



## CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

#### Champaign County Mental Health Board (CCMHB)

WEDNESDAY, OCTOBER 19, 2011

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

4:30 p.m.

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1. Call to Order - Deborah Townsend, President
2. Roll Call - Stephanie Howard Gallo
3. Citizen Input
4. CCDDDB Information
5. Approval of CCMHB Minutes
  - A. 9/21/11 Board meeting\*  
*Minutes are included in the packet. Action is requested.*
6. President's Comments
7. Executive Director's Comments
8. Staff Reports  
*Staff Reports are included in the Board packet.*
9. Board to Board Reports
10. Agency Information
11. Financial Report
  - A. Acceptance of Claims Reports\*  
*Included in the Board packet. Action is requested.*

12. New Business

A. PLL FY11 Performance Update

*An overview of the PLL FY11 Year-End Reports for Front End and Extended Care services will be provided by Mr. Leon Bryson and Mr. James Warren. A copy of the Powerpoint formatted reports prepared by Savannah Family Institute is included in the Board packet*

B. PCHS DoJ Drug Court Grant Award

*A Briefing Memorandum on the recent Drug Court Enhancement grant award is included in the packet.*

C. FY13 Allocation Criteria Discussion

*Briefing Memorandum on the FY13 Allocation Criteria is included in the Board packet.*

D. Closure of State Operated Facilities

*Briefing Memorandum on SOF closures with additional information from ACMHAJ.*

13. Old Business

E. Disability Resource Expo Update

*A verbal report will be given.*

14. Board Announcements

15. Adjournment

***\*Board action***

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**CHAMPAIGN COUNTY MENTAL HEALTH BOARD  
MONTHLY BOARD MEETING**

*Minutes—September 21, 2011*

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

*4:30 p.m.*

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**MEMBERS PRESENT:** Jan Anderson, Aillinn Dannave, Bill Gleason, Ernie Gullerud, Mike McClellan, Mary Ann Midden, Thom Moore, Deborah Townsend

**MEMBERS EXCUSED:** Deloris Henry

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

**STAFF EXCUSED:** Adrienne Spires, Shandra Summerville, Shawn Lampkins

**OTHERS PRESENT:** Sheila Ferguson, Community Elements; Mary Vita Rosmarino, Mahomet Area Youth Club (MAYC); Ann Russell, National Alliance for the Mentally Ill (NAMI); Barb Bressner, Consultant; Felicia Gooler, Developmental Services Center (DSC); John Sullivan, Center for Women in Transition (CWT); D'Anne Winston, C-U Area Project (CUAP) Bruce Suardini, Prairie Center Health Systems (PCHS)

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**CALL TO ORDER:**

Dr. Townsend, Board President, called the meeting to order at 4:35 p.m.

**ROLL CALL:**

Roll call was taken and a quorum was present.

**ADDITIONS TO AGENDA:**

None.

**CITIZEN INPUT:**

None

**CCDDB INFORMATION:**

No Report.

**APPROVAL OF MINUTES:**

Minutes from the June 22, 2011 Board meeting were included in the packet for review.

**MOTION: Dr. Moore moved to approve the minutes from the June 22, 2011 Board meeting. Mr. McClellan seconded the motion. A vote was taken and the motion passed unanimously.**

**PRESIDENT'S COMMENTS:**

None.

**EXECUTIVE DIRECTOR'S COMMENTS:**

Mr. Tracy provided Board members a verbal report on activities.

**STAFF REPORTS:**

Reports from Ms. Canfield and Mr. Driscoll were included in the packet. Mr. Parsons distributed his report at the meeting.

**BOARD TO BOARD:**

Mr. Mike McClellan attended a Crisis Nursery Board meeting.

**AGENCY INFORMATION:**

Mr. Bruce Suardini from Prairie Center Health Systems (PCHS) announced Drug Court received a federal grant in the amount of \$200,000. PCHS's detox program remains closed.

Ms. Ann Russell from the National Alliance for the Mentally Ill (NAMI) announced the Annual NAMI Walk will be held on October 8<sup>th</sup> at 10 a.m. at Westside Park in Champaign. She also thanked agencies for hosting the National Association of Social Workers (NASW) event that was held in July.

Ms. Mary Vita Rosmarino from Mahomet Area Youth Club (MAYC) announced they are accepting bids for Bears tickets as a fundraising effort.

Ms. Sheila Ferguson from Community Elements (CE) announced three state facilities are scheduled for closure throughout Illinois. She also announced that Roundhouse had received a federal grant.

## **FINANCIAL INFORMATION:**

### **Approval of Claims:**

A copy of the expenditure approval list was included in the Board packet for review.

**MOTION: Mr. McClellan moved to accept the claims report as presented in the Board packet. Ms. Dannave seconded the motion. The motion passed unanimously.**

## **NEW BUSINESS:**

### **Draft Three-Year Plan 2010 – 2012 with FY 2012 Objectives:**

A draft of the proposed CCMHB Three-Year Plan 2010-2012 with FY 2012 Objectives was included in the Board packet for review and comment. The CCMHB is soliciting input. All comments should be submitted in writing and are due by October 21, 2011. The final draft will be presented to the CCMHB for action at the November 16, 2011 Board meeting.

### **Emergency Shelter Briefing Memorandum:**

An overview of state funding reductions to emergency shelters was included in the Board packet. Ms. Sheila Ferguson from Community Elements (CE) and Mr. John Sullivan from the Center for Women in Transition (CWT) provided Board members with updates on the TIMES Center and CWT and how the funding cuts have affected these programs.

### **CCMHB Meals Briefing Memorandum and Policy Discussion:**

A Briefing Memorandum on the topic of meals provided at Board meetings was included in the Board packet. There was discussion about purchase of food for board meetings, ACCESS Initiative food policies, and business lunches. Mr. Tracy told the board he and Mr. Parsons are reviewing business lunch policies. In general, the Board is satisfied with current policies and provided no additional direction to staff.

### **Draft Meeting Schedule and Allocation Timeline:**

A draft schedule of CCMHB meeting dates and deadlines for the 2013 allocation process was included in the Board packet.

## **OLD BUSINESS:**

### **2012 Budget Documents:**

Copies of the CCMHB, CCDDDB, ACCESS Initiative, Quarter Cent and Drug Court Fund budget documents were included in the Board packet for information only.

**Developmental Disabilities Expo Update:**

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

**BOARD ANNOUNCEMENTS:**

None.

**ADJOURNMENT:**

The business meeting adjourned at 5:30 p.m.

Respectfully

Submitted by: \_\_\_\_\_ Approved by: \_\_\_\_\_  
Stephanie Howard-Gallo Deborah Townsend  
CCMHB/CCDDB Staff CCMHB President

Date: \_\_\_\_\_ Date: \_\_\_\_\_

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

## **Lynn Canfield, Associate Director for Developmental Disabilities**

### **Staff Report – October 19, 2011**

Draft Three Year Plan and other Board documents: A Briefing Memorandum and copy of the Draft Three Year Plan for Fiscal Years 2010 through 2012 with Objectives for FY12 appear in the CCDDDB packet for review. The draft plan incorporates suggestions made by staff and was sent to board members and interested parties in September for comments. Changes will be incorporated into a final draft and presented for approval at the November meeting. I collaborated with Peter Tracy and Mark Driscoll on FY13 Allocation Decision Support Criteria memoranda for CCDDDB and CCMHB, final versions of which will incorporate input and be presented at the November meetings.

Agency Monitoring Visits and Meetings: Follow-up site visits with Community Choices and PACE demonstrated consistent and thorough documentation in consumer files. Stephanie Howard-Gallo and I have scheduled a visit with Developmental Services Center to complete our review of the Clinical Services program, which includes confidential files for subcontracted counseling services. Peter Tracy and I met with representatives from Community Choices, (and, prior to CCDDDB and CCMHB October board meetings, will have met with) Charleston Transitional Facility, and DSC to discuss agency responses to the needs and preferences of Champaign County residents with developmental disabilities. See summary of October PUNS update below for not very surprising data on reported needs.

Quarterly Reports and Online System: Mark Driscoll and I continued to work with agencies on quarterly reports and ACCESS applications. Trouble-shooting provides insight into possible system enhancements. First quarter reports for FY12 are due October 28.

Fifth Annual Disability Resource Expo: I attended Steering Committee meetings on September 27, October 4, and October 11 with extensive reports from the subcommittees. There are 74 exhibitors this year, more than in any previous year. Sponsorship is behind last year's by around \$2,000, although we are up by a similar amount in in-kind contributions, which include printing. If you are a facebook user, please search and like "Reaching Out for Answers: Disability Resource Expo" as well as the "Champaign County Anti-Stigma Alliance" page; these will grow over time. We have invested in proven promotional activities such as yard signs, radio and print ads, PSAs, and billboards. The Pride Room subcommittee accomplished most of its work this year by email and phone due to scheduling difficulties. One vendor joined us after the print ad deadline but before completion of our floorplan, which is organized in such a way as to improve traffic flow to the Pride area and respond to vendors' preferences. The Resource Book left me as a rough draft a few weeks ago and returned in book form with suggestions from three who proofread the final draft over a holiday weekend so that we could meet our earlier print and formatting deadlines.

The Quarter Cent Administrative Team met in September for Tracy Dace's presentation of Don Moyer Boys and Girls Club's proposed program implementation plan for JUMP and then for discussion of the coordination of Parenting with Love and Limits (PLL) referrals and other business. Later in the month, I participated in a conference call on PLL Extended Care, again addressing referrals as well as expectations for the program's performance in FY12.

ACCESS Initiative: I attended a one-day overview of Restorative Circles, a learning event with Dominic Barter, and read Howard Zehr's "The Little Book of Restorative Justice." I continue to work with the ACCESS Initiative Social Marketing Committee and, as a participant in the communications subcommittee, am reviewing a Power Point presentation entitled ACCESS Supports and Services Update.

Board Liaison Activity: Spoke with Paul Taylor, TALKS board member, about an upcoming meeting, as I have had conflicts or late notice for the last few. I hope to have attended one prior to our board meetings and will give an oral report if that is the case.

Other Activity: The Metropolitan Intergovernmental Council's quarterly meeting included updates on Sustainability Recommendations, UI Security and Police Training, Social Services, UI Research Park, High Speed Rail, Willard Airport, and UC2B. At a Local Funders Group meeting, we reviewed City of Urbana/Cunningham Township's FY12 allocations and discussed co-funded agencies. I met with Peter Tracy and Dr. George Ordal and will be coordinating a workgroup on diet and mental health, to begin meeting in early November. I sought articles and input from stakeholders regarding aging among individuals with developmental disabilities, as the issue was raised in several FY12 applications and recent conversations. At the suggestion of Sally Mustered of CU Autism Network, I watched "Wretches and Jabberers," a full-length documentary of two men traveling the world to meet with other advocates.

#### Unmet DD Service Needs in Champaign County:

From February 7, 2011 PUNS update:

- 194 individuals in Champaign County were identified with "emergency need."
- 269 Champaign County residents identified as in need of service within a year; 116 of these are recent or coming graduates.

From April 5, 2011:

- 198 individuals in Champaign County were identified with "emergency need."
- 274 in crisis (need service within a year), of whom 120 are recent or coming grads.

From May 12, 2011:

- 195 individuals in Champaign County were identified with "emergency need"
- 272 in crisis (need service within a year), of whom 121 are recent or coming graduates.

From June 9, 2011:

- 194 individuals in Champaign County were identified with "emergency need"
- 268 individuals in crisis, of whom 120 are recent or coming graduates

From October 4, 2011:



- **201** Champaign County residents were identified as having “emergency need”: 1 more in ‘needs immediate support to stay in their own home/family home (short term)’; 2 more in ‘needs immediate support to stay in their own home/family home or maintain their employment situation (long term)’; 1 more in ‘care giver needs immediate support to keep their family member at home (long term)’; 2 more in ‘care giver is unable or unwilling to continue providing care’; 1 more in ‘person has been committed by the court or is at risk of incarceration’; and 2 fewer in ‘Other crisis’.
- **278** Champaign County residents were identified as in need of service within a year, of whom **123** are recent or coming graduates.

Desired supports continue to include Transportation, Personal Support, Occupational Therapy, Support to work in community, Support for in-center work/activities, Speech Therapy, Behavioral Supports, 24 hour Residential, Respite, Physical Therapy, Intermittent Residential Support, and Assistive Technology. The October 4, 2011 update can be viewed in its entirety at:  
<http://www.dhs.state.il.us/OneNetLibrary/27897/documents/DD%20Reports/PUNS/CountyandSelectionDetail0911.pdf>



PUNS Data By County and Selection Detail

October 04, 2011

**County: Champaign**

**Reason for PUNS or PUNS Update**

New	168
Annual Update	94
Change of category (Emergency, Planning, or Critical)	15
Change of service needs (more or less) - unchanged category (Emergency, Planning, or Critical)	5
Person is fully served or is not requesting any supports within the next five (5) years	125
Moved to another state, close PUNS	3
Person withdraws, close PUNS	1
Deceased	2
Other, supports still needed	5
Other, close PUNS	20

**EMERGENCY NEED(Person needs in-home or day supports immediately)**

1. Individual needs immediate support to stay in their own home/family home (short term - 90 days or less); e.g., hospitalization of care giver or temporary illness of an individual living in their own home.	10
2. Individual needs immediate support to stay in their own home/family home or maintain their employment situation (long term); e.g., due to the person's serious health or behavioral issues.	17
3. Care giver needs immediate support to keep their family member at home (short term - 90 days or less); e.g., family member recuperating from illness and needs short term enhanced supports.	4
4. Care giver needs immediate support to keep their family member at home (long term); e.g., care giver is permanently disabled or is terminally ill and needs long term enhanced supports immediately to keep their family member at home.	7

**EMERGENCY NEED(Person needs out-of-home supports immediately)**

1. Care giver is unable or unwilling to continue providing care (e.g., person has been abandoned).	28
2. Death of the care giver with no other supports available.	4
3. Person has been committed by the court or is at risk of incarceration.	2
4. Person is living in a setting where there is suspicion of abuse or neglect.	3
5. Person is in an exceedingly expensive or inappropriate placement and immediately needs a new place to live (for example, an acute care hospital, a mental health placement, a homeless shelter, etc.).	6
6. Other crisis, Specify:	120

**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	27
2. Person has a care giver (age 60+) and will need supports within the next year.	7
3. Person has an ill care giver who will be unable to continue providing care within the next year.	3
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	24
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	7
6. There has been a death or other family crisis, requiring additional supports.	4
7. Person has a care giver who would be unable to work if services are not provided.	16
8. Person or care giver needs an alternative living arrangement.	11
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	123
10. Person is living in an inappropriate place, awaiting a proper place (can manage for the short term; e.g., persons aging out of children's residential services).	2
11. Person moved from another state where they were receiving residential, day and/or in-home supports.	7
12. The state has plans to assist the person in moving within the next year (from a state-operated or private Intermediate Care Facility for People with Developmental Disabilities, nursing home or state hospital).	1
13. Person is losing eligibility for Department of Children and Family Services supports in the next year.	5
14. Person is losing eligibility for Early Periodic Screening, Diagnosis and Treatment supports in the next year.	3
15. Person is losing eligibility for Intermediate Care Facility for People with Developmental Disabilities supports in the next year.	1
16. Person is losing eligibility for Medically Fragile/Technology Dependant Children's Waiver supports in the next year.	1
17. Person is residing in an out-of-home residential setting and is losing funding from the public school system.	1



PUNS Data By County and Selection Detail

October 04, 2011

20. Person wants to leave current setting within the next year.	5
21. Person needs services within the next year for some other reason, specify:	30

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	72
2. Person lives in a large setting, and person/family has expressed a desire to move (or the state plans to move the person).	1
3. Person is dissatisfied with current residential services and wishes to move to a different residential setting.	1
4. Person wishes to move to a different geographic location in Illinois.	3
5. Person currently lives in out-of-home residential setting and wishes to live in own home.	1
6. Person currently lives in out-of-home residential setting and wishes to return to parents' home and parents concur.	2
8. Person or care giver needs increased supports.	46
9. Person is losing eligibility for Department of Children and Family Services supports within 1-5 years.	2
14. Other, Explain:	17

**EXISTING SUPPORTS AND SERVICES**

Respite Supports (24 Hour)	20
Respite Supports (<24 hour)	20
Behavioral Supports (includes behavioral intervention, therapy and counseling)	88
Physical Therapy	61
Occupational Therapy	111
Speech Therapy	140
Education	177
Assistive Technology	31
Homemaker/Chore Services	3
Adaptions to Home or Vehicle	5
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	5
Medical Equipment/Supplies	10
Nursing Services in the Home, Provided Intermittently	1
Other Individual Supports	17

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	115
Other Transportation Service	46
Senior Adult Day Services	2
Developmental Training	66
"Regular Work"/Sheltered Employment	77
Supported Employment	40
Vocational and Educational Programs Funded By the Division of Rehabilitation Services	12
Other Day Supports (e.g. volunteering, community experience)	6

**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/Family	5
Community Integrated Living Arrangement (CILA)/Intermittent	5
Community Integrated Living Arrangement (CILA)/Host Family	1
Community Integrated Living Arrangement (CILA)/24 Hour	30
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	3
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 17 or More People	1
Skilled Nursing Facility/Pediatrics (SNF/PED)	2
Supported Living Arrangement	1
Shelter Care/Board Home	1
Children's Residential Services	7



PUNS Data By County and Selection Detail

October 04, 2011

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Child Care Institutions (Including Residential Schools)	5
Other Residential Support (including homeless shelters)	8
<b>SUPPORTS NEEDED</b>	
Personal Support (includes habilitation, personal care and intermittent respite services)	228
Respite Supports (24 hours or greater)	90
Behavioral Supports (includes behavioral intervention, therapy and counseling)	136
Physical Therapy	80
Occupational Therapy	169
Speech Therapy	140
Assistive Technology	66
Adaptations to Home or Vehicle	29
Nursing Services in the Home, Provided Intermittently	5
Other Individual Supports	37
<b>TRANSPORTATION NEEDED</b>	
Transportation (include trip/mileage reimbursement)	229
Other Transportation Service	80
<b>VOCATIONAL OR OTHER STRUCTURED ACTIVITIES</b>	
Support to work at home (e.g., self employment or earning at home)	6
Support to work in the community	152
Support to engage in work/activities in a disability setting	151
<b>RESIDENTIAL SUPPORTS NEEDED</b>	
Out-of-home residential services with less than 24-hour supports	72
Out-of-home residential services with 24-hour supports	109

## **Mark Driscoll**

### **Associate Director for Mental Health & Substance Abuse Services**

#### **Staff Report – October 19, 2011 Board Meeting**

##### **Summary of Activity**

Contracts: At the September meeting, the Quarter Cent Administrative Team approved moving forward with the DMBGC JUMP contract. The decision followed the presentation by Mr. Arrington and Mr. Dace, JUMP Coordinator, for a scaled back design for the program. The program will continue to operate a day and evening reporting program but with lower number of youth served, less food provided and no transportation. The JUMP contract has been issued for a ten month term beginning October 1<sup>st</sup> with a contract maximum of \$52,497. However, DMBGC has since notified CCMHB that costs were incurred for operating JUMP in July. DMBGC has confirmed the program did not operate in August and September. An expense report and monthly attendance record have been provided as documentation of services delivered and are under review. The reported costs for July exceed the average monthly allocation. An amendment making some adjustment to the contract maximum and term is likely to be issued. A previous amendment extending the program through the first quarter of the 2012 contract period was not executed by DMBGC.

Program Monitoring: I am pleased to report the last of the site visit reports are finished. While I generally enjoy the opportunity to meet with the agencies to discuss how funded programs are operating, it is nice to have this task completed. With the exception of one program, there were no negative findings for any programs, and only a few had concerns noted.

On a related matter, I recently met with RACES Executive Director Kerri Funk. RACES is a relatively new agency and is under contract with CCMHB for the first time. The meeting was arranged to make introductions, review contract requirements, reporting forms and timelines, and explain the monitoring process.

Parenting with Love and Limits: The Parenting with Love and Limits-Front End (PLL-FE) and Parenting with Love and Limits- Extended Care (PLL-EC) programs had their quarterly review meetings with Ellen Souder from Savannah Family Institute in late September. The meetings are held with the therapists by teleconference and are open to CCMHB and our juvenile justice partners. I was able to take part in both calls. The calls focused on first quarter service levels, projections for the year based on first quarter results and coordination of referrals.

Ms. Souder did annual reviews for both PLL programs in July. Copies of the PLL-FE and PLL-EC Annual Review Reports are included in the packet under New Business. Mr. James Warren and Mr. Leon Bryson, lead PLL therapists for the PLL-FE and PLL-EC programs will provide an overview of the FY 2011 results and current status at the meeting.

Savannah Family Institute has notified the CCMHB that it has adjusted the clinical minimum number of clients served on an annual basis by PLL Extended Care therapists. The clinical

minimum has been reduced from 30 families to 24 families. The adjustment applies to all of SFIs PLL-Extended care sites. Justification for the change is length of stay and level of care provided to families as well as an anticipated reduced burnout of therapists. An amendment reflecting the change to the clinical minimum has been issued to the PCHS ACCESS Initiative PLL-EC contract.

Prairie Center Drug Court Grant Award: Prairie Center Executive Director Bruce Suardini announced at the September Board meeting he had just received notice of a federal grant award for the Champaign County Drug Court program. The CCMHB is the applicant of record and will pass funds through to Prairie Center. A Briefing Memorandum on the grant award is included in the Board packet under New Business.

United Way: The final draft of the United Way application was presented at the Community Impact Committee meeting in October. United Way uses a two-step application process. The initial phase is submission of a letter of intent. Following review of all letters received, selected organizations are invited to submit a full program application for final review. The letters are due by November 1, 2011 and full applications by December 16, 2011. The review process includes panels of volunteers that visit each program in late January and February. Then in early March, the panels recommendations are sent to the Community Impact Committee for consideration. The United Way Board acts on the CIC recommendations in late April.

Other Activity: I was able to attend a variety of meetings. The Local Funders Group received an update on City of Urbana/Cunningham Township funding for FY 2012. Many of the same agencies also receive funding from CCMHB but not necessarily for the same programs/services. Other meetings include the Child and Adolescent Local Area Network, Urbana-Champaign Continuum of Care, Infant Mental Health Association, and Mental Health Agencies Council. And I finally found time to create hard files for all non-Access related contracts. The files include the approved program applications and other contract related notes and records.

## **Mark Driscoll**

### **Associate Director for Mental Health & Substance Abuse Services**

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<b>System of Care – Champaign County ACCESS Initiative</b>	
DHS Contract Mgr	Tanya R. Anderson, MD
Annual Grant \$	\$1,500,000 in Federal FY 10 (varies each grant year)
Evaluator Name & Contact Info	Nicole E. Allen, Ph.D. & Mark S. Aber, Ph.D. University of Illinois at Urbana-Champaign <a href="mailto:allenne@illinois.edu">allenne@illinois.edu</a> ; <a href="mailto:maber@illinois.edu">maber@illinois.edu</a>
Annual Eval \$	\$300,000 in Federal FY 10
Funding Source	SAMHSA/CMHS
Eval Period	10/1/2010-6/30/2011

The ACCESS Initiative of Champaign County initiated a cooperative agreement with the Substance Abuse Mental Health Services Administration (SAMHSA) to develop a System of Care in Champaign County in October 2009.

**Project Summary for the System of Care in Champaign County** - The ACCESS Initiative aims to create a System of Care (SOC) in which youth and families have access to a full range of programs, services, and formal and informal supports across a continuum of needs. ACCESS targets youth aged 10 to 18 who have been involved in or are at risk for involvement in the juvenile justice system, have had multiple systems involvements (e.g., child welfare, juvenile justice, school disciplinary), and/or have social, emotional, and behavioral challenges. ACCESS focuses on the sub-population, in particular, of African American youth given they comprise almost 80% of youth being detained in the local juvenile detention center. Funding is granted over a six-year period to encourage the full implementation of a System of Care that is family-driven, youth-guided, culturally- and linguistically-competent, coordinated and sustainable beyond the funding period. The second year of funding was devoted to developing the infrastructure to begin System of Care implementation and to beginning to serve youth and families through the ACCESS Initiative. As strongly encouraged by SAMHSA, local efforts aimed to be data-driven – i.e., with a commitment to continuous quality improvement (CQI) and to implementation of evidenced-based practices and practice-based evidence throughout our systems. Co-lead evaluators have been involved in the effort from the beginning and are working as collaborative partners to build a data-informed System of Care. The following report highlights Year 2 effort from October 1, 2011 through June 30, 2010 and also details the activity of the Evaluation Team.

Year 2 activities have focused on developing and implementing the local System of Care. Based on a review of documents archived by ACCESS staff and co-lead evaluators, this summary report highlights efforts in four focal areas including activities related to: a) supporting a participatory process that involves community stakeholders (see Section I); b) developing a locally-informed service engagement and delivery infrastructure (see Section II), c) launching social marketing activities to support and enhance service delivery development (see Section III); and d) engaging in evaluation and planning for CQI to support System of Care development and implementation (see Section IV). While this report does not reflect all of the

activity of the ACCESS Initiative, it demonstrates the nature of Year 2 activities with a focus on preparations to launch the System of Care to serve youth and families.

## **I. Supporting a Participatory Process to Develop Engagement and Service Delivery**

A critical step in the development of a System of Care (SOC) is the engagement of a broad range of key stakeholders, including youth and families, and the development of a shared understanding of core System of Care principles and values. Year 2 activities reflect a commitment to continued broad engagement of youth, families and systems stakeholders by a) facilitating broad-based governance to engage a variety of key stakeholders; b) organizing youth and parents to be full participants in System of Care (SOC) development and implementation; and c) developing local SOC capacity through technical assistance by supporting attendance at SAMHSA sponsored training events (including conferences and webinars) and offering local training in key areas. With regard to each of these areas of activity the evaluation tracks specific activities and stakeholder participation. As efforts develop, evaluation will also attend to associated outcomes. The summary below was generated by a review of ACCESS Initiative archival materials, including minutes, attendance sheets, and presentation and/or distributed materials.<sup>1</sup>

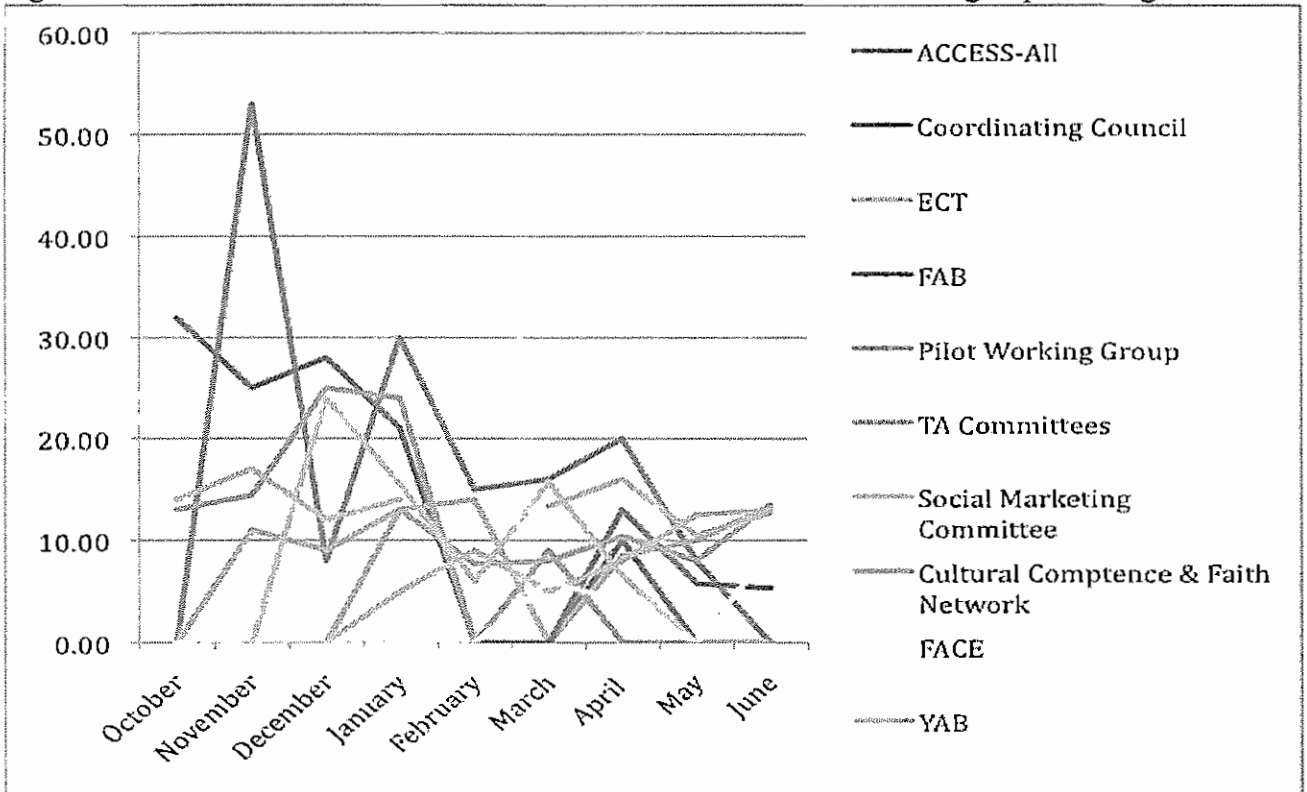
### **I.a. Broad-Based Governance Structure**

The ACCESS Initiative Coordinating Council approved a broad-based governance model including a Full Partnership (termed ACCESS-All) and a variety of Subcommittees and Workgroups. In Year 2 such committees included: Evaluation Collaboration Team (ECT); Family Advisory Board (FAB)/Parents Promoting Presence (P3); Youth Advisory Board (YAB); Technical Assistance Committee (TA); Social Marketing Committee (SM); Cultural and Linguistic Competence (CLC); the Pilot Working Group (services planning); and the Family Engagement Workgroup who planned the Family ACCESS Connection Event (FACE). These committees and workgroups met throughout the year with fairly steady attendance over time. As illustrated in Figure 1, some committees have regular standing meetings and others meet on an ad hoc basis to complete a particular task (e.g., the pilot working group).

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<sup>1</sup> It is important to note that while many of the meetings of the Initiative are represented, this summary likely underestimates meetings given there were not minutes for every meeting.

Figure 1 Number of Attendees of ACCESS Initiative Committee and Workgroup Meetings



ECT = Evaluation Collaboration Team  
 FAB = Family Advisory Board/Parents Promoting Presence (P3)  
 TA = Technical Assistance Committee (made up of multiple subcommittees)  
 FACE = Family ACCESS Connection Event Workgroup  
 YAB = Youth Advisory Board

### *ACCESS-ALL*

ACCESS-ALL reflects the full partnership and is open to all individuals, groups and organizations that wish to participate in the System of Care effort. Seven ACCESS-All meetings were held in Year 2 and a wide variety of stakeholder groups were represented at one or more meetings, including, for example, evaluation partners, youth, community members, parents, juvenile detention, law enforcement, mental health, youth services, and child welfare. See Table 1.

An ACCESS-All Google Group (created in Year 1) was used to facilitate communication among stakeholders connected to the ACCESS Initiative; this group includes 216 members, many representing groups and organizations. The ACCESS-ALL listserv is often used to disseminate information regarding the Initiative and activities occurring in the community related to education, child welfare, mental health, juvenile justice, and youth and family issues. As evidenced by average attendance rates, not all members of the listserv attend ACCESS-ALL meetings and attendance waned somewhat throughout the year (see Figure 1). The goal is to steadily increase opportunities for ACCESS-ALL members to actively engage in ACCESS (e.g., via workgroup membership) and to more fully define the role of the ACCESS-All Full Partnership.

### *Coordinating Council*

Following the formation of the Administrative Team in June 2010, the Coordinating Council was formed and included those members of the interim governing body who wished to continue (some moved into ACCESS administrative roles). The Project Director in consultation with ACCESS staff and community members identified additional key stakeholders to invite to the permanent coordinating council. The initial body included 29 individuals covering core domains (i.e., LIST CORE DOMAINS) and including 51% youth and family members. The co- Principal Investigators, Project Director, Administrative Staff, and Co-Lead Evaluators also attend Coordinating Council meetings as non-voting ex-officio members. The Coordinating Council began an intensive retreat process in June, expected to last several months to clarify roles, responsibilities and decision-making authority and to finalize bylaws. Thus, the Coordinating Council is beginning Year 3 with a well-defined structure and purpose.

### *Committees and Working Groups*

Consistent with a broad-based governance structure, the ACCESS Initiative includes a variety of standing committees and working groups. In Year 2, a total of 554 unduplicated individuals participated in one or more committees/working groups of the ACCESS Initiative and/or attended an ACCESS Initiative event or training. The Committees/Working Groups tended to have fairly broad representation although certain stakeholder groups were generally less well represented in particular groups. See Table 1 for a summary of the number of meetings held by each committee/working group and average attendance. See Table 2 for a summary of stakeholder group attendance across by Committee/Workgroup.

Table 1 Meeting Attendance

Committee /Working Group Name	Number of Meetings	Minimum Attendance	Maximum Attendance	Average Attendance
ACCESS-All	7	8	53	21
Coordinating Council	5	10	32	23
Evaluation Collaboration Team	11	7	17	11
Family Advisory Board	14	3	18	7
Service Delivery/Pilot Working Group	12	9	30	17
Technical Assistance Committee	18	4	19	10
Social Marketing Committee	11	6	22	12
Cultural Competence & Faith Network Committee	7	5	16	9
Family ACCESS Connection Event Workgroup	4	4	9	6
Youth Advisory Board	14	5	20	13

Note: JDC = Juvenile Detention Center; CBAs = Community-Based Agencies; RPC = Regional Planning Commission; RJ = Restorative Justice.

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***	FUND NO. 090										
***	DEPT NO. 053										
41	CHAMPAIGN COUNTY TREASURER	9/27/11	01	VR 620- 177		458891	9/30/11	090-053-513.06-00	HEALTH INSUR FND 620 EMPLOYEE HEALTH/LIFE INS SEP HI & LI VENDOR TOTAL		2,727.00 2,727.00 *
88	CHAMPAIGN COUNTY TREASURER	9/21/11	05	VR 88- 68		458569	9/23/11	090-053-513.02-00	I.M.R.F. FUND 088 IMRF - EMPLOYER COST	IMRF 9/9 P/R	1,286.51
		9/28/11	03	VR 88- 72		458896	9/30/11	090-053-513.02-00	IMRF - EMPLOYER COST	IMRF 9/23 P/R VENDOR TOTAL	1,287.21 2,573.72 *
96	CHAMPAIGN COUNTY TREASURER	9/19/11	03	VR 53- 127		458570	9/23/11	090-053-533.89-00	T & A ADVANCES PUBLIC RELATIONS	TD1377 ADAMS OUTDOO VENDOR TOTAL	1,995.00 1,995.00 *
176	CHAMPAIGN COUNTY TREASURER	9/21/11	04	VR 118- 65		458574	9/23/11	090-053-533.20-00	SELF-FUND INS FND476 INSURANCE	FY11 PROPERTY INS 09	264.88
		9/21/11	04	VR 118- 65		458574	9/23/11	090-053-533.20-00	INSURANCE	FY11 LIAB INS 090	4,357.69
		9/22/11	03	VR 119- 69		458575	9/23/11	090-053-513.04-00	WORKERS' COMPENSATION INSWORK	COMP 8/12,26 P VENDOR TOTAL	115.58 4,738.15 *
188	CHAMPAIGN COUNTY TREASURER	9/21/11	05	VR 188- 89		458577	9/23/11	090-053-513.01-00	SOCIAL SECUR FUND188 SOCIAL SECURITY-EMPLOYER FICA	9/9 P/R	945.40
		9/28/11	03	VR 188- 93		458903	9/30/11	090-053-513.01-00	SOCIAL SECURITY-EMPLOYER FICA	9/23 P/R VENDOR TOTAL	945.91 1,891.31 *
572	ABSOPURE WATER	9/12/11	03	VR 53- 334		458442	9/15/11	090-053-522.02-00	OFFICE SUPPLIES	805308-82078056 8/1	33.50
		9/12/11	03	VR 53- 334		458442	9/15/11	090-053-533.51-00	EQUIPMENT RENTALS	805308-53043254 8/3 VENDOR TOTAL	9.00 42.50 *
17128	CLASSIC EVENTS	10/03/11	07	VR 53- 350		459257	10/06/11	090-053-533.95-00	CONFERENCES & TRAINING	INV 200844 9/21 VENDOR TOTAL	175.75 175.75 *

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18046	COMCAST CABLE	9/19/11	03	VR	53- 340	458610	9/23/11	9/23/11	090-053-533.29-00	COMPUTER/INF TCH SERVICES	8771403010088314 9/ VENDOR TOTAL	84.90 84.90 *
18209	COMMUNITY ELEMENTS	9/19/11	03	VR	53- 338	458613	9/23/11	9/23/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP PLL A112-102 AM	31,999.00
		9/19/11	03	VR	53- 338	458613	9/23/11	9/23/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP EBRFTST A112-10 VENDOR TOTAL	15,000.00 46,999.00 *
24095	EMK DATA SYSTEMS LLC	9/12/11	03	VR	53- 335	458464	9/15/11	9/15/11	090-053-533.07-00	PROFESSIONAL SERVICES	#11-038 9/2 SEP-NOV VENDOR TOTAL	675.00 675.00 *
45436	MARTIN GRAPHICS & PRINTING SERVICES INC	9/26/11	04	VR	53- 345	459017	9/30/11	9/30/11	090-053-533.89-00	PUBLIC RELATIONS	INV 82003 9/20 VENDOR TOTAL	161.00 161.00 *
56750	PRAIRIE CENTER HEALTH SYSTEMS	9/19/11	03	VR	53- 337	458683	9/23/11	9/23/11	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP PLL EXTEND CARE VENDOR TOTAL	32,000.00 32,000.00 *
61500	ROGARDS	9/19/11	03	VR	53- 339	458688	9/23/11	9/23/11	090-053-522.02-00	OFFICE SUPPLIES	INV 12593500 9/13	125.16
		9/19/11	03	VR	53- 343	458688	9/23/11	9/23/11	090-053-522.02-00	OFFICE SUPPLIES	INV 12593501 9/14	24.99
		10/03/11	07	VR	53- 347	459308	10/06/11	090-053-522.02-00	OFFICE SUPPLIES	INV 12602280 9/27 VENDOR TOTAL	89.16 239.31 *	
67867	SPOC LLC	9/28/11	02	VR	28- 49	459048	9/30/11	9/30/11	090-053-533.33-00	TELEPHONE SERVICE	INV 1080530 9/15 VENDOR TOTAL	34.65 34.65 *
69248	STAPLES CREDIT PLAN	9/22/11	02	VR	53- 344	458696	9/23/11	9/23/11	090-053-534.37-00	FINANCE CHARGES, BANK FEES	8781 9/5 VENDOR TOTAL	39.00 39.00 *

\*\*\* FUND NO. 090 MENTAL HEALTH

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***	FUND NO. 090	MENTAL HEALTH											
74550	TROPHYTIME, INC.	9/12/11	03	VR	53-	336		458515	9/15/11	090-053-533.95-00	CONFERENCES & TRAINING	INV 112660 9/6 VENDOR TOTAL	9.40 9.40 *
78550	VERIZON WIRELESS-MENTAL HEALTH BOARD									AC 386356887-00001			
		10/04/11	02	VR	53-	351		459322	10/06/11	090-053-533.33-00	TELEPHONE SERVICE	386356887-01 9/20	99.27
		10/04/11	02	VR	53-	351		459322	10/06/11	090-053-533.29-00	COMPUTER/INF TCH SERVICES	386356887-01 9/20 VENDOR TOTAL	120.14 219.41 *
78873	VISA CARDMEMBER SERVICES												
		10/04/11	02	VR	53-	352		459327	10/06/11	090-053-522.02-00	OFFICE SUPPLIES	7790 8/22 STAPLES	68.52
		10/04/11	02	VR	53-	352		459327	10/06/11	090-053-522.02-00	OFFICE SUPPLIES	7790 8/31 STAPLES	159.99
		10/04/11	02	VR	53-	352		459327	10/06/11	090-053-533.84-00	BUSINESS MEALS/EXPENSES	7790 9/8 ORIG.PANCA	30.35
		10/04/11	02	VR	53-	352		459327	10/06/11	090-053-533.84-00	BUSINESS MEALS/EXPENSES	7790 9/13 ORIG.PANCA	21.55
		10/04/11	02	VR	53-	352		459327	10/06/11	090-053-533.89-00	PUBLIC RELATIONS	7790 9/14 CRCKR BAR	20.96
		10/04/11	02	VR	53-	352		459327	10/06/11	090-053-533.89-00	PUBLIC RELATIONS	7790 9/14 JOANN'S	12.42
		10/04/11	02	VR	53-	352		459327	10/06/11	090-053-533.89-00	PUBLIC RELATIONS	7790 9/14 HOBBY LOB	21.97
		10/04/11	02	VR	53-	352		459327	10/06/11	090-053-533.89-00	PUBLIC RELATIONS	7790 9/14 GORDMAN'S	32.78
		10/04/11	02	VR	53-	352		459327	10/06/11	090-053-533.89-00	PUBLIC RELATIONS	7790 9/14 TJMAXX	43.92
		10/04/11	02	VR	53-	352		459327	10/06/11	090-053-533.89-00	PUBLIC RELATIONS	7790 9/17 JOANN ETC	26.15
		10/04/11	02	VR	53-	352		459327	10/06/11	090-053-533.89-00	PUBLIC RELATIONS	7790 9/20 ALIED BIN	60.47
		10/04/11	02	VR	53-	352		459327	10/06/11	090-053-533.89-00	PUBLIC RELATIONS	7790 9/21 WALMART VENDOR TOTAL	33.96 533.04 *
81610	XEROX CORPORATION	9/19/11	03	VR	53-	341		458725	9/23/11	090-053-533.85-00	PHOTOCOPY SERVICES	INV 116004238 9/3 VENDOR TOTAL	264.63 264.63 *
604568	CANFIELD, LYNN	10/04/11	02	VR	53-	353		459336	10/06/11	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	93 MILE 8/23-9/27 VENDOR TOTAL	51.62 51.62 *



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***	FUND NO. 090					MENTAL HEALTH							
609500	CRAWFORD, NANCY K	9/12/11	03	VR	53-307	307		458535	9/15/11	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	PARKING 6/23	1.75
		9/12/11	03	VR	53-307	307		458535	9/15/11	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	38 MILE 6/23-8/22	21.09
		10/03/11	07	VR	53-348	348		459338	10/06/11	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	148 MILE 9/1-28	82.14
												VENDOR TOTAL	104.98 *
611802	DRISCOLL, MARK	10/03/11	07	VR	53-349	349		459341	10/06/11	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	158.50 MLE 8/10-9/2	87.97
		10/03/11	07	VR	53-349	349		459341	10/06/11	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	PARKING 8/11-8/29	1.50
												VENDOR TOTAL	89.47 *
619548	HOWARD-GALLO, STEPHANIE	9/26/11	04	VR	53-346	346		459110	9/30/11	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	97 MILE 7/5-8/29	53.84
												VENDOR TOTAL	53.84 *
621208	IRION, ERIC	9/19/11	03	VR	53-342	342		458753	9/23/11	090-053-533.07-00	PROFESSIONAL SERVICES	AUG CONSULTING FEE	375.00
												VENDOR TOTAL	375.00 *
												DEPARTMENT TOTAL	96,077.68 *
												FUND TOTAL	96,077.68 *

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*** FUND NO. 641 ACCESS INITIATIVE GRANT												
*** DEPT NO. 053 MENTAL HEALTH BOARD												
16	CHAMPAIGN COUNTY TREASURER				231		458890	9/30/11	641-053-533.07-00	GENERAL CORP FND 080 PROFESSIONAL SERVICES	FY10 OUTSIDE AUDIT VENDOR TOTAL	579.00 579.00 *
41	CHAMPAIGN COUNTY TREASURER				177		458891	9/30/11	641-053-513.06-00	HEALTH INSUR FND 620 EMPLOYEE HEALTH/LIFE INS	SEP HI & LI VENDOR TOTAL	3,272.40 3,272.40 *
88	CHAMPAIGN COUNTY TREASURER				68		458569	9/23/11	641-053-513.02-00	I.M.R.F. FUND 088 IMRF - EMPLOYER COST	IMRF 9/9 P/R	1,248.46
					72		458896	9/30/11	641-053-513.02-00	IMRF - EMPLOYER COST	IMRF 9/23 P/R VENDOR TOTAL	1,254.36 2,502.82 *
96	CHAMPAIGN COUNTY TREASURER				189		458436	9/15/11	641-053-533.95-00	T & A ADVANCES CONFERENCES & TRAINING	TD1519 ROLLINS, JONT	199.00
					208		458436	9/15/11	641-053-533.95-00	CONFERENCES & TRAINING	TD1526 SUMMERVILLE	270.00
					198		458897	9/30/11	641-053-533.95-00	CONFERENCES & TRAINING	TD1525 LAMPKNS, SHAW VENDOR TOTAL	286.00 755.00 *
176	CHAMPAIGN COUNTY TREASURER				65		458574	9/23/11	641-053-533.20-00	SELF-FUND INS FND476 INSURANCE	FY11 PROPRTY INS 64	216.84
					65		458574	9/23/11	641-053-533.20-00	INSURANCE	FY11 LIAB INS 641	4,404.39
					69		458575	9/23/11	641-053-513.04-00	WORKERS' COMPENSATION	INSWORK COMP 8/12,26 P VENDOR TOTAL	148.40 4,769.63 *
188	CHAMPAIGN COUNTY TREASURER				89		458577	9/23/11	641-053-513.01-00	SOCIAL SECUR FUND188 SOCIAL SECURITY-EMPLOYER FICA	FICA 9/9 P/R	917.44
					93		458903	9/30/11	641-053-513.01-00	SOCIAL SECURITY-EMPLOYER FICA	FICA 9/23 P/R VENDOR TOTAL	921.78 1,839.22 *

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*** FUND NO. 641 ACCESS INITIATIVE GRANT												
572	ABSOPURE WATER											
	9/12/11	03	VR	641-	226		458442	9/15/11	641-053-522.02-00	OFFICE SUPPLIES	927471-82078066	7.40
	9/12/11	03	VR	641-	226		458442	9/15/11	641-053-522.02-00	OFFICE SUPPLIES	927471-53048922	9.00
											VENDOR TOTAL	16.40 *
5070	ATLANTA BREAD											
	9/12/11	03	VR	641-	230		458447	9/15/11	641-053-533.84-00	BUSINESS MEALS/EXPENSES	8/24 FAB MTG FOOD	52.38
	9/12/11	03	VR	641-	230		458447	9/15/11	641-053-533.84-00	BUSINESS MEALS/EXPENSES	8/9 YAB MTG FOOD	39.30
											VENDOR TOTAL	91.68 *
7982	BEST INTEREST OF CHILDREN, INC.											
	9/12/11	03	VR	641-	221		458449	9/15/11	641-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT YOUTH MOVE	5,833.00
	9/12/11	03	VR	641-	221		458449	9/15/11	641-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV YOUTH MOVE	5,833.00
											VENDOR TOTAL	11,666.00 *
11920	CAPITAL PIZZA INC D/B/A PAPA JOHNS											
	9/19/11	03	VR	641-	233		458596	9/23/11	641-053-533.84-00	BUSINESS MEALS/EXPENSES	13-064 8/21 YAB MTN	159.08
	9/19/11	03	VR	641-	233		458596	9/23/11	641-053-533.84-00	BUSINESS MEALS/EXPENSES	21-014 8/21 YAB MTN	203.15
											VENDOR TOTAL	362.23 *
18046	COMCAST CABLE											
	9/12/11	03	VR	641-	228		458456	9/15/11	641-053-533.29-00	COMPUTER/INF TCH SERVICES	8771403010217756 SE	74.90
											VENDOR TOTAL	74.90 *
20925	D & D CAB SERVICE											
	9/12/11	03	VR	641-	229		458460	9/15/11	641-053-533.07-00	PROFESSIONAL SERVICES	AUG TRANSPORT YAB	580.00
											VENDOR TOTAL	580.00 *
42540	LATTE DA!											
	10/03/11	07	VR	641-	238		459287	10/06/11	641-053-533.84-00	BUSINESS MEALS/EXPENSES	INV 518 9/22	76.10
											VENDOR TOTAL	76.10 *

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*** FUND NO. 641 ACCESS INITIATIVE GRANT												
61780	ROSATI'S PIZZA AND CATERING							SUITE H				
	10/03/11	07	VR	641-	237		459309	10/06/11	641-053-533.84-00	BUSINESS MEALS/EXPENSES	6/3 FACC MTNG FOOD	70.69
	10/03/11	07	VR	641-	237		459309	10/06/11	641-053-533.84-00	BUSINESS MEALS/EXPENSES	6/15 YAB MTNG FOOD	291.00
	10/03/11	07	VR	641-	237		459309	10/06/11	641-053-533.84-00	BUSINESS MEALS/EXPENSES	6/15 PARENT MEETING	64.00
	10/03/11	07	VR	641-	237		459309	10/06/11	641-053-533.84-00	BUSINESS MEALS/EXPENSES	6/22 PARENT MEETING	76.15
	10/03/11	07	VR	641-	237		459309	10/06/11	641-053-533.84-00	BUSINESS MEALS/EXPENSES	8/15 YAB MTNG FOOD	147.00
	10/03/11	07	VR	641-	237		459309	10/06/11	641-053-533.84-00	BUSINESS MEALS/EXPENSES	6/6 P3 OPEN HOUSE	191.00
	10/03/11	07	VR	641-	237		459309	10/06/11	641-053-533.84-00	BUSINESS MEALS/EXPENSES	6/15 P3 OPEN HOUSE	114.30
	10/03/11	07	VR	641-	237		459309	10/06/11	641-053-533.84-00	BUSINESS MEALS/EXPENSES	8/15 FAM ACCESS	107.80
	10/03/11	07	VR	641-	237		459309	10/06/11	641-053-533.84-00	BUSINESS MEALS/EXPENSES	6/22 FAM ACCESS	173.20
	10/03/11	07	VR	641-	237		459309	10/06/11	641-053-533.84-00	BUSINESS MEALS/EXPENSES	8/15 P3 OPEN HOUSE	43.50
	10/03/11	07	VR	641-	237		459309	10/06/11	641-053-533.84-00	BUSINESS MEALS/EXPENSES	8/15 TA COMMITTEE	65.15
											VENDOR TOTAL	1,343.79 *
63561	SEABOAT INC											
	10/03/11	07	VR	641-	239		459311	10/06/11	641-053-533.84-00	BUSINESS MEALS/EXPENSES	9/19 YOUTH PLN CMT	89.02
											VENDOR TOTAL	89.02 *
67867	SPOC LLC											
	9/28/11	02	VR	28-	49		459048	9/30/11	641-053-533.33-00	TELEPHONE SERVICE	INV 1080530 9/15	43.18
											VENDOR TOTAL	43.18 *
78552	VERIZON WIRELESS-MNTL HLTH											
	9/19/11	03	VR	641-	234		458709	9/23/11	641-053-533.33-00	TELEPHONE SERVICE	AC 286369166-01 9/2	652.60
											VENDOR TOTAL	652.60 *
78873	VISA CARDMEMBER SERVICES											
	9/19/11	03	VR	641-	235		458714	9/23/11	641-053-522.02-00	OFFICE SUPPLIES	1939 STAPLES 8/5	22.99
	9/19/11	03	VR	641-	235		458714	9/23/11	641-053-533.95-00	CONFERENCES & TRAINING	1939 STAPLES 8/5	65.95
	9/19/11	03	VR	641-	235		458714	9/23/11	641-053-522.02-00	OFFICE SUPPLIES	1939 STAPLES 8/3	194.82
	9/19/11	03	VR	641-	235		458714	9/23/11	641-053-533.18-00	NON-EMPLOYEE TRAINING, SEMI	1939 HILTON 8/12	95.98
	9/19/11	03	VR	641-	235		458714	9/23/11	641-053-533.95-00	CONFERENCES & TRAINING	1939 HILTON 8/12	479.95

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

10/06/11

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VENDOR NO	VENDOR NAME	TRN B	TR	CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 641 ACCESS INITIATIVE GRANT												
9/19/11	03 VR 641-	235	458714	9/23/11	641-053-533.18-00	NON-EMPLOYEE TRAINING,SEM1939	HILTON 8/12					517.81
9/19/11	03 VR 641-	235	458714	9/23/11	641-053-522.02-00	OFFICE SUPPLIES	1939 WALMART 8/6					33.19
9/19/11	03 VR 641-	235	458714	9/23/11	641-053-533.18-00	NON-EMPLOYEE TRAINING,SEM1939	HILTON 8/12					37.66
9/19/11	03 VR 641-	235	458714	9/23/11	641-053-533.95-00	CONFERENCES & TRAINING	1939 HILTON 8/12					22.70
9/19/11	03 VR 641-	235	458714	9/23/11	641-053-533.95-00	CONFERENCES & TRAINING	1939 SNTA FE HTL8/2					502.22-
9/19/11	03 VR 641-	235	458714	9/23/11	641-053-533.95-00	CONFERENCES & TRAINING	1939 INTRCONTNTL 8/					46.95
9/19/11	03 VR 641-	235	458714	9/23/11	641-053-533.95-00	CONFERENCES & TRAINING	1939 ENTERPRISE 8/1					257.16
9/19/11	03 VR 641-	235	458714	9/23/11	641-053-533.95-00	CONFERENCES & TRAINING	1939 SANTA FE 8/30					1,255.50
9/19/11	03 VR 641-	235	458714	9/23/11	641-053-534.69-00	PARENT ACTIVITIES/TRAVEL	1939 SHELL OIL 8/8					100.00
9/19/11	03 VR 641-	235	458714	9/23/11	641-053-533.84-00	BUSINESS MEALS/EXPENSES	1939 MONICAL PZZ 8/					75.00
9/19/11	03 VR 641-	235	458714	9/23/11	641-053-533.84-00	BUSINESS MEALS/EXPENSES	1939 SUNNY BUFET 8/					41.95
9/19/11	03 VR 641-	235	458714	9/23/11	641-053-533.84-00	BUSINESS MEALS/EXPENSES	1939 RYANS 8/20					80.44
9/19/11	03 VR 641-	235	458714	9/23/11	641-053-533.84-00	BUSINESS MEALS/EXPENSES	1939 SILVR MINE 8/2					45.48
9/19/11	03 VR 641-	235	458714	9/23/11	641-053-533.84-00	BUSINESS MEALS/EXPENSES	1939 FAM DOLLAR 8/2					20.34
9/19/11	03 VR 641-	235	458714	9/23/11	641-053-533.84-00	BUSINESS MEALS/EXPENSES	1939 WAL MART 8/26					76.10
9/19/11	03 VR 641-	235	458714	9/23/11	641-053-533.29-00	COMPUTER/INF TCH SERVICES	1939 GO DADDY 8/27					49.99
9/19/11	03 VR 641-	235	458714	9/23/11	641-053-522.02-00	OFFICE SUPPLIES	1939 MONICAL PZZ 9/					24.25
9/19/11	03 VR 641-	235	458714	9/23/11	641-053-533.95-00	CONFERENCES & TRAINING	1939 OMNI ATLNTA8/1					647.00
											VENDOR TOTAL	3,688.99 *
81610	XEROX CORPORATION											
9/12/11	03 VR 641-	227	458528	9/15/11	641-053-533.85-00	PHOTOCOPY SERVICES	INV 056939986 9/1					1,031.02
9/26/11	04 VR 641-	236	459089	9/30/11	641-053-533.85-00	PHOTOCOPY SERVICES	INV 116041029 9/8					10.18
											VENDOR TOTAL	1,041.20 *
609500	CRAWFORD, NANCY K											
9/12/11	03 VR 641-	215	458535	9/15/11	641-053-533.12-00	JOB-REQUIRED TRAVEL EXP	25 MILE 8/9					13.88
											VENDOR TOTAL	13.88 *
637820	ROLLINS, JONTE											
9/19/11	03 VR 641-	232	458777	9/23/11	641-053-533.12-00	JOB-REQUIRED TRAVEL EXP	19 MILE 8/1-5					10.55
9/19/11	03 VR 641-	232	458777	9/23/11	641-053-533.95-00	CONFERENCES & TRAINING	110ML 8/8,12 BLMNGT					61.05

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

10/06/11

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VENDOR NO	VENDOR NAME	TRN B	TR	CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 641 ACCESS INITIATIVE GRANT												
9/19/11	03 VR	641-	232		458777	9/23/11	641-053-533.95-00	CONFERENCES & TRAINING	BAGGAGE 8/8,12,21,2			100.00
9/19/11	03 VR	641-	232		458777	9/23/11	641-053-533.95-00	CONFERENCES & TRAINING	CAB, SHUTTLE 8/8,12			50.50
									VENDOR TOTAL			222.10 *
									MENTAL HEALTH BOARD		DEPARTMENT TOTAL	33,680.14 *
									ACCESS INITIATIVE GRANT		FUND TOTAL	33,680.14 *

REPORT TOTAL \*\*\*\*\* 129,757.82 \*

Results of PLL Program  
— Year Two

7/1/10 — 6/30/11

CHAMPAIGN CO MENTAL HEALTH  
BOARD IN PARTNERSHIP WITH  
COMMUNITY ELEMENTS



Parenting with Love and Limits<sup>®</sup>

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# Utilization/Graduation 7/1/10 – 6/30/11

<b>PLL Program</b>		<b>COE -</b>
<b>Number of families that Graduated from PLL during License Period</b>		<b>103</b>
<b>Number of families that Dropped out during License period</b>		<b>14</b>
<b>Graduation Rate</b>		<b>88%</b>
<b>Number of families Administratively Discharged during License Period</b> (these 7 families only attended one session and thus, are not counted toward the total # of families served)		<b>7</b>
<b>Number of Families In Process at end of License Period</b>		<b>6</b>
<b>Total # of families served during License Period</b> (Not including the 7 AD) This number did include the 11 carryovers from the previous license period)		<b>123</b>
<b>Total # of NEW FAMILIES served during this license period</b> This number does not include the 11 Carryovers (all 11 carryovers successfully completed the program) or the 7 Administratively Discharged		<b>112</b>



# Families served by each Therapist

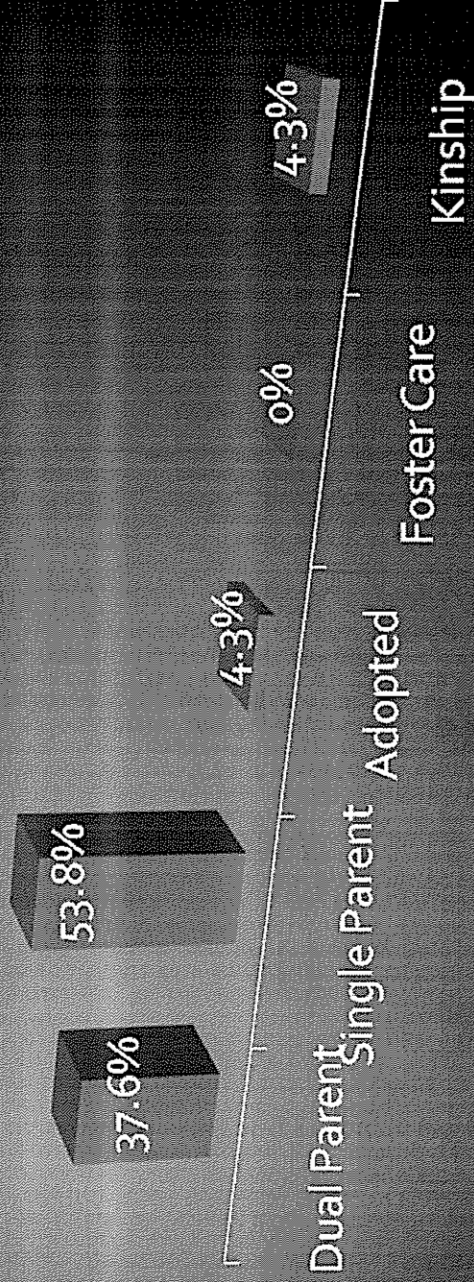
Therapist	Graduates	Drop Outs	Grad. Rate	Administrative Discharges (not included in total numbers since only attended one session)	In Process	# of Groups	Total	# New Families
James	36	5	88%	2	6	6	47	42
Micah	45	4	92%	2	0	6	49	48
Elizabeth	17	4	81%	3	0	3	21	16
Misty	5	1	83%	0	0	1	6	6
Total	103	14	88%	7	6	16	123	112



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# Demographics Family Composition 7/1/10 – 6/30/11

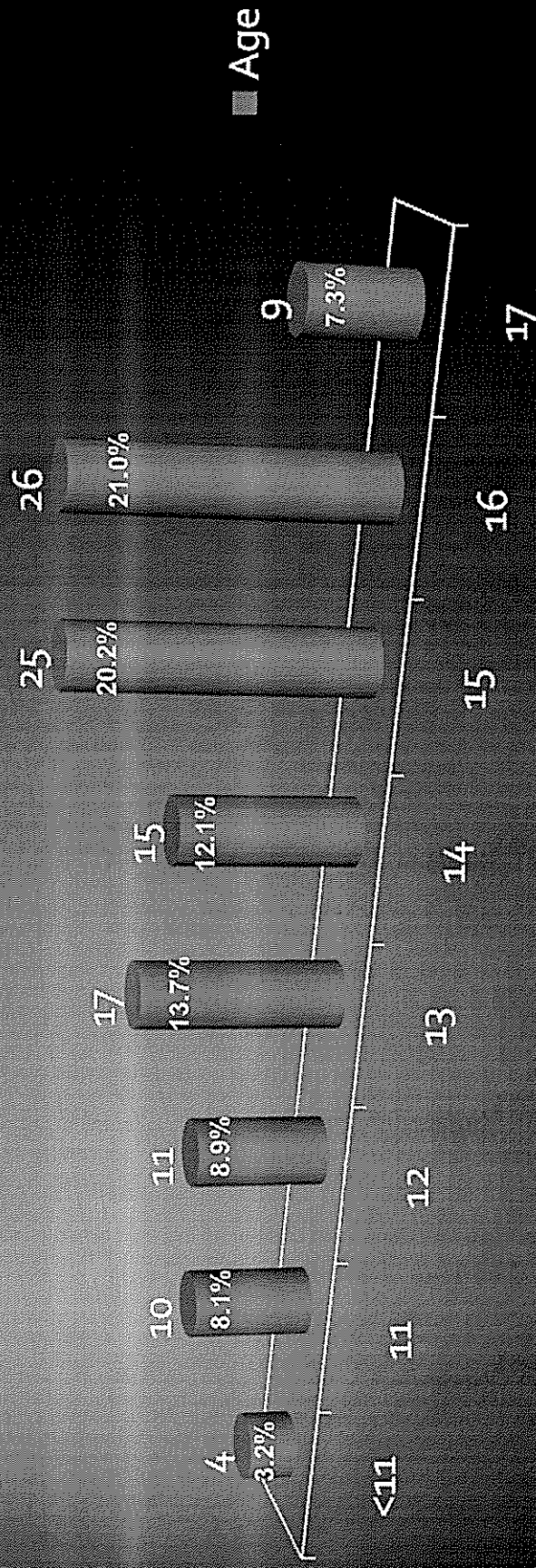


These statistics only include the 103 graduates and 14 drop outs and does not include the 6 youth who were In Process at the end of the license period or the 7 youth who were Administratively Discharged from the PLL Program.



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# Age Demographics 7/1/10 – 6/30/11



These statistics only include the 103 graduates and 14 drop outs and does not include the 6 youth who were In Process at the end of the license period or the 7 youth who were Administratively Discharged from the PLL Program.



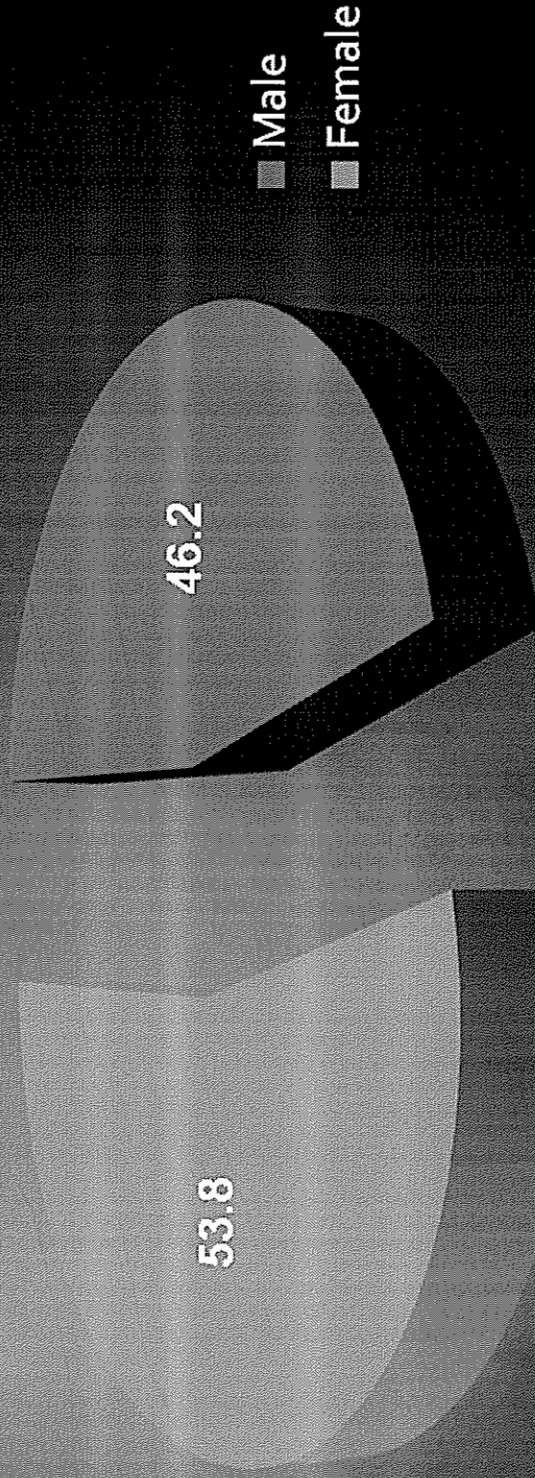


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# Gender Demographics

7/1/10 – 6/30/11

Gender



These statistics only include the 103 graduates and 14 drop outs and does not include the 6 youth who were In Process at the end of the license period or the 7 youth who were Administratively Discharged from the PLL Program.



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# Demographics Ethnicity

7/1/10 – 6/30/11

Ethnicity	Champaign Co Mental Health Board & Community Elements	
African American	41	35.0%
Asian	0	0.0%
Caucasian	59	50.4%
Hispanic	10	8.5%
Native American	0	0.0%
Other	7	6.0%
Total	117	100%

These statistics only include the 103 graduates and 14 drop outs and does not include the 6 youth who were In Process at the end of the license period or the 7 youth who were Administratively Discharged from the PLL Program.



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# Demographics Condition

7/1/10 – 6/30/11

Condition	Champaign Co Mental Health Board & Community Elements	
Diversion (or 1 <sup>st</sup> Time Probation)	117	100%
Foster Care	0	0.0%
Probation	0	0.0%
Residential	0	0.0%
SED	0	0.0%
All Conditions	117	100.0%

These statistics only include the 103 graduates and 14 drop outs and does not include the 6 youth who were In Process at the end of the license period or the 7 youth who were Administratively Discharged from the PLL Program.



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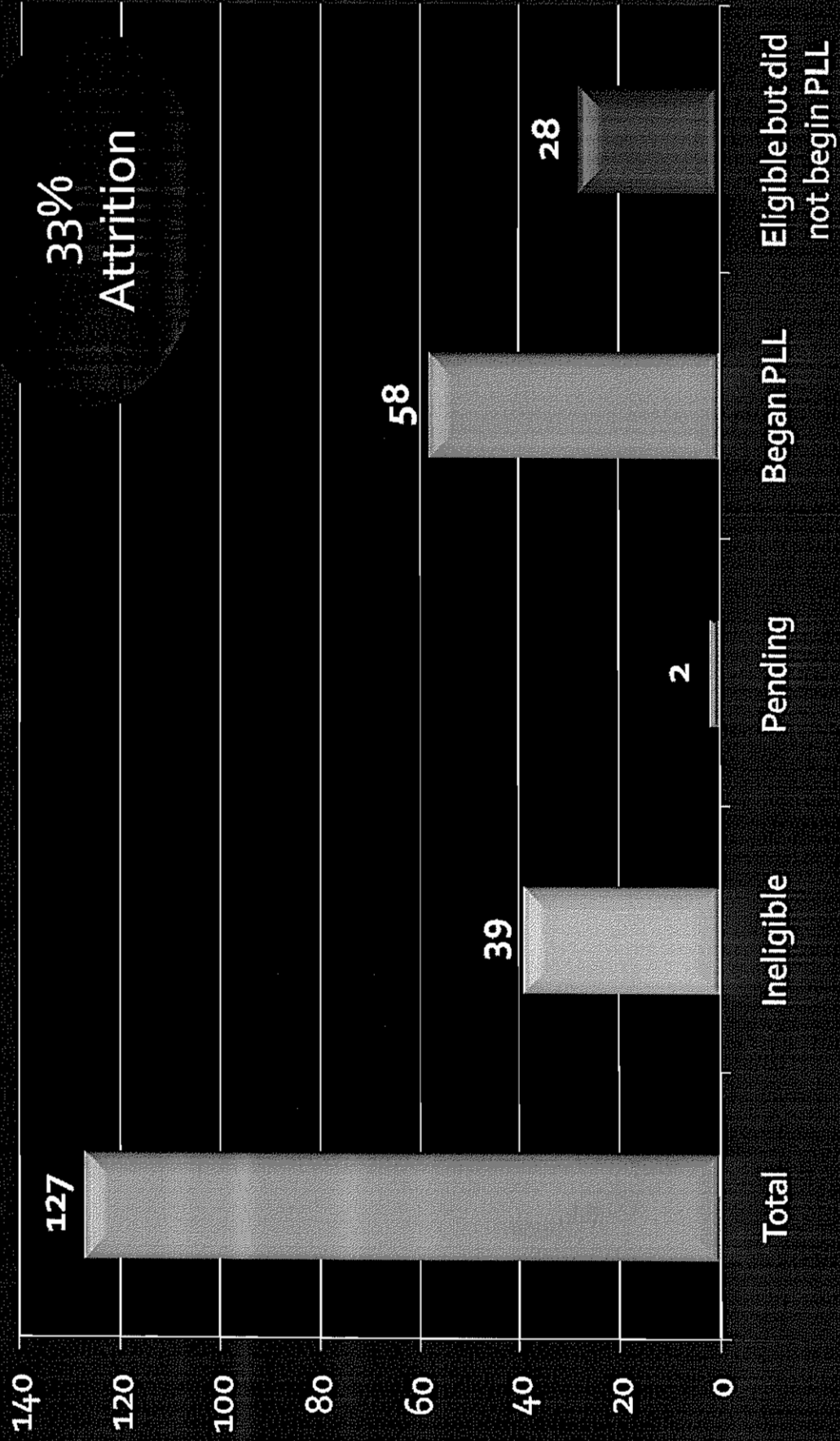
# Demographics Offenses

7/1/10 – 6/30/11

Champaign Co Mental Health Board & Community Elements		
Offense Categories		
Destruction of Property	1	0.9%
Mischief/Misbehavior	1	0.9%
No Charges	55	47.0%
Other Offenses	3	2.6%
Illegal Possession	12	10.3%
Theft	17	14.5%
Violence/Threat of Violence	28	23.9%
<b>Total</b>	<b>117</b>	<b>100%</b>

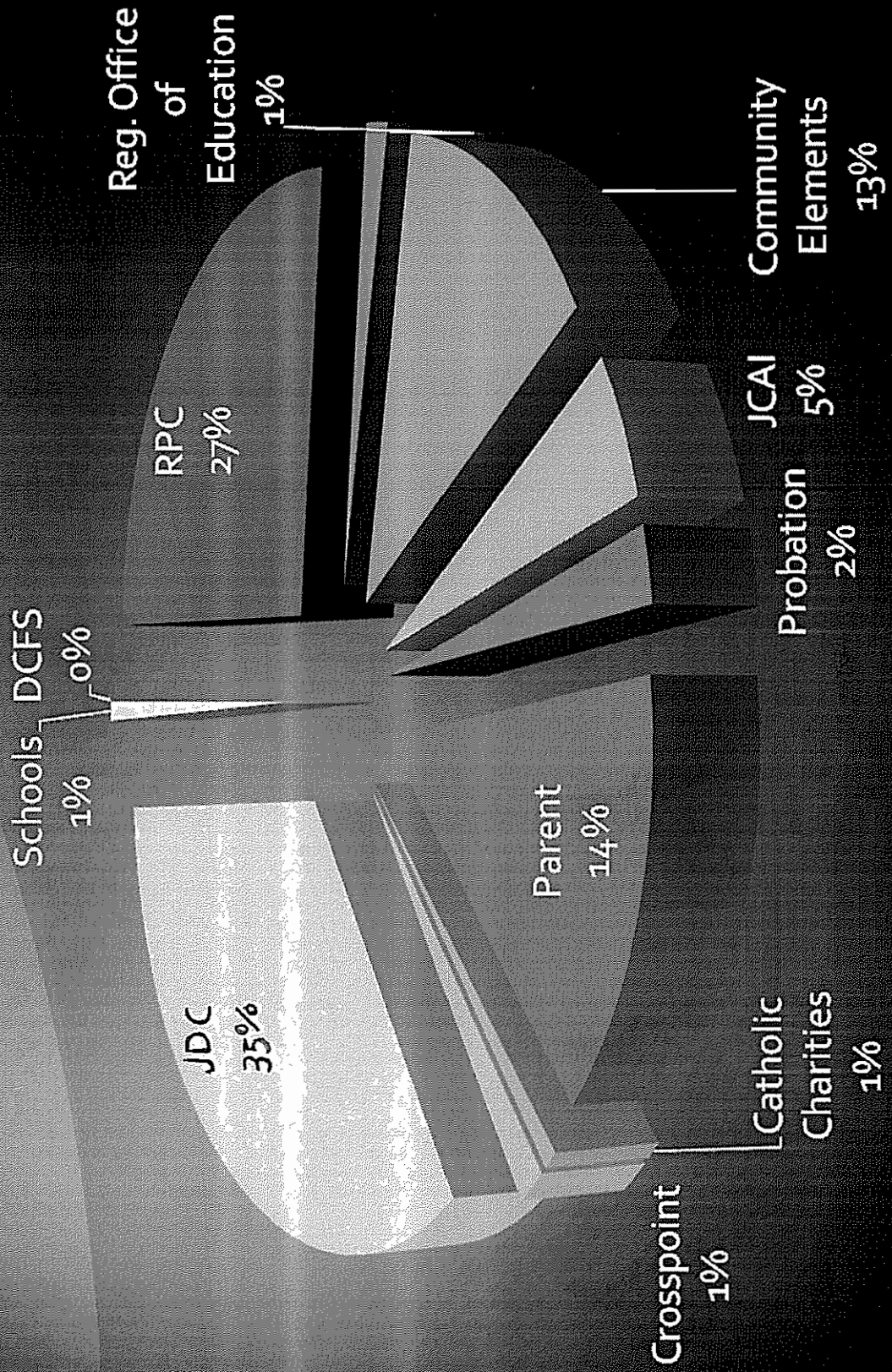
# First Half of Year Two

Referrals 7/1/10 to 12/31/10



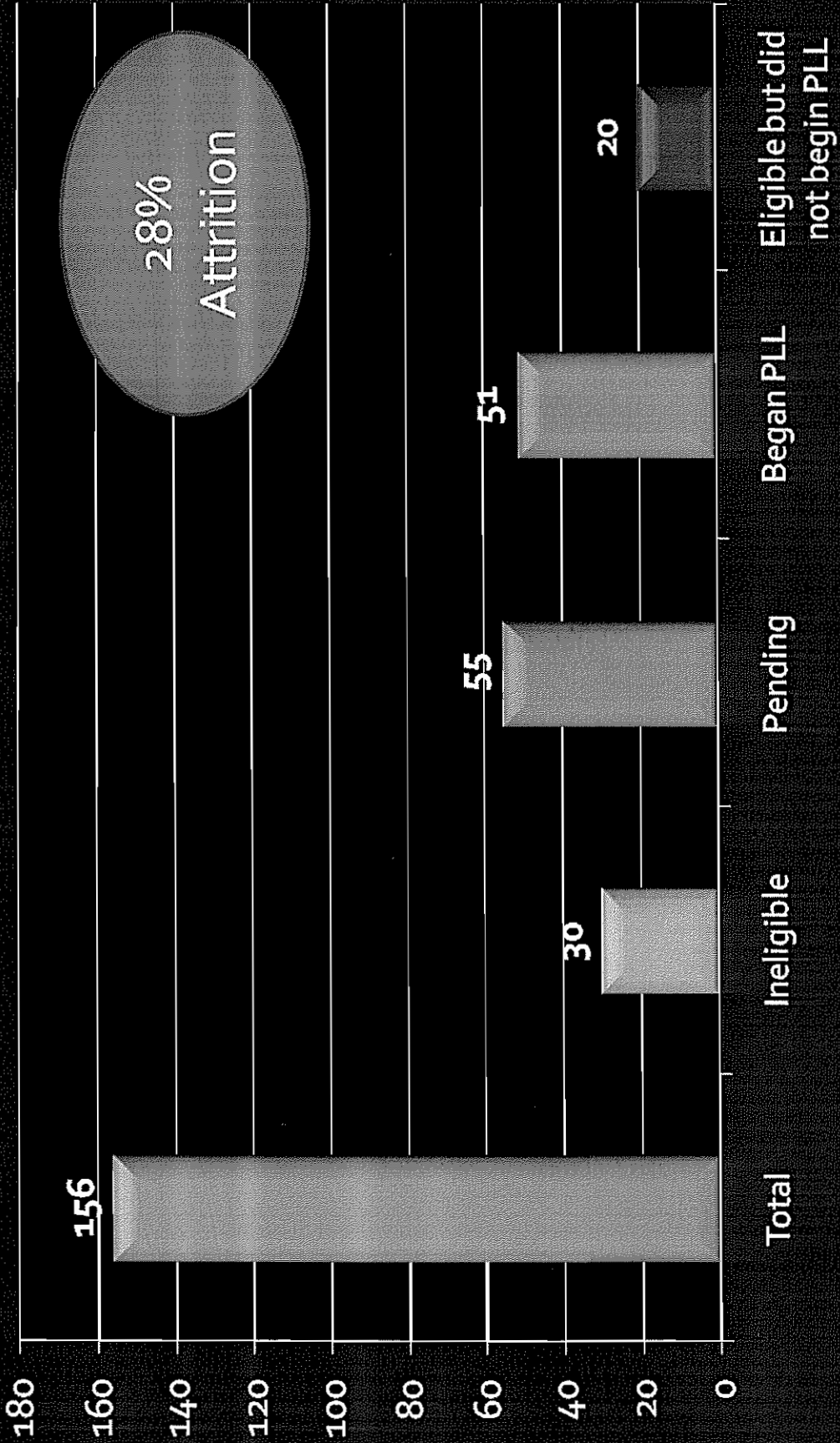


# Referrals -- 7/1/10 -- 12/31/10



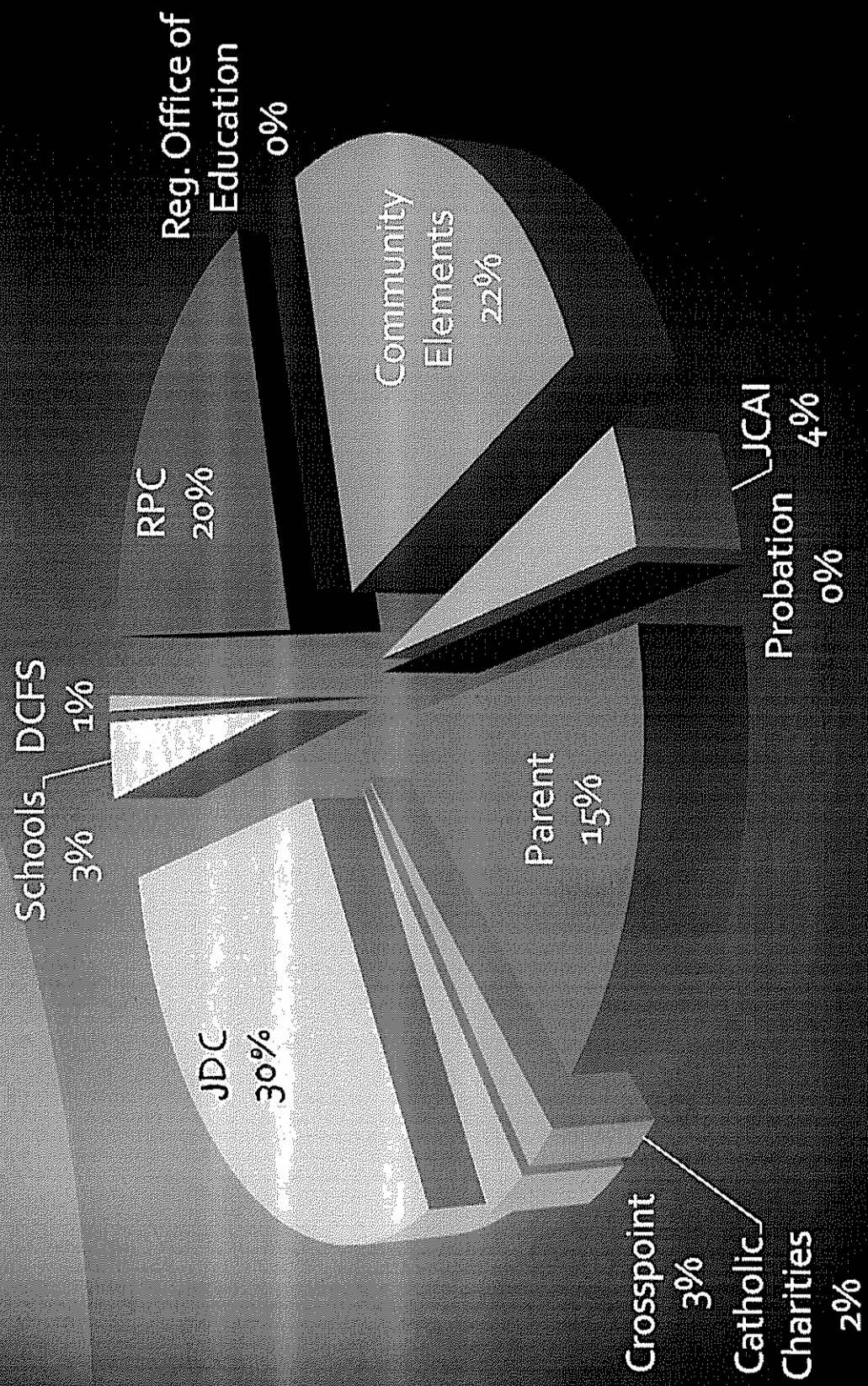
# Second Half of Year Two

Referrals 1/1/11 to 6/30/11

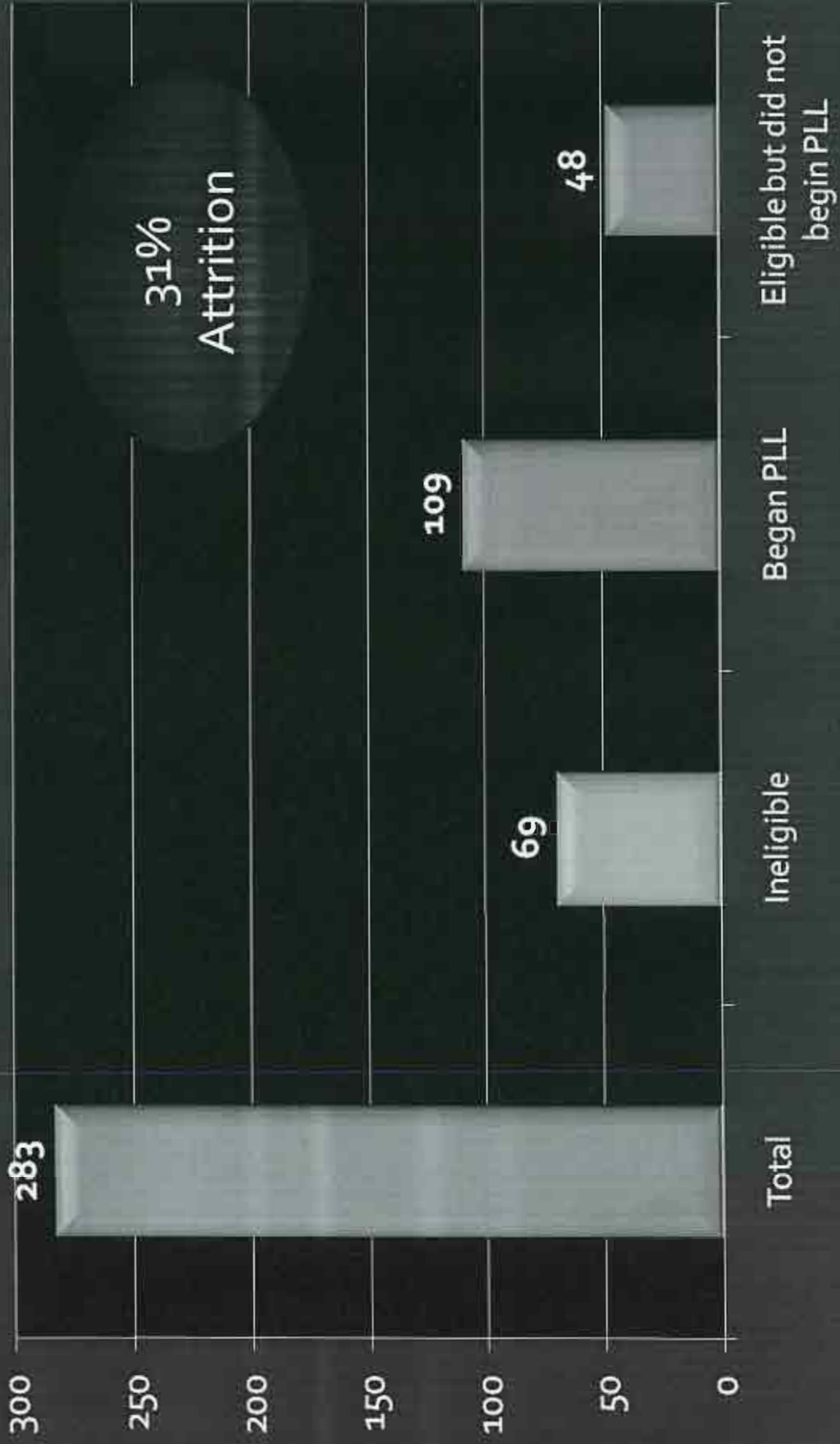




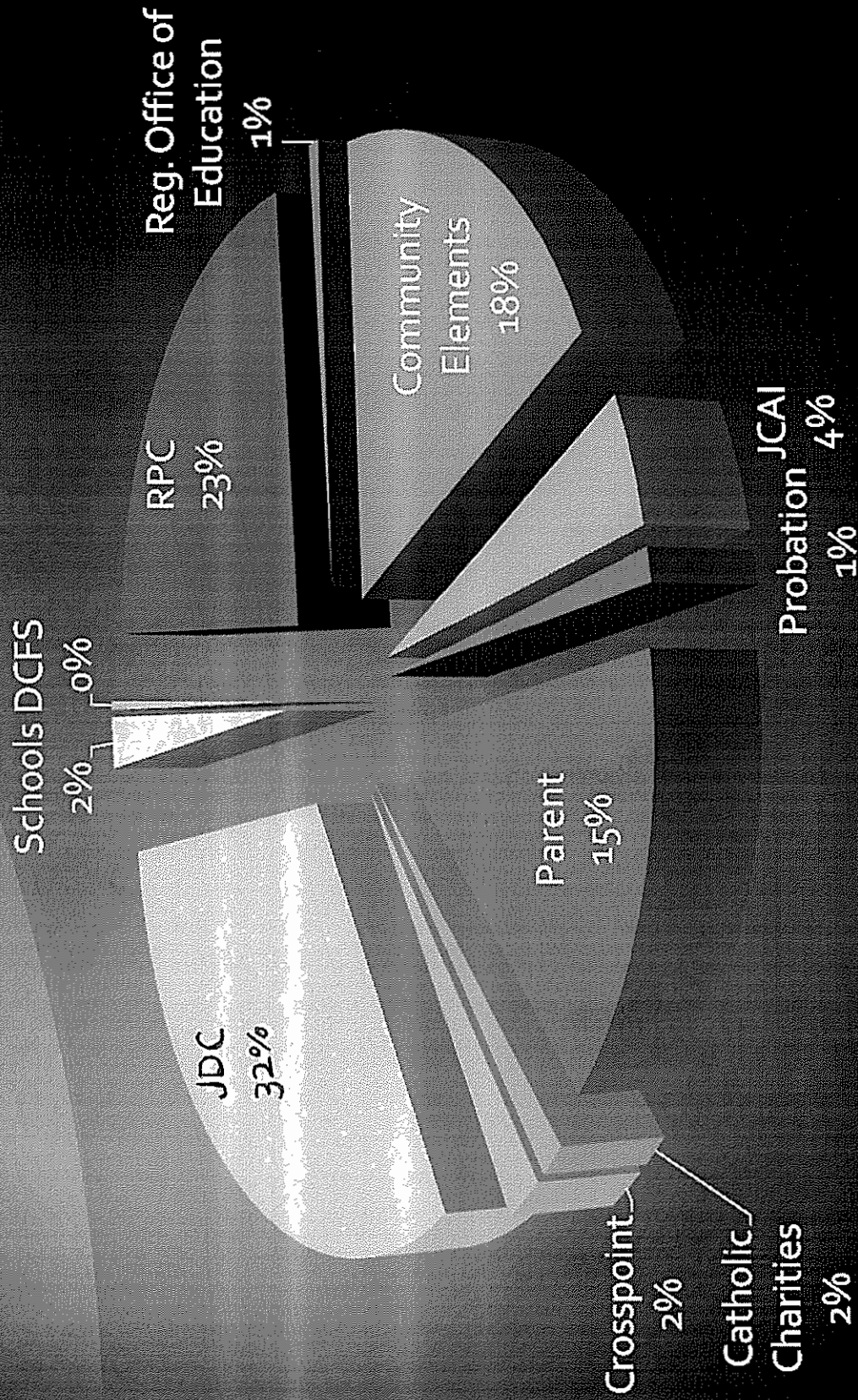
# Referrals - 1/1/11 - 6/30/11



## Total Referrals – Year Two



# Total Referral Sources – Year Two







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# Analysis of Child Behavior Checklist Pre-Post Means Year Two 7/1/10 – 6/30/11

PLL Treatment (n = 101)				
Child Behavior Checklist (CBCL) Scales	Pre-Test Mean	Post-Test Mean	Mean Difference	t- score Significance
Rule Breaking	8.54	6.72	-1.82	3.62 0.000
Aggressive Behaviors	13.55	9.46	-4.10	6.12 0.000
Internalizing Behaviors	13.18	9.04	-4.14	5.11 0.000
Externalizing Behaviors	22.10	16.18	-5.92	5.48 0.000
Oppositional Defiant Behavior	5.68	4.09	-1.59	6.51 0.000
Conduct Disorder	9.68	7.17	-2.51	4.59 0.000
Total Problems	57.59	42.22	-15.38	5.74 0.000

•Raw Pre and post Scores were used

•A decrease in the mean score between the pre- and post-test on a given scale, signifies that youth exhibited fewer problems after receiving services



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**Preliminary Analysis of FACES IV**

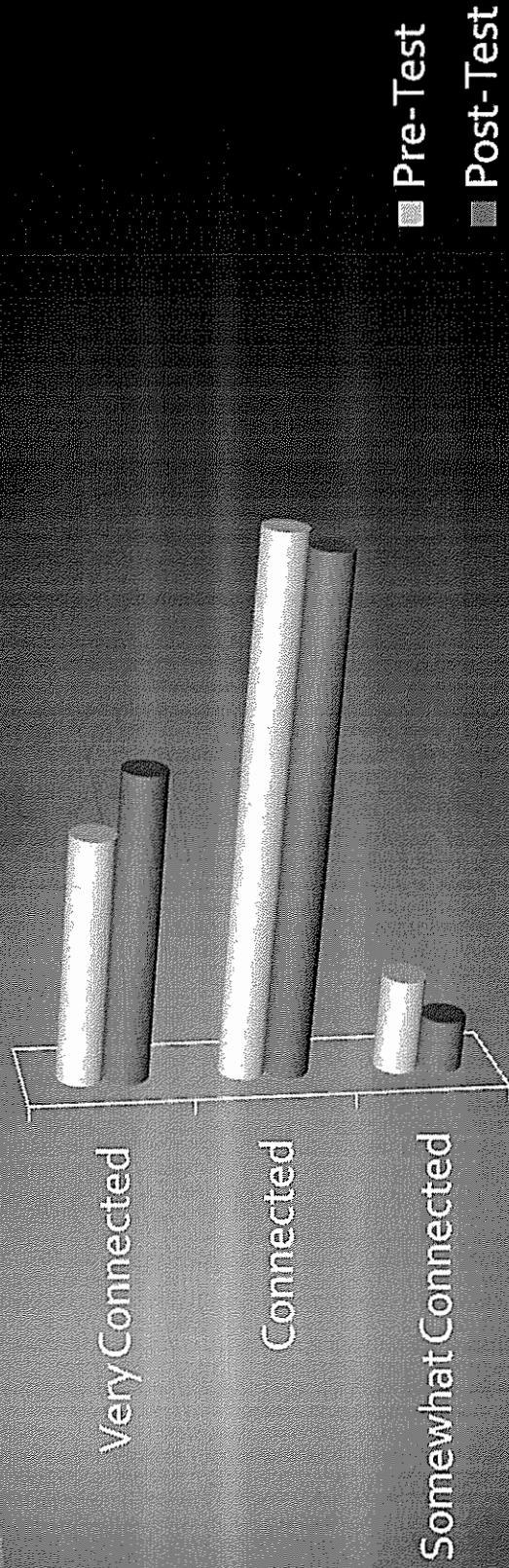
(Instrument assesses structural changes within the family)

**Pre-Post Means**

**Year Two 7/1/10 – 6/30/11**

		<b>PLL Treatment (n = 195)</b>				
FACES IV Scales	Pre-Test Mean	Post-Test Mean	Mean Difference	t- score	Significance	
Family Cohesion	55.83	60.35	4.53	-4.50	0.000	
Family Flexibility	47.62	54.55	6.94	-6.47	0.000	
Family Communication	37.71	51.77	14.06	-7.62	0.000	
Family Satisfaction	25.40	36.41	11.01	-6.49	0.000	
Family Disengaged Score	36.34	32.14	-4.20	3.63	0.000	
Family Enmeshed Score	27.42	27.81	0.39	-0.40	0.687	
Family Rigid Score	43.27	48.09	4.82	-4.11	0.000	
Family Chaotic Score	36.64	27.52	-9.12	7.18	0.000	

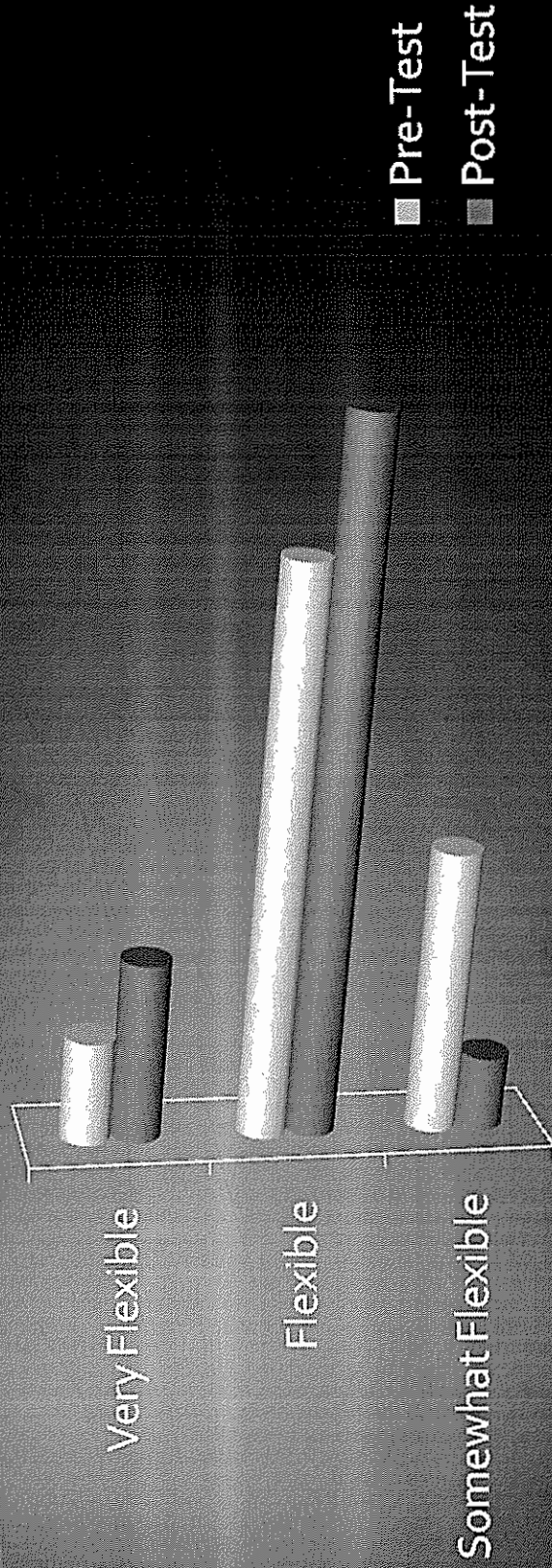
# FACES IV – Family Cohesion Scale



	Somewhat Connected	Connected	Very Connected
Pre-Test	11%	61%	28%
Post-Test	6%	59%	35%

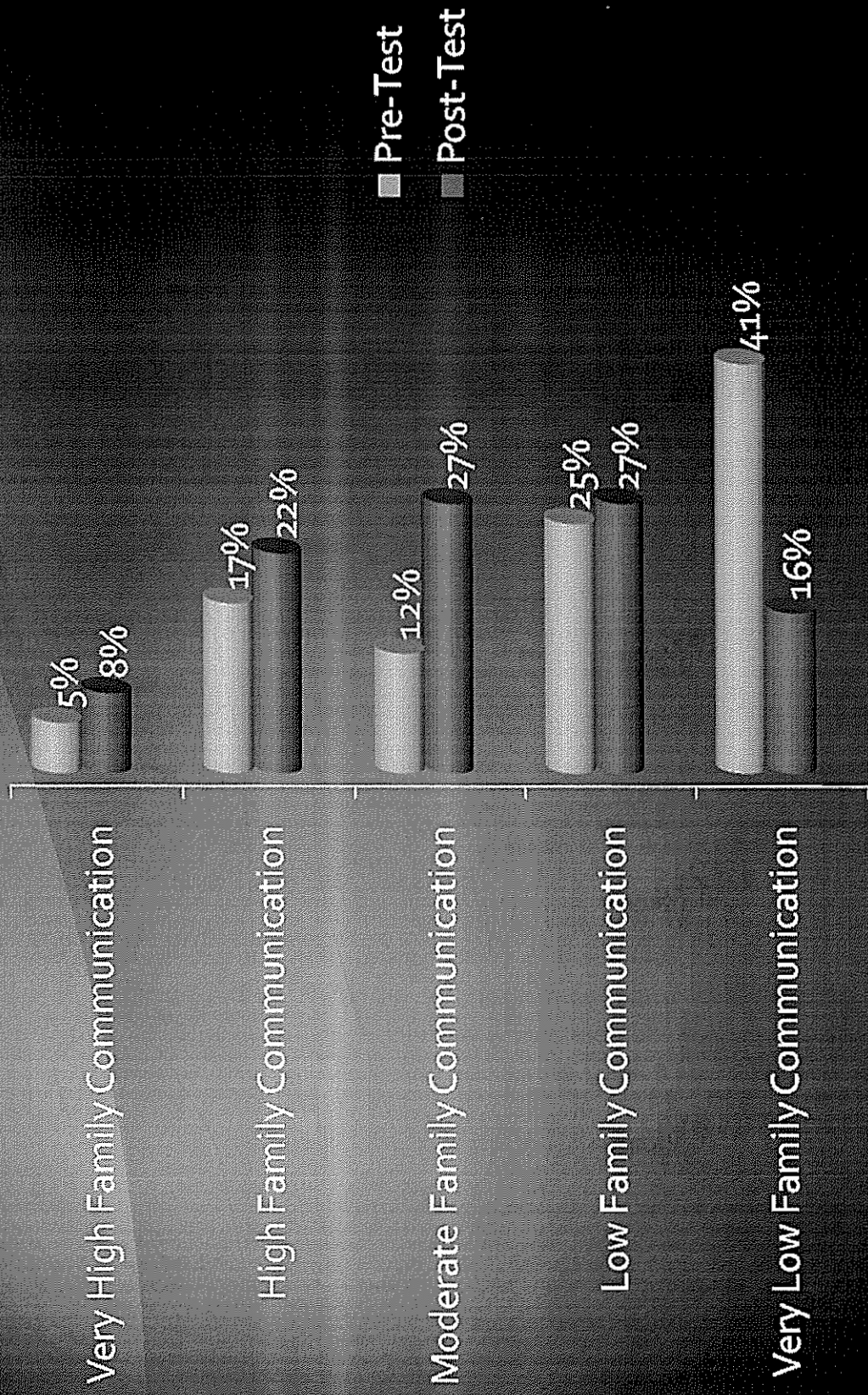


# FACES IV – Family Flexibility Scale



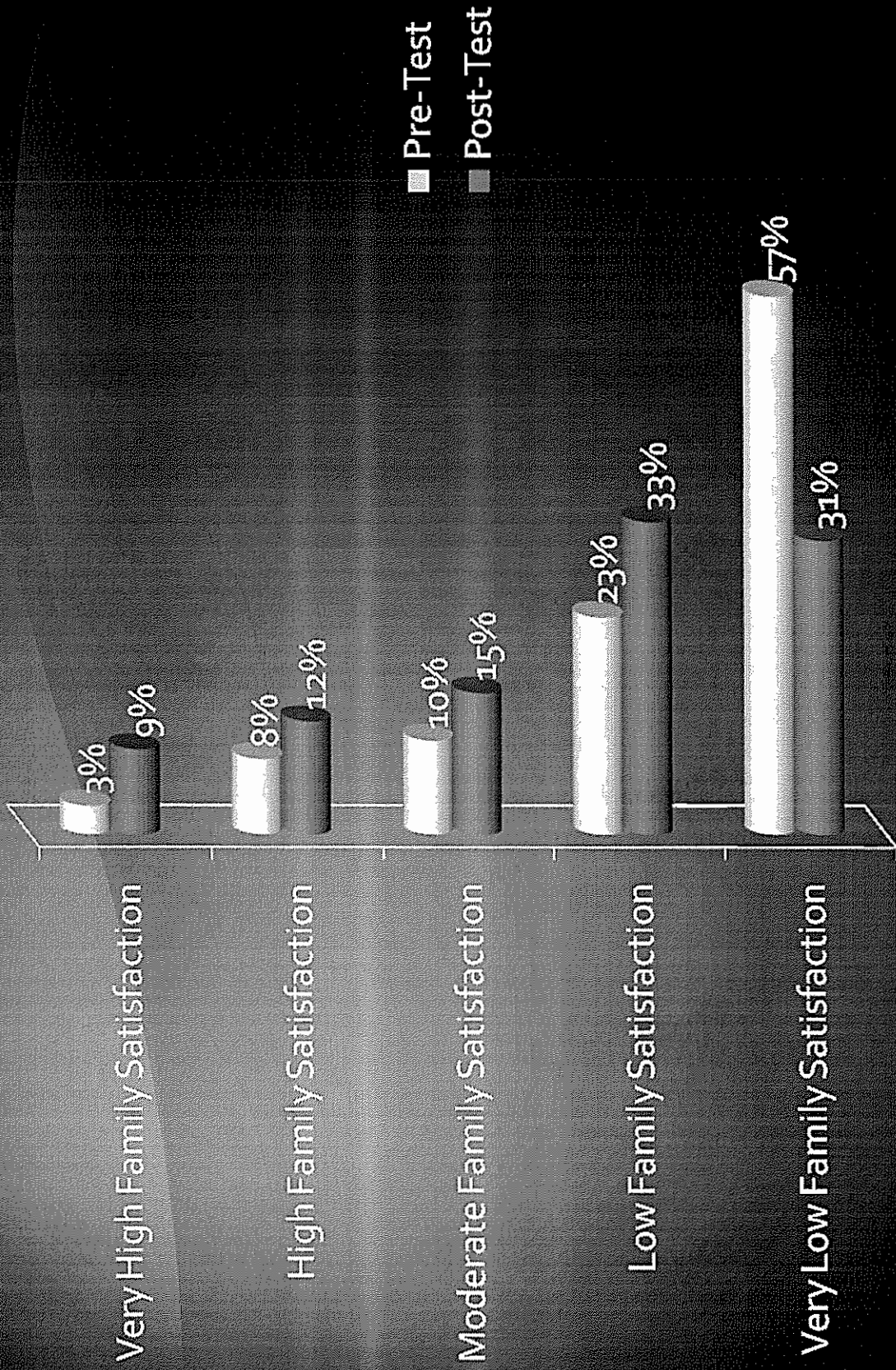
	Somewhat Flexible	Flexible	Very Flexible
Pre-Test	30%	59%	11%
Post-Test	8%	73%	19%

# FACES IV -- Family Communication





# FACES IV – Family Satisfaction





**Parenting with Love and Limits® - PLL**

HELPING ORGANIZATIONS RESTORE FAMILIES®

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# CHAMPAIGN CO MENTAL HEALTH BOARD IN PARTNERSHIP WITH COMMUNITY ELEMENTS

## Goals for Year Three

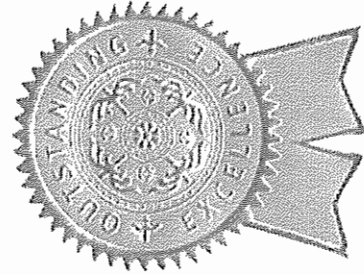
Productivity: 128

Clinical Minimum for each PLL Coach: 30



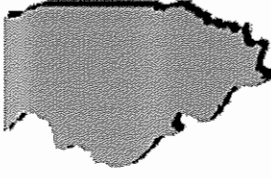
# *The Pursuit of Excellence Award*

*Presented Heretofore on This Day July 25, 2011*



*In Honor of Community Elements*

*Be it known that on this day, in the City of Champaign located in the great state of Illinois, James Warren and his PLL Team are presented with this distinguished award that reflects their diligence and high standard of excellence in the administration of standardized Internal Measures for the PLL program*



Excellence is never an accident; it is always the result of high intention, sincere effort, intelligent direction, skillful execution and the vision to see obstacles as opportunities."



\_\_\_\_\_  
PLL Clinical Supervisor

\_\_\_\_\_  
PLL Clinical Director



**PARENTING WITH LOVE AND LIMITS FRONT-END SERVICES  
CHAMPAIGN COUNTY (ILLINOIS) MENTAL HEALTH BOARD**

**Youth Emotional and Behavioral Outcomes**

**Change in PLL Participants' Emotional and Behavioral Problems  
Child Behavior Checklist (CBCL) Assessment (n=101)**

Child Behavior Checklist (CBCL) Scales	Pre-Test Mean	Post-Test Mean	Mean Difference	t-score	Significance
Rule Breaking	8.54	6.72	-1.82	3.62	0.000
Aggressive Behaviors	13.55	9.46	-4.10	6.12	0.000
Internalizing Behaviors	13.18	9.04	-4.14	5.11	0.000
Externalizing Behaviors	22.10	16.18	-5.92	5.48	0.000
Oppositional Defiant Behavior	5.68	4.09	-1.59	6.51	0.000
Conduct Disorder	9.68	7.17	-2.51	4.59	0.000
Total Problems	57.59	42.22	-15.38	5.74	0.000

*\*All results were significant at the 0.001 level.  
\*\*Raw pre-test and post-test scores are presented.*

A primary goal of the Parenting with Love and Limits model is to reduce emotional and behavioral problems among the youth served. To assess this goal over the course of PLL programming, the Child Behavioral Checklist (CBCL)<sup>1</sup> was administered to youths' parents/guardians prior to the start of services and again at the conclusion of PLL treatment. The CBCL provides measures on scales including:

- Rule Breaking
- Aggressive Behaviors
- Internalizing Behavior
- Externalizing Behavior
- Oppositional Defiant Behavior
- Conduct Disorder
- Total Problems

A total of 101 youth released from front-end PLL services during fiscal year 2010-11 completed pre- and post-test CBCL assessments in Champaign County, Illinois. Average change between pre and post-

<sup>1</sup>Achenbach, T. M. (1991) Integrative Guide to the 1991 CBCL/4-18, YSR, and TRF Profiles. Burlington, VT: University of Vermont, Department of Psychology.

scores were calculated for each scale noted above to determine whether parents and guardians of the youth who completed the PLL program perceived their children to have changed in terms of emotional and behavioral problems. Paired t-tests were then computed to examine whether this change was statistically significant at the 0.05 level.

As the table above illustrates, statistically significant ( $p < 0.001$ ) improvements were found in each of the CBCL scales.<sup>2</sup> On average, PLL families reported fewer problems with their adolescents' rule breaking, aggressive behaviors, externalizing behaviors, oppositional defiant behaviors, and conduct disorders. The mean difference between pre- and post-test scores was greatest for the Externalizing Behaviors Scale. This scale is comprised of items from the Delinquent Behavior and Aggressive Behavior domains. The mean score for Externalizing Behavior decreased by 5.92 over the course of PLL treatment, representing a significant change ( $t(100) = 5.48$ ). Correspondingly, youths' assessed aggression, as measured by the Aggressive Behaviors Scale, decreased by 4.10 ( $t(100) = 6.12$ ). Parent/guardian assessments of their children's rule breaking likewise reduced significantly following PLL treatment, with a mean change of 1.82 ( $t(100) = 3.62$ ). On the Conduct Disorder Scale, mean scores decreased by a factor of 2.51 ( $t(100) = 4.59$ ). Oppositional Defiant Behavior scores declined from a mean of 5.68 on the pre-test to 4.09 on the post-test ( $t(100) = 6.51$ ). The Internalizing Behavior Scale is comprised of items from the Withdrawn, Somatic Complaints and Anxious/Depressed subscales. PLL clients exhibited statistically significant improvement in Internalizing Behaviors following program treatment ( $t(100) = 5.11$ ), as reported by their parents/guardians. Total CBCL scores improved significantly as well, with an average reduction of 15.38 in total reported emotional and behavioral problems ( $t(100) = 5.74$ ).

---

<sup>2</sup> A decrease in the mean score between the pre- and post-test on a given scale signifies that youth exhibited fewer problems after receiving services.

## PARENTING WITH LOVE AND LIMITS FRONT-END SERVICES CHAMPAIGN COUNTY (ILLINOIS) MENTAL HEALTH BOARD

### Family Functioning Assessment Outcomes

Parenting with Love and Limits (PLL) engages families in the therapeutic treatment of at-risk adolescents, and seeks to improve family cohesion, flexibility, communication and satisfaction. Prior to the commencement of PLL front-end services through the Champaign County Mental Health Board, youth and their parents/guardians completed the Family Adaptability and Cohesion Evaluation Scales (FACES IV)<sup>1</sup> pre-test. The clients were later administered the FACES-IV post-test upon completion of services. The FACES-IV instrument is based upon Olson's (2011) Circumplex Model which centers on three central dimensions of family systems: cohesion, flexibility, and communication. The model posits that balanced levels of cohesion and flexibility are more conducive to family functioning, while unbalanced levels of cohesion and flexibility are related to problems in family functioning. In addition, greater family communication and satisfaction are associated with balanced family systems. The FACES IV assessment produces the following scales:

- Family Cohesion (Balanced Level)
- Family Flexibility (Balanced Level)
- Family Disengaged (Unbalanced Level)
- Family Enmeshed (Unbalanced Level)
- Family Rigid (Unbalanced Level)
- Family Chaotic (Unbalanced Level)
- Family Communication
- Family Satisfaction

A total of 98 youth and 97 parents completed pre- and post-test FACES-IV assessments between July 2010 and June 2011. The mean differences in pre- and post-test FACES IV scores were calculated for each assessment scale to determine whether family functioning improved following PLL program completion. Paired t-tests were computed to examine whether the change between pre- and post-test scores was statistically significant at the 0.05 level.

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<sup>1</sup> Olson, D.H. (2011). FACES IV and the Circumplex Model: Validation study. *Journal of Marital and Family Therapy*, 37, 1, 64-80.



**Pre-/Post-Test Change in Family Adaptability and Cohesion (FACES IV) Outcomes (n=195)**

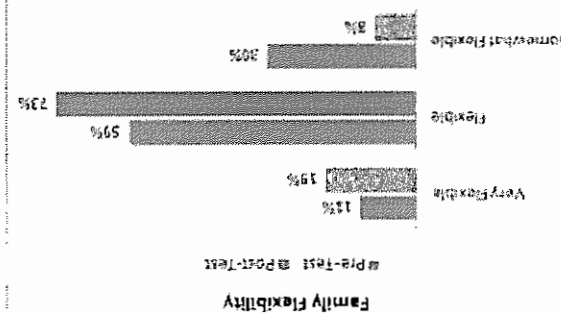
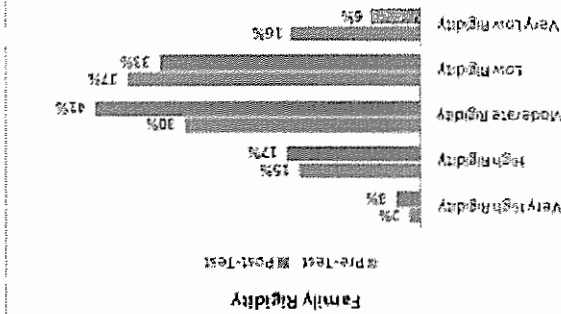
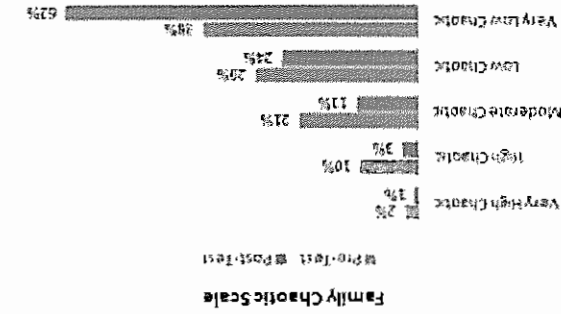
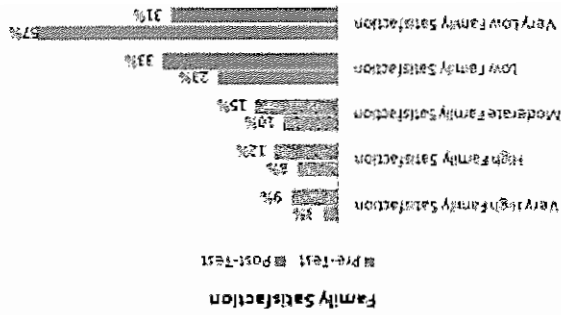
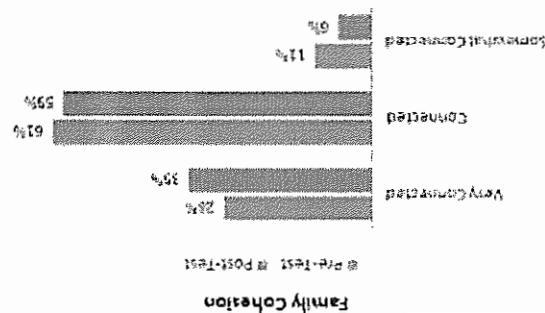
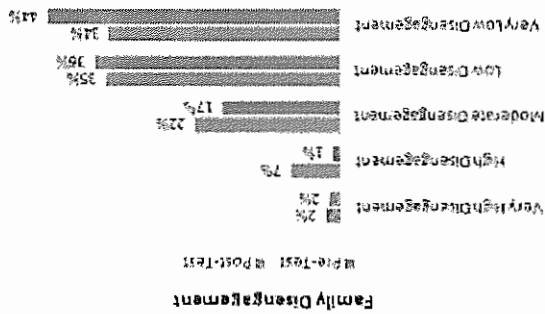
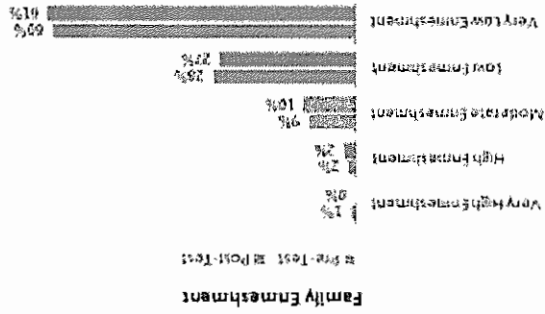
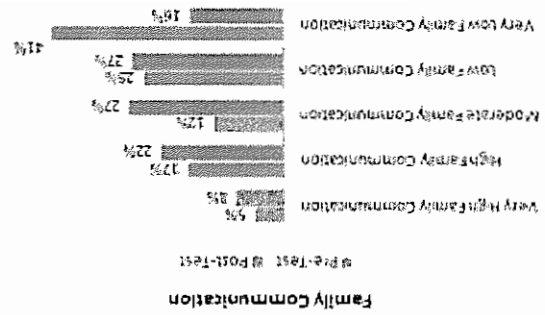
FACES IV Scales	Pre-Test Mean	Post-Test Mean	Mean Difference	t-score	Significance
Family Cohesion	55.83	60.35	4.53	-4.50	0.000
Family Flexibility	47.62	54.55	6.94	-6.47	0.000
Family Communication	37.71	51.77	14.06	-7.62	0.000
Family Satisfaction	25.40	36.41	11.01	-6.49	0.000
Family Disengaged Score	36.34	32.14	-4.20	3.63	0.000
Family Emmeshed Score	27.42	27.81	0.39	-0.40	0.697
Family Rigid Score	43.27	48.09	4.82	-4.11	0.000
Family Chaotic Score	36.64	27.52	-9.12	7.18	0.000

*\*For the scales referenced in grey, the higher the score, the more unhealthy the family system; a decrease between pre- and post-test administration for the scores in grey represents improvement.  
 \*\*Percentile pre- and post-test scores are reported here.*

Examination of the outcomes reveals that PLL families substantially improved their Flexibility, Communication, and Satisfaction (see table above), while also decreasing the degree to which the family was disengaged and chaotic. Family emmeshment increased only slightly; the change between pre- and post-test administration was statistically not significant. Rigidity increased, which can signify a more unhealthy family system. However, the majority of PLL families reported Low or Moderate rigidity on both the pre-test and the post-test. Within the Rigid scale, questions focus on scheduling, rule breaking, consequences and organization within the family system. Taken alone, an increase on some of these factors may not necessarily be indicative of poor family functioning. Outcomes may be reflect changes in the extent to which the family now engages in setting rules, maintaining schedules and instituting consequences, as opposed to marked rigidity in these traits.

Families completing PLL services in Champaign County exhibited significant improvement in the Balanced Level scores on Family Flexibility and Family Cohesion. The average Family Cohesion score increased by a factor of 4.53, from 55.83 on the pre-test to 60.35 on the post-test ( $t(194)=-4.50$ ). Similarly, mean scores on Family Flexibility increased following PLL interventions. These changes were statistically significant at the 0.001 level.

The largest reported changes were in Family Communication and Family Satisfaction. Mean scores on the scales increased by factors of 14.06 and 11.01, respectively. Again, these outcomes were statistically significant ( $p<0.001$ ). Additionally, Family Disengagement and Family Chaotic mean scores decreased significantly following PLL services.



Results of PLL Program

– Year 2

7/1/10- - 6/30/11

# CHAMPAIGN COUNTY EXTENDED CARE PROGRAM



Parenting with Love and Limits<sup>®</sup>

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Parenting with Love and Limits<sup>®</sup>

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# Utilization/Graduation 7/1/10 - 6/30/11

PLL Program	Champaign County Extended Care Program
Number of families that Graduated from PLL during License Period (6 carryovers)	44
Number of families that Dropped out during License period (6 carryovers)	18
Graduation Rate	71%
Number of families Administratively Discharged during License Period (2 carryovers & 3 with only 1 session)	13
Number of Families In Process at end of License Period (5 with only 1 session so far)	19
Total # of families served during License Period	94
Total # of <b>NEW FAMILIES</b> served during this license period (This number does not include the 14 Carryovers (6 Graduates, 6 Drops and 2 Administrative Discharges) nor does it include the 5 youth In Process who had only attended one session at the end of this license period and the 3 AD who also only attended 1 session)	72

# Families served by each Therapist

Therapist	Graduates	Drop Outs	Graduation Rates	Administrative Discharges	In Process	# New Families
Leon	17 (2 carryovers)	7 (1 carryover)	71%	3 (1 carryover & 2 w/ only 1 session)	4 (2 w/ only 1 session)	25 (including the 2 w/ only 1 session)
Jen	17 (4 carryovers)	3 (1 carryover)	85%	5 (1 w/ only 1 session)	6 (2 w/ only 1 session)	25 (including the 2 w/ only 1 session)
Erin	10	4	71%	4	9 (1 w/ only 1 session)	27 (including the 1 w/ only 1 session)
Jonte	0	4 (4 carryovers)	N/A	1 (1 carryover)	0	0
<b>Total</b>	<b>44</b>	<b>18</b>	<b>71%</b>	<b>13</b>	<b>19</b>	<b>77</b> (including the 5 w/ only 1 session at the end of the period)

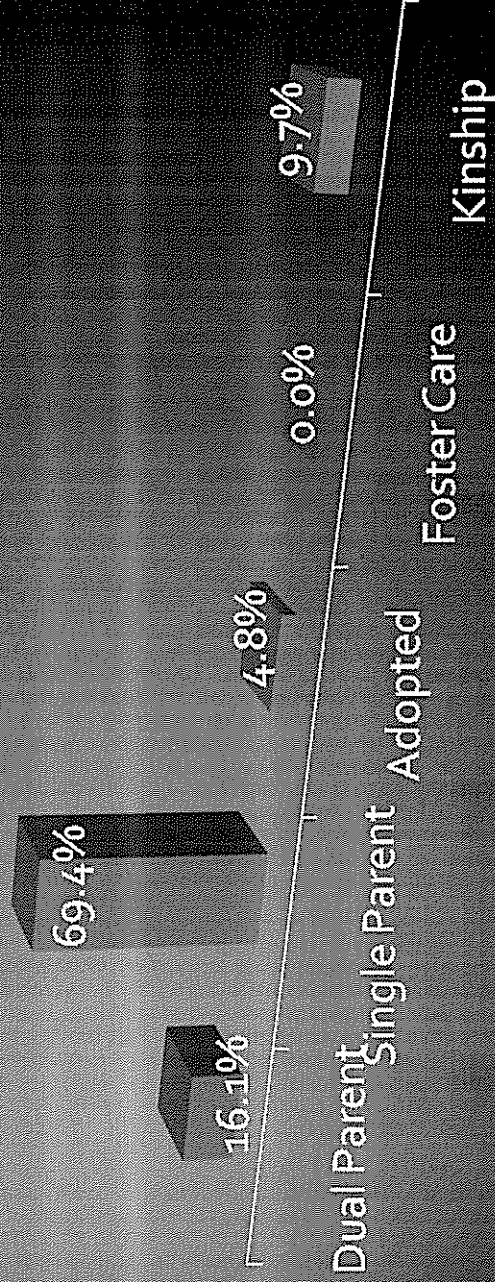




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# Demographics Family Composition 7/1/10 - 6/30/11

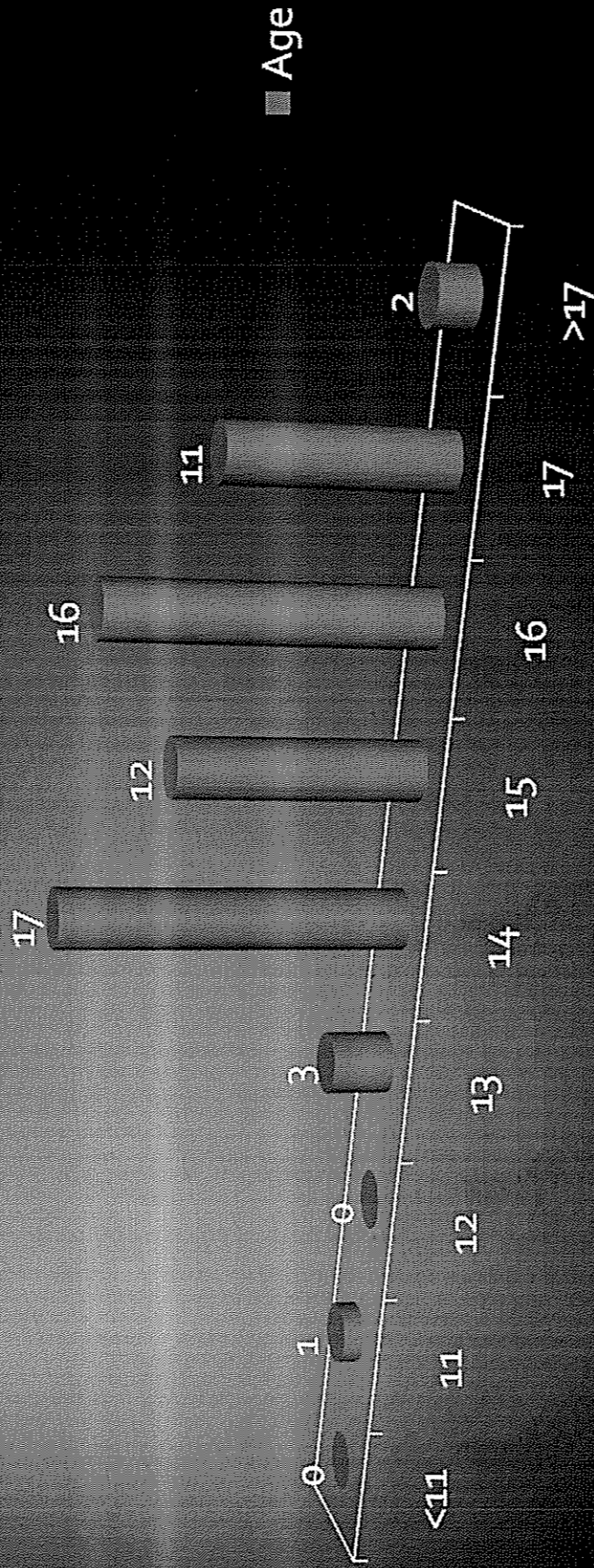


These statistics only include the 44 graduates and 18 drop outs and does not include the 19 youth who were In Process at the end of the license period or the 13 youth who were Administratively Discharged from the PLL Program.



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# Age Demographics 7/1/10 - 6/30/11



These statistics only include the 44 graduates and 18 drop outs and does not include the 19 youth who were In Process at the end of the license period or the 13 youth who were Administratively Discharged from the PLL Program.



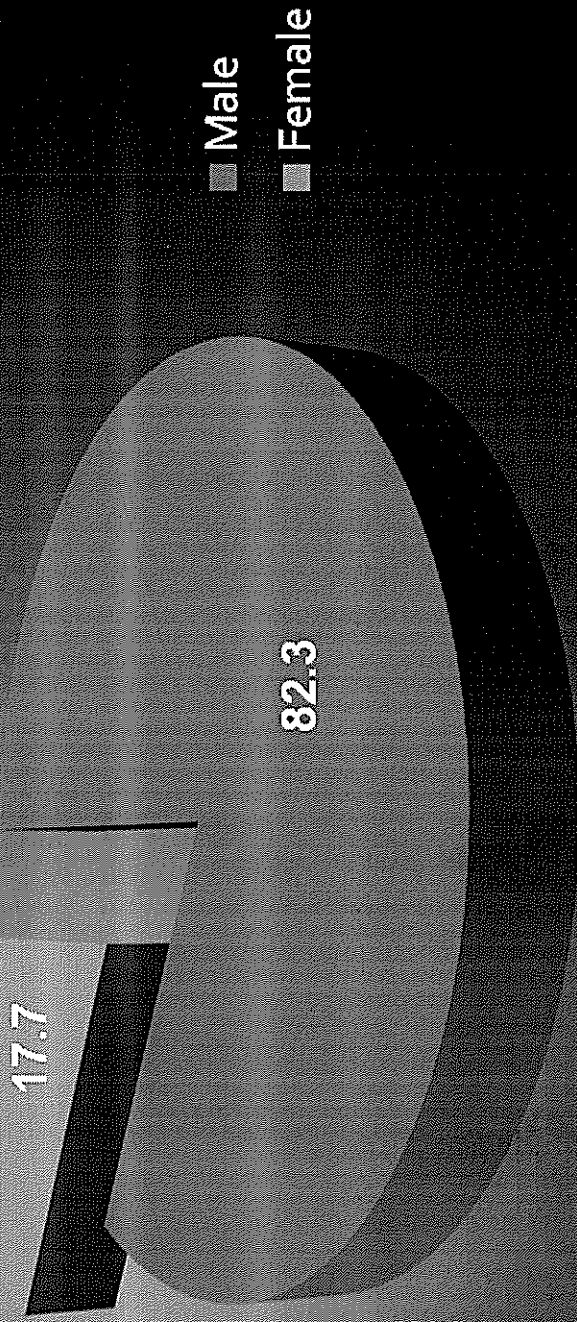


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# Gender Demographics

7/1/10 - 6/30/11

## Gender



These statistics only include the 44 graduates and 18 drop outs and does not include the 19 youth who were In Process at the end of the license period or the 13 youth who were Administratively Discharged from the PLL Program.





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# Demographics Ethnicity

7/1/10 - 6/30/11

Ethnicity	Champaign County Extended Care Program	
African American	43	69.4%
Asian	0	0.0%
Caucasian	12	19.4%
Hispanic	3	4.8%
Native American	0	0.0%
Other	4	6.5%
Total	62	100.0%

These statistics only include the 44 graduates and 18 drop outs and does not include the 19 youth who were In Process at the end of the license period or the 13 youth who were Administratively Discharged from the PLL Program.



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# Demographics Condition

7/1/10 - 6/30/11

Condition	Champaign County Extended Care Program	
Diversion (or 1 <sup>st</sup> Time Probation)	2	3.2%
Foster Care	0	0.0%
Probation	18	29.0%
Residential	0	0.0%
SED	42	67.7%
All Conditions	62	100.0%

These statistics only include the 44 graduates and 18 drop outs and does not include the 19 youth who were In Process at the end of the license period or the 13 youth who were Administratively Discharged from the PLL Program.



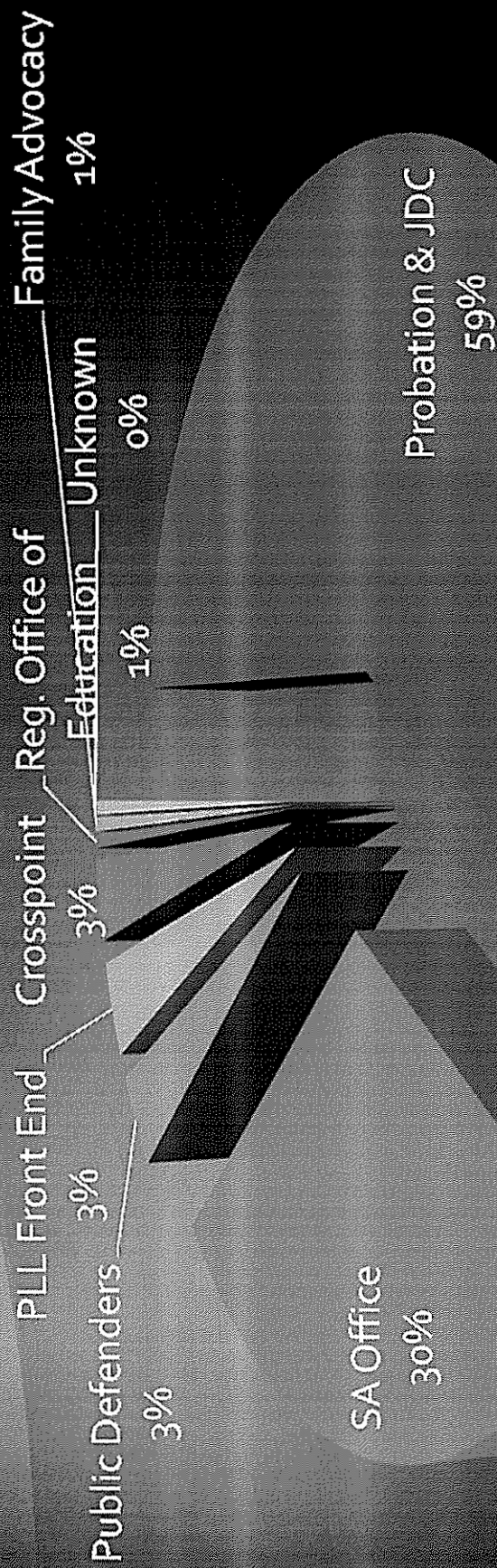
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# Demographics Offenses

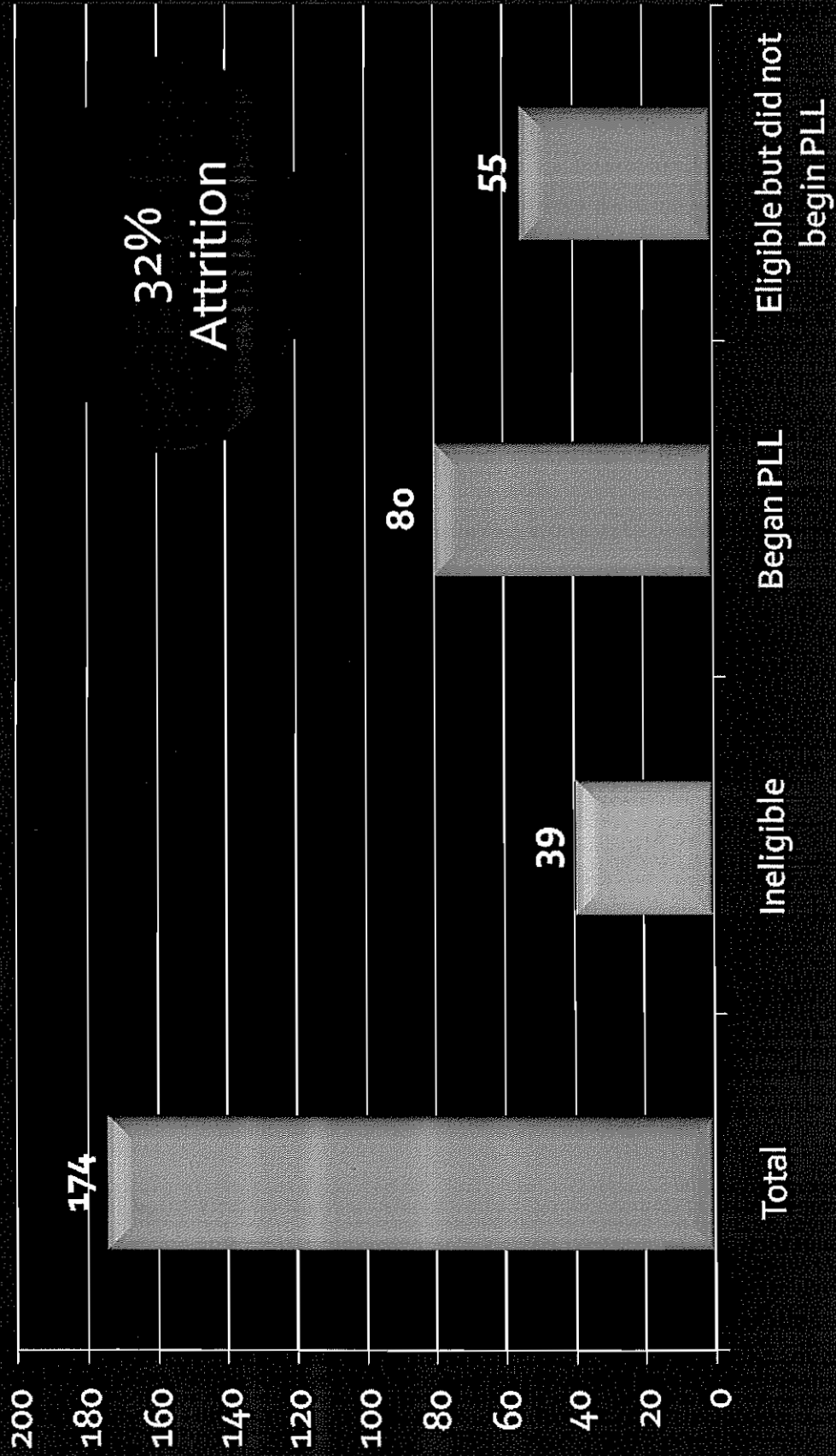
7/1/10 - 6/30/11

Offense Categories	Champaign County Extended Care Program	
Destruction of Property	5	8.1%
Legal System Violation	0	0.0%
Mischief/Misbehavior	0	0.0%
No Charges	3	4.8%
Illegal Possession	9	14.5%
Theft	18	29.0%
Violence/Threat of Violence	27	43.5%
<b>Total</b>	<b>62</b>	<b>100.0%</b>

# Total Referral Sources – Year Two



# Total "Non-Duplicate" Referrals – Year Two







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**Analysis of Child Behavior Checklist  
Pre-Post Means  
7/1/10 - - 6/30/11**

PLL Treatment (n = 42)			
Child Behavior Checklist (CBCL) Scales	Pre-Test Mean	Post-Test Mean	Mean Difference
Rule Breaking	9.07	5.48	-3.59
Aggressive Behaviors	10.93	6.48	-4.45
Internalizing Behaviors	11.52	6.95	-4.57
Externalizing Behaviors	20.00	11.95	-8.05
Oppositional Defiant Behavior	5.12	2.93	-2.19
Conduct Disorder	9.19	4.91	-4.28
Total Problems	50.43	30.88	-19.55
			t- score
			5.46
			4.40
			3.10
			5.23
			6.04
			5.34
			4.28
			0.000
			0.000
			0.003
			0.000
			0.000
			0.000
			0.000

•Raw Pre and post Scores were used  
 •A decrease in the mean score between the pre- and post-test on a given scale, signifies that youth exhibited fewer problems after receiving services



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**Preliminary Analysis of FACES IV**  
 (Instrument assesses structural changes within  
 the family)

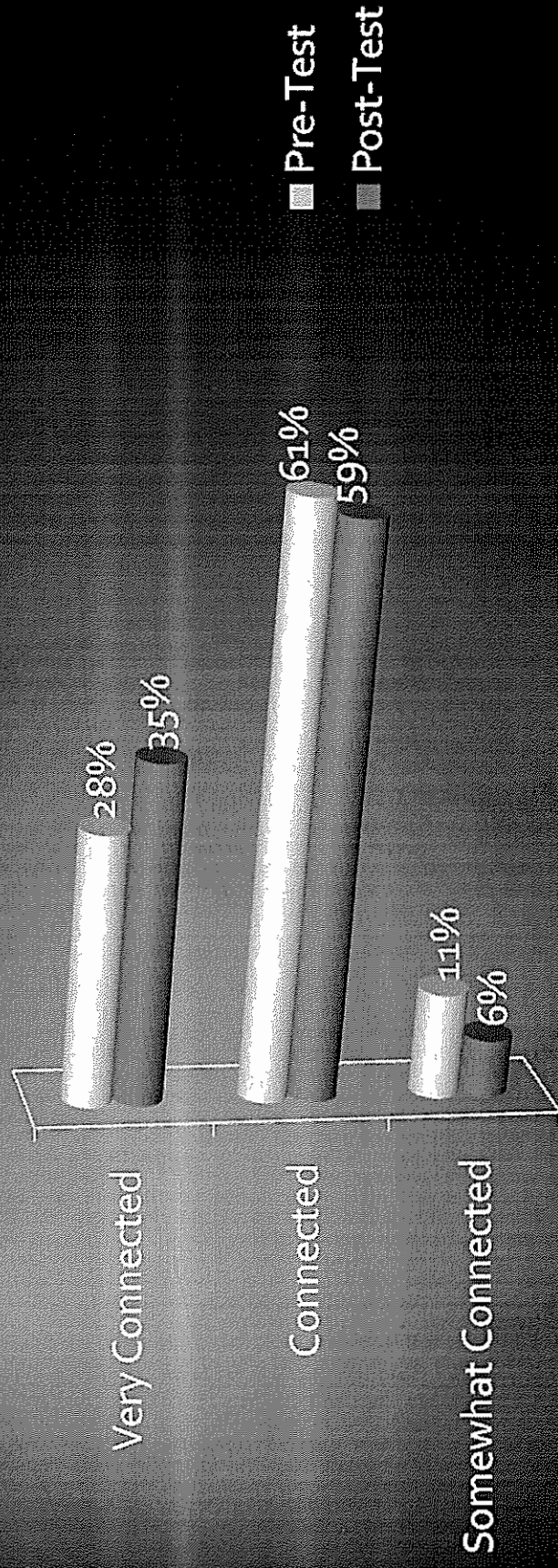
**Pre-Post Means**

**7/1/10 - 6/30/11**

**PLL Treatment (n =77)**

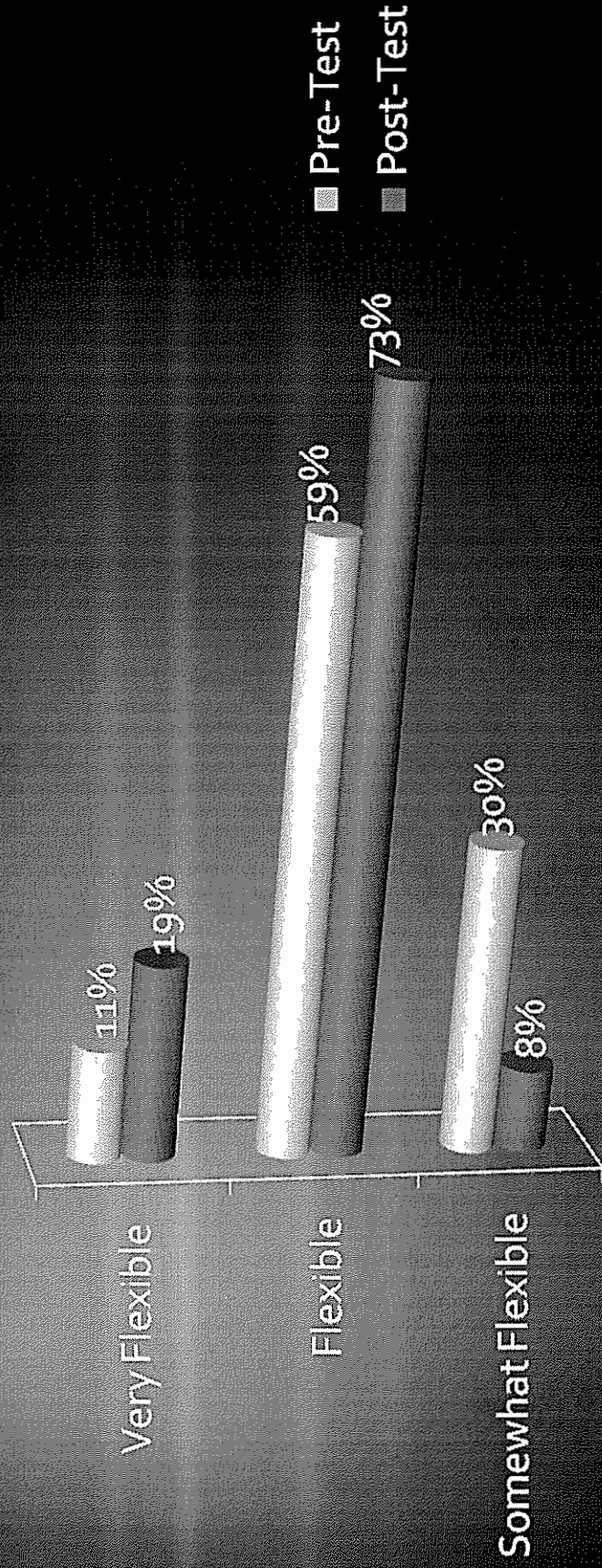
FACES IV Scales	Pre-Test Mean	Post-Test Mean	Mean Difference	t- score	Significance
Family Cohesion	61.01	66.55	5.54	-3.60	0.001
Family Flexibility	50.86	58.43	7.57	-5.45	0.000
Family Communication	47.78	57.74	9.96	-3.76	0.000
Family Satisfaction	32.78	42.26	9.48	-3.36	0.001
Family Disengaged Score	33.09	31.23	-1.86	1.19	0.238
Family Enmeshed Score	26.70	25.30	-1.40	1.04	0.303
Family Rigid Score	43.58	46.35	2.77	-1.87	0.065
Family Chaotic Score	28.83	25.51	-3.32	1.87	0.066

# FACES IV – Family Cohesion Scale

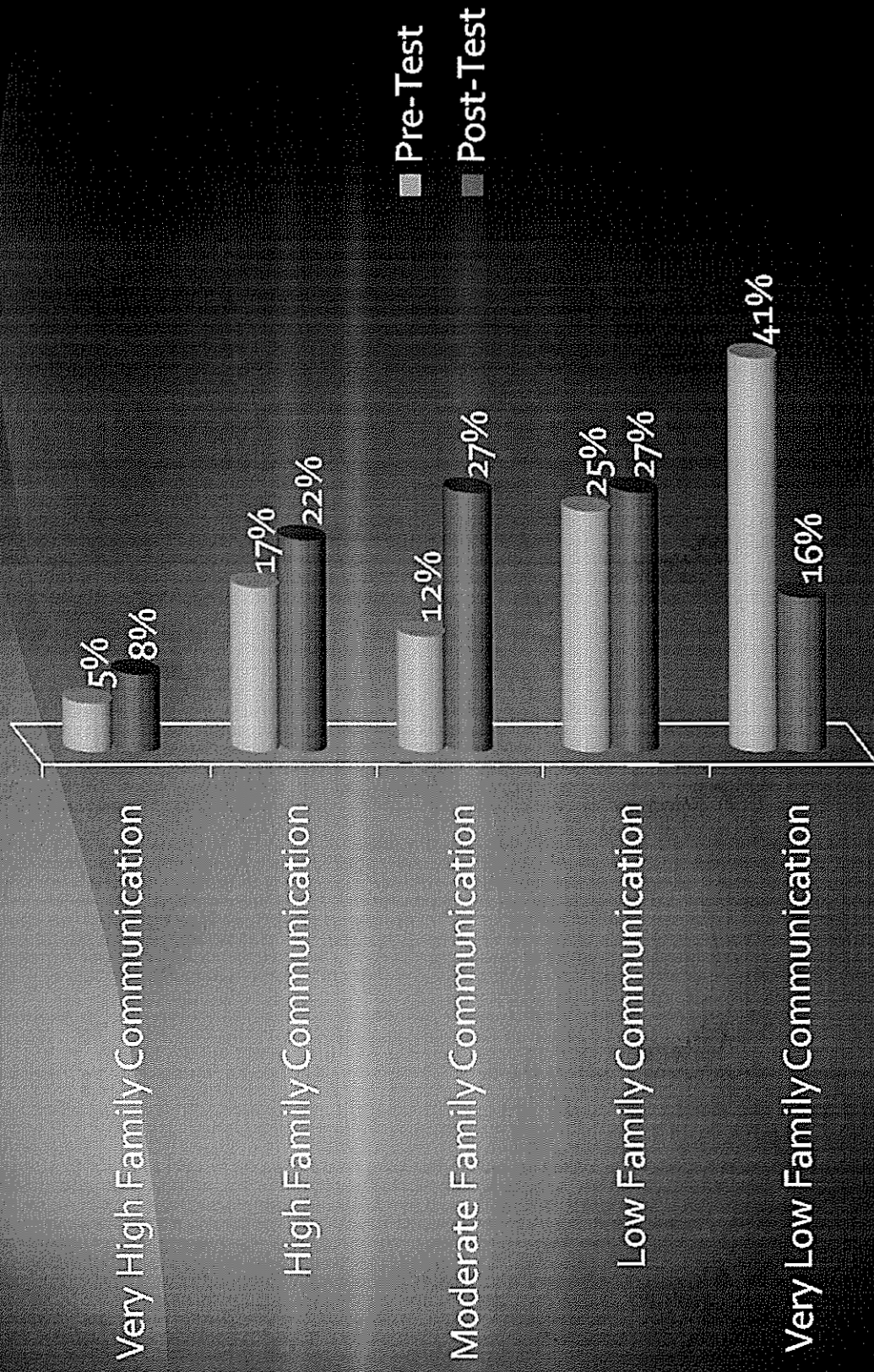




# FACES IV – Family Flexibility Scale

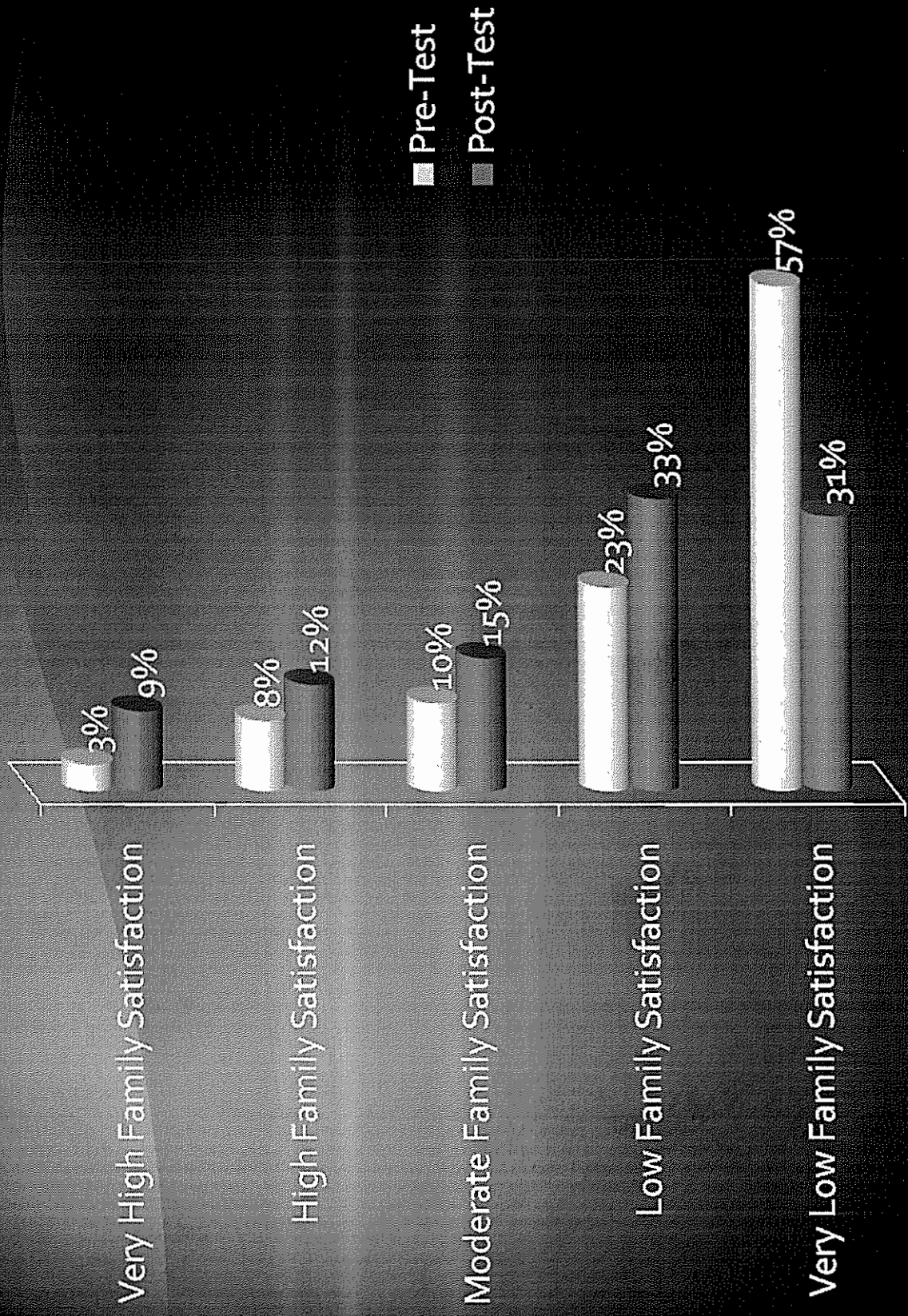


# FACES IV – Family Communication





# FACES IV – Family Satisfaction





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# CHAMPAIGN COUNTY EXTENDED CARE PROGRAM

## Goals for Year

Productivity: license #100

Clinical Minimum for each PLL Coach: 30

Group  
Cycles  
"18"

Cum.  
Referral  
under 30%

Internal  
Measures  
100%

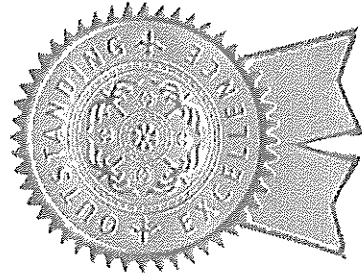
Grad  
Rates  
over 70%

Video  
Supervision



# *The Pursuit of Excellence Award*

*Presented Heretofore on This Day August 12, 2011*



*In Honor of Prairie Center*



*Be it known that on this day, in the City of Champaign located in the great state of Illinois, Leon Bryson, Jennifer Ellis, & Erin Grace are presented with this distinguished award that reflects their diligence and high standard of excellence in the administration of standardized Internal Measures for the PLL program*

Excellence is never an accident; it is always the result of high intention, sincere effort, intelligent direction, skillful execution and the vision to see obstacles as opportunities."



\_\_\_\_\_  
PLL Clinical Director

**PARENTING WITH LOVE AND LIMITS EXTENDED CARE SERVICES  
CHAMPAIGN COUNTY (ILLINOIS) MENTAL HEALTH BOARD**

**Youth Emotional and Behavioral Outcomes**

**Change in PLL Participants' Emotional and Behavioral Problems  
Child Behavior Checklist (CBCL) Assessment (n=42)**

2011 Champaign County Illinois PLL Extended Care Outcomes

Child Behavior Checklist (CBCL) Scales	Pre-Test Mean	Post-Test Mean	Mean Difference	t-score	Significance
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Rule Breaking	9.07	5.48	-3.59	5.46	0.000
Aggressive Behaviors	10.93	6.48	-4.45	4.40	0.000
Internalizing Behaviors	11.52	6.95	-4.57	3.10	0.003
Externalizing Behaviors	20.00	11.95	-8.05	5.23	0.000
Oppositional Defiant Behavior	5.12	2.93	-2.19	6.04	0.000
Conduct Disorder	9.19	4.91	-4.28	5.34	0.000
Total Problems	50.43	30.88	-19.55	4.28	0.000

*\*\*All results were significant at the 0.001 level.  
\*\*Raw pre-test and post-test scores are presented.*

A primary goal of the Parenting with Love and Limits model is to reduce emotional and behavioral problems among the youth served. To assess this goal over the course of PLL programming, the Child Behavioral Checklist (CBCL)<sup>1</sup> was administered to youths' parents/guardians prior to the start of services and again at the conclusion of PLL treatment. The CBCL provides measures on scales including:

- Rule Breaking
- Aggressive Behaviors
- Internalizing Behavior
- Externalizing Behavior
- Oppositional Defiant Behavior
- Conduct Disorder
- Total Problems

<sup>1</sup>Achenbach, T. M. (1991) Integrative Guide to the 1991 CBCL/4-18, YSR, and TRF Profiles. Burlington, VT: University of Vermont, Department of Psychology.



Caregivers of 42 youth released from PLL extended care services during fiscal year 2010-11

completed pre- and post-test CBCL assessments in Campaign County, Illinois. Average change between pre and post scores were calculated for each scale noted above to determine whether parents and guardians of the youth who completed the PLL program perceived their children to have changed in terms of emotional and behavioral problems. Paired t-tests were then computed to examine whether this change was statistically significant at the 0.05 level.

As depicted in the table above, caregivers reported statistically significant ( $p < 0.004$ ) improvements on each of the CBCL scales.<sup>2</sup> On average, PLL families reported fewer problems with their adolescents' rule breaking, aggressive behaviors, internalizing behaviors, externalizing behaviors, oppositional defiant behaviors, and conduct disorders. The mean difference between pre- and post-test scores was greatest for the Externalizing Behavior Scale. This scale is comprised of items from the Delinquent Behavior and Aggressive Behavior domains. The mean score for Externalizing Behavior decreased by a factor of 8.05 over the course of PLL treatment, representing a significant change ( $t[41] = 5.23$ ). Correspondingly, youths' assessed aggression, as measured by the Aggressive Behaviors Scale, decreased by 4.45 ( $t[41] = 4.40$ ).

Parent/guardian assessments of their children's rule breaking likewise reduced significantly following PLL treatment, with an overall average reduction of 3.59 ( $t[41] = 5.46$ ). Caregivers likewise reported reductions in behaviors reflecting conduct disorders and oppositional defiance. On the Conduct Disorder Scale, mean scores decreased by 4.28 ( $t[41] = 5.34$ ). Oppositional Defiant Behavior scores declined from a mean of 5.12 on the pre-test to 2.93 on the post-test ( $t[41] = 6.04$ ).

The Internalizing Behavior Scale is comprised of items from the Withdrawn, Somatic Complaints and Anxious/Depressed sub-scales of the CBCL assessment. PLL clients exhibited statistically significant improvement in Internalizing Behaviors following program treatment ( $t[41] = 3.10$ ), as reported by their parents/guardians. The overall CBCL Total Problems score for the sample improved significantly between the pre- and post-test assessment. There was an average reduction of nearly 20 points in total reported emotional and behavioral problems of youth receiving PLL extended care services in Campaign County, Illinois in fiscal year 2010-11 ( $t[41] = 4.28$ ).

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<sup>2</sup> A decrease in the mean score between the pre- and post-test on a given scale signifies that youth exhibited fewer problems after receiving services.

**PARENTING WITH LOVE AND LIMITS EXTENDED CARE SERVICES  
CHAMPAIGN COUNTY (ILLINOIS) MENTAL HEALTH BOARD**

**Family Functioning Assessment Outcomes**

Parenting with Love and Limits (PLL) engages families in the therapeutic treatment of at-risk adolescents, and seeks to improve family cohesion, flexibility, communication and satisfaction. Prior to the commencement of PLL extended care services through the Champaign County Mental Health Board, youth and their parents/guardians completed the Family Adaptability and Cohesion Evaluation Scales (FACES IV)<sup>1</sup> pre-test. The clients were later administered the FACES-IV post-test upon completion of services. The FACES-IV instrument is based upon Olson's (2011) Circumplex Model which centers on three central dimensions of family systems: cohesion, flexibility, and communication. The model posits that balanced levels of cohesion and flexibility are more conducive to family functioning, while unbalanced levels of cohesion and flexibility are related to problems in family functioning. In addition, greater family communication and satisfaction are associated with balanced family systems. The FACES IV assessment produces the following scales:

- Family Cohesion (Balanced Level)
- Family Flexibility (Balanced Level)
- Family Disengaged (Unbalanced Level)
- Family Enmeshed (Unbalanced Level)
- Family Rigid (Unbalanced Level)
- Family Chaotic (Unbalanced Level)
- Family Communication
- Family Satisfaction

A total of 36 youth and 41 parents completed pre- and post-test FACES-IV assessments between July 2010 and June 2011 (total n=77). The mean differences in pre- and post-test FACES IV scores were calculated for each assessment scale to determine whether family functioning improved following PLL program completion. Paired t-tests were computed to examine whether the change between pre- and post-test scores was statistically significant at the 0.05 level.

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<sup>1</sup> Olson, D.H. (2011). FACES IV and the Circumplex Model: Validation study. *Journal of Marital and Family Therapy*, 37, 1, 64-80.

**Pre-/Post-Test Change in Family Adaptability and Cohesion  
 Family Adaptability and Cohesion Evaluation Scales (FACES IV) Outcomes (n=77)  
 Champaign County PLL Extended Care Services**

FACES-IV Scales	Pre-Test Mean	Post-Test Mean	Mean Difference	t-score	Significance
Family Cohesion	61.01	66.55	5.54	-3.60	0.001
Family Flexibility	50.86	58.43	7.57	-5.45	0.000
Family Communication	47.78	57.74	9.96	-3.76	0.000
Family Satisfaction	32.78	42.26	9.48	-3.36	0.001
Family Disengaged Score	33.09	31.23	-1.86	1.19	0.238
Family Enmeshed Score	26.70	25.30	-1.40	1.04	0.303
Family Rigid Score	43.58	46.35	2.77	-1.87	0.066
Family Chaotic Score	28.83	25.51	-3.32	1.87	0.066

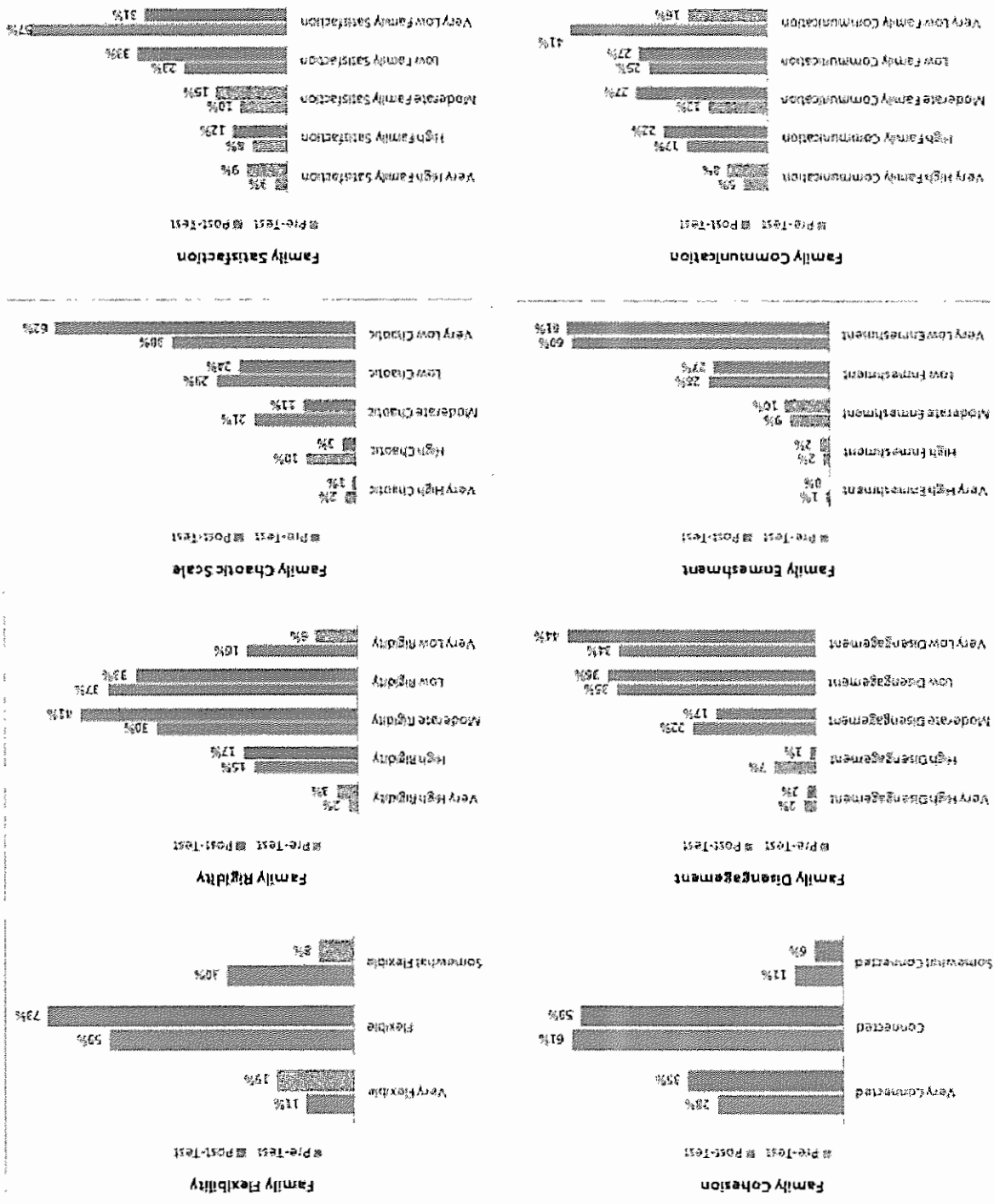
\*For the scales referenced in grey, the higher the score, the more unhealthy the family system; a decrease between pre- and post-test administration for the scores in grey represents improvement.  
 \*\*Percentile pre- and post-test scores are reported here.

Examination of the outcomes reveals that PLL families substantially improved their Cohesion, Flexibility, Communication, and Satisfaction (see table above), while also decreasing the degree to which the family was disengaged, enmeshed, and chaotic. Family rigidity increased slightly; the change between pre- and post-test administration was not statistically significant. An increase in rigidity can signify a more unhealthy family system if families are extremely high in rigidity. However, the majority of PLL families reported Very Low or Low rigidity on the pre-test. Only 1% reported High Rigidity on the post-test (see charts below). Within the Rigid scale, questions focus on scheduling, rule breaking, consequences and organization within the family system. Taken alone, an increase on some of these factors may not necessarily be indicative of poor family functioning. Outcomes may reflect changes in the extent to which the family now engages in setting rules, maintaining schedules and instituting consequences, as opposed to marked rigidity in these traits.

Families completing PLL services in Champaign County exhibited significant improvement in the Balanced Level scores on Family Flexibility and Family Cohesion. The average Family Cohesion score increased by a factor of 5.54, from 61.01 on the pre-test to 66.55 on the post-test (t(76)=-3.60). Similarly, mean scores on Family Flexibility increased following PLL interventions. These changes were statistically significant at the  $p \leq 0.001$  level.

The largest reported changes were in Family Communication and Family Satisfaction. Mean scores on the scales increased by factors of 9.96 and 9.48, respectively. Again, these outcomes were

statistically significant ( $p < 0.001$ ). Family Disengagement, Family Enmeshment, and Family Chaotic mean scores likewise decreased, but the t-tests were not statistically significant at the 0.05 level.





## CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

**TO:** Members, Champaign County Mental Health Board  
**FROM:** Mark Driscoll, Associate Director  
**Date:** October 19, 2011  
**Subject:** Prairie Cent Federal Drug Court Grant Award

The purpose of this memorandum is to provide the Board with an overview of the Drug Court grant awarded from the Department of Justice-Bureau of Justice Assistance. The CCMHB is the applicant of record and will pass funds through to Prairie Center.


#### Overview:

In June, Prairie Center submitted the Champaign County Drug Court Enhancement application to the Department of Justice-Bureau of Justice Assistance Adult Drug Court Discretionary Grant Program using the CCMHB as the applicant of record. Prairie Center recently received notice the application was successful and was awarded the two year \$200,000 grant.

The purpose of the grant is to enhance elements of the existing program. Specifically the grant is to improve coordination of services, increase case management, strengthen community monitoring and conduct an evaluation of the program. To accomplish these tasks, Prairie Center will hire a Drug Court Coordinator (1 FTE), fund a Champaign County Deputy Sheriff (.25 FTE) and contract for the Program Evaluator (.15 FTE). The Coordinator will be a member of the Steering Committee as well as Drug Court Team. The position is responsible for creating additional linkage and supports with social service providers, coordinating training, serving as the Drug Court community liaison, sustainability of enhanced services, and data collection and collaboration with the program evaluator. Dr. Doug Smith, University of Illinois School of Social Work has agreed to serve as the Program Evaluator. Dr. Smith will track and compare recidivism rates of Drug Court participants. The Deputy will be a member of the Drug Court Team attending weekly meetings and Drug Court hearings, and assist with community supervision and home visits to monitor compliance. The Specialty Court Steering Committee also referred to as the Drug Court Steering Committee will continue to oversee the program.

Total project cost is \$266,666 divided equally over the two year timeframe. Local matching funds will supplement the \$200,000 grant. The CCMHB is to contribute \$60,666 as local match that is already part of the Board's annual allocation to Drug Court. The remaining \$6,000 of matching funds will come from Prairie Center. Besides the personnel expense for the new Coordinator, Program Evaluator and Champaign County Deputy, the grant will fund training and travel, equipment, supplies (drug tests) and other costs (drug test analysis). Prairie Center will be paid on a reimbursement basis. Documentation of costs incurred will be prepared by Prairie Center and following review submitted for payment through CCMHB to the Bureau of Justice Assistance.

For more information see the attached article published in the News-Gazette on October 3, 2011.

 News-Gazette.com

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[Home](#) > [News](#) > [Courts, Police, and Fire](#) > Judge lays out plans for \$200,000 federal grant

# Judge lays out plans for \$200,000 federal grant

Mon, 10/03/2011 - 10:00am | [Mary Schenk](#) <sup>[1]</sup>

URBANA — The Champaign County judge who administers drug court wants to use a recently awarded federal grant to hire another coordinator, get an assist from a street-level police officer and pay for different kinds of drug tests.

"The coordinator is going to do a whole lot of things that are taking up my time, Mike Carey's time or the counselor's time. There are things that are not getting done because we don't have the time," Judge Jeff Ford said.

Champaign County launched its program to help convicts whose crimes are linked to drug addiction in 1999. Since then, about 170 people have been helped to make the long-term changes necessary to return to being productive citizens.

Ford has overseen the program since its inception and has been instrumental in setting up a statewide association of drug court professionals.

Champaign County drug court officials learned on Sept. 20 that the program will receive \$200,000 over the next two years, beginning Oct. 1, to pay for a coordinator, a quarter-time police officer to help with compliance checks, and possibly more tests to detect synthetic drug abuse.

The money from the Office of Justice Programs within the Department of Justice will be funneled through the Champaign County Mental Health Board.

Mental Health Board Director Peter Tracy said the board applied for the money several months ago. Prairie Center staff wrote the bulk of the grant application, he said.

Advertising for the new coordinator should begin next week, Ford said.

That person must have a love for number-crunching and the ability to use a computer.

"We want to update and maintain our software system. We're collecting data on who (drug court clients) are, their drug of choice, their criminal history, if they succeed or fail," Ford said of the new coordinator's duties. "This type of stuff will give us an idea of what strategies work for different populations."



Drug court had a coordinator from 2006 to 2008 thanks to a previous grant. But, as is often the case with federal money, there was no local money to replace it when the previous grant ran out, so the coordinator went away.

Ford is hoping the new coordinator can "find other streams of revenue" to keep the position going after the grant money is gone.

The information he or she collects will be forwarded to the state association of drug court professionals, which has persuaded the University of Illinois at Springfield to compile them.

"The state of Illinois is the only state that doesn't have a statewide drug coordinator," Ford said, stressing the need for collecting the data.

Chris Ray, the former drug court coordinator, said statistics maintenance is important.

"Everything you do these days is asking for outcome measures," said Ray, a Prairie Center employee.

Ray said — and others affiliated with drug court agree — that having a part-time sheriff's deputy to help with compliance checks and sharing of information would be a huge help.

"That would be good," said Mike Carey, the probation officer who oversees drug court clients, "to have someone we can send out to do checks and when drug court people abscond, go look for them. Right now we (probation officers) do not have that ability."

Ford has proposed that about \$17,600 of the grant pay for a deputy to devote 10 hours a week to drug court work, including doing drug screens and just gathering information by virtue of being on the street.

Ford also wants to see part of the grant money earmarked for tests to detect synthetic drugs.

"When someone gets clean, you see certain behavioral changes. If someone who is clean isn't making behavioral changes, alarms go off. One of the first thoughts is they are using something and we have to figure out what," Ford said.

The problem with synthetic drugs, however, according to Carey, is that many are not illegal and therefore there are not tests to detect them.

"It is a huge problem. There are numbers of our clients who are using this stuff. The problem is there are not tests out there to test for the new stuff and they know it," Carey said.

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## CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

#### BRIEFING MEMORANDUM

**DATE:** October 19, 2011  
**TO:** Members, Champaign County Mental Health Board (CCMHB)  
**FROM:** Peter Tracy, Executive Director  
**SUBJECT:** Draft FY13 Allocation Decision Support Criteria for the Quarter Cent for Public Safety Juvenile Justice Funding and CCMHB Funding

#### Overview:

This memorandum is intended to be a preview of the decision memorandum on this topic which will be presented in November for your consideration. As you are aware, the CCMHB invites input from stakeholders and the public concerning what they perceive as community needs in the areas of mental health, substance use disorders, and developmental disabilities. What follows begins with priorities and funding criteria identified last year with some additional items which have come to the attention of staff. We have also deleted some of the secondary criteria which have been found not to be particularly helpful to our process.

I get tired of reporting to you how bad the State of Illinois funding situation is – but bad just seems to continue to become worse! For State FY12 our local providers have received four (4) month contracts (i.e., July – August – September – and October) with no clear commitment concerning how the rest of the year will play out. Can you imagine trying to serve clients and run an agency with this level of uncertainty?

#### Statutory Authority

Funding policies of the Champaign County Mental Health Board (CCMHB) are predicated on the requirements of the Illinois Community Mental Health Act (405 ILCS 20 / Section 0.1 et.seq.). All funds shall be allocated within the intent of the controlling act as codified in the laws of the State of Illinois. The purpose of this memorandum is to recommend and confirm service and program priorities for the FY13 (July 1, 2012 through June 30, 2013) funding cycle. CCMHB Funding Guidelines require annual review and update of decision support criteria and priorities in advance of the funding cycle application process.

#### Expectations for Minimal Responsiveness

Applications that do not meet these thresholds are “non-responsive” and will be returned to the applicant. All agencies must be registered using the on-line system. The application(s) must be completed using the on-line system.

1. Eligible applicant – based on the Organization Eligibility Questionnaire.
2. Compliance with the application deadline. Late applications will not be accepted.

3. Application must relate directly to mental health, substance abuse or developmental disabilities programs and services.
4. Application must be appropriate to this funding source and shall provide evidence that other funding sources are not available to support this program/service.

### **POSSIBLE FY13 Decision Support and Priorities**

**Mental Health and Substance Abuse Services for Youth with Serious Emotional Disturbance (SED) Involved in Juvenile Justice and other child serving systems –** Alignment between Quarter Cent for Public Safety funding, CCMHB funding, and other federal, state and/or local funding streams to accomplish the following objectives:

- (a) **Parenting with Love and Limits (PLL)** - Continued implementation and expansion of Parenting with Love and Limits (PLL) as a means of assuring clinical efficacy and attainment of desired outcomes for ACCESS Initiative youth and families.
- (b) **ACCESS Initiative** - In partnership with the Illinois Department of Human Services (IDHS), implementation of the Substance Abuse and Mental Health Services Administration (SAMHSA) Children's Initiative (by subcontract from the IDHS) which includes foci on youth with serious emotional disturbance in the juvenile justice system and implementation of evidence based practice (e.g., Parenting with Love and Limits).
- (c) **Quarter Cent for Public Safety** – Full compliance with the MOU and integrated planning with PLL and ACCESS Initiative.

**Developmental Disabilities Programs and Services** - Full compliance with the terms and conditions of the Memorandum of Understanding between the CCMHB and the Champaign County Developmental Disabilities Board (CCDDB). This agreement defines the FY13 allocation for developmental disabilities programs and services, as well as the expectation for integrated planning by the Boards.

**Specialty Courts** – Full compliance with the terms and conditions of the Memorandum of Understanding between the CCMHB and the Champaign County Board pertaining to the Champaign County Drug Court. Access to substance abuse programs, services, supports and incentives for Champaign County Drug Court clients shall be prioritized as an area of emphasis. Planning and implementation of Champaign County Mental Health Court and access to appropriate programs and services for participants is also included under this section.

**Integration of Physical and Behavioral Health Programs and Services** – Alignment with programs and services focusing on the integration of physical and behavioral health, as well as collaborations between the CCMHB, CCDDB, the Champaign County Public Health Department, and the Champaign Urbana Public Health District.

**Gaps in Core Services Related to State of Illinois Budget Cuts:** Applications which specifically address state-funded core services which have sustained major funding reductions shall continue to be considered as high priority of CCMHB FY12 funding. As mentioned in the overview section of this memorandum, the full extent of IDHS budget cuts may not be known until after the application deadline. This means all applications will likely be subject to significant contract negotiation (e.g., budget and program plan).

**Transitional Living and Emergency Housing:** These programs have been subject to disproportionately high funding reductions and was the subject of a briefing memo at the September 2011 CCMHB meeting.

**Juvenile Sex Offenders:** We have heard from law enforcement that there has been an increase incidences and the number of juvenile sex offenders in Champaign County. Additional data is currently being sought.

### **Overarching Decision Support Considerations**

The FY13 CCMHB allocation process will require all applications to address the overarching criteria listed below. Assessment of all FY13 applications will focus on alignment with these overarching criteria.

1. **Underserved Populations** - Programs and services that promote access for underserved populations identified in the Surgeon General's Report on Mental Health: Culture, Race, and Ethnicity and the consultation with Carl Bell, M.D.
2. **Countywide Access** - Programs and services that promote county-wide access for all people in Champaign County. Zip code data is mandated.
3. **Medicaid Reimbursement** - Programs and services eligible for participation in the Medicaid Community Mental Health Services Program (i.e., Part 132) and Medicaid services for people with substance abuse treatment needs and developmental disabilities.
4. **Budget and Program Connectedness** - Applications that clearly explain the relationship between budgeted costs and program components receive additional consideration. "What is the Board buying?" is the salient question that must be answered in the proposal, and clarity is required.

### **Secondary Decision Support and Priority Criteria**

The process items included in this section will be used as important discriminating factors which influence final allocation decision recommendations. The CCMHB uses an on-line system for agencies interested in applying for funding. An agency must complete the one-time registration process including the Organization Eligibility Questionnaire before receiving access to the on-line application forms.

**Approach/Methods/Innovation:** Applications proposing evidence based or research based approaches, and in addition address fidelity to the specific model cited. Applications

demonstrating creative and/or innovative approaches to meet defined community need will receive additional consideration.

Staff Credentials: Applications that address and highlight staff credentials and specialized training will receive additional consideration.

### **Process Considerations**

The criteria described in this memorandum are to be used as guidance by the Board in assessing applications for CCMHB funding, however, it is not the sole consideration taken into account in finalizing funding decisions. Other considerations would include the judgment of the Board and its staff, opinion about the provider's ability to implement the program and services proposed, the soundness of the proposed methodology, and the administrative and fiscal capacity of the agency. Further, to be eligible to receive CCMHB funds, applications must reflect the goals and objectives stated in the Three Year Plan as well as the operating principles and public policy positions taken by the Board. The final funding decisions rest with the CCMHB and their judgment concerning the most appropriate and efficacious use of available dollars based on assessment of community needs, equitable distribution across disability areas, and decision-support match up.

The CCMHB allocation of funding is a complex task predicated on multiple variables. It is important to remember that this allocation process is not a request for proposals (RFP). Applicants for funding are not responding to a common set of specifications, but rather are applying for funding to address a wide variety of mental health, developmental disability and substance abuse treatment needs in our community. In many respects our job is significantly more difficult than simply conducting an RFP. Based on past experience we can anticipate the nature and scope of applications will vary significantly and will include treatment, early intervention and prevention models. For these reasons, a numerical rating/selection methodology is not applicable and relevant to our particular circumstances. Our focus is on what constitutes a best value to our community based on a combination of cost and non-cost factors, and will reflect an integrated assessment of the relative merits of applications using criteria and priorities approved by the CCMHB.

### **Caveats and Application Process Requirements:**

- Submission of an application does not commit the CCMHB to award a contract or to pay any costs incurred in the preparation of an application or to pay for any other costs incurred prior to the execution of a formal contract.
- Technical assistance available to applicants will be limited to process questions concerning the use of the on-line registration and application system, application forms, budget forms, application instructions and CCMHB Funding Guidelines.
- Applications which include excessive information beyond the scope of the application format will not be reviewed and at the discretion of staff may be disqualified from consideration. Letters of support for applications are discouraged and if submitted will not be considered as part of the allocation and selection process.



- The CCMHB and CCDDDB retains the right to accept or reject any or all applications, and reserves the right to refrain from making an award when it is deemed to be in the best interests of the county.
- The CCMHB reserves the right to vary the provisions set forth herein at any time prior to the execution of a contract where the CCMHB deems such variances to be in the best interest of Champaign County.
- Applications and submissions become the property of the CCMHB and as such, are public documents that may be copied and made available upon request after allocation decisions have been made. Materials submitted will not be returned or deleted from the on-line system.
- The CCMHB reserves the right, but is under no obligation, to negotiate an extension of any contract funded under this allocation process for up to a period not to exceed two years with or without additional procurement.
- If selected for contract negotiations, the applicant may be required to prepare and submit additional information prior to final contract execution, in order to reach terms for the provision of services that are agreeable to both parties. Failure to submit required information may result in cancellation of the award of a contract.
- The execution of financial contracts resultant of this application process is dependent upon the availability of adequate funds and the needs of Champaign County.
- The CCMHB reserves the right to further define and add additional application components as needed. Applicants selected as responsive to the intent of this on-line application process will be given equal opportunity to update proposals for the newly identified components.
- All proposals considered must be received on time and must be responsive to the application instructions. The CCMHB is not responsible for lateness or non-delivery of mail or messenger. Late applications shall be rejected.
- The contents of a successful application will be developed into a formal contract, if selected for funding. Failure of the applicant to accept these obligations can result in cancellation of the award for contract. The CCMHB reserves the right to withdraw or reduce the amount of an award if there is misrepresentation of the applicant's ability to perform as stated in the application.
- The CCMHB reserves the right to negotiate the final terms (i.e., best and final offer) of any or all contracts with the applicant selected and any such terms negotiated as a result of this application process may be renegotiated and/or amended in order to meet the needs of Champaign County. The CCMHB also reserves the right to require the submission of any revision to the application, which results from negotiations conducted.
- The CCMHB reserves the right to contact any individual, agency or employer listed in the application or to contact others who may have experience and/or knowledge of the applicant's relevant performance and/or qualifications.
- Final Decision Authority – The CCMHB will make the final decision concerning all applications for funding, taking into consideration staff recommendations, defined decision support criteria, best value, availability of funds and equitable distribution of funds between disability areas.



## CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

#### BRIEFING MEMORANDUM

DATE: October 19, 2011

TO: Members of the Champaign County Mental Health Board (CCMHB)

FROM: Peter Tracy, Executive Director

SUBJECT: Closure of State Operated Facilities in Illinois

In September, Governor Quinn announced his intention to close seven state facilities, consisting of two State Operated Developmental Centers, three psychiatric hospitals, a prison, and a juvenile detention center. This was presented as a cost-saving measure and faced immediate legal challenge by AFSCME which the governor, at the time of this writing, plans to fight. While the mental health and developmental disability systems are long overdue a shift from institutional to community based supports, the proposed closures are not good public policy. An authentic process should have included community providers, advocates, individuals and family members, and local mental health/developmental disabilities authorities in the development of a careful and adequately funded transition for people from institutions to community.

First and foremost, decisions regarding the closure of State Operated Facilities (SOF) for people with mental illness or developmental disabilities should be predicated on a well thought out plan which includes input and collaboration from stakeholders, families and service recipients. The plan should analyze the data to assure an adequate number of beds will be available post-closure for the people who require the highest level of care in terms of restrictiveness and supervision. The plan should also include a process to assure people transitioning from SOFs to the community will receive appropriate care with adequate housing, treatment and service supports. In addition, all dollars saved as the result of closure or reduction in beds should be fully allocated to support community-based care for people who are affected by the SOF reduction. If this transfer of funding proviso is not met, SOF closures or reduction in beds should be actively opposed.

To the best of my knowledge, the State of Illinois DHS has not promulgated a long term plan for SOF closure or reduction of beds for people with mental illness or developmental disabilities. Input from community stakeholders has not been sought to determine the extent to which closures or bed reductions of SOFs should be implemented. Also, the State of Illinois DHS has a poor track record for transferring the savings which result from closures to community based providers. Most recently, the Zeller Mental Health Center in Peoria was closed, and this resulted in a savings of about \$19,000,000 per year. Only \$4,000,000 of the \$19,000,000 saved was transferred to community-based providers.

The closures proposed by Governor Quinn appear arbitrary, capricious, and not in the best interest of clients served by these facilities. Absent a well thought-out plan which is linked to an

assessment of need and a plan for appropriate transition of people in these facilities to the community, and without evidence that the State of Illinois DHS intends to transfer the savings from closures to community based providers, these closures are viewed as irresponsible and not in the best interests of people living in SOFs.



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# ACMHAI

Association of Community Mental Health Authorities of Illinois

**To:** Governor Patrick Quinn, Senate President Cullerton, Speaker Madigan and Members of the Commission on Government Forecasting and Accountability

**From:** Association of Community Mental Health Authorities of Illinois (ACMHAI)

**Re:** Planned closures of state operated facilities housing people with severe mental illness and developmental disabilities

**Date:** October 7, 2011

It is the policy of this association to collaborate with the State of Illinois, Department of Human Services and other relevant stakeholders to planfully reduce the State's investment in State Operated Facilities (SOF) for people with mental illness or developmental disabilities. Decisions to close SOFs should be predicated on a well thought out plan which assures there are adequate beds for people who require the highest level of care in terms of restrictiveness and supervision. In addition, all dollars saved as the result of closure or reduction in beds should be fully allocated to support community-based care for people who are affected by the SOF reduction. Redirection of resources to community alternatives should include:

- Reinstatement of CHIPS funding to private hospitals to cover the cost of inpatient psychiatric services to the indigent population.
- Recruitment of additional medical staff to increase the number of private hospital beds.
- Development of community-based crisis beds as an adjunct and step down to inpatient services.
- Resources to expand psychiatric, nursing, case management, residential treatment and linkage case management to stabilize community treatment for the non-Medicaid population.
- Closure of Developmental Disabilities facilities accommodated with appropriate resources to address one-on-one care and medical issues.

It is ACMHAI's understanding that the State of Illinois DHS has not promulgated a long term plan for SOF closure or reduction of beds for people with mental illness or developmental disabilities. Input from ACMHAI and other community-based stakeholders has not been sought to determine the extent to which closures or bed reductions of SOFs should be implemented. Also, the State of Illinois DHS has a poor track record for transferring the savings which result from closures to community-based providers. Most recently, the Zeller Mental Health Center in Peoria, Illinois was closed and this resulted in a savings of about \$19,000,000 per year. Only \$4,000,000 of the savings was transferred to community-based providers.

ACMHAI is adamantly opposed to the current closures proposed by Governor Quinn, and views these decisions as arbitrary and capricious; furthermore, they were made, not in the best interest of clients served by these facilities, but as positioning for reappropriation of funding. Our opposition is based on the absence of a plan which is linked to an assessment of need and appropriately transitions people in these facilities to the community. Lastly, there is no evidence the State of Illinois DHS intends to transfer the savings from closures to community-based providers. Because of these deficiencies, ACMHAI believes the current round of closures is irresponsible and places people at risk.