Champaign County Mental Health Board
April 18, 2018 Board Packet Addendum C
Other/Renewal Application (no priority selected)

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2019 Summary Analysis of Applicant's Cultural and Linguistic Competence Activities
CCMHB/DDB
Crisis Nursery

CCMHB/DDB reviews all CLCP plans submitted with FY2019 applications for funding, with particular attention actions steps associated to benchmarks for each of the following action areas:

Required Benchmark by CCMHB	Summary of Actions outlined CLC Plan
Annual Cultural Competence Training	**Yes-** *100% of staff and Board have participated in at least 2-4 hours of CLC training each year. Each CLC training will have an individual assessment component*
Recruitment of Diverse backgrounds and skills for Board of Director and Workforce:	**Yes-** *Crisis Nursery will utilize a demographic chart to reflect age, sex, race, area and employment of our Board to analyze and plan for diverse representation and composition.*
Cultural Competence Organizational or Individual Assessment/Evaluation:	**Yes-** *Individual assessments will take place as part of the CLC Training.*
Implementation of Cultural Competence Values in Policy and Procedure:	**Yes-** *Crisis Nursery will have a policy in place for staff to use their personal/sick days for family needs (with the definition of "family" being defined by the staff member).*
Outreach and Engagement of Underrepresented and Marginalized Communities and target population defined in the criteria	**Yes-**. *Beyond Blue serves mothers who have or are at risk of developing perinatal depression (PD), targeting 33 mothers annually who demonstrate PD risk factors and have a child under age one. While poverty trumps race as a factor in maternal depression, African American women and Latino adolescents also have very high rates of depression. Overall, research shows that PD risk factors include: poverty, personal/family history of depression, limited social supports, and marital discord. The Beyond Blue program focuses on*

2019 Summary Analysis of Applicant's Cultural and Linguistic Competence Activities
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Crisis Nursery

	identifying and supporting mothers/babies "at risk" of PD and mitigating the effects, in addition to enhancing community awareness.
Inter-Agency Collaboration	**Yes-** *the Local Area Network, Human Service Council, Continuum of Care, Council of Service Providers to the Homeless, Cradle to Career, the Child Abuse Prevention Coalition, and the Champaign County Community Coalition. We have a close working relationship with CU Public Health's WIC offices, which results in numerous referrals for our Beyond Blue program*
Language and Communication Assistance	**Yes-** Crisis Nursery will supply awareness materials in English, Spanish, and French
Matched Actions with National Culturally and Linguistically Appropriate Services(CLAS) Standards in Health and Health Care.	**Yes-** New format was used to match actions with the CLAS Standards.

Overall CLC Plan Comments

The CLC Plan provided clear details about how the agency will infuse CLC Values through the agency. The updated format was followed, in addition a narrative was provided to describe the interagency collaborations as well as community outreach events.

Draft PY19 CCMHB Program Summary

Agency: **Crisis Nursery**
Program: **Beyond Blue Champaign County**

PY19 CCMHB Funding Request $75,000

PY19 Total Program Budget $185,585
Current Year Funding (PY18) $70,000
Proposed Change in CCMHB Funding - PY18 to PY198 7.1 percent

Services/People Served

Service Description/Type

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

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

Beyond Blue Family Specialists (Home Visitors) have a minimum of a Bachelor's degree, participate in regular continuing education, and are supervised by the Assistant Director and the Executive Director (LCSW).

Program Components:
- Screening for PD/risk with the EPDS (an evidence-based tool) at Crisis Nursery intake
- Home visiting to assess symptoms, educate about impact of PD, provide counseling, individualized support, service referrals, and care management.
- PCI groups to engage the mother/baby, promote bonding, and reduce social isolation, discuss child development topics, demonstrate positive mother/child interactions, and enhance mother's self-reliance and baby's self-regulation. To reduce stigma, groups are also open to other parents
- ASQs (an evidence-based tool) to track child development
- Support group to address social isolation, educate about PD, and promote the development of support networks
- Telephone contact to provide service referrals, crisis counseling, and respite care scheduling
- Crisis care when no other resource is available, available 365 days/year, 24 hours/day. In-kind.
- 24 hours of planned respite care per family earned through participation in PCI groups (up to 4 hours/session attended). Respite provides caregivers with a break and reduces stress. In-kind.
- Linkages with health services, early childhood programs, resources for basic needs, utilities, legal services, transportation, housing, and intensive therapeutic services as needed.
- Community and healthcare provider education on PD to reduce stigma; outreach will inform individuals about needed screening and the Beyond Blue program.
- External consultation for related staff by a mental health professional, addressing clinical assessment of PD and appropriate interventions.

In FY17, of mothers who were screened multiple times with the EDPS, 54% saw an improvement in symptoms throughout the course of their service engagement. Another 29% saw that their symptoms stayed stable and did not worsen.

Comments
Agency did not indicate the submitted application aligned with one of the four priorities identified by the Board. One might consider the application to align with the System of Care for Children, Youth, and Families with respect to "early identification, prevention, and intervention for children from birth ...." criteria.

The program originated as a joint initiative between the CCMHB and the Champaign County Board of Health targeting services to mothers with perinatal/postnatal depression, living outside of Champaign and Urbana. The Board of Health has not contributed funding for the program for a number of years.

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

Access to Services for Rural Residents *For description see submitted Program Plan Part I form.*

Target Population
Beyond Blue serves mothers who have or are at risk of developing perinatal depression (PD), targeting 33 mothers annually who demonstrate PD risk factors and have a child under age one. Mothers are provided individual and group support and education to facilitate healthy parent-child engagement.

Research suggests that 10-20% of mothers suffer from PD, and nearly half are undiagnosed. Due to the high prevalence rates, national guidelines recommend routine screening for pregnant and post-partum women.

Research shows a link between untreated PD and negative outcomes for children. Due to interaction patterns between the mother-child, infants whose mothers have PD are at a greater risk for cognitive delays, negative affect, and poor self-regulation. Left unaddressed, this can lead to later difficulties, including lessening the child's ability to handle stress and interact positively with peers. Overall, maternal PD has been linked to negative school adjustment, lower ego-resiliency, lower verbal intelligence, and lower peer social competence in children.

Low-income mothers and mothers with a personal/family history of depression are at greater risk. A brief from the "National Center for Children in Poverty" indicates that 40-60% of these groups report depressive symptoms. While poverty trumps race as a factor in maternal depression, African American women and Latino adolescents also have very high rates of depression. Overall, research shows that PD risk factors include: poverty, personal/family history of depression, limited social supports, and marital discord. The Beyond Blue program focuses on identifying and supporting mothers/babies "at risk" of PD and mitigating the effects, in addition to enhancing community awareness.

Crisis Nursery is part of the community's system of care. As a primary and secondary preventative program, Beyond Blue addresses risk factors that otherwise may lead to serious emotional disturbances and multi-agency and system involvement in children.

Residency

Total Served	33 in PY17, last full year	20 in first and second quarters of PY18
Champaign Set	10 (30.3%) for PY17	8 (40.0%) for PY18
Urbana Set	6 (18.2%) for PY17	1 (5.0%) for PY18
Rantoul -single	10 (30.3%) for PY17	4 (20.0%) for PY18
Mahomet - single	1 (3.0%) for PY17	2 (10.0%) for PY18
Other Champaign County	6 (18.2%) for PY17	5 (25.0%) for PY18

Demographics

Total Served 33 in PY17, last full year

Age

Ages 19-59 ---------- 33 (100.0%)

Race

White ---------- 17 (51.5%)

Black / AA ---------- 11 (33.3%)

Other (incl. Native American and Bi-racial) - 5 (15.2%)

Gender

Female ---------- 33 (100.0%)

Ethnicity

Of Hispanic / Latino origin ---------- 2 (6.1%)

Not of Hispanic/Latino Origin ---------- 31 (93.9%)

Program Performance Measures

ACCESS

Beyond Blue serves mothers who have or are at risk of developing perinatal depression (PD). Research shows that PD risk factors include: poverty, personal/family history of depression, limited social supports, and marital discord. The program is voluntary and open to all mothers in Champaign County who have a child or children under the age of 1 and who have been identified to be "at risk" of PD. "At risk" is determined by the presence of CDC-identified risk factors and/or a score of 10 or higher on an Edinburgh Postnatal Depression Scale (EPDS).

Crisis Nursery will identify Champaign County mothers (expectant and post-natal) who are "at risk" via the following sources:

- Mothers/babies identified by CN staff as "at risk"
- Mothers/babies identified by CUPHD's WIC/Family Case Management units
- Mothers/babies identified by area healthcare providers
- Mothers/babies identified by Beyond Blue participants

Referrals of expectant mothers or fathers identified as "at risk" can also be accepted.

Crisis Nursery has established solid working relationships and protocols with referral sources based in and serving both urban and rural Champaign County. Beyond Blue's Family Specialists keep in regular contact with WIC/Family Case Management in both Champaign and Rantoul to gather referrals. Ongoing outreach occurs with Carle, Presence Covenant, and other healthcare providers. Program information and materials are provided for Carle and Presence Covenant's Labor and Delivery patient packets. Appropriate social service agencies and community organizations, such as Community Service Center of Northern Champaign County, Head Start, community churches, and medical professionals that also serve rural and urban Champaign County also receive program information.

In FY17, the Beyond Blue program served approximately 27% of the clients referred for services.

If families could not be accommodated into the Beyond Blue program, referrals were made to Crisis Nursery's Strong Families program, as well as to other local community agencies and programs including: counseling offered by Presence Covenant Medical Center's Community Resource Center, Family Service, Promise Healthcare, Rosecrance, the GOALS Project, CU Early, and Developmental Services Center.

Since Crisis Nursery is open 24/7, critical telephone referrals can be made and are responded to within 24 hours. Clients often receive their first home visit within 3 days. Supervisory staff monitors the speed of consumer access by reviewing Crisis Nursery response data. In FY17, we received 123 program referrals and engaged the program to capacity.

An estimated 90-95% of referred clients are assessed for eligibility within this time frame.

Referrals may also fail to engage, for reasons such as: the client deciding they do not want to participate, client becomes unreachable, client moves out of county, or the client finds the programming does not fit into their schedule. Even if clients choose not to engage with Crisis Nursery, staff members always provide information on other resources.

Clients often receive their first home visit within 3 days of referral.

An estimated 85-90% of referred clients receive their first home visit within this time frame.

Clients are typically engaged in services until the child turns 1, at which point referrals are made to other community resources (including Crisis Nursery's Strong Families program, CU Early and Parent Wonders).There are instances where parents will disengage earlier because they return to work after the baby is born.

Comments

Process for identifying mothers and engaging in services is described in detail. Outreach and referral process including collaborative relationships with providers throughout Champaign County is noted. Eligibility is based on risk factors and/or score on the screening instrument - the Edinburgh Postnatal Depression Scale.

Timeframes for referral, intake/screening, and length of engagement are provided. Home visits occur within three days of referral and based on screening criteria determine whether the family is eligible to participate. Length of engagement lasts until the child turns one year old and then assistance is provided in transitioning the family to other services.

Demand exceeds capacity as less than 30% of referred families are able to be served by the program. Those not served are referred to other Crisis Nursery services or to other providers.

CONSUMER OUTCOMES

Crisis Nursery (CN) anticipates the Beyond Blue program activities will result in the following outcomes for families engaged in services:

- Mothers will have a decrease in depressive symptoms, as indicated by the client's quarterly EPDS scores.
- Mothers will develop a greater understanding of their child's developmental needs and an ability to meet those in positive and growth producing interactions.
- Mothers will learn to reduce their stress, seek resources and broaden networks which would prevent them from becoming overwhelmed.
- Mothers will improve their capacity to engage fully in a reciprocal relationship with their babies resulting in optimal development of the baby, more successful and satisfying parenting, and a greater security for both.

CN tracks outcomes using evidence-based tools: the Edinburgh Postnatal Depression Scale (EPDS), the Ages and Stages Questionnaire, and the ARCH CR1 survey.

The EPDS is given to mothers quarterly to assess progress re: depressive symptoms. While the EPDS can be a strong indicator of client improvement, we recognize that scores can be impacted by more factors than the program alone. In FY17, of mothers who were screened multiple times, 54% saw an improvement in symptoms throughout the course of their service engagement. Another 29% saw that their symptoms stayed stable and did not worsen.

The Ages and Stages Questionnaire (ASQ), which assesses child development progress (physical and social-emotional), is administered upon entry into the program if it has not been done elsewhere. It also serves as an educational tool to assist a mother's understanding of her infant's development. If delays are identified, then the ASQ is administered again to assess progress and appropriate referrals will be made. In FY17, 42 ASQs were completed on infants in the Beyond Blue program this fiscal year, and four prompted referrals to Child and Family Connections for further assessment.

The ARCH CR1 is used by CN and the other six Crisis Nurseries in Illinois to evaluate service outcomes for adult clients. Developed by ARCH, a national resource center for crisis and respite care, it measures a client's sense of well-being and his/her acquisition of parenting skills. The scale is based on a client's report of level of stress, risk of maltreatment, and

parenting skills. It is administered interview style, and clients are surveyed annually.

Of Beyond Blue families surveyed in FY17,
- 95% reported an improvement in parenting skills
- 95% showed a decrease in their level of stress after using Beyond Blue services
- 90% believed that our services reduced the risk of harm to children

For quality improvement, CN examines less than optimal ARCH CR1 outcomes (85% or below) for clients and identifies factors that may have contributed to the outcomes. This information is used to evaluate the program's service approach, service intensity, service accessibility, and mix of services.

Finally, a post-discharge contact occurs with clients six months after discharge to determine if services have been effective and/or if follow-up services are needed. At this point, often, parents report they are doing well. Many continue to be engaged in CN services through the Strong Families program; others share that they are using the skills learned in Beyond Blue to help cope with new challenges.

Crisis Nursery anticipates 70% of the families engaged in the Beyond Blue will see progress in all areas of program outcomes. Our goal would be that with full engagement in services, closer to 85% will see progress in all areas.

Comments

Outcomes and targets are clearly articulated. Program uses results of the Edinburgh Postnatal Depression Scale to evaluate change in depressive systems and the Ages and Stages Questionnaire to assess the child's developmental progress if a delay is previously noted. ASQ score may also result in referral for further assessment. Another tool, used by all crisis nursery's in the state, evaluates a number of objectives related to improved parenting skills, stress levels, and reduced risk of child harm. Six months after discharge, contact is initiated with the client to evaluate services and if additional support is needed followed by referral if so indicated.

UTILIZATION

Treatment Plan Clients (TPCs) 33 defined as number of mothers deemed "at risk" of Peri/Post-Natal Depression. Target for rural is minimum of 17 mothers (non-Champaign/Urbana residents).
Non-Treatment Plan Clients (NTPCs) 77 defined as number of infants and expected infants of the mothers participating in the program and other family members. Infants would equal mothers served (TPCs) with balance of NTPCs being other family members.
Service Contacts (SCs) 522 defined as number of screenings and home visits with Treatment Plan Clients and referral contacts for both Treatment Plan Clients and Non-Treatment Plan Clients.
Community Service Events (CSEs) 128 defined as number of PCI groups, support groups, community presentations and associated activities including quarterly postings about the program to social media. Targets each of the various activities are identified that add up to 128.
Other 2,275 defined as number of hours of crisis and respite care provided to Beyond Blue families.
Narrative *Section has been edited. For complete description, see submitted Program Plan Part I form.*

Service levels, as established in the Part II Utilization/Production data form, will be monitored on a quarterly basis, utilizing specific and detailed statistics on demographics, services provided and performance goals. Data will be kept to ensure that documents can be generated from this data for use in quality assurance reviews. Identifying and analyzing the reason(s) for any variances in expected performance will be critical in the evaluation of the program. The resulting modifications for service approach, service intensity and service implementation will be incorporated in practice and re-evaluated periodically. Training and technical assistance will be made available to staff and volunteers if needed to improve practice. We will continue to review literature on other programs that serve our target population to identify service approaches that could improve service delivery and outcomes.

Comments

FY19 utilization targets are unchanged from FY18 with one exception. Service contacts will no longer include phone contacts. While the contacts will continue to occur, the tracking of the calls required staff to keep a separate log and hand count the calls whereas other contacts are tracked on the database.

PY19 Annual target (per Utilization Form)

Quarter	TPC	NTPC	SC	CSE	OTHER
Annual Target	33	77	522	128	2275 (hours)

PY18 First two quarters (per submitted Service Activity Reports)

Quarter	TPC	NTPC	SC	CSE	OTHER
First Quarter FY18	15	42	252	55	924
Second Quarter FY18	5	16	275	49	1453.25
Annual Target	33	77	922	128	2275

PY17 all four quarters (per submitted Service Activity Reports)

Quarter	TPC	NTPC	SC	CSE	OTHER
First Quarter FY17	13	38	266	75	185
Second Quarter FY17	6	19	277	130	457.5
Third Quarter FY17	7	25	350	76	1168.75
Fourth Quarter FY17	7	18	382	46	1542
Annual Target	33	77	922	128	2275

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

PY19 CCMHB Funding Request $75,000
PY19 Total Program Budget $185,585
Current Year Funding (PY18) $70,000
Proposed Change in Funding - PY18 to PY19 ($75,000 - $70,000) / $70,000 = 7.1 percent
PY18 request was for $75,000
PY17 request was for $75,000, and PY17 award was for $75,000
PY16 request was for $75,000, and PY16 award was for $70,000

Program Staff - CCMHB Funds:
Indirect 0.03 FTEs Direct 1.35 FTEs Total CCMHB 1.38 FTEs
Total Program Staff:
Indirect 0.4 FTEs Direct 3.05 FTEs Total Program 3.45 FTEs

Budget Analysis: (staff comments) *Staffing pattern supported by the CCMHB includes one fulltime Family Specialist, and 20% of another Family Specialist position. Other direct staff involved with the program include the Program Coordinator (5%), and Assistant Director (10%). The Executive Director accounts for the 3% of indirect staff time. Staff allocated to the total program includes small percentages of multiple positions plus additional time of some CCMHB supported positions.*

Funding from the CCMHB represents 40.4% of the total program budget. $75,000 / $185,585 = 40.4 percent
United Way = 6.7%; **Contributions – various** = 44.8%; **State** = 8%

Budget Analysis: (staff comments) *The CCMHB is the single largest source of financial support for the program. United Way funds designated for Crisis Nursery, and contributions and proceeds from special events allocated by Crisis Nursery to the program are also a substantial source of program support. A state contract rounds out program revenue.*

Personnel related costs are the primary expense charged to CCMHB, at $68,971 / $75,000 = 92.0%.

Beyond the personnel related expenses, accounting for 92% of CCMHB funding, the next highest expense charged to CCMHB is for local transportation for staff travel to home visits and to groups when held outside of Crisis Nursery, and to outreach activities/community service events. Other expenses charged in part to CCMHB are occupancy and general operating expenses, consumables, professional fees (audit), and training focused on peri-natal depression.

Audit Findings: audit is in compliance.

CCMHB FY19 Decision Priorities and Decision Support Criteria

Priority: Behavioral Health Supports for People with Justice System Involvement No
Priority: Innovative Practices and Access to Community Based Behavioral Health Services No
Priority: System of Care for Children, Youth, Families *Program did not self-identify under this priority but may qualify for consideration because of the early intervention/prevention aspect of the services with mothers with children under one year of age.*
Priority: Collaboration with the Champaign County Developmental Disabilities Board No

Overarching Decision Support Criteria
Underserved Populations and Countywide Access Yes. *Program gives priority to rural residents. Over half of the mothers served must live outside Champaign and Urbana.*
Inclusion and Anti-Stigma Yes. *Services seek to reduce stigma associated with post-natal depression through client's participation in parent child interaction groups and for the broader community through education activities and social media.*
Outcomes Yes. *Program identifies referral and engagement process for clients accessing services. Screening instruments measuring client progress and measures associated with evaluation of services are described as part of consumer outcomes section.*
Coordinated System Yes. *Program has established relationships with medical providers, public health, and other social service providers for referrals and assistance with meeting other needs beyond the scope of the program.*
Budget and Program Connectedness Yes. *CCMHB funding accounts for 40% of program revenue. Budget narrative details allocation of CCMHB funds in support of program. Single largest expense charged to CCMHB is for personnel related expenses followed by staff travel.*
Realignment of PY18 Contracts to Address Priorities (incumbent programs only) *Program originated a number of years ago as a joint initiative between the CCMHB and County Board of Health. Application requests a 7% increase over the FY18 CCMHB award.*

Technical Criteria
Approach/Methods/Innovation: Yes. *Screening and assessment tools and PCI groups are evidence based.*
Staff Credentials: Yes. *Noted for program staff and executive director that provides supervision.*
Resource Leveraging Yes. *Program is supported almost entirely with local funds. Sources include CCMHB funding, agency contributions and special event proceeds, and United Way designations.*

Process Considerations & Caveats
Staff Questions/Additional Information Requested (Due by May 4, 2018): *none.*
Contracting Considerations If this application is approved for funding, the applicants may be required to submit the following for staff review and approval prior to execution of the final FY19 contract: *none.*
Applicant Review and Input Applicant is encouraged to review this document upon receipt and notify the CCMHB Executive Director in writing if there are factual errors which should be corrected prior to completion of the award process.
Recommendation Pending

2019 Summary Analysis of Applicant's Cultural and Linguistic Competence Activities
CCMHB/DDB
Eastern Illinois Mutual Refugee Assistance

CCMHB reviews all CLCP plans submitted with FY2019 applications for funding, with particular attention to actions steps associated to benchmarks for each of the following action areas:

Required Benchmark by CCMHB	Summary of Actions outlined CLC Plan
Annual Cultural Competence Training	***Yes-*** *Board and Staff will receive annual CLC Training.*
Recruitment of Diverse backgrounds and skills for Board of Director and Workforce:	**Yes-** *Recruitment will be documented when a new board member accepts or refuses.*
Cultural Competence Organizational or Individual Assessment/Evaluation:	**Yes-** *Assess Facilities—Welcoming for adults and children plus being wheel chair accessible.*
Implementation of Cultural Competence Values in Policy and Procedure:	**Yes-** *Staff will read and sign CLP annually.*
Outreach and Engagement of Underrepresented and Marginalized Communities and target population defined in the criteria	**Yes-** *This is outlined in program application.*
Inter-Agency Collaboration	**Yes-**
Language and Communication Assistance	**Yes-**
Matched Actions with National Culturally and Linguistically Appropriate Services(CLAS) Standards in Health and Health Care.	**Yes**

Overall CLC Plan Comments:

"The Refugee Center is the one local organization that is the most equipped in the field of cultural and linguistic competency. The staff is culturally and linguistically diverse." The Refugee center is an organization that collaborates to provide support to agencies that need to utilize translators and interpreters that are qualified. The CLC Plan of the Refugee Center followed the updated format and included most the required benchmarks. Cultural Competence Assessment was only limited to the physical modification of the facilities.

Draft PY19 CCMHB Program Summary

Agency: **East Central Illinois Refugee Mutual Assistance Center**
Program: **Family Support & Strengthening**

PY19 CCMHB Funding Request $48,239

PY19 Total Program Budget $303,443
Current Year Funding (PY18) $25,000
Proposed Change in Funding - PY18 to PY19 = 93.0%

Services/People Served

Service Description/Type

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

1) Assistance to refugee/immigrant mutual support groups. Staff/board facilitate group meetings, provide speakers, recommend activities, identify individuals willing to share their knowledge or be a resource.

2) Linkage with mainstream service providers regarding the mental health needs of clientele. Interpretation and translation services during appointments with mental health providers and explanation of the cultural barriers that may be encountered during the sessions. Mediations and education related to cultural differences are provided.

3) One-on-one counseling and/or education at the Center, a neutral site, or in the homes of families in crisis.

4) Collaboration with Immigration Project and Courage Connection on Violence Against Women Act (VAWA) immigration applications. This helps spouses ensnared in domestic violence situations to obtain legal permanent residence without their spouses' approval.

5) Educational program, in collaboration with the Champaign County Adult Diversion Program, to explain American cultural expectations of proper behavior. Program is administered and delivered by bi-cultural bi-lingual staff members to clients referred by the justice system.

6) Collaboration with Rose Crance, assisting DUI clients during their educational and drug treatment classes

7) Culturally appropriate Smart Money, Parenting, & Promoting Better Health to Fight Obesity and Diabetes workshops. The smart money workshops deal with how money affects family relationships. Parenting workshops will develop strategies to improve parent/child relationships. The health workshops educate the clients on nutrition and the effects of obesity and diabetes on the family.

8) A bi-annual educational newsletter focusing on information on mental health to clients, cooperative providers, and volunteers who assist clients. The information is provided in English, French, Vietnamese, and Russian.

9) A Saturday Morning Tutoring Program provides tutoring, enrichment activities, and workshops to help children adjust to a new culture, its rules, and expectations. Two school liaisons serve as advocates, interpreters, and translators for parents dealing with the school issues (discipline, classroom expectations, bullying, special needs, behavior problems etc.).

9) Certified interpreters are involved with medical appointments and court services.

10) One-on-one education, which employs cultural awareness, to explain the requirements/expectations of living within American society.

Comments

Agency did not indicate the submitted application aligned with one of the four priorities identified by the Board. However, the proposal could be said to align with the Innovative Practices and Access to Community Based Behavioral Health Services priority with respect to helping newly arrived immigrants and refugees adjust to a new culture and resulting social and emotional distress.

The program provides a range of supports using natural support networks within the immigrant/refugee communities. Elements of the program also involve collaboration with other social service providers, schools and the courts. It also has a regular presence in Rantoul at the Community Service Center. The agency is unique in terms of who it serves and the services it offers to them.

Access to Services for Rural Residents *For description see submitted Program Plan Part I form.*

Target Population

The goal of the program is to work with the natural support networks within the different ethnic communities (i.e., Vietnamese, Cuban, Russian, Chinese, DRC, Cameroon, Algeria, Liberia, Congo, Guatemala, Honduras, El Salvador, Peru, Mexico, Iraqi, Afghanistan, Middle East, etc.). Special attention is given to 1) Families at highest risk for mental health problems (newly arrived refugee/immigrants who have fled war/genocide and are facing and/or experiencing culture shock). 2) Families, with young children, that lack a family support network. 3) Families who have a child/children identified by the schools as having special needs. 4) Unaccompanied minors. 5) The elderly, the illiterate, and relocated migrants 6) Leaders and identified potential leaders of the ethnic communities for development of volunteer mutual assistance efforts. 7) Community agencies that serve refugee, asylee, and immigrant community or organizations with whom the targeted population needs to interact.

Residency

Total Served	2076 in last full year, PY17	1353 in first and second quarters, PY18
Champaign Set	946 (45.6%) for PY17	679 (50.2%) for PY18
Urbana Set	776 (37.4%) for PY17	406 (30.0%) for PY18
Rantoul -single	302 (14.5%) for PY17	194 (14.3%) for PY18
Mahomet - single	4 (.2%) for PY17	4 (.3%) for PY18
Other Champaign County	48 (2.3%) for PY17	70 (5.2%) for PY18

Demographics

Total Served 2076 in last full year, PY17

Age

Ages 0-6	296 (14.3%)
Ages 7-12	275 (13.2%)
Ages 13-18	180 (8.7%)
Ages 19-59	1,243 (59.9%)
Ages 60-75+	82 (3.9%)

Race

White	1,245 (60.0%)
Black / AA	206 (9.9%)
Asian / PI	612 (29.5%)
Not Available Qty	13 (.6%)

Gender

Male	1,001 (48.2%)
Female	1,069 (51.5%)
Not Available Qty	6 (.3%)

Ethnicity

Of Hispanic / Latino origin ---------- 1,178 (56.7%)
Not of Hispanic/Latino Origin ---------- 891 (42.9%)
Not Available Qty ---------- 7 (.3%)

Program Performance Measures

ACCESS

Services are accessed by referrals from social service providers [IL Department Human Services, IL Department of Children and Family Service], clients and former clients, local churches, employers, schools, Adult Diversion Program or by bilingual outreach to refugee/immigrant populations through mass outreach events, radio announcements, flyers, newsletters and public benefit sessions. Appointments to work with families in crisis are always given a priority and there are no delays in setting meetings to work on family problems.

An educational newsletter is available to all refugee, asylee, and immigrant families. Native language counseling, provided by bi-lingual/bi-cultural staff, is available for refugee and immigrant families. Interpretation services are scheduled for medical/mental health appointments. Staff is also available to help facilitate appointments that would require sharing information on the participant's native culture.

Educational workshops are offered to interested families. Families identified as needing the knowledge being provided by the workshops are given extra encouragement and support to attend. Workshops are conducted either in the participants' native language or an interpreter is used when it is more culturally appropriate to use a non-native language facilitator.

Youth are recruited from among the newcomers or existing families by bilinguals and through contacts with ESL teachers. Due to language barriers the youth are considered at-risk but less than 10% have serious issues that bring them in contact with authorities. Currently the program serves a little over 100 unduplicated students, either within the school setting or their participation at the Saturday Morning Tutoring Program.

Comments

Access section focuses on use of referral sources and other information sharing activities to create awareness of services. Program also notes assistance provided to individuals and families with accessing other services. Program has bi-lingual and multi-lingual staff available to enabling services to be provided in native languages or to translate when meeting with other providers.

Timeframes and associated targets for number referred being accepted into the program and engage in services are not identified. Services are tracked and reported as Community Service Events.

CONSUMER OUTCOMES

The programs are small enough that we can ask for direct feedback from our families served. The expected outcomes of the program are:

1. Clients receive the benefits they are eligible.

2. Clients will retain jobs and switch from temporary positions to permanent ones.

3. ECIRMAC mediation helps mainstream service providers work with and understand better their clients from different cultural backgrounds; especially when the providers are dealing with mentally ill clients. We have helped eight providers who are working with 34 of our clients.

4. Clients who have successfully completed workshops expressed an interest in having more sessions and have recommended the workshops to others.

5. Individual pre- and post-surveys as well as collection of comments and suggestions demonstrate clients' satisfaction and the overall effectiveness of the program.

6. Through the analysis of exit questionnaires the most common suggestions are used to improve the program.

7. Decrease in domestic violence cases and culturally inappropriate behavior among clients who have attended sessions addressing these problem. Nine households have received counseling and referrals on domestic violence and one household has received education on elder abuse. Two individuals have taken the steps needed to remove themselves from abusive situations.

8. Direct feedback from clients showing improved adjustment. Sixty-seven new families have reported that they are making plans for their future and starting to put those plans into action.

9. Individuals filing for LPR (green card) under VAWA. Currently in collaboration with Immigration Project, we have one individual, who has filed an application under VAWA and is awaiting a decision.

10. Saturday Morning Tutoring Program: The school liaisons are active in the Champaign/Urbana school districts. The staff member, who goes weekly to Rantoul, helps facilitate communications between the schools and the families. (This help is also available to other districts within the county if requested). The number of contacts being initiated by Champaign School District and Rantoul has increased. Not including the students served directly in the schools, the Saturday Morning Tutoring Program attendance averages between 30 -40 students a week. The children are exposed to various enrichment activities and close to one-to-one tutoring by volunteers from the University of Illinois.

Comments

Program identifies range of outcomes resulting from services provided, although performance targets are not quantified. Results are determined based on participant feedback. Program may benefit from assistance from the UIUC Program Evaluation team in developing measures and tools.

UTILIZATION

Community Service Events (CSEs) 75, defined as number of groups, special events, newsletters, and community education activities.

Other 30, defined as number of hours of service provided in specialized workshops on topics related to managing money or health and wellness.

Narrative *Section has been edited. For complete description, see submitted Program Plan Part I form.*

In our proposal for FY18, the Refugee Center intends to provide for our grant, 75 "Community Service Events" and a minimum of 25 hours of "Smart Money" and "Promoting Better Health to Fight Obesity and Diabetes in Adults" workshops. Two newsletters published articles pertaining to mental health issues. We have linkage with Courage Connection, RACES, Rosecrance, Child Advocacy Center, Family Advocacy Center, P.A.T.S., DCFS, Crisis Nursery, local hospitals, police and the courts. Home visits are being made to Vietnamese, Afghan, Chinese, Spanish, Iraqi, Russian, Lao, and African homes. Case notes, encounter forms, newsletter, attendance lists, and mailing list provide documentation of services.

PY19 Annual target (per Utilization Form)

Quarter	TPC	NTPC	SC	CSE	OTHER
Annual Target	0	0	0	75	30

PY18 First two quarters (per submitted Service Activity Reports)

Quarter	TPC	NTPC	SC	CSE	OTHER
First Quarter FY18	0	0	0	18	3.5
Second Quarter FY18	0	0	0	20	3
Annual Target	0	0	0	75	25

PY17 all four quarters (per submitted Service Activity Reports)

Quarter	TPC	NTPC	SC	CSE	OTHER
First Quarter FY17	0	0	0	18	2
Second Quarter FY17	0	0	0	28	5
Third Quarter FY17	0	0	0	33	9

Fourth Quarter FY17	0	0	0	18	12
Annual Target	0	0	0	75	28

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

PY19 CCMHB Funding Request $48,239
PY19 Total Program Budget $303,443
Current Year Funding (PY18) $25,000
Proposed Change in Funding - PY18 to PY19 = 93.0%
PY18 request was for $25,000
PY17 request was for $25,000, and PY17 award was for $19,000
PY16 request was for $13,000, and PY16 award was for $13,000

Program Staff - CCMHB Funds:
Indirect 0.18 FTEs, Direct 1.18 FTEs, Total CCMHB = 1.36 FTEs
Total Program Staff:
Indirect 1.15 FTEs, **Direct** 6.03 FTEs, **Total Program** = 7.18 FTEs

Budget Analysis: (staff comments) *Program allocates a portion of CCMHB funds to 9 of 12 staff positions employed by the agency. Most staff are part time. Agency is in the process of recruiting/hiring an executive director.*

Funding from the CCMHB represents 15.9% of the total program budget.
Other revenue is from United Way, $65,700 or 21.7%, Contributions – various, at $89,104 or 29.4%, and State $67,500 or 22.2%.

Budget Analysis: (staff comments) *Agency has requested almost double the amount awarded to support the program in FY19. Budget narrative states agency intends to increase staff hourly rate by $1/hour.*

Program relies on contributions and fundraising as the primary source of support. In addition to the funding requested from CCMHB and United Way, other local grants and service fees provide another 11% of program revenue. State related contracts provide about 22% of the total program revenue.

Personnel related costs are the primary expense charged to CCMHB, at 88.2 percent.
After personnel costs, remaining funds are cost allocated across various expense lines.

Audit Findings: not applicable.

Comment *audit requirement was waived in FY17 due to contract amount below $20,000 threshhold; an audit was submitted for review, no problems noted.*

CCMHB FY19 Decision Priorities and Decision Support Criteria

Priority: Behavioral Health Supports for People with Justice System Involvement No
Priority: Innovative Practices and Access to Community Based Behavioral Health Services No. *Proposal is not linked to one of the four priority areas but of the four, would most closely align with this priority.*
Priority: System of Care for Children, Youth, Families No
Priority: Collaboration with the Champaign County Developmental Disabilities Board No

Overarching Decision Support Criteria
Underserved Populations and Countywide Access Yes. *Serves immigrants and refugees resettling to Champaign County. Majority of households served are from Champaign and Urbana, then Rantoul. Small percentage of households are from rural areas of the county.*
Inclusion and Anti-Stigma Yes. *Program helps new immigrants and refugees assimilate through education, counseling and other support services. Also assists providers, schools, and justice system as needed. Program has bi-lingual/multi-lingual staff.*

Outcomes No. *Access and Consumer Outcomes section needs some work to comply with instructions.*
Coordinated System Yes. *Program engages with and assists other providers/systems interacting with the target population.*
Budget and Program Connectedness Yes. *Funding requested from CCMHB represents 16% of program revenue. Agency proposes to increase staff hourly rate by $1 an hour. CCMHB funds allocated across nine of twelve staff positions. Personnel accounts for 88% of costs charged to CCMHB.*
Realignment of PY18 Contracts to Address Priorities (incumbent programs only) *Program is an established contract with a long history of support from the CCMHB. Agency requests a $23,239 increase over FY18 award of $25,000.*

Technical Criteria
Approach/Methods/Innovation *Uses natural support networks, peer support, and mentoring.*
Staff Credentials Yes. *Staff is bi-lingual/multi-lingual.*
Resource Leveraging *Program is heavily reliant on contributions and fundraising for revenue. Other local sources including CCMHB funds are also a large source of support. About 22% of program revenue is tied to state contracts.*

Process Considerations & Caveats
Staff Questions/Additional Information Requested (Due by May 4, 2018): *none.*
Contracting Considerations If this application is approved for funding, a special provision may be included, or the applicant may be required to submit the following for staff review and approval prior to execution of the final FY19 contract:

- *Outcomes could benefit from technical assistance available through the UIUC Program Evaluation contract.*

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

Draft PY19 CCMHB Program Summary

Agency: **Promise Healthcare**
Program: **Mental Health Services with Promise**

PY19 CCMHB Funding Request $222,000

PY19 Total Program Budget $1,723,698
Current Year Funding (PY18) $222,000
Proposed Change in Funding - PY18 to PY19 = 0.0 percent

Services/People Served

Service Description/Type

Counseling Services

Mental health services to both adults and children will be provided by James Hamilton, LCPC (1.0 FTE) and by Shae Ellington, LCSW (1.0 FTE) to established medical patients who are referred by one of the health center's primary care medical providers. Our counseling program can accept a limited number of new patients directly to counseling. A mental health assessment is initiated within three weeks. Critical or crisis situations are immediately addressed regardless of how the patient contacted the health center. Based upon the findings, follow up appointments or counseling sessions are scheduled and, if the patient continues, a treatment plan is developed with the client generally at the second visit. Some case management services are provided where clients are linked with one of many community based programs.

Psychiatry

Dr. Archana Chopra (.50FTE), a psychiatrist, provides services for patients with acute or chronic/serious mental illness who are often in need of medication management. All patients are internal referrals. Dr. Chopra leads monthly Lunch and Learn meetings with our primary care providers and nurses. These are opportunities to share cases and discuss medications, trends with our patients, community issues, and more. In addition, she meets with PCPs individually for case consultation.

Dr. Hayng-Sung Yang (1 FTE) and Dr. Feiteng Su (.50 FTE) are psychiatrists who work with patients supported by Promise Healthcare primary care providers, counselors, or Rosecrance counselors and case managers for behavioral health medication management.

Nursing Support for Mental Health

Janet LaValle, RN (1 FTE about .20 FTE to program), Daneen Orwick, RN (1 FTE to program), and Lois Schopp, LPN (1 FTE, .20 FTE to program) support our patients who are prescribed psychiatric medications including anti-depressants for depression, mood stabilizers for bi-polar disorder, stimulants for ADHD and attention issues, and anti-anxiety for anxiety, panic and PTSD, and administer injection clinics. Our mental health nurses also provide extended triage coverage for patients under the care of our psychiatrists and/or the care of our primary care providers prescribing psych meds.

Program Support

Mental Health Services with Promise Healthcare are supported by our Medication Assistance Program, Women's Health Coordinator, benefit enrollment staff, Prenatal Coordinator, and Interpreters. These are all enabling services critical to the execution of the program and not included in our Wellness and Justice proposal.

Comments

Agency did not indicate that the submitted application aligned with one of the four priorities identified by the Board. Focus of the application may align with the Innovative Practices and Access to Community Based Behavioral Health Services as it provides integrated mental health and primary care increasing access to services. Proposal itself is essentially unchanged from FY18.

Promise Healthcare is the federally qualified health center serving Champaign County. Of all patients served for any type of care, 23% are said to be low-income and uninsured and charged on a sliding fee scale with most paying a nominal fee.

Proposed scope of services includes mental health counseling, psychiatric services, and consultation and support to medical providers at Frances Nelson Health Center. Additional patient support services are provided through nursing staff and other agency resources. Program also supports psychiatric services delivered at Rosecrance Walnut Street location. Collaboration between providers internal to Frances Nelson and with Rosecrance mental health services enables coordination of services and expands access. Frances Nelson based services are provided to patients of the health center or to Rosecrance clients seen at Walnut Street. Qualifications and credentials for primary staff are clearly described.

Access to Services for Rural Residents *For description see submitted Program Plan Part I form.*

Target Population

Promise Healthcare, provides primary health services for the uninsured and underinsured population of Champaign County through Frances Nelson, the SmileHealthy dental programs, and satellite clinics. In 2017 Promise Healthcare served 12,300 patients. In 2017 56% of Promise Healthcare patients were on Medicaid, 10% on Medicare, 10% had commercial insurance and 23% were low-income and uninsured. The uninsured patients are charged on a sliding fee scale--which utilizes federal poverty income guidelines to determine eligibility. Most self-pay patients receive a 100% discount for the provided health care services with us charging only a nominal fee. Of those that reported, 73% of our 2017 patients live below the Federal Poverty Level (FPL) and less than 5% live above 200% the FPL. For Hispanic/Latino as an ethnicity, of the nearly 12,300 patients served in 2017 for all programs, 24% reported as Hispanic or Latino. The breakdown of race for our 2017 patients is 37% black/African American, 50% white, and 13% other/more than one race/unknown. Of those who report as Hispanic/Latino about half report their race as white and about half do not select a race. While open to all, the Mental Health Services with Promise Healthcare program will target providing care to those who are patients of a Promise program or our collaboration with Rosecrance.

Promise Healthcare continues to provide on-site mental health services to achieve the integration of medical and behavioral health care as supported by both the National Council for Community Behavioral Healthcare (NCCBH) and the National Association of Community Health Centers (NACHC). Research conclusively supports that patients often address behavioral health issues with the primary health care provider, thus it is important to have immediate access to each other to achieve timely and appropriate diagnosis and treatment. With the support of Dr. Archana Chopra and our CCMHB Mental Health Services grant, 800-1000 patients are prescribed a behavioral health medication by their Promise primary care provider.

Our mental health and medical providers regularly collaborate, make referrals, and even walk a patient down the hall to meet with a therapist. The physical condition of many of the patients is significantly impacted by lifestyle choices, home and neighborhood environment, and exposure to violence and drugs. Our mental health program also supports our prenatal program.

Residency

Total Served	2297 in last full year, PY17	1842 in first and second quarters of PY18
Champaign Set	1109 (48.3%) for PY17	885 (48.0%) for PY18
Urbana Set	614 (26.7%) for PY17	471 (25.6%) for PY18
Rantoul -single	235 (10.2%) for PY17	198 (10.7%) for PY18
Mahomet - single	93 (4.0%) for PY17	70 (3.8%) for PY18
Other Champaign County	246 (10.7%) for PY17	218 (11.8%) for PY18

Demographics

Total Served 2297 in last full year, PY17

Age

Ages 0-6	7 (.3%)
Ages 7-12	15 (.7%)
Ages 13-18	58 (2.5%)
Ages 19-59	1,942 (84.5%)

Ages 60-75+ ---------- 275 (12.0%)

Race

White ---------- 1,468 (63.9%)
Black / AA ---------- 628 (27.3%)
Asian / PI ---------- 31 (1.3%)
Other (incl. Native American and Bi-racial) - 88 (3.8%)
Not Available Qty ---------- 82 (3.6%)

Gender

Male ---------- 904 (39.4%)
Female ---------- 1,393 (60.6%)

Ethnicity

Of Hispanic / Latino origin ---------- 96 (4.2%)
Not of Hispanic/Latino Origin ---------- 2,183 (95.0%)
Not Available Qty ---------- 18 (.8%)

Program Performance Measures

ACCESS

Performance Goals and Measures – 2019 Grant Year

We will integrate physical health and behavioral health care--which includes mental health counseling and psychiatry for established patients of Promise Healthcare who have been referred by our medical providers for mental/behavioral health services or Rosecrance case managers and counselors. Promise will offer limited availability for those not already patients of Promise or participating in Rosecrance services. Patients will be supported by nurses, primary care providers, and by enabling services.

Service providers for the 2019 grant will include:
Counseling services for adults and children
Behavioral health medication prescription and management by Promise Healthcare primary care providers and psychiatrists.
Behavioral health medication management nursing support
Enabling services by program coordinators, benefit enrollment staff, and interpreters.

Goal #1: 85% of patients internally referred for counseling will complete a Mental Health Assessment within three weeks of referral.

Goal #2: 90% of patients internally referred to a psychiatrist will be scheduled within 30 days of referral.

Consumer Access Actual Results from 2018 Grant Year

Goal #1: 90% of patients will complete a Mental Health Assessment within three weeks of referral.
Result: For the CCMHB grant year 2018, we expect that 80% of our patients will complete a MHA within 3 weeks by the end of the grant year.

Goal #2: 90% of referred patients will be scheduled with a psychiatrist within 30 days of referral.
Result: For the CCMHB grant year 2018, we expect that 100% of patients referred to a psychiatrist were scheduled within 30 days of referral.

The Mental Health Services program benefits from Promise Healthcare's commitment to making the Cultural and Linguistic Competency plan integrated throughout the organization. It is presented to the board of directors twice a year. It is a foundation for the work of staff Quality Improvement/Quality Assurance Committee and its Cultural and Linguistic Competency sub-committee.

The work of the Plan/Board/Committees are part of continuous quality improvement efforts to improve the access to and quality of the services we deliver. Examples include:
- providing in-person translation services for Spanish, French and Mandarin, phone translation for over 200 languages including for counseling and psychiatry
- frequently used Promise materials are available in English, Spanish, French, Mandarin.
- Staff trainings in CLC have helped inform on differences, challenges and potential barriers and empathizing the patient perspective
- Hearing and addressing concerns from patients or staff about CLC issues

Promise Healthcare and our CCMHB funded programs invest in collaboration and work closely with several program of Rosecrance, with Carle and OSF HealthCare Heart of Mary Medical Center, Champaign-Urbana Public Health District, HopeSprings, CU At Home, Restoration Urban Ministries and more.

Comments

Timeframe from referral to assessment with performance measure target are identified. Results from prior year are presented in relation to previously established target. Program slightly underperformed on counseling and exceeded target for psychiatry.

Measures and timeframes associated with engagement in services are not provided.

Quality improvement efforts and commitment to cultural competence are referenced. Collaboration with other health care providers/systems is also noted.

CONSUMER OUTCOMES

Performance Goals and Measures – 2019 Grant Year

Currently, consumer outcomes are measured for adults and children through the Global Assessment of Functioning (GAF) scale or the Children's Global Assessment of Scale (C-GAS) at the start and cessation of treatment. In FY 2019, we would like to integrate the use of the Patient Stress Questionnaire at the start and cessation of treatment and at regular intervals throughout treatment. Based on the CBT approach, intermittent evaluation of progress i.e. Depression Scale, Anxiety Scale, GAF, and goal achievement will be assessed at regular intervals.

Goal #1: 95% of clients enrolled in counseling will have an assessment completed at the start of treatment.

Goal #2: 90% of ongoing counseling clients will have a repeat assessment completed every 6 months or at case closure.

Performance Goals and Measures Actual Results for 2018 Grant Year

Goal #1: 95% of clients enrolled in counseling will have a GAF scale completed at the start of treatment. We continue to meet this goal. We only count treatment plan paitents for this goal. We should actually have 100% on this measure.

Goal #2: 90% of ongoing counseling clients will have a repeat GAF scale completed every 6 months or at case closure. We will continue to be able to meet this outcome. We are give the opportunity to review and revise the GAF with each progress note.

Comments

Program references tools to be used to measure client progress in relation to depression, anxiety, functioning, and goal attainment. New tool, Patient Stress Questionnaire, to be added to use of GAF and C-GAS instruments.

Projected change in client score(s) does not have a target. Measures are associated with use of the evaluation tool(s) rather than the results. A target associated with change in client functioning should be added as a performance outcome.

UTILIZATION

Treatment Plan Clients (TPCs) 370 & 1600. Counseling: 370 TPCs = Number of new patients (300) engaging in counseling services plus those from the prior year that continue (70) to engage in FY19. Psychiatry: 1600 TPCs = Number of new patients (400) engaging in psychiatry services plus those from the prior year that continue (1200) to be served in FY19.

Non-Treatment Plan Clients (NTPCs) 0 & 850. NTPC Psychiatry 850: Number of patients who receive their behavioral health medications from their Promise Healthcare primary care provider due to the support provided by Dr. Chopra. NTPC Counseling 0: Number of counseling patients patient does not complete assessment or choses to not engage in therapy with one of our therapists. No target is provided for Counseling NTPCs.

Service Contacts (SCs) 2,200 & 7,500, defined as number of service encounters by therapists (2,200) and medication management encounters by psychiatrists (7,500). Each encounter or attended appointment will be tracked and reported as an SC.

Community Service Events (CSEs) 0 & 10, defined as number of community events including health fairs therapists attend to promote the mental health program or educate community raise mental health awareness outside the health center. No target is provided for therapists participating is such events/activities. For psychiatry, CSE represents the monthly noon meetings Dr. Chopra will have with other Frances Nelson providers and nurses.

Other 100 & 0, defined as number of case management and consultation related activities performed by therapists (100). For psychiatrists, this would be consultations with medical providers related to treating patients with mental health issues, however, no target is provided for this activity.

Narrative *Section has been edited. For complete description, see submitted Program Plan Part I form.*

Mental Health Services with Promise Healthcare will include the following activities that will be reported using the noted categories:

- Continuing patients and new patients to counseling or seeing a psychiatrist (unduplicated) will be as Treatment Plan Clients.
- Non Treatment Plan Clients: We believe that we have built capacity for serving an additional 800 patients a year through PCPs. When a patient does not complete assessment or choses to not engage in therapy with one of our therapists, this is tracked in NTPC in counseling.
- Counseling encounters and medication management encounters by our psychiatrists will be tracked using SC to count each encounter or attended appointment.
- Community service events tracked as CSE includes our therapists promoting the mental health program or educating about mental health awareness outside the health center—typically a community event or health fair. For our psychiatrists, CSE is where we track the monthly noon meetings Dr. Chopra has with our other providers and nurses.
- Other: will include case management, enabling services, and visiting with prenatal patients provided by our counselors. For our psychiatrists this includes consultations with medical providers that assist in treating patients with mental health issues. Patients tracked here are not billable services.

Production goals based on program experience. There are two utilization tables in this proposal: counseling and psychiatry.

The case management/consultation covered by the grant is based on actual experience and does not include case management that is part of our Wellness program.

PY19 Annual target (per Utilization Form)

Quarter	TPC	NTPC	SC	CSE	OTHER
Annual Target(counseling)	370	0	2200	0	100
Annual Target(psychiatry)	1600	850	7500	0	10

PY18 First two quarters (per submitted Service Activity Reports)

Quarter	TPC	NTPC	SC	CSE	OTHER
First Quarter FY18	1513	489	2765	3	0
Second Quarter FY18	329	236	2610	3	0
Annual Target (counseling + psychiatry)	2020	850	9700	10	100

PY17 all four quarters (per submitted Service Activity Reports)

Quarter	TPC	NTPC	SC	CSE	OTHER
First Quarter FY17	1273	499	2326	2	22
Second Quarter FY17	282	411	2353	3	15
Third Quarter FY17	305	305	3046	1	6
Fourth Quarter FY17	391	391	2792	3	0
Annual Target	385	0	1900	2	100

Comments

Data presented in tables for FY17 and FY18 combine counseling and psychiatric service quarterly report totals. Residency and demographic data is for both populations. Target for Counseling patients is reduced from FY18 level.

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

PY19 CCMHB Funding Request $222,000
PY19 Total Program Budget $1,723,698
Current Year Funding (PY18) $222,000
Proposed Change in Funding - PY18 to PY19 = 0.0 percent
PY18 request was for $222,000
PY17 request was for $222,000, and PY17 award was for $222,000
PY16 request was for $165,000, and PY16 award was for $165,000

Program Staff - CCMHB Funds:
Indirect 0 FTEs, Direct 1 FTE, Total CCMHB = 1 FTE
Total Program Staff:
Indirect 1.1 FTEs, Direct 10.5 FTEs, Total Program = 11.6 FTEs

Budget Analysis: (staff comments) *Staffing pattern supports various positions providing direct and support services to patients receiving mental health care (counseling and psychiatry). Amount of time allocated to the program supported with CCMHB funds varies across positions ranges from very low to 20% with counselors and psychiatrists in the higher range.*

Funding from the CCMHB represents 12.9% of the total program budget.
Other revenue from United Way, at $5,000 or 0.3%, and Contributions – various, at $90,000 or 5.2%

Budget Analysis: (staff comments) *As a federally qualified health center, 77% of funding supporting the program is from federal grants and fee for service contracts, e.g. Medicaid and Medicare. The budget narrative describes sources of funds in detail. No state funds support the program. CCMHB funding represents 13% of program revenue and is fourth largest source of funding. The second largest source of support is tied to a medication assistance program. CCMHB funds support services provided to the underinsured/uninsured self-pay patients served by the program, estimated at 8% of all patients served.*
Amount requested from CCMHB is the same as awarded in FY18.

Personnel related costs are the primary expense charged to CCMHB, at 100.0 percent.

All funding requested from CCMHB supports personnel related expenses associated with direct service staff. No indirect staff costs are charged to the Board. Other funding pays the remaining personnel costs included those for indirect staff as well as all other expenses incurred by the program.

Audit Findings: Audit is in compliance.

Comment *audit is done on the calendar year, rather than state fiscal year.*

CCMHB FY19 Decision Priorities and Decision Support Criteria

Priority: Behavioral Health Supports for People with Justice System Involvement No
Priority: Innovative Practices and Access to Community Based Behavioral Health Services *Program did not select this priority although it may qualify here as it provides integrated mental health (counseling and psychiatric services) and primary care at Frances Nelson and operates a satellite site at the Rosecrance Walnut location providing psychiatric services.*
Priority: System of Care for Children, Youth, Families No
Priority: Collaboration with the Champaign County Developmental Disabilities Board No

Overarching Decision Support Criteria
Underserved Populations and Countywide Access Yes. *Promise Healthcare operates Frances Nelson, the federally qualified health center (FQHC) serving Champaign County. A high percentage of patients served by Frances Nelson live below the poverty level. Many are on Medicaid. About 23% of all patients served at Frances Nelson are uninsured or underinsured. About 8% of those receiving mental health services fall into one of these categories.*
Inclusion and Anti-Stigma No. *Addressing stigma is not a focus of the application.*
Outcomes Yes. *Access and consumer outcomes are presented. Consumer outcome evaluation tools and frequency of use are noted. Timeframes with targets for referral and assessment are listed. Consumer outcome section would benefit from an outcome tied to change in client functioning.*
Coordinated System Yes. *Program collaborates with Rosecrance on referral and engagement of patients seen at the satellite site at Rosecrance Walnut Street location. At Frances Nelson, collaboration occurs between mental health service and physical health care providers.*
Budget and Program Connectedness Yes. *Of total program funding, 13% is from CCMHB. All CCMHB funds are allocated to personnel related expenses.*
Realignment of PY18 Contracts to Address Priorities (incumbent programs only) *Requested funding is same as awarded for FY18.*

Technical Criteria
Approach/Methods/Innovation Yes. *Program places strong emphasis on integrating mental health care with primary care. In addition to serving patients, therapists, psychiatrist and nursing staff at Frances Nelson may consult with and provide support to medical providers managing patients with mental illness. Support services includes assistance with enrolling in benefit plans (Medicaid/MCO plans) and insurance, and with accessing prescriptions through a Medication Assistance Program.*
Staff Credentials Yes. *Clearly stated in services section of application.*
Resource Leveraging No. *CCMHB funds are not used as match but does fill gap in funding for services to under insured/uninsured patients at Frances Nelson. Federal grants and fee for service contracts are primary source of support.*

Process Considerations & Caveats
Staff Questions/Additional Information Requested (Due by May 4, 2018): *none.*
Contracting Considerations If this application is approved for funding, the applicant may be required to answer or submit the following for staff review and approval prior to execution of the final FY19 contract:

- *The Consumer Outcome section of the Part I form needs to have a performance outcome target associated with change in client functioning.*

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

2019 Summary Analysis of Applicant's Cultural and linguistic Competence Activities
CCMHB/DDB
RACES- Rape Advocacy Counseling and Education Services

CCMHB reviews all CLC plans submitted with FY2019 applications for funding, with particular attention to actions steps associated to benchmarks for each of the following action areas:

Required Benchmark by CCMHB/DDB	Summary of Actions outlined CLC Plan
Annual Cultural Competence Training	**Yes-** Annual Training will be provided.
Recruitment of Diverse backgrounds and skills for Board of Director and Workforce:	**Yes-**
Cultural Competence Organizational or Individual Assessment/Evaluation:	**Yes-** A self -assessment and organizational assessment will be conducted. If a deficit should a rise, there will be an action plan put in place to address the deficits.
Implementation of Cultural Competence Values in Policy and Procedure:	**Yes-**
Outreach and Engagement of Underrepresented and Marginalized Communities and target population defined in the criteria	**Yes-**Clients will have an opportunity to provide feedback about services. In addition, there will be information presented to underrepresented communities to raise awareness about Hotline information.
Inter-Agency Collaboration	**Yes-** Participate in Parkland College and University of Illinois Task Forces (2) to prevent sexual violence
Language and Communication Assistance	**Yes-**
Matched Actions with National Culturally and Linguistically Appropriate Services(CLAS) Standards in Health and Health Care.	**Yes**

2019 Summary Analysis of Applicant's Cultural and linguistic Competence Activities
CCMHB/DDB
RACES- Rape Advocacy Counseling and Education Services

Overall CLC Plan Comments

RACES had the required format for the CLC Plan. The summarized comments included by the actions is information that was highlighted from the CLC Plan and the Program Application.

Draft PY19 CCMHB Program Summary

Agency: **Rape Advocacy, Counseling, & Education Services**
Program: **Sexual Violence Prevention Education**

PY19 CCMHB Funding Request $18,600

PY19 Total Program Budget $110,004
Current Year Funding (PY18) $18,600
Proposed Change in Funding - PY18 to PY19 = 0.0 percent

Services/People Served

Service Description/Type

Because RACES's sexual violence prevention education programming is provided across the lifespan, we provide it in several different age-appropriate, evidence-informed modalities:

- Pre-school & elementary: radKids, a 6-session safety and empowerment curriculum
- Middle-school: The 4th R, a multi-session curriculum stressing empowerment, safe relationships, and response to disclosures of sexual violence (example: "what to do if your friend tells you she is being abused")
- High School: I (Heart) Consent, a multi-session program developed by RACES staff, with an even greater emphasis on safe and healthy relationships.
- Adult: Darkness to Light, a renowned program educating parents and youth program leaders on how to identify child sexual abuse if it is occurring, how to support the child if they tell, and adult behaviors that may signal an unhealthy relationship with a child.
- Adult: radWomen (Rape Awareness and Defense for Women), a safety and empowerment curriculum for late teens and adult women.
- Community Groups: our educators and administrative staff provide basic sexual violence prevention information and education at dozens of events per year such as service clubs, health fairs, college informational fairs, farmer's markets, panel discussions, and summer festival such as C-U Days at Douglass Park and Pride Fest.

It is our practice to schedule two trained educators for each session, so that if one of the attendees is upset by the topic one of the educators can take that person to a quiet spot and help them to get through the crisis.

We work with interested schools to provide programs that will fulfill the Erin's Law mandate.

Every program attendee is made aware of our 24-Hour crisis hotline and other free services available through RACES.

Each presentation, by discussing the reality of our difficult topic and the experiences of sexual violence survivors, helps to reduce the stigma felt by sexual assault victims. In addition, awareness activities such as event tabling and media spots also serve to reduce stigma.

Comments

Agency did not indicate that the submitted application aligned with one of the four priorities identified by the Board. One might consider the application to align with the System of Care for Children, Youth, and Families with respect to community education targeted to children, youth, and parents.

Agency has redefined services to be supported with CCMHB funds. Proposed scope of services focuses on prevention/education activities, not counseling or other victim support services. Education activities are targeted to specific age groups with age appropriate messaging as well as the community at large. Specific models are identified for the respective age groups. Some of the models involve a series of presentations/sessions. Education programs are offered throughout the county, primarily through the schools. Staff qualifications are listed in the Budget Narrative.

Access to Services for Rural Residents *For description see submitted Program Plan Part I form.*

Target Population

Sexual violence prevention education services conducted by Rape Advocacy, Counseling & Education Services (RACES), are provided to residents of Champaign County aged three through adulthood. Anyone with an interest in learning more about our issue and how to reduce the incidence of sexual violence is welcome to attend. The programming is provided in school and youth club settings, at PTAs and other parent organizations, and at evening and weekend classes which are open to the public. We attempt to publicize our service widely so that any interested group has access to the service. We reach out specifically to under-represented groups such as racial, ethnic minorities, rural residents, and LGBTQ groups to publicize our services. All sexual violence education services are free.

We provide services to any Champaign County resident regardless of their age, race, religion, sex, gender identity, disability status, sexual orientation, or other minority status.

Residency

Total Served	11 in last full year, PY17	2875 in first and second quarters, PY18
Champaign Set	5 (45.5%) for PY17	0 (.0%) for PY18
Urbana Set	2 (18.2%) for PY17	0 (.0%) for PY18
Rantoul -single	0 (.0%) for PY17	0 (.0%) for PY18
Mahomet - single	2 (18.2%) for PY17	0 (.0%) for PY18
Other Champaign County	2 (18.2%) for PY17	2,875 (100.0%) for PY18

Demographics

Total Served 11 in last full year, PY17

Age

Ages 13-18 ---------- 1 (9.1%)
Ages 19-59 ---------- 9 (81.8%)
Ages 60-75+ ---------- 1 (9.1%)

Race

White ---------- 8 (72.7%)
Asian / PI ---------- 2 (18.2%)
Other (incl. Native American and Bi-racial) - 1 (9.1%)

Gender

Female ---------- 10 (90.9%)
Other ---------- 1 (9.1%)

Ethnicity

Not of Hispanic/Latino Origin ---------- 11 (100.0%)

Program Performance Measures

ACCESS

All of the agency's prevention education programming is provided free of charge, so cost is never a barrier.
Consumer access to our sexual violence prevention education is straightforward. Most program requests are organized by a school or other organization, so the services are easily accessed by participants. In addition, people may hear about prevention programming through RACES' social media or our website and can email us to request a program for their group.

Since each prevention education presentation mentions the entire array of RACES' services, people are also made aware of our free counseling and rape crisis hotline, medical advocacy and court advocacy services.
There is no specific screening or referral required prior to prevention education programming.

Comments
Access to the educational programming is by request. Timeframe from point request is received to when the presentation(s) are scheduled and completed is not identified.
In addition to presenting the age appropriate model, information on other agency services is also shared.

CONSUMER OUTCOMES

As with most education initiatives, the ultimate desired outcome is to change behaviors and attitudes over a lifetime; the ability to measure such changes over decades is beyond the scope of a small, local agency. we seek to (a)increase participant knowledge about sexual violence causes and effects, and (2)improve local response to victims of sexual violence.

As part of a statewide coalition of rape crisis centers, all Illinois rape crisis centers are moving toward aligning efforts with a nationwide violence prevention initiative spearheaded by the Centers for Disease Control (CDC). Our efforts will be reported in a standardized manner to a national database, there to be bundled with results from programs across the nation (MRS reporting). Because the CDC requires evidence-based or evidence-informed programming, the initiative has the potential to transform how stakeholders think about and evaluate violence prevention programming.

In addition to contributing to the nationwide initiative, we are revamping the measures we use on presentation level. We have started working with the CCMHB Evaluation Consultants to move beyond simple satisfaction surveys and to find or create some meaningful metrics so we can monitor our work. Age-appropriate pre-test/post-test surveys are being developed in association with the Evaluation Consultants.

Our presentations seek to:
(1) increase participant knowledge about sexual violence causes and effects (CDC strategies 1,2,3)
(2) improve local response to victims of sexual violence (CDC strategies 4,5).

In presentations we plan to measure impact in several age-appropriate ways. For Prevention Education for ages middle-school through adults, we use a pre-test/post-test model to measure immediate learning and attitude change. For the younger students, we use teacher assessment to gauge learning.

For training delivered to professionals, we use pre-test/post-test as well.

For a measure of the community's response to victim needs, we plan to enhance our RACES client satisfaction surveys to gather information on victims' experiences with other entities as well as with our own services.

Comments

Agency is part of statewide initiative to align with the Center for Disease Control violence prevention initiative. Use of evidence based or evidence informed programming is required by the CDC as is standardized reporting to a national database to participate in the initiative. Methods for collecting data are identified as are two outcomes that align with CDC initiative.

Other local measures are apparently being developed/revamped. While the agency is not one of the four targeted programs, it is receiving assistance with evaluation and outcome measurement from the UIUC Program Evaluation team via the consultation bank.

UTILIZATION

Service Contacts (SCs) 2,000, defined as number of individuals who attend and participate in one of our sexual violence prevention education presentations (duplicated count due to multiple sessions). Will also report contacts at fairs and other community events (will count those who stop at our table and say something to the staffers).

Since Community Service Events will track number of presentations/events, is it necessary for the program to maintain records of inquiries occurring at a health fair? Tracking number of inquiries at health fairs or other public event seems unnecessarily burdensome and not verifiable.

Community Service Events (CSEs) 100, defined as number of in-person educational presentations presented by RACES staff or specially-trained RACES volunteers.

Other 12, defined as number of media interviews, awareness initiatives, or other situations where information about our issue and services are imparted indirectly to listeners.

Narrative *Section has been edited. For complete description, see submitted Program Plan Part I form.*
Note that although we cover a four-county area, we only report interactions with Champaign County residents.

Comments
Data for FY17 is for counseling and other interventions and not comparable to education activities. Agency was also severely impacted by state budget crisis that year and scaled back services to bare minimum.
FY18 services and targets are comparable to FY19. Based on first two quarters of FY18 data, the adjustment to FY19 targets is appropriate.

PY19 Annual target (per Utilization Form)

Quarter	TPC	NTPC	SC	CSE	OTHER
Annual Target	0	0	2000	100	12

PY18 First two quarters (per submitted Service Activity Reports)

Quarter	TPC	NTPC	SC	CSE	OTHER
First Quarter FY18	0	0	551	34	9
Second Quarter FY18	0	0	2324	51	6
Annual Target	0	0	500	100	12

PY17 all four quarters (per submitted Service Activity Reports)

Quarter	TPC	NTPC	SC	CSE	OTHER
Third Quarter FY17	0	0	0	5	0
Fourth Quarter FY17	11	0	0	12	0
Annual Target	30	13	35	180	4

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

PY19 CCMHB Funding Request $18,600
PY19 Total Program Budget $110,004
Current Year Funding (PY18) $18,600
Proposed Change in Funding - PY18 to PY19 = 0.0 percent
PY18 request was for $18,600
PY17 request was for $18,600, and PY17 award was for $18,600
PY16 request was for $18,600, and PY16 award was for $18,600

Program Staff - CCMHB Funds:
Indirect 0 FTEs, Direct 0.36 FTEs, Total CCMHB = 0.36 FTEs
Total Program Staff:
Indirect 0 FTEs, Direct 2 FTEs, Total Program = 2 FTEs
Budget Analysis: (staff comments) *CCMHB funds support part of one of the two fulltime staff members assigned to the program.*

Funding from the CCMHB represents 16.9% of the total program budget.
Other revenue from Contributions – various, $10,000 or 9.1 percent, and State, $40,004 = 36.3%
Budget Analysis: (staff comments) *Revenue supporting the program is a mix of federal, state, local funds. State general revenue funds are the single largest source of support (36.3%), followed by federal funds (32%) passed through the Illinois Coalition Against Sexual Assault (ICASA), and then the CCMHB at 16.9%. Contributions and a grant from the City of Urbana/Cunningham Township account for the remaining revenue.*
Amount requested from the CCMHB is the same as requested and awarded for FY18.

Personnel related costs are the primary expense charged to CCMHB, at 83.5 percent.
After accounting for personnel related expenses, the remaining 17% of CCMHB funds are allocated to the transportation and membership dues lines in almost equal amounts. The dues pays for the agency's membership in ICASA enabling the agency to access federal funds. Budget narrative is well done.

Audit Findings: Audit requirement is waived.

CCMHB FY19 Decision Priorities and Decision Support Criteria

Priority: Behavioral Health Supports for People with Justice System Involvement No
Priority: Innovative Practices and Access to Community Based Behavioral Health Services No
Priority: System of Care for Children, Youth, Families While this priority was not selected, *application could be considered to align with the System of Care for Children, Youth, and Families with respect community education targeted to children, youth, and parents.*
Priority: Collaboration with the Champaign County Developmental Disabilities Board No

Overarching Decision Support Criteria
Underserved Populations and Countywide Access Yes. *Program seeks to educate school age children, youth and parents about ways to protect oneself and/or respond to disclosures of sexual assault/abuse. Programming is offered throughout the county, primarily through schools.*
Inclusion and Anti-Stigma Yes. *Rape awareness education and prevention activities are tied to reducing stigma associated with being a victim of sexual violence.*
Outcomes Yes. *Consumer outcomes are identified as are efforts to improve data collection and evaluation. Regarding access measures, some sense of the time between when a request for presentation is received and when the program can hold the session should be provided.*
Coordinated System Yes. *Delivery of educational programming requires relationship with other entities. Services are scheduled on request in various venues.*
Budget and Program Connectedness Yes. *Budget narrative clearly identifies revenue, expenses, and personnel.*
Realignment of PY18 Contracts to Address Priorities (incumbent programs only) *Amount requested matches that awarded for FY18.*

Technical Criteria
Approach/Methods/Innovation Yes. *Age appropriate, evidenced informed curricula/models are referenced.*
Staff Credentials Yes. *Provided for all program staff and executive director in the budget narrative.*
Resource Leveraging Yes. *Wide range of funding sources comprise the revenue stream supporting the program. Some of CCMHB funds are allocated to pay ICASA membership dues enabling agency to receive federal pass through funds.*

Process Considerations & Caveats
Staff Questions/Additional Information Requested (Due by May 4, 2018):

- *How much time passes between the point RACES receives a request for particular education series, and when the series is actually held?*

Contracting Considerations If this application is approved for funding, the applicants may be required to answer or submit the following for staff review and approval prior to execution of the final FY19 contract:

- *Tracking number of inquiries at health fairs or other public event seems unnecessarily burdensome and not verifiable.*

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

Draft PY19 CCMHB Program Summary

Agency: **Rosecrance Central Illinois**
Program: **Crisis, Access, & Benefits**

PY19 CCMHB Funding Request $262,650

PY19 Total Program Budget $894,552
Current Year Funding (PY18) $228,002
Proposed Change in Funding - PY18 to PY19 = 15.2 percent

Services/People Served

Service Description/Type

Crisis Line is a 24-hour telephone service staffed by Bachelor's- and Master's-level clinicians. A Master's-level clinician oversees the day-to-day functions of the crisis line, acts as backup to the crisis clinicians by responding to crisis line calls, screening individuals during the walk-in times at Walnut, and providing community education regarding the crisis line and behavioral health services offered by Rosecrance.

Access/Crisis clinicians are both Bachelor's- and Master's-level clinicians who provide assessments and support to determine clients' immediate behavioral health needs. These interventions occur most often at the local emergency rooms, at Rosecrance facilities, and in collaboration with local law enforcement. The goal is to stabilize and restore functioning, and minimize disruption within the family and community. In addition, these clinicians complete intake screenings for people who present during walk-in times and are available to consult with police regarding incidents in the community. Crisis clinicians use a proprietary crisis assessment, founded in best practices and developed based on the Suicide Assessment Five-Step Evaluation and Triage (SAFE-T). The SAFE-T assists clinicians in conducting suicide assessments, using a 5-step evaluation and triage plan to identify both risk factors and protective factors, suicide inquiries, determining risk levels and potential interventions, and documenting treatment plans.

Benefits Case Management services are provided by one Master's-level licensed clinician employed by Rosecrance, and one case manager currently earning a Bachelor's degree in Political Science and Social Work, employed by Champaign County Health Care Consumers. Benefits Case Managers assist with applications, submissions, and appeal processes involved in obtaining the benefits necessary to receive behavioral health services.

Comments

Agency did not indicate the submitted application aligned with one of the four priorities identified by the Board. One might consider the application to align with aspects of the Behavioral Health Supports for People with Justice System Involvement due to support provided to law enforcement by the crisis team and the Champaign County Health Care Consumer subcontract.

Scope of services is unchanged from current contract. Program is comprised of three service elements: crisis line/crisis services, access to screenings for persons not experiencing a crisis, and assistance with enrolling in benefit entitlement/insurance plans. Staffing pattern and qualifications is referenced for the various services.

Around the clock countywide access is provided through the crisis line. Most crisis team contacts occur at the emergency departments and, while an option during business hours, less frequently at the Rosecrance Walnut Street facility. Team may also engage and consult with law enforcement on crisis contacts. Not mentioned is staff's participation in the Crisis Intervention Team Steering Committee. Assessment tool used by the crisis team is identified. Crisis team also supports access services by completing intake screenings for those presenting at the Walnut Street location. Benefits assistance includes completing applications and navigating the enrollment and/or appeals process. For adults involved with the criminal justice system, help with the benefit application process is provided under a subcontract with the Champaign County Health Care Consumers.

Access to Services for Rural Residents *For description see submitted Program Plan Part I form.*

Target Population

Crisis Line/Crisis Services: Anyone who presents by phone or in person with a mental health crisis in Champaign County. The crisis team also provides crisis screenings to any individual under the age of 21 determined to be ineligible for SASS screenings by the CARES Line.

Access: Anyone who calls or walks into our Walnut facility with behavioral health needs.

Benefits: Anyone from Champaign County requesting behavioral health services, but who has not been linked with entitlements. These services occur at our Walnut facility and at the jail.

Rationale: Mental Health America, in the "State of Mental Health in America 2018," states a number of facts that support the rationale for funding the crisis line and crisis services, specifically noting that:
a. One in five adults has a mental health condition. Using this formula, Champaign County has over 30,000 residents affected by mental illness, some of which will need emergent assistance.
b. This large number, coupled with a severe shortage in the mental health workforce, substantiates the critical role that the Rosecrance team fills in the community. There are not enough resources for those in need and trained clinical professionals are necessary to ensure timely assessments, as well as referral and linkage to the least restrictive setting possible.
c. Working with Champaign County Health Care Consumers, as well as providing a full-time Benefits Case Manager at the Walnut Street location, provides continuous value to those who previously did not have access to dental, vision and healthcare resources. With benefits in place, those with mental illness, who often have co-occurring physical health concerns, can get the care they need and avoid more expensive care in the emergency departments of local hospitals.
The continuum of Crisis, Access, and Benefit-acquisition services are critical to Champaign County residents, especially individuals or youth with behavioral health needs and families in crisis, for whom the Rosecrance or CCHCC staff may be the first link to treatment and recovery.

Residency

Total Served	183 in last full year, PY17	108 in first and second quarters, PY18
Champaign Set	100 (54.6%) for PY17	65 (60.2%) for PY18
Urbana Set	30 (16.4%) for PY17	24 (22.2%) for PY18
Rantoul -single	15 (8.2%) for PY17	9 (8.3%) for PY18
Mahomet - single	5 (2.7%) for PY17	4 (3.7%) for PY18
Other Champaign County	33 (18.0%) for PY17	6 (5.6%) for PY18

Demographics

Total Served 183 in last full year, PY17

Age

Ages 19-59 ---------- 166 (90.7%)
Ages 60-75+ ---------- 17 (9.3%)

Race

White ---------- 109 (59.6%)
Black / AA ---------- 63 (34.4%)
Asian / PI ---------- 1 (.5%)
Other (incl. Native American and Bi-racial) - 2 (1.1%)
Not Available Qty ---------- 8 (4.4%)

Gender

Male ---------- 126 (68.9%)
Female ---------- 57 (31.1%)

Ethnicity

Of Hispanic / Latino origin ---------- 3 (1.6%)
Not of Hispanic/Latino Origin ---------- 180 (98.4%)

Program Performance Measures

ACCESS
Consumer Access

1. Any individuals seeking and in need of behavioral health services are eligible for services.
2. Through direct referrals, first responder requests, phone referrals, and walk-ins, individuals will be screened and assessed by a clinician to determine current behavioral health needs and to provide linkage to appropriate services and needed levels of care.
3. The Crisis Line Coordinator and Supervisor of Access/Crisis/Crisis Residential will provide information through local outreach events. There is also local advertisement through radio ads and billboards. Rosecrance also has membership on Continuum of Care, the I-Plan committee, Mental Health Agency Council, and the Community Coalition, etc.
4. It is estimated that 100% of those seeking information, screening, or referral will receive those services.
5. It is estimated that clients seeking services will be screened the same day they are referred, call, or walk-in.
6. It is estimated that 100% of referred clients will be assessed for eligibility.
7. If it is determined the individual is in crisis, services are provided same day. For all other services, such as psychiatric, case management, counseling/therapy, capacity will dictate the length of time from assessment to engagement.
8. It is estimated that 100% of eligible clients experiencing a crisis situation will be engaged in services same day. For internal referrals, the estimated percentage of eligible clients who will be engaged in services within that time frame is estimated to be less than 50%. This estimate comes from the knowledge that for those referred for full mental health assessments, typically only 50% follow through. For all referrals outside the organization, this information is not available.
9. For Crisis, Crisis Line, or Access, the average length of engagement is 1-3 days with most individuals being served same day. The exception to this is Benefits Case Management engagement which could take several months for benefits determination and/or acquisition.

Demographic Information

1. Only required demographic information will be collected.

Comments
Program addresses all aspects of requested information related to Access Outcomes and performance measures. Program provides entry level services providing immediate access and engagement. One exception is benefits assistance where length of engagement is determined based on application/appeals/enrollment process. Timeframes and targets are identified.

CONSUMER OUTCOMES
Consumer Outcomes

1. Through the Access department, individuals will be screened and referred to appropriate services to meet their behavioral health needs. Through the Crisis department, individuals presenting with a mental health crisis will be assessed by a trained clinician to determine and facilitate the needed level of care to mitigate the crisis. Through the Benefits Case Managers, individuals will be assisted with obtaining benefits.
2. As stated above, Crisis clinicians use a proprietary crisis assessment, founded in best practices and developed based on the Suicide Assessment Five-Step Evaluation and Triage (SAFE-T). The SAFE-T assists clinicians in conducting suicide assessments, using a 5-step evaluation and triage plan to identify both risk factors and protective factors, suicide inquiries, determining risk levels and potential interventions, and documenting treatment plans. The organization also utilizes a client satisfaction survey to gather information about consumer outcomes. While not specific to crisis, the data from the evaluation is used to promote continuous quality improvement in all departments.
3. There are no established benchmarks regarding outcomes for the SAFE-T. The most important measure for Crisis Interventions is that individuals get the appropriate level of care based on the determined level of risk. For all individuals

assessed and discharged by Crisis Clinicians, a 24-hour follow up call is made and documented through a progress note. For all individuals assessed and admitted to Crisis Residential, a satisfaction survey is completed upon discharge from the Crisis Residential program. There is no evidenced based model for benefits acquisition. We can report the number of people we successfully assist with obtaining benefits.
4. As stated above, the assessment tools include a 24-our follow up call and progress note documentation for those assessed in crisis and discharged and a satisfaction survey is completed by individuals admitted and discharged from the Crisis Residential program.
5. For Crisis Staffing, benchmark levels are dictated by the Department of Mental Health (DMH) and include the following: number of face-to-face assessments initiated within 90 minutes of an identified or potential crisis, number of calls to identified crisis number answered by a live, trained person, and number of warm transfers are successfully transferred to a clinically credentialed person who is a Mental Health Professional (MHP) or Qualified Mental Health Professional (QMHP).
6. The above DMH benchmark levels include the following: 90% of face-to-face assessments initiated within 90 minutes of an identified or potential crisis, 90% of calls to identified crisis number are answered by a live, trained person, and 100% of warm transfers are successfully transferred to a clinically credentialed person who is a Mental Health Professional (MHP) or Qualified Mental Health Professional (QMHP).

Comments

Program identifies process for collecting data and outcomes to be tracked for crisis contacts. All persons assessed and discharged by the crisis team receive a follow-up call or if admitted to the Rosecrance Crisis Residential Center, formerly known as Respite Center, the opportunity to complete a satisfaction survey. Timeframes and performance targets for crisis line and crisis team are based on state standards. Access services related measures are addressed in the Access Outcomes section. Benefits assistance measure is tied to number of clients assisted.

UTILIZATION

Non-Treatment Plan Clients (NTPCs) 500, defined as number of Intake Screenings completed by Access Clinicians for those who are Champaign County residents.
Service Contacts (SCs) 3,500, defined as number of Crisis Line calls.
Community Service Events (CSEs) 25, defined as number of educational presentations, community events or requests for consultations attended by the Crisis Line Coordinator and/or Supervisor of Access/Crisis/Crisis Residential.
Other 225, defined as number of people served by the Rosecrance and CCHCC Benefits Case Managers. It is this client group for whom zip code and demographic data is reported to the Board.
Narrative *Section has been edited. For complete description, see submitted Program Plan Part I form.*

Comments

Program includes service data on crisis team activity in the comment section of the quarterly reports. Information provided includes volume of contacts by the team, locations of the contacts/response, and for contacts occurring at the emergency departments, whether person resides in county and out of county.

Supplemental data on law enforcement crisis intervention team contacts is available through the Crisis Intervention Team Steering Committee. This is aggregated data compiled courtesy of the Urbana Police Department.

PY19 Annual target (per Utilization Form)

Quarter	TPC	NTPC	SC	CSE	OTHER
Annual Target	0	500	3500	25	225

PY18 First two quarters (per submitted Service Activity Reports)

Quarter	TPC	NTPC	SC	CSE	OTHER
First Quarter FY18	0	179	921	5	46
Second Quarter FY18	0	187	1036	5	62
Annual Target	0	400	3500	20	160

PY17 all four quarters (per submitted Service Activity Reports)

Quarter	TPC	NTPC	SC	CSE	OTHER
First Quarter FY17	0	247	780	5	40
Second Quarter FY17	0	96	987	4	0
Third Quarter FY17	0	172	1162	3	44
Fourth Quarter FY17	55	204	1048	7	0
Annual Target	0	350	4400	30	200

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

PY19 CCMHB Funding Request $262,650
PY19 Total Program Budget $894,552
Current Year Funding (PY18) $228,002
Proposed Change in Funding - PY18 to PY19 = 15.2 percent
PY18 request was for $274,888
PY17 request was for $306,895, and PY17 award was for $255,440
PY16 request was for $282,291, and PY16 award was for $200,000

Program Staff - CCMHB Funds:
Indirect 0.3 FTEs, Direct 3.25 FTEs, Total CCMHB = 3.55 FTEs
Total Program Staff:
Indirect 1.02 FTEs, Direct 12.4 FTEs, Total Program = 13.42 FTEs

Budget Analysis: (staff comments) *Staffing pattern supported with CCMHB funds includes the fulltime Access/Crisis Line Liaison, 90% of the Benefits Case Manager (other 10% is part of the Criminal Justice application), 80% of the fulltime Crisis team leader, and 55% of the fulltime Crisis Supervisor. The remaining 30% is indirect staff time allocated to the program.*

The Benefits Case Manager assists clients with enrolling in benefit/entitlement plans and of particular note has expertise in SSDI/SSI applications.

The CCMHB funds are targeted to a few select positions as opposed to a percentage of each position working in the program. Total number of program direct staff is increased by .75 FTE over FY18 level. This increase in staff may result in part from the increased funding requested from the CCMHB supporting more of the crisis team leader and crisis supervisors time, enabling other funds to support crisis/access direct line staff.

Funding from the CCMHB represents 29.4% of the total program budget.
State revenue is at $454,604 =50.8%

Budget Analysis: (staff comments) *Funding for the program comes from a mix of state and local sources. State funding, grant contract and services billable to Medicaid/Managed Care Plans, provide 50.8% of program revenue. Funding requested from CCMHB is 29.4% of the program budget. Contracts with the two hospitals and University of Illinois account for 19.4% and are fee for service contracts. Less than 1% comes from client fees or other miscellaneous sources.*
Program is requesting a 15% increase over the amount awarded for FY18 but request is comparable to the amount awarded in FY17.

Personnel related costs are the primary expense charged to CCMHB, at 68.0 percent.

Balance of CCMHB funds is allocated to the Professional Fees/Consultants expense line. This line includes various expenses such as audit, legal, staff recruitment, as well as the overall 17% administrative fee(management and general)charged on expenses. The single largest expense within the line is for the Champaign County Health Care Consumers subcontract at $51,840. The subcontract assists adults involved with the criminal justice system with completing benefit/insurance applications.
The budget narrative includes an explanation of the allocation of indirect staff time and the management and general costs to the program.

Audit Findings: audit is in compliance.
Comment *CCMHB Audit Checklist is not included.*

CCMHB FY19 Decision Priorities and Decision Support Criteria

Priority: Behavioral Health Supports for People with Justice System Involvement *Possible alignment with the Behavioral Health Supports for People with Justice System Involvement due to support provided to law enforcement by the crisis team. However there are no access outcome measures associated with collaboration with law enforcement. The CCHCC Benefits Case Manager does assist adults involved with the criminal justice system.*
Priority: Innovative Practices and Access to Community Based Behavioral Health Services *Rosecrance Benefits Case Manager assisting with federal SSI/SSDI applications and navigating the appeals process fits a need associated with this priority.*
Priority: System of Care for Children, Youth, Families No
Priority: Collaboration with the Champaign County Developmental Disabilities Board No

Overarching Decision Support Criteria
Underserved Populations and Countywide Access Yes. *Program primarily serves adults in crisis, supports access screenings, and provides assistance with enrolling in Medicaid, MCO plans or insurance. Crisis line provides 24/7 access.*
Inclusion and Anti-Stigma No. *Fulltime access/crisis line liaison does community presentations on crisis services and also participates in other community events, however the activity is not described as anti-stigma but rather promoting crisis services and other services offered by Rosecrance.*
Outcomes Yes. *Access and consumer outcomes with performance measures are defined. Consumer outcomes focus on crisis contacts.*
Coordinated System No. *Application does not speak to coordination with other entities but crisis team does have relationship with law enforcement and local emergency departments. Access/Crisis Line Liaison is active in the community and Rosecrance is a member of various networks and councils.*
Budget and Program Connectedness Yes. *Budget supports staffing pattern. Support for Champaign County Health Care Consumers subcontract is included in the professional fees/consultation expense line.*
Realignment of PY18 Contracts to Address Priorities (incumbent programs only) *Program requests an increase of $34,648 that adds about 15% to the amount awarded for FY18.*

Technical Criteria
Approach/Methods/Innovation *Application does state "Crisis clinicians use a proprietary crisis assessment that is founded in best practices and was developed based on the Suicide Assessment Five-Step Evaluation and Triage (SAFE-T)."*
Staff Credentials Yes. *Clearly described in services section of Part I form.*
Resource Leveraging No. *Other funding in the budget is a mix of state and local sources of support, primarily through fee for services contracts. None of these other funds require a match or are the direct result of CCMHB participation in the program.*

Process Considerations & Caveats
Staff Questions/Additional Information Requested (Due by May 4, 2018): *none.*
Contracting Considerations If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final FY19 contract: *none.*
Applicant Review and Input Applicant is encouraged to review this document upon receipt and notify the CCMHB Executive Director in writing if there are factual errors which should be corrected prior to completion of the award process.
Recommendation Pending

Agency and Program acronyms

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

CAC - Children's Advocacy Center

CC – Community Choices

CCDDB – Champaign County Developmental Disabilities Board

CCHS – Champaign County Head Start, a program of the Regional Planning Commission

CCMHB – Champaign County Mental Health Board

CCRPC – Champaign County Regional Planning Commission

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

CN - Crisis Nursery

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

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

DMBGC - Don Moyer Boys & Girls Club

DSC - Developmental Services Center

ECIRMAC – East Central Illinois Refugee Mutual Assistance Center

ECMHD - Early Childhood Mental Health and Development, a program of Rosecrance Champaign/Urbana

FDC – Family Development Center

FS - Family Service of Champaign County

FN - Frances Nelson previously known as Frances Nelson Health Center Health Center. Healthcare facility operated by Promise Healthcare

GAP – Girls Advocacy Program, a program component of the Psychological Service Center.

MAYC - Mahomet Area Youth Club

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

PEARLS - Program to Encourage Active Rewarding Lives

PCHS - Prairie Center Health Systems

PHC – Promise Healthcare

PSC - Psychological Services Center (University of Illinois)

RAC or ECIRMAC – East Central Illinois Refugee Mutual Assistance Center

RACES – Rape Advocacy, Counseling, and Education Services

RCI – Rosecrance Central Illinois

RPC – Champaign County Regional Planning Commission

TIMES Center – Transitional Initiative Men's Emergency Shelter Center, a program of Rosecrance Champaign/Urbana

UCP – United Cerebral Palsy

UNCC – Urbana Neighborhood Community Connections Center

UP Center – Uniting in Pride Center

UW – United Way of Champaign County

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

Glossary of Other Terms and Acronyms

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

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

ACA – Affordable Care Act

ACMHAI – Association of Community Mental Health Authorities of Illinois

ANSA – Adult Needs and Strengths Assessment

APN – Advance Practice Nurse

ARMS – Automated Records Management System. Information management system used by law enforcement.

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

ASD – Autism Spectrum Disorder

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

ATOD – Alcohol, Tobacco and Other Drugs

CADC – Certified Alcohol and Drug Counselor, substance abuse professional providing clinical services that has met the certification requirements of the Illinois Alcoholism and Other Drug Abuse Professional Certification Association.

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

CBCL – Child Behavior Checklist.

CC – Champaign County

CCBoH – Champaign County Board of Health

C-GAF – Children's Global Assessment of Functioning

CILA – Community Integrated Living Arrangement

CIT – Crisis Intervention Team; law enforcement officer trained to respond to calls involving an individual exhibiting behaviors associated with mental illness.

CLC – Cultural and Linguistic Competence

CLST – Casey Life Skills Tool

CQL – Council on Equality and Leadership

CRT – Co-Responder Team; mobile crisis response intervention coupling a CIT trained law enforcement officer with a mental health crisis worker.

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

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

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

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

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

DCFS – Illinois Department of Children and Family Services.

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

DD – Developmental Disability

DFI – Donated Funds Initiative, source of matching funds for some CCMHB funded contracts. The Illinois Department of Human Services administers the DFI Program funded with federal Title XX Social Services Block Grant. The DFI is a

"match" program meaning community based agencies must match the DFI funding with locally generated funds. The required local match is 25 percent of the total DFI award.

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

DHS – Illinois Department of Human Services

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

DSM – Diagnostic Statistical Manual.

DSP – Direct Support Professional

DT – Developmental Training

EI – Early Intervention

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

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

ER – Emergency Room

FACES – Family Adaptability and Chesion Evaluation Scale

FAST – Family Assessment Tool

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

FOIA – Freedom of Information Act.

FQHC – Federally Qualified Health Center

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

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

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

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

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

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

ICADV – Illinois Coalition Against Domestic Violence

ICASA – Illinois Coalition Against Sexual Assault

ICDVP - Illinois Certified Domestic Violence Professional

ICFDD – Intermediate Care Facility for the Developmentally Disabled

ICJIA - Illinois Criminal Justice Authority

ID – Intellectual Disability

IDOC – Illinois Department of Corrections

I&R – Information and Referral

IPLAN - Illinois Project for Local Assessment of Needs. The Illinois Project for Local Assessment of Needs (IPLAN) is a community health assessment and planning process that is conducted every five years by local health jurisdictions in Illinois. Based on the *Assessment Protocol for Excellence in Public Health* (APEX-PH) model, IPLAN is grounded in the core functions of public health and addresses public health practice standards. The completion of IPLAN fulfills most of the requirements for Local Health Department certification under Illinois Administrative Code Section 600.400: Certified Local Health Department Code Public Health Practice Standards. The essential elements of IPLAN are:

1. an organizational capacity assessment;
2. a community health needs assessment; and

3. a community health plan, focusing on a minimum of three priority health problems.

ISC – Independent Service Coordination

ISP – Individual Service Plan

ISSA – Independent Service & Support Advocacy

JDC – Juvenile Detention Center

JJ – Juvenile Justice

JJPD – Juvenile Justice Post Detention

LCPC – Licensed Clinical Professional Counselor

LCSW – Licensed Clinical Social Worker

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

LPC – Licensed Professional Counselor

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

MDT – Multi-Disciplinary Team

MH – Mental Health.

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

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

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

NMT – Neurodevelopmental Model of Therapeutics

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

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

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

OMA – Open Meetings Act.

PAS – Pre-Admission Screening

PCI – Parent Child Interaction groups.

PCP – Person Centered Planning

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

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

PPSP – Parent Peer Support Partner

PTSD – Post-Traumatic Stress Disorder

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

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

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

QIDP – Qualified Intellectual Disabilities Professional

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

SA – Substance Abuse

SAMHSA – Substance Abuse and Mental Health Services Administration, a division of the federal Department of Health and Human Services

SASS – Screening Assessment and Support Services is a state program that provides crisis intervention for children and youth on Medicaid or uninsured.

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

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

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

SEDS – Social Emotional Development Specialist

SEL – Social Emotional Learning

SFI – Savannah Family Institute. Manages the Parenting with Love and Limits (PLL) model.

SUD – Substance Use Disorder

TALKS - TALKS Mentoring (Transferring A Little Knowledge Systematically)

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

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

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

YASI – Youth Assessment and Screening Instrument. Instrument assesses risks, needs, and protective factors in youth. Instrument is used in Champaign County by the Youth Assessment Center, Juvenile Detention Center, and Parenting with Love and Limits programs.