever	Not Applicable
Open up to your friends?	Often	Some of the Time	Hardly Ever	Not Applicable
Rely on your friends?	Often	Some of the Time	Hardly Ever	Not Applicable
Open up to your spouse or partner?	Often	Some of the Time	Hardly Ever	Not Applicable
Rely on your spouse or partner?	Often	Some of the Time	Hardly Ever	Not Applicable
Feel that you lack companionship?	Often	Some of the Time	Hardly Ever	Not Applicable
Feel left out?	Often	Some of the Time	Hardly Ever	Not Applicable
Feel isolated from others?	Often	Some of the Time	Hardly Ever	Not Applicable

Options Counseling Supplemental Open-ended Questions

The options counseling form has a variety of categories that case workers talk with clients about. For some of the categories, it can be challenging to know how to ask about the category or what types of questions they might be able to ask. Below is a list of open-ended questions that can be used by case workers to talk with clients.

Medical

- What, if any, medical services are you currently receiving?
- What medical services do you wish you were receiving?
- What barriers prevent you from accessing medical services?
- Do you have health concerns that you feel have not been addressed?

Medical Management

- Who are the medical providers that you have worked with that you feel you can trust and who has your health in mind?
- What medications are you currently taking?
- What concerns do you have about the medications you are taking?
- Are there any barriers to accessing medications that would improve your health?
- Who, if anyone, accompanies you to medical appointments?
- Who, if anyone, assists you with medical services while you are home?
- What barriers prevent you from accessing the medical care that you need?
- How frequently do you take more or less medication than you are prescribed by your provider?

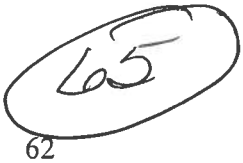
Mental Health

- What, if any, medical services are you currently receiving?
- What medical services do you wish you were receiving?
- What barriers prevent you from accessing medical services?
- Do you feel that mental health services (i.e. counseling or therapy) is accessible to you?

Substance Abuse

- Are there any medications you take that are not prescribed by your doctor?
- How frequently do you take medications that are not prescribed by your doctor?
- How frequently do you take more or less medication than you are prescribed by your provider?
- AUDIT. To interpret, add the scores and if score is 8 or more, refer client to substance use services.
    - How often do you have a drink containing alcohol?
        - (0) Never (Skip to last two questions)
        - (1) Monthly or less
        - (2) 2 to 4 times a month
        - (3) 2 to 3 times a week
        - (4) 4 or more times a week
    - How many drinks containing alcohol do you have on a typical day when you are drinking?
        - (0) 1 or 2
        - (1) 3 or 4
        - (2) 5 or 6

        - (3) 7, 8, or 9
        - (4) 10 or more
    - How often do you have six or more drinks on one occasion?
        - (0) Never
        - (1) Less than monthly
        - (2) Monthly
        - (3) Weekly
        - (4) Daily or almost daily
    - How often during the last year have you found that you were not able to stop drinking once you had started?
        - (0) Never
        - (1) Less than monthly
        - (2) Monthly
        - (3) Weekly
        - (4) Daily or almost daily
    - How often during the last year have you failed to do what was normally expected from you because of your drinking?
        - (0) Never
        - (1) Less than monthly
        - (2) Monthly
        - (3) Weekly
        - (4) Daily or almost daily
    - How often during the last year have you been unable to remember what happened the night before because you had been drinking?
        - (0) Never
        - (1) Less than monthly
        - (2) Monthly
        - (3) Weekly
        - (4) Daily or almost daily
    - How often during the last year have you needed an alcoholic drink first thing in the morning to get yourself going after a night of heavy drinking?
        - (0) Never
        - (1) Less than monthly
        - (2) Monthly
        - (3) Weekly
        - (4) Daily or almost daily
    - How often during the last year have you had a feeling of guilt or remorse after drinking?
        - (0) Never
        - (1) Less than monthly
        - (2) Monthly
        - (3) Weekly
        - (4) Daily or almost daily
    - Have you or someone else been injured as a result of your drinking?
        - (0) No
        - (2) Yes, but not in the last year



        - (4) Yes, during the last year
    - Has a relative, friend, doctor, or another health professional expressed concern about your drinking or suggested you cut down?
        - (0) No
        - (2) Yes, but not in the last year
        - (4) Yes, during the last year

Financial

- What concerns do you have about your finances?
- Who manages your finances?
- What are the barriers that impact your financial security?

Legal

- What legal concerns do you have?
- Who, if anyone, are you able to consult with regarding legal challenges?
- What are the barriers preventing you from accessing legal services?

Transportation

- How are you able to get from place to place?
- Who, if anyone, helps you with your transportation?
- What barriers are preventing you from access to transportation you need?

Housing

- What concerns, if any, do you have about your housing?
- What hopes do you have for your housing in the future?
- What barriers are preventing you from aging in place where you currently live?

Food

- What barriers prevent you from accessing the food that you need?
- In the past six months, has there been a time where you did not have enough food in your home?
- Do you ever have to skip meals because you do not have enough money to afford food?

Social Functioning

- What are some of the roles that are important to you? What are some of the challenges you face to fulfilling those roles?
- Tell me about the activities you like to do that help you interact with others?
- What do you enjoy doing with your friends?
- What do you enjoy doing with your family?
- What barriers do you face to doing activities you enjoy with friends and/or family?

Support Network

- Who do you spend your time with?
- Is there anyone you wish you could spend more time with but you find you are unable to?
- To what degree do you feel like you can depend on your friends and/or family?

In-home help

- Are there any barriers that prevent you from enjoying your home?
- How, if at all, could the help you receive at home be improved?
- Who can you count on to assist you with your needs in your home?

Environmental

- How, if at all, could you feel more safe in your home?
- How, if at all, could you feel more safe in the community where you live?

- What concerns do you have about accessing clean and affordable water, heating, or housing?

Employment

- How satisfied are you with your current employment?
- What barriers, if any, are preventing you from accessing the employment you desire?

Mobility

- What barriers, if any, prevent you from being as mobile as you wish you were?
- How do you get from place to place? How satisfied are you with your ability to get from place to place?

Spirituality/Religion

- How, it at all, is your spirituality or religion important to who you are?
- What barriers are preventing you from practicing your spirituality or religious beliefs?
- Are there particular things or people that might help you feel more connected to the faith or spirituality you desire?

Rosecrance Champaign-Urbana

Prepared by Hope Holland and Juli Kartel, Director of Clinical Services

Program Overview

Rosecrance's Criminal Justice program aims to stabilize individuals involved in the criminal justice system through individualized case management services (see section V, appendix A). While staff also work with individuals in the community, this report focuses on services provided to individuals incarcerated in the Champaign County Jail. Within five working days, staff meet with clients individually and conduct a detailed screening interview. This interview's purpose is to assess unmet needs and make targeted resource referrals. Additionally, many clients also receive mental health assessments. Staff often refer these clients to participate in Rosecrance's community case management services upon release, where they are able to receive support during and after their transition back into the community.

The Consultation Process

First Steps

To begin the process of building evaluation capacity within Rosecrance, we needed to narrow down a specific program funded by the Champaign County Mental Health Board on which to focus our efforts. Next, we needed to identify a specific aspect within a program to target. This first stage in the process involved primarily information gathering, reviewing research on evidence-based programs, and meeting with key program staff to talk through possible options.

Rosecrance had five programs available to target: Parenting with Love and Limits (already evaluated), Criminal Justice, The Times Center, Early Childhood Mental Health and Development, and Crisis, Access, Benefits, and Engagement. As criminal justice was a priority population for 708 funding for FY17, Rosecrance decided to focus on building evaluation capacity in this area. With the focus on the common desired outcome across criminal justice focused program, we began with the goal of decreasing recidivism. A first step in this process was the development of a logic model. The purpose of this exercise to was to identify assumptions and beliefs that the stakeholders held about intervening in criminal activity and the activities and processes that lead to decreased recidivism. After this activity, we agreed to focus the capacity building process on the Moral Reconation Therapy (MRT) and anger management therapy groups.

Next, the team reviewed available information about the population served in MRT and the anger management groups, the type of data collected including demographics and outcomes,

and information on the general processes of the group including facilitators. A review of the literatures around MRT, anger management, and other 'insight-building' interventions was also completed, as well as a full review of the MRT materials used by Rosecrance staff. This review indicated that MRT is included in SAMHSA's National Registry of Evidence-Based Programs and Practices (NREPP). Because of this, any evaluation capacity efforts in this area would be related to fidelity adherence, since the program already has research evidence to support it. After reviewing all of this information and discussing it with program stakeholders, we agreed it would be more productive to focus on a program that does not have an established research-base.

Deciding on Resource Referral as the Targeted Intervention

This left the option of focusing on the case management program or the resource referral component of Rosecrance's criminal justice programming. Because Rosecrance's case management program already collects information on recidivism and other outcomes, we decided to focus on the more difficult task of building evaluation capacity in the jail resource referral aspect of the program. The performance outcome report submitted by Rosecrance for FY16 explains the population and focus of the program, stating:

> NTPC's represented the jail clients with an annual 2016 target set at 490. The actual number served was 419 with 342 being new NTPC's and 77 were continuing. While the projected numbers served was not reached, the case manager was able to serve all those who were referred. It appears that the more realistic number expected to be served based on referral volume may be closer to 400-425. The case manager also receives requests from the jail's mental health/medical staff for consultation on individuals that have identified themselves as current and/or past clients of the agency. She works the clients that are active in services and regularly updates the primary clinician they are working with to make sure they are not discharged from treatment unnecessarily. The case manager is also a part of the jail's classification team and is providing input on safety and security for inmates that may have mental health/substance abuse needs. Additionally the case manager is pulling together and adding needed information to various data bases for clients to be screened in the jail, coordinating information between providers of services and attending scheduled team, jail and supervisory meetings.

To inform an approach to evaluating the jail referral program, another literature review was completed, this time geared towards three different aspects of resource referral programs: a) processes b) initial data collection and follow-up methods and c) outcomes. The review was helpful for identifying the mechanisms that make resource referral services 'successful'. Of course, to determine if something has succeeded, one also needs to determine what success is. For the purposes of this project, we defined success as the receipt of resource referrals during incarceration and resultant increased stability.

Resources and Stability

Research shows access to resources is important for predicting recidivism; this makes sense because research suggests that stability at both individual and structural levels is an important factor in crime reduction. For example, in an HIV positive population, reincarceration was closely correlated with having ever been diagnosed with a major psychiatric disorder, prior homelessness, and not having health insurance in the 30 days following jail release (Fu et al., 2013). The same study found that these factors were also predictive of shorter time to reincarceration. These findings illustrate the close link between reincarceration and the need to increase formerly incarcerated people's stability, which may be done by offering support for mental and physical health needs.

Research has also consistently found a lack of stable housing and lower educational attainment to be predictive of increased risk for recidivism (Huebner & Berg, 2011; National Research Council, 2007). This leads to a double-bind for people who have been incarcerated because research also consistently shows that the "stigma of a prison-record, low educational attainment, and a lack of job skills… can create substantial barriers for finding employment and housing after release" (Stahler et al., 2013). While there is a difference between prison and jail (the latter of which Rosecrance serves), it is not likely that this translates into a completely different experience between individuals from the two populations.

Research also suggests that employment is indicative of a significant decline in likelihood for recidivism; while the mechanism of this relationship isn't yet known, it may be due in part to the economic stability and increased resources afforded by a job.

Access and Use

Existing research on referral-based programming, also highlight the differences between resource referral, resource access, and resource use. For this project, we operated under the assumption that resource referral and access are closely linked. Therefore, we treat the act of referring someone to resources as increasing that individual's access to resources. Still, having increased access (through knowledge and referrals) to a resource and actually using that resource are different phenomena (Lin, 2001). Morris et. al (1997) suggest "It is easier to identify or infer 'intentions' to change behavior than it is to measure actual changes in behavior. In evaluating information systems success, there are many precursors to behavioral intention to act". However, while the relationship between resource referral and access to resources is not linear, research does suggest that simply making clients aware of resources has an important impact. For example, Wohl et al. (2011) found that pre-release discharge planning was just as effective as intensive case management pre- and post-incarceration for linking HIV-positive prisoners to

continued medical care and treatment post release. In Wohl et al.'s (2011) study, individuals were assigned to either a case management intervention where trained case managers "met with study participants regularly prior to and after release to identify medical and non-medical needs and develop plans to meet those needs, including housing, employment, medical care, substance abuse counseling and family reconciliation", or a standard of care pre-release discharge planning that involved a "nurse [who] worked with inmates approximately 3–6 months prior to their release to make referrals to community clinics and social services, identify sources for coverage of medication expenses and attempt to locate housing. Nurses met with inmates approximately 3 times prior to release. The nurses in the SOC arm did not provide any supportive services or follow-up for inmates following release."

Examining existing research is an important part of evaluation capacity building because it informs current programmatic efforts and highlights issues to which evaluation should attend. This literature shows that minimal-contact resource-focused interventions can be just as impactful as more involved programs, the context in Wohl's study is very different than Rosecrance. However, this suggests that Rosecrance's presence in the jail may be a low-cost way to support health and social service utilization, and is likely to have comparable impact to other, more resource-intensive practices. Additionally, Druss et al. (2009) illustrates the importance of this link to post-release healthcare, explaining "Medical care [case] management was associated with significant improvements in quality and outcomes of primary care. The findings suggest that care management is a promising approach for improving medical care for patients treated in community mental health settings", as many recently-incarcerated individuals are. By providing specific referrals for post-release care, Rosecrance may be able to help increase stability and intervene early to prevent re-incarceration.

Building Evaluation Capacity

Referral Programs and Evaluation Processes

Because of the limited contact referral case management programs have with clients, building meaningful evaluation practices can be complex. These types of limited contact, limited follow-up interventions inherently leave a lot unknown. For example, it is not clear what effect referral timeframe has on client likelihood to access referrals, which has important implications on referrals made to people while they are incarcerated. To build capacity for meaningful evaluation in the future, Rosecrance was encouraged to begin implementing other data collection methods. We discussed possible directions on which to target this data collection (with the goal to increase the ability to show meaningful outcomes) including:

- How many people are actually accessing resources they are referred to?
- Is this program more helpful for a certain population of individuals?
- Does it matter whether clients receive a follow-up visit prior to release?

- Are some resources more important to access for success than others (e.g., psychiatric aftercare vs. identification)?
- How does the type of interview/needs assessment conducted impact referral process?

Suggested Directions

After discussion about possible directions to pursue, we decided to work towards creating a more structured interview process, including using evidenced-based screening and assessment tools. We made this decision because on our understanding that it provided the most potential, by engaging in first-order change (by building upon already established practices) to create second-order change at a program level. Additionally, because of a focus on reducing recidivism in the program population, we wanted to build in data collection processes that would support reporting outcomes and other information related to this goal.

Research supports this direction, with the literature based largely in agreement that methods of assessing risk for recidivism that rely on subjective clinical judgment are ineffective, as they leave lots of space for bias and contextual factors to be dismissed (Andrews, Bonta, & Wormith, 2006). Ultimately, this translates to lower effectiveness in understanding the factors that contribute to client stability (and thus, risk to recidivate). The Pew Research Center recently published a brief report in support of structured risk assessment processes, explaining "The instruments that have been developed—and fine-tuned over time—to measure the likelihood of future criminal behavior can help officials to better identify individuals at a high risk of reoffending, while also identifying the types of supervision and services that are most likely to slow the revolving door of America's prisons" (Pew Center of the States, 2011). Additionally, Simourd writes "...risk/needs assessments that include dynamic (i.e., changeable) risk factors (e.g., criminal attitudes and companions) ...are particularly useful in guiding the delivery of rehabilitation services and measuring change, which is often a significant focus of correctional agencies" (2004, p. 307). Assessments of this nature are currently being used in correctional and community settings, though they vary in the strength of their evidence-basis. Two of these options are discussed in more detail below.

The Level of Service Inventory/Case Management Inventory

The first option seriously considered for Rosecrance's use was the Level of Service Inventory/Case Management Inventory. This measure is currently being used in at least one other program in the community (Prairie Center), and we hoped that adopting this measure would provide the ability to make comparisons between different populations who have contact with the criminal justice system. The traditional LSI-R assesses 10 domains including Criminal History, Education/Employment, Financial, Family/Marital, Accommodation, Leisure/Recreation, Companions, Alcohol/Drug Problem, Emotional/Personal and Attitudes/Orientation, and the CMI version adds an additional domain on Service Assessment.

"The Level of Service Inventory/Case Management Inventory (LSI/CMI) is one of the most well-known and researched offender assessment tools" and has diverse utility (Simourd, 2014). The LSI has been used as a successful classification and case management tool among people on probation, male inmates, female offenders, juvenile offenders, and sexual offenders. By success, we mean that the LSI correctly captures and offers appropriate support based on those classifications. Additionally, the LSI has some of the highest predictive validity for recidivism of instruments currently available (Andrews, Bonta, & Wormith, 2006).

As an example of potential impact, in 2011 Rhode Island Dept. of Corrections found that while their client's average LSI-R score "indicates moderate risk/needs, data provided from the individual domains points to the presence of several destabilizing factors for the offender population. Appropriate case planning, effective case management and rehabilitation begin with an accurate and valid assessment of the individual."

Challenges with the LSI

One issue that arose when further researching this measure is the training required for administration. ASI, the organization with proprietary rights of the assessment, requires administrators to have completed graduate-level courses in tests and measurement *or* to have received 'equivalent, documented training'. Unfortunately, the organization did not respond to multiple emails seeking clarification on the types of training that would qualify. This led us to consider comparable assessments without the stringent requirements for administration.

Inventory of Offender Risk, Needs, and Strengths (IORNS)

Next, we completed a search for empirically-validated or evidence-based assessment tools that Rosecrance staff would be able to administer. One assessment found during this search is the Inventory of Offender Risk, Needs, and Strengths (IORNS). With a similar goal of the LSI/CMI, IORNS seeks to 'identify static, dynamic, and protective factors related to offender risk, treatment need, and management', and can be administered by staff with a license, certificate, or 4-year degree in a health-related field (including social work and psychology). The measure has a 15-20 minute administration time, and approximately 25 minutes to score.

This assessment is standardized and validated with different populations of people involved with the criminal justice system, including men aged 18-75, women aged 18-60, and people both probated and incarcerated (Miller, 2007). Additionally, the measure is written at a 3rd-grade reading level and can be administered to individuals or a group.

Structured Needs Interview (adapted from Allen and Sullivan, 2003)

After encountering barriers around access and cost when seeking empirically-validated tools, we began to focus on incorporating evidence-based practice into current processes. Understanding the limits of the current interview protocol motivated us to incorporate more opportunity for diverse data collection while maintaining a similar commitment of staff time. Importantly, the consultant, an executive-level staff member, and a client-facing staff member discussed current limitations, ideal possibilities, and feasibility for different options. This helps to ensure that any final product would be valuable for both higher-level management and client-facing staff.

Ultimately, the consultant created an intake document to allow for a wider variety of client demographic information, including diagnoses, referral source, and most recent living situation (among others). Added to this document is a measure adapted from Allen and Sullivan's (2003) work with the Community Advocacy Project. This resource interview has three parts: 1) inquiry into community resources that were needed and/or engaged with over the past 6 months, 2) resource referrals, and 3) inquiry about client perception of the referred resource meeting their needs.

This new protocol will benefit Rosecrance's evaluation capacity in three salient ways: 1) a more structured process allows for a more realistic understanding client experience across staff members and time points, 2) additional data allows Rosecrance to more fully characterize the population they are serving, providing the foundation for understanding both *who* they are serving and who they are most *successful* in serving, and 3) building in client feedback on resource referrals provided. This last point may be especially important for understanding program impact, as resource referrals are most effective when people feel confident about their accessibility and likelihood of helping.

For the most recent draft of this measure, please see section V, appendix B.

Challenges and Lessons Learned

Rosecrance was an eager, committed partner throughout the first phase of the CCMHB's partnership with Drs. Allen and Aber. Because of their sustained involvement, we were eager to collaborate with them as a targeted agency partner in the second-phase of the project. However, we also did not appreciate the potential implications of the recent organizational merger. This change ultimately impacted the progress of our relationship in a major way, even though key partners were eager to participate on this project. Our partnership included many time-sensitive commitments for Rosecrance staff, with the transition requiring a huge amount of their energy and understandably stifling evaluation capacity building progress.

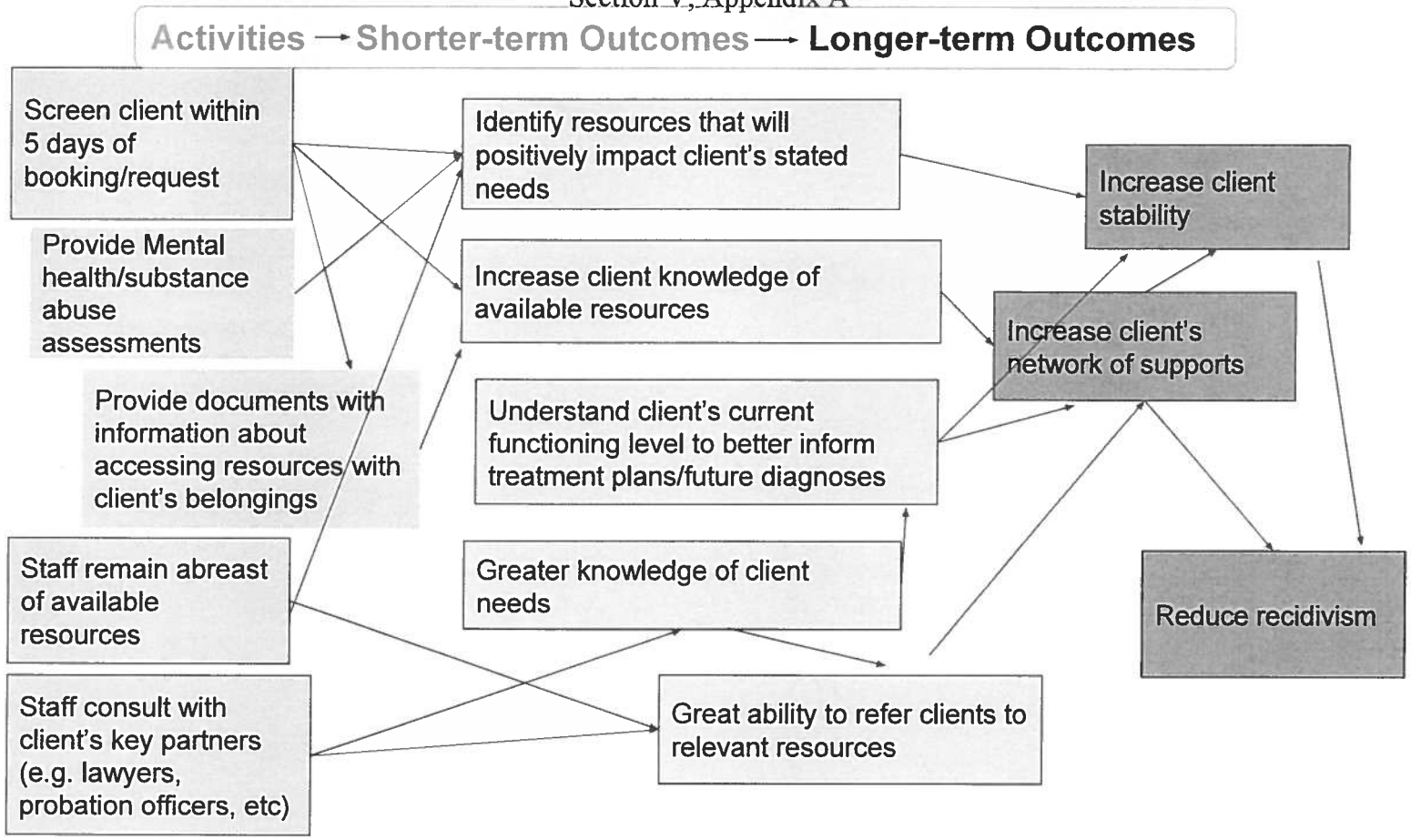
Additionally, because time to devote to this project was especially finite, significant progress was easily thwarted by some of our encountered challenges, such as those raised about staff

educational requirements for administration. Additional concerns about the extra costs of both the potential measures and necessary training for administration also hindered potential progress. In the future, when partnering with an agency for a significant undertaking like building internal capacity for evaluation it may be important to ensure that agencies do not foresee any commitments that will require the bulk of their efforts.

Suggested Next Steps

If Rosecrance were to utilize a validated, standardized tool like the LSI/CMI or the IORNS, the Criminal Justice 708 program would be better able to a) understand more specifically the type of chronic and acute needs of their population, b) understand who they are able to most effectively serve (both demographically and regarding level or risk), and c) compare their population to other populations on a variety of different factors, thus better contextualizing the specific climate that this program is operating in. Additionally, the program might develop empirical evidence that supports its impact on recidivism.

However, it is important to note that barriers in adopting this kind of measure make it a less feasible option than initially anticipated. Thus, we encourage Rosecrance to continue finalizing the resource interview discussed previously. Once finalized, Rosecrance should implement the document as the interview protocol for the CJ708 program. It is our belief that this more structured interview process and integration of standardized tools will likely benefit the program's ability to understand and report on their impact.


Activities → Shorter-term Outcomes → Longer-term Outcomes
Screen client within 5 days of booking/request
Provide Mental health/substance abuse assessments
Provide documents with information about accessing resources with client's belongings
Staff remain abreast of available resources
Staff consult with client's key partners (e.g. lawyers, probation officers, etc)
Identify resources that will positively impact client's stated needs
Increase client knowledge of available resources
Understand client's current functioning level to better inform treatment plans/future diagnoses
Greater knowledge of client needs
Great ability to refer clients to relevant resources
Increase client stability
Increase client's network of supports
Reduce recidivism

ROSECRANCE

INTAKE FORM

Today's date:	**Caseworker completing this form:**

SECTION 1: CLIENT INFORMATION

As you likely know, I work for Rosecrance, which is a community mental and behavioral health service provider. Part of our services include meetings like this, where I meet with people who have recently been booked into jail to find out what resources might be helpful after release.

Rosecrance is currently trying to improve this referral service, and as part of that we are working to better understand the experiences of the people we are serving, including you. One way we are trying to do that is by getting a better picture of the people we have these meetings with. So, in this part of the meeting I am going to be asking you some questions about your mental and physical health, history, living situations, etc.

I am only asking this information so Rosecrance can know more about who we are having these meetings with, and you are free at any time to skip a question that you would prefer not to answer. You won't be penalized in any way for choosing to do that.

Do you have any questions about what I just said?

1. Client Name
Last: First: Middle:

2. Date booked into jail:

3. Date released from jail (to be filled in once released):

4. Date of Birth: **4a. Age:**

5. Gender:
- ❑ Man
- ❑ Woman
- ❑ I have another gender: _____

5a. Preferred Pronouns:
- ❑ He/him
- ❑ She/her
- ❑ They/theirs
- ❑ Other: _____

6. Race/ethnicity:
- ❑ White
- ❑ Black/African American
- ❑ Asian
- ❑ Native American/Indigenous

6a. Are you Hispanic?
Yes ❑ No ❑

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❑ Biracial or Multiracial
❑ Another race: _____

7. Are you a : ❑ Former Rosecrance client ❑ Current Rosecrance client ❑ Neither ❑ I don't remember

If former client, what year were a client? _____ or ❑ I don't remember when
If current or former client, do you remember the name of your caseworker? Yes ❑ No ❑
If yes, what is the name of your caseworker? _____

8. Referred for meeting by: (check all that apply)

❑ Self ❑ Medical Staff ❑ Jail Staff ❑ Probation Officer
❑ Lawyer ❑ Family ❑ Rosecrance Caseworker ❑ Someone else: _____

9. Date meeting requested:

We would like to reach out to you after your release to see how you are doing and if we can provide any more help. If you would like us to contact you, please provide contact information where we can reach you.

10. Cell phone no.:
( )

10a. Can we leave a voicemail at this number? Yes ❑ No ❑

10b. Would you like to receive text messages requesting you contact us for follow-up?
Yes ❑ No ❑

11. Home phone no.:
( )

11a. Can we leave a voicemail at this number? Yes ❑ No ❑

12. Best Address to send you follow-up information:

Street Address:
City:
State:
Zipcode:

13. Additional address to send you follow-up information:

Street Address:
City:
State:
Zipcode:

SECTION 2: OTHER INFORMATION

14. Prior to this stay, had you ever been **incarcerated before?** ❑ Yes ❑ No
14a. If yes, **what year:**
❑ I don't remember what year

15. Have you ever been **convicted of a violent crime?** ❑ Yes ❑ No
15a. If yes, **what year:**
❑ I don't remember what year

The next questions ask about your housing situation prior to and after your current jail stay. We ask these questions so we can get a better picture of the circumstances and needs of our clients. If you would prefer not to answer a question, you are free to do so.

16. Where were you living prior to this jail stay?
❑ In my own residence (e.g. the client's owned or rented house or apartment)
❑ With a family member (consistently with the same person)
❑ With a friend (consistently with the same person)
❑ With a romantic partner
❑ Staying with different people (i.e. 'couch-surfing')
❑ In a shelter
❑ On the street/experiencing homelessness
❑ Other: _____

17. **How long were you living *answer selected*?** (E.g. "How long were you living with that family member?")

❑ 2 years or more ❑ 1 year- Less than 2 years ❑ 6 months – Less than 1 year
❑ 3months-Less than 6months ❑ 1 month- Less than 3months ❑ Less than one month

18. Do you know where you plan to stay once you are released? ❑ Yes ❑ No

19. If yes, where do you plan to live?
❑ In my own residence (e.g. the client's owned or rented house or apartment)
❑ With a family member (consistently with the same person)
❑ With a friend (consistently with the same person)
❑ With a romantic partner
❑ Staying with different people (i.e. 'couch-surfing')
❑ In a shelter
❑ On the street/experiencing homelessness
❑ Other: _____

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SECTION 3: HEALTH INFORMATION

20. Do you have any mental health diagnoses? (e.g depression, bipolar disorder, schizophrenia)
❑ Yes ❑ No

21. If yes, please list any diagnoses and approximate year you received the diagnosis:
E.g.
Depression, 2012

Diagnosis:	**Year:**	**Diagnosis, Cont.:**	**Year, Cont.:**

21a. Do you currently take any medication for any of these diagnoses?
❑ Yes ❑ No
❑ N/A

21b. If yes, please list any medications you take for mental health diagnoses:

Medication name:

22. Do you have any physical health diagnoses? (e.g diabetes, cancer)
❑ Yes ❑ No

23. If yes, please list any diagnoses and approximate year you received the diagnosis:
E.g.
Diabetes, 2012

Diagnosis:	**Year:**	**Diagnosis, Cont.:**	**Year, Cont.:**

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23a. Do you currently take any medication for any of these diagnoses?
❑ Yes ❑ No
❑ N/A

23b. If yes, please list any medications you take for mental health diagnoses:

Medication name:

After Resource Interview is completed, please ask the client if there is anything else they would like us to know about their needs:

Resource Interview, Part One

Client Name: _____
DOB: ___/___/____
Caseworker completing interview: _____

Now, I'd like to get an idea of some community resources you may have needed over the past 6 months, or that you may have already come into contact with.

Community Resources	In the last four months did you need _____? Please indicate **Yes** or **No** below. 1. YES 0. NO	[If yes] Did you know *where* to get _____? 1. No idea where to go 2. A little bit of an idea where to go 3. Somewhat of an idea where to go 4.Certain where to go	If yes, how effective were you at getting _____? 1. Not at all effective 2. A little effective 3. Somewhat effective 4. Very effective	Is____ currently (still) an unmet need? Please indicate **Yes** or **No** below. 1. YES 0. NO	Would it be helpful to have new referrals to try to meet this need? 1. YES 0. NO
Emergency Shelter					
Housing					
Food					
Financial Assistance					
Material Goods (incl. clothing)					

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Community Resources	In the last four months did you need _____? Please indicate **Yes** or **No** below. 1. YES 0. NO	[If yes] Did you know *where* to get _____? 1. No idea where to go 2. A little bit of an idea where to go 3. Somewhat of an idea where to go 4.Certain where to go	If yes, how effective were you at getting _____? 1. Not at all effective 2. A little effective 3. Somewhat effective 4. Very effective	Is____ currently (still) an unmet need? Please indicate **Yes** or **No** below. 1. YES 0. NO	Would it be helpful to have new referrals to try to meet this need? 1. YES 0. NO
Legal Aid					
Childcare					
Counseling (or Mental Health)					
Social Support					
Transportation					
Medical Assistance					
Order of Protection					

Community Resources	In the last four months did you need _____? Please indicate **Yes** or **No** below. 1. YES 0. NO	[If yes] Did you know *where* to get _____? 1. No idea where to go 2. A little bit of an idea where to go 3. Somewhat of an idea where to go 4.Certain where to go	If yes, how effective were you at getting _____? 1. Not at all effective 2. A little effective 3. Somewhat effective 4. Very effective	Is____ currently (still) an unmet need? Please indicate **Yes** or **No** below. 1. YES 0. NO	Would it be helpful to have new referrals to try to meet this need? 1. YES 0. NO
Education					
Identification					
Other:					
Other:					
Other:					

Resource Interview, Part Two
For each domain, indicate if the client indicated that new referrals would be helpful. If yes, proceed to the next column.

Emergency shelter: ❑ Yes ❑ No	**What referrals did you give?** ❑ *Common referral for emergency shelter* ❑ *Common referral for emergency shelter* ❑ *Common referral for emergency shelter* ❑ Other (please explain): ❑ Other (please explain):
Housing: ❑ Yes ❑ No	**What referrals did you give?** ❑ *Common referral* ❑ *Common referral* ❑ *Common referral* ❑ Other (please explain): ❑ Other (please explain):
Food: ❑ Yes ❑ No	**What referrals did you give?** ❑ *Common referral* ❑ *Common referral* ❑ *Common referral* ❑ Other (please explain): ❑ Other (please explain):
Financial Assistance: ❑ Yes ❑ No	**What referrals did you give?** ❑ *Common referral* ❑ *Common referral* ❑ *Common referral* ❑ Other (please explain): ❑ Other (please explain):
Material Goods (Including Clothing): ❑ Yes ❑ No	**What referrals did you give?** ❑ *Common referral* ❑ *Common referral* ❑ *Common referral* ❑ *Common referral* ❑ Other (please explain): ❑ Other (please explain):

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Legal Aid: ❑ Yes ❑ No	**What referrals did you give?** ❑ *Common referral* ❑ *Common referral* ❑ Other (please explain): ❑ Other (please explain):
Childcare: ❑ Yes ❑ No	**What referrals did you give?** ❑ *Common referral* ❑ *Common referral* ❑ *Common referral* ❑ *Common referral* ❑ Other (please explain): ❑ Other (please explain):
Counseling or Mental Health Services: ❑ Yes ❑ No	**What referrals did you give?** ❑ *Common referral* ❑ *Common referral* ❑ *Common referral* ❑ *Common referral* ❑ *Common referral* ❑ Other (please explain): ❑ Other (please explain):
Social Support: ❑ Yes ❑ No	**What referrals did you give?** ❑ *Common referral* ❑ *Common referral* ❑ *Common referral* ❑ Other (please explain): ❑ Other (please explain):
Transportation: ❑ Yes ❑ No	**What referrals did you give?** ❑ *Common referral* ❑ *Common referral* ❑ *Common referral* ❑ *Common referral* ❑ Other (please explain):
Medical Assistance: ❑ Yes ❑ No	**What referrals did you give?** ❑ *Common referral* ❑ *Common referral* ❑ *Common referral* ❑ *Common referral* ❑ *Common referral* ❑ Other (please explain): ❑ Other (please explain):

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Order of Protection: ❑ Yes ❑ No	**What referrals did you give?** ❑ *Common referral* ❑ *Common referral* ❑ Other (please explain): ❑ Other (please explain):
Education: ❑ Yes ❑ No	**What referrals did you give?** ❑ *Common referral* ❑ *Common referral* ❑ Other (please explain):
Identification: ❑ Yes ❑ No	**What referrals did you give?** ❑ *Common referral* ❑ *Common referral* ❑ Other (please explain): ❑ Other (please explain):
Other: _____ ❑ Yes ❑ No	**What referrals did you give?** ❑ _____ ❑ _____
Other: _____ ❑ Yes ❑ No	**What referrals did you give?** ❑ _____ ❑ _____
Other: _____ ❑ Yes ❑ No	**What referrals did you give?** ❑ _____ ❑ _____

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Resource Interview Part Three:

Community Resources	If you were to access _____ [RESOURCE] to address ____ [NEED], how likely do you think it will be to meet this need? 1. Not at all likely 2. Somewhat likely 3. Likely 4. Very Likely	How likely are you to access this referral? 1. Not at all likely 2. Somewhat likely 3. Likely 4. Very Likely	What barriers do you anticipate in trying to meet this need for _____ [NEED]? [LIST AND TRY TO ADDRESS]
Emergency Shelter			
Housing			
Food			
Clothing			
Material Goods			
Financial Assistance			
Legal Aid			

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Community Resources	If you were to access _____ [RESOURCE] to address ____ [NEED], how likely do you think it will be to meet this need? 1. Not at all likely 2. Somewhat likely 3. Likely 4. Very Likely	How likely are you to access this referral? 1. Not at all likely 2. Somewhat likely 3. Likely 4. Very Likely	What barriers do you anticipate in trying to meet this need for _____ [NEED]? [LIST AND TRY TO ADDRESS]
Childcare			
Counseling			
Social Support			
Transportation			
Medical Assistance			
Order of Protection			
Employment			

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Community Resources	If you were to access _____ [RESOURCE] to address ____ [NEED], how likely do you think it will be to meet this need? 1. Not at all likely 2. Somewhat likely 3. Likely 4. Very Likely	How likely are you to access this referral? 1. Not at all likely 2. Somewhat likely 3. Likely 4. Very Likely	What barriers do you anticipate in trying to meet this need for _____ [NEED]? [LIST AND TRY TO ADDRESS]
Education			
Identification			
Other:			
Other:			
Other:			

Adapted from: Allen, N.E. & Sullivan, C. M. (2003). The Community Advocacy Project Evaluation. Unpublished measure.

C.B.

Justice and Mental Health Collaboration Program – Planning Grant
Champaign County, Illinois

FINAL REPORT
October 2015 – September 2017

Crisis Response Planning Committee Criminal Justice System Gaps Analysis
Champaign, Illinois
2017

Funding for the project was provided by
the U.S. Department of Justice and the Champaign County Mental Health Board

Committee

Co-Conveners:
Sheila Ferguson, Executive Director, Rosecrance Champaign/Urbana
Allen Jones, Chief Deputy, Champaign County Sheriff's Office

Project Director	Bruce Barnard
Project Coordinator	Celeste Blodgett
Collaboration Consultant	Claudia Lennhoff
Data Consultant	Saijun Zhang

Crisis Response Planning Committee

Organization	Role	Individual
Champaign County Board		Jim McGuire
Champaign County Circuit Court	Court Administrator	Lori Hansen
Champaign County Continuum of Care	Homeless Services	Mike Benner
Champaign County Health Care Consumers	Consumer Advocate & Service Provider	Chris Garcia
Champaign County Jail	Jail Administrator	Karee Voges
Champaign County Mental Health Board	Mental Health Planning & Local Funding	Mark Driscoll
Champaign County Sheriff's Office	Co-Convener	Allen Jones
Champaign County State's Attorney		Julia Rietz
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NAMI Champaign, IL	Individual & Family Advocacy	Diane Zell
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Prairie Center Health Systems	Addiction Services	Gail Raney
Rosecrance Champaign/Urbana	Mental Health & Addiction Services	Sheila Ferguson
Rosecrance Champaign/Urbana	Reentry Council Liaison	Bruce Barnard
Rosecrance Champaign/Urbana	Crisis & Respite Services	Monica Cherry
University of Illinois	CIT Police Officer	Brian Tison
University of Illinois	Law Enforcement Representative	Jeff Christensen

Technical Assistance Providers
from the Council of State Governments Justice Center
Will Englehardt & Risë Haneberg

Table of Contents

Introduction
In 2015, Champaign County was awarded a Justice and Mental Health Collaboration grant to pursue a coordinated planning process to analyze criminal justice needs for the justice-involved population with mental health and co-occurring mental health and substance use needs. This report summarizes the findings and recommendation of the planning effort.

Background
In 2012, the Champaign County Board contracted with the Institute for Law and Policy Planning to conduct a comprehensive criminal justice needs analysis. The report identified key recommendation themes, which include implementing risk and needs decision making tools; improving data, data analysis, and evaluation capabilities; and formalizing a Criminal Justice Executive Council. In addition, the Champaign County Board appointed a community justice taskforce with representatives from behavioral health (BH) treatment providers and community stakeholders, to prepare recommendations regarding the adult system of care within the criminal justice system, to reduce bookings, bed days, and recidivism. The recommendations included the use of evidence-based practices, improved access to mental health (MH) services, enhanced post-incarceration treatment options, and implementation of a system of care approach.

Since the distribution of the above-mentioned reports and recommendations, a number of activities have been undertaken to address various identified needs. These include the installation of BH providers in the jail, implementing book and release practices, increasing the number of law enforcement (LE) officers receiving Crisis Intervention Team (CIT) training, and allocating county funding to support a Reentry Program and Council. Still, gaps remained.

Faced with a significant frequent recidivist population at the jail, many of whom were identified as having previously received services from community BH providers or were recognized as needing such services; the Sheriff's Office started a community conversation around mental health, criminal justice, and recidivism. This included discussion of the possibility of opening a Community Assessment Center (Center). The Center was envisioned as a place where law enforcement (LE) could take people they encountered who were disruptive, but posed no serious threat to themselves or others. LE could drop these people off at the Center where they would receive available services and linkage to additional supports, thus mitigating the utilization of scarce LE time and resources by detaining these people unnecessarily.

Justice and Mental Health Collaboration Program – Planning Grant
In October 2015, Champaign County was awarded a two-year Justice and Mental Health Collaboration Program (JMHCP) planning grant by the US Department of Justice (DOJ), for which the Champaign County Mental Health Board (CCMHB) provided matching funds. The purpose of the grant was to assist the community with identifying systemic gaps and planning for the development of resources, for persons with mental illness (MI) or co-occurring mental health and substance use disorders (COD) who come into contact with local law enforcement and the county jail.

The Champaign County Sheriff's Office and Rosecrance Champaign/Urbana (RCU) (formerly Community Elements) jointly administered the grant. In addition to funding support, JMHCP grant recipients received technical assistance (TA) from TA Providers at the Council of State

Governments Justice Center (CSG). This involved monthly conference calls between the Sheriff's Office, JMHCP staff, and the TA Providers, as well as an onsite visit from the Providers during the planning phase. The initiative took shape with four nationally recognized goals in mind:

1. Reduce the number of people with MI/COD booked into the jail
2. Reduce the length of time people with MI/COD disorders stay in the jail
3. Increase linkage to community-based services and supports by people with MI/COD who are released from the jail
4. Reduce the number of people with MI/COD returning to jail

This report details those activities and the progress made as a result of the work involved throughout this planning process.

Crisis Response Planning Committee

Meetings

The Crisis Response Planning Committee (CRPC) was a formal body developed to oversee planning grant activities. The CRPC was formed upon receipt of the grant award, and met monthly for the duration of the project. Smaller task groups were formed to address various components of the project, such as data, peer support, screening and assessment, and sustainability.

Terms of the grant required completion of a Planning and Implementation Guide (Guide), developed by the TA Providers. The Guide functioned as a workbook for each step of the planning process, to assist grantees in completing required activities within the assigned timeframe. When working to complete the Guide, the CRPC learned the extent of the dearth of information that exists regarding prevalence rates of people with MI and/or substance use disorders (SUD) in jails, including the Champaign County Jail. There was a need to define some basic terms, in order to better identify the population this work would be addressing, as well as gather information from the community, including consumers and consumer advocates.

Decisions

The Data Task Group discussed system needs and capabilities. As a result, the CRPC was presented with and agreed on definitions for the terms *mental illness* (MI), *substance use disorder* (SUD), and *recidivism*. Information and definitions were derived from reviewing the State's definition and funding guidelines for *mental illness*, and review of the Diagnostic and Statistical Manual 5th Ed. (DSM–5), SAMHSA, and materials provided by our TA Providers and the Stepping up Initiative.

- **Mental Illness** as defined by the DSM–5 is a syndrome characterized by a clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects dysfunction in the psychological, biological, or developmental processes underlying mental functioning.

  * This term encompasses co-occurring substance use disorders, as well as serious mental illness (SMI) or serious and persistent mental illness (SPMI), which are defined as a

mental, behavioral, or emotional disorder that is diagnosable within the past year, is chronic or long lasting, and results in a significant impairment in social, occupational, or other important areas of functioning. In Illinois, a determination of medical necessity is required to receive reimbursement for any services.

- **Substance Use Disorder,** as adapted from Substance Abuse and Mental Health Services Administration SAMHSA, October 2015, http://www.samhsa.gov/disorders/substance-use, is a recurrent use of alcohol and/or drugs that causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home and when an individual experiences impaired control, social impairment, risky use, and pharmacological criteria defined in the 5th Ed.

  *SUDs are defined as mild, moderate, or severe to indicate the level of severity, which is determined by the number of diagnostic criteria met by an individual.

- **Recidivism** (as defined by the Reentry Council of Champaign County) is receipt of a new judgment within three years of release from incarceration.

The CRPC also recommended the use of validated screening tools:

- Brief Jail Mental Health Screen (BJMHS) to identify a possible mental illness
- Texas Christian University Drug Screen (TCUDS V) to identify a possible substance use disorder
- Level of Service – Revised: Screening Version (LSI-R:SV) to determine level of criminogenic risk, needs, responsivity, and service delivery

These screening instruments, in addition to identifying possible presence of disorders and the likelihood of recidivism, provide a consistent method for tracking prevalence of disorders and levels of criminogenic risk for all persons booked into the jail, and guide service planning.

During the April 2016 Stepping Up conference, the American Psychiatric Association (APA) announced work to develop an e-screening tool, replete with validated screening instruments, for administration by correctional staff, to collect and track prevalence data of individuals with MI/SUD/COD booked into local jails. Project staff were pursuing implementation of the web-based APA tool, designed to provide initial screening and demographic information. However, due to concerns for individual protection of personal information, and integrity of the data, we suspended implementation following the testing period.

In an effort to move toward implementing the screening process, and begin collecting much needed prevalence data re: the number of people with MI/COD booked into the jail, the jail trained a handful of correctional staff and began administering the BJMHS and TCUDS on paper. In addition, Dr. Zhang, Data Consultant for the JMHCP planning grant, developed a database, based on the APA's e-screening application, with each validated tool, for use by the jail. This format allowed the jail to house individuals' screening information locally, and reduced the risk of breaching inmates' personal information.

As of March 7, 2017, every person booked into the Champaign County Jail receives the BJMHS and TCUDS screening, administered and scored by a correctional officer. This process will indicate the need for additional screening and possible assessment by a clinician, as well as allow for the collection and tracking of prevalence data. Preliminary data indicates that approximately 30% of people booked into the jail are indicated by screening as having MI/COD.

Information Gathering
Information gathering took shape in multiple contexts, which included a community survey available to the public, specialized focus groups, and two public dialogue sessions. Altogether, information was obtained from approximately 200 individuals through these various methods. Specifically, information was gathered from the public, Reentry Council, Crisis Response Planning Committee, IPLAN Access to Care and Behavioral Health Group, University of Illinois Campus Behavioral Health Providers, AA/NA Support Group, NAMI Champaign County, leaders from Salem Baptist Church and Bethel African Methodist Episcopal Church, and community members. In addition to the above, a focus group was conducted with inmates currently in the Champaign County Jail.

This public input process provided a clearer understanding of both the real and perceived gaps in treatment and services throughout the community, as they pertain to the stated population. Throughout this process, common themes emerged, including:

Education/Prevention Opportunities

- Building community awareness of behavioral health issues to lessen the stigma surrounding mental health and substance use disorders
- Increasing service providers' knowledge of community resources, for consistent dissemination of information across systems and agencies
- Prioritizing prevention services in the community to address a wide variety of behavioral health needs
- Expanding opportunities to voluntarily share information with law enforcement regarding triggers, mental health challenges, and safety plans for specific residents
- Developing a Quick Response Model or First-Episode Psychosis Model, for provision of early treatment and wrap-around services
- Provision of a Co-Responder Model
- Increasing Mental Health First Aid (MHFA) and Crisis Intervention Team (CIT) training among LE
- Increasing the provision of community (public, family members, and providers) training events on the fundamentals of MHFA
- Increasing training opportunities and workshops for specialized groups on topics such as boundaries and support, CIT, Motivational Interviewing, and Stages of Change, and opioid addiction

Access to Psychiatric Care – Capacity

- Increasing access to psychiatry, psychiatric medication, and mental health services, in both the community and inside the County Jail
- Improving communication with psychiatrists
- Promoting continuity of care for individuals both entering and leaving jail

- Provision of Navigators or Transitional Specialists, to assist consumers with understanding and navigating various systems (housing, medical, benefits)
- Increasing and expansion of programming in the jail, including counseling, parenting classes, AA/NA groups, Moral Reconation Therapy (MRT) groups, etc.

Specialized Housing

- Expanding housing options, including long-term recovery housing for specific target populations (persons with mental disorders, persons in long-term recovery for substance use disorders, those reintegrating into the community from incarceration, and those who are homeless)
- Developing specialized housing units in the jail for those with MI/COD
- Developing a space for medical detox, both in the community and in the jail
- Developing an Assessment Center as an alternative to incarceration (for persons with SUD or MI who come into contact with LE) that will include, but not be limited to, an array of the following:

  a. Drop Off for Law Enforcement
  b. Access to Assessments and Crisis Intervention
  c. Psychiatry Services
  d. A living room model that includes onsite access to wrap-around services
  e. Crisis Stabilization Residential Services
  f. Detox Services
  g. 23 hour hold beds
  h. Linkage to a continuum of care for persons with behavioral health disorders, as well as those who are experiencing or are at risk of homelessness

Sequential Intercept Model Mapping

From July 2016 to January 2017, the CRPC completed a CJ system mapping and gaps analysis process, utilizing the Sequential Intercept Model (SIM). The SIM mapping was conducted with targeted participants at each intercept, representative of service providers, public entities, and project staff.

In July 2016, the Champaign County Mental Health Board was awarded a TA opportunity in which Policy Research Associates facilitated a virtual Intercept 1 Sequential Intercept Mapping (SIM) exercise with two other communities in the US. This activity initiated the effort to map the local criminal justice process in its entirety. Mappings of the remaining SIM intercepts were facilitated by JMHCP Program Director, Bruce Barnard. The mapping process identified current practices and results, to inform the development of system-wide goals and strategies. The CC SIM Map and chart can be found in Appendix A, following this report.

Recommendations

Recommendations made by the Crisis Response Planning Committee, as a result of the gaps identified during the planning process, follow:

1. Establish a Behavioral Health and Justice Coordinating Council (BHJCC) to oversee all CJ/BH activities

2. Implement risk-needs-responsivity screening (LSI-R) at earliest point in the CJ process, to inform decisions throughout the system
3. Enhance initial response with provision of a Co-Responder Model
4. Provide behavioral health and case management support to the Public Defender's Office
5. Gather data to determine the level of need, capacity, and budget required to institute and maintain an Assessment Center – where LE can take persons with MI/COD, instead of jail or the hospital (envisioned to include assessment for MI, SUD, and Criminogenic Risk, crisis stabilization, emergency respite services, a living room model, and medical detox services)
6. Enhance reentry services specifically for the population with MI/COD
7. Ensure adequate resources and facilities for community behavioral health providers working in the jail

JMHCP Implementation Grant Application
The RFP for implementation was released one year into the planning phase. Though the CRPC's work was not complete at the time the JMHCP Implementation grant application was prepared and submitted, the information gathered and progress made throughout the course of the project informed the application's direction.

The Council identified risk-needs-responsivity (RNR) screening, a co-responder model, and a formalized coordinating body as priorities to be considered for funding. The co-responder model became the focus of a local application. Therefore, in the interest of developing a program plan, which was achievable and coherent, we focused on the BHJCC and the screenings.

The BHJCC will monitor interactions of the CJ and BH systems, and analyze data from all stakeholders to look for opportunities for system and policy improvement across intercepts. In addition, the RFP made clear that RNR screening for criminogenic risk is an evidence-based practice that must be in place.

RNR had been discussed at length by the CRPC, and an assessment chosen, the LSI-R:SV, for implementation at the time of secondary screening for anyone identified during the screenings at booking as having a MI/COD. Yet, there was no funding available to support this next step. Therefore, purchase of the LSI-R: SV and related materials, as well as a case manager to administer this screen to the target population, in addition to the BHJCC, became the focus of the application. RCU will function as a sub-grantee of the award, employing the case manager administering the LSI-R:SV in the jail, and support staff to the BHJCC.

Additional Activities
In addition to the JMHCP grant activities, Champaign County and its leaders in the criminal justice/behavioral health arena has been involved in a number of events and opportunities that relate to and enhance these efforts. Allen Jones, Bruce Barnard, Celeste Blodgett, and Claudia Lennhoff presented the project at a number of community events and meetings. In addition, in April 2016, Bruce Barnard, Sheila Ferguson, and Allen Jones submitted a guest editorial in the local newspaper, the News Gazette, to better inform the public of the issues related to criminal justice involvement for the population with MI/COD.

Local JMHCP leadership and project staff attended a number of conferences of or relating to this work. In December 2015, the Bureau of Justice Assistance (BJA) hosted a conference for all JMHCP grantees. Then, in April 2016, Champaign County was one of 50 sites, from 200 applicants, selected to take part in the first national Stepping Up Conference, in Washington, D.C. The event was sponsored by the National Association of Counties (NACo), APA, and BJA, and afforded participants the opportunity to meet with other communities throughout the United States doing this work.

In June 2016, a team of stakeholders from Champaign County (County Administrator, Rick Snider; State's Attorney, Julia Rietz; Chief Deputy, Allen Jones; and Executive Director of the Mental Health Board, Lynn Canfield) attended a workshop on data-driven justice (DDJ) practices at the White House. There, in addition to meeting with White House staff, the team met with 54 other communities to share knowledge and practices, and work collaboratively on solutions to reduce unnecessary incarceration, specifically for "super-utilizers," persons who cycle repeatedly through local resources (e.g., hospitals, jails, clinics, shelters, etc.).

Communities participating in the DDJ event were encouraged to respond to a Request for Interest from the Institute for State and Local Governance of the City University of New York (ISLG), which was executing a national study of frequent utilizers who cycle through the criminal justice, healthcare, and social services systems, and communities' lack of ability to provide this population with much needed services, despite various resources that are in place, often due to a lack of data and information sharing. Champaign County was accepted to be part of this study, and ISLG conducted the first round of interviews in March 2017.

Bruce Barnard, JMHCP Project Director, was invited to participate in the Criminal Justice Leadership Conference in Washington, D.C., in September 2016. The Leadership Conference was part of the Stepping Up Initiative, and correlated with JMHCP activities.

In February 2017, CIT ARMS data collection and reporting system was rolled-out, and the system became fully operational by April, 2017. After much work and coordination to accomplish this, the ARMS data system began producing CIT call reports for all Champaign County police departments.

Also in April 2017, Bruce Barnard was invited to present on timely implementation of validated screenings in county jails during two Stepping Up webinars. And, Bruce Barnard and Celeste Blodgett participated in the Pennington County Peer Justice Exchange that convened in Rapid City, South Dakota. The event was supported by NACo and the LJAF. Counties from across the United States, grappling with many of the same issues that we have been working to resolve in Champaign County, assembled to share information.

In June 2017, as a result of the community's involvement in the Stepping Up Initiative, previous involvement with the DDJ Initiative, and involvement with the NACBHDD Decarceration Initiative and Justice Committee, Allen Jones, Julia Rietz, Lynn Canfield, and Kyle Patterson participated in a Best Practices and Implementation Academy in Washington D.C. The DDJ initiative continues. While it was a White House project until November, it has since been undertaken by NACo. Lynn Canfield continues as the point of contact for this initiative.

In July 2017, Bruce Barnard assisted our TA Providers with training new JMHCP grantees in Washington D.C. In September, Bruce will take part in a Leadership Academy Problem Solving Workshop in New York City, which will further examine maintaining stakeholder support.

Conclusion

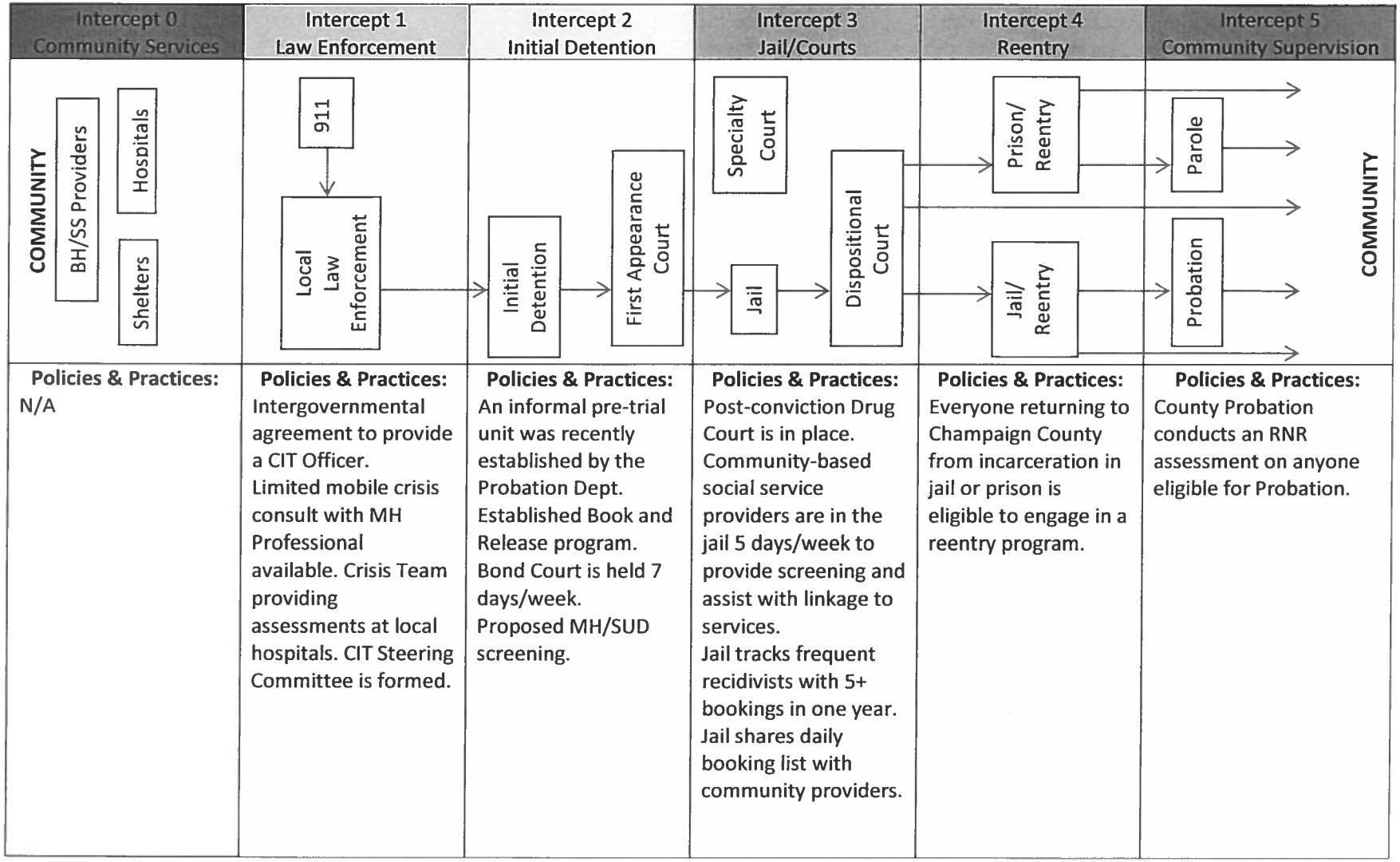
The JMHCP planning grant has provided Champaign County with a valuable opportunity to strategize improvements to better meet the needs of persons with MI/COD, who come into contact with local law enforcement and the county jail. The co-administrators of the grant, JMHCP staff, and CRPC members, with input from community stakeholders, worked diligently to meet the requirements of the grant and make the most of the planning process. As a result of this initiative and the work of key stakeholders, Champaign County is now recognized as a leader in addressing behavioral health needs in the criminal justice systems, and has built a relationship with interest groups and government organizations involved in similar work, nationwide.

Going forward, many of the collaborators who have been involved since the outset of this initiative will continue to be involved in this work. The BHJCC should remain active and representative of the multiple community stakeholders, and active in pursuing coordination and integration of the community's criminal justice efforts.

Continued progress in these goals: 1) reducing the number of people with MI/COD booked into the jail, 2) reducing the length of time people with MI/COD disorders stay in the jail, 3) increasing linkage to community-based services and supports by people with MI/COD who are released from the jail, 4) reducing the number of people with MI/COD returning to jail, will require active involvement from multiple stakeholders, including those who have been directly involved in this effort. Further progress on these goals will largely be determined by our ability to build on this work and continue to improve cooperation and communication among public criminal justice authorities, community health and service providers, consumers, stakeholders, and community advocates.

APPENDIX A

Champaign County SIM – February 2017



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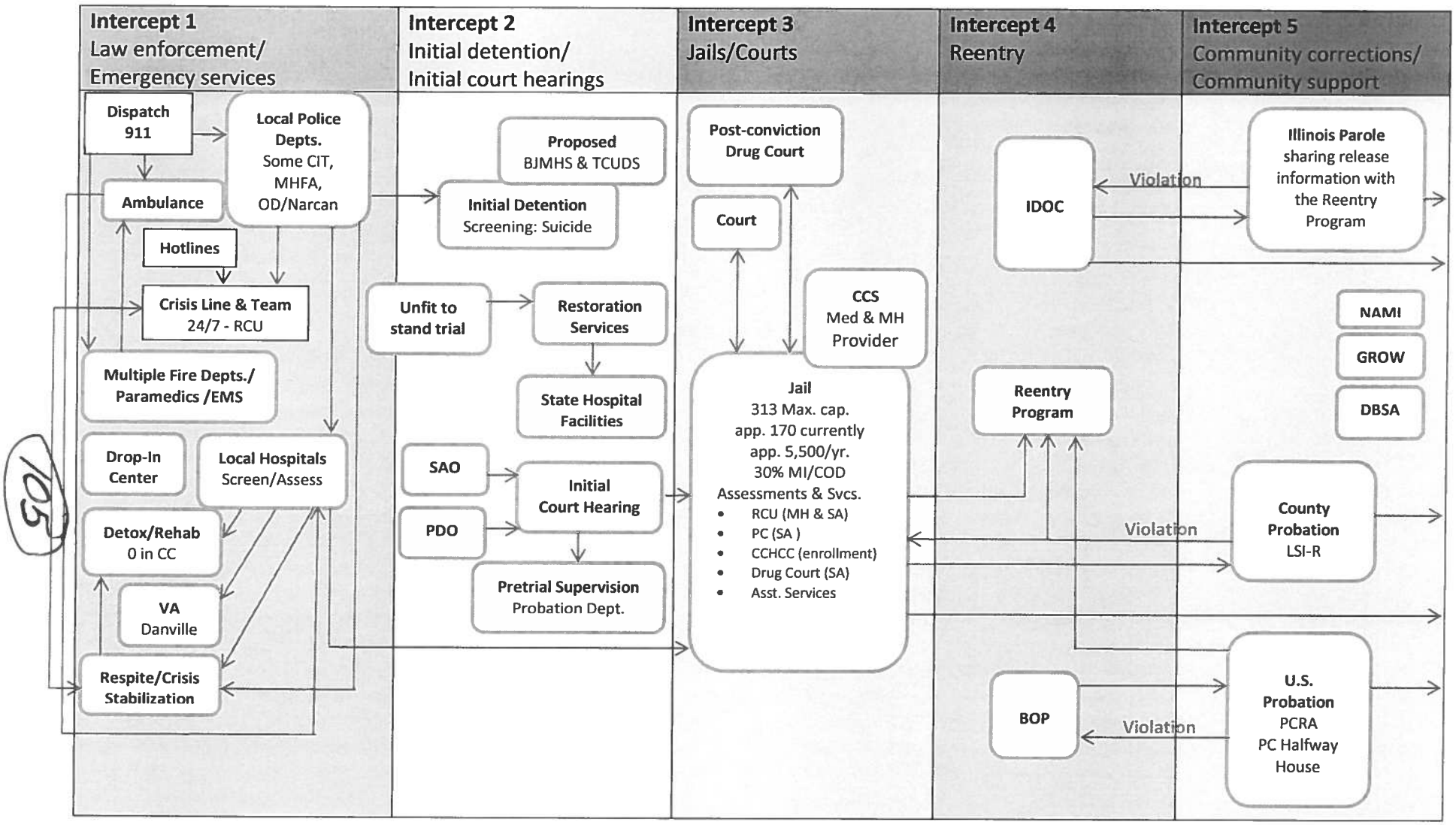
Evidence-Based Programs & Treatments: N/A	**Evidence-Based Programs & Treatments:** CIT Officers	**Evidence-Based Programs & Treatments:** Proposed screenings are BJMHS and TCUDS.	**Evidence-Based Programs & Treatments:** MRT groups are offered in the jail.	**Evidence-Based Programs & Treatments:** Reentry programming provides wrap-around services.	**Evidence-Based Programs & Treatments:** The LSI-R is conducted by Probation. MRT, cognitive behavioral therapy, groups are conducted by a community-based provider at Probation and in the community, in addition to Anger Management groups.
Data: In FY17 CCMHB allotted: $609,000 for Juvenile Justice Contracts; $799,584 for Adult Criminal Justice-Mental Health Contracts; $199,050 for Problem Solving Courts Contracts; $122,628 for Support Services - Victims of Crime; $885,952 for Community Based Services Contracts; $460,189 for System of Care for Youth & Families; $633,073 for ID/DD Contracts	**Data:** In 2014, CIT Officers responded to 1,687 calls; 461 were for Crisis; 16 excited delirium; 710 were for suicide attempts or threats; In2014, U of I PD transported 101 people to the hospital for involuntary commitments.	**Data:** 5,589 bookings in 2016; Since March 7, 2017, everyone booked into the jail is screened for MI with the BJMHS and a substance use disorder with the TCUDS V. An average of 11 screens are conducted daily. Preliminary data indicates that 32% or 3 per day will be referred for secondary screening including the LSI-R:SV proposed.	**Data:** In 2015, a point-in-time census was conducted in the jail. Of the 136 inmates surveyed, 63 or 46% reported COD, 22 or 16% cited SUD only, and 12 or 9% cited MI only. For those who stay ≥ 72 hours, ALOS = 35.81 days. At this time, there is no data available for ALOS re: the population with MI/COD.	**Data:** Identified needs data, gathered from 239 Reentry Program participants over the past 2.5 years, indicated 189 or 81% indicate a need for behavioral health services.	**Data:** County Probation approximates that: 35% of 835 cases received by the Probation Department in one year were ordered or referred to undergo a MHA, 45% were ordered or referred to undergo SUD treatment. A fair estimate would be that 60-65% of total intakes were either ordered or referred for MH/SUD treatment.

(CCMHB/CCDDB IGA). In FY1617, the City of Urbana/Cunningham Township provided $250,000 in funding to 26 different agencies. The United Way invested $2.7M in FY16 to social services, education and health. Community Foundation allocated nearly $80,000 to community organizations in 2016. **Services:** N/A	**Services:** 117 Police Officers are CIT trained. 306 Police Officers are trained in MHFA. Limited mobile crisis consult with MH Professional available, which provide 73 consults in 2016.	**Services:** Medical staff completes non-validated screening for only those who demonstrate observable symptoms of mental illness.	**Services:** Limited jail-based MH in-reach services and connection to care.	**Services:** Reentry case management services are available for anyone returning to the Champaign County community, from incarceration. Services include assistance with obtaining a state ID or driver's license, linkage to available resources in CC for housing, employment, education, medical coverage and care, benefits, some transportation, and MH and/or SA treatment.	**Services:** LSI-R risk assessment, cognitive behavioral-based groups.

HOI



Community Resources

Mental Health	Substance Abuse	Housing/Shelter	Recovery Supports	Employment
RCU, Promise Healthcare, NAMI, GROW, DBSA	PC, RCU, AA/NA	Courage Connection, RUM, TIMES, PC (for BOP population)	Reentry Program, First Followers, Ann's House/U-Turn, PC, RCU, Promise	CCRPC, IDES, WIOA

APPENDIX B

SIM Intercepts Chart - Champaign County

Intercept	Comprehensive System Features	Existing Programs	Gaps/Limitations
Intercept 1 911 Local Law Enforcement RCU Mental Health Crisis Line	**Co-Responder Programs**	• RCU Crisis Team 24hr on-call	• Inadequate staffing for 24hr LE response • Response time is prohibitive to LE
	911 Dispatch System	• MHFA Training • CIT Training (6) trained in CIT • OD/Naloxone (i.e., Narcan) Training is scheduled	• More MHFA training is needed • More CIT training is needed
	Law Enforcement (LE)	• Some LE are MHFA trained • CIT (cross-jurisdiction agreements, 117 trained) • CIT training scheduled/funded into 2017 • Some LE are trained in OD/Naloxone (i.e., Narcan), additional trainings scheduled	• Determination of appropriate number of officers for MHFA and/or CIT training needs • Ongoing CIT training beyond 2017 is needed • Ongoing OD/Naloxone (i.e., Narcan) training is needed • LE outreach from LE to Crisis Team is limited • Jail staff outreach/collaboration is limited

Intercept	Comprehensive System Features	Existing Programs	Gaps/Limitations
Intercept 1 **911** **Local Law Enforcement** **RCU** **Mental Health Crisis Line**	**Crisis Stabilization**	• Respite Center (RCU) • Voluntary hospitalization or petition for involuntary admission	• Respite Center does not meet all needs of the community (Not designed for drop-off by LE or family members) • Criminogenic Risk Assessment data is not available
	Detoxification	• Transportation to out of town detoxification, or local hospital-based	• Volume and ED activity determine access to beds/triage for severity of need
	Emergency Respite ID/DD Population	• RCU MI/DD Program (Clients eligible for Respite Center and Case Management services)	

Intercept	Comprehensive System Features	Existing Programs	Gaps/Limitations
Intercept 2 **Initial Detention & Court Hearings**	**Jail Screening & Assessment**	• Correctional Staff currently administer the Jail's *Initial MH Screen & Assessment*	• Primarily assesses suicidality • Data sharing/tracking • Information sharing model may have unintended consequences
		• Correctional Staff will administer o *BJMHS* (proposed) o *TCUDS* (proposed)	• Unknown
		• CCS (PCP provider in jail) assesses primary medical and MH needs	• Data sharing/tracking
	Specialty Courts	• Drug Court o LSI-R o Prairie Center is the SA treatment provider for Drug Court o Medication Assisted Treatment (MAT) – Naltrexone (i.e., Vivitrol)	• Limited access • Post-conviction only • MAT is limited to Drug Court participants • Mental Health Court or Specialty/Problem Solving Court(s) are needed
	Alternative Processes (Diversion)	• First Offender Probation • State's Attorney's Second Chance Program • Bond court 7 days/week • Informal pre-trial program	• No structured community-based diversion program • Criminogenic risk data not available at bond hearing • No alternative from jail or hospital available for referral
	Criminogenic Risk assessment	• Currently provided by County Probation	• No criminogenic risk data for community-based services unless completed by County Probation

Intercept	Comprehensive System Features	Existing Programs	Gaps/Limitations
Intercept 2 **Initial Detention & Court Hearings**	Other		• Some linkages occur due to relationships, and are not formalized • Lack of structured services available at various intercepts without PD referral • Many people lack ability to pay for some services they are referred to • Education or awareness of MH/SUD by staff at Jail and SAO is limited • If there is no bed when involuntary commitment is recommended, there is no access

Intercept	Comprehensive System Features	Existing Programs	Gaps/Limitations
Intercept 3 **Jail/Courts**	**Community Provider Screening & Assessment**	**RCU** (BH Provider) • Administers the *ISF* screen & requests the *LSI-R* from County Probation if possible • Community Support Program in jail provides: Case Management (Housing, Employment, Education, BH, Primary Health, Other Benefits/Entitlements-SS) • Functions: Identifies people with MH needs and links to community supports, Contacts housing providers and advocates so clients don't lose housing, Notifies doctors and gets meds from outside providers, Notifies other tx providers so clients don't lose spot and arranges for providers to contact or see clients, Notifies family members, Consults with CCS, Provides info/linkage/referral to transportation, dental, vision, CCHCC, Reentry, SA, Groups in jail (MRT), Prairie Center	• No information sharing beyond aggregate data or with specific signed consent • Community providers use agency-specific screening procedures, no consistent evidence-based screening and assessment tools across the system

Intercept	Comprehensive System Features	Existing Programs	Gaps/Limitations
Intercept 3 **Jail/Courts**	**Community Provider Screening & Assessment**	**Prairie Center** (SA Provider) • Administers the *GAIN-SS* & requests the *LSI-R* from County Probation if possible • Provides screening & brief intervention	• Pre-sentence/pre-bond population • No treatment in jail • Post-release engagement low • No information sharing beyond aggregate data
	Jail Programming & Services	• A variety of services and programming are available: CCHCC Benefits Enrollment, Public Health STD testing, Flu shots – **D**, MRT, AA/NA, Counseling – **D**, VA Outreach – **D**, GED, Tutoring Math & English, Art, Movie Critic, Poetry, Library/Books to Prisoners – **D**, Parenting classes - female only, Church/religious services – **D**, GROW**?**, ESL**?**, Project Read**?**, Additional groups by CCS**?**, Peer Support, Anger Management • CCS psychiatrist is onsite once per month	• More programming desired *Access to existing services is significantly limited due to structural limitations (i.e., space) of the existing facilities and operation of 2 jails. • Increased access to psychiatry is a concern • Specialized housing within the jail is a concern • Correct Care Solutions provides no community or transition plan
	Criminogenic Risk Assessment	• LSI-R in use by County Probation • SPIn purchased but not currently used by IDOC • PCR in use by US Probation	• No criminogenic risk data for jail population unless previously completed by County Probation

***D** - Indicates if a program is available at the Downtown Jail location.

***?** - Indicates programs that the jail would like to provide or has provided in the past and would like to again.

Intercept	Comprehensive System Features	Existing Programs		Gaps/Limitations
Intercept 4 **Reentry**	**Pre-release planning**	• RCU in jail • TASC in two IDOC facilities		• More pre-release planning capacity needed
	Housing	Return from **Jail**	Return from **Prison**	
			Ann's House	• Faith-based • Female only • 4-6 beds • No one with sex or violent crime • Must be on Parole
		Courage Connection	**Courage Connection**	• Female only • 11 beds
			JITW (Rantoul)	• Faith-based • Male only • 5 beds
		Restoration Urban Ministries	**Restoration Urban Ministries**	• Faith-based • Approx. 70 beds • No sexual offense
		TIMES Center	**TIMES Center**	• Male only • 20 beds • Must be employed or have general assistance • No more than 2 registered sex offenders
			Prairie Center	• Halfway house for Federal BOP only

Intercept	Comprehensive System Features	Existing Programs		Gaps/Limitations
Intercept 4 **Reentry**	**Housing**	Return from **Jail**	Return from **Prison**	
		Private Landlords	**Private Landlords**	• Conviction type/ location near schools • City of Champaign Human Rights Ordinance allows for discrimination for up to 5 years (currently under review)
				• No halfway house • CC Housing Authority limits access to housing for people with convictions, creating barriers to family reunification
	Employment	**Community Services Center** (Rantoul) • Laptop access • Link to temp. employment agencies		
		First Followers • Laptop access • Resume assistance		
		Illinois Work Net Center • Computer access • Fax access • Resume assistance		
		RCU Reentry Program • Employer referral • Application assistance • Resume assistance		

Intercept	Comprehensive System Features	Existing Programs	Gaps/Limitations
Intercept 4 **Reentry**	**Employment**	**Salvation Army Employment Training Program** • Case management • Job matching • Employment testing	• Must have a felony conviction
			• Lack of coordination of existing efforts • No structured skills development employment program • Factory-based employment based in Rantoul-approx. 20 miles from Champaign/Urbana
	Transportation	**Champaign County Area Rural Transit System (CCARTS)**	• 48hr advance notice • $5/ride • Limited operation (M-F, 6-6)

Intercept	Comprehensive System Features	Existing Programs	Gaps/Limitations
Intercept 4 **Reentry**	**Medical/Benefits**	**CCHCC** • Enrollment & Benefits Support (in the community & the jail) • Linkage to primary medical care, dental care • Assistance with eye glasses, and prescriptions	• SSDI Application Specialists are needed
		Promise Healthcare (Frances Nelson, Smile Healthy) • Primary medical, dental, psychiatric treatment, and MH counseling provider	
		RCU Reentry Program • Follow-up post jail incarceration • Enrollment & Benefits Support • Referral to CCHCC • Referral to Promise Healthcare (Frances Nelson, Smile Healthy) • Assistance with securing a PCP	

Intercept	Comprehensive System Features	Existing Programs	Gaps/Limitations
Intercept 4 **Reentry**	**Behavioral Health**	**RCU** • Community Support in jail o Links to RCU BH programs o Collaborates with Prairie Center • Reentry Program o Links to BH assessments o Links to psychiatric treatment and medication	• Lack of capacity for psychiatry (community-wide)
		Prairie Center • Receives Daily Jail Booking list o Contacts any former client o Contacts anyone with a substance-related charge o Collects post-release contact info	• Lack of capacity for residential substance abuse • No long-term care
		TASC • In two IDOC facilities, and coordinates with Parole	• Services are limited to linkage
	Education	**Urbana Adult Education Center** • HS Diploma completion • Additional programs/coursework available	• $100 enrollment fee * UAE noted students who end up in jail typically have extremely low reading levels
		Parkland College • GED classes • Adult Reentry Program (educational reentry) • Additional programs/coursework available	• Fees associated with some programming

Intercept	Comprehensive System Features	Existing Programs	Gaps/Limitations
Intercept 4 **Reentry**	**Education**	**WIOA** • Basic reading and math assistance	
			• Technology barrier in jail and prison, and for anyone releasing from prison after serving a long sentence

Intercept	Comprehensive System Features	Existing Programs	Gaps/Limitations
Intercept 5 **Community Corrections**	**Criminogenic Risk Assessment**	• LSI-R in use by County Probation • PCR in use by US Probation	• No assessment from IDOC - SPIn purchased, but not in use
	Housing	• IDOC Reentry Group assists with housing placement • RCU Reentry Program refers to housing resources • Prairie Center has BOP Halfway House	• Despite a number of existing supports, housing for specialized populations remains extremely limited
	Behavioral Health	• Prairie Center SA services • RCU BH services • Promise Healthcare psychiatry services	• Access is extremely limited
	Access to Prescription Medication	• CCHCC provides assistance	• Access is limited
	Transportation Resources	• Champaign County Area Rural Transit System (CCARTS)	• 48hr advance notice • $5/ride • Limited operation (M-F, 6-6)
	Education	**Urbana Adult Education Center** • HS Diploma completion • Additional programs/coursework available	• $100 enrollment fee * UAE noted that students who end up in jail typically have extremely low reading levels
		Parkland College • GED classes • Adult Reentry Program (educational reentry) • Additional programs/coursework available	• Fees associated with some programming
		WIOA • Basic reading and math assistance	

Intercept	Comprehensive System Features	Existing Programs	Gaps/Limitations
Intercept 5 **Community Corrections**	**Employment**	**Community Services Center** (Rantoul) • Laptop access • Link to temp. employment agencies	
		First Followers • Laptop access • Resume assistance	
		Illinois Work Net Center • Computer access • Fax access • Resume assistance	
		RCU Reentry Program • Employer referral • Application assistance • Resume assistance	
		Salvation Army Employment Training Program • Case management • Job matching • Employment testing	• Must have a felony conviction
			• No structured skills development employment program
	Other		• Technical conditions are not enforced

DECISION MEMORANDUM

DATE: September 20, 2017

TO: Members, Champaign County Mental Health Board (CCMHB)

FROM: Lynn Canfield, Executive Director

SUBJECT: FY2018 Champaign County CCMHB and CILA Budget Submissions

Overview: The purpose of this memorandum is to seek approval of a revised Champaign County Mental Health Board (CCMHB) Budget and a new CILA Fund Budget, for County Fiscal Year 2018 (January 1, 2018 through December 31, 2018.) All Champaign County Departments are required to submit proposed operating budgets to the Champaign County Board in August. Final budgets are presented for their approval in November. The CCMHB approved an initial draft budget on July 19, 2017. Since then, the projected property tax revenue has increased. This and other adjustments are italicized in the revised documents.

Approval is also sought for a CILA Fund Budget, under joint authority of the CCMHB and Champaign County Developmental Disabilities Board (CCDDB.) The Intergovernmental Agreement between the Boards provides for annual contributions to the CILA fund to support small group homes for people with ID/DD. New for 2018, a budget spreadsheet has been developed and attached for CCMHB approval. CCDDB approval will be sought at their September meeting. All projections are based on previous years' activities and the advice of the Champaign County Auditor's office. Attached documents include a revised 2018 CCMHB Budget spreadsheet and a proposed 2018 CILA Fund Budget spreadsheet. The 2018 CCDDB Budget is included for information only, along with four pages of background details.

Decision Section:

Motion to approve the attached revised 2018 CCMHB Budget, with anticipated revenues and expenditures increased to $5,020,240.

_____ Approved
_____ Denied
_____ Modified
_____ Additional Information Needed

Motion to approve the draft 2018 CILA Fund Budget, with anticipated revenue of $118,100 and expenditures of $94,194. Payment to this fund was approved with July 19, 2017 budget and is consistent with the terms of the Intergovernmental Agreement between the CCDDB and CCMHB.

_____ Approve
_____ Deny
_____ Modify
_____ Request Additional Information

BROOKENS ADMINISTRATIVE CENTER • 1776 E. WASHINGTON STREET • URBANA, ILLINOIS 61802

PHONE (217) 367-5703 • FAX (217) 367-5741

Draft 2018 CCMHB Budget

LINE ITEM	BUDGETED REVENUE	
311.24	Property Taxes, Current	*$4,656,025*
313.24	Back Property Taxes	$500
314.10	Mobile Home Tax	$4,000
315.10	Payment in Lieu of Taxes	$700
336.23	CCDDB Revenue	$338,515
361.10	Investment Interest	$500
363.10	Gifts & Donations	$20,000
369.90	Other Miscellaneous Revenue	$0
	TOTAL REVENUE	**$5,020,240**

LINE ITEM	BUDGETED EXPENDITURES	
511.02	**Appointed Official**	$101,000
511.03	**Regular FTE**	*$304,832*
511.09	**Overtime Wages**	$1,500
513.01	**FICA**	$31,388
513.02	**IMRF**	$36,599
513.04	**W-Comp**	$2,257
513.05	**Unemployment**	$4,200
513.06	**Health/Life Insurance**	$63,586
513.20	**Retirement Events**	$200
	Personnel Total	*$545,562*
522.01	**Printing**	$1,000
522.02	**Office Supplies**	*$4,100*
522.03	**Books/Periodicals**	*$500*
522.04	**Copier Supplies**	$1,000
522.06	**Postage/UPS/Fed Ex**	$1,000
522.44	**Equipment Under $1000**	*$6,194*
	Commodities Total	*$13,794*
533.01	**Accounting Fees**	$10,000
533.07	**Professional Fees**	$300,000
533.12	**Travel**	$6,000
533.20	**Insurance**	$11,000
533.29	**Computer Services**	$7,300
533.33	**Telephone**	$2,500
533.42	**Equipment Maintenance**	$500
533.50	**Office Rental**	$21,660
533.51	**Equipment Rental**	$900
533.70	**Legal Notices/Ads**	$300
533.72	**Department Operating**	$400
533.84	**Business Meals/Expense**	$250
533.85	**Photocopy Services**	*$4,000*
533.89	**Public Relations**	$50,000
533.92	**Contributions & Grants**	*$3,947,244*
533.93	**Dues & Licenses**	*$23,600*
533.95	**Conferences/Training**	*$17,000*
534.37	**Finance Charges/Bank Fees**	$30
534.70	**Brookens Repair**	$200
	Services Total	*$4,402,884*
571.08	**Payment to CCDDB** (Share of Gifts, Donations, Misc Rev)	$8,000
571.11	**Payment to CILA Fund**	$50,000
	Interfund Expenditures TOTAL	$58,000
	TOTAL EXPENSES	**$5,020,240**

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Draft 2018 CILA Fund Budget

LINE ITEM	BUDGETED REVENUE	
361.10	**Investment Interest**	$100
371.54	**From CCDDB 108**	$50,000
371.90	**From CCMHB Fund 090**	$50,000
362.15	**Rents**	$18,000
	TOTAL REVENUE	**$118,100**

LINE ITEM	BUDGETED EXPENDITURES	
522.44	**Equipment Less than $5,000** *(a designated gift to one individual, accessed upon family's request)*	$16,881
533.07	**Professional Services** *(property management services)*	$10,000
581.07	**Mortgage Principal Payments**	$49,751
582.07	**Interest on Mortgage**	$17,231
534.37	**Finance Charges** *(bank fees per statement)*	$36
533.93	**Dues & Licenses**	$295
	TOTAL EXPENSES	**$94,194**

Draft 2018 CCDDB Budget

LINE ITEM	BUDGETED REVENUE	
311.19	Property Taxes, Current	*$3,884,708*
313.19	Back Property Taxes	$500
314.10	Mobile Home Tax	$1,000
315.10	Payment in Lieu of Taxes	$1,000
361.10	Investment Interest	$300
371.90	Interfund Transfer (Gifts, Donations, etc) from MH Fund	$8,000
369.90	Other Miscellaneous Revenue	*$0*
	TOTAL REVENUE	**$3,895,508**

LINE ITEM	BUDGETED EXPENDITURES	
533.07	**Professional Fees** *(42.15% of an adjusted set of CCMHB Admin Expenses)*	$338,515
533.92	**Contributions & Grants**	*$3,506,993*
571.11	**Payment to CILA Fund**	$50,000
	TOTAL EXPENSES	**$3,895,508**

Background for 2018 CCMHB Budget, with 2017 Projections and Earlier Actuals

2018 BUDGETED REVENUE		2017 PROJECTED REVENUE	2016 ACTUAL	2015 ACTUAL	2014 ACTUAL
Property Taxes, Current	*$4,656,025*	$4,453,473	$4,246,055	$4,161,439	$4,037,720
Back Property Taxes	$500	$500	$2,486	$2,861	$1,612
Mobile Home Tax	$4,000	$4,000	$3,903	$3,995	$3,861
Payment in Lieu of Taxes	$700	$700	$2,970	$2,869	$2,859
CCDDB Revenue	$338,515	$338,916	$377,695	$330,637	$337,536
Investment Interest	$500	$2,235	$3,493	$1,385	$1,015
Gifts & Donations	$20,000	$4,198	$18,822	$26,221	$28,192
Other Miscellaneous Revenue	*$0*	$75,677	$21,340	$67,599	$85,719
TOTAL REVENUE	**$5,020,240**	**$4,879,699**	**$4,676,764**	**$4,597,006**	**$4,498,514**

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2018 BUDGETED EXPENDITURES *(SEE PAGE 5 FOR DETAILS)*		2017 PROJECTED EXPEN*	2016 ACTUAL	2015 ACTUAL	2014 ACTUAL
Personnel*	*$545,562*	$491,000	$577,548	$502,890	$532,909
Commodities	*$13,794*	$18,000	$7,998	$11,237	$9,282
Services (not Contributions & Grants)	*$455,640*	$510,779	$410,157	$382,870	$375,735
Contributions & Grants	*$3,947,244*	$3,668,301	$3,428,015	$3,335,718	$3,673,966
Interfund Expenditures	$58,000	$58,000	$60,673	$0	$0
TOTAL EXPENSES	**$5,020,240**	**$4,746,080**	**$4,484,391**	**$4,232,715**	**$4,591,892**

*

Additional Information about Expenses

Personnel 2018 v 2017*

PERSONNEL*	2018	2017*
Appointed Official	$101,000	$101,000
Regular FTE*	*$304,832*	$261,222
Overtime Wages	$1,500	$2,505
FICA	$31,388	$27,175
IMRF	$36,599	$36,599
W-Comp	$2,257	$1,954
Unemployment	$4,200	$4,200
Health/Life Insurance	$63,586	$55,845
Retirement Events	$200	$500
	$545,562	**$491,000**

Commodities 2018 v 2017

COMMODITIES	2018	2017
Printing	$1,000	$1,000
Office Supplies	*$4,100*	$4,000
Books/Periodicals	*$500*	$500
Copier Supplies	$1,000	$1,500
Postage/UPS/Fed Ex	$1,000	$1,000
Equipment Under 5000	*$6,194*	$10,000
	$13,794	**$18,000**

Services (not Contributions and Grants)

SERVICES	2018	2017
Accounting Fees	$10,000	$10,000
Professional Fees**	$300,000	$350,000
Travel	$6,000	$7,500
Insurance	$11,000	$10,000
Computer Services	$7,300	$8,200
Telephone	$2,500	$3,500
Equipment Maintenance	$500	$500
Office Rental	$21,660	$20,768
Equipment Rental	$900	$840
Legal Notices/Ads	$300	$1,707
Department Operating	$400	$200
Business Meals/Expense	$250	$250
Photocopy Services	*$4,000*	$4,000
Public Relations***	$50,000	$50,000
Dues/Licenses	*$23,600*	$24,961
Conferences/Training	*$17,000*	$15,334
Finance Charges/Bank Fees	$30	$19
Brookens Repair	$200	$3,000
	$455,640	**$510,779**

Interfund Expenditures 2018 v 2017

INTERFUND TRANSFERS	2018	2017
CCDDB Share of Donations & Miscellaneous Revenue	$8,000	$8,000
Payment to CILA Fund	$50,000	$50,000
	$58,000	**$58,000**

***Regular FTE:**

- not fully staffed during 2017

****Professional Fees:**

- legal services, Expo consultants, website development and ongoing support, human resource services, Triad shredding, graphic designer, ADA compliance consultant, independent audit reviewer, application reviewers, organizational assessment, 211 support with United Way, UIUC Evaluation Capacity Project (not shared with CCDDB,) and Savannah Family Institute-PLL (not shared with CCDDB)
- 85% of this line is program support rather than Management & General.

*****Public Relations:**

- Ebertfest or other (not shared with CCDDB), Expo expenses, community education/awareness; many are program support.

Additional Information about Services

Approval of 2018 Budgets does not obligate the boards to all expenditures described; many are estimates based on previous years.

SERVICES	2018		2017	
Professional Fees**	$300,000	$143,900 Savannah Family Institute (PLL), not shared with CCDDB. $52,976 UI Evaluation, not shared with CCDDB. $40,000 Expo Coordinators (Mayer/ Bressner). $18,066 United Way for 211/Path. $250 human resources services (AAIM). $3,000 IT services (BPC). $2,000 organizational assessment (Smith/ Campbell). $1,500 website accessibility testing (Falling Leaf). $7,000 online application/reporting systems (EMK). $750 expanded online resource directory (ChrispMedia). $450 graphic design. $1000 shredding services (Triad). $4,000 legal fees (Barb Weiner, Meyer Capel). $2,000 individual assessments (per Equip for Equality.) $5,000 online community needs assessment.	$350,000	$146,950 Savannah Family Institute (PLL), not shared with CCDDB. $53,757 UI Evaluation, not shared with CCDDB. $40,000 Expo Coordinators (Mayer/ Bressner). $18,066 United Way for 211/Path. $750 human resources services (AAIM). $3,000 IT services (BPC). $30,000 organizational assessment (Smith/ Campbell). $1,500 website accessibility testing (Falling Leaf). $4,000 application reviewers (Knapp/Matheny). $4,000 CPA review of independent audits (Brusveen). $500 online reporting (Proviso RTS). $19,900 online application/ reporting systems (EMK) and accessibility corrections. $2500 expanded online resource directory (ChrispMedia) - corrects accessibility issues. $1000 shredding services (Triad). $4,000 legal fees (Barb Weiner, Meyer Capel). $2,000 individual assessments (per Equip for Equality.)
Public Relations***	$50,000	$15,000 Ebertfest film sponsorship, *offset by Alliance member dues and other contributions of $3k-$6k/year.* $2,000 estimated for year-round anti-stigma events and trainings. $2,000 anti-stigma art show(s), promotion, $468 anti-stigma artists website support (ChrispMedia.) All other items charged here support the Expo, including venue, supplies, food, interpreters, advertising, t-shirts for volunteers and staff, secondary Expo events. *Expo costs are offset by exhibitor/ vendor fees and contributions from sponsors ($20k-$26k per year.)*	$50,000	$15,000 Ebertfest film sponsorship, *offset by Alliance member dues and other contributions of $4,185.* $801 anti-stigma artists website, with training for supporters (ChrispMedia.) $1,921 print promotion of artists, supplies for art show. $1,500 estimated for year-round anti-stigma events and trainings. All other items charged here support the Expo and related events, *with costs offset by exhibitor/ vendor fees and contributions from sponsors.* With no 2017 Expo, expenses and revenues will be lower than budgeted. Related events: 'Meet & Greet' with new venue and presentation on ABLE Act; fall art show/festival in lieu of Expo.
Contributions & Grants	*$3,947,244*	Estimated payments to agencies from January 1 to June 30, 2018, as authorized in May and July 2017, plus 1/2 of estimated FY19 annual allocation amount, with agency contract maximums to be authorized by July 1, 2018.	$3,668,301	Actual payments to agencies from January 1 to June 30, 2017, as authorized in May 2016, plus payments authorized in May and July 2017, to be made from June through December 2017.
Dues/Licenses	*$23,600*	$825 national trade association (NACBHDD) dues ($900 in 2019). $1000 portion of membership in NACo. $16,000 state trade association (ACMHAI) dues. $250 Rotary membership dues. $25 Human Services Council membership dues. $? for any new membership, e.g., Arc of IL, NCBH, NADD.	$24,961	$1,021 AAIM membership (paid up to 2020). $750 national trade association (NACBHDD) dues. $16,000 state trade association (ACMHAI) dues. $250 Rotary membership dues. $25 Human Services Council membership dues. $? for any new membership, e.g., Arc of IL, NCBH, NADD.
Conferences/ Training	*$17,000*	$500-$700 registration for NACBHDD Legislative and Policy Conference. Costs of travel (plus lodging and food) for 2-3 staff/board members for each of 1-2 NACBHDD meetings. Costs of travel (plus lodging and food) for 2-3 staff/board members for each of 2-3 quarterly ACMHAI meetings. Costs of one other conference/training for 1-2 staff/board members.MHFA trainer certification.	$15,334	$500 registration for NACBHDD Legislative and Policy Conference. Costs of travel (plus lodging and food) for 2-3 staff/board members for each of 1-2 NACBHDD meetings. Costs of travel (plus lodging and food) for 2-3 staff/board members for each of 2-3 quarterly ACMHAI meetings. Costs of one other conference/training, IPHA, for 1-2 staff/board members. CLC coach certification.
Expect the Unexpected		The following would require redirection from one expense line to another, best if within the category: need to move staff offices to a different location; payout of accrued benefits (time) upon staff resignation or retirement; legal expenses; changes in costs; etc. County Board approval to use fund balance would be needed for liability associated with hospital tax revenue (previously deposited.)		The following would require redirection from one expense line to another, best if within the category: need to move staff offices to a different location; payout of accrued benefits (time) upon staff resignation or retirement; legal expenses; changes in costs; etc. County Board approval to use fund balance would be needed for liability associated with hospital tax revenue (previously deposited.)

Calculation of the CCDDB Administrative Share ("Professional Fees")

Adjustments:	2018	2017
CCMHB Contributions & Grants	*$3,947,244*	*$3,668,301*
Savannah Family Institute - PLL	*$143,900*	*$146,950*
UI Evaluation Capacity Project	*$52,976*	*$53,757*
Ebertfest or other (pending MHB decision)	*$15,000*	*$15,000*
Payment to CILA fund	*$50,000*	*$50,000*
CCDDB Share of Donations & Misc Rev	*$8,000*	*$8,000*
Adjustments Total:	**$4,217,120**	**$3,942,008**
CCMHB Total Expenditures:	$5,020,240	$4,746,080
Total Expenditures less Adjustments:	$803,120	$804,072

	2018 CCDDB Share	2017 CCDDB Share
Total Expenditures less Adjustments	$803,120.00	$804,072
Adjusted Expenditures x 42.15%	**$338,515**	**$338,916**
Monthly Total for CCDDB Admin	*$28,210*	*$28,243*

Toward the end of the County Fiscal Year, actual expenses will be updated, with possible adjustment of the CCDDB current year share.

Background for 2018 CCDDB Budget, with 2017 Projections and Earlier Actuals

2018 BUDGETED REVENUE		2017 PROJECTED REVENUE	2016 ACTUAL	2015 ACTUAL	2014 ACTUAL
Property Taxes, Current	*$3,884,708*	$3,700,692	$3,545,446	$3,545,446	$3,501,362
Back Property Taxes	$500	$500	$2,437	$2,437	$1,398
Mobile Home Tax	$1,000	$1,000	$3,404	$3,404	$3,348
Payment in Lieu of Taxes	$1,000	$1,000	$2,445	$2,445	$2,479
Investment Interest	$300	$1,270	$1,488	$1,488	$812
Gifts & Donations	$8,000	$8,000	$10,673	$0	$0
Other Miscellaneous Revenue	*$0*	$14,432	$0	$0	$11,825
TOTAL REVENUE	**$3,895,508**	**$3,726,894**	**$3,585,893**	**$3,555,220**	**$3,521,224**

2018 BUDGETED EXPENDITURES		2017 PROJECTED EXPEND	2016 ACTUAL	2015 ACTUAL	2014 ACTUAL
Professional Fees *(42.15% of some CCMHB exoenses, as above)*	$338,515	$338,916	$379,405	$330,637	$337,536
Contributions & Grants	*$3,506,993*	$3,314,418	$3,206,389	$3,069,122	$3,224,172
Interfund Expenditure - CILA	$50,000	$50,000	$50,000	$50,000	$0
TOTAL EXPENSES	**$3,895,508**	**$3,703,334**	**$3,635,794**	**$3,449,759**	**$3,561,708**

BRIEFING MEMORANDUM

DATE: September 20, 2017
TO: CCMHB Members
FROM: Mark Driscoll and Kim Bowdry, Associate Directors
SUBJECT: Draft Three-Year Plan 2016-2018 with FY 2018 Objectives

The current Three-Year Plan 2016-2018 enters its last year of implementation. The draft Plan with Objectives for Fiscal Year 2018 reflects on-going commitments, with some revisions to objectives to advance the goals of the Plan or in response to changes in the operating environment. The draft Plan is subject to change based on community and stakeholder input, Board discussion, and staff review.

Background – Issues of the Day

Policy questions at the federal level regarding the future of the Affordable Care Act, including continued support for states with expanded access to Medicaid and for individual health insurance markets, creates uncertainty at the state and local levels. After two years without a legislated annual budget, the State of Illinois has passed a budget, but this includes reductions in funding of 5% to state agencies and programs. Even with a budget in place, a significant backlog still exists for payment of billions of dollars in past due bills. While an FY18 budget has been passed and contracts are being issued, the State's capacity to make timely payment simply is not there.

Lack of contracts and timely payment of state obligations has had an impact on the local service delivery system. The state ending psychiatric leadership contracts two years ago forced Community Elements to absorb significant losses maintaining the program until it could be moved to Promise Healthcare, with support from the Board and other local funders.

Access to transitional housing available through Community Elements' TIMES Center facility has been reduced, and the Salvation Army Stepping Stone Men's Transitional Shelter program closed. Local response to the loss of transitional housing led to a temporary men's emergency shelter being created as a collaborative project involving the Council of Service Providers to the Homeless. The temporary shelter is an initiative of the faith community and is operated by several churches. A permanent emergency shelter for families was established in summer of 2016.

During this same period Community Elements merged with Rosecrance, a regional behavioral healthcare provider serving northern Illinois. A year later, Prairie Center Health Systems and Rosecrance have announced plans to merge with a target date of January 1, 2018.

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Services to victims of crimes have also been put at risk. The local agency serving victims of sexual assault, RACES, being heavily reliant on state grants, had to reduce services, lay off paid staff, and rely on volunteers to manage very limited services for almost seven months in 2016 and early 2017. The agency has reestablished itself, hiring staff and restoring services. Then Courage Connection, which serves victims of domestic violence, struggled through the FY17 state fiscal year. The lack of state funding, their primary source of support, pushed the agency to the financial brink. Local fundraising efforts have kept Courage Connection open during this difficult period. Since the passage of the FY18 state budget, agencies providing domestic violence services have been notified that FY17 obligations would be paid by the state.

Another program impacted by state funding cuts and payment delays was the Rosecrance Early Childhood Mental Health and Development program. Over the course of the FY17, Rosecrance reduced services available through the program, leading to its closure in April 2017. While alternatives for families with very young children exist, the closing of the program is still a loss to the community.

For persons with developmental disabilities, their families, and the providers who serve them, action by the legislature and the courts impact services in the new state fiscal year. Effective July 1, 2017, the Independent Service Coordination (ISC) agencies are responsible for facilitating the Discovery process and the Personal Plan for anyone enrolling in or enrolled in Medicaid Waiver funded services. Each service provider agency will be responsible for developing an Implementation Strategy.

The Person-Centered process can be described as finding the balance between what is important *to* a person and what is important *for* a person. It is a way to identify strengths, preferences, clinical and support needs, and desired outcomes of a person. Person Centered Planning includes 3 main components: 1) the Discovery Tool and process, 2) the Personal Plan, and 3) Implementation Strategies.

Discovery is the information gathering component of Person Centered process. The Discovery process is designed to gather information in order to capture what is important to the person and what is important for the person. The ISC agencies will be responsible for facilitating the Discovery process and documenting what they gather in the Discovery Tool. The information captured during this process is used to develop the Personal Plan.

The Personal Plan is the single, integrated personal vision for a person's life. It focuses on the individual's strengths, preferences, needs and desires in each of the sections listed in the Discovery Tool. The ISC agencies will be responsible for developing the Personal Plan in conjunction with the individual, guardian, family and current provider(s). The Personal Plan will contain the outcomes that the person desires in his/her life and document choice of qualified providers. In addition, it will reflect what is important to the person regarding delivery of services in a manner which ensures personal preferences, health and welfare. The Personal Plan also includes risk factors and plans to minimize them.

The Implementation Strategies are then developed by provider agencies. Provider agencies will provide services and supports that will assist the person to pursue the outcomes identified in the Personal Plan. The Implementation Strategy describes how the provider agencies will support the person to achieve his/her desires and needs.

When the State ended the budget impasse July 6, they agreed to raise rates to enable providers to give Direct Service Providers (DSPs) a $0.75/hour wage increase. The new Illinois budget also included an increase in the Personal Needs Allowance to $60 a month.

U.S. Dist. Judge Sharon Johnson Coleman ruled that the State is violating the Ligas Consent Decree and ordered state officials to devise a plan for compliance with the decree. The judge did not order the State to increase rates for developmental disability services. It was noted that the court-appointed monitor, Ronnie Cohn, has found the State out of compliance and the State has not presented a plan for compliance beyond the $0.75/hour wage increase for DSPs.

Throughout this period of uncertainty resulting from the state's inability to enact budgets for two years, mounting bill backlogs and payment delays by the state, and interventions by the courts to ensure consent decrees and other federal mandates are met, the Champaign County Mental Health Board has been a consistent source of support making award decisions and meeting contractual obligations in a timely manner. Looking forward, there remains the question of federal action on the Affordable Care Act (ACA). While repeal and replace of ACA has not happened, what changes may ultimately be made are not known. Coupled with the anticipated continued delay in state payments on contracts, the environment local providers operate in is difficult at best. That extends to agencies and programs that may not rely on state or federal funding; The result is a more competitive environment for limited local resources and increased demand for services. The Plan is intended to provide flexibility in responding to the issues of the day which impact the local system of care.

Three-Year Plan for FY 2016 – 2018 with One-Year Objectives for 2018

Content of the proposed Plan reflects prior commitments expressed through existing goals and objectives. These commitments are embodied in goals and objectives related to supporting a breadth of services and that those services be culturally competent. Significant effort and investment continues to be made related to the Champaign Community Coalition, criminal justice and mental health initiatives, and collaboration with the Champaign County Developmental Disabilities Board. At the same time, the Plan is intended to be responsive to emerging issues through participation in various state and national associations.

With 2018 being the last year of the current three plan period, an objective has been added for completing a needs assessment as the first step to developing the next three year plan. The needs assessment would involve multiple approaches to soliciting input from consumers and their families, service providers, stakeholders, and the community at

large. Approaches under consideration are a community survey accessible online and as a paper copy. The survey would have a series of questions specific to the audience. At least one public hearing would be held if not a series of hearings. Secondary sources would include needs assessments completed by other local entities. The Champaign Urbana Public Health District I-Plan is a prime example of such a document, as is the gaps analysis and final report completed for the federal Justice and Mental Health Collaboration Program planning grant. Completion of the needs assessment would occur during the first half of calendar 2018, followed by development of the three-year plan.

A draft of the Plan is attached with proposed new or modified objectives italicized and underlined while objectives to be removed are lined out. Following release of the draft Plan to the Board, the document will be disseminated for comment. Staff has reviewed the draft document and will hold further discussions. This will include consideration of comments received from interested parties.

The updated Three Year Plan will be presented for approval at the November 15, 2018 Board meeting.

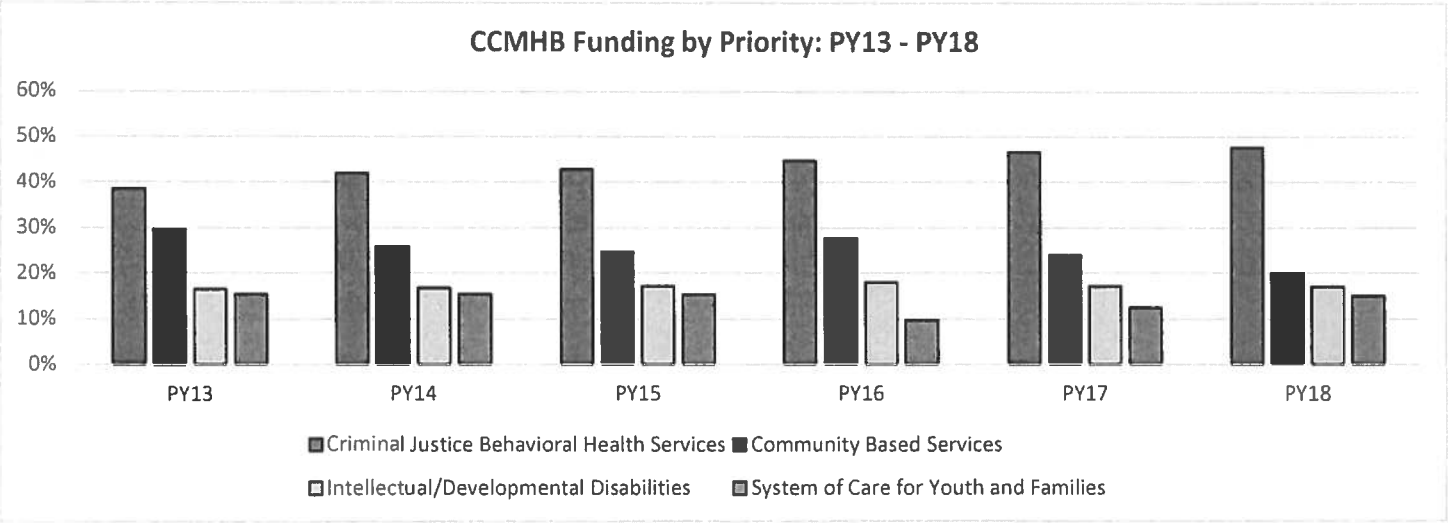
CCMHB Allocations Analysis

The following tables and charts are provided for reference:

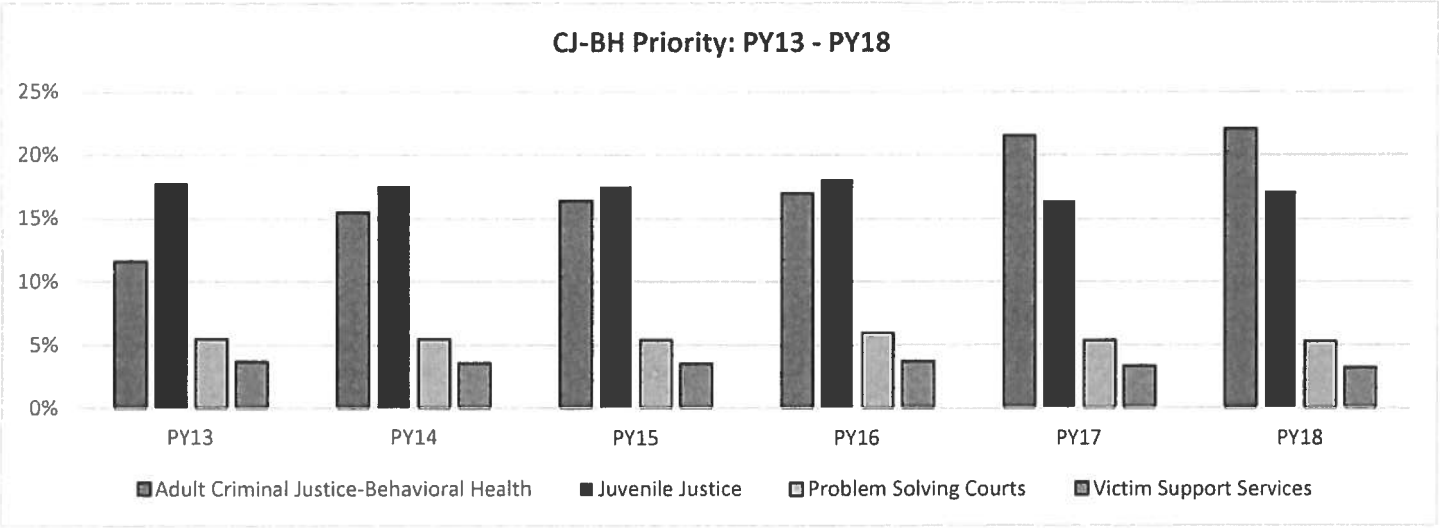
CCMHB Criminal Justice - Behavioral Health and Other Funding Priorities (FY13 - FY18)
CCMHB PY18 Program Award as Percentage of Total Program Funding
CCMHB PY18 Appropriations by Priority
Appropriation by Sector, Population, and Service for Program Year 2016 - 2018

CCMHB Criminal Justice - Behavioral Health and Other Funding Priorities (FY13 - FY18)

CCMHB Priority	PY13	PY14	PY15	PY16	PY17	PY18
Criminal Justice Behavioral Health Services	39%	42%	43%	45%	47%	48%
Community Based Services	30%	26%	25%	28%	24%	20%
Intellectual/Developmental Disabilities	16%	17%	17%	18%	17%	17%
System of Care for Youth and Families	15%	15%	15%	10%	12%	15%



Criminal Justice-Behavioral Health Priority	PY13	PY14	PY15	PY16	PY17	PY18
Adult Criminal Justice-Behavioral Health	12%	15%	16%	17%	22%	22%
Juvenile Justice	18%	18%	18%	18%	16%	17%
Problem Solving Courts	5%	5%	5%	6%	5%	5%
Victim Support Services	4%	4%	4%	4%	3%	3%
Total - CJ-BH Services	39%	42%	43%	45%	47%	48%



CCMHB Program Allocations - Program Year 2018 (7/1/17 - 6/30/18)

Agency	Program	CCMHB PY 2018 Awards	PY18 CCMHB Section Total	PY18 % of Total
Behavioral Health Criminal Justice Interface				
Juvenile Justice Contracts				
CCRPC-Community Services	Youth Assessment Center (MHB proposal)	$76,350		
Prairie Center Health Systems	Parenting with Love & Limits (PLL-EC)	$300,660		
Rosecrance	Parenting with Love & Limits (PLL-FE)	$282,663		
	Juvenile Justice Contracts Total		$659,673	17%
Savannah Family Institute	PLL License ($143,900 Prof. Fees expense)			
Adult Criminal Justice-Mental Health Contracts				
CUAP	TRUCE	$75,000		
FirstFollowers	Peer Mentoring for Re-entry	$30,000		
Prairie Center Health Systems	Criminal Justice Substance Abuse Treatment	$10,600		
	Fresh Start	$77,000		
Rosecrance	Criminal Justice	$300,265		
	Crisis, Access, & Benefits (CAB)*	$228,002		
	Transition Housing CJ	$14,000		
CCRPC - Community Services	Justice System Diversion Services	$62,755		
	JMHCP Implementation Grant Matching Funds#	$52,420		
	Adult CJ-MH Contracts Total		$850,042	22%
Problem Solving Courts Contracts				
Prairie Center Health Systems	Specialty Courts (Drug Court)	$203,000		
	Problem Solving Courts Total		$203,000	5%
Support Services - Victims of Crime				
Champaign Co. Children's Advocacy Center	Children's Advocacy Center	$37,080		
Courage Connection	Courage Connection (previously A Woman's Place)	$66,948		
RACES	Counseling & Crisis Services	$18,600		
	Crime Victim Support Services Total		$122,628	3%
Community Based Services Contracts				
Community Svc Center of Northern Champ Co.	Resource Connection	$66,596		
Crisis Nursery	Beyond Blue Champaign County	$70,000		
East Central IL Refugee Mutual Assistance Center	Family Support & Strengthening	$25,000		
Family Service of Champaign County	Counseling^	$25,000		
	Self-Help Center	$28,428		
	Senior Counseling & Advocacy	$142,337		
GROW in Illinois	Peer-Support**	$20,000		
Prairie Center Health Systems	Prevention	$58,247		
Promise Healthcare	Promise Healthcare Wellness & Justice^^^	$58,000		
	Mental Health Services with Promise	$222,000		
UCP - LL	Vocational Training & Support	$51,885		
	Community Based Services Total		$767,493	20%
System of Care for Youth & Families				
CUAP	CU Neighborhood Champions	$20,000		
CF - DREAAM House	DREAAM House	$58,000		
Don Moyer Boys & Girls Club	C-U CHANGE	$100,000		
	Community Coalition-Summer Initiative	$107,000		
	Youth & Family Organization	$160,000		
Mahomet Area Youth Club	Bulldogs Learn & Succeed Together (BLAST)	$15,000		
	Universal Screening-MAYC Members Matter!	$12,000		
Prairie Center Health Systems	Youth Services^^	$75,000		
The UP Center of Champaign County	Children, Youth, and Families Program	$19,000		
Urbana Neighborhood Connections	Community Study Center	$19,500		
	SOC Total		$585,500	15%
ID/DD Contracts (CCMHB/CCDDB IGA)				
CCRPC-Head Start	Social-Emotional Disabilities Services	$55,645		
Community Choices	Community Living	$63,000		
	Self Determination Support	$96,000		
Developmental Services Center	Individual and Family Support	$392,649		
CCMHB/DDB	CILA Project	$50,000		
	ID/DD Total		$657,294	17%
	CCMHB Total	$3,845,630	$3,845,630	100%

* includes CCHCC subcontract ($49,440)
** includes support for group run in Champaign Co. jail
^Provides some services to drug court clients
^^Youth served include those on probation
^^^Patients served include those involved w/ criminal justice system
Contingent on DoJ grant award

Total CJMH $1,835,343 48%

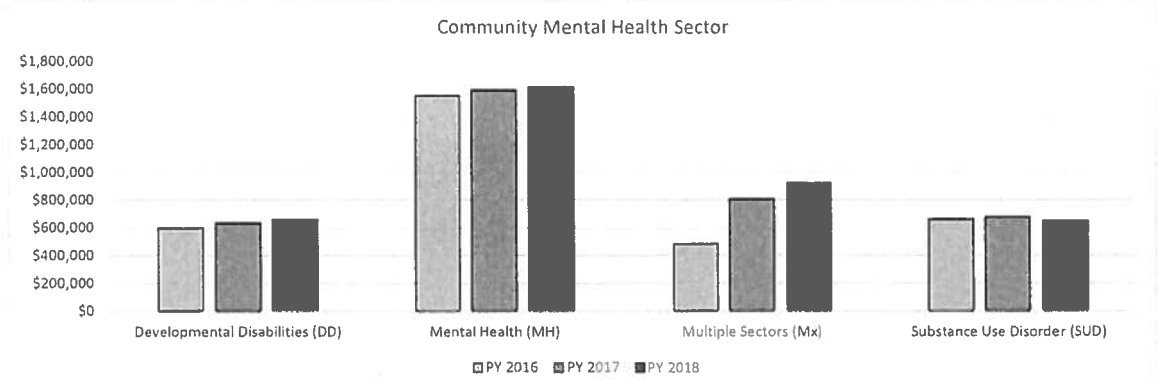
Comment: Includes full value of Rosecrance CAB contract. The CAB contract includes support for the crisis team including collaboration with law enforcement, the crisis line, and the CCHCC subcontract. It also supports access (screening/intake) and other assistance w/ benefits - SSI/SSDI.

Does not include funds from the PCHS Youth Services, FS Counseling, GROW in Illinois, or Promise Healthcare Wellness & Justice contracts that partially support CJMH services for adults or youth. Also does not include SFI PLL License contract.

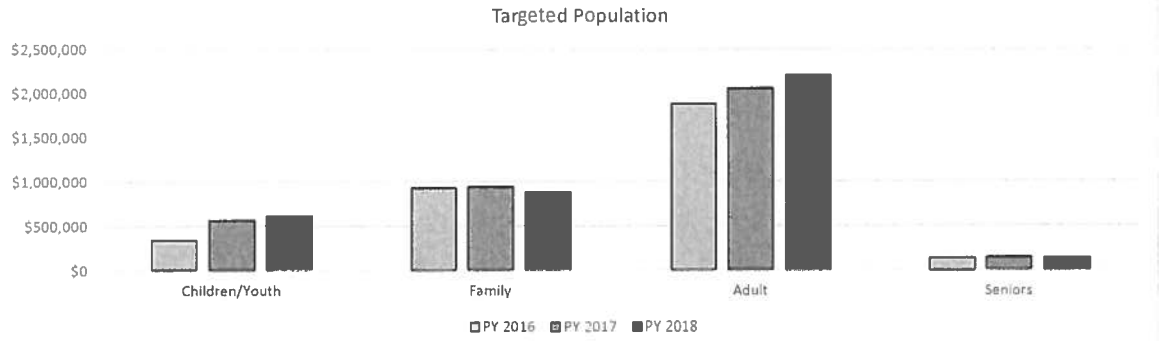
CCMHB PY2018 Program Award as Percentage of Total Program Budget		PY18 CCMHB	Total Program	CCMHB %
Agency	**Program**	**Award**	**Budget**	
CILA Expansion	CILA Expansion#	$50,000	$100,000	50%
Champaign Co. Children's Advocacy Center	Children's Advocacy Center	$37,080	$191,894	19%
CCRPC - Community Services	Justice System Diversion Services	$62,755	$86,152	73%
CCRPC - Community Services	Youth Assessment Center	$76,350	$328,282	23%
CCRPC - Head Start	Social-Emotional Disabilities Services	$55,645	$92,490	60%
Champaign Urbana Area Project	CU Neighborhood Champions	$20,000	$20,000	100%
Champaign Urbana Area Project	TRUCE	$75,000	$75,000	100%
Community Choices	Community Living	$63,000	$113,613	55%
Community Choices	Self-Determination Support	$96,000	$158,450	61%
Community Foundation - DREAAM House	DREAAM House	$58,000	$87,925	66%
Community Svc Center of Northern Champaign Co.	Resource Connection	$66,596	$278,112	24%
Courage Connection	Courage Connection	$66,948	$1,475,611	5%
Crisis Nursery	Beyond Blue-Champaign County	$70,000	$185,658	38%
Developmental Services Center	Individual and Family Support	$392,649	$519,030	76%
Don Moyer Boys and Girls Club (DMBGC)	C-U CHANGE	$100,000	$123,828	81%
Don Moyer Boys and Girls Club (DMBGC)	Champ. Community Coalition Summer Initiatives	$107,000	$107,000	100%
Don Moyer Boys and Girls Club (DMBGC)	Youth and Family Services	$160,000	$160,000	100%
East Central IL Refugee Mutual Assistance Center	Family Support & Strengthening	$25,000	$207,995	12%
Family Service of Champaign County	Counseling	$25,000	$68,785	36%
Family Service of Champaign County	Self-Help Center	$28,428	$31,128	91%
Family Service of Champaign County	Senior Counseling & Advocacy	$142,337	$462,676	31%
FirstFollowers	Peer Mentoring for Re-entry	$30,000	$66,600	45%
GROW in Illinois	Peer-Support	$20,000	$20,000	100%
Mahomet Area Youth Club	Bulldogs Learning and Succeeding Together	$15,000	$82,625	18%
Mahomet Area Youth Club	MAYC Members Matter!	$12,000	$101,480	12%
Prairie Center Health Systems	Criminal Justice Substance Use Treatment	$10,600	$25,789	41%
Prairie Center Health Systems	Fresh Start	$77,000	$77,000	100%
Prairie Center Health Systems	Parenting with Love & Limits (Extended Care)	$300,660	$300,660	100%
Prairie Center Health Systems	Prevention	$58,247	$228,510	25%
Prairie Center Health Systems	Specialty Courts	$203,000	$457,000	44%
Prairie Center Health Systems	Youth Services	$75,000	$139,150	54%
Promise Healthcare	Mental Health Services with Promise	$222,000	$1,723,698	13%
Promise Healthcare	Promise Healthcare Wellness & Justice	$58,000	$94,724	61%
Rape Advocacy, Counseling & Education Services	Counseling & Crisis Services	$18,600	$285,309	7%
Roscrance CU	Criminal Justice	$300,265	$300,625	100%
Roscrance CU	Crisis, Access, & Benefits	$228,002	$787,671	29%
Roscrance CU	Parenting w/ Love & Limits (Front End)	$282,663	$282,663	100%
Roscrance CU	Transition Housing CJ	$14,000	$254,996	5%
The UP Center of Champaign County	Children, Youth, & Families Program	$19,000	$28,874	66%
United Cerebral Palsy Land of Lincoln	Vocational Training and Support	$51,885	$69,885	74%
Urbana Neighborhood Connections	Community Study Center	$19,500	$92,500	21%
CCRPC - Community Services	DoJ Implementation Grant Match#	$52,420	$262,010	20%
		$3,845,630	$10,555,398	36%

CCMHB Appropriations (contract awards) by Sector, Population, and Type of Service by Program Year

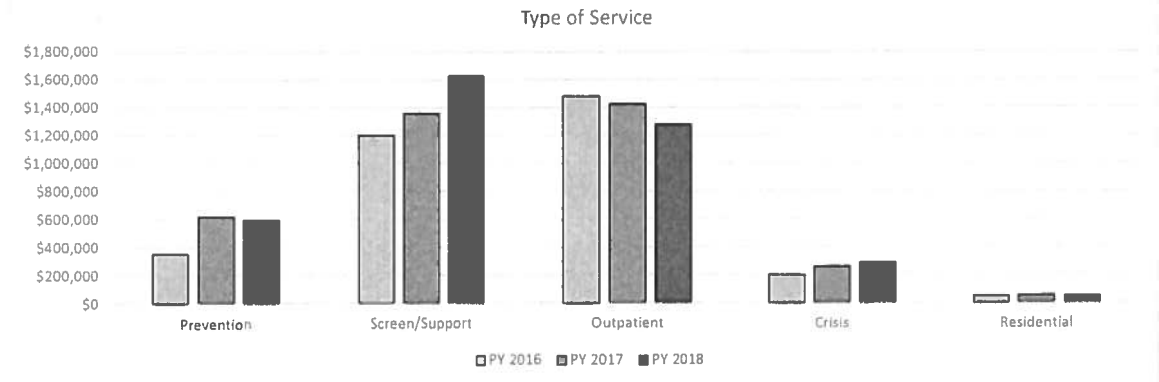
Community Mental Health Sector	PY 2016	PY 2017	PY 2018
Developmental Disabilities (DD)	$596,144	$633,073	$657,294
Mental Health (MH)	$1,554,472	$1,594,185	$1,617,698
Multiple Sectors (Mx)	$483,106	$806,134	$923,131
Substance Use Disorder (SUD)	$661,070	$676,407	$647,507
Total	$3,294,792	$3,709,799	$3,845,630



Targeted Population Group	PY 2016	PY 2017	PY 2018
Children/Youth	$339,630	$566,122	$613,822
Family	$929,982	$945,512	$877,323
Adult	$1,882,843	$2,055,828	$2,212,148
Seniors	$142,337	$142,337	$142,337
Total	$3,294,792	$3,709,799	$3,845,630



Type of Service	PY 2016	PY 2017	PY 2018
Prevention	$356,550	$616,436	$597,347
Screen/Support	$1,201,337	$1,359,734	$1,630,087
Outpatient	$1,485,045	$1,426,329	$1,277,439
Crisis	$201,860	$257,300	$290,757
Residential	$50,000	$50,000	$50,000
Total	$3,294,792	$3,709,799	$3,845,630



CHAMPAIGN COUNTY MENTAL HEALTH BOARD

THREE-YEAR PLAN

FOR

FISCAL YEARS 2016 - 2018
(1/1/16 – 12/31/18)

WITH

ONE YEAR OBJECTIVES

FOR

FISCAL YEAR 2018
(1/1/18 – 12/31/18)

CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

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

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

MISSION STATEMENT

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

STATEMENT OF PURPOSES

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

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

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

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

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

SYSTEMS OF CARE

Goal #1: Support a continuum of services to meet the needs of individuals with mental and/or emotional disorders, addictions, and/or intellectual or developmental disabilities and their families residing in Champaign County.

Objective #1: Conduct a needs assessment to inform development of the next three year plan.

Objective #2: Under established policies and procedures, solicit proposals from community based providers in response to Board defined priorities and associated criteria using a competitive application process.

~~Objective #2: Hold a study session on multi-year contracts including potential impact on the budget of extending contract term for select programs and contingent on action by the Board, implement multi-year contracts for select programs.~~

Objective #3: Expand use of evidenced informed, evidenced based, best practice, *recommended,* and promising practice models appropriate to the presenting need in an effort to improve outcomes for individuals across the lifespan and for their families and supporters.

Objective #4: Promote wellness for people with mental illnesses, substance use disorders, intellectual disabilities, or developmental disabilities to prevent and reduce early mortality, through support services including access to services addressing basic needs, enrollment in benefit plans and coordinated access to primary care.

Objective #5: *As practicable in light of potential congressional or presidential actions on the Affordable Care Act and Medicaid expansion,* ~~Pursue, as feasible,~~ *support* development or expansion of residential and/or employment supports for persons with behavioral health diagnosis not supported through expansion of Medicaid or the Affordable Care Act.

Objective #6: As enrollment in health insurance and Medicaid managed care plans reduce the uninsured population, realign CCMHB dollars to fund services and supports outside the realm of Medicaid, e.g. Peer Supports.

Objective #7: Build evaluation capacity of contracted providers utilizing expertise of evaluators from the Department of Psychology at the University of Illinois.

Goal #2: Sustain commitment to addressing the need for underrepresented and diverse populations access to and engagement in services.

Objective #1: Support culturally responsive and family driven support networks for underrepresented populations, underserved populations, and general populations of Champaign County.

~~Objective #2: Require a cultural competence and linguistic competence plan, with bi-annual reports, as evidence of the provider's capacity to provide services to meet the needs of the population served.~~

Objective #2: Encourage providers and other community based organizations to allocate resources to provide training, seek technical assistance, and pursue

other professional development activities for staff and governing and/or advisory boards to advance cultural and linguistic competence.

Objective #3: Use the Culturally and Linguistically Appropriate Services Standards (CLAS) as a blueprint to strengthen funded agencies' Cultural and Linguistic Competence.

Goal #3: Improve consumer access to and engagement in services through increased coordination and collaboration between providers, community stakeholders, and consumers.

Objective #1: Encourage development of collaborative agreements between providers to increase or maintain access and coordination of services for consumers throughout Champaign County.

Objective #2: Participate in various coordinating councils whose mission aligns with the needs of the various populations of interest to the Board with the intent of strengthening coordination between providers in the delivery of services.

Objective #3: Explore at the Board level potential for collaboration on issues of mutual interest with the C-U Public Health District and the Champaign County Board of Health.

Objective #4: In conjunction with the United Way of Champaign County, monitor implementation of the 211 information and referral system.

Objective #5: Investigate options for development of a web based compilation of local resources and or directories targeted to specific populations.

Goal #4: Continue the collaborative working relationship with the Champaign County Board for Care and Treatment of Persons with a Developmental Disability (CCDDB).

Objective #1: Coordinate integration, alignment, and allocation of resources with the CCDDB to ensure the efficacious use of resources within the intellectual disability and developmental disability (ID/DD) service and support continuum.

Objective #2: Assess alternative service strategies that empower people with ID/DD and increase access to integrated settings as exemplified by the collaborative approach to the Employment First Act.

Objective #3: Concurrent with the CCDDB, continue financial commitment to *maintain and, if demonstrated,* expand the availability of Community Integrated Living Arrangement (CILA) housing opportunities for people with ID/DD from Champaign County.

Objective #4: Collaborate with the Champaign County Board for the Care and Treatment of Persons with a Developmental Disability on issues of mutual interest as exemplified by the expansion of CILA housing and joint sponsorship of events promoting acceptance, inclusion, and respect for people with ID/DD.

MULTI-AGENCY INVOLVED YOUTH AND FAMILIES

Goal #5: Building on progress achieved through the six Year Cooperative Agreement between the Federal Substance Abuse and Mental Health Services Administration

(SAMHSA), the Illinois Department of Human Services (IDHS), and the Champaign County Mental Health Board (CCMHB) implement a plan to sustain the SAMHSA/IDHS system of care model.

Objective #1: Support the efforts of the Champaign Community Coalition and other system of care initiatives.

~~Objective #2: Continue community based partnerships and coordination of evidence based services and supports for youth and families such as occurring through CHOICES.~~

Objective #2: Ongoing support of Champaign County family-run organizations that incorporate family-driven and youth-guided principles. In recognition of the importance of multi-system involved families and youth, maintain direct involvement and input about decisions that are made. Encourage organizations' focus on peer support specialists, peer-to-peer support, advocacy at the local level, and statewide expansion of family-run organizations.

CRIMINAL JUSTICE AND MENTAL HEALTH SYSTEM COLLABORATION

Goal #6: Support infrastructure development and investment in services along the five criminal justice intercept points to divert from the criminal justice system, as appropriate, persons with behavioral health needs or developmental disabilities.

Objective #1: Continue involvement in the Crisis Intervention Team Steering Committee in support of increased collaboration between law enforcement and crisis team response in the community.

Objective #2: Sustain efforts to engage persons with behavioral health diagnoses re-entering the community from jail or prison or with recent involvement with the criminal justice system, in treatment and other support services.

Objective #3: Maintain commitment to the Problem Solving Courts operating in Champaign County including continued participation on the Specialty Court Steering Committee.

Objective #4: Support integrated planning and service coordination for adults involved in the criminal justice system through participation in the Champaign County Re-Entry Council.

Objective #5: Through the National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD), in its partnership with the National Association of Counties (NACo,) pursue opportunities for technical assistance and support through the "Decarceration Initiative," "Stepping Up: A National Initiative to Reduce the Number of People with Mental Illnesses in Jails," and the "Data Driven Justice Initiative." Encourage and participate in other similar collaborative opportunities aimed at improving outcomes for those with behavioral health needs involved with the criminal justice system.

Goal #7: In conjunction with the Champaign County Sheriff's Office and other community stakeholders provide an alternative to incarceration and/or overutilization of local Emergency Departments for persons with behavioral health needs or developmental disabilities.

Objective #1: *Contingent on the award of the Department of Justice Implementation grant,* ~~Serve on the Crisis Response Planning Committee, the planning body established under the Justice and Mental Health Collaboration award from the Department of Justice, and~~ commit resources necessary to meet the matching funds requirement of the award *and serve on the coordinating body.*

Objective #2: Identify options for developing jail diversion services including a center to provide behavioral health assessments, crisis stabilization and detoxification from alcohol and/or other substances as may be necessary to serve Champaign County.

Objective #3: Secure commitment to support and sustain the development of a diversion center from vested stakeholders in the public and private sectors.

Objective #4: Use public input gathered through these collaborations to guide advocacy for planning and policy changes at the state and federal levels, local system redesign and enhancement, and in the consideration of future funding priorities for the CCMHB.

Goal #8: Support interventions for youth who have juvenile justice system involvement to reduce contact with law enforcement or prevent deeper penetration into the system.

Objective #1: Investigate evidence based or recommended juvenile justice models as an alternative to the Parenting with Love and Limits (PLL) program.

Objective #2: Support continued implementation of the Parenting with Love and Limits (PLL) program based on positive evaluation and feedback from community partners and stakeholders.

Objective #3: Monitor local utilization of PLL and pursue options as necessary to address potential excess capacity.

Objective #4: Through participation on the Youth Assessment Center Advisory Board advocate for community and education based interventions contributing to positive youth development and decision-making.

Objective #5: Through participation and engagement in the Champaign Community Coalition and other community focused initiatives, promote and encourage multi-*system* collaborative approaches for prevention and reduction of youth violence ~~trends and activities~~.

Objective #6: Promote and support those targeted interventions that specifically address historical trauma experienced by African American and other minority youth disproportionately impacted in multiple systems.

Objective #7: Utilize the principles from "Models for Change" to reduce the disproportionate minority contact with law-enforcement and involvement with the juvenile justice system.

COMMUNITY ENGAGEMENT & ADVOCACY

Goal #9: Address the need for acceptance, inclusion and respect associated with a person's or family members' mental illness, substance use disorder, intellectual disability, and/or developmental disability through broad based community education efforts to increase community acceptance and positive self-image.

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Objective #1: Continue support for and involvement in efforts to challenge stigma and discrimination and other community education events including disABILITY Resource Expo: Reaching Out for Answers, and the National Children's Mental Health Awareness Day.

Objective #2: Promote substance use disorder prevention initiatives as a community education tool targeting youth and young adults.

Objective #3: Participate in behavioral health community education initiatives, such as national depression screening day, to encourage individuals to be screened and seek further assistance where indicated.

Objective #4: Encourage and support efforts to more fully integrate people with behavioral health disorders and/or intellectual or developmental disabilities into community life in Champaign County.

Goal #10: Stay abreast of emerging issues affecting the local systems of care and consumer access to services and be proactive through concerted advocacy efforts.

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

Objective #2: Track state implementation of class action suit settlements involving persons with intellectual disabilities or developmental disabilities or mental illness, e.g. Ligas vs. Hamos Consent Decree and Williams vs. Quinn Consent Decree, and proposed closure of state facilities, and advocate for the allocation of state resources sufficient to meet needs of clients returning to home communities or seeking fuller integration in their communities.

~~Objective #3: Continue broad based advocacy efforts at the state and local levels to respond to continued reductions in state funding and delays in payment for local community based mental health, substance use disorder, and intellectual disability and developmental disability services and supports and to the broader human services network under contract with the State of Illinois. As opportunities arise, participate in planning and policy development with state agencies such as IDHS, and use these opportunities to advocate for the needs of Champaign County residents.~~

Objective #3: Through the National Association of County Behavioral Health and Developmental Disability Directors, monitor the federal rulemaking process applying parity to Medicaid Managed Care and associated benefit plans and on the Institutions for Mental Disease (IMD) Medicaid Exclusion. Use opportunities for public comment on proposed rules and legislative action to advocate for the needs of our community.

DECISION MEMORANDUM

DATE: September 20, 2017
TO: Members, Champaign County Mental Health Board (CCMHB)
FROM: Mark Driscoll, Associate Director
SUBJECT: Reconsideration of Rosecrance JMHCP Matching Funds Request

Recommended Action: The purpose of this memorandum is to recommend reconsideration of the request from Rosecrance to use unexpended funds allocated as local match to the Department of Justice "Justice Mental Health Collaboration Program" grant award. The unexpended balance has been reduced through a budget modification to the federal grant award. In addition, a two month extension to the federal grant has been requested by the county.

Staff recommends the Board approve the request to use the unexpended balance to meet remaining match obligations and for prior expenses incurred but not eligible for payment under the federal grant or associated local matching funds. It is also recommended the Board approve a two month extension to the FY17 criminal justice contract contingent upon approval by the Department of Justice of the extension to the term of the federal award to November 30, 2017. Two separate motions are presented for action.

Issue: Rosecrance is a sub-recipient to the Department of Justice "Justice and Mental Health Collaboration Program" planning grant award to Champaign County. The CCMHB committed $37,500 as the local match to leverage $149,999 in federal funds over a two year period. The current two year term ends September 30, 2017. Expenses billed under the contract are allocated 80% to the federal grant and 20% to the local match.

At the July 19, 2017 meeting, the Board was briefed on an amendment request from Rosecrance regarding use of CCMHB funds earmarked as match to the Department of Justice "Justice Mental Health Collaboration Program." The request sought an extension of the term of the criminal justice contract through September 30, 2017 to maintain spending authority for the local matching funds tied to the federal award; and approve funding for expenses related to but not eligible for payment under the federal grant or associated local matching funds. The extension of the 2017 criminal justice contract through September 30, 2017 was approved. Consideration of allowing unexpended matching funds to pay related expenses was deferred to the September CCMHB meeting.

Since the initial request, Champaign County has completed an addendum to the budget and submitted a separate request to extend the term of the federal award. The modified budget increases staff time billable to the federal grant and local match retroactive to May 15, 2017 and through the end of the grant award. The original request by Rosecrance concerned $15,287 that through the addendum and extended term is reduced to $11,894.

Of the $37,500 in local match funds $25,606 has been spent or projected ($19,768 expended through June 30, 2017 plus another $5,838 in projected obligations through November 30, 2017),

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leaving a balance of $11,894. Rosecrance seeks approval to use the $11,894 to pay JMHCP project related expenses not billable to the grant. Of that amount, $6,058 is tied to costs to write two federal grant applications: Second Chance Act for mental health services to adults reentering the community; and JMHCP Implementation grant. In the past, CCMHB has helped underwrite grant application costs using excess revenue within an agency's contracts. The JMHCP implementation grant application would not have been possible without the gaps analysis completed under the planning grant.

The current term of the federal award runs through the end of September, however, an extension of term has been requested from the Department of Justice. The end date of the FY17 Criminal Justice contract needs to be extended for Rosecrance to maintain spending authority of the local matching funds as part of the federal grant award. The extension of the criminal justice contract is contingent on DoJ's approval request to extend the term of the federal grant.

Fiscal/Budget Impact: The CCMHB original commitment was $37,500 as the 20% match required to leverage $149,999 in federal funds. The match has been paid to Rosecrance. Total expended plus projected obligation of local matching funds through November 30, 2017 is $25,606. The difference being excess revenue in the amount of $11,894. Rosecrance has identified additional costs equal to the amount of excess revenue.

Decision Section:

Motion: Move to approve Rosecrance request to use unexpended JMHCP local matching funds in the amount of $11,894 for previously incurred expenses associated with writing two federal grant applications and other program costs related to the JMHCP planning grant so long as the balance of unexpended funds of $5,838 is sufficient to meet remaining match obligations.

_____ Approved
_____ Denied
_____ Modified
_____ Additional Information Needed

Motion: Move to approve extending the term of the FY17 Criminal Justice contract term to November 30, 2017, contingent on the Department of Justice extension of the federal award.

_____ Approved
_____ Denied
_____ Modified
_____ Additional Information Needed

7.B.

CCMHB 2017-2018 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)

September 20, 2017

September 27, 2017 – study session

October 18, 2017

October 25, 2017 – study session

November 15, 2017

November 29, 2017 – study session

December 13, 2017 - tentative

January 17, 2018

January 24, 2018 – study session

February 21, 2018

February 28, 2018 – study session

March 21, 2018

March 28, 2018 – study session

April 18, 2018 – in John Dimit Conference Room

April 25, 2018 – study session

May 16, 2018 – study session

May 23, 2018

June 27, 2018

This schedule is subject to change due to unforeseen circumstances. Please call the CCMHB-CCDDB office to confirm all meetings.

DRAFT

July 2017 to June 2018 Meeting Schedule with Subject and Allocation Timeline*

The schedule provides the upcoming dates and subject matter of board meetings through June 2018 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 2019 (July 1, 2018 – June 30, 2019).

Timeline	Tasks
7/19/17	Regular Board Meeting Approve Draft Budget Approve 2016 Annual Report
9/20/17	Regular Board Meeting Release Draft Three Year Plan 2016-2018 with FY18 Objectives U of I Program Evaluation Presentation
9/27/17	Study Session
10/18/17	Regular Board Meeting Release Draft Contract Year 2019 (CY19) Allocation Criteria Community Coalition Summer Initiatives Report
10/25/17	Study Session
11/15/17	Regular Board Meeting Approve Three Year Plan with One Year Objectives Allocation Decision Support – CY19 Allocation Criteria
11/29/17	Study Session
12/13/17	*Public Notice to be published on or before this date, giving at least 21-day notice of application period.*
12/13/17	Regular Board Meeting (tentative)

01/05/18	*Open CCMHB/CCDDB Online System access to CCMHB CY19 Agency Program and Financial Plan Application forms.*
1/17/18	Regular Board Meeting Election of Officers
1/24/18	Study Session
2/2/18	*Online System Application deadline – System suspends applications at 4:30PM (CCMHB close of business).*
2/9/18	*List of Requests for CY19 Funding*
2/21/18	Regular Board Meeting List of Requests for CY19 Funding
2/28/18	Study Session
3/21/18	Regular Board Meeting 2017 Annual Report
3/28/18	Study Session
4/11/18	*Program summaries released to Board, copies posted online with CCMHB April 18, 2018 meeting agenda*
4/18/18	Regular Board Meeting Program Summaries Review and Discussion
4/25/18	Study Session Program Summaries Review and Discussion
5/9/18	*Allocation recommendations released to Board, copies posted online with CCMHB May 16, 2018 meeting agenda*
5/16/18	Study Session Allocation Decisions
5/23/18	Regular Board Meeting Allocation Decisions Authorize Contracts for CY19
6/27/18	Regular Board Meeting Approve FY19 Draft Budget
6/28/18	*CY19 Contracts completed/First Payment Authorized*

CCDDB 2017-2018 Meeting Schedule

Board Meetings
8:00AM except where noted
Brookens Administrative Building, Lyle Shields Room
1776 East Washington Street, Urbana, IL

September 20, 2017

October 25, 2017

November 15, 2017

December 13, 2017

January 24, 2018

February 21, 2018

March 21, 2018

April 25, 2018

May 23, 2018

June 27, 2018

This schedule is subject to change due to unforeseen circumstances.
Please call the CCMHB/CCDDB office to confirm all meetings.

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CHAMPAIGN COUNTY MENTAL HEALTH BOARD
BOARD MEETING

Minutes—July 19, 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, Anne Robin, Margaret White
MEMBERS EXCUSED:	Julian Rappaport
STAFF PRESENT:	Lynn Canfield, Stephanie Howard-Gallo, Shandra Summerville
STAFF EXCUSED:	Kim Bowdry, Mark Driscoll, Chris Wilson
OTHERS PRESENT:	Juli Kartel, Rosecrance; Becca Obuchowski, Community Choices (CC); Gail Raney, Prairie Center Health Systems (PCHS); Tracy Parsons, City of Champaign; Mark Aber, University of Illinois, Ron Bribriesco, Developmental Services Center (DSC)

CALL TO ORDER:

Dr. Fowler called the meeting to order at 5:35 p.m.

ROLL CALL:

Roll call was taken and a quorum was present.

CITIZEN INPUT / PUBLIC PARTICIPATION:

None.

APPROVAL OF AGENDA:

Dr. Fowler requested deferral on Agenda Items 14.C. and 15.C. The Board concurred.

CCDDB INFORMATION:

Ms. Canfield provided a recap of the last CCDDB meeting.

APPROVAL OF MINUTES:

Minutes from the May 17, 2017, May 24, 2017, and June 28, 2017 meetings were included in the Board packet for approval.

MOTION: Ms. Palencia made a motion to approve the minutes from the May 17, 2017 meeting. Ms. White seconded the motion. A voice vote was taken and the motion passed.

MOTION: Ms. Palencia made a motion to approve the minutes from the May 24, 2017 meeting. Dr. Moore seconded the motion. A voice vote was taken and the motion passed.

MOTION: Dr. Moore made a motion to approve the minutes from the June 28, 2017 meeting. Ms. White seconded the motion. A voice vote was taken and the motion passed.

PRESIDENT'S COMMENTS:

Dr. Fowler reviewed the work of the Board for the past year. She thanked Board members for their work and engagement in the application review process. She also thanked members for being responsible fiscal agents and asking hard questions. Dr. Fowler emphasized the importance of civility during Board meetings and study sessions.

EXECUTIVE DIRECTOR'S COMMENTS:

Ms. Lynn Canfield reviewed timelines for the next year. Ms. Canfield will be out of town for the next week going to conferences.

STAFF REPORTS:

Reports from Mr. Mark Driscoll, Ms. Kim Bowdry, Ms. Shandra Summerville, and Ms. Stephanie Howard-Gallo were included in the Board packet for review.

CONSULTANT'S REPORT:

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

BOARD TO BOARD:

Deferred.

AGENCY INFORMATION:

None.

FINANCIAL INFORMATION:

A list of financial claims was included in the packet.

MOTION: Ms. Palencia moved to accept the claims report as presented. Ms. O'Connor seconded the motion. A voice vote was taken and the motion unanimously passed.

NEW BUSINESS:

Parenting with Love and Limits (PLL) Contracts:
A Decision Memorandum to extend the PLL provider contracts and increase funding and approval of the Savannah Family Institute PLL professional fees contract was included in the packet. The CCMHB had a study session on June 28, 2017 that focused on the Parenting with Love and Limits program. The two agency contracts were approved for half year funding at the May 24, 2017 CCMHB meeting. Ms. Palencia requested the reduction of training fees be included in the motion. Board discussion ensued. Juli Kartel from Rosecrance and Gail Raney from Prairie Center Health Systems answered questions from Board members. It was agreed this is a valuable program to the community. However, partnerships; price reduction requests; and other evidence-based models should be explored in the coming year.

MOTION: Ms. O'Connor moved to approve amending the amount of the FY2018 Parenting with Love and Limits (PLL) Extended Care contract with Prairie Center Health Systems to $300,660 for a term ending June 30, 2018 and the amount of the Parenting with Love and Limits (PLL) Front End contract with Rosecrance to $282, 663 for a term ending June 30, 2018 and to award Savannah Family Institute a professional fees contract in the amount of $143, 900 and term of July 1, 2017 to June 30, 2018. It is acknowledged the training fee to the agencies for new PLL staff is reduced from $2500 to $1,250. Mr. Patterson seconded. A roll call vote was taken. The following members voted aye: Moore, Omo-Osagie, Palencia, Patterson, Robin, White, Fowler. The following members voted nay: O'Connor. The motion passed.

University of Illinois "Build Program Evaluation Capacity: Year 3 Proposal":
A Decision Memorandum was included in the Board packet. For two years, the CCMHB has contracted with the University of Illinois to assist agencies to build evaluation capacity within funded programs. The consultants under contract are Drs. Nicole Allen and Mark Aber. Dr. Aber was available to answer Board questions.

MOTION: Dr. Moore moved to authorize the Executive Director to execute a contract with the University of Illinois in the amount of $52, 976 to implement the scope of work presented in Capacity Building Evaluation: Year 3 proposal. Dr. Robin seconded the motion. A roll call vote was taken and the motion passed unanimously.

Anti-Stigma Community Event:
Deferred.

CCMHB FY2018 Budget:
A Decision Memorandum on the CCMHB Fiscal year 2018 Budget was included in the Board packet. Board members commented the additional information provided in the budget documents was helpful and informative.

MOTION: Dr. Robin moved to approve the budget document for County Fiscal Year 2018 for the CCMHB. Ms. O'Connor seconded the motion. A roll call vote was taken and all members voted aye. The motion passed.

OLD BUSINESS:

Rosecrance JMHCP Match Amendment Request:
A Decision Memorandum was included in the Board packet. There is a request by Rosecrance for an amendment to the FY17 Criminal Justice contract as it relates to use of CCMHB funds allocated as local match to the Department of Justice "Justice and Mental Health Collaboration Program" grant award. Two separate issues are addressed within the request: extension of the contract term through September 30, 2017 to maintain spending authority for the local matching funds tied to the federal award, and; approve funding for expenses related to but not eligible for payment under the federal grant or associated local matching funds. At this time, staff has a neutral position on the question of paying costs incurred but not billable under the terms of the federal grant award and recommends that portion of the request be deferred until the September Board meeting. Staff strongly supports extension of the term of the contract to maintain spending authority for the local match of the federal grant award.

A brief statement of these other costs is included in the Rosecrance letter. One item cited is preparation of grant applications which presumably include the JMHCP implementation grant and the Second Chance Act grant that have the potential to benefit adults with mental illness and The CCMHB original commitment was $37,500 as the 20% match required to leverage $149,999 in federal funds. The match has been paid to Rosecrance. Projected local matching funds expended through the end of September on the federal grant is $22,213. The difference being excess revenue in the amount of $15,287. Rosecrance has identified additional costs equal to the amount of excess revenue.

MOTION: Dr. Robin moved to approve extending the term of the FY17 Criminal Justice contract term to September 30, 2017. Ms. White seconded. A roll call vote was taken and the vote was unanimous. The motion passed.

CCMHB FY 2016 Annual Report:
A revised copy of the FY16 Annual Report was included in the Board packet.

MOTION: Dr. Moore moved to approve the Champaign County Mental Health Board Fiscal Year 2016 Annual Report. Ms. Palencia seconded the motion. A voice vote was taken and the motion passed unanimously.

Multi-Year Contract Briefing Memorandum:
Deferred.

Application Review Process Debriefing:
Dr. Fowler encouraged a discussion regarding the application review process. She had 5 surveys returned to her and the vote was split between preferring the new application review process and preferring the former application review process. Board members generally agreed they felt more involved in the application review process than they had in past years.

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. A revised schedule was distributed with one minor change.

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

BOARD ANNOUNCEMENTS:

The Board decided to not meet on July 26, 2017.

ADJOURNMENT:

The meeting adjourned at 7:25 p.m.

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

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

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Kim Bowdry, Associate Director for Intellectual & Developmental Disabilities
Staff Report – September 20, 2017

CCDDB Reporting: In July, training on the new reporting system began with four of the CCDDB funded agencies. The rest of the CCDDB funded agencies were trained in early August. Follow-up trainings were held at the end of August with three of the agencies. The online reporting system has been modified to allow for monthly service activity reporting, including identifying all individuals receiving services, as well as the specific services received and where the services were received (on or off-site). The identification of individuals receiving services will allow for better tracking of duplication of services.

4th Quarter reports and Performance Measure Outcome reports were due on August 25, 2017. I have started the review process for those reports, which can be found in the September 20, 2017 CCDDB Board packet.

Alliance for Inclusion & Respect Website: I have been working to keep the artist page up-to-date and have added a hyperlink to one of the artist's Etsy shops on her page. Look for more changes to come to the AIR website.

Association Activities: I participated in an Association of Community Mental Health Authorities of Illinois (ACMHAI) Medicaid-MCO conference call.

Trauma-Informed Care for Individuals with Intellectual & Developmental Disabilities: I have taken an interest in Trauma-Informed Care for Individuals with ID/DD. It has been stated that people with DD are more likely to be exposed to trauma. Trauma-Informed Care (TIC) takes into account knowledge about trauma – its impact, interpersonal dynamics, and paths to recovery – and incorporates this knowledge to all aspects of service delivery. It is my hope that in the future,

TIC trainings can take place locally so that local provider staff have an opportunity to participate in these trainings.

Other Activity: I participated in a Children's Behavioral Health committee meeting conference call. I also participated in an nTide Lunch n' Learn webinar. I participated in various agency meetings and CCMHB/CCDDB staff meetings. I joined multiple ODEP Employment First webinars. I participated in the August MHDDAC meeting. I participated in an AAIDD Webinar which reviewed the Project Search Employment model. I also participated in an EEOPD Task Force conference call and a Family Matters webinar titled, Accommodations & Modifications, Oh My! I participated in a Mad in America Webinar titled, Interventions for Kids with ADHD: Educational, Family, and Nutritional. I attended the regular meeting of the Transition Planning Committee.

PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)	
1. Person is not currently in need of services, but will need service if something happens to the care giver.	129
2. Person lives in a large setting, and person/family has expressed a desire to move (or the state plans to move the person).	1
3. Person is dissatisfied with current residential services and wishes to move to a different residential setting.	1
4. Person wishes to move to a different geographic location in Illinois.	4
5. Person currently lives in out-of-home residential setting and wishes to live in own home.	1
6. Person currently lives in out-of-home residential setting and wishes to return to parents' home and parents concur.	1
7. Person is receiving supports for vocational or other structured activities and wants and needs increased supports to retire.	1
8. Person or care giver needs increased supports.	57
9. Person is losing eligibility for Department of Children and Family Services supports within 1-5 years.	3
13. Person is residing in an out-of-home residential setting and is losing funding from the public school system within 1-5 years.	1
14. Other, Explain:	7
EXISTING SUPPORTS AND SERVICES	
Respite Supports (24 Hour)	9
Respite Supports (<24 hour)	13
Behavioral Supports (includes behavioral intervention, therapy and counseling)	112
Physical Therapy	49
Occupational Therapy	108
Speech Therapy	128
Education	177
Assistive Technology	48
Homemaker/Chore Services	2
Adaptions to Home or Vehicle	10
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilites, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	49
Medical Equipment/Supplies	33
Nursing Services in the Home, Provided Intermittently	4
Other Individual Supports	93
TRANPORTATION	
Transportation (include trip/mileage reimbursement)	94
Other Transportation Service	244
Senior Adult Day Services	1
Developmental Training	94
"Regular Work"/Sheltered Employment	79
Supported Employment	61
Vocational and Educational Programs Funded By the Division of Rehabilitation Services	68
Other Day Supports (e.g. volunteering, community experience)	25
RESIDENTIAL SUPPORTS	
Community Integrated Living Arrangement (CILA)/Family	3
Community Integrated Living Arrangement (CILA)/Intermittent	4
Community Integrated Living Arrangement (CILA)/Host Family	1
Community Integrated Living Arrangement (CILA)/24 Hour	32
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	1
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 17 or More People	1
Skilled Nursing Facility/Pediatrics (SNF/PED)	3
Supported Living Arrangement	4
Shelter Care/Board Home	1

Division of Developmental Disabilities
Prioritization of Urgency of Needs for Services (PUNS)
Summary By County and Selection Detail

August 08, 2017

Nursing Home	2
Children's Residential Services	9
Child Care Institutions (Including Residential Schools)	5
Children's Foster Care	1
Other Residential Support (including homeless shelters)	15
SUPPORTS NEEDED	
Personal Support (includes habilitation, personal care and intermittent respite services)	300
Respite Supports (24 hours or greater)	18
Behavioral Supports (includes behavioral intervention, therapy and counseling)	115
Physical Therapy	58
Occupational Therapy	92
Speech Therapy	108
Assistive Technology	67
Adaptations to Home or Vehicle	19
Nursing Services in the Home, Provided Intermittently	7
Other Individual Supports	54
TRANSPORTATION NEEDED	
Transportation (include trip/mileage reimbursement)	277
Other Transportation Service	291
VOCATIONAL OR OTHER STRUCTURED ACTIVITIES	
Support to work at home (e.g., self employment or earning at home)	18
Support to work in the community	237
Support to engage in work/activities in a disability setting	155
Attendance at activity center for seniors	1
RESIDENTIAL SUPPORTS NEEDED	
Out-of-home residential services with less than 24-hour supports	127
Out-of-home residential services with 24-hour supports	75

http://www.dhs.state.il.us/OneNetLibrary/27897/documents/DD%20Reports/PUNS/PUNS_by_county_and_selection_detail110916.pdf

Division of Developmental Disabilities Prioritization of Urgency of Needs for Services (PUNS)
Summary of Total and Active PUNS By Zip Code

http://www.dhs.state.il.us/OneNetLibrary/27897/documents/DD%20Reports/PUNS/PUNSbyZipallandactivects05102016.pdf

Zip Code		Active	Total PUNS
60949	Ludlow	2	4
61801	Urbana	41	80
61802	Urbana	40	85
61815	Bondville (PO Box)	1	1
61816	Broadlands	3	3
61820	Champaign	29	63
61821	Champaign	76	161
61822	Champaign	41	83
61840	Dewey	0	2
61843	Fisher	8	10
61845	Foosland	1	1
61847	Gifford	2	3
61849	Homer	1	6
61851	Ivesdale	0	1
61852	Longview	1	1
61853	Mahomet	27	55
61859	Ogden	3	10
61862	Penfield	1	2
61863	Pesotum	1	3
61864	Philo	5	10
61866	Rantoul	24	69

61871	Royal (PO Box)	--	--	no data on website
61872	Sadorus	1	1	
61873	St. Joseph	14	24	
61874	Savoy	4	9	
61875	Seymour	1	2	
61877	Sidney	3	6	
61878	Thomasboro	1	2	
61880	Tolono	8	28	
Total		339	725	

http://www.dhs.state.il.us/page.aspx?item=56039

Summary of PUNS by ISC Agency **Updated 08/08/17**

ISC Agency	Individual Count	% of Total PUNS	Estimated Total Census for Agency	Estimated % of IL Census
***CCRPC Total**	896	1.74%	244,880	1.90%

ISC Agency	Individual Count	% of Total PUNS	Estimated Total Census for Agency	Estimated % of IL Census
***CCRPC Active**	371	1.95%	244,880	1.90%

***Totals include Ford & Iroquois Counties**

DHS Definition of Closed PUNS Records

Death

Fully Served

Moved out of state

Withdrawn

Other Closed

Ligas Data Report as of 6-30-17

August 15, 2017

Paragraph 33 of the Ligas Consent Decree: ...Not less than every six (6) months, Defendants shall provide to the Monitor, Plaintiffs, Class Counsel, Intervenors and Intervenors' Counsel and make publicly available, a detailed report containing data and information sufficient to evaluate Defendants' compliance with the Decree and Defendants progress toward achieving compliance...

This is the twelfth Ligas Data Report. Per the Ligas Consent Decree, the Division of Developmental Disabilities (DDD) will produce reports of data and information regarding implementation of the provisions of the Ligas Consent Decree every six months. The due dates for these reports will typically be February 15th and August 15th of each year. Unless otherwise specified in the body of this report, the data collected for FY 2017 represents a time frame of July 1, 2016 through June 30, 2017.

Class Member List

The DDD is maintaining a centralized, master class list as described in the Ligas Implementation Plan. Individual records are categorized into three separate areas: individuals living at home in the community, individuals living in an ICF/DD who were admitted after June 15, 2011, and individuals living in an ICF/DD who were there on June 15, 2011 (the date of the Court's approval of the Consent Decree). Written statements documenting a desire to be a part of the class are obtained for each individual in the latter category. Individuals are added to or removed from the class list as appropriate.

#	Class Member	FY12	FY13	FY14	FY15	FY16	FY17
1	Living at Home	10,691	10,309	15,083	16,660	13,428	14,115
2	ICF/DD after 6/15/11	27	41	131	221	195	219
3	ICF/DD on 6/15/11 with an Affirmative Statement To Move (2a)	695	919	1,079	1,393	1,479	1,499
3a	DD PAS 10	12	9	9	10	10	9
3b	DHS 1243/1238	229	520	700	1055	1174	993
3c	EFE Form	432	363	331	290	262	178
3d	OSG Request	7	6	5	4	1	299
3e	Other Guardian Request	15	21	34	34	32	20
4	# At End of Fiscal Year	11,413	11,269	16,293	18,274	15,102	15,833

Individuals were added to or removed from the Class Member List as follows:

Class Members	Additions in FY13	Additions in FY14	Additions in FY15	Additions in FY16	Additions in FY17
Individuals in ICFs/DD on 6/15/11	351	243	329	120	349
Individuals in ICF/DDs after 6/15/11	16	94	70	34	36
Individuals in Community Settings	47	5,029	2,186	2,250	2041

Total Additions	414	5,366	2,585	2,404	2426
Removals	**Removals in FY13**	**Removals in FY14**	**Removals in FY15**	**Removals in FY16**	**Removals in FY17**
Individual Moved Out of State	35	15	13	311	74
Determined Clinically Ineligible	18	21	8	56	23
Determined Financially Ineligible	11	6	3	34	2
Withdrew-Reason Not Given	153	124	98	443	121
Individual Deceased	35	13	450	89	54
Objector	1	1	0	0	0
Other	6	3	0	3,237	939
Incorrect SSN (Duplicate Record)	17	0	6	36	13
Ineligible Setting	26	54	13	7	0
Unable to Locate Individual	167	74	54	1,257	224
Stay in ICFDD	89	31	47	52	20
Submitted in Error	0	0	1	13	0
Move to ICFDD	0	0	0	57	56
Total Removals	558	342	693	5,592	1526

Note: Prior Fiscal Year numbers may change from previous reports due to updates made in class member types and effective dates. The total number of removals and additions will not reconcile to the net increase or decrease in class members due to some individuals changing class status from year to year.

Note: The relatively large increase in the number of removals reported as deaths during FY15 is due to an enhancement to the DDD's database which now enables the DDD to regularly and automatically identify individuals who have become deceased. This enhancement has captured reports of deaths not previously identified in the prior fiscal years.

Note: The reported increase in the number of removals during FY16 is due to an enhancement to the DDD's database which now enables updates to regularly and automatically identify individuals who have been closed on the PUNS waiting list. This enhancement has captured closures not previously identified in the prior fiscal years. The PUNS Integrity Project and the continued automated sweeps of PUNS are both factors in the reported reductions.

Services for Class Members from the Waiting List

Seven selections have been completed from the PUNS database (the Division's waiting list) since the approval of the Consent Decree using the criteria specified in the Ligas Implementation Plan. The Class Members selected have been notified and the ISC agencies have been instructed to complete eligibility determinations and facilitate the choice and provider selection process. A set of tables is maintained that

provides summary information regarding the results of the selections. These tables are available on the Division's website at: PUNS Selection Data & Ligas PUNS Selection Data.

	Ligas Benchmarks	Total
1	# of Class Members Selected From The Waiting List (PUNS).	5924
2	# of Class Members in ICF/DDs after 6/15/11 who were part of a downsizing	101
3	Total Class Members With Waiver Capacity Award Letters	3139
4	Total Class Members Who Have Received Waiver Services (as reported by the PAS agencies and providers)	3082
5	Total Class Members Who Have Received Waiver Services (per billing data)	3064
5a	*Subtotal Who Received CILA Services(per billing data)	744
5b	*Subtotal Who Received HBS Services(per billing data)	2317
5c	*Subtotal Who Received CLF Services(per billing data)	3

Crisis Services

The DDD continues to process service requests for individuals in crisis situations. Below is summary data regarding the requests processed.

		FY12	FY13	FY14	FY15	FY16	FY17	Cumulative Total to Date
1	Total # of Crisis Requests Received	343	298	424	486	504	472	2,527
2	Total # of Class Members Approved	290	274	397	461	482	452	2,356
2a	# of Class Members Approved for CILA	205	162	217	283	312	265	1,444
2b	# of Class Members Approved for HBS	85	112	180	178	170	187	912
3	Total # of Class Members Who Received Services	288	269	397	460	479	452	2,345
3a	# of Class Members Who Received CILA Services	203	159	217	282	310	265	1,436
3b	# of Class Members Who Received HBS Services	85	110	180	178	169	187	909
4	Total # of Class Members Denied Crisis Approvals	53	24	27	25	22	22	173

Eligibility Appeals

The DDD continues to process appeals of eligibility. Below is summary data regarding the appeals processed since the Consent Decree was approved.

		FY12	FY13	FY14	FY15	FY16	FY17	Cumulative Total to Date
1	Total Class Members Submitting Appeals (Rows 2,3,4,5 = Row 1)	54	54	40	50	49	44	297
1a	Crisis Appeals	N/A	16	17	23	23	12	91
1b	Eligibility Appeals	N/A	41	23	27	26	32	149
2	Subtotal Appeals Upheld	9	22	6	18	19	9	83
3	Subtotal Appeals Denied	29	18	15	27	19	28	136
4	Subtotal Appeals Pending 0/Returned 6	17	11	13	2	6	6	55
5	Subtotal Appeals Withdrawn	2	6	6	3	5	1	23

http://www.dhs.state.il.us/page.aspx?item=97602

Mark Driscoll
Associate Director for Mental Health & Substance Abuse Services

Staff Report – September 20, 2017 Board Meeting

Summary of Activity

Three-Year Plan with Objectives for FY 2018 (Draft): An updated Three-Year Plan 2016-2018 with Objectives for FY 2018 is included in the packet. A Briefing Memo provides an overview of the current operating environment. Accompanying the memo are charts and tables on current funding and trends.

Being the third year of the current three year period, the plan is primarily an extension of the current objectives. Following release of the draft plan input from providers and other interested parties will be solicited and any comments received given consideration in preparation of the final document.

CCMHB Contracts: An amendment to the First Followers contract is in process to increase the contract maximum to the amount of the original application. The adjusted contract amount will be $59,432. The increase follows a budget review identifying available funds per the Board's motion at the May 24, 2017 meeting.

Additional contract activity followed action taken by the Board at the July 19, 2017 meeting. Amendments to each of the Parenting with Love and Limits (PLL) contracts increasing the contract maximums have been executed. The professional fees contract with Savannah Family Institute was done at the same time. The Rosecrance FY17 Criminal Justice contract has been amended to extend the term through September 30, 2017. The contract with the University of Illinois to continue work on the program evaluation project with funded agencies has also been executed.

Criminal Justice - Mental Health: The Crisis Response Planning Committee (CRPC), established under the Justice and Mental Health Collaboration Program grant from the Department of Justice, has completed its' final report. A draft of the report was circulated for comment in August. Lynn Canfield and I submitted a few comments on the draft report. A final copy was presented at the CRPC September meeting where it was approved with minor revisions. The report recaps the work of committee and includes the Sequential Intercept Map (SIM) gaps analysis as an addendum. A copy of the final report is included in the Board packet and a short presentation will be made at the meeting.

The Reentry Council and the Crisis Intervention Team Steering Committee (CIT SC) continue to meet at regularly scheduled intervals. At the Reentry Council August meeting Judge Ford gave a presentation on the Champaign County Drug Court. At the same meeting, First Follower's presented a resource guide for adults reentering the community from prison. The guide will be updated periodically and Council members were asked to provide feedback on content. The September meeting revisited the topic of housing, employment and transportation. A more in-depth discussion on housing will held at the October meeting followed by employment and transportation in November.

The CIT SC reviewed data collected from CIT reports filed since April 1, 2017 by officers from the five primary law enforcement jurisdictions in Champaign County. The aggregated data includes a table breaking out contacts by time of day and week day versus weekend. Data on symptoms, nature of contact, and disposition of call are also tracked. Less than 7% of contacts resulted in arrest. Petitions for hospitalization accounted for about 40% of contacts. Since February, when the CIT form was piloted, 620 individuals have had contact with a CIT officer and 17% have been seen more than once. Fifteen people have been seen more than five times.

Other criminal justice – mental health related activity of interest was my attending the One Mind Symposium held in Orland Park. The one day event was an opportunity to learn about collaboration between the Orland Park Police Department and the local mental health provider in responding to crisis contacts. The NAMI-Metro Suburban chapter spoke about services they provide including three peer supported "living room" programs and a drop-in center. The chapter receives significant support from private foundations. The importance of CIT trained officers was a recurring theme. Separate from the symposium was a SAMHSA webinar on Virtual-Mobil Crisis Intervention. The webinar was about Springfield Missouri where CIT officers in the city and surrounding counties are using IPAD-Minis to connect individuals in crisis to crisis team workers. A CIT officer engaging an individual in the field can use the IPAD-Mini to connect the person if willing with the crisis worker for a face to face contact. Based on the contact the crisis worker makes a recommendation to the officer on appropriate course of action. While data is limited, it has shown success deflecting individuals from jail and emergency departments.

Quarter Reports: Fourth quarter program reports have been received from all agencies. Desk reviews of each quarterly are being completed. Reported utilization - number of clients served and related quantifiable activity – is being posted to an excel spreadsheet used to track the data. As necessary agencies are contacted for clarification on reported activity or discrepancies between the quarterly report forms. Annual performance outcome reports are also submitted as part of the closeout of the program year. As part of the annual review process, I have participated in conference calls facilitated by Savannah Family Institute on the PLL programs. The year-end reviews include client outcome data and program performance results.

As is typical with each quarterly report, some agencies had questions about the reports or use of the system as the deadline approached. During this time, the new youth coordinator at The UP Center requested a more in-depth orientation to the online system, review of the contract, and expectations for documenting services. It is always appreciated when a newly hired staff member of a funded program takes a pro-active approach to understanding contractual obligations as well as establishing a relationship with CCMHB staff.

I am planning to conduct site visits of reported FY17 program activity this fall. Kim Bowdry and Chris Wilson will accompany me on many of these visits. As part of preparations for the upcoming visits, we held a meeting where I reviewed the site visit protocol, how to prepare and conduct the site visit, and format for site visit reports. I look forward to heading out into the field with Kim and Chris and introducing them to program and financial staff at funded agencies.

Stephanie Howard-Gallo

Operations and Compliance Specialist Staff Report –

September 2017 Board Meetings

SUMMARY OF ACTIVITY:

Annual Report:

The Annual Report was approved in July 2017. I created 100 copies of the report and distributed them to interested parties. Copies will be available at our Board meetings and as requested. The Annual Report is also posted on the County website.

Fourth Quarter Reporting:

Fourth Quarter financial and program reports were due at the end of August. Performance Outcome Measures are due in the 4th quarter as well. Most agencies report on time. A few ask for a small extension. Several agencies were asked to revise and/or correct their reports. No letters of non-compliance were sent out for reports this quarter.

A few of the agencies forget to send us their approved Board minutes, but this is usually resolved by an informal email to them.

Fall Music and Art Festival:

I attended a planning meeting on August 31st for the Fall Music and Art Festival. "Celebrate disABILITY! A Music and Art Festival" sponsored by the disABILITY Resource Expo will be held on Saturday, October 21st from noon until 3 p.m. I have agreed to co-chair the art festival portion. We will be contacting interested artists in the coming week. The other co-chairs (Vicki Tolf and Sally Mustered) and I met again on September 8th. We have a very short timeline to get this show together!

Other:

I researched a condensed version of Robert's Rules of Order for Board members to reference as needed. Your copy will be distributed to you at the meeting.

September 20, 2017- Monthly Staff Report- Shandra Summerville

Cultural and Linguistic Competence Coordinator

I attended small breakout group of the CU **Collaborative Conversations** about Race in CU. This was opportunity to begin to build relationships on a more intentional level outside of the large group. The meeting brought opportunities to build additional partnerships to look at how to continue to build bridges in the community to help address disparities. In addition to the groups, we were invited to break out into other groups in the community to begin looking at how we can make community impact. I attended the I3 Broadband Community Fund Meeting- as a representative of the CCMHB/DDB. There is $200, 000 that was collected from the subscribers. This group will look at ways to reduce disparities in technology for underserved and marginalized communities. I will meet with the leadership of the Community Benefit Fund to determine if there will be direct involvement of CCMHB/DDB to ensure that this opportunity is in line with our priorities.

Human Services Council of Champaign County: September 7, 2017 I attended the first meeting for the Fiscal Year. There was a speaker from Family Service of Champaign County to give out information about the Support Group Directory Book and how to start a support group in Champaign County. If you are interested in receiving copies of the Self—Help Book please contact Family Service Center of Champaign County.

Welcome Center for Immigrants- I attended two meetings for the planning of the welcome center for immigrants in partnership with YWCA. Since the news about DACA(Deferred Action for Childhood Arrivals) has ended. I have partnered with the YWCA to ensure that local resources and information is available to the providers.

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CLC Training and Technical Assistance:

I met with the following organizations to provide technical assistance and CLC Support to promote the value of CLC

- Children's Advocacy
- Down Syndrome Network
- Centennial High School
- Youth and Family Peer Support Alliance
- Statewide Illinois Youth and Family Alliance
- Illinois Association of Microboards and Cooperatives
- Community Choices

IBB

FY 2018- CLC Plans:

I reviewed all of the CLC Plans and provided summaries for the CLC Plans that were submitted. All organizations have submitted updates and revisions to their CLC plans.

-

NAACP Champaign County Branch-

I attended the NAACP meeting in August and September. The planning for the annual Freedom Fund Celebration has started and I will serve on the planning committee.

Anti-Stigma Activities/Community Outreach-

I attended the meeting to plan for the Disability Resource Expo. I will assist with volunteer recruitment for the Fall event on October 21, 2017

Lead2017- Windsor Road Church is planning a leadership conference for community leaders to focus on being an intentional leader. I was invited to be part of the planning as a CLC expert to infuse the values in the planning of their annual conference.

Men's and Women's SAFE(Substance Abuse Free Environment) House

I attended the planning meeting for the Summer Activities for the SAFE Houses that will be held on August 27, 2017 at Hessel Park.

AIR- Alliance for Inclusion and Respect- Please continue to support the Artists and notice new artwork that has been submitted on the website www.champaigncountyair.com

Rotary Club of Champaign

I attend weekly meetings for the Rotary and serve on communications, music and membership committees.

WHAT DO I NEED TO KNOW IF THE DACA PROGRAM ENDS?

Allison Davenport, Lena Graber, Sally Kinoshita

There are some reports that President Trump may end the Deferred Action for Childhood Arrivals (DACA) program soon. At this time, we do not know when or if the DACA program will be terminated or what the end of the program may look like. For example, will those with DACA continue to be protected from deportation and able to use their work permits until they expire? Or will DACA approvals and work permits be revoked? While **the DACA program remains in effect at this time**, below are some things to keep in mind should the program end.

I. Work Permits

Employment Authorization Documents (EADs), also known as work permits, are generally valid until they expire or the government demands they be returned. Unless the government demands that you return your work permit, the following points should apply.

- If the DACA program ends but you are allowed to keep your work permit, you have the right to work legally until your work permit's expiration date.
- Even if the DACA program ends, you have no obligation to inform your employer that DACA has ended. Your employer does not have the right to ask you whether you are a DACA recipient or how you got your work permit.
- Your employer does not have the right to fire you, put you on leave, or change your work status until after your work permit has expired. If your expiration date is nearing, your employer may ask you for an updated work permit but cannot take any action against you until after it is expired.
- For more information about your rights as an employee see this advisory by the National Immigration Law Center: https://www.nilc.org/issues/daca/daca-and-workplace-rights/.

II. Social Security Numbers (SSNs)

Your SSN is a valid SSN number for life, even once your work permit and DACA approval expires.

- If you have not done so already, apply for a SSN while your DACA and work permit are still valid.
- You can and should continue to use the SSN you got under DACA as your SSN even after your work permit expires. You can use your SSN for education, banking, housing and other purposes.
- Your SSN contains a condition on it that requires a valid work permit to use it for employment purposes.

III. Driver's Licenses and Other Identification Cards

Eligibility for these depends on the state in which you live. If you have not already done so, apply for a driver's license or state identification card if your DACA is still valid and that makes you eligible for a driver's license or state-issued identification card in your state.

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IV. Travel on Advance Parole

DACA recipients should be cautious about travel abroad on advance parole.

- **If you are outside the country with advance parole, make sure to return right away** and while your advance parole and EAD are valid. If the DACA program ends, it is not clear that people with advance parole based on DACA will be able to return. The safest route is to return as soon as possible, before an announcement ending DACA.
- If you have been granted advance parole under DACA but have not yet left the United States, or are interested in applying for advance parole, speak with an attorney to determine potential risks before doing anything.

V. Other Immigration Options

Many DACA recipients may be eligible for another immigration option to get a work permit or even a green card.

- Talk to an immigration services provider to understand your legal options and if you might be eligible for another immigration benefit. Find low-cost immigration legal services: https://www.immigrationlawhelp.org
- Avoid fraudulent service providers: confirm their credentials, ask for a written contract and a receipt for any payments, and if you have doubts, get a second opinion.

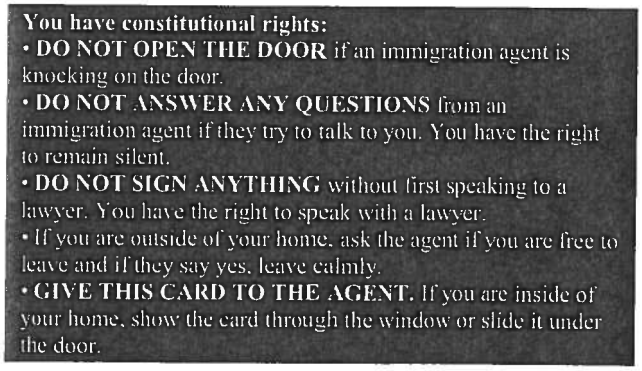
VI. Criminal Issues

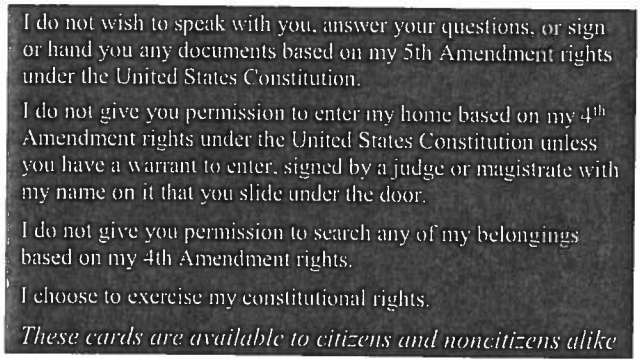
Any criminal arrest, charge, or conviction can put you at risk with immigration authorities.

- Avoid contact with law enforcement that may result in a criminal arrest. If you end up being arrested, make sure to consult an expert immigration attorney.
- If you have a criminal conviction, find out if it can be changed to lessen the impact on a future immigration case you may have.

VII. Know Your Rights

Everyone – both documented and undocumented persons have rights in this country. At all times, carry a red card to exercise your right to remain silent in case you are stopped or questioned by ICE (https://www.ilrc.org/red-cards).





VIII. Updates and Information

Follow the news carefully and go to reliable sources for information on the status of the DACA and other immigration programs. Don't fall for scams about new fees or false information about your DACA work permit. Good sources of information include www.unitedwedream.org, www.informedimmigrant.com, www.defenddaca.com, www.ilrc.org, www.nilc.org and www.weareheretostay.org.

Chris Wilson

Financial Manager

Staff Report – September 20, 2017

Introduction: I joined the CCMHB/CCDDB staff as Financial Manager on June 19, 2017. Prior to joining the team, I spent three and a half years working as an accountant in the Champaign County Auditor's Office. In the AO, I worked closely with the CCMHB/CCDDB where I approved/processed all the payments for the CCMHB/CCDDB, including the monthly agency grants, disability resource expo, etc. I also gained extensive knowledge into government accounting and the county's accounting system, operating procedures and policies. All of this knowledge and experience helped to ensure a smooth transition upon joining the CCMHB/CCDDB team.

Online Financial Reporting System: My first major project upon joining the CCMHB/CCDDB team was to update the online financial reporting system that was launched in Spring 2017. This reporting system will allow CCMHB/CCDDB staff and board members to access financial information and generate custom reports. Additionally, I was able to implement a new procedure for the creation and entry of payment requisitions that will allow greater efficiency, transparency and accuracy of the financial records.

FY18 Budget: I joined the CCMHB/CCDDB staff in time to provide some input into the FY18 Budget. Using the budgeted vs. actual expenses for both the CCMHB and CCDDB from FY16 and FY15, I was able to identify several trends. I was then able to utilize this information to make suggestions for revisions to the current draft of the budget. The goal is to adjust the budgeted expenditure allocation for each category in order to eliminate the need to shift excess available budget from under-expenses categories to where the budget has been depleted.

Champaign County Mental Health Board

Revenues and Expenditures as of 6/30/17

Revenue		**Q1**		**Q2**		**YTD**		**Budget**	**% of Budget**
Property Tax Distributions	$	-	$	2,398,589.06	$	2,398,589.06	$	4,449,552.00	53.91%
From Developmental Disabilities Board	$	88,503.00	$	88,503.00	$	177,006.00	$	350,653.00	50.48%
Gifts & Donations	$	3,148.51	$	1,579.01	$	4,727.52	$	25,000.00	18.91%
Other Misc Revenue	$	77,054.78	$	16,458.94	$	93,513.72	$	500.00	>100%
TOTAL	**$**	**168,706.29**	**$**	**2,505,130.01**	**$**	**2,673,836.30**	**$**	**4,825,705.00**	**55.41%**

Expenditure		**Q1**		**Q2**		**YTD**		**Budget**	**% of Budget**
Personnel	$	81,856.85	$	93,989.52	$	175,846.37	$	559,225.00	31.44%
Commodities	$	832.70	$	896.85	$	1,729.55	$	17,922.00	9.65%
Contributions & Grants	$	847,521.00	$	886,068.00	$	1,733,589.00	$	3,722,373.00	46.57%
Professional Fees	$	102,579.33	$	81,369.58	$	183,948.91	$	300,000.00	61.32%
Transfer to CILA Fund	$	50,000.00	$	-	$	50,000.00	$	50,000.00	100.00%
Other Services	$	35,095.80	$	78,669.12	$	113,764.92	$	214,764.00	52.97%
TOTAL	**$**	**1,117,885.68**	**$**	**1,140,993.07**	**$**	**2,258,878.75**	**$**	**4,864,284.00**	**46.44%**

disABILITY Resource Expo: Reaching Out For Answers
Board Report
September, 2017

Planning for the 11th disABILITY Resource Expo, scheduled for Saturday, April 7, 2018, is underway. The Expo Steering Committee met for its first meeting of this planning year on Aug. 31. A contract has been completed with our new venue, The Vineyard Church in Urbana.

Since the Expo is being moved to become a spring event, it was agreed that a fall event sponsored by the Expo would help to keep momentum going, build excitement and announce the date of the spring Expo. Since October is Disability Awareness and Disability Employment Month, this will be a great way to highlight this recognition. A subcommittee was identified from the group, and planning for the fall event is coming along nicely. The event will be called "Celebrate disABILITY" – A Music and Art Festival sponsored by the disABILITY Resource Expo. This event will be held at Lincoln Square in Urbana on October 21 from noon to 3:00 pm, and will feature local bands, 90's Daughter and Candy Foster & Shades of Blue. Also performing will be First Gig Rock & Roll Camp for Kids and the Penguin Project, both of which performed at the 2016 Expo. We will also feature our Artistic Expressions vendors, who will have booths to display and sell their wonderful works of art. We also hope to give some awards to several individuals and businesses that have been strong supporters of efforts to enhance the lives of individuals with disabilities in our community. Newly certified LEAP businesses will be among those recognized. Diane Ducey with SJ Broadcasting has agreed to MC the event. We plan to use this fall event to also promote our newly revamped website. We have arranged to advertise this event through MTD bus ads and interior posters, radio and TV ads/psa's, posters, etc.

Jim Mayer has been working on some revision to our current website. He has expanded the resources listed to be a more comprehensive accounting of the disability resources in our area. He is also including some additional category buttons to allow for easier access to information provided (ie. About Us, How To Volunteer, How to Become an Exhibitor, etc.). Future plans are to work with CCMHB staff to make the site more disability access friendly per county regulations.

Respectfully submitted
Barb Bressner & Jim Mayer
Consultants

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

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VENDOR NO	VENDOR NAME	TRN DTE	B N	TR CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 090 MENTAL HEALTH												
*** DEPT NO. 053 MENTAL HEALTH BOARD												
25	CHAMPAIGN COUNTY TREASURER								RENT-GENERAL CORP			
		8/01/17	11	VR	53- 277		563470	8/04/17	090-053-533.50-00	FACILITY/OFFICE RENTALS	AUG OFFICE RENT	1,739.64
											VENDOR TOTAL	1,739.64 *
41	CHAMPAIGN COUNTY TREASURER								HEALTH INSUR FND 620			
		8/02/17	01	VR	620- 108		563471	8/04/17	090-053-513.06-00	EMPLOYEE HEALTH/LIFE INS	JUL HI & LI	3,747.10
											VENDOR TOTAL	3,747.10 *
88	CHAMPAIGN COUNTY TREASURER								I.M.R.F. FUND 088			
		7/18/17	02	VR	88- 36		562891	7/21/17	090-053-513.02-00	IMRF - EMPLOYER COST	IMRF 6/23 P/R	1,062.55
		7/24/17	02	VR	88- 38		563171	7/31/17	090-053-513.02-00	IMRF - EMPLOYER COST	IMRF 7/7 P/R	1,219.26
		8/01/17	12	VR	88- 42		563475	8/04/17	090-053-513.02-00	IMRF - EMPLOYER COST	IMRF 7/21 P/R	1,219.26
											VENDOR TOTAL	3,501.07 *
104	CHAMPAIGN COUNTY TREASURER								HEAD START FUND 104			
		8/01/17	11	VR	53- 253		563478	8/04/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG SOC/EMOT SVCS	4,637.00
											VENDOR TOTAL	4,637.00 *
161	CHAMPAIGN COUNTY TREASURER								REG PLAN COMM FND075			
		8/01/17	11	VR	53- 254		563480	8/04/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG JUSTICE DIVERSN	5,229.00
		8/01/17	11	VR	53- 254		563480	8/04/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG YOUTH ASSMNT CT	6,362.00
											VENDOR TOTAL	11,591.00 *
176	CHAMPAIGN COUNTY TREASURER								SELF-FUND INS FND476			
		7/26/17	05	VR	119- 45		563174	7/31/17	090-053-513.04-00	WORKERS' COMPENSATION INS	WORK COMP 6/9,23 P/	143.30
		8/01/17	12	VR	119- 50		563481	8/04/17	090-053-513.04-00	WORKERS' COMPENSATION INS	WORK COMP 7/7,21 P/	167.42
											VENDOR TOTAL	310.72 *
179	CHAMPAIGN COUNTY TREASURER								CHLD ADVC CTR FND679			
		8/01/17	11	VR	53- 252		563483	8/04/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG CAC	3,090.00
											VENDOR TOTAL	3,090.00 *

VENDOR NO	VENDOR NAME	TRN DTE	B N	TR CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 090 MENTAL HEALTH												
188	CHAMPAIGN COUNTY TREASURER							SOCIAL SECUR FUND188				
		7/18/17	02	VR	188- 58		562897	7/21/17	090-053-513.01-00	SOCIAL SECURITY-EMPLOYER	FICA 6/23 P/R	961.95
		7/24/17	02	VR	188- 62		563176	7/31/17	090-053-513.01-00	SOCIAL SECURITY-EMPLOYER	FICA 7/7 P/R	1,103.82
		8/01/17	12	VR	188- 66		563484	8/04/17	090-053-513.01-00	SOCIAL SECURITY-EMPLOYER	FICA 7/21 P/R	1,103.83
											VENDOR TOTAL	3,169.60 *
15495	CHAMPAIGN URBANA AREA PROJECT							SUITE #702				
		8/01/17	11	VR	53- 255		563496	8/04/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG NGHBRHD CHAMPIO	1,667.00
		8/01/17	11	VR	53- 255		563496	8/04/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG TRUCE	6,250.00
											VENDOR TOTAL	7,917.00 *
18052	COMCAST CABLE - MENTAL HEALTH ACCT							AC# 8771403010773527				
		8/01/17	11	VR	53- 278		563502	8/04/17	090-053-533.29-00	COMPUTER/INF TCH SERVICES	8771403010773527 AU	110.97
											VENDOR TOTAL	110.97 *
18203	COMMUNITY CHOICE, INC							SUITE 419				
		8/01/17	11	VR	53- 256		563503	8/04/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG COMMUNITY LIVIN	5,250.00
		8/01/17	11	VR	53- 256		563503	8/04/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG SELF DETERMINAT	8,000.00
											VENDOR TOTAL	13,250.00 *
18210	COMMUNITY FOUNDATION - DREAAM HOUSE							FIRST PRESBYTERIAN				
		8/01/17	11	VR	53- 257		563505	8/04/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG DREAAM HOUSE	4,833.00
											VENDOR TOTAL	4,833.00 *
18230	COMMUNITY SERVICE CENTER OF NORTHERN							CHAMPAIGN COUNTY				
		8/01/17	11	VR	53- 258		563506	8/04/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG RESOURCE CONNEC	5,550.00
											VENDOR TOTAL	5,550.00 *
18430	CONSOLIDATED COMMUNICATIONS											
		7/12/17	01	VR	28- 82		562655	7/13/17	090-053-533.33-00	TELEPHONE SERVICE	AC 99790003460 7/1	31.70
		7/19/17	03	VR	53- 247		562941	7/21/17	090-053-533.33-00	TELEPHONE SERVICE	AC 99790006596 7/1	50.00
		7/19/17	03	VR	53- 247		562941	7/21/17	090-053-522.02-00	OFFICE SUPPLIES	AC 99790006596 7/1	6.00
											VENDOR TOTAL	87.70 *

VENDOR NO	VENDOR NAME	TRN DTE	B N	TR CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 090 MENTAL HEALTH												
19260	COURAGE CONNECTION											
		8/01/17	11	VR	53- 259		563511	8/04/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG COURAGE CONNECT	5,579.00
											VENDOR TOTAL	5,579.00 *
19346	CRISIS NURSERY											
		8/01/17	11	VR	53- 260		563512	8/04/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG BEYOND BLUE	5,833.00
											VENDOR TOTAL	5,833.00 *
22300	DEVELOPMENTAL SERVICES CENTER OF CHAMPAIGN COUNTY INC											
		7/26/17	01	VR	53- 222		563210	7/31/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUL INDIV/FAMILY SU	32,721.00
		8/01/17	11	VR	53- 261		563517	8/04/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG INDIV/FAMILY SU	32,721.00
											VENDOR TOTAL	65,442.00 *
22730	DON MOYER BOYS & GIRLS CLUB											
		8/01/17	11	VR	53- 262		563519	8/04/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG CU CHANGE	8,333.00
		8/01/17	11	VR	53- 262		563519	8/04/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG YOUTH/FAMILY OR	13,333.00
											VENDOR TOTAL	21,666.00 *
24095	EMK CONSULTING LLC											
		7/19/17	03	VR	53- 246		562958	7/21/17	090-053-533.07-00	PROFESSIONAL SERVICES	INV 176 6/30	314.40
		8/01/17	11	VR	53- 281		563522	8/04/17	090-053-533.07-00	PROFESSIONAL SERVICES	INV 180 7/25	212.94
		8/01/17	11	VR	53- 281		563522	8/04/17	090-053-533.07-00	PROFESSIONAL SERVICES	INV 181 7/25	1,499.90
											VENDOR TOTAL	2,027.24 *
24215	EAST CNTRL IL REFUGEE MUTUAL ASSIST CTR											
		7/26/17	01	VR	53- 226		563215	7/31/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUL FAM SUPPORT	2,083.00
		8/01/17	11	VR	53- 263		563523	8/04/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG FAM SUPPORT	2,083.00
											VENDOR TOTAL	4,166.00 *
26000	FAMILY SERVICE OF CHAMPAIGN COUNTY GRANTS											
		8/01/17	11	VR	53- 264		563527	8/04/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG SELF HELP	2,369.00
		8/01/17	11	VR	53- 264		563527	8/04/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG SENIOR COUNSEL	11,861.00

VENDOR NO	VENDOR NAME	TRN DTE	B N	TR CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 090 MENTAL HEALTH												
		8/01/17	11	VR 53-	264		563527	8/04/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG COUNSELING	2,083.00
											VENDOR TOTAL	16,313.00 *
26760	FIRST FOLLOWERS											
		8/01/17	11	VR 53-	265		563532	8/04/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG PEER MENTORING	2,500.00
											VENDOR TOTAL	2,500.00 *
30550	GROW IN ILLINOIS											
		8/01/17	11	VR 53-	266		563537	8/04/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG PEER SUPPORT	1,667.00
											VENDOR TOTAL	1,667.00 *
44570	MAHOMET AREA YOUTH CLUB							601 EAST FRANKLIN				
		8/01/17	11	VR 53-	267		563555	8/04/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG BLAST	1,250.00
		8/01/17	11	VR 53-	267		563555	8/04/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG MEMBERS MATTER	1,000.00
											VENDOR TOTAL	2,250.00 *
56750	PRAIRIE CENTER HEALTH SYSTEMS							GRANTS				
		8/01/17	11	VR 53-	268		563567	8/04/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG CJ SUB TREAT	883.00
		8/01/17	11	VR 53-	268		563567	8/04/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG FRESH START	6,417.00
		8/01/17	11	VR 53-	268		563567	8/04/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG PLL EXTENDED	25,055.00
		8/01/17	11	VR 53-	268		563567	8/04/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG PREVENTION	4,854.00
		8/01/17	11	VR 53-	268		563567	8/04/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG SPECIALTY COURT	16,917.00
		8/01/17	11	VR 53-	268		563567	8/04/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG YOUTH SERVICES	6,250.00
											VENDOR TOTAL	60,376.00 *
57196	PROMISE HEALTHCARE											
		8/01/17	11	VR 53-	269		563569	8/04/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG WELLNESS/JUSTIC	4,833.00
		8/01/17	11	VR 53-	269		563569	8/04/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG MH SERVICES	18,500.00
											VENDOR TOTAL	23,333.00 *
59434	RAPE, ADVOCACY, COUNSELING & EDUC SRVCS											
		8/01/17	11	VR 53-	270		563571	8/04/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG COUNSEL/CRISIS	1,550.00
											VENDOR TOTAL	1,550.00 *

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

8/04/17

VENDOR NO	VENDOR NAME	TRN DTE	B N	TR CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 090 MENTAL HEALTH												
61780	ROSECRANCE, INC.											
		8/01/17	11	VR	53- 271		563575	8/04/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG CRIMINAL JUSTIC	25,022.00
		8/01/17	11	VR	53- 271		563575	8/04/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG CRISIS/ACCESS	19,000.00
		8/01/17	11	VR	53- 271		563575	8/04/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG PLL FRONT END	23,555.00
		8/01/17	11	VR	53- 271		563575	8/04/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG TRANS HOUSING	1,167.00
											VENDOR TOTAL	68,744.00 *
76107	UNITED CEREBRAL PALSY LAND OF LINCOLN											
		8/01/17	11	VR	53- 272		563581	8/04/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG VOCATIONAL SVCS	4,324.00
											VENDOR TOTAL	4,324.00 *
77280	UP CENTER OF CHAMPAIGN COUNTY STE 516											
		8/01/17	11	VR	53- 274		563583	8/04/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG CHILD/FAM/YOUTH	1,583.00
											VENDOR TOTAL	1,583.00 *
78120	URBANA NEIGHBORHOOD CONNECTION CENTER											
		8/01/17	11	VR	53- 273		563586	8/04/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG COM STUDY CENTE	1,625.00
											VENDOR TOTAL	1,625.00 *
78888	VISA CARDMEMBER SERVICE - MENTAL HEALTH AC#4798510049573930											
		7/25/17	01	VR	53- 280		563300	7/31/17	090-053-522.02-00	OFFICE SUPPLIES	3930 STAPLES 6/20	37.44
		7/25/17	01	VR	53- 280		563300	7/31/17	090-053-522.04-00	COPIER SUPPLIES	3930 STAPLES 6/20	115.97
		7/25/17	01	VR	53- 280		563300	7/31/17	090-053-522.44-00	EQUIPMENT LESS THAN $5000	3930 STAPLES 6/20	68.29
		7/25/17	01	VR	53- 280		563300	7/31/17	090-053-522.44-00	EQUIPMENT LESS THAN $5000	3930 STAPLES 6/21	64.99
		7/25/17	01	VR	53- 280		563300	7/31/17	090-053-533.18-00	NON-EMPLOYEE TRAINING,SEM	3930 AMERCN AIR 6/1	230.00
											VENDOR TOTAL	516.69 *
81610	XEROX CORPORATION											
		7/19/17	03	VR	53- 248		563081	7/21/17	090-053-533.85-00	PHOTOCOPY SERVICES	INV 148698246 6/3	246.29
		7/19/17	03	VR	53- 248		563081	7/21/17	090-053-533.85-00	PHOTOCOPY SERVICES	INV 148698247 6/3	39.60
		8/01/17	11	VR	53- 279		563599	8/04/17	090-053-533.85-00	PHOTOCOPY SERVICES	INV 149218780 7/4	246.29
		8/01/17	11	VR	53- 279		563599	8/04/17	090-053-533.85-00	PHOTOCOPY SERVICES	INV 149218781 7/4	39.60
											VENDOR TOTAL	571.78 *

VENDOR NO	VENDOR NAME	TRN DTE	B N	TR CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 090 MENTAL HEALTH												
602572	BOWDRY, KIM						MENTAL HEALTH BOARD					
		7/19/17	03	VR	53- 245		563093	7/21/17	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	15.2 MILE 5/10-6/28	8.13
		7/19/17	03	VR	53- 245		563093	7/21/17	090-053-533.95-00	CONFERENCES & TRAINING	PARKING 6/9 CHAMP	4.00
		7/19/17	03	VR	53- 245		563093	7/21/17	090-053-533.95-00	CONFERENCES & TRAINING	16.3 MILE 6/8-9	8.72
											VENDOR TOTAL	20.85 *
602880	BRESSNER, BARBARA J.											
		7/26/17	01	VR	53- 251		563317	7/31/17	090-053-533.07-00	PROFESSIONAL SERVICES	328 MILE 6/23-24	175.48
		7/26/17	01	VR	53- 251		563317	7/31/17	090-053-533.07-00	PROFESSIONAL SERVICES	TOLLS 6/23-24	15.20
		7/26/17	01	VR	53- 251		563317	7/31/17	090-053-533.07-00	PROFESSIONAL SERVICES	LODGING 6/23	159.85
		7/26/17	01	VR	53- 251		563317	7/31/17	090-053-533.07-00	PROFESSIONAL SERVICES	MEAL 6/23-24 SCHMBR	111.00
		8/01/17	11	VR	53- 275		563610	8/04/17	090-053-533.07-00	PROFESSIONAL SERVICES	AUG PROFESSIONAL FE	2,260.00
											VENDOR TOTAL	2,721.53 *
604568	CANFIELD, LYNN						MENTAL HEALTH BOARD					
		7/25/17	02	VR	53- 250		563323	7/31/17	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	44 MILE 5/3-6/28	23.54
		7/25/17	02	VR	53- 250		563323	7/31/17	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	PARKING 6/8-28	13.00
		7/25/17	02	VR	53- 250		563323	7/31/17	090-053-533.95-00	CONFERENCES & TRAINING	LODG 6/19-22 DC	380.07
		7/25/17	02	VR	53- 250		563323	7/31/17	090-053-533.18-00	NON-EMPLOYEE TRAINING,SEM	LODG 6/19-22 DC	380.07
											VENDOR TOTAL	796.68 *
610437	DEBAUCHE, KENNETH						APT 3					
		8/01/17	11	VR	53- 282		563619	8/04/17	090-053-533.72-00	DEPARTMENT OPERAT EXP	RTS TO USE PICS 7/2	100.00
											VENDOR TOTAL	100.00 *
619548	HOWARD-GALLO, STEPHANIE						MENTAL HEALTH BD					
		7/19/17	03	VR	53- 244		563120	7/21/17	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	66 MILE 5/15-6/22	35.31
											VENDOR TOTAL	35.31 *
630360	MAYER, JAMES											
		8/01/17	11	VR	53- 276		563640	8/04/17	090-053-533.07-00	PROFESSIONAL SERVICES	AUG PROFESSIONAL FE	906.00
											VENDOR TOTAL	906.00 *
										MENTAL HEALTH BOARD	DEPARTMENT TOTAL	358,181.88 *

MENTAL HEALTH	FUND TOTAL	358,181.88 *	

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VENDOR NO	VENDOR NAME	TRN DTE	B N	TR CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 090 MENTAL HEALTH												
*** DEPT NO. 053 MENTAL HEALTH BOARD												
25	CHAMPAIGN COUNTY TREASURER								RENT-GENERAL CORP			
		8/29/17	01	VR	53- 316		564663	8/31/17	090-053-533.50-00	FACILITY/OFFICE RENTALS	SEP OFFICE RENT	1,739.64
											VENDOR TOTAL	1,739.64 *
41	CHAMPAIGN COUNTY TREASURER								HEALTH INSUR FND 620			
		8/11/17	02	VR	620- 104		564078	8/17/17	090-053-513.06-00	EMPLOYEE HEALTH/LIFE INS	FSA ADMN APR-JUL	35.10
		8/25/17	02	VR	620- 119		564664	8/31/17	090-053-513.06-00	EMPLOYEE HEALTH/LIFE INS	AUG HI & LI	3,747.10
											VENDOR TOTAL	3,782.20 *
88	CHAMPAIGN COUNTY TREASURER								I.M.R.F. FUND 088			
		8/11/17	02	VR	88- 46		564081	8/17/17	090-053-513.02-00	IMRF - EMPLOYER COST	IMRF 8/4 P/R	1,219.26
		8/25/17	02	VR	88- 50		564669	8/31/17	090-053-513.02-00	IMRF - EMPLOYER COST	IMRF 8/18 P/R	1,219.26
											VENDOR TOTAL	2,438.52 *
104	CHAMPAIGN COUNTY TREASURER								HEAD START FUND 104			
		8/29/17	01	VR	53- 290		564671	8/31/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP SOC/EMOT SVCS	4,637.00
											VENDOR TOTAL	4,637.00 *
161	CHAMPAIGN COUNTY TREASURER								REG PLAN COMM FND075			
		8/29/17	01	VR	53- 291		564672	8/31/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP JUSTICE DIVERSN	5,229.00
		8/29/17	01	VR	53- 291		564672	8/31/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP YOUTH ASSMNT CT	6,362.00
											VENDOR TOTAL	11,591.00 *
176	CHAMPAIGN COUNTY TREASURER								SELF-FUND INS FND476			
		8/08/17	03	VR	118- 61		563783	8/10/17	090-053-513.05-00	UNEMPLOYMENT INSURANCE	UNEMPL TAX Q2	5.62
		8/25/17	04	VR	119- 58		564673	8/31/17	090-053-513.04-00	WORKERS' COMPENSATION INS	WORK COMP 8/4,18 PR	167.42
											VENDOR TOTAL	173.04 *
179	CHAMPAIGN COUNTY TREASURER								CHLD ADVC CTR FND679			
		8/29/17	01	VR	53- 289		564675	8/31/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP CAC	3,090.00
											VENDOR TOTAL	3,090.00 *

VENDOR NO	VENDOR NAME	TRN DTE	B N	TR CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 090 MENTAL HEALTH												
188	CHAMPAIGN COUNTY TREASURER								SOCIAL SECUR FUND188			
		8/11/17	02	VR	188- 70		564086	8/17/17	090-053-513.01-00	SOCIAL SECURITY-EMPLOYER	FICA 8/4 P/R	1,103.81
		8/25/17	02	VR	188- 74		564676	8/31/17	090-053-513.01-00	SOCIAL SECURITY-EMPLOYER	FICA 8/18 P/R	1,103.84
											VENDOR TOTAL	2,207.65 *
15495	CHAMPAIGN URBANA AREA PROJECT								SUITE #702			
		8/29/17	01	VR	53- 292		564704	8/31/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP NGHBRHD CHAMPIO	1,667.00
		8/29/17	01	VR	53- 292		564704	8/31/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP TRUCE	6,250.00
											VENDOR TOTAL	7,917.00 *
18052	COMCAST CABLE - MENTAL HEALTH ACCT								AC# 8771403010773527			
		8/29/17	01	VR	53- 317		564712	8/31/17	090-053-533.29-00	COMPUTER/INF TCH SERVICES	8771403010773527 81	110.97
											VENDOR TOTAL	110.97 *
18203	COMMUNITY CHOICE, INC								SUITE 419			
		8/29/17	01	VR	53- 293		564714	8/31/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP COMMUNITY LIVIN	5,250.00
		8/29/17	01	VR	53- 293		564714	8/31/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP SELF DETERMINAT	8,000.00
											VENDOR TOTAL	13,250.00 *
18210	COMMUNITY FOUNDATION - DREAAM HOUSE								FIRST PRESBYTERIAN			
		8/29/17	01	VR	53- 294		564715	8/31/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP DREAAM HOUSE	4,833.00
											VENDOR TOTAL	4,833.00 *
18230	COMMUNITY SERVICE CENTER OF NORTHERN								CHAMPAIGN COUNTY			
		8/29/17	01	VR	53- 295		564716	8/31/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP RESOURCE CONNEC	5,550.00
											VENDOR TOTAL	5,550.00 *
18430	CONSOLIDATED COMMUNICATIONS											
		8/10/17	01	VR	28- 95		564120	8/17/17	090-053-533.33-00	TELEPHONE SERVICE	AC 99790003460 8/1	31.62
											VENDOR TOTAL	31.62 *
19260	COURAGE CONNECTION											
		8/29/17	01	VR	53- 296		564720	8/31/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP COURAGE CONNECT	5,579.00
											VENDOR TOTAL	5,579.00 *

VENDOR NO	VENDOR NAME / TRN DTE	B	TR CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 090 MENTAL HEALTH											
19346	CRISIS NURSERY										
	8/29/17 01 VR	53-		297		564721	8/31/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP BEYOND BLUE	5,833.00
										VENDOR TOTAL	5,833.00 *
22300	DEVELOPMENTAL SERVICES CENTER OF CHAMPAIGN COUNTY INC										
	8/29/17 01 VR	53-		298		564726	8/31/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP INDIV/FAMILY SU	32,721.00
										VENDOR TOTAL	32,721.00 *
22730	DON MOYER BOYS & GIRLS CLUB										
	8/29/17 01 VR	53-		299		564729	8/31/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP CU CHANGE	8,333.00
	8/29/17 01 VR	53-		299		564729	8/31/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP YOUTH/FAMILY OR	13,333.00
										VENDOR TOTAL	21,666.00 *
24095	EMK CONSULTING LLC										
	9/01/17 03 VR	53-		377		565060	9/08/17	090-053-533.07-00	PROFESSIONAL SERVICES	INV 186 8/30	540.47
										VENDOR TOTAL	540.47 *
24215	EAST CNTRL IL REFUGEE MUTUAL ASSIST CTR										
	8/29/17 01 VR	53-		300		564733	8/31/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP FAM SUPPORT	2,083.00
										VENDOR TOTAL	2,083.00 *
25930	FALLING LEAF PRODUCTIONS										
	8/29/17 01 VR	53-		286		564737	8/31/17	090-053-533.07-00	PROFESSIONAL SERVICES	INV 1321 8/15	1,080.00
										VENDOR TOTAL	1,080.00 *
26000	FAMILY SERVICE OF CHAMPAIGN COUNTY GRANTS										
	8/29/17 01 VR	53-		301		564738	8/31/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP SELF HELP	2,369.00
	8/29/17 01 VR	53-		301		564738	8/31/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP SENIOR COUNSEL	11,861.00
	8/29/17 01 VR	53-		301		564738	8/31/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP COUNSELING	2,083.00
										VENDOR TOTAL	16,313.00 *
26760	FIRST FOLLOWERS										
	8/29/17 01 VR	53-		302		564744	8/31/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP PEER MENTORING	2,500.00
										VENDOR TOTAL	2,500.00 *

CHAMPAIGN COUNTY

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VENDOR NO	VENDOR NAME	TRN DTE	B N	TR CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 090 MENTAL HEALTH												
30550	GROW IN ILLINOIS											
		8/29/17	01	VR	53- 303		564758	8/31/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP PEER SUPPORT	1,667.00
											VENDOR TOTAL	1,667.00 *
44570	MAHOMET AREA YOUTH CLUB							601 EAST FRANKLIN				
		8/29/17	01	VR	53- 304		564774	8/31/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP BLAST	1,250.00
		8/29/17	01	VR	53- 304		564774	8/31/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP MEMBERS MATTER	1,000.00
											VENDOR TOTAL	2,250.00 *
53845	THE PAVILION											
		8/29/17	01	VR	53- 287		564790	8/31/17	090-053-533.95-00	CONFERENCES & TRAINING	CLC TRNING 6/30	225.00
											VENDOR TOTAL	225.00 *
54650	PEPSI COLA CHAMPAIGN-URBANA BOTTLING											
		8/10/17	01	VR	53- 284		564176	8/17/17	090-053-522.02-00	OFFICE SUPPLIES	INV 81102357 7/17	18.60
		8/10/17	01	VR	53- 284		564176	8/17/17	090-053-522.02-00	OFFICE SUPPLIES	INV 81102545 7/31	12.40
		8/10/17	01	VR	53- 284		564176	8/17/17	090-053-533.51-00	EQUIPMENT RENTALS	INV 10012248 7/18	6.95
											VENDOR TOTAL	37.95 *
56750	PRAIRIE CENTER HEALTH SYSTEMS							GRANTS				
		8/29/17	01	VR	53- 305		564794	8/31/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP CJ SUB TREAT	883.00
		8/29/17	01	VR	53- 305		564794	8/31/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP FRESH START	6,417.00
		8/29/17	01	VR	53- 305		564794	8/31/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP PLL EXTENDED	25,055.00
		8/29/17	01	VR	53- 305		564794	8/31/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP PREVENTION	4,854.00
		8/29/17	01	VR	53- 305		564794	8/31/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP SPECIALTY COURT	16,917.00
		8/29/17	01	VR	53- 305		564794	8/31/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP YOUTH SERVICES	6,250.00
											VENDOR TOTAL	60,376.00 *
57196	PROMISE HEALTHCARE											
		8/29/17	01	VR	53- 306		564799	8/31/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP WELLNESS/JUSTIC	4,833.00
		8/29/17	01	VR	53- 306		564799	8/31/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP MH SERVICES	18,500.00
											VENDOR TOTAL	23,333.00 *

VENDOR NO	VENDOR NAME	TRN DTE	B N	TR CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 090 MENTAL HEALTH												
58118	QUILL CORPORATION											
		8/29/17	01	VR	53- 288		564800	8/31/17	090-053-522.04-00	COPIER SUPPLIES	INV 8840322 8/7	89.97
		8/29/17	01	VR	53- 288		564800	8/31/17	090-053-522.02-00	OFFICE SUPPLIES	INV 8840322 8/7	64.23
											VENDOR TOTAL	154.20 *
59434	RAPE, ADVOCACY, COUNSELING & EDUC SRVCS											
		8/29/17	01	VR	53- 307		564801	8/31/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP COUNSEL/CRISIS	1,550.00
											VENDOR TOTAL	1,550.00 *
61780	ROSECRANCE, INC.											
		8/29/17	01	VR	53- 308		564806	8/31/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP CRIMINAL JUSTIC	25,022.00
		8/29/17	01	VR	53- 308		564806	8/31/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP CRISIS/ACCESS	19,000.00
		8/29/17	01	VR	53- 308		564806	8/31/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP PLL FRONT END	23,555.00
		8/29/17	01	VR	53- 308		564806	8/31/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP TRANS HOUSING	1,167.00
											VENDOR TOTAL	68,744.00 *
62674	SAVANNAH FAMILY INSTITUTE, INC.											
		8/29/17	01	VR	53- 314		564809	8/31/17	090-053-533.07-00	PROFESSIONAL SERVICES	1ST QTR CONSULT FEE	35,975.00
											VENDOR TOTAL	35,975.00 *
76107	UNITED CEREBRAL PALSY LAND OF LINCOLN											
		8/29/17	01	VR	53- 309		564823	8/31/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP VOCATIONAL TRAI	4,324.00
											VENDOR TOTAL	4,324.00 *
76867	UNIV OF IL SPONSORED PROG & RESEARCH ADM											
		8/29/17	01	VR	53- 315		564824	8/31/17	090-053-533.07-00	PROFESSIONAL SERVICES	JUL MHB18-039 CONSL	4,414.00
		8/29/17	01	VR	53- 315		564824	8/31/17	090-053-533.07-00	PROFESSIONAL SERVICES	AUG MHB18-039 CONSL	4,414.00
		8/29/17	01	VR	53- 315		564824	8/31/17	090-053-533.07-00	PROFESSIONAL SERVICES	SEP MHB18-039 CONSL	4,414.00
											VENDOR TOTAL	13,242.00 *
77280	UP CENTER OF CHAMPAIGN COUNTY											
		8/29/17	01	VR	53- 311		564825	8/31/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP CHILD/FAM/YOUTH	1,583.00
											VENDOR TOTAL	1,583.00 *

VENDOR NO	VENDOR NAME / TRN DTE	B	TR CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 090 MENTAL HEALTH											
78120	URBANA NEIGHBORHOOD CONNECTION CENTER										
	8/29/17 01 VR		53-	310		564828	8/31/17	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP COM STUDY CENTE	1,625.00
										VENDOR TOTAL	1,625.00 *
78868	VINEYARD CHURCH										
	8/08/17 02 VR		53-	283		563915	8/10/17	090-053-533.89-00	PUBLIC RELATIONS	4/6-7 RENTAL DEPOSI	580.00
										VENDOR TOTAL	580.00 *
78888	VISA CARDMEMBER SERVICE - MENTAL HEALTH AC#4798510049573930										
	8/21/17 01 VR		53-	285		564491	8/25/17	090-053-533.89-00	PUBLIC RELATIONS	3930 MOO.COM 8/8	59.98
	8/21/17 01 VR		53-	285		564491	8/25/17	090-053-522.01-00	STATIONERY & PRINTING	3930 MOO.COM 8/8	311.89
										VENDOR TOTAL	371.87 *
81610	XEROX CORPORATION										
	9/01/17 03 VR		53-	318		565153	9/08/17	090-053-533.85-00	PHOTOCOPY SERVICES	INV 149699583 8/3	246.29
	9/01/17 03 VR		53-	318		565153	9/08/17	090-053-533.85-00	PHOTOCOPY SERVICES	INV 149699584 8/3	39.60
										VENDOR TOTAL	285.89 *
602880	BRESSNER, BARBARA J.										
	8/29/17 01 VR		53-	312		564857	8/31/17	090-053-533.07-00	PROFESSIONAL SERVICES	SEP PROFESSIONAL FE	2,260.00
										VENDOR TOTAL	2,260.00 *
630360	MAYER, JAMES										
	8/29/17 01 VR		53-	313		564884	8/31/17	090-053-533.07-00	PROFESSIONAL SERVICES	SEP PROFESSIONAL FE	906.00
										VENDOR TOTAL	906.00 *
									MENTAL HEALTH BOARD	DEPARTMENT TOTAL	369,157.02 *
									MENTAL HEALTH	FUND TOTAL	369,157.02 *