

**Champaign County Mental Health Board
 April 18, 2018 Board Packet Addendum D
 System of Care for Children, Youth, and Families Priority**

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2019 Summary Analysis of Applicant's Cultural and Linguistic Competence Activities
CCMHB/DDB (Draft)
Children's Advocacy Center

CCMHB/DDB 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/DDB	Summary of Actions outlined CLC Plan
<i>Annual Cultural Competence Training</i>	Yes- CAC staff and Governing Board Members will complete at least one cultural competence training in each six-month half of the plan year.
<i>Recruitment of Diverse backgrounds and skills for Board of Director and Workforce:</i>	Yes- The Board will annually evaluate the diversity of the Board and the Multidisciplinary Team.
<i>Cultural Competence Organizational or Individual Assessment/Evaluation:</i>	Yes- The Executive Director will conduct a semi-annual assessment of the facility to ensure that the facility is inviting to all children and families and respects the diversity of our clients. The Executive Director will purchase magazines, decorations, toys, interview aids, etc. that reflect the needs and interests of the population served.
<i>Implementation of Cultural Competence Values in Policy and Procedure:</i>	Yes- Ensure compliance with the National Children's Alliance's Accreditation Standard for Cultural Competence "requiring that culturally competent services are routinely made available to all CAC clients and coordinated with the Multidisciplinary Team response."
<i>Outreach and Engagement of Underrepresented and Marginalized Communities and target population defined in the criteria</i>	No- At least quarterly, The Executive Director and Forensic Interviewer will implement one community engagement and/or outreach activity that will reflect the diversity of the community.

2019 Summary Analysis of Applicant's Cultural and Linguistic Competence Activities
CCMHB/DDB (Draft)
Children's Advocacy Center

<i>Inter-Agency Collaboration</i>	Yes- Refer clients to community-based services that are culturally-appropriate, and sensitive to the client/family's needs.
<i>Language and Communication Assistance</i>	<p>Yes- CAC staff and MDT investigators will utilize interpreters so that child interviews are conducted in the child's language of choice.</p> <p>CAC staff and MDT investigators will enlist interpreters so that family social histories are conducted in the family's language of choice.</p> <p>CAC staff will enlist interpreters in order to provide follow-up services in the family's language of choice.</p> <p>The MDT Coordinator will maintain a current list of language and sign-language interpreters.</p> <p>The Executive Director will maintain an Interagency Agreement with the East Central Illinois Refugee Mutual Assistance Center.</p>
<i>Matched Actions with National Culturally and Linguistically Appropriate Services (CLAS) Standards in Health and Health Care.</i>	Yes

Overall CLC Plan Comments

The CLC Plan included the themes of the National CLAS Standards, however some actions and benchmarks did not match up with the CLAS Standards within the category. Most of the required benchmarks were present within the CLC Plan and the program application. The statements summarized is information directly from the CLC Plan or the program Application.

Draft PY19 CCMHB Program Summary
Agency: Champaign County Children's Advocacy Center
Program: Champaign County Children's Advocacy Center

PY19 CCMHB Funding Request \$56,249

PY19 Total Program Budget \$355,434

Current Year Funding (PY18) \$37,080

Proposed Change in Funding - PY18 to PY19 51.7 percent

Services/People Served

Service Description/Type

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

The CAC-based child forensic interviewer position was added to the staff array in 2014 and additional child forensic interviewer was added in 2017. Although child forensic interviews may be conducted by any certified investigator, research has shown that the child benefits from speaking with the CAC-based forensic interviewer (CAC-FI) in the following ways:

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

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

The CAC contracts with four local Master's-level clinicians (Stephanie Beard, Christine Washo, Ann Chan and Pamela Wendt) to provide free crisis counseling services to the child and any non-offending family member. Counseling services are underwritten by funding from the Victims of Crime Assistance grant.

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

Comments

Program applies under the System of Care for Children, Youth, and Families priority. Due to the involvement of law enforcement in most cases and support services targeted to needs of the victim and non-offending family members, program could also be considered under the Behavioral Health/Justice System Involvement priority. No substantive changes to the scope of services or target population from prior application.

Program is an established contract with a long history of support from the CCMHB. The agency provides a safe

secure location for multidisciplinary teams, using the services of the CAC forensic interviewer, to interview children and youth, under age 18, believed to be victims of sexual abuse or serious physical abuse. Alleged victims who are adults with a developmental disability may also be interviewed at the CAC. A key element of the agency and program is the support it provides to the child/youth and to non-offending members of the family during the initial interview and as necessary through the ensuing court proceedings. Case management, crisis intervention, linkage and referral are provided to families. Use of the facility by multidisciplinary team members follows the CAC multi-disciplinary investigation of child abuse protocol. Services are provided on location. Transportation to initial interview typically provided by investigating authority but if not, case manager will assist with arranging transportation to interview via cab company and for future meetings/services. Target population and services provided at the CAC are well defined.

The CAC may also be used to interview cases originating in Ford County - explanation of source of financial support for services provided to Ford County families would be helpful.

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

Target Population

The Children’s Advocacy Center (CAC) of Champaign County provides a multidisciplinary response to allegations of sexual and serious physical abuse of children under 18 years of age. Investigators may also interview older victims with developmental disabilities at the CAC.

Geographically, services are provided to young victims of alleged abuse who live in, have lived in, or who are currently located in Champaign County or Ford County.

Services are offered free of charge to every child and their non-offending family member, regardless of whether a disclosure of abuse is made by the child.

Determinations as to whether a particular case of child abuse meets the abuse eligibility requirements are made by law enforcement and DCFS investigators, in accordance with the CAC Protocol for Multi-Disciplinary Investigation of Child Abuse. The Protocol is aligned with the National Children’s Alliance performance standards and is reviewed annually by the CAC Governing Board.

In addition to its use in the investigation of Champaign County abuse cases, the CAC facility is made available to any Champaign County investigator for interviews of both child victims of other serious crimes, and of child witnesses to violence. The Executive Director also has discretion to allow use of the CAC by investigators from other counties and jurisdictions, including federal law enforcement entities.

In 1989 the state of Illinois developed the Child Advocacy Center Act (55 ILCS 80) that states that each county shall develop a CAC with a written operational protocol to “ensure coordination and cooperation among all agencies involved in child maltreatment cases so as to increase the efficiency and effectiveness of those agencies , to minimize the trauma created for the child and his or her non-offending parents, caregivers or family members by the investigatory and judicial process, and to ensure that more effective treatment is provided for the child and his or her non-offending parents, caregivers or family members.”

Residency

Total Served	187 (last full year = PY17)	111 (PY18, first and second quarters)
Champaign Set	50 (26.7%) for PY17	42 (37.8%) for PY18
Urbana Set	43 (23.0%) for PY17	20 (18.0%) for PY18
Rantoul	35 (18.7%) for PY17	17 (15.3%) for PY18
Mahomet	13 (7.0%) for PY17	2 (1.8%) for PY18
Other Champaign County	46 (24.6%) for PY17	30 (27.0%) for PY18

Demographics

Total Served 187 in PY17

Age	
Ages 0-6 -----	47 (25.1%)
Ages 7-12 -----	82 (43.9%)
Ages 13-18 -----	58 (31.0%)
Race	
White -----	101 (54.0%)
Black / AA -----	44 (23.5%)
Asian / PI -----	5 (2.7%)
Other (incl. Native American and Bi-racial) -	34 (18.2%)
Not Available Qty -----	3 (1.6%)
Gender	
Male -----	54 (28.9%)
Female -----	133 (71.1%)
Ethnicity	
Of Hispanic / Latino origin -----	15 (8.0%)
Not of Hispanic/Latino Origin -----	172 (92.0%)

Program Performance Measures

ACCESS

To ensure timely access to services, the CAC facility and staff are available year-round. Referrals to the CAC are made by law enforcement agencies and the Illinois Department of Children and Family Services in accordance with the CAC Protocol. Interviews of children referred to the CAC are scheduled in a timely manner; over 98% of our interviews are conducted within 48 hours of the requested time. In conjunction with each child forensic interview, the CAC Case Manager completes a social assessment with the child's parent/caregiver. All cases opened for services are staffed by the Multidisciplinary Team (MDT) immediately following the interview, and at the next scheduled monthly case review meeting. The average length of engagement is 6-12 months; cases remain open longer if an associated criminal case is still in process. All cases are staffed by the CAC Executive Director and Case Manager prior to closure. The CAC utilizes a computer database and various Excel spreadsheets to track and report on access measures (i.e., referrals for interviews, interviews conducted, demographics, assessments conducted, MDT case review meetings held, referrals for services, case closures, etc.).

The CAC Executive Director annually presents CAC local client demographics to the Governing Board, with state and national demographics as comparisons. This review allows the CAC to identify potential gaps in services and to ensure that the Center is responding appropriately to access issues. The CAC's Cultural Competency Plan, which is reviewed and reported on semi-annually, serves as an additional vehicle for measuring consumer access.

The CAC's facility at 201 W. Kenyon Road in Champaign is located within the Champaign-Urbana Public Health District (CUPHD) building. Ample free parking, including designated handicapped parking, is adjacent to the facility, and the city bus has a stop right in the parking lot. The main entrance to the CAC is handicapped accessible via a wheelchair ramp. The interior of the CAC is fully accessible and the CAC's private restroom is equipped with handicapped rails. To ensure the privacy and confidentiality of our clients, the CAC has an entrance separate from the CUPHD.

The CAC meets the needs of non-English-speaking clients during the initial interview and subsequent follow-up services. To the extent possible, all services are delivered in the family's language of choice. When appropriate, the CAC accesses language interpreter services through various agencies and private parties. The CAC also maintains a list of sign language interpreters to provide assistance for the hearing impaired. The CAC and the Refugee Center have entered into a formal Cooperative Services Agreement to ensure access to services for non-English-speaking clients.

The CAC contracts with a master's level clinician who can conduct therapy in Spanish or Portuguese for those families who desire such a service. The CAC also maintains a number of Spanish-language materials informational/ educational brochures and pamphlets, and Spanish-language children's books in the playroom.

The CAC of Champaign County is accredited by the National Children's Alliance (NCA). Accreditation by the NCA is recognition that the Center has achieved a level of multidisciplinary collaboration and coordinated services delivery that significantly improves the experience and well-being of children who are subjects of child abuse investigation.

Comments

The section is unchanged from prior year. Referral and access to services align with the CAC established multi-disciplinary team investigation protocol. Agency is accredited by the National Children's Alliance. Timeframe for interview following referral is noted as is average length of engagement with case manager. Case review proceeds closing of any youth/family receiving case management. Measures associated with the timeframes are not provided although 98% of interviews are said to occur within 48 hours.

CONSUMER OUTCOMES

The CAC tracks and measures consumer outcomes in a number of ways. The Case Manager, in consultation with the child's non-offending parent/caregiver, completes a comprehensive social assessment for each child at the time of intake. The social assessment serves as a pre-service measure of well-being, assists with the identification of child and family strengths, highlights areas of concern, and serves as a guide for identifying appropriate community-based services and making initial service referrals. The Case Manager tracks the ongoing status of each client through frequent telephone, in-person, and written contacts, and documents those contacts in the CAC database. Regular monthly and case-specific Multidisciplinary Team (MDT) case review meetings provide additional opportunities to measure post-service outcomes.

The CAC also tracks the disposition of all criminal cases involving clients interviewed at the Center, including the quality of forensic interviews conducted at our facility.

When considering case closure, the Case Manager evaluates each case using established closure criteria. If the Case Manager determines that the case is eligible for closure, she discusses that recommendation with the Executive Director, who grants final approval for closure. The CAC tracks the number of cases closed each month.

New in January 2016, the CAC began to participate in a nationwide CAC initiative called the Outcome Measurement System (OMS). The system, developed by our national accrediting agency NCA, is a tablet-based parent survey offered to the parent at the end of the initial CAC visit. Questions include perceptions of the initial visit experience and about whether the child had his or her needs met at the interview, and whether there are more services required by either the child or the family.

Responses are uploaded to a secure website and collated with national results, giving state and national statistics to use for benchmarking. Results of the OMS surveys will be summarized annually for presentation to the CAC Governing Board. The review is a vehicle for assessing the level of consumer satisfaction with the services being provided by the CAC, and for ensuring that we are responding to the needs of the children and families we serve.

The OMS system also includes a survey of the entire Multi-Disciplinary Team (MDT), seeking feedback on whether the CAC is meeting the needs of various professionals and investigators who work with the CAC children. The OMS MDT survey was conducted in November of 2015 and garnered all positive or very positive ratings.

Comments

Program makes no changes to this section. Measures are not defined, but method of collecting data is described.

Initial engagement by case manager is said to serve as a pre-assessment measure of child and family well-being and identifies strengths and needs. Efforts to address needs are documented in the case file and reviewed at case closure. There is no measure linking assessed needs to needs addressed at case closure.

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

quantify results yet measures are not defined and results omitted. Lack of measures derived from the Outcome Measurement System or the case manager specific services are considered a weakness of the application.

To improve outcome measures, agency should utilize the technical assistance available from the consultation bank offered through the UIUC Program Evaluation contract.

UTILIZATION

Treatment Plan Clients (TPCs) 180 defined as number of children or youth who:

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

Non-Treatment Plan Clients (NTPCs) 35 defined as number of children or youth who:

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

Service Contacts (SCs) 175 defined as number of Treatment Plan Client and Non-Treatment Plan Client categories combined. This total will reflect Champaign County resident children only.

Comment

Question of how Service Contact target could be lower than projected TPCs, let alone the addition of NTPCs, to the number reported.

Community Service Events (CSEs) 12, include the annual Child Abuse Prevention Month activities each April, public presentations (e.g., television and radio appearances, interviews for newspaper articles), consultations with community groups (e.g., presentations to other service providers, classroom presentations), and meetings with small groups to publicize or promote the program.

Other category will not be used in this plan year.

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

Although for many of our young clients, services are delivered via the non-offending parent/caregiver (ex: case management to the family help secure stable housing), we count the child only, not the non-offending adult. In families where more than one child was victimized, each child is counted as a unique client.

Comments

Program reports upward trend in number of children/youth interviewed at the CAC over the last three years. Presumably this trend is specific to Champaign County cases. Total of new cases is represented in reported number of SCs (new TPCs + new NTPCs).

PY19 Annual target (per Utilization Form)

Quarter	TPC	NTPC	SC	CSE	OTHER
Annual Target	180	35	175	12	0

PY18 First two quarters (per submitted Service Activity Reports)

Quarter	TPC	NTPC	SC	CSE	OTHER
First Quarter FY18	103	7	57	3	0
Second Quarter FY18	38	16	54	5	0
Annual Target	130	10	140	12	0

PY17 all four quarters (per submitted Service Activity Reports)

Quarter	TPC	NTPC	SC	CSE	OTHER
First Quarter FY17	180	8	59	3	0
Second Quarter FY17	34	16	50	0	0
Third Quarter FY17	44	1	45	7	0
Fourth Quarter FY17	30	3	33	5	0

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

PY19 CCMHB Funding Request \$56,249
PY19 Total Program Budget \$355,434
Current Year Funding (PY18) \$37,080
Proposed Change in Funding - PY18 to PY19 51.7 percent
PY18 request was for \$37,080
PY17 request was for \$37,080, and **PY17** award was for \$37,080
PY16 request was for \$37,080, and **PY16** award was for \$37,080

Program Staff - CCMHB Funds:

Indirect = 0.39 FTEs, Direct = 0.32 FTEs, Total CCMHB = 0.71 FTEs

Total Program Staff:

Indirect FTEs Direct FTEs Total Program FTEs

Budget Analysis: (staff comments)

Total Program Staff section of Personnel Form not completed by the applicant. The percentage of staff time allocated to the total program is not available.

Funding from the CCMHB represents 15.8% of the total program budget. $\$56,249 / \$355,434 = 15.8\%$.

United Way = 0.6 percent; Contributions – various = 6.9 percent; State = 74.7%

Budget Analysis: (staff comments)

Three contracts comprise the state revenue total/percentage. Another 2% of revenue comes from a grant from the National Children's Alliance.

The requested increase of \$19,169 in CCMHB funding over FY18 funding appears tied to the increase in cases. Increased funding would be used in part to pay for the two Forensic Interviewer positions. The position conducts the child/youth interview regarding the alleged abuse. While an important aspect of the CAC, it would appear to be more of an investigative nature rather than support services associated with the victim and non-offending family members mental health or related needs.

Information provided in the budget narrative indicates increased funds have been requested from other sources to pay for more crisis counseling services from the private practice counselors under contract. Such services are more in line with CCMHB priorities. An explanation for why CCMHB funds should be used for investigation interview over support services is warranted.

Personnel related costs are the primary expense charged to CCMHB, at 98.7 percent.

Total Program Staff section of Personnel Form not completed by the applicant. This causes an error on expense form resulting in misrepresentation of the revenue over expenses for total program.

The other budgeted expense at less than two percent of costs charged to the CCMHB is for membership dues.

Audit Findings: Not Applicable

Comment: This program is included in the Champaign County Audit.

CCMHB FY19 Decision Priorities and Decision Support Criteria

Priority: Behavioral Health Supports for People with Justice System Involvement *Not the selected priority but program would meet this criterion as it is focused on serving child/youth victims of sexual abuse and serious physical abuse and non-offending family members.*

Priority: Innovative Practices and Access to Community Based Behavioral Health Services No.

Priority: System of Care for Children, Youth, Families Yes. Priority selected by agency. Program serves children/youth who are victims of alleged sexual abuse or serious physical abuse and non-offending family members.

Priority: Collaboration with the Champaign County Developmental Disabilities Board Target population includes adults with a developmental disability who are victims of alleged sexual abuse or serious physical abuse. However, program is not considered a service dedicated to serving the ID/DD population.

Overarching Decision Support Criteria

Underserved Populations and Countywide Access Yes. Initial contact is by law enforcement and/or DCFS. Office is located in Champaign. Investigating officer provides transport for initial interview. Program assists vulnerable population at critical point in investigation of alleged sexual abuse. Provides additional supports to child/family to meet mental health and other identified needs. CLC Plan review prefaces agency program summary.

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

Outcomes No. Applicant has not described specific measures. Narrative on access outcomes presents timeframes for initial investigative interview followed by length of engagement during which case management is provided to address mental health and other needs. Consumer outcomes note use of Outcome Measurement System but does not reference measures or report results. Agency should take advantage of the technical assistance available from the consultation bank offered through the UIUC Program Evaluation contract.

Coordinated System Yes. Primary coordination is with law enforcement, DCFS, and State's Attorney Office for multi-disciplinary team work investigating alleged abuse through resolution of case in courts.

Family Advocate (case manager) is responsible for coordinating access to human/social services while case is open. Family Advocate is a Licensed Professional Counselor.

Budget and Program Connectedness Yes. The CCMHB provides 16% agency/program funding. An incomplete personnel form creates error on expense form. Majority of funds are used to pay Executive Director salary and benefits. Increase funds support part of salary and benefits for two forensic interviewer positions and provide a raise to the family advocate/case manager.

Explanation for why portion of requested increase in CCMHB funds should be used to pay for forensic interviewer work rather than supporting access to mental health services is needed.

Realignment of PY18 Contracts to Address Priorities (incumbent programs only) Program requests \$19,169 increase from the CCMHB for FY19.

Technical Criteria

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

Staff Credentials Yes. Budget narrative personnel section includes description of staff qualifications.

Resource Leveraging Program relies on state funding for 75% of its budget. 2% (\$9,000) of budget comes from law enforcement voluntary assessments. Requested funding from CCMHB represents about 16% of program budget.

Process Considerations & Caveats

Staff Questions/Additional Information Requested (Due by May 4, 2018):

- An explanation for why CCMHB funds should be used for investigation interview over support services is warranted. What is the justification supporting the requested increase in funding? Use of funds for investigation over mental health supports? Staff raises?
- The CAC may also be used to interview cases originating in Ford County - explanation of source of financial support for services provided to Ford County families would be helpful.

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

- Personnel form needs to be corrected and then expense form updated.
- To improve outcome measures, agency should utilize the technical assistance available from the consultation bank offered 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

2019 Summary Analysis of Applicant's Cultural and linguistic Competence Activities
CCMHB/DDB
Champaign County Regional Planning Commission/ Champaign County Head Start

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

Required Benchmark by CCMHB	Summary of Actions outlined CLC Plan
<i>Annual Cultural Competence Training</i>	Yes- All staff will receive CLC Training during the orientation and during FY19
<i>Recruitment of Diverse backgrounds and skills for Board of Director and Workforce:</i>	Yes- Materials are provided to clients and on public pages about board involvement.
<i>Cultural Competence Organizational or Individual Assessment/Evaluation:</i>	Yes- Update questions regarding CLC to client satisfaction survey and utilized in needs assessment
<i>Implementation of Cultural Competence Values in Policy and Procedure:</i>	Yes - Provide funds for culturally sensitive items requested within reason and affordability.
<i>Outreach and Engagement of Underrepresented and Marginalized Communities and target population defined in the criteria</i>	Yes- Monthly All Social Service MH and Trauma information is engagement and/or outreach activities to staff shared at 80% of the CCHS address mental health issues and facilitate Monthly Family Meetings and as services within the community. needed with other programs.
<i>Inter-Agency Collaboration</i>	Yes- There information is outlined in the program application.
<i>Language and Communication Assistance</i>	Yes - CCRPC has a list of interpreters and translators that all staff are aware of, has access to and understands their

2019 Summary Analysis of Applicant's Cultural and linguistic Competence Activities
 CCMHB/DDB
 Champaign County Regional Planning Commission/ Champaign County Head Start

	responsibility for utilizing when needed.
<i>Matched Actions with National Culturally and Linguistic Appropriate Services (CLAS) Standards in Health and Health Care.</i>	No- Format was not utilized that matched with the CLAS Standards.

Overall CLC Plan Comments

CCRPC Community Services and Head start have combined their efforts to submit one CLC Plan to ensure shared CLC Values across different departments that are serving people in Champaign County. The Plan was updated in July of 2018 there did not include the updated information about the CLAS Standards. All of the required benchmarks were present in the CLC Plan.

Draft PY19 CCMHB Program Summary

Agency: Champaign County Head Start/Early Head Start MHB

Program: Early Childhood Mental Health Services

PY19 CCMHB Funding Request \$135,179 – a NEW request

PY19 Total Program Budget \$152,395

Current Year Funding (PY18): n/a

Proposed Change in Funding - PY18 to PY19: n/a

Services/People Served

Service Description/Type

Champaign County Head Start/Early Head Start (CCHS) is seeking funding to hire three Early Childhood Mental Health Assistants to support the over-burdened Social-Emotional Development Specialist (SEDS) funded by the CCDDDB or the Mental Health Board for several years. The SEDS currently ensures social-emotional development programming for CCHS with its funded enrollment of 576 children, pregnant women and their families.

Children identified by the SEDS for services will receive support from the Early Childhood Mental Health Assistant assigned to serve specific program sites and options (center-based, home-based, and family childcare homes):

- assisting teaching staff and parents in writing individualized social-emotional goals to include in lesson plans for children identified through screening,
- developing with parents and teaching staff an Individual Success Plan for children who exhibit challenging behaviors,
- offering teachers social and emotional learning strategies,
- monitoring children's progress and outcomes, and
- providing information to families and staff.

Early Childhood Mental Health Assistant responsibilities will also include facilitating meetings with a child's parent(s) and teaching staff throughout the process of the child receiving services as well as supporting parents and teaching staff with resources, training, coaching, and modeling.

In the past two years, CCHS has reported to the Developmental Disability and Mental Health Boards a significant growth in Services/Screening contacts by the SEDS. In 2016, Services/Screening Contacts numbered 731; in 2017, Services/Screening Contacts numbered 824.

Conversely, New Non-Treatment Plan Clients numbers fell from the 2016 total of 195 to a total of 72 in 2017. New Treatment Plan Clients numbers fell from the 2016 total of 65 to a total of 58 in 2017.

The increase in Screenings and Service Contacts while the NTPC and TPC numbers actually decreased leads to the conclusion that the SEDS has had to increase the intensity of services. Much more of her time is spent on screenings, observations, and functional behavior assessments counted in Screenings & Contacts. Along with these activities, the subsequent meetings with staff and parents regarding screenings, observations, and assessments which includes discussing results, developing goals and plans, and evaluating progress, are also counted in Screenings & Contacts numbers. In addition, the SEDS reports that timelines have increased for completing assessments and beginning services.

Adding three Early Childhood Mental Health Assistants to support young children with early, frequent, and intensive services and will reduce the length of time from assessment to engagement in services by two weeks.

Comments

Program is a new proposal for FY19, submitted for consideration under the System of Care for Children, Youth, and Families priority. Proposal serves young children, parents, and Head Start classroom teachers address the child's social emotional development needs.

Social Emotional Disabilities Services has been funded as a DD program for many years, sometimes by the CCDDDB and sometimes by the CCMHB per intergovernmental agreement. Site visits and desk reviews confirm the trends referenced in this section. Mental health supports for two generations promote positive development, especially given the loss of last year another community-based early childhood MH program.

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

Target Population

Low-income children enrolled in Champaign County Head Start/Early Head Start (CCHS) who have been identified as needing Early Childhood Mental Health Services because they:

- score above the cut-off on the Ages and Stages Questionnaire – Social/ Emotional screening tool, or
- have exhibited challenging behaviors that interfere with their ability to learn in a group setting.

Research across disciplines has identified the importance of preschool as a prevention. Preschool plays a role in shrinking the achievement gap as well as slowing the flow of the school to prison pipeline. Participation in preschool impacts important quality of life outcomes like maintaining employment, reducing participation in the criminal justice system, and having savings accounts. These outcomes are linked to acquiring social-emotional skills such as self-regulation, emotional literacy, empathy, and interpersonal problem solving during the developmental window between birth and 5 years. Inadequate social and emotional developmental skills can negatively impact a child's future if intervention is not established in the early stages of development. Children must learn how to: identify their feelings as well as those of others, control their own feelings and behaviors, get along with other children, and practice problem solving skills. Without these skills, children's success rate in schools and relationships is at risk.

In a 2014 study by the CLEAR Trauma Center, Washington State University, Head Start children and their families scored higher than average on the Adverse Childhood Experiences (ACE) questionnaire, an indicator of exposure to trauma. Studies have found that higher ACE scores are predictive of lower scores on social-emotional assessments. High ACE scores increase risk for a child's development, attachment, and/or challenging behavior.

Ameliorating the impact of trauma within the early childhood population involves working closely with families, teachers, children, and other stakeholders within a trauma-informed care model. Securing funding from the Mental Health board for three Early Childhood Mental Health (ECMH) Assistants would allow Head Start to engage more effectively in providing the trauma informed services our students and families need. The ECMH Assistants would work under the direction of the Social-Emotional Development Specialist requested in the CCHS application to the CCDDDB to implement trauma-informed efforts for supporting the wellbeing of at-risk children in our community

Residency / Demographics

Comment As a new program proposal for FY19, no prior residency or demographic data are available.

Program Performance Measures

ACCESS:

1. Children are eligible for services funded by this grant if they score above the cut-off on the ASQ-SE screening and/or the Social-Emotional Development Specialist (SEDS) child observation indicates the child needs additional support with an Individual Success Plan.
2. The Social-Emotional Development Specialist identifies children for services funded by this MHB grant. She then assigns the child's services to the Early Childhood Mental Health Assistant at the child's site or program option (center-based, home-based, family childcare) for services.
3. CCHS recruits throughout Champaign County at local libraries, elementary schools, door to door, grocery/convenience stores, town/village events, community agencies, and many other locations. CCHS has outreach at community events such as the annual Champaign County Disability Expo, Read Across America, Week of the Young Child and local school district early childhood program child-find activities. CCHS shares information with families about the social-emotional services provided by the Early Childhood Mental Health (ECMH) Assistants at parent meetings, and through brochures and the parent handbook. Further, the

Assistants trainings that pertain to trauma informed care, social-emotional development, and strategies to reduce challenging behaviors and increase social-emotional skills.

4. All children needing individualized social-emotional lesson plan goals due to a high ASQ-SE score automatically receive services. For children identified for an Individual Success Plan, CCHS provides services to 100% of these children for whom it has parent permission to write and implement such a plan.
5. Teachers refer a child to the Social-Emotional Development Specialist (SEDS) within one week after screening yields an ASQ-SE score indicating eligibility for services. The SEDS will determine eligibility and assign children to the appropriate Early Childhood Mental Health Assistant within two working days of receiving referral from the child's teacher.

Within two weeks of obtaining parent permission to observe a child with challenging behaviors, the SEDS conducts the child observation in the classroom and determines the child's eligibility for an Individual Success Plan. The SEDS then assigns the child to the appropriate Early Childhood Mental Health Assistant within two working days of making the determination.

6. An estimated 90% of children will be assessed for eligibility within the timeframes identified above and in CCHS procedures.
7. Children with a high ASQ-SE score: Within two weeks of receiving assignment of a child for services, the Early Childhood Mental Health (ECMH) Assistant arranges a meeting for a child's parent(s), teachers and the ECMH Assistant to develop social-emotional goals for weekly classroom lesson plans. Teachers begin implementation of the goals within one day.

Children referred for challenging behaviors: Within two weeks of receiving assignment of a child for services, the ECMH Assistant facilitates a meeting for a child's parent(s), teachers and the ECMH Assistant to share the observation and develop a home-classroom Individual Success Plan for addressing the child's challenging behavior. Teachers begin implementation of the plan within one day.

8. CCHS estimates 80% of children eligible for Early Childhood Mental Health services will receive them within the timeframe described above and in CCHS procedures.
9. CCHS anticipates the average length of Early Childhood Mental Health services will be 9 months.

Comments

Program addresses all aspects of requested information related to access outcomes and performance measures. Eligibility determination, referral process, screening tool, and engagement with associated targets is provided. The SED Specialist activities are funded through the DD program.

CONSUMER OUTCOMES:

1. CCHS anticipates that at least 90% of enrolled children entering kindergarten, including children with a disability, will leave the program ready for kindergarten. CCHS anticipates that at least 85% of all enrolled children will make age-appropriate progress in social-emotional development.
2. CCHS administers the ASQ-SE every six months after an initial screening indicates a need for Early Childhood Mental Health Services. For on-going assessment of children, CCHS uses Teaching Strategies GOLD Online Assessment System (GOLD). GOLD is an authentic assessment tool and is equally valid and reliable for children with a disability and for those whose home language is not English. GOLD aligns with The Creative Curriculum, the Head Start Early Learning Outcomes Framework, and the Illinois Early Learning and Development Standards. GOLD allows teachers to enter observations daily, collect portfolios electronically, and assess children's development at any time.
3. For a child who previously scored above the cut-off on the ASQ-SE, the ECMH Assistant will complete a follow-up screening after six months to determine if the child continues to be eligible to receive services funded by this grant. For a child with an Individual Success Plan, the Early Childhood Mental Health Assistant will analyze the GOLD reports prior to and after implementation of the Individual Success Plan.
4. CCHS uses the ASQ-SE screening tool and the Teaching Strategies GOLD child assessment instrument for measuring children's development.
5. There is no comparative target or benchmark level for the Early Childhood Mental Health services.
6. CCHS anticipates that at least 56, or 75%, of children with individualized social-emotional goals will receive a "typical development" score for social-emotional development on a six-month follow-up ASQ-SE screening. CCHS anticipates that at least 15, or 50%, of children with an Individualized Success Plan will demonstrate improved

scores for social-emotional development from one full GOLD assessment period to the next (approximately three months).

Comments

Outcomes and targets are clearly articulated. For the evaluation process described in #2 and #3, it is assumed target is 100%. Evaluation tools are identified and establishes targets in the absence of existing benchmarks.

UTILIZATION:

Service Contacts (SCs) 600 defined as follow-up ASQ-SE screenings of children, follow-up individual child observations, parent and/or teacher meetings, positive behavior coaching, teacher mentoring, contact to support external referrals, parent support groups, and parent trainings.

Community Service Events (CSEs) 3 defined as collaboration with other agencies for community events such as the Disabilities Services Expo.

Other 12 defined as participation in mass screening events, information and training for staff, mental health information for teachers to add to parent newsletters.

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

Treatment Plan Clients and Non-Treatment Plan Clients will be tracked and reported by the Social-Emotional Development Specialist reporting for the CCDDDB grant.

Comments

Are the 12 Other the same as those typically reported for the DD program?

Those served could be reported as TPCs or NTPCs under this contract as well as the DD contract, since there are distinct services involved.

PY19 Annual target (per Utilization Form)

Quarter	TPC	NTPC	SC	CSE	OTHER
Annual Target	0	0	600	3	12

Comments No FY18 or FY17 data as this is a new request for funding.

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

PY19 CCMHB Funding Request \$135,179 - a NEW request

PY19 Total Program Budget \$152,395

Current Year Funding (PY18): n/a

Proposed Change in Funding - PY18 to PY19: n/a

Program Staff - CCMHB Funds: Indirect 0.05 FTEs, Direct 3 FTEs, Total CCMHB = 3.05 FTEs

Total Program Staff: Indirect 0.27 FTEs, Direct 3 FTEs, Total Program = 3.27 FTEs

Budget Analysis: (staff comments) Three full time Social Emotional Development Assistants and 5% of Fiscal Specialist are charged to this contract; 22% of a Program Manager is charged to the program but not to the CCMHB; the Social Emotional Development Specialist referring children to this program is charged to the DD program and not to this new program (should she not be listed on the personnel form?)

Funding from the CCMHB represents 88.7% of the total program budget.

Budget Analysis: (staff comments) Other revenue for this program is a portion of the federal Health & Human Services - Head Start grant (\$17,216). Total Agency (Head Start/Early Head Start) has revenue of \$7.9m and anticipates \$5,191,471 in total HHS grant. In FY18, CCMHB funds a DD program within Head Start, to which \$36,845 of this grant is allocated. For FY19, the DD program proposal allocates \$17,498; the total of FY19 CCMHB funded programs within Head Start would use \$34,714 of the federal grant, a small decrease from FY18.

Personnel related costs are the primary expense charged to CCMHB, at 98.2%.

Budget Analysis: (staff comments) Other expenses are \$500 for consumables, \$550 for staff development, \$1,335 transportation. Total program personnel costs are higher than total CCMHB personnel costs by an amount equal to the portion of federal HS funding.

Audit Findings: Not Applicable

Comment This program is included in the Champaign County Audit.

CCMHB FY18 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 Yes. Program serves young children, assisting parents and Head Start classroom teachers with development of social emotional development plans and monitors child progress.

Priority: Collaboration with the Champaign County Developmental Disabilities Board No

Overarching Decision Support Criteria

Underserved Populations and Countywide Access Yes. Program serves low-income families with young children enrolled in Head Start.

Inclusion and Anti-Stigma No Not directly.

Outcomes Yes. Program presents requested information related to access and consumer outcomes and associated performance measures.

Coordinated System Yes.

Budget and Program Connectedness Yes. Budget Narrative provides detail on each revenue source for total agency (does not explain why the specific amount of federal HS grant is allocated to this program), describes program-specific responsibilities of the identified staff positions, and explains what is anticipated for each expense category.

Realignment of PY18 Contracts to Address Priorities (incumbent programs only) This is a new proposal for FY19.

Technical Criteria

Approach/Methods/Innovation: Yes. Program uses the Ages and Stages Questionnaire-Social Emotional to screen children and develop services plans, provide support services to family and Head Start classroom teacher.

Staff Credentials: Yes. Budget Narrative describes the qualifications of the three Early Childhood Mental Health Assistants to be hired.

Resource Leveraging No, although since the application was submitted, Head Start applied for and was awarded a federal grant to enhance its work in this area.

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:

- Review and revise personnel form; possibly other budget forms, as there appears to be a deficit equal to the amount of the request, possibly due to an error in one of the forms.
- Report on people served as TPC or NTPC (as appropriate).

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 (Draft)
Champaign-Urbana Area Project

CCMHB/DDB 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	Summary of Actions outlined CLC Plan
<i>Annual Cultural Competence Training</i>	Yes
<i>Recruitment of Diverse backgrounds and skills for Board of Director and Workforce:</i>	Yes
<i>Cultural Competence Organizational or Individual Assessment/Evaluation:</i>	Yes
<i>Implementation of Cultural Competence Values in Policy and Procedure:</i>	
<i>Outreach and Engagement of Underrepresented and Marginalized Communities and target population defined in the criteria</i>	Yes
<i>Inter-Agency Collaboration</i>	Yes- Application showed examples of expanded Inter-Agency Collaboration.
<i>Language and Communication Assistance</i>	None was noted
<i>Matched Actions with National Culturally and Linguistic Appropriate Services (CLAS) Standards in Health and Health Care.</i>	Information was not updated to match the CLAS Standards.

Overall CLC Plan Comments

Champaign Urbana Area Project had all of the required benchmarks. There was not an updated plan submitted for FY19. There was information that was dated for FY 16.

Draft PY19 CCMHB Program Summary

Agency: Champaign Urbana Area Project

Program: CU Neighborhood Champions

PY19 CCMHB Funding Request \$64,347

PY19 Total Program Budget \$202,180 (see Financial Analysis below)

Current Year Funding (PY18) \$20,000

Proposed Change in Funding - PY18 to PY19 = 221.7%

Services/People Served

Service Description/Type

Aligned with the trauma-informed care working group of the Champaign County Community Coalition, this effort is based on best practices and research concerning trauma and trauma-informed care. The main influences are UIC's Youth-CAN model, Bruce Perry's work on trauma and healing, Peace4 Communities, Adverse Community Experiences, SAMHSA's Trauma Informed Communities, and Blueprints for Peace. The approach aims to address trauma and violence by building the community's resiliency and strength through culturally relevant public health initiatives.

Three Components:

CU Neighborhood Responders: Will broaden and deepen our community's ability to respond to, advocate for, and support families that have been affected by community violence (especially gun violence). It will recruit, build, and train supportive "care teams." Care teams are designed to be restorative (connecting people affected by trauma back to the community and also helping with the healing process) and empowerment based (supporting families in connecting to community-based resources, natural supports, and culturally responsive community-based practices). Responders also serve as navigators helping families in distress navigate the social service system and find the resources

Care teams are trained volunteers who can effectively (without causing harm) support families affected by trauma and community violence.

(30) individuals will responder services and supports and they will receive at least 75 service contacts.

(40) individuals will be recruited and trained to serve as Champion Responders. When possible, individuals from diverse affinities and social and civic groups will be recruited as team members.

CU Neighborhood Educators: These educators will provide training opportunities to broaden and deepen the community's understanding of trauma and trauma-informed care and resiliency. Twenty people will conduct 15- to 20-minute presentations that can be offered throughout the community. We will also host and conduct monthly training events designed to support educators, responders, community members, and social service professionals and to increase their understanding of trauma and trauma-informed care.

In addition to providing administrative and organizational support for the working group, the project coordinator will also assist with advocating, supporting, and promoting increased use of trauma-informed practices; culturally responsive trauma-specific practices and assessment tools; and efforts to address and reduce the impact of adverse community experiences

Comments The application aligns with the selected priority, System of Care for Children, Youth, and Families, and can be seen as contributing to two others.

Section appears to be truncated (by character limit) but includes good detail, building on the previous and current year plans/results: purpose and activities of 'care teams' developed from Responders; trauma and trauma-informed care training more widely available through the training of Educators.

The FY18 program plan included expansion to other areas of the county (Rantoul and another) but has not as yet. These services may have relevance for people living outside of Champaign-Urbana.

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

Target Population

Trauma is widely understood to be a root cause of community violence, and community violence itself is a traumatic experience. Using a trauma-informed and resiliency-building approach to address community violence is considered to be the most effective way to prevent, treat, and respond to the issue. This effort is aligned with system of care for youth, caregivers and families and is designed to provide support to families and community members who have been affected by the judicial system. The CU Neighborhood Champions (CUNC) initiative is aligned with the goals of the Champaign County Coalition: building healthy youth, families, and communities by supporting implementation of trauma-informed and community-based practices and principles.

The CUNC initiative is focused on addressing the needs of three populations:

- (a) Youth and families who live in areas affected by high rates of domestic violence and gun-related crimes and violence. These neighborhoods are Garden Hills, the Historic North End (First Street to Goodwin East and West), University and Bradley (North and South), and East Urbana.
- (b) Community-level peer leaders and helpers. These are “natural helpers”: parents, grandparents, individuals in the faith community, school volunteers, local business leaders, and others.
- (c) Social service workers, social workers, mental health professionals, behavioral health professionals, and others who provide services and support to individuals affected by traumatic stress and traumatic community experiences.

The project will be staffed by a .5 licensed master’s level project coordinator with extensive experience in trauma and community organizing. This coordinator will be responsible for managing the day-to-day operations of the project; serving as liaison; advocating for trauma-informed practices and principles; supervising trauma responders; screening and assessing referrals; and organizing and conducting training.

Residency

<u>Total Served</u>	10 in last full year, PY17	4 in first and second quarters, PY18
<u>Champaign Set</u>	7 (70.0%) for PY17	2 (50.0%) for PY18
<u>Urbana Set</u>	2 (20.0%) for PY17	2 (50.0%) for PY18
<u>Rantoul -single</u>	1 (10.0%) for PY17	0 (.0%) for PY18
<u>Mahomet - single</u>	0 (.0%) for PY17	0 (.0%) for PY18
<u>Other Champaign County</u>	0 (.0%) for PY17	0 (.0%) for PY18

Demographics

<u>Total Served</u>	10 in last full year, PY17
<u>Age</u>	
Ages 0-6 -----	1 (10.0%)
Ages 7-12 -----	1 (10.0%)
Ages 13-18 -----	2 (20.0%)
Ages 19-59 -----	6 (60.0%)
<u>Race</u>	
Black / AA -----	10 (100.0%)
<u>Gender</u>	
Male -----	2 (20.0%)
Female -----	8 (80.0%)
<u>Ethnicity</u>	
Not of Hispanic/Latino Origin -----	10 (100.0%)

Program Performance Measures

ACCESS

CUNC is a collaborative outgrowth of a trauma-informed and resiliency-building care group that is working through the Champaign County Coalition. This constantly growing group is comprised of community members, families, stakeholders, and human services agency professionals. Our listserv includes over 120 members. The project coordinator

is responsive to feedback from program evaluators, stakeholders, victims of community violence, Coalition members, and the Coalition executive team.

(regarding eligibility criteria)

RESPONDERS:

Anyone affected by community violence is eligible for this support, which will be available to victims as well as family members of individuals identified as perpetrators (contributors to community violence.) The approach is designed to be restorative and acknowledge the universality of trauma. Based on our feedback, families of individuals who have been accused of being perpetrators of community violence feel especially stigmatized and isolated. This has resulted in a lack of willingness to connect to and utilize existing services which leads to further social isolation and additional adverse behaviors. When possible, we want to support the families and extended kinship networks of everyone involved in every incident.

EDUCATORS:

Anyone can be a trauma educator. We only ask that candidates attend either our or another appropriate training program; we also emphasize our Healing Solution program. Our ideal educators are individuals connected to existing social networks and groups.

(to determine eligibility)

RESPONDERS:

We will rely on self-report to identify the target population of those who are capable of providing support and those who may require support. All referrals come to the project coordinator who begins the initial engagement and evaluation of needs. If the family has a preexisting relationship with a responder then the project coordinator will assign that responder to take the lead. Upon referral, those receiving support will complete a simple strength and needs assessment that helps identify short-term goals, complexity of needs, and the program's actual ability to provide aid – some individuals may be best served by being linked to a more formal support organization. If we cannot meet a family's needs, then we serve a bridge to ensure that they are still provided with suitable care. Upon registration and on their individualized service plans, potential educators are asked to agree to distribute and freely share information concerning CUNC. Part of our agreement for offering services, training, and reduced fees is that educators assist us with expanding the community's capacity to be more trauma-informed, healthy, and responsive.

(describe outreach)

Information concerning this effort will be available from some central points of entry because we want to ensure our capacity to meet the demand. The effort is promoted through the Coalition as well as TRUCE.

In FY19, based on conversations with stakeholders, we anticipate referrals from:

- Hospital trauma centers and health care organizations including Carle's Nurse Home Visiting Programs
- Schools, faith-based organizations, and community partners and organizations
- Victim's services via the courts and law enforcement
- Stakeh

Comments This section appears to have exceeded the text exceeded character limit, and as such doesn't answer all of the items identified in Performance Outcome Report instructions, but the detail available is very helpful and compelling. Relationship to TRUCE, the other CCMHB funded CUAP program, is included; both programs are active with the Champaign Community Coalition. Reduced fees are mentioned, but fees are not identified in subsequent sections or included as revenue for this program. Are fees collected?

CONSUMER OUTCOMES

Consumer Access Data To Date:

CSE: 70 Projected 15 – Held

SC: 70 Projected 22 – Linkage and referral contacts

NTPC: 30 Projected 4 – Individuals or families referred or that received Champion Responder support

TPC: 0 Projected 0

Other: 290 56 - participants will attend a sponsored event, training, trauma-focused education, or resiliency-

building activity.

CSE Explained:

2 – Introduction to Trauma-Informed Care Presentations

4 – Participated in a variety of community events including a survivors day; TRUCE-sponsored community town hall and community meetings; and other community block party events.

9 Sessions – 40-hour Healing Solutions – Best Practices to Address Community Violence Training

We are currently on track for meeting or exceeding our projected goals. However, the responder effort started off slower than anticipated. Because of timing and prior commitments, many of our previously trained responders were not immediately available; subsequently, we had to wait until our fall training to recruit a new group of responders. The project coordinator has assisted with providing short-term support to families and others referred during this interim period. In addition, we have continued to provide ongoing support for families referred to the program over the summer.

Individuals who attend our training do so not only to become responders and educators but also to volunteer in other efforts to build community resiliency and address community violence; some attendees participate for their own professional development. Presently, we have 11 potential responders and the capacity to respond to 1 to 2 families at a time. Increasing that capacity is an ongoing goal.

Participants who have attended our longer trainings (Best Practices to Address Community Violence; Healing Solutions) complete individualized action plans. This helps us evaluate our impact. According to feedback gathered through the individual action plans, participants have engaged in the following post-training activities:

- Educating their family members, friends, and peers about trauma.
- Helping community groups and faith-based organizations become more aware of trauma and violence.
- Restructuring their volunteer youth, community, and afterschool programs.
- Practicing better self-care.
- Finding and working with trauma therapists and helping family members, children, and loved ones secure trauma treatment.
- Integrating proactive factors and trauma-based healing as well as affect-regulation skills into home-based childcare programs (to better meet the social, emotional, and behavioral needs of clients).
- Advocating more effectively for trauma-informed services and support at school and work.

FY19 PROJECTED OUTCOMES:

CUNC will collect various outcome measures and evaluative data including:

- a. Comprehensive demographic data.
- b. Referrals and contact data.
- c. Training event data.
- d. Basic training satisfaction survey data.

In addition, we will also create an evaluation tool to measure the collaboration of the group that is coordinating the effort.

RESPONDERS:

- Individuals or families who receive more intensive services complete strength-based needs assessments and wraparound plans. Strength-based needs assessments and wraparound plans are evidence-informed tools. The training is based on the Youth-CAN model, which is an evidence-based practice from the National Child Traumatic Stress Network.
- Wraparound plans are individualized—90% of a family’s or individual’s short-term needs will be addressed.
- We will collect data concerning referrals to services and support made by community-based Champion lead

Comments

This section also appears to have been truncated by the textbox character limit. Detail on current and projected utilization, while of value, should not be included in this space. Intended impacts of the program are identified (increase awareness of trauma/violence and their effects, improved self-care, healing, and proactive, and advocacy) along with tools for measurement. Trainings and groups are explained.

UTILIZATION

Treatment Plan Clients (TPCs) 0 (not used)

Non-Treatment Plan Clients (NTPCs) 30 defined as individuals or families (families will be viewed as 1 referral) receiving more intensive short-term support using a community based wraparound model

Service Contacts (SCs) 75 defined as documented information and referral contacts made by Champion Responder.

Community Service Events (CSEs) 70 defined as trainings, community advocacy events, educational presentations

Other 300 = (25) community leaders trained in a trauma train the trainer educational model; (225) service providers, community members, civic leaders, and helping professionals trained in trauma, trauma informed care, resiliency and best practices to address community violence/build community resiliency; and (50) people attending Healing Solutions 40-hour training.

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

PY19 Annual target (per Utilization Form)

Quarter	TPC	NTPC	SC	CSE	OTHER
Annual Target	0	30	75	70	300

PY18 First two quarters (per submitted Service Activity Reports)

Quarter	TPC	NTPC	SC	CSE	OTHER
First Quarter FY18	6	0	22	3	0
Second Quarter FY18	0	4	19	12	39
Annual Target	0	30	70	70	290

PY17 all four quarters (per submitted Service Activity Reports)

Quarter	TPC	NTPC	SC	CSE	OTHER
First Quarter FY17	0	0	5	4	24
Second Quarter FY17	0	0	52	12	12
Third Quarter FY17	0	2	68	8	0
Fourth Quarter FY17	6	2	37	2	0
Annual Target	0	0	70	12	94

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

PY19 CCMHB Funding Request \$64,347

PY19 Total Program Budget \$202,180 (appears to be incorrect)

Current Year Funding (PY18) \$20,000

Proposed Change in Funding - PY18 to PY19 221.7%

PY18 request was for \$95,538

PY17 request was for \$19,189, and PY17 award was for \$19,189

Program Staff - CCMHB Funds: Indirect = 0 FTEs, Direct = 0.5 FTEs, Total CCMHB = 0.5 FTEs

Total Program Staff: Indirect = 0 FTEs, Direct = 0.5 FTEs, Total Program = 0.5 FTEs

Budget Analysis: (staff comments) The only staff person listed on personnel form is the half-time Program Coordinator, whose salary is charged to this program which has no other source of revenue. Community Level Champion Responders are described in the budget narrative, with stipends charged to Specific Assistance.

Funding from the CCMHB represents 31.8% of the total program budget. (an error.)

Budget Analysis: (staff comments) This appears to be an error arising from two mistakes in the revenue form. In-kind contributions of \$15,000 or 7.4% are attributed to this total program as well as to the total program budget of another application. The budget narrative for this program explains that this in-kind contribution is training provided by staff and Director to community groups, valued at the full \$15,000 but listed with expenses rather than revenues. The amount of the other CCMHB request is also included in this program's total program budget, giving the appearance of another 60.8% of funding for CU Neighborhood Champions. These errors impact the

other financial forms, all of which will should be revised if a contract is awarded. In short, this request represents all of the funding for CU Neighborhood Champions.

Personnel related costs are the primary expense charged to CCMHB, at 55.7%

Other expenses include: professional fees, consumables, general operating, and specific assistance (\$1000 in total stipends for Responders and \$6,000 total in resources for people served, to cover emergency needs).

Audit Findings: Audit is in compliance.

CCMHB FY19 Decision Priorities and Decision Support Criteria

Priority: Behavioral Health Supports for People with Justice System Involvement *Although not selected as the primary priority, the program serves some who are victims of violence and some who are the family members of those thought to be perpetrators of violence.*

Priority: Innovative Practices and Access to Community Based Behavioral Health Services *Although not selected as the primary priority, this program could result in improved access for some.*

Priority: System of Care for Children, Youth, Families *Yes. Application serves communities and families impacted by violence and aims to develop capacity within affected populations and systems of care to address the trauma and violence.*

Priority: Collaboration with the Champaign County Developmental Disabilities Board *No.*

Overarching Decision Support Criteria

Underserved Populations and Countywide Access *Yes. Proposal attempts to address gun violence plaguing specific areas of Champaign and Urbana. Participation has been limited to Champaign and Urbana, per Demographic Data.*

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

Outcomes *Yes but not complete.*

Coordinated System *Yes. Program references involvement with Champaign Community Coalition.*

Budget and Program Connectedness *Yes. While there is sufficient detail on costs associated with the program's aims, all financial forms are impacted by an error in Revenue form and should be revised.*

Realignment of PY18 Contracts to Address Priorities (incumbent programs only) *Request is a substantial increase over PY18 amount.*

Technical Criteria

Approach/Methods/Innovation: *Yes. The proposal represents the third year of implementing a community based non-clinical response to violence. Training of community members is the primary emphasis of the application.*

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

Resource Leveraging: *No. The CCMHB is sole funder of the program and for all intents and purposes the agency.*

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 submit the following for staff review and approval prior to execution of the final FY19 contract:*

- *Revised/completed Outcomes Section.*
- *Revised financial forms.*

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

Recommendation *Pending*

Draft PY19 CCMHB Program Summary

Agency: Champaign Urbana Area Project

Program: TRUCE

PY19 CCMHB Funding Request \$122,833

PY19 Total Program Budget \$202,180 (*see Financial Analysis below*)

Current Year Funding (PY18) \$75,000

Proposed Change in Funding - PY18 to PY19 = 63.8 percent

Focus of Application Mental Health

Type of Contract Grant

Priority System of Care for Children, Youth, and Families

Services/People Served

Service Description/Type

The physical, emotional, and financial consequences of youth violence on neighborhoods, communities, and states are devastating. According to the CDC fact sheet Understanding Youth Violence, "Violence...can increase health care costs, decrease property values, and disrupt social services." The Violence Policy Center (2012) has estimated that a gunshot injury can have a social cost of about \$1 million.

One of TRUCE's cure-violence core principles of preventing violence is by "changing community norms." Who better to partner with to help us than our parents?

Children learn to regulate their behavior by anticipating their caregiver's response to them. The most important behavior information conveyed to children by caregivers is by the social rather than the physical environment (Van der Kolk, 2005, pg.4). Gewirtz et.al (2008 pg. 181) found that young children use information provided by caregivers, such as caregiver's reaction to an event, to interpret the safety of situations," such that parents need to respond to their child's traumatic, or potentially traumatic event, in a more positive, supportive and helpful way. Under most conditions parents are able to help their distressed child restore a sense of safety and control through the security of the attachment bond which mitigates against trauma-induced terror. Therefore, parent engagement is a number one priority for many organizations.

CUAP is partnering with Unit 4 School District to open Parent CommUniversity (PCU): a multi-center, multi-informant and multi-method learning center developed specifically for parents. Unit 4 has committed to identifying the physical space for the parent center, to providing financial assistance for one PCU Liaison, and to offsetting some operational costs of the facility.

PCU will offer trainings and workshops that will prepare the parents on how to identify trauma and how to respond to it.

1. The TPS(s) will provide emotional and practical supports to families and victims of gun violence, "higher risk" youth and young adults involved in gang and street violence.
2. Respond to shooting incidences.
3. Hosts quarterly anti-violence educational events.
4. Work with Community Partners and CU Neighborhood Champions Trauma Response Teams.
5. Serve as mentors to CU Fresh Start Clients.
6. Conduct regular JDC Visits.
7. Contract with a second PCU Outreach Liaison and Organizer who will coordinate activities at PCU and other parent gatherings.
8. PCU will host regular events and attend Unit 4 and Coalition meetings as assigned.
9. PCU will assist with trainings and workshops and sit on the already established panels/boards.

Comments

Program aligns with System of Care for Children, Youth, and Families priority. Most of the application is a continuation of the FY18 proposal with the exception of introducing CUAP's partnership with Unit #4 School District Parent CommUniversity (PCU).

Partnership with Unit 4 includes a physical space for parent center, funding for Parent CommUniversity liaison, and part of operational costs. What is the scope of the response to shooting incidents and working with the community partners and Champions (the other CUAP program) on response teams (listed as separate services)? How do services extend to people other than Champaign residents? How much is this a shift away from the current configuration of TRUCE?

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

Target Population

TRUCE's target population aligns with the Champaign County Coalition's targeted population and priority area to address Community Violence. In 2017, all eight homicides occurred within the targeted population. The victims and shooters were males ranging in age from 19-30.

TRUCE's population also encompasses the CU Fresh Start targeted group of offenders 18 years and older. In addition TRUCE targets Juvenile to Young Adults ages 15 – 26 for, according to the National Institute of Justice, continuity of offending from juvenile into the adult years is higher for people who start offending at an early age, chronic delinquents, and violent offenders. Although we can celebrate a decrease of shooting incidents by 23% last year, shooting incidents continue to occur at an unacceptable rate per the MDT Steering Committee. With the recent school shootings at Mattoon High School and Central High School in Champaign many more community members and leaders have expressed their concern and have stepped up to offer help.

On January 17, 2018 at a town hall meeting facilitated by PTA parent Cheryl Williamson regarding the Central High School shooting, the TRUCE Street Outreach Manager, Jobie Taylor, participated on the panel to discuss possible solutions. The event was well attended, with many new faces in the crowd. More people expressed a desire to get involved with our efforts to help change community norms. Parents and students indicated a lack of knowledge as to the appropriate protocol in the event something tragic like school shootings. The promise of change was made with Superintendent Zola and Chief Cobb, however, it was agreed the community must also step up their efforts.

Unit 4 has reached out to CUAP and TRUCE to help in any way assisting our parents and student population.

Individuals involved in TRUCE will meet at least four of a list of client criteria.

- Ideally, 15-26 years of age
- Individual at a high risk of "being shot or being a shooter" in the immediate future
- Have a prior history of offending and arrests
- Individual considered a member of a gang or gang involvement
- Have been in prison or jail for violence
- Involved in "high risk street activity," which, in practice, means involvement in street drug activity
- School Drop outs - High School Education/GED

TRUCE Partnership with PCU Pilot– Target Population

- Unit 4 Parents whose students live within the Community Schools Promise Zone
- Elementary Students ages 5-10 years old (BTW, Stratton, Garden Hills)

Comment

The statement referencing concerns of Unit 4 superintendent and Champaign Police Chief echo the observation made during PY18 application reviews that this program should not be solely funded by the CCMHB.

Mentoring of CU Fresh Start Clients should be acknowledged and coordinated by the Rosecrance Fresh Start (case management) program. CUAP TRUCE and Champions programs are active with the Champaign Community Coalition.

Residency

Total Served	43 in last full year, PY17	10 in first and second quarters, PY18
Champaign Set	14 (32.6%) for PY17	8 (80.0%) for PY18
Urbana Set	27 (62.8%) for PY17	2 (20.0%) for PY18
Rantoul -single	0 (.0%) for PY17	0 (.0%) for PY18
Mahomet - single	0 (.0%) for PY17	0 (.0%) for PY18
Other Champaign County	2 (4.7%) for PY17	0 (.0%) for PY18

Demographics

Total Served	43 in last full year, PY17
Age	
Ages 13-18 -----	3 (7.0%)
Ages 19-59 -----	36 (83.7%)
Ages 60-75+ -----	4 (9.3%)
Race	
Black / AA -----	42 (97.7%)
Other (incl. Native American and Bi-racial) -	1 (2.3%)
Gender	
Male -----	23 (53.5%)
Female -----	20 (46.5%)
Ethnicity	
Not of Hispanic/Latino Origin -----	32 (74.4%)
Not Available Qty -----	11 (25.6%)

Program Performance Measures

ACCESS

Most formal and traditional programs offer office hours between 9-5pm where clients and/or consumers can make office visits to access services. Truce client based community outreach program will operate ‘during nontraditional hours;’ in nontraditional settings. They will be engaged in work on the streets, in people’s homes, community spaces/business and other ‘natural spaces.’ Using the data provided by Champaign Police Department, community members, social media, and their existing social networks the TRUCE Peace Seekers will concentrate their work in the focus areas of Garden Hills, Beardsley Park Neighborhood, North End, and East Urbana neighborhoods.

The Peace Seekers will also work with CU Fresh Start Liaison, Donte Lotts. CU Fresh Start is a new approach designed to focus on offenders with a history of violent, gun-related behaviors. Through this approach, they will be “called in” and given a warning and an opportunity to stop shooting. If they choose to stop shooting, offenders will receive help to access community services and resources. The Peace Seekers will be available, if needed, to offer mentoring and other supportive services to these identified offenders.

Consumer access will also be gained through the partnership established with the CU Neighborhood Champions Trauma Response Teams. Peace Seekers will be available to serve as a part of the Trauma Response Teams when the intervention involves gun violence.

Most of Truce’s consumer access will be done through outreach services to the community, Street invention and community collaborations where access is made available. Consumers will gain knowledge and access to services through community wide educational and anti-violence mobilization campaigns, social media, coalition meetings, and word of mouth from families and friends who have utilized prior services. However, for the most part the Peace Seekers will meet them where they are, on the street, in their homes, hospital, etc.

PCU

We are excited to offer Unit 4 Parents a new way to engage with the schools and community through a brand new Parent CommUniversity (PCU) Parent Center. For the past year CUAP staff has worked with Unit 4 School District on the idea of developing and implementing a PCU for those hard to engage parents. The district is on board with piloting PCU to serve parents in the Community Schools promise zone. The hours of operation will be flexible to meet the needs of the parents. CUAP and Unit 4 Parent Community Liaisons would be available to cover the hours the Parent Center is open. While open parents will have access to community resources, information on (e.g. how to navigate the system, understand the effects of trauma violence).

Some of the PCU services will be delivered at Garden Hills, Stratton, and BTW schools. It is our hope in the near future to be able to extend the services of PCU to all parents.

Comments

Is the relationship with Fresh Start also identified by the Coalition plan and in Rosecrance application for Fresh Start? It appears that specific activities of TRUCE support ICJIA or CCMHB funded programs, but those activities are charged to this contract. Funding and in-kind (e.g., physical space) support from Unit 4 are appropriate for the PCU expansion of the program.

What is presented has not been revised from FY18 with the exception of the new ParentCommUniversity project. Access outcomes section needs to be revised in accordance with instructions. Timeframes and targets associated with referral and engagement - such as number referred being determined eligible, accepted into the program, and engaged in services - are not identified.

From FY18 Program Summary Comments, "Peace Seekers will work non-traditional hours as necessary to engage targeted population and community members in neighborhoods experiencing gun violence. Collaboration with CU Champions Responders is mentioned as is relationship to Fresh Start. No measures or targets tied to contact with offenders or response to violence in neighborhoods is provided. In some respects, the Consumer Access section is a restatement of the services section."

CONSUMER OUTCOMES

CUAP is a member of the Multi-disciplinary Team (MDT), composed of community stakeholders and decision makers from the City Mayor's office, law enforcement, clergy, and local and federal prosecution representatives who were brought together specifically to focus on efforts of gun violence deterrence. In FY 2017 there was a 23% decrease in shooting incidents, and while the MDT celebrates that success we believe one homicide and any shooting incidence is too many.

Last year the MDT convened several meetings to discuss procedural justice, shooting incidents, the planning process, and a survey to assess where we were as a team, and to assess the communities perceptions of law enforcement.

Using a purposive sampling methodology, the research partner conducted in person surveys in 12 neighborhoods with approximately 14,000 households across Champaign and Urbana. Data was collected from 717 individuals who either lived, worked, or attended activities in the selected neighborhoods. These neighborhoods were identified as the ones most affected by shootings. The surveys were conducted between July 17 and August 17, 2017. In addition, data was collected from 117 patrol officers and sergeants from the Champaign and Urbana PD.

The Results of the survey that held the most interest for TRUCE that would have an impact on consumer outcomes and response to services this year was the communities perceptions of shootings, willingness to partner with police, and perceptions of whether the police act in a procedurally in a just way.

Changing community norms will have an impact on consumer outcomes. We learned the feelings of safety between the communities and law enforcement rated relatively low, but higher among the communities member in the daytime, both groups rated safety while performing nighttime activities between 24.42% - 44.81%.

The overall results of the survey indicated that TRUCE Peace seekers would have to work harder to improve consumer confidence in law enforcement, improve relationships, and change community norms and how they react and respond to

violence.

A. Impact on Community Norms Regarding Gun Violence

To measure the impact of the Truce community mobilization campaign, CUAP staff and research team will:

1. Conduct anonymous pre/post surveys in targeted community residents.
2. Increase in understanding and the effects of trauma
3. Increased involvement/enrollment in positive activities in community
4. Reduce incidences of bullying and increase in conflict resolutions (restorative justice training/peer mediation services.
5. Reduction in number of youth going to JDC.
6. Increased invitation to engage police/community activities.
7. Increased calls to crime stoppers.
8. Increased parent engagement
9. Increased parents knowledge of trauma and violence
10. Increase in Student awareness

B. Street Outreach

1. Participants' demographics.
2. Low – High risk characteristics, e.g., gang involvement, prison time, probation/parole, high school/GED, employment status....
3. Number of referrals by most common categories, e.g., employment status, educational achievement, substance abuse, specialized training, participation in remedial program.
4. Incidences/level of poverty.
5. Acts of fighting/physical intimidation.
6. Other indicators of distress.

B. Street Conflict Mediation

1. Number of conflicts mediated each month.
2. Outcomes of conflict resolution:
 - a. Completely resolved.
 - b. Temporarily resolved.
 - c. Ongoing.
 - d. Unknown.

Overall impact on gun violence

Staff will work with MDT to obtain pertinent information on violent crimes in the target neighborhoods for pre/post survey to me

Comments

Are the survey and data analysis referenced above those completed by the Coalition with funding from ICJIA? (This section appears to have been truncated after exceeding the character limit.)

Specific quantifiable measures should be included to strengthen the outcomes associated with Impact on Community and Street Conflict Mediation; Street Outreach lists data points, not all are outcomes.

Street Conflict Mediation should be relettered as "C." Item A above is new, possibly tied to the Coalition ICJIA grant outcome measures. The rest appears to be from FY18 application.

From the FY18 Program Summary, "The same measures are identified for street outreach, conflict mediation, and community education in FY18 as FY17. Data will be collected using pre and post surveys for contact occurring through street outreach and conflict mediation. Targets are also established for level of change occurring at the community and individual level. Some program goals are not clear."

UTILIZATION

Non-Treatment Plan Clients (NTPCs) 55 - under new pilot program (Parent CommUniversity) it is anticipated that we will have parents enrolling in education classes, and various workshops. It is also possible our Parent/Community Organizer and Liaison(s) (PCOL) will provide advocacy and assistance for parents whose students have IEP's or 504 plans. This is merely an estimate the number can fluctuate up or down depending on how many parents request this assistance.

Service Contacts (SCs) 125 defined variously - Truce Peace Seekers (TPS) using the Public Health approach to cure violence, outreach activities will consist of the service contacts. Peace seekers will be trained in recognizing and understanding trauma, usage of motivational interviewing for engaging the clients, and restorative practices for mediating conflict. These important skills development measures will be useful when on the spot time with clients/participants is spent seeking nonviolent alternatives to conflict. Among on the street service contacts. It is anticipated that the Peace Seeker will provide periodical service at identified and agreed upon safe places, conduct one-to-one street/home visits, scheduled drop ins at the County Jail and JDC. The TPS is partnering with AME High. These group of TPS has already begun JDC visits. Due to CUAP's involvement in the PCU pilot under the Community Schools initiative, we anticipate there will be an significant increase of public presentations, school class presentations, small group workshops to promote healthy lifestyles because of Carle's "Healthy Beginnings," and monthly meetings (as a member) of the newly established Unit 4 Community Schools Parent Advisory Council.

Community Service Events (CSEs) 100, defined as mobilization and public education projects, that include, community coalition events, i.e. walk as one, peace summits, monthly anti-violence education events, possible "shooting response" events, school presentations, community groups, park district events, and neighborhood associations. With the opening of the PCU there will be a significant increase to the number of face-to-face contacts with consumers. Parent engagement is a primary goal of PCU Liaisons. This will require relationship building and additional outreach efforts.

Other 50, defined as direct services engagement activities provided to members of the community/families that will increase their knowledge on the effects of trauma/violence. These activities will be reflected here (i.e.) faith-based initiatives, CU Neighborhood Champions, Moms Demand Action "wear orange," candle light vigils, etc. (175) -Unduplicated persons served will come from the above delineated service events.

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

Comments Do the 175 unduplicated persons (referenced at the bottom of utilization narrative) represent a total of NTPCs and SCs or some other combination? Perhaps these are individuals with whom a Peace Seeker has engaged and provided support. A target number of Truce Peace Seekers would be helpful, as TPCs. Another point for clarification is the relationship between IEP/504 support and the reduction of community violence.

PY19 Annual target (per Utilization Form)

Quarter	TPC	NTPC	SC	CSE	OTHER
Annual Target	0	55	125	100	50

PY18 First two quarters (per submitted Service Activity Reports)

Quarter	TPC	NTPC	SC	CSE	OTHER
First Quarter FY18	0	0	6	14	0
Second Quarter FY18	0	0	4	18	2
Annual Target	0	0	60	63	50

PY17 all four quarters (per submitted Service Activity Reports)

Quarter	TPC	NTPC	SC	CSE	OTHER
First Quarter FY17	0	0	1	7	10
Second Quarter FY17	0	0	13	21	8
Third Quarter FY17	0	0	11	17	6
Fourth Quarter FY17	0	0	19	11	8
Annual Target	0	0	40	24	35

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

PY19 CCMHB Funding Request \$122,833

PY19 Total Program Budget \$202,180 (*this appears to be in error*)
Current Year Funding (PY18) \$75,000
Proposed Change in Funding - PY18 to PY19 = 63.8 percent
PY18 request was for \$167,295
PY17 request was for \$173,334, and PY17 award was for \$75,000

Program Staff - CCMHB Funds: Indirect = 0 FTEs, Direct = 1.00 FTEs, Total CCMHB = 1.00 FTEs
Total Program Staff: Indirect = 0 FTEs, Direct = 1.00 FTEs, Total Program = 1.00 FTEs

Budget Analysis: (staff comments) program plan indicates that a PCU liaison would be supported with funding from Unit 4, which should be reflected in a difference between total program staff and MHB funded staff. The corresponding revenue would be identified in Total Program Revenue column. The only staff person listed on personnel form is the Executive Director, whose salary is charged to this program, which has no other source of revenue; this error should be corrected across all financial forms. 4 other staff positions are described in the budget narrative, but their costs are charged to the Specific Assistance line.

Funding from the CCMHB represents 60.8% of the total program budget.

Other revenue is from In-Kind Contributions of \$15,000 or 7.4 percent.

Budget Analysis: (staff comments) The in-kind contribution of \$15,000 is not described in the Budget Narrative; Summer Youth Initiative is mentioned, but not with regard to In-Kind and without a specific amount identified. The other 32% of revenue is an error; the CUAP Champions program (a separate CCMHB application) appears to be listed in error (it should be listed as other revenue for total agency but not total program). As with last year's application, the case is made for why this program and approach are of value to public safety and public health, and now the Unit 4 School District, but other sources of funding support have not been identified, and it is not clear if they have been pursued.

Personnel related costs are the primary expense charged to CCMHB, at 41.2%.

Other expenses include: Professional Fees/Consultants (\$44,825) for bookkeeping/audit services, trauma training, and costs of the new PCU, including a portion of the Director's salary (this should be revised along with personnel charges); Consumables; General Operating; Occupancy; Specific Assistance (costs of staff— see above); Lease/Rental; Membership Dues; and Depreciation. Due to the apparent error in revenue form, expenses should be re-allocated to reflect that there is only another \$15,000 in revenue beyond CCMHB contract.

Audit Findings: Audit 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 Yes. Program is associated with broader efforts of the Champaign Community Coalition.

Priority: Collaboration with the Champaign County Developmental Disabilities Board No

Overarching Decision Support Criteria

Underserved Populations and Countywide Access Yes. The focus of this application is in violence prevention and response, driven by gun violence in the most populous areas of the county. As a result, the program does not target rural areas but presumably could respond to similar events throughout the county, as there is coordination with local/county law enforcement.

Inclusion and Anti-Stigma No. Not directly addressed.

Outcomes Yes. Outcomes of interest are identified but not accompanied with quantifiable measures/targets, so this section should be revised.

Coordinated System Yes. Many partnerships are identified.

Budget and Program Connectedness While there are errors in the financial forms, the budget narrative contains helpful details about the relationship between costs and program activities.

Realignment of PY18 Contracts to Address Priorities (incumbent programs only) *A large increase over the FY18 amount is requested.*

Technical Criteria

Approach/Methods/Innovation *Yes. Proposed partnership with school district connects with hospital's community initiative; support and coordination with the Coalition's ICJIA funded Fresh Start community survey and data analysis inform the next steps; response to incidents of violence (some overlap with the other CUAP program).*

Staff Credentials: No.

Resource Leveraging *Yes. Proposed pilot, Parent CommUniversity, is a partnership with Unit 4 school district. While there are issues with the financials forms, it appears CCMHB is the sole source of funding.*

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:

- *Outcomes should be revised according to Outcome Reporting instructions.*
- *Clarifications are needed in the Program Plan, e.g., distinguish between responsibilities of this program and the CU Neighborhood Champions program.*
- *Revisions to budget forms.*

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

Recommendation Pending

Draft 2019 Summary Analysis of Applicant's Cultural and Linguistic Competence Activities
CCMHB/DDB (Draft)
Courage Connection

CCMHB/DDB 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
<i>Annual Cultural Competence Training</i>	Yes- Annual Training will be provided to Board, Leadership, and Staff.
<i>Recruitment of Diverse backgrounds and skills for Board of Director and Workforce:</i>	Yes- Board membership includes at least one formerly homeless and/or domestic violence survivor
<i>Cultural Competence Organizational or Individual Assessment/Evaluation:</i>	No- No cultural competence assessment was noted in CLC Plan.
<i>Implementation of Cultural Competence Values in Policy and Procedure:</i>	Yes- Funds are allocated for training. CLC plan is signed and read by all staff.
<i>Outreach and Engagement of Underrepresented and Marginalized Communities and target population defined in the criteria</i>	A Rural Court Advocate provides on-site services for rural residents via home visits or through our Rantoul satellite location
<i>Inter-Agency Collaboration</i>	Yes- Collaboration is identified with Eastern Illinois Refugee Mutual Assistance Program
<i>Language and Communication Assistance</i>	Yes- Maintenance of qualified interpreters / interpretation services to ensure appropriate service delivery. This directory is updated annually.
<i>Matched Actions with National Culturally and Linguistic Appropriate Services (CLAS) Standards in Health and Health Care.</i>	Yes- New Format Was followed

Draft 2019 Summary Analysis of Applicant's Cultural and Linguistic Competence Activities
CCMHB/DDB (Draft)
Courage Connection

Overall CLC Plan Comments

Courage Connection uses "Cultural Humility" as their guiding principle to ensure cultural competence. Their plan indicates their timeframe of "On-Going" as a process of continuous improvement. It is recommended that more specific timeframes be included for when the action steps outlined in the CLC Plan will be accomplished to ensure the accountability of completing the CLC Goals of the agency.

Draft PY19 CCMHB Program Summary

Agency: **Courage Connection**

Program: **Courage Connection**

PY19 CCMHB Funding Request \$127,000

PY19 Total Program Budget \$1,320,049

Current Year Funding (PY18) \$66,948

Proposed Change in Funding - PY18 to PY19 89.7 percent

Services/People Served

Service Description/Type

Services provided by Courage Connection include:

- Information, referral, safety planning, and crisis intervention through a 24-hour domestic violence hotline
- Emergency Shelter for victims fleeing a domestic violence situation and thus homeless
- Transitional Housing for domestic violence survivors
- Individual and family client-centered domestic violence counseling and therapy
- Advocacy-based support services (assisting residential clients' work toward accomplishing goals they set in a service plan)
- Legal Advocacy (assistance with advocacy in court, Orders of Protection, and navigating the legal system)
- RETAIL EMPLOYMENT TRAINING (conducted in our store "Connections", this training allows trainees to learn job skills in an actual store, with a special focus on individuals whose criminal background may preclude employment)
- Children's Programming (educational playgroups, advocacy-based support services with domestic violence victims and their children, and Early Head Start Services offered through collaboration)
- Groups (Domestic Violence Education Groups, Parenting Groups, Economic Empowerment Groups, Friends & Family Support Group, and others)

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

The primary function of Courage Connection is providing services that empower clients to regain control of their lives and live independently of abuse. Clients complete a service plan to identify goals they want to achieve while receiving our services.

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

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

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

Comments

Program applies under the System of Care for Children, Youth, and Families priority. With services targeted to victims of domestic violence, program could also be considered under the Behavioral Health Supports for People with Justice System Involvement priority.

Some changes have been made to the scope of services and target population from prior application. Of particular note is the proposed addition of a licensed therapist to the staff to engage adults, youth, and children in individual and group therapy sessions. Other changes include reference to retail employment training under services and that by virtue of fleeing domestic violence, the presenting victim is homeless. Transitional housing for persons reentering the community from prison who have in the past been victims of domestic violence is also available. Range of services currently offered include 24 hour hotline, emergency and transitional housing, counseling, advocacy including legal/court advocacy and assistance with orders of protection, and various children and parent groups and support services. Program also offers counseling services and has a court advocate at the Community Service Center in Rantoul.

Based on personnel supported in part with CCMHB funds, Board supported services are those provided by the new therapist, the counselors, and client advocates/advocate. This would include individual and group therapy sessions, individual and family centered counseling, and other support services as well as staffing the hotline. All staff qualifications and services meet state standards.

Courage Connection is in the midst of a strategic planning process. A potentially significant reconfiguration of services is mentioned in the Unexpected/Unintended Results Section that follows Utilization of the Part I form. The Cover/Authorization Form also includes a brief statement on shift in services to an advocacy-based model. An update on the strategic planning process and proposed shift in service approach is warranted.

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

Target Population

The target populations for this program are victims of domestic violence and their children. Courage Connection serves domestic violence survivors in Champaign, Douglas, Ford, and Piatt counties with priority given to residents of Champaign County. Many of these individuals, as a result of fleeing the abuse, are also homeless.

Victims are defined by the Illinois Domestic Violence Act as: any person abused by a family member or household member; any high-risk adult with disabilities who is abused, neglected, or exploited by a family or household member; any minor child or dependent adult in the care of such person; and any person residing or employed at a private home or public shelter which is housing an abused family or household member (750 ILCS 60/201).

Family or household members includes spouses, former spouses, parents, children, stepchildren and other persons related by blood or by present or prior marriage; persons who share or formerly shared a common dwelling; persons who have or allegedly have a child in common; persons who share or allegedly share a blood relationship through a child; persons who have or have had a dating or engagement relationship; persons with disabilities and their personal assistants; and caregivers as defined in Section 12-4.4a of the Criminal Code of 2012 (750 ILCS 60/103).

The only eligibility criteria for emergency shelter is that individuals are fleeing domestic violence. All other services are available to victims of domestic violence; this information is self-reported at intake. Anyone impacted by domestic violence (such as family members) are also potentially able to access services like counseling. We also target the broader Champaign County population for education (e.g. schools, law enforcement, health care professionals) and support (e.g. a support group for loved ones of victims who have not yet sought help). Retail employment training is available through our store "Connections".

Courage Connection also has a special focus on victims of domestic violence who are exiting prison with nowhere to parole. Several transitional housing beds are dedicated to this population.

Residency

Total Served 533 in PY17 (last full year) and 342 in first and second quarters of PY18
Champaign Set 219 (41.1%) for PY17 174 (50.9%) for PY18
Urbana Set 165 (31.0%) for PY17 88 (25.7%) for PY18
Rantoul -single 44 (8.3%) for PY17 32 (9.4%) for PY18
Mahomet - single 40 (7.5%) for PY17 24 (7.0%) for PY18
Other Champaign County 65 (12.2%) for PY17 24 (7.0%) for PY18

Demographics

Total Served 533 in PY2017 (last full year)

Age

Ages 0-6 ----- 45 (8.4%)
 Ages 7-12 ----- 36 (6.8%)
 Ages 13-18 ----- 14 (2.6%)
 Ages 19-59 ----- 417 (78.2%)
 Ages 60-75+ ----- 21 (3.9%)

Race

White ----- 327 (61.4%)
 Black / AA ----- 182 (34.1%)
 Asian / PI ----- 6 (1.1%)
 Other (incl. Native American and Bi-racial) - 14 (2.6%)
 Not Available Qty ----- 4 (.8%)

Gender

Male ----- 58 (10.9%)
 Female ----- 475 (89.1%)

Ethnicity

Of Hispanic / Latino origin ----- 44 (8.3%)
 Not of Hispanic/Latino Origin ----- 489 (91.7%)

Program Performance Measures

ACCESS

Individuals who are interested in accessing services with our domestic violence programs do so through walk-in or by contacting our 24/7 domestic violence hotline. Through our hotline we have access to on-staff multi-lingual Domestic Violence-trained employees, interpretation services, and can receive/make calls through services for the hard-of-hearing. Eligibility is based upon self-report of domestic violence, as required by best practice and the accreditation from the Illinois Coalition Against Domestic Violence (ICADV).

Staff regularly engage in cultural competency review at the team level as a standing agenda item, and policies and practices are adjusted and improved as needed based on consumer feedback.

Services do not have a maximum length, with the exception of residential services. Emergency shelter is a maximum of 45 days, and transitional shelter is a maximum of one year. In both cases, there is the ability to extend in order to ensure discharge to a safe location. There are no limits to how often an individual or family can utilize either shelter so long as they continue to meet eligibility criteria.

For emergency shelter, access is immediate so long as there is bed availability, and the individual is "fleeing" domestic violence (typically defined as having experienced domestic violence within the past 2 weeks). Transitional shelter beds are available for anyone whose homelessness is related to domestic violence; several beds are targeted for women who are also exiting prison. Access to Transitional Housing is via a prioritized waitlist, prioritizing severity of the impact of

homelessness.

The length of time from referral to assessment to engagement in counseling services is as follows:

- 1) 100% of individuals who are seeking counseling services will be able to contact the 24/7 domestic violence hotline and speak with a client advocate immediately. This is made possible by policy that ensures the hotline is accessible by staff at all times, and with practices to ensure back-up staff in the case of primary staff being occupied with assisting a client.
- 2) 85% of individuals who are eligible for services will be contacted by a Counselor to set up an intake assessment within 72 hours.
- 3) 75% of individuals who complete an intake assessment will engage in at least two follow up counseling appointments. (This is an increase from previous years' goal of 60%.)

The length of time from referral to assessment to engagement in legal services is as follows:

All individuals who are seeking legal assistance/advocacy services will be able to contact the 24/7 domestic violence hotline and speak with a client advocate immediately. Any call regarding an Emergency Order of Protection is returned by a Legal Advocate at the first opportunity due to the emergency nature of the request. This can include a Legal Advocate being contacted while at court in order to more rapidly respond to the individual with an emergency need. Our Legal Advocates are often solicited for services in the courthouse when they are present to assist other clients. Accordingly, the Legal Advocates open a case immediately, and in many cases then close the case as the requested assistance is a one-time event.

Client data and data on services provided are entered on a daily basis into InfoNet and are reviewed quarterly by IDHS and ICADV. Monthly review of funder goals is compiled and shared with impacted staff. To the degree possible, measurement will be reported on Champaign County residents only. Champaign County residents account for approximately 90% of all clients served.

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

Specific information on access to counseling is provided following the general description. Timeframes for initial contact through hotline to intake to engagement is provided with performance targets. Percentage engaging in two plus counseling sessions following assessment is increased to 75% from FY18 target of 60%.

No timeframes or projections for access and engagement with the licensed therapist is provided.

CONSUMER OUTCOMES

Ensuring survivors of domestic violence achieve an improved sense of safety and self-empowerment as a result of receiving services from our programs is achieved by providing the survivors with tools and education to ensure they are able to live independently, as well as skills and confidence to prevent a return to a dangerous situation (or a more rapid removal from one). At a community level, increasing the understanding around domestic violence, as well as how to best assist victims, is best achieved through targeted education of the general public, professional institutions (such as police or hospitals), and accurate media representations. (Education to stop abusers' behavior is also critical, but cannot be provided by Courage Connection as a direct service; assisting both victims and abusers would represent a significant conflict. Staff who provide community education, however, are provided the opportunity to have Partner Abuse Intervention Program training to facilitate prevention among youth.)

For ensuring survivors achieve an improved sense of safety and self-empowerment, we will measure the degree to which residential clients discharge into improved, safer environments. Based on exit data, we will measure "Reason for Leaving", using the categories "Completed program", "Left for housing opportunity before completing program", and "Needs could not be met by project" as positive indicators of an improved, safer environment. (The latter category because this represents a referral to a living environment that better suits the client's immediate and/or most pressing needs. Other categories include discharges such as rule violations or unknown destinations.) We expect 60% positive discharge indicators.

To measure a survivor's skills and confidence to move to a more positive situation (or a more rapid removal from a dangerous one), we will use survey responses generated by IDHS and the Illinois Coalition Against Domestic Violence (ICADV) as recorded in InfoNet. Survey questions asked are in accordance with IDHS and ICADV standards, and vary slightly depending on the service. We endeavor to ensure that 75% of eligible surveys will be administered, when not including Legal Advocacy. (We do collect surveys for Legal Advocacy, but the often singular nature of this service, often provided exclusively in court, makes administering the survey particularly challenging, and often irrelevant given the brief nature of the service.) Surveys are not administered to small children who do not have the capacity to answer these questions. For most services, the survey is administered at or near the end of the service. For more ongoing services, such as Counseling, the survey is administered at least yearly.

We expect 90% of survey responses to be positive, reflecting an improved understanding of safety planning, community resources, legal rights, the effects of abuse, and improved sense of safety and knowledge that abuse is not their fault. As any particular service drops below 90%, we review service provision accordingly to explore potential improvements or to identify reasonable explanations for the lower score.

The above survey is required by ICADV and IDHS. We intend to develop and implement an improved and longitudinal (i.e. post-service) evaluation tool sometime within FY19 to provide improved measurements for funders, the collection of which does not risk the safety of those we serve.

Our public education goals are not directly related to client access, and will be accounted for under the Utilization/Production Report.

Comments: Clear, measurable outcomes are identified. Program uses a state survey and reporting system to collect the data. Clients complete the survey as services are coming to a close or at least annually. Program projects 75% survey completion rate with 90% of responses to be positive. Also measured are rate of discharge to improved, safer environments - target is 60%. No results for any of the measures are summarized in the application.

In addition to the state survey instruments, Courage Connection is developing a post-service evaluation tool to be implemented during FY19.

UTILIZATION

Treatment Plan Clients (TPCs) 425 defined as number of clients who have opened a new case in the quarter and has been in shelter for at least 3 days, or a non-residential client who has opened a new case in the quarter and has received at least 3 services in the quarter. A breakdown of clients seen by the therapist and seen by counselors reported as TPCs is not included in the utilization narrative.

Non-Treatment Plan Clients (NTPCs) 115 defined as number of clients who have opened a new case in the operating quarter and has been in shelter for less than 3 days *and* had less than 3 non-residential services during the operating quarter, or a non-residential client who has opened a new case in the operating quarter and has received less than 3 services in the quarter.

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

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

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

To the degree possible, measurement will be reported on Champaign County residents only. Champaign County residents account for approximately 90% of all clients served.

Comments: Provider notes in the Unexpected/Unintended Results space at the end of this section about move to an advocacy based model potentially increasing number of clients served.

PY19 Annual target (per Utilization Form)

Quarter	TPC	NTPC	SC	CSE	OTHER
Annual Target	425	115	600	150	0

PY18 First two quarters (per submitted Service Activity Reports)

Quarter	TPC	NTPC	SC	CSE	OTHER
First Quarter FY18	180	47	146	33	0
Second Quarter FY18	89	26	114	29	0
Annual Target	425	105	600	150	0

PY17 all four quarters (per submitted Service Activity Reports)

Quarter	TPC	NTPC	SC	CSE	OTHER
First Quarter FY17	138	37	140	27	0
Second Quarter FY17	71	23	134	58	0
Third Quarter FY17	100	22	176	27	0
Fourth Quarter FY17	103	39	169	89	0
Annual Target	320	45	600	150	0

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

PY19 CCMHB Funding Request \$127,000

PY19 Total Program Budget \$1,320,049

Current Year Funding (PY18) \$66,948

Proposed Change in Funding - PY18 to PY19 89.7 percent

PY18 request was for \$66,948

PY17 request was for \$66,948, and PY17 award was for \$66,948

PY16 request was for \$66,948, and PY16 award was for \$66,948

Program Staff - CCMHB Funds: Indirect = 0.53 FTEs Direct = 2.95 FTEs Total CCMHB = 3.48 FTEs

Total Program Staff: Indirect = 5.8 FTEs Direct = 21 FTEs Total Program = 26.8 FTEs

Budget Analysis: (staff comments) Staffing pattern defines services supported with CCMHB funds. Fulltime positions supported in part by the Board include the two counseling positions, five client advocate positions (one new/vacant), one advocate (new/vacant), and the licensed therapist (new/vacant). The fiscal manager and the grants administrator account for the indirect staff positions funded in part by the Board.

What the difference is between a client advocate and an advocate position is not explained in the application.

Funding from the CCMHB represents 9.6% of the total program budget, with United Way 1.1% and State 86%.

Budget Analysis: (staff comments) CCMHB funds are used as match to leverage Illinois Department of Human Services Domestic Violence state grant and Illinois Coalition Against Domestic Violence (ICADV) grant (VOCA & VAWA). These two contracts account for over \$1 million in of total program funding. CCMHB contributes less than 10% of the total budget.

Whether funds are state or federal pass through is not clearly identified in the budget narrative so unless known are listed as state funding. The result is 86% of the funding is considered to be from the state but actual amount of state funding is likely a much lower percentage. Other local or federal (CDBG) funds account for the remaining 3+% of revenue.

Personnel related costs are the primary expense charged to CCMHB, at \$127,000 / \$127,000 = 100.0 percent

All of CCMHB funds are allocated to personnel related expenses (salaries and payroll taxes). Other sources are responsible for all remaining expenses.

Audit Findings: audit of PY17 was in compliance.

CCMHB FY19 Decision Priorities and Decision Support Criteria

Priority: Behavioral Health Supports for People with Justice System Involvement *Program provides supports to victims of domestic violence including emergency and transitional housing, counseling, court advocacy, and other support services. As a result program qualifies for consideration under this priority.*

Priority: Innovative Practices and Access to Community Based Behavioral Health Services No

Priority: System of Care for Children, Youth, Families *Agency chose to submit application under this priority. As stated above, program provides range of services and supports to victims of domestic violence.*

Priority: Collaboration with the Champaign County Developmental Disabilities Board No

Overarching Decision Support Criteria

Underserved Populations and Countywide Access Yes. *Program serves victims of domestic violence. Domestic violence hotline is open 24/7. Court advocate and other services are available in Rantoul and surrounding area but not supported with CCMHB funds.*

Inclusion and Anti-Stigma Yes. *Program activity includes community education on domestic violence.*

Outcomes Yes. *Program identifies access and consumer outcome measures with performance targets. One exception is engagement and utilization of the new licensed therapist position.*

This program is one of four programs receiving targeted support in FY19 from the UIUC Building Program Evaluation Capacity initiative funded by the Board.

Coordinated System No. *Collaboration with other providers is not addressed in the application with the exception to a reference to Early Head Start and services provided in Rantoul at the Community Service Center of Northern Champaign County.*

Budget and Program Connectedness Yes. *CCMHB funding is about 10% of program revenue. While program provides wide array of services, CCMHB funding supports work performed by counselors, client advocates, and licensed therapist.*

Realignment of PY18 Contracts to Address Priorities (incumbent programs only) *Agency has requested an increase of \$60,050 (90%) over the amount awarded in FY18.*

Technical Criteria

Approach/Methods/Innovation: Yes. *All services comply with ICADV requirements and the Illinois Domestic Violence Services Guideline Manual. Program alludes to changing to an advocacy based model in the coming months.*

Staff Credentials No. *Specific staff qualifications are included in application. Reference is made to a licensed therapist position. Services do comply with IDHS and ICADV standards.*

Resource Leveraging Yes. *CCMHB funds are used as a local match to leverage funding from the Illinois Department of Human Services and the Illinois Coalition Against Domestic Violence.*

Process Considerations & Caveats

Staff Questions/Additional Information Requested (Due by May 4, 2018):

- *Courage Connection is in the midst of a strategic planning process. The outcome of the process may result in a significant reconfiguration of the agency. An update on the strategic planning process and proposed shift in service approach is warranted.*
- *Explanation of different roles of the counselors and new therapist position would be helpful in the services section of the Part I form. As would a projected number to be served and reported as TPCs. The same is true for the role of the client advocate versus an advocate position and how the services they provide are reported.*

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:

- *Require projection of access to and engagement with licensed therapist be added to the Access Outcome section.*

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
DREAAM House

CCMHB/DDB 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
<i>Annual Cultural Competence Training</i>	Yes- DREAAM House staff and volunteers will complete at least one cultural competence training each year.
<i>Recruitment of Diverse backgrounds and skills for Board of Director and Workforce:</i>	Yes- Recruit additional family members and youth representatives to represent 50% of the Advisory Board.
<i>Cultural Competence Organizational or Individual Assessment/Evaluation:</i>	Yes- Executive Director will complete an organizational assessment inclusive of having each staff member complete a CLC self-assessment and collect customer satisfaction surveys at the end of the program year.
<i>Implementation of Cultural Competence Values in Policy and Procedure:</i>	Yes- Annual review of the CLC Plan has been implemented.
<i>Outreach and Engagement of Underrepresented and Marginalized Communities and target population defined in the criteria</i>	Yes- Engagement of the target population is outlined in the Program Plan Part 1 of the program application
<i>Inter-Agency Collaboration</i>	Yes- Team will consist of a behavioral health specialist, educator, youth developer (Executive Director) and family specialist. Team will collaborate to implement and monitor the intervention program and services

2019 Summary Analysis of Applicant's Cultural and Linguistic Competence Activities
 CCMHB/DDB
 DREAAM House

<i>Language and Communication Assistance</i>	Yes- Policy will be developed by the start of the jumpstart program. Due to the intensive nature of the program, timely communication is necessary for participants from African-born families.
<i>Matched Actions with National Culturally and Linguistically Appropriate Services (CLAS) Standards in Health and Health Care.</i>	No- New format and actions were not matched with the National CLAS Standards

Overall CLC Plan Comments

The CLC Plan had all of the required components by CCMHB/DDB. The new format was not followed where the actions did not match with the National CLAS Standards.

Draft PY19 CCMHB Program Summary

Agency: DREAAM House

Program: DREAAM

PY19 CCMHB Funding Request \$118,250

PY19 Total Program Budget \$140,250

Current Year Funding (PY18) \$58,000

Proposed Change in Funding - PY18 to PY19 = 103.9 percent

Services/People Served

Service Description/Type

Specifically, we use "Supporting the School Readiness and Success of Young African American Boys Project " to develop program services. The project design is informed by the Culturally Responsive Strength-Based (CRSB) Framework. This is a systems approach to improve the learning environments of all children. This model was developed through Department of Human Services, Office of Head Start, and The National Center for Cultural & Linguistic Competence and is applicable and useful with elementary-aged children.

It recommends the following:

- Relationships and Relational Teaching
- High Expectations
- Social and Emotional Development (Second Step is the evidence-based program that is used. Also, the program uses Sanford Harmony Social Emotional Curriculum, which is evidence informed for supplemental activities.)
- Learning Environments — Importance of play and active learning - DREAAM is dosage intensive and boys will participate in:
 - Summer Jumpstart Program: Six-week, full day summer program to provide social emotional learning and academic enrichment
 - After-school Program: Boys who complete the summer jumpstart program will transition to a 5-day a week after-school program to continue receiving support in behavioral health, mentoring, social emotional learning, enrichment and interpersonal development. The school year services also include some Saturday sports and programming.
- Developmentally Appropriate Curriculum and Instruction - Program uses a variety of best practices, such as art-based education, hands-on learning, trauma-informed strategies, and draws from the national, evidence based Freedom School model.
- Family Engagement - weekly family contact, ongoing family skills building events (parent support group), and monthly family events.

Program staff and Social Work Interns are trained in trauma, childhood adverse experience, designing academic instruction and enrichment, and social emotional learning/behavioral management. Having trained staff is essential to quality program services and development of culturally responsive and high impact learning environments.

The program will be staffed by a Program Director with post graduate coursework in Special Education. He has an extension background in youth development and program management with training in trauma, children's mental health, and systems of care. In addition, a full-time Program Coordinator and 2-3 part-time Youth Development Specialists will be hired and funded through other sources. This team will lead, implement, and assess program services.

Comments

Proposal aligns with Priority #2: System of Care for Children, Youth, and Families. FY18 was the first year agency/program received funding from the Board. During that first year, agency was assisted by/affiliated with the Community Foundation of East Central Illinois (CFECI). The agency now functions independent the CFECI.

Target population and scope of services is essentially unchanged from FY18. Program serves young boys age five to twelve exhibiting challenging behaviors and/or at risk of multi-system involvement. Parents/caregivers of

engaged boys also receive support. Systems model approach and evidence-based practices are referenced. For FY19 summer Jumpstart program is expanded from four weeks to six weeks. During the school year, boys participate in after school program up to five days a week and some Saturday programs.

Information found elsewhere in the application indicates services are available at select schools in Champaign and Rantoul. Urbana is said to be served but no information is provided on school(s) served. Summer program is at Parkland College and JW Eater Middle School (Rantoul). A 6th grade program will be designed and piloted at the First Presbyterian Church in Champaign.

Staff qualifications and training is referenced. Regarding the staffing pattern, it is not clear how staff cover multiple sites/communities during the school year.

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

Target Population

DREAAM (Driven to Reach Excellence and Academic Achievement for Males) is an early behavioral prevention and intervention and resiliency building program designed to improve behavioral and academic outcomes for marginalized boys who are traditionally under-served in grades K-5th and with multiple systems involvement and/or at risk for multiple systems involvement. There are also targeted activities to engage and build skills among families and caregivers.

The DREAAM House is aligned with the sustainability goals of the ACCESS Initiative and continues the work of the systems of care development and expansion efforts.

The project consist of targeted and focused interventions for boys and their families in the Champaign, Urbana and Rantoul areas.

- Boys, with a targeted focus on marginalized boys, between ages of 5-12 in Champaign, Urbana, and Rantoul who are experiencing emotional, academic and behavioral challenges; living in high crime neighborhoods; and/or have or at risk of involvement with the special education, mental health, and/or child welfare systems.
- Parents/caregivers of boys ages 5-12 experiencing and/or at-risk of developing challenging behavior and/or with a diagnosed mental health disorder.
- Boys in grades 3rd-6th will be involved in targeted bullying prevention/pro-social skills building after-school and Saturday programming activities.

Residency

Total Served 70 in first and second quarters of PY18, not funded in PY17
Champaign Set 50 (71.4%) for PY18
Urbana Set 3 (4.3%) for PY18
Rantoul -single 14 (20%) for PY18
Mahomet – single 0 (.0%) for PY18
Other Champaign County 3 (4.3%) for PY18

Demographics

Total Served 70 in first and second quarters of PY18, not funded in PY17

Age

Ages 0-6 ----- 38 (54.3%)
Ages 7-12 ----- 32 (45.7%)

Race

White ----- 3 (4.3%)
Black / AA ----- 57 (81.4%)
Asian / PI ----- 1 (1.4%)

Other (incl. Native American and Bi-racial) - 9 (12.9%)

Gender

Male ----- 70 (100.0%)

Ethnicity

Of Hispanic / Latino origin ----- 4 (5.7%)

Not of Hispanic/Latino Origin ----- 66 (94.3%)

Program Performance Measures

ACCESS

DREAAM is a collaborative effort with strong school and community partnerships. During FY19, the Champaign Summer Program will be housed at Parkland College and the Champaign After-School Program for K-5th will be housed at Booker T. Washington STEM Academy, and a pilot 6th grade middle school program will be designed as a Saturday Program and housed at First Presbyterian Church of Champaign. In addition, the Rantoul Summer Program will be housed at J.W. Eater Jr. High School and the After-school Program at Northview Elementary School. These spaces are trusted, accessible and accommodating for program operations.

Priority eligibility includes: 1.) Boys ages 5-11 with challenging behavior or suspected ADHD indicators. 2.) Boys ages 5-11 with an incarcerated parent. 3.) Boys ages 5-11 with low literacy skills. Eligibility is determined through a variety of methods. To screen for challenging behavior, the Strength & Difficulties Questionnaire (SDQ) is used and completed by the parent and/or teacher. We use a cut-off score of above 2 for behavioral difficulties and difficulties getting along with other children, above 5 for hyperactivity, and above 3 for emotional distress. This instrument measures social, emotional and behavioral development at home and school. Parent incarceration is self-reported. Report cards are collected to assess for literacy skills. In addition, parent participate in a interview and complete a questionnaire to collect the parent's perspective on the child's needs. Parent voice is valued as part of determining eligibility.

DREAAM accepts most referrals during May and August of each year prior to and after summer program enrollment. Program participants are referred through the following sources:

- Recruitment through schools and local daycare providers
- Illinois Choices
- Community networks (parent referrals, word of mouth)

In addition, program staff attends outreach events in Champaign and Rantoul and service provider meetings to recruit and provide information about DREAAM's program services. Social media outlets are used by program staff and parents to promote program open enrollment and services. Parents help reach a wider audience by supporting social media outreach.

An estimate of 90% of persons referred to DREAAM receive services, and there is a small waiting list. It is the program's goal to serve as many boys as possible while maintaining a small group model of program service delivery. Because DREAAM is not a "one size fits all" model, a boy's service plan may include two days of after-school programming and one hour per week of mentoring. By doing so, we can accommodate more program participants in the after-school program. However, a vast majority do attend the after-school program five days a week.

Estimated length of time from referral/assistance seeking to eligibility assessment is less than a weeks in most cases. Assessments are conducted in homes, at school and other pubic places to move quickly to determining eligibility and engagement in services. The percentage of referred program participants being assessed withing this time frame is above 85%. Furthermore, engagement in services, after assessment eligibility, ranges from 1-4 weeks depending on the enrollment period and start of a new program session. Close to 100% of eligible program participants are engaged during this pre-service time period through orientations, etc. Program participants are engaged at least a year in services with some having been engaged for over 2 years.

Additional demographic information collected is income, literacy levels, and system involvement.

Comments

Access section narrative is improved from FY18. How eligibility is determined and prioritized is defined. The screening instrument for "challenging behaviors" is identified. Parent voice is considered as part of the eligibility

process. Recruitment for the program occurs May through September. Referral sources are noted. Timeframes for referral to assessment and from assessment to engagement are identified. Length of engagement is school year and summer and may continue into following school year. Benchmarks of 85% of referrals are assessed within one week and 90% of those assessed engage in services set parameters for measuring access.

CONSUMER OUTCOMES

Expected impact:

1. Increase in positive friendship skills
2. Increase in emotional literacy
3. Increase in academic skills and resiliency to overcome risk factors

DREAAM will collect quarterly outcome data using the Strengths and Difficulties Questionnaire, which is evidence-based, from parents and teachers to determine behavioral changes and improvements. In addition, pre and post assessments will be used to measure outcomes in academic skills and emotional literacy. The Jan Richardson Guided Reading is evidence-based and used to measure literacy growth.

DREAAM is utilizing evaluation support through CCMHB and Clinical Community Psychology Department to developing a high quality evaluation plan.

The comprehensive design of DREAAM House drew on successful models such as Peer Ambassadors, Harlem Children's Zone, system of care principles, ACCESS Initiative's child-centered and family-driven services, and evidence based research. DREAAM House was developed based on improving social emotional skills in at-risk kids since improvements in social emotional skills lead to long-term positive outcomes. Programs that are identified as best practices all have the following: 1) teach self-regulation/self-monitoring, 2) establishment of social norms/skill building, 3) kinetic learning and multiple intelligence, 4) provide modeling and mentoring, and 5) literacy based. Best models include families and a psycho-educational model that include families (so families can reinforce the skills taught in school and in the program) According to the Kirwan Institute, the most effective programs involve specific efforts focused on engaging fathers.

We collect and will report on the following data:

- a. Number of hours of intervention services
- b. Number of parent meetings and workshops
- c. School outcomes
- d. Social emotional development and resiliency growth/change
- e. Number of family engagement activities and attendance
- f. Client satisfaction survey and focus group data
- g. Number and quality of program collaborations
- h. A Developmental Asset inventory™ and an SDQ (Strengths and Difficulties Questionnaire) will be conducted on program participants at intake and at the end of the school year.

Daily attendance logs, activity logs, linkage and referral services, school and home visits and requests for family support and consultations will be documented. In addition, staff will collect data on the number of referrals made to social services and/or child-serving agencies.

Additional Outcomes: Boys who participate 4 days per week in the program for at least 20 weeks will acquire 5 or more Developmental Assets™ in these particular areas: Adult Role Models, Positive Peer Influence, Achievement Motivation, Responsibility, Interpersonal Competence, and Positive View of Personal Future. Due to the multiple layers of support and services, it is estimated that 100% of program participants will acquire assets in Adult Role Models, Interpersonal Competence, and Achievement Motivation.

Comments

Targeted outcomes, i.e. "expected impact," are identified as are specific data points to be measured.

Program identifies use of the evidenced based Developmental Assets inventory and Strengths and Difficulties

Questionnaire as pre- and post-test tools to be used to evaluate participants' progress. Other broader program measures are process oriented focusing on number of activities provided (utilization). Other information is provided on how the program was developed and linked to prior community efforts.

UTILIZATION

Treatment Plan Clients (TPCs) 50 defined as participants who are continuing enrollment in program services, including summer, after school, and social emotional programs. Number projected is 50.

Non-Treatment Plan Clients (NTPCs) 15 defined as participants enrolled in kindergarten and will receive program services to develop healthy social emotional skills. *Narrative identifies a target of 15. This may actually be intended to be new TPCs.*

Service Contacts (SCs) 200 defined as number of program activities, screenings, and family engagement events.

Community Service Events (CSEs) 10 defined as number of parent meetings/support groups, outreach events, and community presentations. *Target may be low as parent meetings alone are said to occur monthly per the service section of the Part I form.*

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

Comments

There appears to be an error either in the utilization narrative or on the PART II form. The narrative references NTPCs that appear to be new program participants that on the PART II form are listed as new TPCs. Similar issue exists with Service Contacts. Does target for Community Service Events also need to be adjusted?

PY19 Annual target (per Utilization Form)

Quarter	TPC	NTPC	SC	CSE	OTHER
Annual Target	65	0	200	10	0

PY18 First two quarters (per submitted Service Activity Reports)

Quarter	TPC	NTPC	SC	CSE	OTHER
First Quarter FY18	63	0	35	4	0
Second Quarter FY18	7	0	52	2	0
Annual Target	55	0	150	10	0

PY17 all four quarters (per submitted Service Activity Reports)

not funded in PY17

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

PY19 CCMHB Funding Request \$118,250

PY19 Total Program Budget \$140,250

Current Year Funding (PY18) \$58,000

Proposed Change in Funding - PY18 to PY19 = 103.9 percent

PY18 request was for \$80,000

Program Staff - CCMHB Funds:

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

Total Program Staff:

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

Budget Analysis: (staff comments) *The agency and program have no administrative staff and the Executive Director has no administrative duties associated with managing the program?*

The personnel form needs to be revised to reflect administrative duties performed by the Executive Director at the agency and program level. Such a change will shift personnel costs away from direct service to indirect at least to some degree for the Executive Director.

Funding from the CCMHB represents 84.3% of the total program budget, with various Contributions = 8.6 %
Budget Analysis: (staff comments) Program requests double the amount awarded for FY18. The revenue section of the application was not completed. With that section essentially blank, no justification is provided for the increased funding requested from CCMHB. No explanation is provided for why half the money received from Champaign Unit #4 School District and from the Rantoul City Schools is not allocated to the program. What are the in-kind contributions supporting the program? What is known about the revenue side of the equation is CCMHB funding supports 84% of the total program.

Personnel related costs are the primary expense charged to CCMHB, at \$100,350 / \$118,250 = 84.9%.
Staffing pattern includes one fulltime Program Coordinator, and two half-time Achievement Coaches. Half of the Executive Director's time is dedicated to program services. As noted above, administrative duties at the agency and program level have not been properly accounted for in the application.

Other expenses support the operation of the program. Two items of note are the local transportation line and the equipment line. The transportation expense line is tied to cost of transporting Rantoul students to the program site using a Rantoul school bus. The equipment expense line is for the purchase of a desk top computer and eight to ten I-Pads. The full cost for both lines is charged to the CCMHB.

*Was the Rantoul School District approached about paying the transportation expense?
Was the Community Foundation of East Central Illinois approached about paying for the equipment?*

Audit Findings: Not Applicable

Comment: This program was not funded in PY17.

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 Yes. Target population is elementary school age young boys with challenging behaviors or other risk factors and their families. Services focus on early intervention promoting positive behaviors and academic outcomes.

Priority: Collaboration with the Champaign County Developmental Disabilities Board No

Overarching Decision Support Criteria

Underserved Populations and Countywide Access Yes and No. Yes to Underserved Populations: Program serves young boys, in grades K through 5th, who are experiencing social, emotional, and behavioral challenges and/or at risk of involvement with other systems.

No to Countywide Access: Program targets Champaign Unit 4 and Rantoul elementary school students. Urbana is referenced but no details provided.

Inclusion and Anti-Stigma No. Not identified as a focus of the program.

Outcomes Yes. Access outcomes section is improved from FY18 proposal, providing details on eligibility, screening process and timeframes for referral, assessment, and engagement. Consumer outcomes section references targeted outcomes, i.e. "expected impact," and specific data points to be measured and evaluation tools to be used.

This program is one of four programs receiving targeted support in FY19 from the UIUC Building Program Evaluation Capacity initiative funded by the Board.

Coordinated System Yes. Program collaborates with schools, Parkland College, and First Presbyterian Church.

Budget and Program Connectedness No. The revenue section of the budget narrative was not completed. The CCMHB represents 84% of total program revenue.

Realignment of PY18 Contracts to Address Priorities (incumbent programs only) FY18 is first year of funding for the program. Requested funding for FY19 is double amount awarded last year.

Technical Criteria

Approach/Methods/Innovation Yes. Program provides early intervention to elementary age children. Scope of work applies systems model based on Culturally Responsive Strength-Based Framework used in Head Start and early childhood programs. Other models addressing social emotional development are referenced. Identifies screening instruments to be used to evaluate and measure outcomes.

Staff Credentials Yes. Staff training described in services section of Part I form.

Resource Leveraging No. Very little funding from other sources supports the program. Financial support from the school districts served is limited and only half of the funds received from the two districts is committed to the program.

Process Considerations & Caveats

Staff Questions/Additional Information Requested (Due by May 4, 2018):

- The revenue section was not completed, omitting information critical to the analysis of the budget, and needs to be revised.
- On the expense side, there are the questions about leveraging support for transportation and equipment costs charged to the Board. Was the Rantoul School District approached about paying the transportation expense? Was the Community Foundation of East Central Illinois approached about paying for the equipment?
- Explanation of how Urbana boys access services and school(s) served is of interest.
- More detail on allocation of staff time across multiple sites would also be helpful.

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

- Correction to either utilization narrative or Part II form is needed in regards to NTPCs and for Service Contacts. And does target for Community Service Events also need to be adjusted?
- Changes to the personnel form are also warranted.

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 2019 Summary Analysis of Applicant's Cultural and Linguistic Competence Activities
CCMHB/DDB
Don Moyer Boys and Girls Club

CCMHB/DDB 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
<i>Annual Cultural Competence Training</i>	<i>Yes- Board and Staff members will have Annual Cultural Competence training.</i>
<i>Recruitment of Diverse backgrounds and skills for Board of Director and Workforce:</i>	Unsure- <i>Demographic information collected on Board of Directors, DMBGC staff members, and DMBGC clients will reflect diverse populations</i>
<i>Cultural Competence Organizational or Individual Assessment/Evaluation:</i>	Yes- <i>Surveys will be provided to families about services</i>
<i>Implementation of Cultural Competence Values in Policy and Procedure:</i>	<i>Yes- Staff and Board will read and sign CLC Plan Annually</i>
<i>Outreach and Engagement of Underrepresented and Marginalized Communities and target population defined in the criteria</i>	<i>Yes- Engagement and outreach strategies are outlined in the program plan.</i>
<i>Inter-Agency Collaboration</i>	Yes- <i>Develop a plan for inter-agency collaboration to support diverse populations</i>
<i>Language and Communication Assistance</i>	<i>Yes- Review/Revise Communication and Language assistance protocol for staff to access language assistance</i>
<i>Matched Actions with National Culturally and Linguistically Appropriate Services (CLAS) Standards in Health and Health Care.</i>	No- <i>New format was not followed</i>

Draft 2019 Summary Analysis of Applicant's Cultural and Linguistic Competence Activities
CCMHB/DDB
Don Moyer Boys and Girls Club

Overall CLC Plan Comments

The plan was updated but did not match the updated format to match the updated National CLAS Standards. It is important that there are clear action steps that will be described about language access as well as how you will plan for interagency collaboration.

Draft PY19 CCMHB Program Summary

Agency: Don Moyer Boys & Girls Club

Program: C-U CHANGE

PY19 CCMHB Funding Request \$100,000

PY19 Total Program Budget \$128,376

Current Year Funding (PY18) \$100,000

Proposed Change in Funding - PY18 to PY19 = 0.0 percent

Services/People Served

Service Description/Type

The C-U CHANGE program targets 40 high risk youth using a strength-based, intensive approach to support youth in navigating the school environment, deal with peer pressures, develop problem solving skills, engage with the local community, and graduate from high school with a plan for the future.

A major focus of the program is to provide services and support to youth throughout the school day, after-school/evening hours and throughout the summer. In order to promote school attendance, academic progress, improved behavior, coping skills, grade promotion and on-time graduation from high school with a plan for the future are all key components for success. Staff primarily engage youth throughout the school day to check attendance, meeting with school social workers/counselors/teachers/school resource officers/probation officers and parent/guardians to provide support in areas of improvement for each youth. Staff also attend parent conferences, assist in developing Individual Education Programs, Behavioral Plans and collect report cards and progress reports. These intensive efforts are designed to improve academic performance and successfully guide youth through the school year.

Evening programming at DMBGC provides good character and citizenship programming, academic assistance and programs to promote healthy habits and relationships.

Throughout the summer, CU Change youth will be engaged in activities to prevent involvement in the juvenile justice system. These activities will include case management/counseling, academic enrichment, life skills development, field trips, etc. This engagement allows to program to continue to build upon the foundation created throughout the academic school year and increases program retention.

Core services provided include:

- Improving Educational Performance:
 - o Power Hour (Homework Assistance)
 - o diplomas2Degrees (Education & Career Goal Planning)
- Life Skills Education:
 - o Positive Action (Coping & Risky Behavior Prevention)
 - o Passport to Manhood (Reinforce Character, Leadership & Positive Behavior for Boys)
 - o SMART Girls (Health, Fitness and Self-Esteem Enhancement for Girls)
 - o SMART Moves (Substance Abuse, Sexual Activity Prevention/Education)
 - o CareerLaunch (Activities focused on Planning for the Future)
- Case Management - collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet the client's health and human service needs.

Planning and intervention techniques include: group counseling and planning, small group cohorts, daily guidance and monitoring, crisis intervention, bi-monthly progress reviews, daily guidance and support to meet daily expectations and prepare for the future.

Comments

Program aligns with System of Care for Children, Youth, and Families priority by serving middle school through high school age youth having one or more risks factors extending from trauma to criminal justice involvement to

academic issues to homelessness. Program applies two-pronged approach to working with students: presence in schools and then after school support at the Club. Which schools and frequency of activity/contact by staff with youth within respective schools is not provided. Service section narrative implies daily contact with students in the schools but is not stated definitively and is understood to be weekly contact at most. Frequency of contact with each student at school needs clarification. Also what schools are served by the program?

Youth attendance/participation at club after school/early evening available five days per week. After school services includes academic support and promoting life skills emphasizing healthy activities. Specific service modules are listed. Case management related activities are also listed. The Consumer Outcomes section references three specific Boys and Girls Club of America case management models to be used by staff but are not listed here.

Application indicates program is open to youth from throughout Champaign County but is not supported by the data reported. Very few youth are from outside Champaign and Urbana.

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

Target Population

The C-U CHANGE program serves youth-at-risk ages 11-17 (grades 7 to 12) in Champaign County. Youth targeted for the program are age 11-17 and have one or more Individual/Family Risk Factors: Youth experiencing academic difficulties ; Youth is in danger of or has been previously held back to repeat one or more academic years; Youth experiencing truancy concerns; Youth is reported to have behavior issues; Youth has witnessed or been a victim of family violence; Youth identifies as LGBTQ; Youth with siblings who are involved in the juvenile justice system; Youth with one or both parents who are incarcerated; Youth with siblings who are gang involved; Youth is reported to be gang - involved; Youth in the DCFS system; Youth is homeless; Youth is pregnant ; Youth is parenting. The program focuses on youth at the High School level, with the goal of supporting each youth through high school graduation. New students will be admitted as graduations occur or as open slots become available.

Residency

Total Served	62 in last full year, PY17	45 in first and second quarters of PY18
Champaign Set	46 (74.2%) for PY17	33 (73.3%) for PY18
Urbana Set	15 (24.2%) for PY17	8 (17.8%) for PY18
Rantoul -single	0 (.0%) for PY17	3 (6.7%) for PY18
Mahomet - single	0 (.0%) for PY17	0 (.0%) for PY18
Other Champaign County	1 (1.6%) for PY17	1 (2.2%) for PY18

Demographics

Total Served	62 in last full year, PY17
Age	
Ages 7-12 -----	12 (19.4%)
Ages 13-18 -----	50 (80.6%)
Race	
White -----	2 (3.2%)
Black / AA -----	55 (88.7%)
Other (incl. Native American and Bi-racial) -	5 (8.1%)
Gender	
Male -----	36 (58.1%)
Female -----	26 (41.9%)
Ethnicity	
Not of Hispanic/Latino Origin -----	62 (100.0%)

Program Performance Measures

D-54

ACCESS

To assure consumer access, the organization will work with the Local School Districts, Police Departments, Champaign County Youth Assessment Center, Court Services and Juvenile Probation, as well as community organizations to build awareness of the program and its services. A major focus of the service will be to meet the needs of the youth and families in their respective schools, homes and community environments. The program will continue to use community engagement events (fairs, workshops, etc.) as a mechanism for referrals. With the CU Change Program relying on referrals from agencies throughout Champaign County, the client make-up and residency of the program will rely heavily on the referring agencies referrals.

Comments

Access section does not provide a clear picture of how students are selected for participation, screening instruments used, referral and engagement process, and associated timeframes. Targets associated with timeframes and number referred being determined eligible, accepted into the program, and engage in services are not identified.

Access outcomes section needs to be revised in accordance with instructions.

CONSUMER OUTCOMES

C-U CHANGE Staff, Mentors and Youth Leaders, will be trained to implement three Boys & Girls Clubs of America; OJJDP (Office of Juvenile Justice and Delinquency Programs) evidence-based and approved programs: Project Learn, Positive Action, and SMART Leaders. These programs will provide youth with individualized case management across four areas (law enforcement/juvenile justice, school, family, and Club involvement); engage youth with trained, culturally competent staff and mentors; provide youth with access to academic support, and with various experiences to increase their life opportunities. The program will strive to build strong parent involvement, community support and provide youth with college and career awareness, field trips and activities.

A. To Promote and Develop Life Skills Education.

- Outcome: 65% will demonstrate Improved Social-Emotional Skills
- Outcome: 65% will demonstrate Improved Self-Esteem and Self Efficacy
- Outcome: 85% will demonstrate Improved Future Orientation (Goal-Setting)
- Outcome: 70% will demonstrate Reduced Disciplinary Problems
- Outcome: 80% will demonstrate Reduced Acts of Violence
- Outcome: 70% will demonstrate Improved Health Behaviors

B. To provide Case Management that will assist youth to successfully address behavior issues.

- Outcome: 70% will demonstrate Improved Self-Management
- Outcome: 70 % will demonstrate Improved Self-Concept
- Outcome: 60% Improved Leadership and Relationships among School Administrators, Teachers and Parents
- Outcome: 95% will develop an Increased Sense of Positive Influence from Parent/Guardian/Caring Adult

C. To improve educational achievement and progress of youth enrolled in the program.

- Outcome: 75% will demonstrate Improved School Attendance
- Outcome: 60% will demonstrate Improved Grades and Test Scores
- Outcome: 65% will demonstrate Improved Classroom Behavior
- Outcome: 70 % will demonstrate Improved Learning/Study Skills

Comments

Contrary to the lack of outcomes related to consumer access to services, clear consumer outcome measures are proposed. Measures are associated with the program objectives: Improved Life Skills, Behavior Issues; and, Academic Achievement. Performance targets for specific measures associated with each objective are identified.

Section also mentions use of three Boys and Girls Club of America evidence-based programs and other activities such as connecting youth with mentors that expand on services provided that is more appropriate for the service section of the application.

UTILIZATION

Treatment Plan Clients (TPCs) 40 defined as unduplicated number of Youth Enrolled in Program

Non-Treatment Plan Clients (NTPCs) 48 defined as total unduplicated number of Parents, Family Members or Individuals connected to the Treatment Plan Client and involved in program related activities

Service Contacts (SCs) 1,000 defined as number of case management sessions, counseling sessions. Unduplicated Participation in Programs (i.e., Positive Action, Passport to Manhood, SMART Girls, CareerLaunch, diplomas2Degrees, Power Hour, SMART Moves, etc.), Field Trips (i.e., college tours, team-building trips, family outings, etc.), and Mentor Meetings

Community Service Events (CSEs) 150 defined as number of meetings between agencies, public presentations, school presentations and/or school staff meetings (i.e., referral meetings/conversations, meeting with School Social Worker/Teacher/Dean/SRO/Counselor, presentations to Champaign County Juvenile Probation Department, Community Resource Fairs, Youth Assessment Follow-Ups, Probation Officer Check-Ins, Etc.)

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

While the program calls for work with youth in their late middle school to high school years, many youth may have younger and/or older siblings that may be served throughout the program as a means to limit barriers for participation. With some program youth being in middle school, overall progress of graduating high school will take time. Each year, the youth in the program will have developed a short-term plan for the future to keep them on track to grade promotion and on-time high school graduation.

PY19 Annual target (per Utilization Form)

Quarter	TPC	NTPC	SC	CSE	OTHER
Annual Target	40	48	1000	150	0

PY18 First two quarters (per submitted Service Activity Reports)

Quarter	TPC	NTPC	SC	CSE	OTHER
First Quarter FY18	40	30	148	17	0
Second Quarter FY18	5	1	23	14	0
Annual Target	40	40	420	144	0

PY17 all four quarters (per submitted Service Activity Reports)

Quarter	TPC	NTPC	SC	CSE	OTHER
First Quarter FY17	15	0	158	18	0
Second Quarter FY17	31	10	413	39	0
Third Quarter FY17	11	40	426	43	0
Fourth Quarter FY17	5	18	411	55	0
Annual Target	40	40	420	144	0

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

PY19 CCMHB Funding Request \$100,000

PY19 Total Program Budget \$128,376

Current Year Funding (PY18) \$100,000

Proposed Change in Funding - PY18 to PY19 = 0.0 percent

PY18 request was for \$100,000

PY17 request was for \$100,000, and PY17 award was for \$100,000

Program Staff - CCMHB Funds:

Indirect 0 FTEs Direct 1.8 FTEs Total CCMHB = 1.8 FTEs

Total Program Staff:

Indirect 0.35 FTEs Direct 1.8 FTEs Total Program = 2.15 FTEs

Budget Analysis: (staff comments) CCMHB funded direct program staff includes one fulltime position, currently vacant, and one other fulltime employee assigned to the program 80% of the time. Other staff time - indirect staff - is charged to DMBGC. Completion of the personnel form is improved over prior submissions.

Funding from the CCMHB represents 77.9% of the total program budget. \$100,000 / \$128,376 = 77.9 percent
Contributions – various \$28,376 = 22.1 percent

Budget Analysis: (staff comments) The CCMHB is the primary funder of the program. DMBGC funds allocated to program come from contributions made to the agency. There is a slight increase in amount of contributions allocated to the program. Amount requested from CCMHB is the same as FY18.

Personnel related costs are the primary expense charged to CCMHB, at 85 percent.

Beyond personnel related expenses, costs charged off to CCMHB include consumables, general operating, and local transportation.

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol. 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 Yes. Program targets at-risk youth through school-based engagement and after-school programming. More detail on school based contact with youth would be helpful.

Priority: Collaboration with the Champaign County Developmental Disabilities Board No

Overarching Decision Support Criteria

Underserved Populations and Countywide Access Yes and No. Yes to Underserved Populations: Program serves middle school and high school age youth with one or more risk factors. Application does not indicate how youth will be screened or how risk factors will be identified.

No to Countywide Access: Program has very little presence/engagement with students outside of Champaign and to a lesser degree Urbana.

Inclusion and Anti-Stigma No. Addressing stigma is not a focus of the application.

Outcomes Yes. Qualified Yes. The Consumer Outcomes section describes measures with performance targets for each of the three primary outcomes: Improved Life Skills, Behavior Issues; and, Academic Achievement. However, there are issues with the Access Outcomes section that need to be addressed.

Coordinated System Yes. Program has presence in schools. In that the majority of youth served are from Champaign, schools served are presumed to be Unit #4 middle and high schools. However, specific schools are not referenced. Various referral sources are listed as part of the Access Outcomes section.

Budget and Program Connectedness Yes. Program aligns with budget. Two staff are assigned to the program (1.8 FTE). Other expenses charged to the Board include consumables and travel costs. General occupancy appears to be indirect expenses cost allocated to the program.

Realignment of PY18 Contracts to Address Priorities (incumbent programs only) Program requests same level of funding as awarded in FY18.

Technical Criteria

Approach/Methods/Innovation Yes. Series of potential risk factors associated with youth to be engaged in program are identified. Screening/assessment tool is not referenced. Consumer Outcomes section refers to use evidence based Boys and Girls Club of America programs in serving youth. Services are provided in school and at the Club.

Staff Credentials No. Not addressed in the application with the exception of a reference to staff being trained in the Boys and Girls Club of America programs: Project Learn, Positive Action, and SMART Leaders. More detail on staff qualifications to perform the work would be helpful.

Resource Leveraging No. The CCMHB is the primary source of financial support. Contributions made to the agency and allocated to the program is other source of support.

Process Considerations & Caveats

Staff Questions/Additional Information Requested (Due by May 4, 2018):

- *Frequency of contact with each student at school needs clarification in Services section of Part I form. How often does program staff engage with the student at school? What are the schools are served?*

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:

- *Part I form, Access Outcomes section needs to be revised in accordance with instructions.*
- *More detail on staff qualifications would be helpful.*

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: Don Moyer Boys & Girls Club

Program: Community Coalition Summer Initiatives

PY19 CCMHB Funding Request \$107,000

PY19 Total Program Budget \$107,000

Current Year Funding (PY18) \$107,000

Proposed Change in Funding - PY18 to PY19 = 0.0 percent

Services/People Served

Service Description/Type

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

Comments

Application aligns with System of Care for Children, Youth, and Families priority. Proposal supports wide range of summer programs targeted to children and youth facing emotional/environmental challenges and/or at-risk of multi-system involvement.

Don Moyer Boys & Girls Club will serve as the fiscal agent and in consultation with the Champaign Community Coalition Executive Committee will issue subcontracts to various summer youth initiatives that provide activities promoting positive development and work experience.

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

Target Population

Target population includes youth ages 9 to 18 with serious emotional disturbance (SED) and multiagency system-involved youth.

Residency

Total Served	879 in summer of 2018
Champaign Set	552 (62.8%) for 2018
Urbana Set	241 (27.4%) for 2018
Rantoul -single	86 (9.8%) for 2018
Mahomet - single	0 (.0%) for 2018
Other Champaign County	0 (.0%) for 2018

Demographics

Total Served	879
Age	
Ages 0-6 -----	38 (4.3%)
Ages 7-12 -----	234 (26.6%)
Ages 13-18 -----	607 (69.1%)
Race	
White -----	37 (4.2%)
Black / AA -----	786 (89.4%)

Asian / PI -----	3 (.3%)
Other (incl. Native American and Bi-racial) -	53 (6.0%)
Gender	
Male -----	520 (59.2%)
Female -----	359 (40.8%)
Ethnicity	
Of Hispanic / Latino origin -----	22 (2.5%)
Not of Hispanic/Latino Origin -----	857 (97.5%)

Program Performance Measures

ACCESS

OUTREACH: In conjunction with the Community Coalition Executive Committee, subcontracts and partnerships are coordinated to address emerging community needs for youth and families in the target population.

ELIGIBILITY: Partner organizations of the Community Coalition are the eligible agencies and organizations for subcontracts.

ENGAGEMENT: Community Coalition engages in monthly meetings attended by Coalition partners and community members at large.

Comments: General statement on coordination with Champaign Community Coalition Executive Committee without any detail related to the applicants or the sub-grantees commitment to measure access to services. To put this in perspective, the subcontracts tend to be small and used to support existing programs enabling them to serve more children and youth.

CONSUMER OUTCOMES

Each subcontract issued through the Don Moyer Boys and Girls Club in conjunction with the Community Coalition, is unique and individually-based to address an identified priority area of the Community Coalition. Identified priority areas include police/community relations, violence prevention, youth development, and community engagement. Consumer outcomes are determined through the identified programs in each individual contract.

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

UTILIZATION

Non-Treatment Plan Clients (NTPCs) 900 defined as total youth served by all contracted organizations

Service Contacts (SCs) 18,000 defined as number of face to face, engagement activities and services.

Community Service Events (CSEs) 60 defined as number of engagement activities and services, events, meetings, presentations, etc. provided by contracted organization.

Other 1,000 Other is not defined.

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

Partner organizations that will provide services will include but may not be limited to the following. Estimated client numbers are listed.

Champaign Schools: Leadership, academic enrichment, mentoring

Targeted initiative:(18) middle-school boys -

Targeted initiative for new group of (10) middle-school boys - Leadership, academic enrichment, mentoring

Urbana Schools:Summer employment and training Career awareness and exploration. Up to (40) students participating

Rantoul Schools: Summer Academic support services and youth development activities to youth 6 through 13

Dream House summer educational initiative: Pre-kindergarten enrichment and reading. (25) boys youth participants

CU Neighborhood Champions: Trauma information & education for targeted Champaign-Urbana neighborhoods
Training for up to (200) participants

Midnight Basketball Youth-For-Christ: Targeted initiative boys and girls Leadership-recreation. Up to (200) youth participants

Community Campus Connection (C³): Partnership University of Illinois Campus-based recreational activities.
Cooperative Engagement with:
Tap-In Academy, Champaign Park District, Urbana Park District, Urbana Neighborhood Connections, Don Moyer Boys and Girls Club, Youth For Christ. Up to (300) community youth and campus participants

Boys and Girls Club Subcontracts: Racial Taboo, video production, community engagement, Coalition promotional activities, Mental Health Awareness Week. (200) youth participants

1st String: Sports-based initiative providing youth leadership and skill development. Up to (40) youth participants

Lifeline: Summer camp activities targeted for Garden Hills area youth ages 10-16. (35) youth participants

Dream Girls Academy: Coaching-mentoring-advocacy, targeting middle-school girls. Up to (75) youth participants

Banks Bridgewater Lewis Academy: Fine arts, music academy. Up to (60) youth participants

Community Arts: Summer arts-focused project. Includes Krannert, Urbana Park District, Urbana schools partnership. Up to (15) youth participants

Community Arts: 3-week dance camp for targeted students. Includes Krannert, Champaign schools, Champaign Park District partnership. Up to (20) youth participants

Freedom School: Academic enrichment reading program. Up to (20) participants

Comments

A list of past sub-grantees provides an indication of what types of programs are likely to be supported. Does the estimated number served reflect the total program or the number of additional children/youth to be served as a result of the subcontracts?

Target for "Other" is new for FY19. What services/activity does the "Other" category represent?

PY19 Annual target (per Utilization Form)

Quarter	TPC	NTPC	SC	CSE	OTHER
Annual Target	0	900	18000	60	1000

PY18 First two quarters (per submitted Service Activity Reports)

Quarter	TPC	NTPC	SC	CSE	OTHER
First Quarter FY18	0	879	0	60	0
Annual Target	0	1200	6000	270	0

PY17 all four quarters (per submitted Service Activity Reports)

Comments prior to 2017, data were not submitted online.

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

PY19 CCMHB Funding Request \$107,000

PY19 Total Program Budget \$107,000

Current Year Funding (PY18) \$107,000

Proposed Change in Funding - PY18 to PY19 = 0.0 percent
PY18 request was for \$107,000
PY17 request was for \$107,000, and PY17 award was for \$107,000

Program Staff - CCMHB Funds: Indirect = 0 FTEs, Direct = 0 FTEs, Total CCMHB = 0 FTEs
Total Program Staff: Indirect = 0 FTEs, Direct = 0 FTEs, Total Program = 0 FTEs

Funding from the CCMHB represents 100% of the total program budget.

Budget Analysis: (staff comments) Funding is to support various subcontracts, amounts to be determined.

Personnel related costs are not charged to CCMHB.

Don Moyer Boys and Girls Club receives \$10,700 to administer the contract. The remaining \$96,300 will be for the subcontracts.

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 Yes. *Is associated with the work of the Champaign Community Coalition. Targets at-risk and/or multi-system involved children and youth. Through subcontracts, expands access to wide range of summer programs.*

Priority: Collaboration with the Champaign County Developmental Disabilities Board No

Overarching Decision Support Criteria

Underserved Populations and Countywide Access Yes. *Proposal targets children/youth with multi-system involvement, providing expanded opportunities to participate in supervised activities in the summer. Majority of programming occurs within Champaign and Urbana. Some subcontract(s) support Rantoul summer programs.*

Inclusion and Anti-Stigma No. *Application does not speak to whether any of the subcontracts address the issue of stigma or inclusion.*

Outcomes No. *Due to the number and size of the subcontracts, reported outcomes are limited to number served.*

Coordinated System Yes. *Champaign Community Coalition plays an integral role in coordinating the summer initiative contract with Don Moyer Boys and Girls Club. Approximately fourteen different subcontracts will be issued supporting a wide range of summer activities.*

Budget and Program Connectedness Yes. *Proposal is to fund 14 subcontracts and administrative costs.*

Realignment of PY18 Contracts to Address Priorities (incumbent programs only) *Amount of funds requested is same as last year.*

Technical Criteria

Approach/Methods/Innovation Yes. *Funding supplements existing summer programs. Expands at-risk children and youth's access to enrichment, academic, arts, and athletic programs.*

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

Resource Leveraging No. *Not referenced in application. However, the subcontracts are not the sole source of funding for the summer programs receiving a subcontract. CCMHB funds supplement these existing activities enabling more children and youth to be served.*

Process Considerations & Caveats

Staff Questions/Additional Information Requested (Due by May 4, 2018):

- *Does the estimated number served reflect the total program or the number of additional children/youth to be served as a result of the subcontracts?*
- *Target for "Other" is new for FY19. What services/activity does the "Other" category represent?*

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

Draft PY19 CCMHB Program Summary

Agency: Don Moyer Boys & Girls Club

Program: Youth & Family Services

PY19 CCMHB Funding Request \$160,000

PY19 Total Program Budget \$160,000

Current Year Funding (PY18) \$160,000

Proposed Change in Funding - PY18 to PY19 = 0.0 percent

Services/People Served

Service Description/Type

Frequently parents/caregivers who have youth with social, emotional or behavioral disorders experience higher levels of stress and anxiety than parents of children without these issues. Parents/caregivers of youth with complex mental health disorders often have their own mental health needs triggered because they feel isolated, hopeless and stigmatized by the systems that serve them. Most parents/caregivers find it difficult to navigate the mental health, education, child welfare and juvenile justice systems due to their lack of knowledge and understanding of how the systems work. Parents/caregivers need to have access to services that will aid them in successfully navigating these systems. An important component to assisting families on their journey to mental health wellness and recovery is the role of a peer supporter. Parents/caregivers value the emotional support, understanding, and empathy that are offered by peer supporters who have been through similar experiences.

Through the Youth & Family Services program, Parent Peer Support Partners (PPSP) will come alongside parents/caregivers as they navigate the multiple systems in which their family is involved. A PPSP supports the parent/caregiver in decision making in a safe, non-judgmental and unbiased peer-based relationship. The Peer Supporter links the parent/caregiver to community services and works collaboratively with all the systems the caregiver/parent is involved in.

Youth with mental health challenges face similar challenges as their parents do. Specifically, too often a youth's strengths, voice, and preferences remain unrecognized and unheard. The past disappointments that youth have experienced with service providers, peers, and even family members can leave a youth feeling mistrustful, without hope and reluctant to engage in relationship-building with service providers.

For successful mental health recovery, transitioned-aged youth who receive services through the Youth & Family Services program will be linked with a Youth Advocate (YA). The YA will actively support the youth with goal setting and problem-solving of specific and immediate challenges at home, school or community environments, to help manage the stress associated with balancing adolescence, social/emotional challenges, and systems involvement.

Public Education: Open workshops, groups, and training for youth and parents/caregivers to provide support and education on social and emotional challenges and Systems of Care values and principles that impact youth and families engaged in multiple systems. The workshops, groups, and training are preventative and designed to offer families with needed information, support, and resources. (ie. P3, Kickback, Women Supporting Women) to make informed decisions specific to their unique family needs.

Comments

Application aligns with System of Care for Children, Youth, and Families priorities. The program has its origins in the Access Initiative where the role of providing peer support to youth and families with multi-system involvement began, giving them a voice at the table.

Program targets youth and family with social/emotional challenges including trauma and involved with the criminal justice/juvenile justice, mental health, special education, or child welfare systems. The services are intended to support youth in recovery navigate challenges with the assistance of a Youth Advocate, provide peer support to parents involved in multiple systems and linkage to community resources with the assistance of a

Parent Peer Support Partner. The Youth Advocates and Parent Peers have lived experience navigating similar systems. Education of the community at large about the challenges families face in navigating systems and how they can be supported through that process and about System of Care values and principles is also an element of the program.

Frequency of contact of the advocates/peers with the engaged youth and family and how long such support is provided would be helpful to understanding the level and length of engagement.

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

Target Population

The Youth & Family Services program intends to serve youth, families and child-serving organizations, in Champaign County.

School-aged youth who have or are: experiencing social, emotional or behavioral challenges; have a history of trauma; involved with the juvenile justice, mental health, child welfare or school systems (i.e. special education)

Parents and caregivers of youth who are: experiencing social, emotional, and behavioral challenges; have a history of trauma; involved with the juvenile justice, mental health or child welfare systems

Child-serving systems, social service agencies, family support organizations, faith-based organizations, civic/social groups and other community-based entities interested in improving outcomes for youth with emotional and behavioral challenges.

Residency

Total Served	12 in last full year, PY17	13 in first and second quarters, PY18
Champaign Set	4 (33.3%) for PY17	6 (46.2%) for PY18
Urbana Set	4 (33.3%) for PY17	2 (15.4%) for PY18
Rantoul -single	2 (16.7%) for PY17	4 (30.8%) for PY18
Mahomet - single	2 (16.7%) for PY17	1 (7.7%) for PY18
Other Champaign County	0 (.0%) for PY17	0 (.0%) for PY18

Demographics

Total Served	12 in last full year, PY17
Age	
Ages 19-59 -----	12 (100.0%)
Race	
White -----	8 (66.7%)
Black / AA -----	4 (33.3%)
Gender	
Male -----	5 (41.7%)
Female -----	7 (58.3%)
Ethnicity	
Not of Hispanic/Latino Origin -----	12 (100.0%)

Program Performance Measures

ACCESS

The Youth & Family Services program is committed to extending consumer access to our target population. To assist with the challenges inherent in expecting our target population to “come into the office,” we will offer most of our services and programs in the community. Youth Advocacy and Peer Support will primarily occur in the youth/families natural setting including the home, schools, other youth development programs, churches and other safe community spaces. Public Education activities will be inclusive of all child-serving systems, social service agencies, family support organizations,

faith-based organizations, civic/social groups, and other community-based entities that have a vested interest in improving outcomes for youth and families in Champaign County and surrounding rural areas.

Comments

Section speaks to delivering youth and parent focused services in natural settings of home, schools, and community. Reference to public education lists community-based entities to be targeted.

Access section does not describe how youth and families are referred, selected for participation, whether screening instruments are used, and then engaged in services. Targets associated with timeframes and number referred being determined eligible, accepted into the program, and engage in services are not identified.

Access outcomes section needs to be revised in accordance with instructions.

CONSUMER OUTCOMES

The Youth & Family Services program has the following shared goals and intended systems of care outcomes for youth/families and community organizations in Champaign County and surrounding rural areas:

Purposeful peer to peer support

- 80% of parents/caregivers receiving peer parent support will report that it is “very important” to work with another parent that has the same or similar experiences navigating systems
- 75% of parents/caregivers will report they feel able to voice their ideas to professionals “most of the time.”
- 75% of parents/caregivers will “agree” they can handle things when things get tough because they know what I can do to make it better
- 50% of parents/caregivers will “agree” they can strategically share their story (lived experience) with purpose at the community, county, and state level

Youth Advocacy

- 60% of transitioned-aged youth will complete the Ansell-Casey Life Skills Assessment
- 40% of transitioned-aged youth will participate in at least one (1) Public Education activity/event

Promote self-care, health-seeking behaviors, SOC Values

- 100% of Public Education topics and presentations will promote self-care, health-seeking behavior, SOC values and principles

Educate families about consumer rights and feedback process

- 80% of parents/caregivers receiving Youth & Family services will be educated about consumer rights and feedback processes as it relates to their specific system involvement

Comments

Section describes measures with performance targets for Families/Parents and Youth. How the parent outcomes will be measured, instrument used, and frequency of evaluation is not provided. Youth targets are process oriented without referencing an outcome. For example, youth will complete the Ansell-Casey Life Assessment is a process statement not an outcome as anticipated change measured is not identified.

Section needs work. Program outcomes may benefit from technical assistance available through the UIUC Program Evaluation consultation bank.

UTILIZATION

Treatment Plan Clients (TPCs) 70 defined as number of parents/caregivers or transitioned-aged youth that completed the intake process.

Non-Treatment Plan Clients (NTPCs) 115 defined as number of parents/caregivers or youth involved in TPC care; number of parents/caregivers or youth who receive linkage and engagement support (i.e., attend IEP meetings, court hearings, review IEP’s, apply for public assistance)

Service Contacts (SCs) 1,500 defined as number of unduplicated face-to-face and phone contacts

Community Service Events (CSEs) 50 defined as number of public presentations, stakeholder meetings, agency meetings, etc.

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

Comments

The TPC and NTPC definitions may have been mixed up when application was prepared. TPCs as currently defined complete intake. NTPCs references TPCs that receive services. Confirmation of the definitions is needed.

Although some adjustment has been made, FY19 targets appear over stated based on level of activity reported in FY17 and half of FY18.

PY19 Annual target (per Utilization Form)

Quarter	TPC	NTPC	SC	CSE	OTHER
Annual Target	70	115	1500	50	0

PY18 First two quarters (per submitted Service Activity Reports)

Quarter	TPC	NTPC	SC	CSE	OTHER
First Quarter FY18	26	2	239	13	0
Second Quarter FY18	5	4	250	21	0
Annual Target	78	144	2400	45	0

PY17 all four quarters (per submitted Service Activity Reports)

Quarter	TPC	NTPC	SC	CSE	OTHER
First Quarter FY17	0	7	53	7	0
Second Quarter FY17	0	4	6	7	0
Third Quarter FY17	0	3	6	6	0
Fourth Quarter FY17	0	0	6	14	239
Annual Target	0	20	125	16	0

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

PY19 CCMHB Funding Request \$160,000

PY19 Total Program Budget \$160,000

Current Year Funding (PY18) \$160,000

Proposed Change in Funding - PY18 to PY19 = 0.0 percent

PY18 request was for \$160,000

PY17 request was for \$160,000, and PY17 award was for \$160,000

PY16 request was for \$170,000, and PY16 award was for \$170,000

Program Staff - CCMHB Funds:

Indirect 0.66 FTEs Direct 1.66 FTEs Total CCMHB = 2.32 FTEs

Total Program Staff:

Indirect 0.66 FTEs Direct 1.66 FTEs Total Program = 2.32 FTEs

Budget Analysis: (staff comments) The CCMHB is responsible for 100% of staff related expenses associated with this program. Direct service staff include part of the YFS Director, three Parent Peer Supporters, and two Youth Advocates. Percent of direct staff time allocated to the program ranges from 14% to 63%. Indirect staff account for over 25% of staff time allocated to the program.

Completed personnel form is improved over prior submissions.

Funding from the CCMHB represents 100% of the total program budget.

Budget Analysis: (staff comments) Total program revenue is \$160,000, and CCMHB is the sole source of support. Amount requested from CCMHB is the same as FY18.

Personnel related costs are the primary expense charged to CCMHB, at \$103,201 / \$160,000 = 64.5 percent.

Listed on the expenses form are personnel related expenses, consumables, general operating, and local transportation. According to the Budget Narrative, the general operating expense line includes a charge of \$24,000 for general administration expense (interpreted as management & general). A separate charge of \$2,500 for an audit is charged off to the consumables expense line rather than professional fees/consultants. Also charged off to the consumables expense line is \$2,500 for mileage reimbursement. Yet there is \$2,900 allocated to the local transportation line. A children's mental health dinner and dance is listed at \$5,000 as a consumables expense line item but the event is not referenced in the services section. Amounts listed on the expense form do not match totals listed on the budget narrative. Minor revisions/corrections needed.

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 Yes. The Youth and Family Services program gives voice to youth and families involved in multiple systems by creating a youth and family organization. Range of services includes youth and parent peer support, and public education on social emotional challenges of youth and families with multi-system involvement.

Priority: Collaboration with the Champaign County Developmental Disabilities Board No

Overarching Decision Support Criteria

Underserved Populations and Countywide Access Yes. Proposes to serve multi-system involved youth and families though number served is low. Program is open to referrals from anywhere in Champaign County but past engagement has been limited to larger communities, primarily Champaign, Urbana, and Rantoul.

Inclusion and Anti-Stigma Yes. Activities address stigma through public education, workshops and training on the families and youth with social emotional challenges face when involved with various systems.

Outcomes No. Access and Consumer Outcomes sections need work. Program should seek assistance through the consultation bank offered through the UIUC Program Evaluation contract.

Coordinated System No. Presumed but not described in the application.

Budget and Program Connectedness Yes. In general, program aligns with budget. Questions on some specific costs included in the budget need clarification. Administrative expense charged appears high considering the amount of indirect personnel costs and the administrative expense charged included in the general expense line. Also, there are minor errors on either the expense or budget narrative forms.

Realignment of PY18 Contracts to Address Priorities (incumbent programs only) Program requests same level of funding as awarded in FY18.

Technical Criteria

Approach/Methods/Innovation Yes. Qualified yes. Positive elements of proposal relate to peer support for parents and youth and educating community partners with multi systems policies and practices and system of care principles and values. However, issues include weak or missing outcomes and lack of staff credentials or specialized training supporting capacity to do the work.

Staff Credentials No. Qualifications or credentials are not provided.

Resource Leveraging No. CCMHB is the sole funder.

Process Considerations & Caveats

Staff Questions/Additional Information Requested (Due by May 4, 2018):

- How will youth and families be selected from those referred? How quickly will youth and families engage in services and how long is participation in services expected to last?

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:

- *Outcomes section may benefit from technical assistance available through the UIUC Program Evaluation consultation bank. Access outcomes section needs to be revised in accordance with instructions.*
- *Confirmation of the NTPC and TPC definitions are correct is needed.*
- *Amounts listed on the expense form do not match totals listed on the budget narrative. Minor revisions/corrections needed. Explanation/justification for some expenses listed in the Budget Narrative is warranted; travel, and administration expense.*

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
Mahomet Area Youth Club

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	Summary of Actions outlined CLC Plan
<i>Annual Cultural Competence Training</i>	Yes- BLAST and Members Matter coordinators complete Cultural Competency training each year with a semester update for new instructors. This includes a volunteer and coordinator orientation session.
<i>Recruitment of Diverse backgrounds and skills for Board of Director and Workforce:</i>	Yes- Recruit and retain diverse work force/volunteer base, including a plan to recruit past members
<i>Cultural Competence Organizational or Individual Assessment/Evaluation:</i>	Yes- Staff will assess spaces for necessary improvement and make suggestions to the board for approval as needed. Games, toys, and related needs will be kept in good working condition and be available for use. ACTNOW standards will be reviewed to confirm facility is up to benchmarked standards.
<i>Implementation of Cultural Competence Values in Policy and Procedure:</i>	Yes- Staff will sign and review CLC Plan annually.
<i>Outreach and Engagement of Underrepresented and Marginalized Communities and target population defined in the criteria</i>	Yes- Programming fills a critical gap that exists for low income kids in the community. Without MAYC, many at-risk, low income kids with working parents would end up with little or no supervision in

2019 Summary Analysis of Applicant's Cultural and Linguistic Competence Activities
CCMHB/DDB
Mahomet Area Youth Club

	potentially dangerous situations. In the last year, MAYC provided programming for over 700 kids in the community and about one-third of them were from our target population who participated for free or at a reduced cost based on our sliding scale fee structure.
<i>Inter-Agency Collaboration</i>	Yes
<i>Language and Communication Assistance</i>	Yes
<i>Matched Actions with National Culturally and Linguistically Appropriate Services (CLAS) Standards in Health and Health Care.</i>	No

Overall CLC Plan Comments

The CLC Plan for Mahomet Area Youth Club had most of the benchmarks present. The updated format was not utilized when the CLC Plan was updated.

Draft PY19 CCMHB Program Summary

Agency: Mahomet Area Youth Club

Program: Bulldogs Learning & Succeeding Together

PY19 CCMHB Funding Request \$15,000

PY19 Total Program Budget \$19,380

Current Year Funding (PY18) \$15,000

Proposed Change in Funding - PY18 to PY19 = 0.0 percent

Services/People Served

Service Description/Type

MAYC's BLAST Programming for students K-5 includes enrichment activities, academic help, and cultural and community-based programming. MAYC partnered with Mahomet Seymour Schools District in this endeavor for several reasons including using their facilities since space for the number of youth served by this program is not available at MAYC. This partnership provides youth a safe and structured environment. Children participate in activities in their own school community, have additional contact with teachers, school staff, social workers, and guidance counselors, access specialized learning spaces (including computer labs, gyms, music, and art rooms), interact with a variety of caring community volunteers, and most importantly, are part of an inclusive environment that brings students from all economic backgrounds together.

The enrichment classes offer students a chance to experience new activities in arts, culture, life skills, and recreation. BLAST Enrichment Classes are offered in five week sessions, 60 minutes after school Monday – Thursday at Sangamon and Lincoln Trail Schools and are offered four times throughout the school year (two sessions per semester). During non-session times, students have the opportunity to participate in the school's after school program called Kid's Club. Enrichment classes are age-appropriate and from multiple disciplines. Programs have included cooking classes, Code studio, Zumba, Crafty Kids, Being Creative with Literacy, History's Mysteries, Music, Wacky Science, Glass Art, Veterinary Medicine, Club MATH-tastic, 3D Printing, Money Matters, Tae Kwan Do and many others.

The BLAST programs have afforded MS students the opportunity to meet caring community members, share experiences with the peers in an age-appropriate environment, and to get in contact with vital community resources and programs, such as the University of Illinois, Champaign County Park District, and many others.

The Mahomet School District will be taking a larger financial stake in the program heading into 2019 to help with the financial burden and growth of the program. As a result, MAYC will focus on providing scholarships for students in need who cannot afford to participate in the enrichment program and after school programming otherwise. The expectation of the program is that attendance at school will increase for those participating, and we track that via survey.

Comments

Program aligns with the System of Care for Children, Youth, and Families priority. MAYC will offer scholarships to elementary school students from low-income families (qualify for free and reduced lunch). Scholarships will enable eligible students to attend BLAST, the school based after school enrichment program and Kid's Club, that is open to all elementary students.

Enrichment program and Kid's Club activities are intended to expose students to wide range of age appropriate topics/experiences. The enrichment program runs for six weeks twice a semester with Kid's Club available during the intervening periods.

MAYC's BLAST is a collaborative project with the Mahomet School District. Participation in BLAST is limited to Mahomet-Seymour School District students. Program provides transportation home as needed.

MAYC moving to scholarships represents increased focus on low-income students. Program has also narrowed the population served to elementary school students rather than K - 12. Opportunity to participate in BLAST is

linked to expectation of increased school attendance.

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

Target Population

During the 23 year history of the Mahomet Area Youth Club (MAYC), we have provided critically important programming to thousands of local youth between the ages of 6 and 18 in a safe, structured, learning environment. The MAYC mission is to encourage and train young people to develop their individual talents, so they can become productive and responsible citizens.

MAYC accepts membership from any individual, who are residents of Mahomet, Champaign County and the surrounding area. Despite Mahomet's reputation as an upscale bedroom community, between 20 and 25% of the more than 3,000 kids in the community come from low income households. Programming fills a critical gap that exists for low income kids in the community. Without MAYC, many at-risk, low income kids with working parents would end up with little or no supervision in potentially dangerous situations. In the last year, MAYC provided programming for over 700 kids in the community and about one-third of them were from our target population who participated for free or at a reduced cost based on our sliding scale fee structure.

So far this school year, 420 students have participated in our BLAST afterschool programming – 96 students qualify for free and reduced lunch. 23% of students involved in our BLAST prevention programming are from low income families. This is in-line with the overall district demographic for low income families, showing that our preventative programming is quite successful targeting low income families to participate in our program. The MAYC B.L.A.S.T program is a model of inclusion and is critical to narrowing the opportunity and achievement gap between low and high income students that would continue to exist without the opportunity to participate in MAYC programming.

In the coming year, we are moving to only servicing the low income students via BLAST and Kids Club through scholarship. We are asking our school partner to take on a larger role in the financial responsibility in the BLAST program while continuing their support of the Kid's Club program as well.

Residency

Total Served	370 in last full year, PY17	240 in first and second quarters, PY18
Champaign Set	0 (.0%) for PY17	0 (.0%) for PY18
Urbana Set	0 (.0%) for PY17	0 (.0%) for PY18
Rantoul -single	0 (.0%) for PY17	0 (.0%) for PY18
Mahomet – single	370 (100.0%) for PY17	240 (100.0%) for PY18
Other Champaign County	0 (.0%) for PY17	0 (.0%) for PY18

Demographics

Total Served	370 in last full year, PY17
Age	
Ages 0-6 -----	97 (26.2%)
Ages 7-12 -----	273 (73.8%)
Race	
White -----	318 (85.9%)
Black / AA -----	22 (5.9%)
Asian / PI -----	15 (4.1%)
Other (incl. Native American and Bi-racial) -	15 (4.1%)
Gender	
Male -----	145 (39.2%)
Female -----	225 (60.8%)
Ethnicity	
Of Hispanic / Latino origin -----	15 (4.1%)
Not of Hispanic/Latino Origin -----	355 (95.9%)

Program Performance Measures

ACCESS

BLAST is in its fifth year, and we have made consumer access a priority. All youth between the ages of 6 and 12 are eligible for our BLAST programming in the Mahomet schools, and space is held open in each course for those youth in need financially. As a result, those youth that are recommended for the program based on socio-economic needs are given preferential placement. Economic need is based on the free and reduced lunch federal guidelines.

Outreach to eligible participants (all MS students in first grade - fifth grade) is accomplished through several avenues. Primary dissemination of information is completed by sending out the information and sign up packet home with all students. In addition, School Reach, the district-wide communication platform, school websites, and the MAYC website and Facebook page are utilized to provide information. BLAST informational meetings led by MAYC staff, board members, and school principals are held at community events and at the MAYC clubhouse. Our Director, Chad Hoffman will personally contact all parents from our summer program to encourage participation during the school year. Teachers, social workers, and principals also directly encourage participation with students and parents from the target population.

All students referred to the program are given access to the program, and 100% of the students are given their 1st or 2nd choice in terms of enrichment courses. The length of time from registration to participation is approximately 1 week. Participants have approximately 1 week to return BLAST registration. Upon receiving registration information, students are placed into classes by the BLAST coordinator. It takes approximately 1 week, overlapping with the registration period, to place all students in the BLAST classes including referred and target population clients. The eligibility assessment happens within this same one week time frame, and 100% of eligible clients will be engaged within the one week time frame.

Families are then informed of placements, start date, and other necessary information. Once enrolled, the trend is for students to continue attendance at upcoming sessions of BLAST, allowing participation to be ongoing for the school year. We can expect five years of enrollment if a student starts in first grade. All Blast information is tracked with BLAST registration packets, attendance by class and target population in spreadsheet documents. We have a number of kids who qualify for special education services who are involved in the program, and we have expanded our programming to meet those needs providing classroom aides where necessary. It's also possible for youth in our target population to be placed in a course after it has started if the need arises.

Comments

Any elementary student can participate in BLAST and all students registering are placed in an enrichment course. Outreach for BLAST is described as is the enrollment process and associated timeframes. Qualification for a scholarship, i.e. eligible for free and reduced lunch, is determined during the enrollment process. Space is reserved for students receiving a scholarship to ensure they have access to their course selections. Program tracks enrollment, participation, scholarship recipients. Accommodation for special needs students is provided.

CONSUMER OUTCOMES

In BLAST, a couple of different measures are utilized to measure the successes of BLAST. One such measure is using sheer participation and applicant numbers (over 500 each year). Fluctuations in applicants and participants can indicate effectiveness and satisfaction of the program over time. Our numbers remain high, and furthermore, strong daily attendance at BLAST programs indicates retention and satisfaction in the individual sessions.

In addition, a parent survey is also used to indicate effectiveness and satisfaction of the program. The parent's survey asks parents of BLAST participants to indicate level of satisfaction with course offerings and interest level of youth. The satisfaction survey is given at the end of each year. 80% of parents felt strongly that there was enough variety in courses offered, and over 75% of parents found that the topics were of interest to their child. We would hope to maintain both of the levels this year.

Furthermore, as BLAST continues to grow, we have started to track attendance via a survey with parents, and 62% of

parents expected better attendance from their child due their course work. Also, 82% of respondents indicated that their child made new friends as part of the program. Additionally, 68% of respondents felt engagement in school increased as a result of the program. We would hope to exceed 60% of parents expecting better attendance and engagement in school going forward, and we expect over 70% of children to make new friends as part of the program going forward.

Improved attendance and engagement are specific benchmarks that the Act Now After School Network recognizes for strong after-school programs, and we track both metrics as mentioned above. There are not state-wide benchmarks yet, but the parent survey indicates strong increases in engagement and attendance due to our programming.

Comments

Consumer outcome measures include tracking overall student participation in BLAST, parent satisfaction with BLAST, and daily school attendance via parent survey (not school district records?). Targets are set for parent satisfaction and school attendance based on previous survey results.

MAYC references attendance and engagement resulting from participation in BLAST after school activities as being identified by Act Now After School Network as appropriate measures but that the Network does not provide any benchmarks.

UTILIZATION

Treatment Plan Clients (TPCs) 3, defined as number of participants referred to other providers for services.

Non-Treatment Plan Clients (NTPCs) 116, defined as number of participants in BLAST program.

Service Contacts (SCs) 2,595, defined as number of contacts with participants throughout course of the program as well as with the community at large about upcoming events and activities.

Community Service Events (CSEs) 828, defined as number of enrichment opportunities, the number of meetings each week, and the length of the program. The events are also kept in a database for review.

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

In working more closely with mental health providers, social workers, school administrators and in attempting to refer individuals to service providers, MAYC anticipates that the number of treatment plan clients may increase. MAYC collects and tracks general member and family information about county of residency, age, race, gender, and zip code of residence.

Since the programming in the BLAST program changes from one year to the next, all NTPC are considered new each year because the program is different each year. All duplicates have been removed within each year.

Each SC is tracked at registration, midway through the course, and at the end of the year via a survey. Interactions are recorded and tracked in a database for course selection and improvement for each session going forward. Contacts may also include, but are not limited to, phone calls about programming, membership, retention and recruitment, MAYC events, service learning projects, and presentations to enhance volunteerism or work force development at MAYC.

Comments

Target for NTPC is adjusted down to reflect new focus on scholarship recipients.

PY19 Annual target (per Utilization Form)

Quarter	TPC	NTPC	SC	CSE	OTHER
Annual Target	3	116	2595	828	0

PY18 First two quarters (per submitted Service Activity Reports)

Quarter	TPC	NTPC	SC	CSE	OTHER
First Quarter FY18	1	179	180	60	0
Second Quarter FY18	1	119	1200	210	0
Annual Target	3	500	2613	600	0

PY17 all four quarters (per submitted Service Activity Reports)

Quarter	TPC	NTPC	SC	CSE	OTHER
First Quarter FY17	0	167	66	167	0
Second Quarter FY17	0	53	51	151	0
Third Quarter FY17	1	45	58	160	0
Fourth Quarter FY17	1	149	468	156	0
Annual Target	6	600	150	110	0

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

PY19 CCMHB Funding Request \$15,000

PY19 Total Program Budget \$19,380

Current Year Funding (PY18) \$15,000

Proposed Change in Funding - PY18 to PY19 = 0.0 percent

PY18 request was for \$15,000

PY17 request was for \$15,000, and PY17 award was for \$15,000

PY16 request was for \$15,000, and PY16 award was for \$15,000

Program Staff - CCMHB Funds:

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

Total Program Staff:

Indirect 0.05 FTEs, Direct 0 FTEs, Total Program = 0.05 FTEs

Budget Analysis: (staff comments) Program does not request an increase. While CCMHB funds do not support any staff, how does the program operate without any direct staff support or only 5% of the executive director's time being dedicated to the program?

Funding from the CCMHB represents 77.4% of the total program budget.

Other revenue from United Way, \$480 or 2.5 percent, and Contributions – various, \$3,900 or 20.1 percent.

Budget Analysis: (staff comments) According to the Budget Narrative, revenue and expenses listed are limited to what is necessary to support and deliver the scholarship assistance provided to students. Amount of revenue to support expenses incurred to operate the BLAST program is not provided.

Personnel related costs not applicable; none are charged to CCMHB.

All funding requested from CCMHB is allocated to specific assistance to underwrite scholarships to qualifying elementary school age students.

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 Yes. MAYC will offer scholarships to elementary school students from low-income families to participate in after school enrichment classes and Kids Club. BLAST provides a safe, academically supported environment for students after school.

Priority: Collaboration with the Champaign County Developmental Disabilities Board No

Overarching Decision Support Criteria

Underserved Populations and Countywide Access Yes and No. Yes to underserved population - program targets students from low-income households for scholarships to underwrite cost to attend BLAST. No to countywide access. Participation is limited to elementary students enrolled in Mahomet Seymour School District.

Inclusion and Anti-Stigma Yes. Program proposes to provide scholarships to students from low-income families who might otherwise be unable to attend the BLAST program.

Outcomes Yes. Program explains access to services is unrestricted and based on a registration process. Eligibility for scholarship is determined as part of registration process. Timeframes for enrollment and duration of program are identified. Consumer outcomes with performance targets are provided.

Coordinated System Yes Program is a collaborative effort between MAYC and the Mahomet-Seymour School District.

Budget and Program Connectedness Proposal is reconfigured for FY19, using CCMHB funds to provide scholarships to low-income students. Budget is limited to the scholarship program. Financial details on the operation of the BLAST program as a whole are not provided.

Realignment of PY18 Contracts to Address Priorities (incumbent programs only) Program requests same level of funding as awarded in FY18.

Technical Criteria

Approach/Methods/Innovation Enrichment classes as part of after school program address wide range of topics. Scholarships are used to enable low-income students to participate in BLAST.

Staff Credentials No Staff credentials are not provided; CCMHB funding supports scholarships to students.

Resource Leveraging CCMHB is the sole source of support for the scholarships. Some contributions and United Way designated funds received by the agency are allocated to support administration of the scholarships.

Process Considerations & Caveats

Staff Questions/Additional Information Requested (Due by May 4, 2018):

- Why does the school attendance outcome measure rely on parent response as opposed to school attendance records?
- How does the program operate without any direct staff support or only 5% of the executive director's time being dedicated to the program? What is the amount support received (revenue) and costs incurred to operate the BLAST program?
- Why doesn't the school district underwrite the cost of the scholarships?

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:

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: Mahomet Area Youth Club

Program: MAYC Members Matter!

PY19 CCMHB Funding Request \$18,000

PY19 Total Program Budget \$83,300

Current Year Funding (PY18) \$12,000

Proposed Change in Funding - PY18 to PY19 = 50.0 percent

Services/People Served

Service Description/Type

The MAYC Members Matter! Program offer programs that are in alignment with our mission statement and with the focus of our five core values: Character and Stewardship; Health Life Skills; Education and Leadership; Creative Arts and Expression, and Sports and Recreation.

The MAYC Members Matter! Junior High Club operates Monday thru Friday from 3:00pm to 5:30pm on school days, under the direct supervision of two staff aides (funded by MAYC), who systematically work to develop socio-emotional skills and support at-risk youth with homework help. The MAYC staff work with school principal to make special efforts to enroll harder-to-recruit struggling students, such as those at risk of not being promoted, who research has shown benefit more than other students from participation in after-school activities.

The program provides a safe place for 60 students at no cost, to study, socialize with peers, play sports and games, and establish meaningful relationships with caring adults. Goals for this program are increased attendance at school, improved grades, and increased likelihood to graduate on time.

The MAYC Member Matters! Summer program operates Monday thru Friday from 7:30a.m. To 6:00p.m., offering activities for 95 kids last summer, ranging from educational, arts and crafts, physical fitness, food and nutrition, swimming, and field trips. Goals for this program are increased physical activity, knowledge of health and nutrition, food security, and retention of the knowledge gained during the school year. These outcomes generally precede the attainment of physical health outcomes like improved long-term health, decreased nutritional risk, increased knowledge of how to improve health and fitness, and increased knowledge of proper nutrition. Without MAYC, a great many at-risk, low income children with working parents would end up with little or no supervision in potentially dangerous situations. Ensuring that youth are involved in positive summer activities is important for the strength and safety of a community.

Comments

Proposal aligns with System of care for Children, Youth, and Families priority. Target population and scope of services is same as currently funded by the Board. One change is the Junior High Club will now be staffed by two school aides funded by the MAYC whereas for FY18 program indicated staffing would be one certified teacher and one aide. Duties of CCMHB funded staff are explained in the Budget Narrative, however, qualifications are not addressed.

Program serves middle school age youth after school and is open to all children and youth, age 6 to 18, during the summer. Proposal places an emphasis on serving children/youth from low-income families. Members Matter operates a junior high club on week days after school during the school year. A day long five day a week summer program is open to children and youth. The intent of both components of the program is to provide participants with a safe supportive learning environment.

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

Target Population

During the 23 year history of the Mahomet Area Youth Club (MAYC), we have provided critically important programming to thousands of local youth between the ages of 6 and 18 in a safe, structured, learning environment. The MAYC mission is to encourage and train young people to develop their individual talents, so they can become productive and responsible citizens.

MAYC accepts membership from any individual, who are residents of Mahomet, Champaign County and the surrounding area. Despite Mahomet's reputation as an upscale bedroom community, between 20 and 25% of the more than 3,000 kids in the community come from low income households. Programming fills a critical gap that exists for low income kids in the community. Without MAYC, many at-risk, low income kids with working parents would end up with little or no supervision in potentially dangerous situations. In the last year, MAYC provided programming for over 700 kids in the community and about one-third of them were from our target population who participated for free or at a reduced cost based on our sliding scale fee structure.

MAYC Members Matter! Programming is open to all kids of the community, but we specifically target low income children and make programming available at no cost. The focus is to target kids from low income families, who will be integrated within the community and have access to inclusive safe age appropriate high quality enrichment programming and activities. This is our target population because children living in low income homes have less access to nutritious food, supervised quality educational, and recreational programming due to cost. Participation in MAYC Members Matter! Programming also helps connect low income kids with other basic necessities through other partner agencies.

Funding for out of school time programming is a sound investment that will help meet the demands of, and bring much needed services to low income households of Mahomet. The MAYC Members Matter! Program is filling the invaluable role of providing essential services—such as a safe and supervised environment, academically enriching activities, healthy snacks and meals, and caring and supportive mentors—to children and families most in need of support.

Residency

Total Served	94 in last full year, PY17	128 in first and second quarters, PY18
Champaign Set	0 (.0%) for PY17	0 (.0%) for PY18
Urbana Set	0 (.0%) for PY17	0 (.0%) for PY18
Rantoul -single	0 (.0%) for PY17	0 (.0%) for PY18
Mahomet - single	93 (98.9%) for PY17	127 (99.2%) for PY18
Other Champaign County	1 (1.1%) for PY17	1 (.8%) for PY18

Demographics

Total Served	94 in last full year, PY17
Age	
Ages 7-12 -----	75 (79.8%)
Ages 13-18 -----	19 (20.2%)
Race	
White -----	79 (84.0%)
Black / AA -----	4 (4.3%)
Asian / PI -----	1 (1.1%)
Other (incl. Native American and Bi-racial) -	10 (10.6%)
Gender	
Male -----	53 (56.4%)
Female -----	41 (43.6%)
Ethnicity	
Of Hispanic / Latino origin -----	5 (5.3%)
Not of Hispanic/Latino Origin -----	89 (94.7%)

Program Performance Measures

ACCESS

The criteria for entry into our program is simply based on the age and/or grade level of the student. If the student falls between the ages of 6-18, they are eligible for our summertime programming. If the student is enrolled in middle school, they are also eligible for the Jr. High Program during the school year. MAYC uses free and reduced lunch standards to track participants. The Jr. High after school program has 45% of the participants in the free and reduced lunch program. Free and reduced lunch participants exceeded 67% for our summertime programming. Those in the free and reduced lunch program receive scholarships (reduction in fees) to attend programming.

MAYC tracks demographics for members and that information includes age, gender, race, school, city of residence and zip codes. Parents and or guardians are asked to provide information about household size, head of household, and annual household income, but financial reporting is mandatory only when a family requests a reduction in fees or when applying for the MAYC Scholarship Program. Agency-wide, last Year MAYC made available over \$40,000 dollars in scholarships for low income, at risk youth to participate in inclusive and preventive programming.

Membership in MAYC is based on recruitment efforts by staff (attending school functions, speaking with teaches/school social workers), word of mouth, referrals from social workers or other agencies, past members, and information posted on the MAYC website and the MAYC Facebook page. In some instances, referrals from station adjusted youth and or juveniles required to complete community service work has resulted in MAYC membership and younger family members joining the club. All youth referred are accepted into the club.

MAYC membership is based on a rolling calendar every year, and all members/families are required to complete a membership application annually and review the MAYC Family Handbook. MAYC membership is \$20.00 dollars per year, per child. Daily sliding scale fees are assessed for members under the age of 12. MAYC provides a five tier sliding scale fee structure. Once a member's parent has read, signed, and returned the membership application, the child may begin attending the club, and members can and have been enrolled on the same day the blank paperwork is given to parents. The fee can be paid at a later date if necessary. 100% of clients paperwork is reviewed within 24 hours of submission. Approval of scholarship-level occurs within a week of request, but child continues services for free if necessary while financials are reviewed.

Over 90% of families who register end up attending the club at some point. For our core participants in summertime programming, we expect that membership will continue from age 6 until age 18. For middle school after-school programming, we expect three years of participation (6th, 7th, and 8th grades).

Families interested in enrolling their child at MAYC are encouraged to come and view the club and facilities whenever the club is open. A MAYC staff member provides a tour of the facility and is available to answer any questions about the organization or services available. Parents are added to the newsletter list which provides periodic updates on MAYC activities and requests additional input from parents/guardians about MAYC policies and procedures.

Comments

Eligibility for the Junior High Club and summer program is based on residency, age, and grade level. Program does track participants who are low-income (qualify for free and reduced lunch) and they receive a scholarship/reduced fee to participate in the program. The club membership and sliding fee scale is explained in the sliding fee scale section at the end of the Part I form.

Outreach and enrollment process including determining eligibility for a reduced fee/scholarship is explained. Any youth referred to the club is accepted. Timeframes associated with club membership and participation in activities is noted. Over 90% of members attend the club for some amount of time.

CONSUMER OUTCOMES

The Members Matter program does track outcomes, and we have a 94% passing grade rate within the Jr. High after-school program, and 75% of the students in the program have held their math or reading graded steady or improved their grades during their time in the program. That data is collected via grade cards at the end of each semester and compared against previous semesters. The ACT Now Coalition for After-School programs is working on standards and benchmarks but none exist across various programs currently to our knowledge. We will target 75% of students holding or improving grades in math and reading for next year and a 90% passing grade rate for promotion to the next grade as our baseline

outcomes.

The MAYC Members Matter! Program provides activities in five value areas. Membership at MAYC, participation at the club, and interaction with staff is designed to:

1. Teach members to be self-sufficient in school and in age-appropriate life skills
2. Discuss and seek out educational or vocational opportunities
3. Develop skills to make appropriate behavioral decisions
4. Learn and share information about the importance of community service
5. Expand parental involvement through the MAYC Parents' Club

MAYC members are introduced to consumer outcomes when they initiate the MAYC Enrollment process, which is the first initial family/member interview between MAYC staff and prospective MAYC families/members. The enrollment process is an opportunity for MAYC staff, parents/guardians, and prospective members to learn about and ask questions about membership expectations, which include conversations about homework assignments, behavioral expectations, involvement with community service projects, and MAYC Parents' Club. When a referral to MAYC is made by a social service agency, mental health agency, school, law enforcement or court related agency, the orientation process and initial family/member interview is appropriately modified to assist families with additional information regarding additional resources and referrals.

Educational and/or vocational information is presented to members via programming activities, MAYC community service projects, and participation in some presentations. MAYC parents may also seek additional assistance and services from MAYC staff in seeking job placement with local businesses and employment services to develop positive work force skills. MAYC also shares information received about parenting techniques, special community meetings, and additional resources. MAYC will request feedback on MAYC issues via an email contact list aptly entitled "MAYC Parents' Club".

Specific to teens, MAYC continued an incentive program which provides members between the ages of 11-15 with an opportunity to earn club bucks. Teens supported the can recycling program, took part in formalized and structured communication discussions, and were rewarded for exemplary behavior. The bucks can be spent to reduce the cost of field trips, and last year the teens went to Six Flags with their earned dollars.

MAYC provides information to and reminders for all members, families and volunteers about the rules and behavioral expectations when at the club. MAYC continues to utilize and promote a PBIS structure at the club, and to ensure consistency with respect to consequences. Rules of Respect have been posted in each room at the club, and MAYC members are held accountable for negative behavior against themselves, other members, staff, volunteers, and/or the general public.

Comments

Program identifies measures and performance target associated with participation in Members Matter and promotion to next grade (90%) and maintaining/improving math and reading grades (75%). Program references the ACT Now Coalition of After School programs as working on standards and benchmarks that could be used by MAYC once developed.

Separate from these measures, Club values associated with developing various life skills and community involvement are promoted. The process for promoting and instilling those values in club members is described. Expectations for member behavior and conduct, and consequences are managed through the use of PBIS (Positive Behavioral Interventions and Supports).

Not identified is a relationship of promotion and grades to the low-income students participating in the program. For example of the 25% whose math and reading scores declined, what percentage of those students were from low-income households?

UTILIZATION

Treatment Plan Clients (TPCs) 4, defined as number of participants referred to other providers for services.

Non-Treatment Plan Clients (NTPCs) 136, defined as number of participants in Members Matter.

Service Contacts (SCs) 1,380, defined as number of contacts with participants throughout course of the program as well as about upcoming events and activities. Contacts with parents and community members are also tracked.

Community Service Events (CSEs) 200, defined as number of attendance days, days the club is open for summer programming, and the total number of events that are available to the youth for the Jr. High After School Program and the summer program.

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

The majority of MAYC members are primarily categorized as non-treatment plan clients. In working more closely with mental health providers, social workers, school administrators and in attempting to refer individuals to service providers, MAYC anticipates that the number of treatment plan clients may increase.

Each Service Contact (SC) is tracked weekly in the after school program as part of the homework check and student review. For the summer program, contacts are required at registration, midway through the summer, and at the end of the year. Interactions are recorded and tracked in a database. Contacts regarding MAYC and MAYC programming or events are entered into the database. Contacts may also include, but are not limited to, phone calls about programming, membership, retention and recruitment, MAYC events, service learning projects, presentations to enhance volunteerism or work force development at MAYC, and grant contacts. All contacts are categorized by face-to-face, phone call, or group presentation. Information about the date, which member, and other information is tracked with each entry.

PY19 Annual target (per Utilization Form)

Quarter	TPC	NTPC	SC	CSE	OTHER
Annual Target	4	136	1380	200	0

PY18 First two quarters (per submitted Service Activity Reports)

Quarter	TPC	NTPC	SC	CSE	OTHER
First Quarter FY18	2	111	370	36	0
Second Quarter FY18	0	15	460	52	0
Annual Target	3	120	2445	208	0

PY17 all four quarters (per submitted Service Activity Reports)

Quarter	TPC	NTPC	SC	CSE	OTHER
First Quarter FY17	0	25	50	25	0
Second Quarter FY17	0	4	58	47	0
Third Quarter FY17	1	15	73	56	0
Fourth Quarter FY17	2	48	50	16	0
Annual Target	4	110	175	76	0

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

PY19 CCMHB Funding Request \$18,000
PY19 Total Program Budget \$83,300
Current Year Funding (PY18) \$12,000
Proposed Change in Funding - PY18 to PY19 = 50.0 percent
 PY18 request was for \$12,000
 PY17 request was for \$15,000, and PY17 award was for \$12,000
 PY16 request was for \$15,000, and PY16 award was for \$10,000

Program Staff - CCMHB Funds: Indirect 0 FTEs, Direct 0.85 FTEs, Total CCMHB = 0.85 FTEs
Total Program Staff: Indirect 0.23 FTEs, Direct 2.05 FTEs, Total Program = 2.28 FTEs
Budget Analysis: (staff comments) All nine club counselors and the program coordinator are part-time positions. Personnel supported with CCMHB funds include three counselors and the program coordinator. CCMHB supports 100% of their time allocated to the program. No indirect staff time is charged to CCMHB.

Funding from the CCMHB represents 21.6% of the total program budget.
 Other sources of revenue are United Way, at \$29,800 or 35.8%, and Contributions – various, at \$20,500 or 24.6%.

Budget Analysis: (staff comments) *United Way is the single largest source of support followed by the CCMHB. Program requests an increase of \$6,000 (50%) over the amount awarded for FY18 to support additional staff. There is a minor error on the revenue form. Program fees from membership dues are listed as coming from CCMHB. These funds represent the 18% difference in total program funding.*

Personnel related costs are the primary expense charged to CCMHB, at 100.0 percent.
All CCMHB funding is allocated wages/salary line. All other program expenses are charged to other sources.

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 Yes. *Program aligns with this priority by providing prevention based services in a safe and structured environment. Serves Mahomet Junior High School students during school year and all school age children and youth during the summer, with an emphasis on students from low-income families.*

Priority: Collaboration with the Champaign County Developmental Disabilities Board No

Overarching Decision Support Criteria

Underserved Populations and Countywide Access Yes. *Yes and no. Yes to underserved population. No to countywide access. Program serves Mahomet School District Junior High School students during school year and school age children and youth during summer, with priority given to those from low-income families.*

Inclusion and Anti-Stigma *Addressing stigma is not a focus of the application. Participation in Members Matter is open to any student. Club places an emphasis on serving children and youth from low-income families.*

Outcomes Yes. *Program explains access to services is unrestricted and based on a registration process. Eligibility for scholarship/reduced fees is determined as part of registration process. Timeframes associated with becoming a member and projected attendance/participation are noted. Consumer outcomes with performance targets are provided.*

Coordinated System *During school year program is involved with the Mahomet Junior High School.*

Budget and Program Connectedness Yes. *CCMHB contributes 22% of total program revenue, with 100% supporting four part-time positions. Remaining staff and expenses are charged to other funds allocated to the program. Increase is to support additional staff needed to accommodate growth in the program.*

Realignment of PY18 Contracts to Address Priorities (incumbent programs only) *Program requests increase of \$6,000 over FY18 contract award.*

Technical Criteria

Approach/Methods/Innovation *Prevention based after school and summer program activities. No specific curriculum or model is referenced. Focus is on providing a safe, positive environment with academic supports.*

Staff Credentials No *Not referenced.*

Resource Leveraging Yes. *Funding from United Way, the CCMHB, and contributions to the agency support the program. Sliding fees charged to participants also support the program.*

Process Considerations & Caveats

Staff Questions/Additional Information Requested (Due by May 4, 2018):

- *Does the program track number of students from low-income families whose math and reading scores decline in order to target more academic support to them?*

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:*

- *Minor error on revenue form needs to be corrected.*

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

Recommendation Pending

Draft PY19 CCMHB Program Summary

Agency: Rosecrance Central Illinois
Program: Parenting with Love & Limits

PY19 CCMHB Funding Request \$392,992

PY19 Total Program Budget \$392,992

Current Year Funding (PY18) \$282,663 (front end) + \$300,600 (extended care) (combined and reduced to \$337,725)

Proposed Change in Funding - PY18 to PY19 (see Financial Analysis section below)

Services/People Served

Service Description/Type

The overarching goal of PLL is to keep youth “at home, in school, and out of trouble” by reducing juvenile recidivism rates. PLL is a Brief Family Therapy Model which includes multi-family group education and discussion, videotapes, age-specific breakout sessions, role play, and individual family therapy/coaching. Services begin with a family-focused, culturally-sensitive structured admission interview utilizing Motivational Interviewing which is designed to secure a commitment by the youth/family to participate in the program. This integration of motivational interviewing, behavioral contracting, skill-building, family therapy, wound work, and individualized family coaching is designed to engage, stabilize, and equip families to apply new tools and concepts to real life situations. PLL educates families how to set and maintain consistent expectations and limits while rebuilding a loving, nurturing relationship with their child.

30, 60, and 90 day follow up contact upon graduation allows therapists to assist families in continuing to use the skills learned. Tune up sessions are completed as needed. Therapists and case manager also provide multi-system advocacy, support, and linkage.

STAFF QUALIFICATIONS:

Therapists have completed training with the Savannah Family Institute (SFI), and provide this evidence-based curriculum in adherence with the requirements identified by SFI. PLL services are provided by Master’s-level therapists, Leon Bryson, Misty Bell, Asha Brown, and Brittney Gunn. These staff receive salaries commensurate with their experience and certified status and are eligible for incentive-based salary increases dependent on outcomes of their work with families.

Fulltime Case Manager, Javaite Wilson (Master’s Degree), coordinates protective factors for families, including linkages for job placements, advocacy with courts or schools, social skills development, and/or substance abuse treatment. Co-facilitation of PLL groups is provided by the PLL-trained case manager. Ongoing staff training and supervision is provided by PLL Clinical Supervisors from SFI, with on-site clinical support from Clinical Coordinator, Carol Bradford, LCSW, MSW. The Case Manager is eligible for incentive-based salary increases dependent on outcomes of the work with families.

PLL staff provides family-driven, strength-based services with sensitivity to race, ethnicity, age, gender, sexual orientation, and disability, thereby providing successful youth/family engagement, participation, and completion of the PLL program. Rosecrance contracts with interpreters to assist consumers in need of assistance with language, sight, hearing, and other potential barriers to services. Services are provided in locations accessible by MTD; bus tokens and/or assistance with arranging or providing transportation are available as needed.

Comments

Program submitted application under the System of Care for Children, Youth, and Families priority and meets criteria for that priority. It would also align with criteria under the Behavioral Health Supports for People with Justice System Involvement priority.

This application continues services that were consolidated from two contracts into one following the merger of Prairie Center with Rosecrance. Performance issues contributed to the need to consolidate the contracts and reduce staffing and Board investment.

Program serves youth age 10 to 17 and their families using the evidence-based Parenting with Love and Limits (PLL) program, a brief family therapy model. Eligible youth have varying degrees of involvement with the criminal justice system as well as other emotional/behavioral issues. Parents and/or caregiver must also agree to participate in the program. Depending on assessed need, youth and family will participate in either the less intensive front-end group sessions or the extended care group sessions. Both groups also involve family coaching sessions. Groups are held at the Juvenile Detention Center and Rosecrance Killarney Street location. Family coaching may occur in natural settings. Staffing pattern and qualifications are listed. The four therapists and case manager are trained in the PLL model.

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

Target Population

The combined Front End and Extended Care Parenting with Love and Limits (PLL) program focuses on resistant parents and youth with serious emotional disturbances (SEDs) and multi-system involvement. The Parenting with Love and Limits (PLL) program serves Champaign County youth ages 10 – 17 and their families. Many of these youth are involved in the continuum of the Juvenile Justice System. Eligible youth are considered ‘low risk, moderate, or high risk’ on the Youth Assessment and Screening Instrument (YASI), have been, or currently are, on Probation, possess a felony charge, and/or are chronic offenders. Eligible youth most often have a history of emotional and behavioral problems (e.g. conduct disorder, oppositional defiant disorder, ADHD) and frequently co-occurring problems such as substance use/abuse, depression, chronic truancy, domestic violence, etc. In addition, eligible youth have demonstrated a history of disruptive behaviors (e.g. persistent and serious lying, running away, destruction of property, truancy, stealing, threatening others, issues with anger control, or other similar behaviors) for longer than six months. Youth diagnosed with a Serious Emotional Disturbance are also eligible for this program. Youth must have a parent or caregiver (e.g. foster parent) willing to commit to participation in the PLL program.

Youth who are not appropriate referrals for PLL are those identified as sex offenders, severely developmentally delayed (IQ less than 50), actively psychotic, or those who have no parent or caregiver willing to participate in the program. In addition, participants will not have been assessed as ‘therapized.’ Youth and families participating in PLL will be provided with an opportunity to enroll in other services if needed.

Residency

Total Served	88 in last full year, PY17	27 in first and second quarters of PY18
Champaign Set	43 (48.8%) for PY17	15 (55.5%) for PY18
Urbana Set	22 (25%) for PY17	6 (22%) for PY18
Rantoul -single	7 (7.9%) for PY17	2 (7.5%) for PY18
Mahomet - single	3 (3.4%) for PY17	0 (0%) for PY18
Other Champaign County	13 (14.7%) for PY17	4 (15%) for PY18

Demographics

Total Served	88 in last full year, PY17
Age	
Ages 7-12 -----	19 (21.5%)
Ages 13-18 -----	69 (78.5%)
Race	
White -----	41 (46.6%)
Black / AA -----	32 (36.4%)
Other (incl. Native American and Bi-racial) -	8 (9%)
Not Available Qty -----	7 (8%)
Gender	
Male -----	60 (68.1%)
Female -----	18 (31.9%)
Ethnicity	

D-85

Of Hispanic / Latino origin ----- 7 (8%)
Not of Hispanic/Latino Origin ----- 81 (92%)

Program Performance Measures

ACCESS

1. Eligible youth have committed a delinquent act and exhibit at least 3 of the 4 following risk factors: school behavior and performance problems, family problems, substance abuse, and/or a history of disruptive behaviors (e.g. persistent and serious lying, running away, destruction of property, truancy, stealing, threatening others, issues with anger control, or other similar behaviors). Eligible youth most often have a history of emotional and behavioral problems (e.g. conduct disorder, oppositional defiant disorder, ADHD) and frequently co-occurring problems such as substance use/abuse, depression, chronic truancy, domestic violence, etc. Youth diagnosed with a Serious Emotional Disturbance are eligible for this program. Youth must have a parent or caregiver (e.g. foster parent) willing to commit to participation in the PLL program.
2. Youth who are assessed using the PLL 8% Risk Assessment and meet the criteria listed above are eligible for services.
3. PLL referrals come through the Schools, State's Attorney, Court Services, Youth Assessment Center, Law Enforcement agencies, other community partners (such as other youth-serving organizations and faith-based centers), and self referrals. PLL staff provide ongoing outreach to these partners, actively collaborating with the State's Attorney, Court Services, Law Enforcement, school personnel, and other involved partners to develop and maintain a stream-lined selection, enrollment, and treatment process to ensure timely access to services.
4. Historically, approximately 82% of referrals qualify for services. Exclusionary criteria include: sex offenders, severe developmental disorder (IQ lower than 50), no parent or caregiver willing to participate, or a youth with active psychosis.
5. The length of time from referral to assessment varies from same day to several weeks, contingent upon the family's availability. Non-traditional methods of engaging families using PLL groups or family coaching sessions while the youth is in detention is used, as well as PLL therapist attendance at Juvenile Detention Hearings, and community or home-based services. Rosecrance, as well as all of our juvenile justice partners, are highly committed to accommodating the varying needs of consumers with services available throughout the day, evenings, and weekends to accommodate the varying needs of participating families.
6. Approximately 75% of referrals complete the Motivational Phone Call (which is how PLL defines Intake Engagement).
7. Once a family has been selected for participation in PLL, the assigned therapist contacts youth/families via telephone, in-person contact at JDC, home visits, and/or detention hearings and utilize a motivational interview to engage the family and invite them to learn more about PLL. A face-to-face Admission Interview is scheduled with the family and their 'village' (e.g. extended family, close friends, pastor, probation officer, etc) that the family identifies and wishes to include for support and serves to educate and engage the family about PLL. If the family is willing to participate a written PLL Participation and Graduation Agreement is completed. Once this agreement is signed by the youth, parent(s) and therapist, the family will begin the PLL program in the next available group cycle (depending upon group scheduling this will be within 1 – 2 weeks).
8. Approximately 75% of eligible youth and families complete a face-to-face interview and come to at least one PLL session.
9. Youth/families in Front End services have an average length of stay of 1-2 months. Those in Extended Care average 2-3 months, depending upon the family.

Comments

Program addresses all aspects of requested information for determining eligibility for services, defining access outcomes, and identifying performance measures. Much of what is described is required by Savannah Family

Institute to ensure fidelity to the PLL model.

Savannah Family Institute developed and holds the rights to the Parenting with Love and Limits model. To use the model, CCMHB contracts with Savannah Family Institute (SFI) on behalf of the two, now one, local PLL providers. The contract licenses use of the model, with SFI providing supervision of the therapists to ensure fidelity to the model, provides support and technical assistance including quarterly reviews and annual performance assessments and evaluation.

CONSUMER OUTCOMES

1. PLL aims to decrease both emotional and behavioral problem behaviors and to show positive outcomes with children and their families in areas of trauma, mental illness and delinquency.
2. The PLL program complies with all outcome measures as set forth in the Center of Excellence Agreement, including the administration of the Child Behavioral Checklist (CBCL) and the Family Adaptability and Cohesion Scale (FACES-IV). Recidivism and attrition data are tracked and reported by the independent, nationally recognized research group, The Juvenile Research Center.
3. The CBCL and FACES-IV are administered both at the start of PLL treatment as a pretest and again at the conclusion of PLL treatment as a posttest.
4. The CBCL and FACES-IV are validated, standardized assessment instruments. CBCL measures changes in emotional and behavioral problems of youth as reported by parents/caregivers. The FACES-IV was developed to evaluate the adaptability and cohesion dimensions in family interactions. Use of the CBCL & FACES-IV is provided through the license agreement with SFI. More information on the CBCL and FACES-IV can be found at: <http://www.aseba.org/schoolage.html> and <http://www.buildingrelationships.com/>
5. In order to meet SFI PLL graduation requirements, the youth/family must: attend & participate in at least 5 group therapy sessions; Attend & participate in at least 6 family coaching sessions; Receive the full dosage of the model (Group and Core Coaching Phases).
6. Approximately 75% or more of those who participate in the program will meet the graduation requirements.

Comments

Program identifies outcomes, performance measures, and evaluation tools.

See comment above regarding role of Savannah Family Institute. The Institute defines measures and establishes benchmarks for access and engagement. Pre and post tests (Child Behavioral Checklist and the FACES IV) are used to measure change in youth and family functioning. Savannah Family Institute has also studied recidivism for this program in the past demonstrating impact of the program.

UTILIZATION

Treatment Plan Clients (TPCs) 90 defined as number of unduplicated clients for whom an assessment has been completed & a treatment plan prepared to treat the diagnosed condition.

Non-Treatment Plan Clients (NTPCs) 90 defined as number of persons who has enrolled in the program or service that does not treat a diagnosed condition, i.e. no treatment plan required

Service Contacts (SCs) 144 defined as number of screenings/assessments completed by clients.

Community Service Events (CSEs) 10 defined as number of outreach contacts to engage community partners in the referral process, community presentations, and other events which highlight the PLL program.

Other 0

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

According to productivity standards established by PLL, three therapists are expected to each serve a minimum of 24 youth and the coordinator is expected to serve a minimum of 18 youth annually. To meet the definition of "served" the youth/family need to attend at least two PLL sessions.

Due to many changes with the program in FY18, Rosecrance anticipates serving a minimum of 50 new youth/families and

completing 100 SCs. Service Contacts are defined as the number of eligible youth referred to the PLL program that therapists were able to contact. With a combined, more stable program in FY19, we anticipate serving a minimum of 90 and a maximum of 144 youth/families.

For additional data, please refer to bi-monthly PLL Center of Excellence (COE) Reports provided to all PLL stakeholders as well as outcome data provided by the Juvenile Research Center.

Comments

Primary measure of performance is TPCs. This should represent number of youth/families who engage in PLL groups. According to productivity standards established by PLL, three therapists are expected to each serve a minimum of 24 youth, and the coordinator is expected to serve a minimum of 18 youth annually for a combined total of 90. To meet the definition of "served" the youth/family need to attend at least two PLL sessions. The two programs had four therapists in some capacity for most of FY18, supporting target annual target of 90.

Merging of Prairie Center and Rosecrance and of the PLL-Front End and PLL-Extended Care program occurred in third quarter. Staff turnover in both programs and difficulty contacting referred youth contribute in part to the low performance.

The service categories definitions referenced above need to be reworked to fit the PLL model.

Utilization data and zip code/demographics are pulled from the Savannah Family Institute annual report for FY17 and PLL dashboard for FY18. Numbers reported here are combined totals for families served by the two programs in FY17 and FY18(Rosecrance PLL Front End and Prairie Center PLL Extended Care).

PY19 Annual target (per Utilization Form)

Quarter	TPC	NTPC	SC	CSE	OTHER
Annual Target	90	90	144	10	0

PY18 First two quarters (per submitted Service Activity Reports)

Quarter	TPC	NTPC	SC	CSE	OTHER
Q1+Q2	27	0	0	0	0
Annual Target	90	0	0	0	0

PY17 all four quarters (per submitted Service Activity Reports)

Quarter	TPC	NTPC	SC	CSE	OTHER
Year End Report	88	0	0	0	0
Annual Target	132	0	0	0	0

Comment

Primary measure is TPCs.

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

PY19 CCMHB Funding Request \$392,992

PY19 Total Program Budget \$392,992

Current Year Funding (PY18) \$282,663 + \$300,600 (awards have been combined to \$337,725)

Proposed Change in Funding - PY18 to PY19 = n/a Since awards were made, the programs have been consolidated and reduced by amendment and return of excess revenue.

PY18 request (Rosecrance front end) was for \$303,806, and PY18 award was for \$282,663 (net payment was \$112,192)

PY18 request (Prairie Center - extended care) was for \$301,300, and PY18 award was for \$300,660

PY17 request (front end) was for \$282,663, and PY17 award (front end) was for \$282,663

PY17 request (extended care) was for \$300,660, and PY17 award (extended care) was for \$300,660

PY16 request (front end) was for \$283,079, and PY16 award (front end) was for \$283,079

PY16 request (extended care) was for \$306,498, and PY16 award (extended care) was for \$291,903

Program Staff - CCMHB Funds:

Indirect 0.39 FTEs, Direct 5.2 FTEs, Total CCMHB = 5.59 FTEs

Total Program Staff:

Indirect 0.39 FTEs, Direct 5.2 FTEs, Total Program = 5.59 FTEs

Budget Analysis: (staff comments) Direct service staff includes four fulltime PLL trained therapists and one fulltime PLL case manager. Remaining 20% is for the clinical coordinator. Indirect staff time allocated to the program totals 39% of one fulltime position that is spread across multiple positions.

Funding from the CCMHB represents 100% of the total program budget.

Budget Analysis: (staff comments) The CCMHB is the sole funder for the program. No increase in requested over the pro-rated amount resulting from the consolidation of the two programs and reduction in staff positions supporting the program.

Prior to the merger of Prairie Center and Rosecrance, each provider had its own PLL contract serving youth with differing degrees of juvenile justice involvement or at-risk of such involvement. The combined total of the two contracts for FY18 was \$583,323. The request for FY19 is \$392,992. The issues associated with FY18 performance, consolidation, and adjusted contract amounts were addressed over several Board meetings in 2017 and 2018.

The CCMHB also contracts with Savannah Family Institute. The contract licenses use of the model, with SFI providing supervision of the therapists to ensure fidelity to the model, provides support and technical assistance including quarterly reviews and annual performance assessments and evaluation. That contract has also been reduced as part of consolidation of the two programs.

Personnel related costs are the primary expense charged to CCMHB, at 75.8 percent.

After personnel related costs, the remaining \$95,106 are charged off across nine other expense lines. The largest of these expense lines is Professional Fees/Consultants at \$53,373 and accounts for 13.5% of total program expenses. This line includes various expenses such as audit, legal, staff recruitment. Consumables include required materials used by youth and families and for food for the evening sessions and other special events. Other program specific expenses are for staff travel. The equipment line is for two laptop computers for PLL staff. Occupancy and general operating expenses are cost allocated to the program based on space and other fixed costs.

The budget narrative includes an explanation of the allocation of indirect staff time and management and general costs to the program.

Audit Findings: Rosecrance FY17 Audit in Compliance. Prairie Center FY17 Audit in Compliance.

Comment Both agencies received an audit deadline extension, waiting for state of Illinois information. Rosecrance audit does not include the CCMHB Audit Checklist, and PCHS audit identifies allocation discrepancies which were being resolved. Each had an associated foundation. Rosecrance PLL program returned excess revenue associated with PY17; PCHS did not have excess revenue associated with PLL.

CCMHB FY19 Decision Priorities and Decision Support Criteria

Priority: Behavioral Health Supports for People with Justice System Involvement *While not the priority selected, program does align with criteria under this priority too.*

Priority: Innovative Practices and Access to Community Based Behavioral Health Services *No*

Priority: System of Care for Children, Youth, Families *Yes. Application refers to goal of Parenting with Love and Limits being to keep youth "at home, in school, and out of trouble" by reducing juvenile recidivism rates which clearly aligns with System of Care values.*

Priority: Collaboration with the Champaign County Developmental Disabilities Board *No*

Overarching Decision Support Criteria

Underserved Populations and Countywide Access Yes. Targets multi-system involved youth having contact with the juvenile justice system or at-risk of such contact. Primary locations for group sessions are the juvenile detention center and Rosecrance Killarney Street office. Some contact with youth and family may occur in the home in an effort to complete motivational interview/intake and for family coaching sessions. Population served is from throughout the county.

Inclusion and Anti-Stigma No. Addressing stigma is not a focus of the application.

Outcomes Yes. The Parenting with Love and Limits model has defined measures associated with access, engagement, outcomes. Evaluation tools are referenced. Fidelity to the model and tracking of outcomes provided by Savannah Family Institute who has proprietary rights to the model.

The generic utilization definitions are not acceptable and need to be reworked.

Coordinated System Yes. Program works with the Youth Assessment Center, juvenile justice partners, and schools to identify and engage youth and families.

Budget and Program Connectedness Yes. The CCMHB is the sole source of revenue. Staffing pattern and other program activities are supported by the budget and described in the budget narrative.

Realignment of PY18 Contracts to Address Priorities (incumbent programs only) Two existing FY18 contracts were consolidated into one following the merger of Prairie Center and Rosecrance. Adjustments to the contract amount and staffing level occurred as part of merging the two programs.

Technical Criteria

Approach/Methods/Innovation Yes. PLL is an evidence-based model. Pre and post-test measures are used to track and report change in the family. Under the license agreement, Savannah Family Institute performs regular staff supervision to ensure fidelity to the model.

Staff Credentials Yes. Staff qualifications are referenced including having been trained in the PLL model.

Resource Leveraging No. The CCMHB is the sole funder for 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 submit the following for staff review and approval prior to execution of the final FY19 contract:

- The definitions of the utilization categories, particularly for TPC and NTPC, need to be revised to align with PLL services.

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: Prevention Services

PY19 CCMHB Funding Request \$67,725

PY19 Total Program Budget \$329,389

Current Year Funding (PY18) \$58250

Proposed Change in Funding - PY18 to PY19 = 16%

Services/People Served

Service Description/Type

All services are provided by bachelor's level-staff who have specialized training in prevention education.

1) Youth: Curricula are designed to meet age appropriateness, education level, group skills, and sensitivity to ethnicity. Curricula currently being implemented are Too Good for Drugs (TGFD) and Too Good for Violence (TGFV) curriculums to encompass the facts about alcohol, tobacco, and other drugs as well as life skills education and violence/bullying prevention. Both curriculums are recognized by SAMHSA as Model Programs and were found to have a positive effect on students' behavior & knowledge, attitudes & values by the U.S. Department of Education. Each program is grade specific and utilizes highly interactive teaching methods to encourage students to bond with pro-social peers, and engage students through role-play, cooperative learning games, small group activities, and class discussion. The Too Good for Drugs/Violence curriculums both meet requirements established by the Illinois State Standards required for Health Education.

2) Parents: "TGFD" and "TGFV" also involve family components used in each grade level, utilizing "home workouts" and "home pages". The "Home Workouts" reinforce the skills taught in TGFD/TGFV and provide information about harm/risk of drug use, tips for parents and information about prevention. Parents exposed to this intervention will be more likely to reinforce prevention skills and norms of non-use, more likely to support and participate in school-related activities and more likely to communicate a clear non-use message regarding drug-use. In addition, Rosecrance Prevention Specialists also provide special presentations to parents and teachers upon request.

3) Community: Prevention staff serves on various committees throughout the Champaign Co. area. Staff has collaborated with Champaign Police Department as well as University of Illinois with Unofficial St. Patrick's Day monitoring/enforcement. Prevention staff serves on the Champaign Co. Tobacco Prevention Coalition, hosted by the Champaign-Urbana Public Health Dept. and is available to assist with tobacco compliance checks. A member from the Prevention Department serves as an active member on the Walk as One Community Coalition. The prevention department provides specialized services for community members and organizations upon request. These include presenting about signs of use and abuse as well as the importance of prevention at the Urbana School District 116 professional development day. Additionally, the Rosecrance Prevention Team reaches out to schools to offer an opportunity to talk to PTA members about substance use and abuse and prevention tools they can use at home. Our Prevention Team continues to increase the number of community events offered in an effort to reach more students, parents, and community members.

Comments

Program submitted application under the System of Care for Children, Youth, and Families priority, aligning with the early identification, prevention ... criteria.

Target population and scope of services is same as currently funded by the Board. Program provides substance use prevention-based education services using evidence-based Too Good for Drugs and Too Good for Violence curricula proven effective with diverse populations and age groups. Program targets youth in 4th through 8th grades, parents, and community at large. Youth services are school based and run for set number of weeks each quarter depending on the curricula being used. Staff is trained in the curricula. Schools include all middle schools in Champaign and Urbana, JW Eater Junior High School, Mahomet Seymour High School and Ludlow

middle school students. Program is marketed to other rural schools. Program staff collaborate with other community coalitions and will do targeted education presentations such as for PTAs.

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

Target Population

Substance Abuse Prevention programming is essential for youth, parents, and the community. According to SAMSHA, effective, evidence based substance abuse prevention programs save an average of \$18 per \$1 invested. This equates to a savings of \$3,757 per youth served. Locally, the need for these prevention services has been identified on the Champaign County IPLAN.

- 1) Youth: Target Population is determined through student prevalence/at risk identification (primary source is Illinois Youth Survey), requests from school personnel and existing relationships, marketing strategies and key stakeholders/coalition meetings attended by Prevention staff. Programming focuses on 4th-8th grades, but is not limited to this age group.
- 2) Parents: Target population includes parents of students that are receiving substance abuse prevention education curriculums. Parent education information is distributed to students receiving prevention education to increase parents' knowledge of alcohol and drugs, to encourage communication between parents and their children, and to provide additional resources for parents.
- 3) Community: Collaboration is an important factor in educating youth and adults in the area of youth substance abuse and prevention education. Rosecrance Prevention staff has developed strong relationships with their partners through CCMHB funding. Working together with youth-based agencies is integral to the success of the program. Prevention staff serves on multiple coalitions/committees, including the Walk as One Community Coalition. The goals of serving on these committees include increasing awareness of youth substance use and policies/procedures that address these issues. Communication campaigns focus on a county-wide basis, encouraging community members throughout Champaign County to engage in multiple prevention strategies, such as prescription drug take back days and other special events. The Prevention Department continues to host a Red Ribbon Campaign annually to all schools in Champaign County to promote drug awareness and healthy choices.

Residency

<u>Total Served</u>	1545 in last full year, PY17	695 in first and second quarters, PY18
<u>Champaign Set</u>	680 (44%)	322 (46.3%)
<u>Urbana Set</u>	699 (45.2%)	275 (39.5%)
<u>Rantoul -single</u>	17 (1.1%)	9 (1.3%)
<u>Mahomet - single</u>	60 (3.8%)	35 (5.2%)
<u>Other Champaign County</u>	91 (5.9%)	54 (7.8%)

Demographics

<u>Total Served</u>	4187 in last full year, PY18
<u>Age</u>	
Ages 0-6 -----	183 (4.4%)
Ages 7-12 -----	1,245 (29.7%)
Ages 13-18 -----	2,436 (58.2%)
Ages 19-59 -----	323 (7.7%)
<u>Race</u>	
White -----	1,873 (44.7%)
Black / AA -----	1,434 (34.3%)
Asian / PI -----	324 (7.7%)
Other (incl. Native American and Bi-racial) -	556 (13.3%)
<u>Gender</u>	

Male -----	1,937 (46.3%)
Female -----	2,250 (53.7%)
Other -----	
<u>Ethnicity</u>	
Of Hispanic / Latino origin -----	471 (11.2%)
Not of Hispanic/Latino Origin -----	3,716 (88.8%)

Program Performance Measures

ACCESS

1. Youth at schools throughout the county are eligible to participate. Afterschool sessions are based on the request of the school/youth-based organization making the request and may include sessions on life skills, substance abuse education and violence prevention. Parents and communities in Champaign County interested in Prevention services or resources may also request special presentations.
2. Prevention services are available to any student, parent, or community in Champaign County wishing to partner with the Rosecrance Prevention Department.
3. Outreach to schools, youth-serving organizations, parents, and communities is ongoing. Outreach activities include face-to-face interactions, correspondence, community events, and communication campaigns. Our Prevention Team continues to increase involvement in our community to help our program reach more students, parents, and community members.
4. Unless there is a scheduling conflict, all persons seeking resources from our Prevention Department will receive prevention services. This is a collaborative effort in which the Prevention staff work directly with schools, youth-serving organizations, parents, and communities to provide the requested services. Every effort is made to find an available Prevention Team member to cover requests for presentations and other services.
5. Services will be provided as planned in conjunction with schools and community partners. Planning for TGFD/TGFV curriculum is done on a quarterly basis. Other events are coordinated with partners as needed.
6. Unless there is a scheduling conflict, all schools and community partners wishing to receive prevention services will receive the requested services as jointly planned.
7. The length of time from request for services to the services being performed is variable and dependent upon the type of request, as some services require more preparation than others.
8. Unless there is a scheduling conflict, all schools and community partners wishing to receive prevention services will receive the requested services as jointly planned.
9. The 10-session Too Good for Drugs curriculum is presented weekly on a quarterly basis. The Too Good for Violence curriculum is a 7-session series also presented weekly during a quarter. After school programming is also coordinated on a quarterly basis. Community events and other presentations are generally a one-time engagement.

DEMOGRAPHIC INFORMATION:

For FY 17, approximately 55% of the populations served through the Prevention Department were minorities. To ensure that prevention programs are age appropriate for diverse populations, the Too Good for Drugs and Too Good for Violence curriculums were chosen. Both are SAMHSA researched and have been proven effective with African Americans, Asian Americans, Hispanic/Latinos and White students in rural, urban and suburban areas. Demographic information, including resident zip code, ethnicity, gender, age is tabulated and reported quarterly, through the CCMCB quarterly report system.

Staff receives specific cultural training, designated by our cultural competency plan. In addition, the Prevention

Department is encouraged to attend training, which focuses specifically on programming for minority populations. Trainings and materials are also available through Prevention First in Springfield, on a no-charge basis.

Comments

Eligibility is open to anyone requesting services. Scheduling of presentations and classrooms sessions is tied to availability of staff. Estimated length of time from request to event is not provided. Classroom based sessions length of engagement is seven to tens weeks depending on which curriculum is being used. After school programming may also be a series of presentations and are scheduled by quarter whereas community presentations are typically single events.

CONSUMER OUTCOMES

1. It is the intent of the Prevention services offered to youth, parents, and communities to improve Champaign County youth knowledge and attitudes about alcohol, drugs and/or violence.
2. Data is collected through the use of Too Good for Drugs and/or Too Good for Violence pre/post tests. Additional data is collected every two years on the Illinois Youth Survey, a validated tool created by the University of Illinois' Center for Prevention Research & Development.
3. Students participating in Too Good for Drugs/Too Good for Violence curriculum will take a pre test prior to starting the sessions and complete a post test at the end of the final session. Youth in Champaign County schools choosing to participate in the Illinois Youth Survey provide valuable information regarding a variety of health and social indicators, including substance use patterns and attitudes of youth in our county.
4. The pre/post tests administered are evaluation tools which were developed by the Mendez Foundation. <https://toogoodprograms.org/pages/evidence-base> The Illinois Youth Survey tool is used to measure on a larger scale, by grade level and county. <https://iys.cprd.illinois.edu/>
5. There is no national or state benchmark for the Too Good for Drugs/Too Good for Violence pre/post test results. The intent of the program is to provide an improvement from pre-to-post test. Additionally, retention of these improvements is also tracked and measured.
6. For Too Good for Drugs and Too Good for Violence, an increase of 10% from pre to post-test is estimated. For those schools participating multiple years in a row, we intend to observe an increase in retention rates from each subsequent year the program is implemented, i.e., 7th grade Pre-Tests are higher than 6th grade Pre-Test scores. Prevention staff continues to grow the number of schools in Champaign County participating in the Illinois Youth Survey in attempt to receive more accurate Champaign County results. The prevention team will use the data of the 2018 Illinois Youth Survey to determine which areas need to be addressed in the community.

Pre/Post Tests from the Too Good For Drugs (TGFD) and Too Good For Violence (TGFV) curriculums are used as knowledge-based measurement tools for all students receiving education through these curriculums. The following are results of Pre/Post Test scores for school the 2016-2017 school year:

- > Franklin Middle School (Champaign): The TGFD curriculum is presented quarterly in the Health classes for all 6th, 7th and 8th graders. The average Pre-Test score for FY17 (2016-2017 school year) was 72% and the average Post-Test score was 84%, for an increase of 12%. To demonstrate retention rates, the average Pretest score for 6th grade was 67%. The average Pretest score for 8th was 77% for an increase from 6th to 8th of 10%.
- > Urbana Middle School (Urbana): The TGFD curriculum is presented quarterly in the Health classes for all 6th, 7th and 8th graders. The average Pre-Test score for FY17 (2016-2017 school year) was 76% and the average Post-Test score was 89% for an increase of 13%. To demonstrate retention rates, the average Pre-Test score for 6th grade was 65%. The average Pre-Test score for 8th grade was 81% for an increase of 16%.
- > Jefferson Middle School (Champaign): The TGFD curriculum is presented quarterly in the Health classes for all 6th, 7th and 8th graders. The average Pre-Test score for FY17 was 74% and the average Post-Test score was 86% for an increase of 12%. A 15% increase has been noted for students' Pre-Test scores in 6th grade to students' scores in 8th grade, which documents retention in knowledge as the curri [text limit is reached.]

Comments

Clear measures for learning material presented in classrooms are identified as is evaluation process and performance targets. Program uses pre- and post-test knowledge-based tools for the classroom curricula. Results are provided for three middle schools showing increased knowledge albeit to differing degrees. National benchmarks for the curricula is not available. Indicators of long-term impact are described elsewhere in the application. Where the program has had a presence over several years, staff has reported improved retention rates for each subsequent grade through increased pre-test scores at next grade level.

UTILIZATION

Treatment Plan Clients (TPCs), Non-Treatment Plan Clients (NTPCs), Service Contacts (SCs), Other not reported. **Community Service Events (CSEs)** 950 = prevention presentations performed throughout the county. Presentations may be in such places as classrooms, afterschool programs, community-based organizations, etc.

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

Rosecrance Prevention staff presented the Too Good for Drugs/ Violence curriculum/s to 4,187 students during the 2016-2017 school year.

Comments

Program reports location of presentations on the quarterly zip code report form and demographics of students on the quarterly demographic report. Community Service Event number represents number of presentations not number of people present.

PY19 Annual target (per Utilization Form)

Quarter	CSE
Annual Target	950

PY18 First two quarters (per submitted Service Activity Reports)

Quarter	CSE
First Quarter FY18	229
Second Quarter FY18	466
Annual Target	900

PY17 all four quarters (per submitted Service Activity Reports)

Quarter	CSE
First Quarter FY17	260
Second Quarter FY17	420
Third Quarter FY17	418
Fourth Quarter FY17	447
Annual Target	900

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

PY19 CCMHB Funding Request \$67,725

PY19 Total Program Budget \$329,389

Current Year Funding (PY18) \$58,250

Proposed Change in Funding - PY18 to PY19 = 16%

PY18 request was for \$65,750

PY17 request was for \$58,247, and PY17 award was for \$58,247

PY16 request was for \$59,378, and PY16 award was for \$56,550

Program Staff - CCMHB Funds: Indirect = 0.06 FTEs, Direct = 0.95 FTEs, Total CCMHB = 1.01 FTEs

Total Program Staff: Indirect = 0.41 FTEs, Direct = 5 FTEs, Total Program =5.41 FTEs

Budget Analysis: (staff comments) CCMHB funds support 95% of one fulltime Prevention Specialist position plus 6% of indirect staff time allocated to the program. Other four direct staff positions and indirect staff costs are paid from other sources. Total program staff increased by one fulltime position over FY18 staff.

Funding from the CCMHB represents 20.6% of the total program budget.

Other revenue: United Way, \$10,300 or 3.15%, various Contributions, \$1,500 or 0.5%, and State, \$230,000 or 69.8%.

Budget Analysis: (staff comments) The single largest source of support is a state contract (\$225,000) plus a small amount of federal 21st Century grant funds (\$5,000). The CCMHB funding is the next largest source. Small grants comprise the remaining sources but not all support Champaign County services. The United Way contribution is from Vermilion County. Other local non-Champaign County funds supporting the program is from the Ford County Mental Health Board accounting for less than 6% of the budget.

The amount requested from CCMHB is a 16% increase over the FY18 contract. Overall total program funding also increased over FY18 level. Total staff time allocated to the program also has increased from FY18 although there is a slight decrease in staff supported by the CCMHB. These observations raise a question about the need for and use of the increased funds requested from the Board.

Personnel related costs are the primary expense charged to CCMHB, at 64.8%.

Percentage of CCMHB funds allocated to personnel related expense decreased from FY18 to FY19. Offsetting the reduction in CCMHB funds allocated to personnel are increases to a number of other expense lines. The Professional Fees/Consultants expense line has a significant increase and, to a lesser degree, so does the Occupancy line. Other lines are at the same level as FY18 but the total program amount is much lower than last year increasing CCMHB share of expenses: Consumables and General Operating. No change in total program or CCMHB amounts are made to six other expenses lines.

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 From PCHS PY17 audit

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 Yes Program aligns with criteria supporting this priority.

Priority: Collaboration with the Champaign County Developmental Disabilities Board No

Overarching Decision Support Criteria

Underserved Populations and Countywide Access Yes. Program held in various school districts around the county. Program does promote program to rural districts. Services occur primarily in Champaign and Urbana middle schools.

Inclusion and Anti-Stigma Yes. Program includes substance use prevention education activities in the community.

Outcomes Yes. Program addresses most aspects of requested information on access outcomes and performance measures. Program responds to all requests although amount of time between request and presentation is not identified. Consumer outcomes and performance measures are linked to classroom-based curricula. Outcomes and measures are clearly defined.

Coordinated System Yes. Program collaborates with multiple schools around the county. Program is also active in the Walk As One activities of the Champaign Community Coalition.

Budget and Program Connectedness Staffing pattern supports program. It is not clear how adjustments to some expense lines tie back to the program. How increased funding requested will be used to support the program or expand services is not apparent.

Realignment of PY18 Contracts to Address Priorities (incumbent programs only) Increase of \$9,475 (16%) is requested over the FY18 contract award.

Technical Criteria

Approach/Methods/Innovation: Yes. Evidence based curricula used in classrooms. Pre and post-tests used to measure change in students understanding of risk from using alcohol, tobacco, and other drugs.

Staff Credentials: Yes. Staff are trained in curricula. All staff have a minimum of a Bachelor's degree.

Resource Leveraging: No. Primary source of funding is a state contract. CCMHB funds are next largest source of funding but are not matching funds. Other local funds support program services provided in surrounding counties.

Process Considerations & Caveats

Staff Questions/Additional Information Requested (Due by May 4, 2018):

- Personnel supported by the Board is down, slightly. Total program funding has increased. What is the justification for increased support from the CCMHB? How will that increase be spent by the program and how will it impact the services?

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

2019 Summary Analysis of Applicant's Cultural and Linguistic Competence Activities
 CCMHB/DDB
 The UP (Uniting Pride) Center of Champaign County

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
<i>Annual Cultural Competence Training</i>	Yes- Funds will be set aside and staff will receive cultural competency training annually. Staff will be allowed 8 hours per year for cultural competence training.
<i>Recruitment of Diverse backgrounds and skills for Board of Director and Workforce:</i>	Yes- Establish partnerships to recruit new and diverse members to serve on the board.
<i>Cultural Competence Organizational or Individual Assessment/Evaluation:</i>	Yes- The Governing Board will create a survey to be administered at PrideFest to assess community involvement and program participation.
<i>Implementation of Cultural Competence Values in Policy and Procedure:</i>	Yes- Youth seat will be retained for the governing body.
<i>Outreach and Engagement of Underrepresented and Marginalized Communities and target population defined in the criteria</i>	Yes- The Governing Board will outreach to Community Choices and other ability-based service providers to address specific needs while attempting to provide services prior to a formal outreach.
<i>Inter-Agency Collaboration</i>	Yes- Included in program application
<i>Language and Communication Assistance</i>	Yes- Staff will establish and maintain relationships with community partners who can provide support and services to youth and clients who speak Spanish, including

2019 Summary Analysis of Applicant's Cultural and Linguistic Competence Activities
CCMHB/DDB
The UP (Uniting Pride) Center of Champaign County

	<p>social service providers and translators, as needed. The Governing Board will also seek to create a support group for LGBTQ POC with a bilingual facilitator.</p> <p>We will assess interest ongoing, but will seek a group facilitator by Q3 and have the group start meeting in Q4.</p>
<p><i>Matched Actions with National Culturally and Linguistically Appropriate Services (CLAS) Standards in Health and Health Care.</i></p>	<p>Yes</p>

Overall CLC Plan Comments

The CLC Plan included the themes of the National CLAS Standards, however some actions and benchmarks did not match up with the CLAS Standards within the category. The required benchmarks were present within the CLC Plan and the program application. The statements summarized is information directly from the CLC Plan or the program Application.

Draft PY19 CCMHB Program Summary

Agency: The UP Center of Champaign County

Program: Children, Youth & Families Program

PY19 CCMHB Funding Request \$18,423

PY19 Total Program Budget \$19,423

Current Year Funding (PY18) \$19,000

Proposed Change in Funding - PY18 to PY19 = -3.0 percent

Services/People Served

Service Description/Type

The Children, Youth, and Families Program provides services through a youth program and a families program.

The youth programming includes weekly support groups and case management when indicated by consumer intake surveys. Referrals are provided when clinical support is appropriate, and partner providers offer reduced-cost services to the UP Center when specific assistance is required. Discussion topics at the weekly youth support group are developed based on needs identified by the consumers. As examples, past topics have included interpersonal communication and relationships, gender and sexual identity development, mindfulness, and emotion regulation. Each week's support group also provides for structured socialization amongst the attendees in an effort to build interpersonal skills and develop emotional support networks.

The families programming includes a monthly support group and case management. Topics covered include: navigating health care settings, how to respect their youths' autonomy in gender and sexual identity, understanding the difference between gender identity and gender expression, and coping with general young adult behaviors. Currently, the families group is facilitated by a volunteer LCPC in Champaign, Illinois, who works with the UP Center board and provides referrals to available resources. Given the success and longevity of this working relationship, we see no need to modify it or create a paid personnel position for the coming fiscal year.

For both programs, case management includes an intake interview with a Program Coordinator or the Families Facilitator. A Program Coordinator works with the client to develop a plan to reduce distress and to connect to community resources. A Program Coordinator provides educational resources on medical transitions for transgender youth and puts them in contact with affirming medical providers. In addition to these services.

Comments: Program aligns with selected System of Care for Children, Youth, and Families priority. Population served and services offered also meet criteria associated with the Innovative Practices & Access to Community Based Behavioral Health Services.

Program serves LGBTQ youth and families. Staff qualifications are detailed in Budget Narrative. A volunteer facilitates the family group. Program services include support groups for youth and families, case management and referral to other services as needed. Not mentioned is the drop-in center that has been part of the scope of services in the past. Is the drop-in center being discontinued?

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

Target Population

Youth support services are available to LGBTQ adolescents ages 13 to 18. Adolescent youth are commonly in the process of developing their gender and sexual identities and contending with stigma-related stressors concerning these identities. A large body of research suggests that experiences of stigma contribute to adverse health outcomes for LGBTQ youth (Goldbach & Gibbs, 2017). Specifically, LGBTQ youth in small metropolitan areas directly comparable to Champaign County are 2.66 times more likely to experience stressors related to their gender and sexual identities than they would be elsewhere. This analysis is inclusive of rural areas, and Pacey et al. (2017) surmise that the increased stress is most likely due to increased visibility, combined with a lack of appropriate resources. LGBTQ youth are over-represented in

social services, foster care, behavioral health centers, and the criminal justice system. As an example, an estimated 40% of homeless youth identify as LGBTQ (Durso & Gates, 2012). LGBTQ-specific services in communities like Champaign County serve to combat these trends, fostering positive well-being and curbing risk factors. Community characteristics which contribute to supportive climates for LGBTQ individuals include the presence of non-alcohol-oriented LGBTQ services, such as a local resource center (Oswald et al., 2010).

With parental consent, youth younger than 13 may be able to participate in services. Youth are referred for services from family, peers, teachers, counselors, or are self-referred. All LGBTQ youth in Champaign County are eligible to participate in youth programming and events.

Target population for family services is LGBTQ families, particularly parents/guardians with LGBTQ children. The Children, Youth, and Families parent support group allows LGBTQ families to connect with each other and foster a stronger community. Families are referred to services through peers, service providers, or are self-referred. All families with an LGBTQ youth in Champaign County are eligible to participate in the support groups.

Residency

Total Served	33 in PY17, last full year, and 6 in first and second quarters of PY18	
Champaign Set	13 (39.4%) for PY17	3 (50.0%) for PY18
Urbana Set	4 (12.1%) for PY17	0 (.0%) for PY18
Rantoul -single	0 (.0%) for PY17	1 (16.7%) for PY18
Mahomet - single	3 (9.1%) for PY17	0 (.0%) for PY18
Other Champaign County	13 (39.4%) for PY17	2 (33.3%) for PY18

Demographics

Total Served	33 in PY17, last full year	
Age		
Ages 7-12 -----	4	(12.1%)
Ages 13-18 -----	29	(87.9%)
Race		
White -----	26	(78.8%)
Black / AA -----	1	(3.0%)
Asian / PI -----	2	(6.1%)
Other (incl. Native American and Bi-racial) -	4	(12.1%)
Gender		
Male -----	7	(21.2%)
Female -----	11	(33.3%)
Other -----	13	(39.4%)
Not Available Qty -----	2	(6.1%)
Ethnicity		
Of Hispanic / Latino origin -----	1	(3.0%)
Not of Hispanic/Latino Origin -----	32	(97.0%)

Program Performance Measures

ACCESS

Available to all LGBTQ youth (13-18 years old) and families with LGBTQ youth living in Champaign County. Program charges no fees, does not bill insurance or other payers. Demographics self-reported during intake - race, ethnicity, age, gender, and zip code, clients report sexual orientation and gender identity. Referrals for non-clinical crisis intervention and case management are made by social service organizations, schools, other helping professionals or self-referral.

Administrative Assistant responds to contacts made by phone, email, website, or social media and shared to the appropriate personnel to meet consumer needs.

Information about services is widely available on the agency's website, social media, the Champaign County 211 system, and through local social service agencies. Additionally, the UP Center provides in-person information at fairs and outreach events in Champaign County, in addition to our annual PrideFest. The agency's office is located near six bus routes and transportation assistance is available.

Coordinator meets with an individual or family referred for the program within one week to assess the need for services. If an individual or family is in immediate need, the Coordinator makes plans to speak to them within 24 hours by telephone, email or in-person. The Coordinator assesses the potential client's needs and refers them to the appropriate internal service or to another community agency. It is anticipated that over 90% of consumers who request support group or case management services will be eligible to participate. Individuals or families engaged in case management are anticipated to be engaged for one month or less. Individuals or families engaged in support groups are anticipated to be engaged for approximately three to six months, or longer if needed. For instance, some clients have participated in services for over a year, while others attend a few times. We anticipate 30 NTPCs and 5 TPCs during FY19.

Comments: Eligibility and referral process are described. Program identifies timeframe from referral to assessment/engagement and sets performance measure. Projected length of engagement is identified for primary services: support groups and case management

CONSUMER OUTCOMES

Adolescents participating in youth support groups complete an intake survey of their psychological distress, positive and negative emotion, and substance use. The survey is administered to all youth participants quarterly. The survey includes demographic questions, the Depression, Anxiety, and Stress Scale (DASS-21), the Personal Feelings Questionnaire (PFQ-2), and the Adolescent Alcohol and Drug Involvement Scale (AADIS), all of which are empirically supported measures, as well as open-ended questions concerning LGBTQ-related bullying and peer pressure. Adolescents utilizing case management services are administered the same intake survey during their first meeting with the Coordinator and the post-test survey at the end of service utilization, or every three months. At baseline, the needs of families participating in the families support group are assessed through open-ended questions. Following quarter one, families report perceived benefit from participating in the group, and areas of improvement for the group, through a series of open-ended questions.

The UP Center anticipates youth accessing support groups or case management will report an increased ability to cope with LGBTQ-related bullying and pressure from peers, decreased depression, anxiety, stress, substance use, and increased positive emotion. Successful treatment will be benchmarked by any individuals who scored a 2 or 3 on the DASS-21 pre-test who improve to a 1 or 0 by subsequent post-test (a chronological timeframe cannot be determined, as youth attendance is optional). The same procedures will be carried out for the PFQ-2 and AADIS, with the goal of significant reductions in negative emotion and substance use. For adults utilizing families programming, a qualitative thematic analysis will be done of answers provided to open-ended questions at both baseline and follow up time-points. We anticipate families to report reduced needs, as well as better ability to navigate interpersonal relationships and daily stressors identified as the reasons for seeking services.

Comments: Measures clearly defined for select activities. Program uses a pre test and quarterly post-test for youth receiving case management or in support groups. Same process will be used for families receiving case management or participating in support groups. Various evaluation tools are cited. Program describes anticipated results in general terms but does not benchmark or quantify projected level of change.

UTILIZATION

Treatment Plan Clients (TPCs) 7 = LGBTQ+ adolescents and families in need of case management services. New TPCs (5) are those starting case management services for the first time in FY19. Returning TPCs (2) are those continuing case management services from FY18.

Non-Treatment Plan Clients (NTPCs) 36 = LGBTQ adolescents and families attending support groups. New NTPCs (30) are those attending youth or families support groups for the first time in FY19; returning NTPCs (6) attended youth or families support group in FY18 and returned for FY19.

Service Contacts (SCs) 50 = individuals who contact The UP Center by email, social media, or phone inquiring about youth or family services.

Community Service Events (CSEs) 30 = events held in the community with the goal of increasing sensitivity and tolerance toward LGBTQ individuals: annual Pride Festival, fundraising events, social gatherings, etc.

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

The UP Center does not directly provide clinical services, however there is an active inter-agency linkage agreement with Rosecrance, in which the UP Center will refer any client in need of clinical services. Case management includes one-on-one meetings between Program Coordinator and consumer to create a plan for managing distress, as well as connecting the adolescent to appropriate community resources.

Comments: Targets are adjusted based on current year actual use of the program. The numbers included in Part II of the application do not match and so were not used in this program summary report.

PY19 Annual target (per Utilization Form)

Quarter	TPC	NTPC	SC	CSE	OTHER
Annual Target	7	36	50	30	0

PY18 First two quarters (per submitted Service Activity Reports)

Quarter	TPC	NTPC	SC	CSE	OTHER
First Quarter FY18	0	6	2	10	0
Second Quarter FY18	0	6	11	8	0
Annual Target	20	45	60	25	0

PY17 all four quarters (per submitted Service Activity Reports)

Quarter	TPC	NTPC	SC	CSE	OTHER
First Quarter FY17	17	27	0	4	0
Second Quarter FY17	0	11	11	6	0
Third Quarter FY17	8	8	25	10	0
Fourth Quarter FY17	8	2	0	0	0
Annual Target	30	50	100	30	0

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

PY19 CCMHB Funding Request \$18,423

PY19 Total Program Budget \$19,423

Current Year Funding (PY18) \$19,000

Proposed Change in Funding - PY18 to PY19 (\$18,423 - \$19,000) / \$19,000 = -3.0 percent

PY18 request was for \$19,000

PY17 request was for \$46,748, and PY17 award was for \$19,000

PY16 request was for \$39,579, and PY16 award was for \$12,000

Program Staff - CCMHB Funds: Indirect 0.3 FTEs, Direct 0.15 FTEs, Total CCMHB = 0.45 FTEs

Total Program Staff: Indirect 0.3 FTEs, Direct 0.15 FTEs, Total Program = 0.45 FTEs

Budget Analysis: (staff comments) Includes two part time Program Coordinators and an Administrative Assistant (6 hours/week each). One direct service staff position is listed as indirect; direct staff total should be .3 FTE and Indirect .15 FTE. All personnel costs are charged to CCMHB. In that people from outside of the County are served, some amount of personnel costs should be paid from other sources, not solely this contract.

Funding from the CCMHB represents 94.9% of the total program budget, In-Kind Contributions of \$1,000 or 5.1%

Budget Analysis: (staff comments) Program reported \$7,748 in excess revenue for FY17 and through the first six months of FY18 has \$5,432 in excess revenue. Total agency budget (as opposed to total program, shown above) includes other revenue from United Way (\$200), Contributions (\$11,000), Special Events/Fundraising (\$24,000), and in-kind contributions (\$2000).

Excess revenue was identified for FY17 has been returned to the CCMHB following notice from CCMHB staff. Adjustment to payment terms has been made to reduce excess revenue on hand through second quarter of FY18; the primary cause of accrued excess revenue appears to be staff vacancy, high turnover at board and staff levels.

Personnel related costs are the primary expense charged to CCMHB, at 69.3%.

Two program positions currently filled and part-time administrator vacancy to be filled. Remaining amount of CCMHB funds are spread across five expense lines.

Revision of the assignment of expenses to CCMHB will be necessary, as CCMHB pays for all of the staff costs, but staff costs associated with out-of-county youth and families should be covered by other revenue.

Audit Findings: Audit Requirement Waived (*contract amount below \$20,000 threshold*)

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. *While not identified as a priority, the program works with youth to identify and access appropriate behavioral health, medical services, and other existing supports. Case management for a specific population (at high risk for social isolation, violence, and self-harm) is an innovation of value.*

Priority: System of Care for Children, Youth, Families Yes. *Program serves LGBTQ youth and families, providing support groups and case management.*

Priority: Collaboration with the Champaign County Developmental Disabilities Board No.

Overarching Decision Support Criteria

Underserved Populations and Countywide Access *See CLC Plan review for detail on inclusion of underserved populations. Countywide Access is addressed.*

Inclusion and Anti-Stigma Yes. *Fundraising events (not funded by CCMHB contract) are community awareness; family support group includes education.*

Outcomes Yes. *Access and consumer outcomes are presented. Performance benchmarks for consumer outcomes are not identified.*

Coordinated System Yes. *Application references "partner providers" to whom youth are referred as appropriate. Interagency agreement with Rosecrance is identified.*

Budget and Program Connectedness Yes. *Budget narrative is thorough, but revisions are needed (out-of-county youth).*

Realignment of PY18 Contracts to Address Priorities (incumbent programs only) *Program requests same level of funding as awarded in FY18.*

Technical Criteria

Approach/Methods/Innovation Yes. *Program offers LGBTQ-identity specific services.*

Staff Credentials Yes. *Good additional detail is provided in Budget Narrative.*

Resource Leveraging No. *CCMHB provides 95% of program funding. Remaining 5% is the result of contributions and fundraising.*

Process Considerations & Caveats

Staff Questions/Additional Information Requested (Due by May 4, 2018):

- *Is the drop-in center being discontinued?*

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:

- *Because the Total Agency serves youth who are not residents of the County, those services should be charged to non-CCMHB revenue, and those youth not included in service activity, demographic/residency, or performance reports to the CCMHB.*

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
Urbana Neighborhood Connection Center

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	Summary of Actions outlined CLC Plan
<i>Annual Cultural Competence Training</i>	Yes- Annual Training will be provided to Board, Leadership, and Staff.
<i>Recruitment of Diverse backgrounds and skills for Board of Director and Workforce:</i>	No- No information was present in the application or the CLC Plan
<i>Cultural Competence Organizational or Individual Assessment/Evaluation:</i>	Yes- Conduct regular focus groups or opportunities for clients to discuss services that were delivered
<i>Implementation of Cultural Competence Values in Policy and Procedure:</i>	Yes- Read and sign agreement that CLCP has been read and practices will be implemented within the designated time period. Organize a Cultural and Linguistic Competence Committee with authority to monitor goals of CLCP and create action steps
<i>Outreach and Engagement of Underrepresented and Marginalized Communities and target population defined in the criteria</i>	Yes- UNCC's targeted population includes children and youth in grades K-12 who are enrolled in Urbana School District who benefit from community based academic, social emotional and recreational enrichment activities.

2019 Summary Analysis of Applicant's Cultural and Linguistic Competence Activities
CCMHB/DDB
Urbana Neighborhood Connection Center

<i>Inter-Agency Collaboration</i>	Yes- Outlined in program application.
<i>Language and Communication Assistance</i>	Yes- A list of qualified interpreters will be provided to clients free of charge.
<i>Matched Actions with National Culturally and Linguistically Appropriate Services (CLAS) Standards in Health and Health Care.</i>	Yes

Overall CLC Plan Comments

The Urbana Neighborhood Connections Center followed the updated format. There is no action mentioned about the how the board and workforce will be diversified.

Draft PY19 CCMHB Program Summary
Agency: **Urbana Neighborhood Connections Center, Inc**
Program: **Community Study Center-ACCESS Initiative**

PY19 CCMHB Funding Request \$19,500

PY19 Total Program Budget \$192,500

Current Year Funding (PY18) \$19,500

Proposed Change in Funding - PY18 to PY19 = 0.0 percent

Services/People Served

Service Description/Type

Since its grassroots development in 2010, UNCC has remained committed to serving as an empowerment zone through which children and youth benefit from productive year-round academic, recreational, and social-emotional enrichment. Additionally, UNCC has evolved into a point of contact for information, linkage and referral to many resources in our communities.

During the academic school year, the Community Study Center offers after-school homework and tutorial sessions Monday through Friday from 3:00pm -6:00pm for children in grades K-12 (intense emphasis on K-8) where staff assists children with academic enrichment activities assigned by their classroom teacher or by UNCC's Activity Leaders. Upon completion of academics, participants may participate in recreational activities (basketball, football, board games etc.); arts and crafts, dance groups, social responsibility groups, movies, video games or digital learning activities. School Out Days (i.e. teacher institute and parent-teacher conferences), are held from 8:00am – 5:00pm. and that closely resemble the structure of summer programming. During the summer break UNCC conducts an eight-week Summer Enrichment Camp (8am -5pm / Mon. – Fri.) during which times participants are provided with the opportunity to participate in small group academic enrichment sessions focused on reading, writing and math along with social/emotional development, digital literacy; along with afternoon recreational and leisure activities designed for youth in grades K-8.

In addition to continuing the implementation of life enriching activities including life/social skills, conflict resolution groups, and family focused events along with linkage and referral to professional treatment agencies should the need arise; UNCC has provided more evidence based interventions with youth in grades 5-8 through the use of "Bibliotherapy" in small group sessions. Facilitated by Master Level Social Workers approximately 35 youth have participated in weekly reading and relating groups via the H.O.P.E. (Helping Other People Evolve) Challenge experience. As we are currently collaborating with School Social Workers in Champaign School District with the plan of implementing H.O.P.E. Challenge sites in two elementary buildings, we look forward to a great movement in our Urbana-Champaign community that allows youth to address life's difficulties in a non-traditional treatment approach.

Grant funding for H.O.P.E. Challenge operations was provided by The Illinois Children's Healthcare Foundation for the past year and a half and ended in June 2017. UNCC has continued to sustain aspects of the H.O.P.E. Project due to additional funding from CCMB.

Comments

Program aligns with System of Care for Children, Youth, and Families priority. Program serves school aged children and youth, with an emphasis on working with children in grades K - 8, particularly those who are African American and/or low-income providing them academic support, social emotional and recreational enrichment activities.

Service and target population sections are essentially unchanged from FY18 submission. Afterschool and summer program supports academic enrichment, recreational activities, and provides other supports for social-emotional growth. Program cites use of "Bibliotherapy" and HOPE Challenge - Helping Other People Evolve - facilitated by Masters level social workers as part of the work with youth. Program has strong working relationship with Urbana School District. Vast majority of children and youth participating are from Urbana.

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

Target Population

Urbana Neighborhood Connections Center (UNCC) continues to maintain service operations in Southeast Urbana where the rate of youth and family involvement with law enforcement, social services and child welfare agencies provides a significant indication there are a number of youth in this area who are at risk of engaging in "risky" behaviors. UNCC's targeted population includes children and youth in grades K-12 who are enrolled in Urbana School District who benefit from community based academic, social emotional and recreational enrichment activities.

According to the 2017 Illinois School Report Card, the primary race/ethnic makeup of Urbana School District is 34.7% white, 36.1% African American, 13.9% Hispanic, 5.4% Asian and 8.7% multi-racial. Additional stats report that 70.8% of the district's population being low-income, 16.1% receiving special education services, 2.1% being homeless, and 11.6% Chronic Truant. UNCC's service children and teens from throughout the Urbana/Champaign and neighboring Rantoul. UNCC's exemplary partnership with Urbana School District 116 allows UNCC's staff to have ongoing communication with building principals, classroom teachers and support services. From referring students for specific services to obtaining release of information forms, to daily communications regarding student's academic and behavioral standing; UNCC has maintained effective support that has increased investment and participation in the students' functioning. It also affords targeted students the opportunity to benefit from out-of-school time supplements that that compliments the classroom assignments and assist with their development from one stage of life to the next. In addition, UNCC works with Urbana High School, Urbana Adult Education and the University of Illinois and plans to enhance work experiences by training older students to practice discrete academic skills with younger students. We also have volunteers from both the community and the University of Illinois. With volunteer hours and donations, UNCC continues to maintain a progressive library with leveled reading materials.

Urbana Neighborhood Connections Center's Community Study Center serves as a link in meeting the need of providing additional community-based efforts that address the issues of emotional and/or mental wellness as it relates to positive self-worth and self-esteem for youth that are "unserved, under served, or inappropriately served." A priority emphasis will be on African American and low-income youth who could benefit from community based efforts designed to address difficulties related to increasing self-esteem/self-image and social functioning.

Residency

<u>Total Served</u>	227 in last full year, PY17	174 in first and second quarters, PY18
<u>Champaign Set</u>	32 (14.1%) for PY17	25 (14.4%) for PY18
<u>Urbana Set</u>	191 (84.1%) for PY17	147 (84.5%) for PY18
<u>Rantoul -single</u>	0 (0%) for PY17	0 (.0%) for PY18
<u>Mahomet - single</u>	2 (.9%) for PY17	0 (.0%) for PY18
<u>Other Champaign County</u>	2 (.9%) for PY17	2 (1.1%) for PY18

Demographics

<u>Total Served</u>	227 in last fully year, PY17
<u>Age</u>	
Ages 0-6 -----	53 (23.3%)
Ages 7-12 -----	137 (60.4%)
Ages 13-18 -----	37 (16.3%)
<u>Race</u>	
White -----	12 (5.3%)
Black / AA -----	197 (86.8%)
Asian / PI -----	5 (2.2%)
Other (incl. Native American and Bi-racial) -	13 (5.7%)
<u>Gender</u>	

Male ----- 110 (48.5%)
 Female ----- 117 (51.5%)
Ethnicity
 Not of Hispanic/Latino Origin ----- 227 (100.0%)

Program Performance Measures

ACCESS

UNCC makes an effort to identify all demographic of Non Treatment Plan Clients. Based on consumer performance in 2017-2018 the following information accounts for estimated numbers of clients to be served along with actual number served during the previous grant year

Estimated: Actual # Served
 Unduplicated Clients Served
 150 227
 AREA OF RESIDENCE
 City of Champaign 20 32
 City of Urbana 130 191
 RACE/ETHNICITY
 Black/African American 135 197
 White (Non-Hispanic) 4 12
 Multi-Racial 7 8
 Hispanic/Latino 2 0
 CLIENT INCOME LEVELS
 Less than 50% Median Family Income 125
 51-79% of Median Family Income 15
 At or above 80% Median Fam Income 10
 Not Known 0
 SEX
 Male 65 145
 Female 85 173
 AGE
 0-6 53
 7-12 85 145
 13-18 65 37

Comments

No access related measures are defined. Narrative is comprised of a statement about collecting demographic data. Access outcomes section needs to be revised in accordance with instructions.

CONSUMER OUTCOMES

Urbana Neighborhood Connections Center's 2018-2019 desired program measurement outcomes for the Community Study Center Program are:

1. Engage targeted youth in structured out of school time educational, social development and recreational activities.
2. Reduced and/or minimal criminal activities by youth in targeted neighborhoods.
3. Expose targeted high school students to various college and career related activities
4. Implementation and accomplishment of 2 of the Cultural Competency Plan goals and objectives.

Expected Results

1. Maintain and/or increase the number of hours spent investing in academic and social-emotional skill development.
2. Exposure to new and/or increased amount of involvement in physical fitness and cultural arts activities designed to promote acceptable behaviors, attitudes and confidence needed to maintain positive and healthy lifestyles at home, school and on community.

3. Exposure to juvenile delinquent indicators and prevention services to reduce and/or minimal criminal activities by youth in targeted neighborhoods.
4. Increased knowledge, awareness and skill performance related to Cultural Competency planning and implementation.

Collection Method

1. Daily Attendance Records
2. Consultation with parents and school personnel.
3. Reports from parents, school personnel and Youth and Juvenile Intervention Agencies
4. Participation & Satisfaction Surveys for select program participants
5. Graduation diploma, verification of employment and/or college admission letter.

In addition to outcomes related to the overall operation of the Community Study Center, special efforts will continue to be made to incorporate essentials of Illinois State Social Emotional Learning Standards that (1) develop self-awareness and self management skills necessary to achieve school and life success; (2) use self-awareness and interpersonal skills to establish and maintain positive relationships; and (3) demonstrate decision-making skills and responsible behaviors in personal, school, and community context. By incorporating these Social and Emotional Learning (SEL) skills during non-school hours, youth will be able to recognize and model healthy social emotional and academic functioning in multiple environments.

Comments

General goal statements associated with activities, expected results, and data collection, but no specific outcome measures or benchmarks. Section also refers to State Social Emotional Learning Standards that could serve as outcomes but no method or tool for evaluating progress in relation to the standards, let alone performance targets, is identified.

Consumer outcomes section needs to be revised in accordance with instructions. To improve outcome measures, agency should utilize the technical assistance available from the consultation bank offered through the UIUC Program Evaluation contract.

UTILIZATION

Non-Treatment Plan Clients (NTPCs) 200 defined as number of youth receiving services through the Community Study Center.

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

UNCC Community Study Center program offers community based academic support, tutoring, Reading/literacy/Math instruction, social/emotional development, prevention, intervention, and career opportunities. UNCC will be counting multiple programs and/or activities within one category called the Community Study Center (CSC).

PY19 Annual target (per Utilization Form)

Quarter	TPC	NTPC	SC	CSE	OTHER
Annual Target	0	200	0	0	0

PY18 First two quarters (per submitted Service Activity Reports)

Quarter	TPC	NTPC	SC	CSE	OTHER
First Quarter FY18	0	168	0	0	0
Second Quarter FY18	0	6	0	0	0
Annual Target	0	200	0	0	0

PY17 all four quarters (per submitted Service Activity Reports)

Quarter	TPC	NTPC	SC	CSE	OTHER
First Quarter FY17	0	120	0	0	0
Second Quarter FY17	0	23	0	0	0
Third Quarter FY17	0	11	0	0	0
Fourth Quarter FY17	0	73	0	0	0

Annual Target 0 200 0 0 0

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

PY19 CCMHB Funding Request \$19,500

PY19 Total Program Budget \$192,500

Current Year Funding (PY18) \$19,500

Proposed Change in Funding - PY18 to PY19 = 0.0 percent

PY18 request was for \$19,500

PY17 request was for \$15,000, and **PY17** award was for \$12,000

PY16 request was for \$15,000, and **PY16** award was for \$12,000

Program Staff - CCMHB Funds: Indirect = 0 FTEs, Direct = 0.6 FTEs, Total CCMHB = 0.6 FTEs

Total Program Staff: Indirect = 0 FTEs, Direct = 0.6 FTEs, Total Program = 0.6 FTEs

***Budget Analysis: (staff comments)** Staffing pattern supported with CCMHB funds includes time allocated across four direct service positions. This includes 12% of Operations Manager, 10% of the Special Groups Leader, 21% of the Activity Leader, and 17% of the Literacy Specialist. No indirect staff time is supported with CCMHB funds. Errors on personnel form will need to be corrected to accurately reflect staffing pattern for total program.*

Funding from the CCMHB represents 10.1% of the total program budget.

Other revenue is from United Way, \$28,850 or 15.0%, Contributions – various, \$7,500 or 3.9%, State, \$75,600 or 39.3%

***Budget Analysis: (staff comments)** Program revenue comes from multiple sources. The CCMHB is one of the smaller sources of support at 10%. Local sources other than CCMHB and United Way account for 32% of program revenue. At 39%, state funding is the largest source of support for the program. Budget narrative form was not filled out correctly and will need to be revised.*

Personnel related costs are the primary expense charged to CCMHB, at 51.3%.

Personnel related costs are about 50% of CCMHB budgeted expenses with remaining costs allocated to consumables - primarily food, general operating and occupancy expenses, and transportation for youth and families. Personnel expense charged to CCMHB is for salary/wages. No funds are budgeted for payroll taxes. Total program expense column and CCMHB expense column are identical when total program should reflect all program expenses for all program revenue sources listed on revenue form. Expense form will need to be revised.

Audit Findings: Audit Requirement Waived

Comment

Independent audit is not required, as this contract is below the \$20,000 threshold.

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 Yes. *Proposal aligns with priority. After-school programming and summer camp provide academic supports/enrichment followed by recreational activities to at-risk youth. Program works collaboratively with Urbana School District.*

Priority: Collaboration with the Champaign County Developmental Disabilities Board No

Overarching Decision Support Criteria

Underserved Populations and Countywide Access Yes/No *Yes to underserved populations and no to countywide access. Program serves children and youth in Urbana who may be overlooked by Champaign-focused programs. Those attending the Center are predominantly African American and/or from low-income families living in Urbana.*

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

Outcomes No. Access and Consumer outcomes sections need work and are to be revised in accordance with instructions. Agency should take advantage of the technical assistance available from the consultation bank offered through the UIUC Program Evaluation contract.

Coordinated System Yes. Program works collaboratively with Urbana School District.

Budget and Program Connectedness Multiple issues exist with how the financial forms were completed. However, information specific to use of CCMHB funds to support program activities is present.

Realignment of PY18 Contracts to Address Priorities (incumbent programs only) Funding requested is the same as contract award amount for FY18.

Technical Criteria

Approach/Methods/Innovation: Yes. Neighborhood based after school and summer program activities. References use of Bibliotherapy and HOPE Challenge as approaches used by staff and social workers when working with children/youth. Primary activity during school year is academic support.

Staff Credentials: No. In general, not specified. Licensed social workers do assist with some activities.

Resource Leveraging: Multiple funding sources provide support to the program. CCMHB funding account for 10% of program budget and is not used to meet a match requirement.

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:

- Personnel, Expense, and Budget Narrative forms will need to be corrected/revised.
- Access and Consumer outcomes sections need work and are to be revised in accordance with instructions.

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

PEARLS - Program to Encourage Active Rewarding Lives

PCHS - Prairie Center Health Systems

PHC – Promise Healthcare

PSC - Psychological Services Center (University of Illinois)

RAC or ECIRMAC – East Central Illinois Refugee Mutual Assistance Center

RACES – Rape Advocacy, Counseling, and Education Services

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 health assessment instrument.

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

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

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

DCFS – Illinois Department of Children and Family Services.

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

DD – Developmental Disability

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

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

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

DHS – Illinois Department of Human Services

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

DSM – Diagnostic Statistical Manual.

DSP – Direct Support Professional

DT – Developmental Training

EI – Early Intervention

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

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

ER – Emergency Room

FACES – Family Adaptability and Cohesion Evaluation Scale

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.