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

REMEMBER this meeting is being audio recorded. Please speak clearly into the microphone during the meeting.

## Champaign County Mental Health Board (CCMHB)

WEDNESDAY, January 21, 2015
Brookens Administrative Center
Lyle Shields Room
1776 E. Washington St.
Urbana, IL
4:30 p.m.

1. Call to Order - Dr. Deloris Henry, President
2. Roll Call
3. Citizen Input/Public Participation
4. Additions to the Agenda
5. CCDDB Information (Pages 1-4)

Draft minutes from the 11/19/14 are attached for information only.
6. Approval of CCMHB Minutes
A. 11/19/14 Board meeting* (Pages 5-9)

Minutes are included in the packet. Action is requested.
7. President's Comments
8. Executive Director's Comments
9. Staff Reports (Pages 10-24)

Reports are included in the packet.
10. Board to Board Reports
11. Agency Information
12. Financial Information* (Pages 11-38) A copy of the claims report is included in the packet.
13. New Business
A. Election of Officers*

Nomination and election of Board President and Vice President/Secretary is needed. Action is requested.
B. CCMHB/CCDDB NOFA (Page 39)

Included in the Board packet is a copy of the Notice of Funding Availability published in the NewsGazette on December 14, 2014.
C. Peoria County ERS and Crisis Center (Pages 40-47)

An oral report by Mark Driscoll and Lynn Canfield on their recent trip to Peoria County will be provided at the meeting.
14. Old Business
A. Community Mental Health Services (Pages 48-51) Community Elements Executive Director Sheila Ferguson will revisit the information shared during agency information at the November meeting.
B. Champaign County CILA Expansion Update*(Pages 52-53)
A Decision Memorandum is included in the packet. Action is requested.
C. Sustainability Plan ACCESS Initiative (Pages 54-55)

Included in the Board packet is a letter from Dr. Constance Williams, Illinois Department of Human Services.
D. Alliance for the Promotion of Acceptance, Inclusion, and Respect (Page 56)
An oral report will be provided. Copy of a completed holiday promotion is included for information only.
E. Disability Resource Expo

An oral report will be provided.

## 15. Board Announcements

## 16. Adjournment

*Board action

## CHAMPAIGN COUNTY BOARD FOR CARE AND TREATMENT of PERSONS WITH A DEVELOPMENTAL DISABILITY (CCDDB) BOARD MEETING

Minutes-November 19, 2014<br>Brookens Administrative Center<br>Lyle Shields Room 1776 E. Washington St. Urbana, IL 6:00 p.m.

MEMBERS PRESENT: Joyce Dill, Phil Krein, Mike Smith, Deb Ruesch, Sue Suter
STAFF PRESENT: Peter Tracy, Lynn Canfield, Nancy Crawford, Mark Driscoll, Stephanie Howard-Gallo

OTHERS PRESENT: Tracy Parsons, ACCESS Initiative (AI); Gary Maxwell, Champaign County Board; Dale Morrissey, Patty Walters, Felicia Gooler, Janice McAteer, Vickie Tolf, Danielle Mathews, Developmental Services Center (DSC); Jennifer Knapp, Community Choices; Glenna Tharp, PACE; Dennis Carpenter, CTF; Aillinn Dannave, Susan Fowler, Dr. Deloris Henry, CCMHB, Barb Jewett, Parent; Darlene Kloeppel, Regional Planning Commission

## CALL TO ORDER:

Ms. Sue Suter called the meeting to order at 6:05 p.m.

## ROLL CALL:

Roll call was taken and a quorum was present.

## ADDITIONS TO AGENDA:

None.


## CITIZEN INPUT:

Ms. Darlene Kloeppel from the Regional Planning Commission (RPC) gave an update on the Life Choices Project.

## CCMHB INPUT:

A copy of the 10/22/14 Board minutes was included in the Board packet for information only.
CCDDB/CCMHB Joint Study Session: Employment First in Champaign County: Mr. Dale Morrissey, Ms. Patty Walters and Ms. Jennifer Knapp reported on the Champaign County Employment First Plan. Mr. Morrissey provided background at the state level and at the local level of the Plan. The purpose and goals of the Plan were reviewed and a draft action plan was presented in written form.

The Plan included $\mathrm{CCDDB} / \mathrm{CCMHB}$ recommendations which were to partner on the advancement of Employment First in Champaign County by a) advocate at a state level for Employment First implementation; b) offer multi-year grants for programs transitioning to an Employment First model; c) participate in the activities of a work group established to develop and implement the Employment First Plan; and d) adopt the Employment First Plan created by the workgroup.

Board members were given an opportunity to ask questions.

## APPROVAL OF CCDDB MINUTES:

Minutes from the October 22, 2014 CCDDB meeting were included in the Board packet.
MOTION: Dr. Krein moved to approve the minutes from the October 22, 2014 CCDDB meeting. Mr. Smith seconded the motion. A voice vote was taken and the motion passed unanimously.

## PRESIDENT'S COMMENTS:

None.

## EXECUTIVE DIRECTOR'S REPORT:

None.

## STAFF REPORT:

Ms. Canfield's staff report was included in the Board packet for review.


## AGENCY INFORMATION:

None.

## FINANCIAL REPORT:

A copy of the claims report was included in the Board packet.
MOTION: Mr. Smith moved to accept the claims report as presented. Ms. Dill seconded the motion. A voice vote was taken and the motion passed unanimously.

## NEW BUSINESS:

## Cultural and Linguistic Competence pertaining to Applications for FY16:

 Deferred.
## OLD BUSINESS:

## CCDDB FY16 Allocation Criteria:

A Decision Memorandum was included in the Board packet. The purpose of the memorandum was to provide recommendations pertaining to the FY16 Champaign County Developmental Disabilities Board (CCDDB) allocation decision support criteria and funding priorities. Stakeholder were invited to review, comment, and identify additional priorities for the Board's consideration. This document was presented to the Board in draft form at the October 2014 Board meeting.

MOTION: Ms. Ruesch moved to approve the FY16 Allocation Priorities and Decision Support Criteria as described in the Decision Memorandum and identified as Agenda Item 14B. Ms. Dill seconded the motion. A voice vote was taken and the motion passed unanimously.

CCMHB FY16 Allocation Criteria:
A copy of the Champaign County Mental Health Board (CCMHB) FY16 Allocation Criteria was included in the packet for information only. The document was approved by the CCMHB prior to the CCDDB meeting.

Draft Three Year Plan 2013-2015 with 2015 Objectives:
A Decision Memorandum was included in the Board packet. The CCDDB Three Year Plan has been finalized and was presented for Board action. An initial draft was presented at the September 17, 2014 Board meeting and distributed to agencies and other interested parties for comment.


MOTION: Ms. Ruesch moved to approve the CCDDB Three-Year Plan (2013-2015) with Fiscal Year 2015 Objectives as presented and identified as Agenda Item 14C. Ms. Dill seconded the motion. A voice vote was taken and the motion passed unanimously.

## Illinois Employment First Blueprint:

A copy of the Executive Summary distributed for Equip for Equality on October 30, 2014 was included in the packet for information only.
disability Resource Expo:
Ms. Bressner provided a written report.

## BOARD ANNOUNCEMENTS:

None.

## ADJOURNMENT:

The meeting adjourned at 7:22 p.m.
Respectfully Submitted by: Stephanie Howard-Gallo
*Minutes are in draft form and subject to CCDDB approval.


# CHAMPAIGN COUNTY MENTAL HEALTH BOARD BOARD MEETING 

Minutes—November 19, 2014

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


4:30 p.m.

MEMBERS PRESENT: Astrid Berkson, Aillinn Dannave, Bill Gleason, Susan Fowler, Deloris Henry, Mike McClellan, Thom Moore, Deborah Townsend

MEMBERS EXCUSED: Julian Rappaport
STAFF PRESENT: Peter Tracy, Executive Director; Lynn Canfield, Nancy Crawford, Mark Driscoll, Stephanie Howard-Gallo, Tracy Parsons

OTHERS PRESENT: Gail Raney, Prairie Center Health Systems (PCHS); Jennifer Knapp, Linda Tortorelli, Community Choices; Maggie Thomas, UP Center; Sue Wittman, Sheila Ferguson, Bruce Barnard, Community Elements (CE); Allen Jones, Sheriff's Office, Beth Chato, League of Women Voters (LWV); Sue Suter, CCDDB; Dale Morrissey, Vicki Tolf, Annette Becherer, Laura Bennett, Patty Walters, Developmental Services Center (DSC); Gary Maxwell, Pattsi Petrie, Champaign County Board; Tim Odom, Citizen; Claudia Lenhoff, Champaign County Health Care Consumers; Joan Walls, City of Champaign; Todd Schroll, Choices; Andy Kulczycki, Community Services Center of Northern Champaign County (CSCNCC)

## CALL TO ORDER:

Dr. Henry, President, called the meeting to order at $4: 35$ p.m.

## ROLL CALL:

Roll call was taken and a quorum was present.

## CITIZEN INPUT / PUBLIC PARTICIPATION:

Mr. Gary Maxwell from the Champaign County Board spoke regarding the CCMHB's future funding priorities including Agenda item 13A "ACCESS Initiative Sustainability". Mr. Maxwell asked the Board to reconsider making the ACCESS program a part of the FY 15 budget. He also expressed a need to provide an alternative to incarceration for mentally disturbed lawbreakers and encouraged the Board to re-prioritize and reallocate funds during FY 15 and beyond in order to provide a mental health drop-off center.

Mr. Todd Schroll from Choices thanked the Board for their leadership in the community and the promotion of system of care principles. The infrastructure that the ACCESS Initiative program built enables Choices to be a partner in the community for sustainability and care coordination, service development, needs assessment, youth and family support organizations, cultural competence planning, and Parenting with Love and Limits.

Mr.Tim Odom spoke regarding the lack of services and discrimination he experienced since being released from the Champaign County Jail.

Ms. Joan Walls from the City of Champaign thanked the CCMHB for consideration of Agenda Item 13A "ACCESS Initiative Sustainability". Ms. Walls has worked with Tracy Parsons from the ACCESS Intiative and CCMHB staff in order to look for ways to be a stronger community. The Community Coalition has a goal to improve the lives of youth and families in the community and look forward to further collaboration.

Ms. Patsie Petrie from the Champaign County Board spoke regarding the proposed CCMHB 2015 budget and Agenda Item 13 A "ACCESS Initiative Sustainability". She encouraged the CCMHB to reconsider the allocation of these funds. She stated the County Board distributes to the two boards (CCMHB and CCDDB) over seven million dollars and some of it needs to be redirected to a mental health drop-off center. Dr. Susan Fowler commented that she agrees a mental health drop-off center is needed in the community. However, it shouldn't be a mental health drop-off center versus ACCESS sustainability issue.

Mr. Allen Jones from the Champaign Sheriff's Office spoke regarding a continued need for expansion of mental health services in the community and a mental health drop-off center. Dr. Moore requested the topic of a mental health drop-off center be added as an agenda topic for a Board meeting in the near future.

Ms. Claudia Lenhoff from the Champaign County Healthcare Consumers thanked the CCMHB for funding the collaboration between Champaign County Healthcare Consumers, Community Elements, and the Sheriff's Office. She asked that multi-year funding be considered for the future.

## ADDITIONS TO AGENDA:

None.


## CCDDB INFORMATION:

Draft minutes from the $10 / 22 / 14$ CCDDB meeting were included in the packet for information only.

## APPROVAL OF MINUTES:

Minutes from the 10/22/14 Board meeting were included in the Board packet for approval.
MOTION: Mr. McClellan moved to approve the minutes from 10/22/14 as presented in the packet. Dr. Townsend seconded the motion. A voice vote was taken and the motion passed.

## PRESIDENT'S COMMENTS:

None.

## EXECUTIVE DIRECTOR'S COMMENTS:

None.

## STAFF REPORTS:

Staff reports from Mr. Driscoll and Ms. Canfield were included in the Board packet.

## BOARD TO BOARD:

Deferred.

## AGENCY INFORMATION:

Ms. Sheila Ferguson from Community Elements CE) shared a document regarding General Revenue Fund spending on Community Mental Health Services over the past 10 years. She reviewed the waitlist numbers for CE, addressed the spike in crisis services, and asked for consideration of a multi-year funding commitment for direct service programs in order to provide stability needed for multi-system change, development of partnerships, and stable staffing.

## FINANCIAL INFORMATION:

A copy of the claims report was included in the Board packet.
MOTION: Dr. Moore moved to accept the claims as presented. Dr. Townsend seconded the motion. A voice vote was taken and the motion passed unanimously.


## NEW BUSINESS:

## Cultural and Linguistic Competence and FY16 Applications:

Deferred.

## Out of Cycle Requests:

A Decision Memorandum was included in the Board packet. It is the recommendation of staff not to approve out-of-cycle requests during the FY15 contract year, and to reaffirm our policy not to consider out-of-cycle requests in the future unless planned and initiated by the CCMHB.

MOTION: Dr. Fowler moved to deny consideration of out-ofcycle funding requests during FY15. Ms. Dannave seconded the motion. A voice vote was taken and the motion passed unanimously.

## OLD BUSINESS:

## ACCESS Initiative Accessibility:

A Decision Memorandum was included in the Board packet. A Briefing Memorandum was presented to the CCMHB on the subject last month. The six-year Cooperative Agreement between the Federal Substance Abuse and Mental Health Services Administration (SAMHSA), the Illinois Department of Human Services (IDHS), and the Champaign County Mental Health Board (CCMHB) will end on September 30, 2015. Part of the agreement requires development of a Sustainability Plan, and the purpose of this memo is to present recommendations for the ACCESS Initiative Sustainability Plan for action by the CCMHB.

The components of these recommendations are based on the work of an ad hoc ACCESS Initiative Sustainability Committee which included Dr. Julian Rappaport, Dr. Whom Moore, Mr. Tracy Parsons, Mr. Mark Driscoll, and Peter Tracy, Executive Director. This group has convened on three occasions and has reached consensus on the components of this Decision Memorandum.

The proposed ACCESS Sustainability Recommendations are: 1) Establish a permanent full time position to manage the Champaign County Community Coalition and all components of the ACCESS Initiative Sustainability Plan. 2) Establish a permanent full time position to coordinate all Cultural and Linguistic Competence (CLC) activities tied to the ACCESS Initiative Sustainability Plan. 3) Coordination of Evidence Based Services and Supports.4. Ongoing Support of a Champaign County Youth Organization. 5) Ongoing Support of a Champaign County Parent Organization. 6) Ongoing support of System of Care Expansion in Illinois.

This plan is budget neutral. Money for permanent positions and contracts will be either continuation of current contracts or redirection/realignment of money current assigned to support the ACCESS Initiative.

MOTION: Dr. Townsend moved to approve recommendations \#1 through \#6 as listed in the Decision Memorandum identified
as Agenda Item 13.A. Ms. Dannave seconded the motion. Discussion ensued. A roll call vote was taken and all CCMHB members voted aye. The motion passed unanimously.

Three Year Plan with One Year Objectives:
The final draft of the Three-Year plan (2013-2015) with FY 2015 Objectives was included in the Board packet.

MOTION: Ms. Dannave moved to approve the Three-Year Plan 2013-2015 with Fiscal Year 2015 Objectives as presented. Dr. Moore seconded the motion. A voice vote was taken and the motion passed unanimously.

## FY16 Allocation Criteria:

A Decision Memorandum was included in the Board packet. A Briefing Memorandum on the subject was presented to the Board last month for review. The final draft of the FY16 Allocation Criteria was included in the Board packet.

MOTION: Dr. Fowler moved to approve the FY16 Allocation Priorities and Decision Support Criteria as described in the memorandum identified as Agenda Item 13 D. A voice vote was taken and the motion passed unanimously.
disAbility Resource Expo:
A written report from Ms. Barb Bressner was provided regarding the October 18, 2014 Expo.
BOARD ANNOUNCEMENTS:
None.

## ADJOURNMENT:

The meeting adjourned at 6:00 p.m.
Respectfully
Submitted by: Stephanie Howard-Gallo
CCMHB/CCDDB Staff
*Minutes are in draft form and subject to CCMHB approval.


## Lynn Canfield, Associate Director for Developmental Disabilities <br> Staff Report - January 21, 2015

FY2015 Contracts: For revisions to previous quarterly reports, the online system has more than one period open for users to create and submit these. Monthly claims related to FFS contracts with Community Choices and Developmental Services Center have been entered and processed through the Proviso Township Mental Health Center RTS, with support from PTMHC staff. Along with agency users, we are exploring the system's current capabilities and solutions to limitations, as well as learning more about specific billable activities. Both contracts define a quarter-hour rate based on DHS-DDD rates, although the system allows billing for other unit types (assessment, e.g.) Developmental Services Center has begun using the concurrent case review form and process for its Individual and Family Support program, which improves our knowledge of service level and type, e.g., some people not open with other agency programs do participate in intensive supports and services. For grant contracts, providers of adult DD services submit quarterly persons-served reports, enabling me to update the cross-system spreadsheet.

Applications for FY2016 Funding: Instructions for using the online system were revised and posted, FY15 applications cloned for FY16, and the application section opened at 7AM Wednesday, January 7 (see published NOFA, also in board packet). I made adjustments throughout the system to anything outdated and will continue to do so as errors are discovered. After reading the training materials forwarded by Vickie Niswander on the topic of creating "disability friendly" documents, I produced large print pdf versions of the instructions and the funding criteria memoranda and forwarded these to other board staff. Application/reporting website users are asked to contact us if alternative formats are needed. The document training stressed that "accessibility checkers" (in Office and Acrobat) are not sufficient and closed with the quote, "Bake accessibility in from the beginning rather than bolting it on at the end."

CILA Expansion: Meetings, calls, and emails have included CCMHB/CCDDB staff, Drs. Bennett and Brooks and IAG staff, RPC's Champaign County PAS/ISC team, Kevin Casey, Director of the Division of DD, Mark Doyle of the Governor's Office, Joel Ward and Wendy Evans of Joel Ward Property Management, attorneys for both parties, Champaign County Auditor and staff, and family members and other supporters of individuals seeking
small residences in this community. All who have seen it are impressed with the first home; a search for the second continues.

Alliance for the Promotion of Acceptance, Inclusion, and Respect: In the board packet is a print promotion developed for holiday sales in three small local stores. One of these resulted in higher than anticipated sales, and another in an opportunity which could be developed. The Alliance steering committee met for initial planning associated with the April 15-19 Ebertfest. Although a film has not been selected, and we have no guarantee that our panel discussion will follow the 'anti-stigma' film, subsequent conversations among committee members, artists and their supporters, school administrators, potential spokespersons, and the festival coordinator support development of activities and materials earlier than normal in order to take advantage of the festival's new promotions, momentum from the holiday art sales, and other events of interest planned for the spring.

State and National Associations, GOHIT, and Other Calls: For 2015, I serve as Secretary of ACMHAI and, in that capacity, have participated in meetings of the Transition Committee, Executive Committee, and Legislative Committee; I will continue to chair the ID/DD Committee and welcome any interested board member to join our bimonthly calls, $2^{\text {nd }}$ Wednesdays at 9:30AM. While these have focused on state and federal transitions, ACMHAI itself is in a transition year, and we will benefit from increased attendance, even if occasional. I participate in monthly NACBHDD ID/DD Subcommittee calls, chaired by today's presenter, Pete Moore, and I look forward to our collaboration this summer in comparing states' Home and Community Based Services transition plans and other parallel developments. I joined a NACBHDD webinar on Oregon's Care Coordination system and a call regarding the upcoming Legislative and Policy meeting. I continued with the Governor's Office of Health Innovation and Transformation's: Long-Term Services and Supports Subcommittee Breakthrough Groups on Service Definitions, Behavioral Health, ID/DD, and Conflict-free Case Management/Person-Centered Planning; the full Services and Supports Work Group; and the final Alliance for Health Steering Committee meeting. The report is an 800 page pdf document, and its fate (" 1115 waiver proposal") is unclear.

Employment First: Following a briefing by leaders of the Champaign County Employment First effort, Sue Suter, Peter Tracy and I joined the group for a meeting with Division of Rehabilitation Services' Director Dave Hanson, Jose Mendez, and Nicole Jorwic. As you are aware, Community Choiccs and Developmental Services Center were awarded special initiative funding for the project they presented, and hiring is underway. Illinois has been
selected as one of four Core States for the Office of Disability Employment Policy's Employment First Leadership State Mentoring Program (EFLSMP), a cross-disability and cross-systems change initiative. This month's EFLSMP Community of Practice webinar addressed capacity building for providers using evidence-based practices, as well as core competencies for effective employment service and support options. I listened to the 12/18/14 meeting of the Illinois Task Force on Employment and Economic Opportunity for Persons with Disabilities for legislative and state agency updates, preparation of the Strategic Plan Draft due by the end of 2014, and discussion of the work ahead, requiring significant culture change, stakeholder buy-in, data capability, and timelines.

Other Activity: During this period, I attended regular meetings of the Birth to Six Council of Families and Agencies, Metropolitan Intergovernmental Council, and the Crisis Intervention Team Steering Committee. Mark Driscoll and I traveled with three members of the CITSC for orientation to Peoria's Crisis Response services and left with a shared optimism for development of local resources along similar lines (the CCMHB meeting packet includes Mark's materials for discussion). Many smaller meetings and exchanges led up to the visit and continue. Not by coincidence, my small group during the breakout session at the Chancellor's 12/2/14 Micro-Urban Transformational Leadership Summit included stakeholders in Criminal Justice/Mental Health and resulted in a recommendation that the full group prioritize crisis/recovery services.

Ligas, PUNS, and Unmet Need: I did not check for recent data on PUNS enrollment in Champaign County but will resume if it is of value to the boards. Director Casey indicated to us and PAS/ISC staff that the rumored late winter PUNS draw is not guaranteed, since the state met its implementation benchmarks for this period. However, there is BIP money (Balancing Incentive Program) targeted for reduction of this 'waiting list.' Champaign County residents continue to hope for CILA and Home Based Services and Supports awards, and, just as with the local integrated employment initiative, the state has taken an interest in our community's commitment to expansion of capacity. With luck, opportunities will collide.

## Mark Driscoll

Associate Director for Mental Health \& Substance Abuse Services

## Staff Report - January 21, 2015 Board Meeting

## Summary of Activity

FY 2016 Application Cycle: The first step to initiating the FY 2016 application cycle took place on December 14, 2014 with publication of the Notice of Funding Availability. A copy of the notice is included in the Board packet.

While several enhancements were made to the online application system last year no changes to the system were made for this cycle. The application instructions are reviewed each year and then reposted to the system. Lynn Canfield took the lead on updating the instructions this year with input from Nancy Crawford and me. Applications submitted last year have been cloned enabling agencies if they so choose, to work off the existing forms rather than starting from scratch. Programs can be reconfigured from the existing forms but new initiatives likely require an agency to start from scratch.

There have been a couple of inquiries regarding submitting an application. Information on the application cycle, application instructions, and how to access the online system has been provided to those individuals. Lynn Canfield and I are available to assist anyone with navigating the system or to provide technical assistance but not express an opinion on the merits of an application during the open application process.

On a related note, during December I provided some technical assistance to Ms. Regina Crider as she registered the Youth and Family Peer Support Alliance on the system as part of the process of converting existing FY15 applications from SOAR to the Alliance. While the registration is completed, the conversion of the applications by Ms. Crider is still in progress.

Reimbursement Tracking System: With considerable assistance from Proviso Township and a little help from me, Family Service has successfully prepared and submitted billings using the new fee for service billing system. Family Service was the last to complete the process but is now up to date having submitted monthly billings up through December 2014. Both the Family Service Counseling program and the Community Elements TIMES Center program are under billed through the first half of the contract.

Program Monitoring: Wanting to start the New Year off with a clean slate, about a dozen reports were issued in December, for all intents and purposes closing out monitoring activity for FY14 contracts. All of the monitoring reports summarized results of the visits including documentation of reported activity for the selected quarter under review. All of the reports included findings for the program documentation as having met expectations or was sufficient to verify reported activity.

As noted in my November staff report, Community Elements had an issue with client eligibility for one of its contracts. A response to that report has been received and is under review.


Criminal Justice-Mental Health: I continue to attend the monthly Champaign County Reentry Council meetings, the bi-monthly meeting meetings of the Crisis Intervention Team Steering Committee (CIT-SC), and on a semi-regular basis meetings of the Community Elements Forensic Team.

The December meeting of the Reentry Council included a report on plans to develop a Peer Mentoring program. Mr. Marlon Mitchell is leading the initiative and has commitments from individuals to serve as peer mentors and is working on a finding location to be open for four to five hours a day two days a week. The Phoenix Drop-In Center run by CU@HOME may be an alternate location adding another day per week. At the January meeting, as a follow-up to the peer mentoring discussion, plans are being made to train the peer mentors. The Council also discussed whether it was an appropriate body to lead discussions for development of an adult criminal justice assessment center also sometimes referred to as a resource center or recovery center. While the Council agreed such a center is needed and many of the same stakeholders would be involved, it would be more appropriate if such discussion was held outside the council. Chief Deputy Allen Jones, as he had done at the CCMHB meeting last fall, indicated his intention to convene such a work group.

In addition to these on-going commitments, Lynn Canfield and I were invited by Lt. Joel Sanders to join him on a trip to Peoria to learn how crisis services are delivered there. The group making the trip had the opportunity to meet with a representative of City of Peoria Police Department and then with staff at Human Service Center, the local community mental health provider to learn about the Emergency Response Service (crisis program) and visit the Crisis Center. What was learned on this trip was the main topic of discussion at the CIT-SC meeting later in the week.

Included on the CCMHB agenda under New Business is an oral report on the trip by me and Lynn Canfield. Supporting materials in the Board packet include a brief outline prepared by Lt. Sanders with a few additions by me summarizing key findings as well as a few other handouts provided by the Human Service Center.

Specialty Court Steering Committee: The Steering Committee met following the Drug Court Graduation. Regrettably, I was not able to attend the graduation due to the PLL-CHOICES meeting being held at the same time (see below). The ceremony recognized seven drug court graduates. Average length of stay in the program for the graduates was 20 months. Since its' inception in June of 1999 through June 2014, 599 offenders have been sentenced to Drug Court with 206 successfully completing the program for a graduation rate of $34 \%$.

At the Steering Committee meeting reports were made on the graduation earlier that day, the status of the alumni association, hiring of a new full-time drug court coordinator, potential for adding medically assisted treatment as an option, development of statewide standards for Problem Solving Courts, and the drug court fund report that I make to the committee. This was my last report as responsibility for managing the drug court fund is transitioning to the court administrator's office. This change is expected to streamline administration of the fund.

Regarding the Drug Court Coordinator position, Del Ryan the current coordinator announced that he would not be applying for the fulltime position and would retire but does plan to volunteer to assist with the alumni association.

Parenting with Love and Limits/CHOICES meeting: Representatives from Savannah Family Institute (SFI) were scheduled to fly in for a meeting with CHOICES, CCMHB, Court ServicesJuvenile Probation, and Prairie Center PLL staff in mid-December. But poor weather conditions resulted in the SFI representative's flight being diverted back to Chicago at the last minute. The purpose of the meeting with CHOICES was for Savannah Family Institute to provide a brief orientation/training and collaboration planning discussion on PLL, specifically the PLL-Reentry model (for more background please refer to my November staff report). All was not lost as the meeting did proceed using the opportunity to educate the various players on the status of CHOICES contracts, the PLL model, and opportunities for collaboration. The SFI team has rescheduled the trip for mid-February, weather permitting.

Prairie Center Youth Prevention Committee: At the last committee meeting, data on perceived risk associated with use of marijuana or tobacco products as well as use rates for various substances was shared with the group. The data is from the 2014 Illinois Youth Survey conducted by the Center for Prevent Research and Development. Surveys are completed by grades $6^{\text {th }}, 8^{\text {th }}, 10^{\text {th }}$ and $12^{\text {th }}$ at participating schools. In Champaign County, $45 \%$ of all students in those grades took the survey. Use of marijuana exceeds rates for use of tobacco products. Use of alcohol is the most frequently used substance. Attached are the 2014 survey results for Champaign County.

The survey also asked questions related to the perceived harm associated with the use of some substances. The question on perceived health risk associated with smoking marijuana one or twice per week found $59 \%$ of $6^{\text {th }}$ graders surveyed reported there is great risk but that percentage declines to $25 \%$ for $12^{\text {th }}$ graders. Twenty-two percent of $12^{\text {th }}$ graders believe there is no health risk. Perceived health risk associated with smoking a pack or more cigarettes per day found $66 \%$ of $6^{\text {th }}$ graders reported there is great risk with the percentage slightly increasing for the other grade levels surveyed including $72 \%$ of $12^{\text {th }}$ graders. Only $2 \%$ of $12^{\text {th }}$ graders believe there is no risk.

Other activity: At the Child and Adolescent Local Area Network meeting Ms. Zoe Warner shared information on services available through the Champaign County Christian Healthcare Center. The Center is located at the Community Resource Center at Presence Hospital and open Tuesday and Wednesday evenings. Other free clinics operating in Champaign-Urbana mentioned include the Hermes Clinic at Orchard Downs staffed by medical students and open Thursday evenings, the Avicenna clinic at Frances Nelson Health Center also open Thursday evenings, and a clinic at Church of the Living God open the morning of the last Saturday of the month. At the Continuum of Care meeting Melany Jackson of CU@Home shared information on local warming centers. The centers, run primarily by volunteers, open once temperatures drop below zero. The annual point in time survey of the homeless population will be held on January $29^{\text {th }}$ with the street survey that evening from 5PM to 8PM. Information on the CU@HOME "One Winters Night" event scheduled for Friday February $6^{\text {th }}$ was distributed. The event is designed raise awareness about homelessness in Champaign County.

## (2) Drug Prevalence and Behaviors

## 2014 Substance Use Rates by Grade

| Substance Used | 6th Grade | 8th Grade | 10th Grade | $\begin{aligned} & \text { 12th } \\ & \text { Grade } \end{aligned}$ |
| :---: | :---: | :---: | :---: | :---: |
| Used Past Year |  |  |  |  |
| Any Substance (including alcohol, cigarettes, inhalants or marijuana) | 13\% | 26\% | 43\% | 61\% |
| Alcohol | 11\% | 19\% | 38\% | 56\% |
| Cigarettes | 1\% | 4\% | 6\% | 8\% |
| Inhalants | 4\% | 4\% | 2\% | 1\% |
| Marijuana | 3\% | 9\% | 21\% | 31\% |
| Any Illicit Drugs (excluding marijuana) | N/A | 1\% | 2\% | 4\% |
| Crack/Cocaine | N/A | 0\% | 1\% | 1\% |
| Hallucinogens/LSD | N/A | 0\% | 1\% | 2\% |
| Ecstasy/MDMA | N/A | 1\% | 2\% | 2\% |
| Methamphetamine | N/A | 0\% | 0\% | 0\% |
| Heroin | N/A | 0\% | 0\% | 1\% |
| Any Prescription Drugs to get high | N/A | 3\% | 4\% | 7\% |
| Steroids | N/A | 2\% | 1\% | 2\% |
| Prescription Painkillers | N/A | 2\% | 3\% | 4\% |
| Other Prescription Drugs | N/A | 1\% | 2\% | 4\% |
| Prescription drugs not prescribed to you | N/A | 5\% | 8\% | 8\% |
| Over-the-Counter Drugs | N/A | 3\% | 3\% | 2\% |
| Used Past 30 Days |  |  |  |  |
| Alcohol | 5\% | 9\% | 20\% | 35\% |
| Any Tobacco Products | 2\% | 6\% | 7\% | 15\% |
| Cigarettes | 0\% | 3\% | 4\% | 5\% |
| Smokeless tobacco | 1\% | 2\% | 3\% | 6\% |
| Smoking tobacco (other than cigarettes) | 1\% | 4\% | 4\% | 10\% |
| Inhalants | 2\% | 3\% | 2\% | 1\% |
| Marijuana | 2\% | 6\% | 13\% | 20\% |
| Any Prescription Drugs to get high | N/A | 1\% | 1\% | 3\% |
| Prescription Painkillers | N/A | 1\% | 1\% | 1\% |
| Other Prescription Drugs | N/A | 1\% | 1\% | 2\% |
| Prescription drugs not prescribed to you | 4\% | 2\% | 4\% | 4\% |
| Over-the-Counter Drugs | N/A | 0\% | 1\% | 0\% |
| Used Past 2 Weeks |  |  |  |  |
| Binge Drinking | 2\% | 3\% | 8\% | 17\% |
| \# of Respondents | 658 | 644 | 1085 | 700 |

Since the inception of the ACCESS Initiative, the ACCESS Evaluation Team ${ }^{1}$ has been engaged in planning and infrastructure development to ensure a high quality implementation of the national evaluation, local evaluation activities and mechanisms to ensure continuous quality improvement. Presented here are brief and non-exhaustive highlights of ACCESS Initiative evaluation findings with attention to three areas: (a) infrastructure change effort; (b) characteristics of population served; and (c) preliminary outcome data.

These highlights are preliminary, given that data collection is ongoing and that the number of youth/families assessed from longitudinal data at intake to six months will increase, and additional data points will be examined. Further, these findings do not establish the significance of change over time in all areas; the data should be interpreted in terms of trends to further investigate. A more detailed report is available from Nicole Allen, allenne@illinois.edu, or Mark Aber, maber@illinois.edu.

## Evaluation Highlights

- Infrastructure. The ACCESS Initiative has facilitated and been a partner in many infrastructure changes across the Workforce Development, Organizational Change, Partnership/Collaboration and Target of Practice Domains. Through FY2014, these changes included 63 unique trainings implemented by multiple community agencies on topics related to System of Care principles and evidence-based practices; 106 specific instances of organizational policy, procedure and practice change; 40 instances of formal partnership and collaboration (i.e., with formal MOUs or contracts); and 34 instances of implementation of evidence-based practices. These infrastructure changes are markers of the extent to which the ACCESS Initiative is affecting change not as a service program, but as a catalyst for changes across the service array.
- Characteristics of Youth Served. Youth engaged in the ACCESS Initiative reflect the population that the effort aimed to target. Youth and families present with complex and co-occurring mental health needs and challenges, and have multiple system involvement. Youth were often involved in the juvenile justice system and disengaged from school. Youth and families had contact with multiple systems and had co-occurring life challenges. Youth served were primarily African American and White with a few Latino and multiracial families. It appears that those served by ACCESS reflect the desired target population.
- Youth Outcomes. Of those families with six-month follow-up data $(\mathrm{n}=49)$

[^0]there are signs of positive changes over time.

- School. School. Fewer youth experienced disciplinary referrals in school. At the six month follow up, a greater proportion had not been suspended or expelled in the previous six months ( $54 \%$ ) than at intake ( $32 \%$ ). Interestingly, while a sizable portion experienced better school attendance ( $34 \%$ ) and performance (33\%), equal numbers experienced no change or worse attendance or performance.
- Criminal Justice. Desired downward trends were evident regarding the number of youth coming into new contact with the criminal justice system and the percentage of youth engaged in criminal behavior. For example, youth who reported being questioned by police at intake ( $44 \%$ ) was down at 6 months ( $35 \%$ ), and those who reported having been arrested was down from $32 \%$ at intake to $24 \%$ at 6 months. Youth reporting having bullied or threatened other people without use of a weapon decreased from $38 \%$ at intake to $29 \%$ at 6 months, youth who reported having taken something from a store without paying for it at intake (32\%) decreased to $9 \%$ at 6 months, and those reporting having been in trouble with the police for running away ( $21 \%$ ) decreased to $9 \%$ at 6 months.
- Mental Health. A sizable portion of youth report less anxiety (1 in 4) and depression ( 1 in 6) at six months according to assessments directly with youth. There is a similar, but more modest downward trend according to caregiver reports of Internalizing and Externalizing symptoms.
- Strengths. Strengths. There is evidence that youth are building strengths - particularly in the areas of interpersonal strength (as assessed by both youth and caregivers). Nearly $29 \%$ of youth were rated by caregivers as showing improved strengths from intake to six month follow-up.
- Variation in Outcomes. Importantly and not surprisingly, outcomes vary at six months. Six months is a small window within which to see shifts in well-being and functioning. As analyses progress, a primary aim will be to understand such differences and to examine them over time (e.g., youth and caregiver characteristics and experiences; the nature of the service delivery process).
- Linking Outcomes to Services. Enrollment / participation in the evaluation is based on an intent-to-treat model where data are collected from all ACCESS Initiative enrollees, even if they did not receive services while enrolled in ACCESS. Outcome data cannot yet be linked to specific services. Service data collection currently is ongoing via record review. As outcome and service data collection continues and analyses progress, a primary aim will be to understand differences and to examine them over time (e.g., youth and caregiver characteristics and experiences; the nature

of the service delivery process; types or intensity of service delivery, etc).
- Implications. The most critical aspect of the evaluation of the ACCESS Initiative is to understand the processes associated with effective intervention so they can be sustained and to identify continued roadblocks to successful service delivery and where the system consistently fails to meet community needs. Thus, evaluation analysis will increasingly emphasize questions related to process. Variation in youth and family outcomes provides a critical opportunity to explain what action is associated with successful outcomes. Thus, it is not the summary judgment of "effective" or "ineffective" that matters, but the information that alerts us to the conditions that facilitate success and those that impede success. It is our hope that as evaluation findings are disseminated they will continue to inform the Community Mental Health Board, Choices, Inc. (who will be coordinating systems of care service delivery) and Illinois United for Youth, which will expand Systems of Care throughout the state.

The solid relationships that the evaluation team has with the SOC community are expected to continue and the evaluation team will continue to use extant data to examine the relationship between evaluation and sustainability.

## ACCESS Initiative Staff Update

Please be ready to verbally provide updates regarding the following information at our weekly staff meetings. If you are unable to attend, please send the team an email with this information by 5pm the day prior to our staff meeting. All activities should be directly related to our ACCESS Strategic Goals, our ACCESS Coordinated Work Plan, and IPP Goals.

Each team member is to submit a monthly report using this format. Reports should be submitted electronically to the Project Director one week following the last day of the month.

Month of: December 2014 Staff Name: Regina Crider Infrastructure Area(s): Family Engagement

Committee/Working Group Activity - Please list any committee or working group meetings hosted by you. Also provide a short update (upcoming tasks, celebrations, etc.).

## NA



Strategic Meetings/Community Presentations - Please list any strategic meetings you attended. Provide information regarding who was in attendance, the nature of the meeting, next steps, and outcomes. Please list any community presentations you made on behalf of ACCESS. Provide information regarding your audience, purpose of the presentation, and collateral materials distributed.

| Meeting | December 2 | Micro Urban Transformational <br> Leadership Summit |
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A meeting hosted by Chancellor Phyllis Wise. Organizational and community leaders learned about the new transformational initiatives happening in ChampaignUrbana. Those in attendance shared their own ideas and visions for the future of $\mathrm{C}-\mathrm{U}$ and the surrounding areas.

Community Coalitions/Committees/Working Groups - Please list any community coalition/committee/working group meetings you attended as an ACCESS representative. Provide information regarding the nature of the meeting, your role as an attendee, next steps, and outcomes.

NA


Progress in Work Plan Activities - Please highlight current work plan activities and progress made toward completion of these goals.

GOAL 1: Building a sustainable and replicable service delivery system and infrastructure
Activity/Strategy 6: Coordinating Council/
Governance Development
Activity/Strategy 7: Workforce
Development
Goal 2: Increasing access to trauma- and justice-informed services and supports that reflect SOC values and principles

NA
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Goal 3: Increasing youth, family, and community leadership and engagement across all levels

| Activity/Strategy 1: Training for <br> Families/Caregivers | NA | NA |
| :--- | :--- | :--- |
| Activity/Strategy 2: Youth - Training Topics | NA | NA |

GOAL 4: Extending the capacity of organizations, agencies, informal supports and systems
NA
GOAL 5: Promoting authentic cross system/ collaboration and communication
Develop partnerships and collaborations with family/parent organizations to increase the visibility of the ACCESS Initiative

GOAL 6: Expanding the community's capacity to understand mental health
NA

GOAL 7: Encouraging rigorous evaluation
Activity/Strategy 1: Continuous Quality

Improvement
Issues/Challenges - Please share any challenges.

- NA

Assistance Needed for the Upcoming week - Please share any assistance you need from the ACCESS team for upcoming activities or events.

- NA

IPP Accomplishments - Please provide any IPP goals accomplished in the last month.


## ACCESS Initiative Staff Update

Month of: January Staff Name: Shandra Summerville Infrastructure Areas): CLC

Committee/Working Group Activity - Please list any committee or working group meetings hosted by you. Also provide a short update (upcoming tasks, celebrations, etc.).

| CLC Committee | Actions/Decisions: <br> Committee will meet on February 4, 2015 | Update Information on how <br> to disseminate CLAS <br> Standards |
| :--- | :--- | :--- |

Strategic Meetings/Community Presentations - Please list any strategic meetings you attended. Provide information regarding who was in attendance, the nature of the meeting, next steps, and outcomes. Please list any community presentations you made on behalf of ACCESS. Provide information regarding your audience, purpose of the presentation, and collateral materials distributed.

| NAACP | Freedom Fund <br> Celebration <br> Social Action and Voter <br> Empowerment | November | Regular General Body <br> Meeting <br> Committee Planning |
| :--- | :--- | :--- | :--- |
| MHAC | November | CLC Quarterly Check-ins <br> October 31 <br> January 20 <br> April TBD |  |
| CLC Consultations and <br> Meeting | Community Elements <br> Prairie Center | December/ | Quarterly Reporting Questions |
| National Federation of <br> Families | Monthly Board Meetings <br> National Conference | November- 2014 <br> January 2015 | Fundraising Plan and <br> Strategic Planning about <br> upcoming retreat. <br> Committee Restructuring |
| Prairie Center | Multicultural Services <br> Advisory Council | January 2015 | Update to CLC Plan and CLC <br> Agency Goals |
| Youth and Family Peer <br> Support Alliance | CLC Training | January 2015 | Board Development Training |


| CU-Cradle to Career | CLC Training Planning <br> Meeting | January 2015 | Leadership Training |
| :--- | :--- | :--- | :--- |

Community Coalitions/Committees/Working Groups - Please list any community coalition/committee/working group meetings you attended as an ACCESS representative. Provide information regarding the nature of the meeting, your role as an attendee, next steps, and outcomes.

| Human Services Council of <br> Champaign County- <br> Chair of Anti-Racism and <br> Diversity Committee -- | First Thursday of every month | No Action |
| :--- | :--- | :--- |
| Walk as One Community <br> Coalition | Goal 3- Youth Development | No Action |
| CU Cradle to Career | Leadership Council | Meeting with Rep. Rodney <br> Davis' office about <br> constituent services |

Submitted by,
Shandra Summerville




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Notification of Funding
Availability - Cham-
paign County Mental
Health Board (CCMHB)/
Champaign County
Board for Care and
Treatment of Persons
with a Developmental
Disability (CCDDB)

The two funding sources listed above are utilizing a web-based registration and application system for submission of funding requests for the contract year beginning, July 1, 2015 and ending June 30, 2016. The web-based system will be accessible to applicants beginning January 7, 2015. All applicants shall register (if not previously registered) and log-in to access the application forms, allocation decision support criteria, and instructions. Deadline for applications is February 13, 2015 at 4:30 p.m. Final allocation decisions shall be made no later than June 30, 2015.

For more information or for technical assistance regarding the web-based application system contact:
Ms. Stephanie HowardGallo, CCMHB/CCDDB
217/367-5703
stephanie@ccmhb.org
1257219 12/14

## Peoria County Emergency Response Service and Crisis Center Site Visit

A trip to meet with the Peoria Police Department and the Human Service Center to learn about how crisis services are delivered in Peoria County was organized by Lt. Joel Sanders, Urbana Police Department. Making the January 5, 2015 trip with Lt. Sanders were Mark Driscoll and Lynn Canfield, CCMHB/CCDDB, Lt. Brian Mennenga, Champaign County Sheriff Office, and Monica Cherry, Crisis Coordinator, Community Elements.

Meetings were held with Captain Lisa Snow, City of Peoria Police Department and with Mr. Michael Kennedy, CEO and Ms. Cindy Gilmer, VP of Clinical Services of Human Service Center.

## Summary of Emergency Response Service (ERS) (Peoria Police Department meeting)

ERS is the crisis response program operated by Human Service Center, the community mental health center serving Peoria County.

Established and Users

- ERS began in 1975
- ERS operates under contract with Peoria Police and Peoria County Sheriff's Office
- ERS responds to all municipal and rural county law enforcement requests
- Peoria County population 188,249 (Champaign County 204,897)

Goals of the ERS (taken directly from contract language)

1. To meet the needs of persons in non-medical crisis in the most immediate and appropriate manner possible, on a 24 hours basis.
2. Through appropriate referral, follow-up and feedback, to reduce the potential for repetition of similar crisis.
3. To establish and facilitate cooperative links among the criminal justice system and community social service agencies
4. To serve approximately 250 individuals in crisis per month
(Estimated volume was between 2,000 and 4,000 calls a year)
ERS Response

- ERS has radio and telephonic contact with police
- ERS is dispatched by police; during initial dispatch or at officer request
- There are six full-time workers (1 Supervisor 5 line workers)
- Supervisor and one other position is MSW
- Four employees minimum of Bachelor's Degree (some do have MSW)
- Two on day shift (includes supervisor), one on second shift and one on third shift (M,T, W, Th) with remaining two staff on 12 hour shifts ( $\mathrm{F}, \mathrm{S}, \mathrm{Su}$ )
- ERS worker always on duty; not on-call
- Typically response time is acceptable to officer needs
- No obligation for call to remain status quo; officer can progress the call
- Officer secures scene and provides additional security
- Officer does not do evaluation
- ERS may make independent decision and has access to a psychiatrist
- Police are in charge of scene and are permitted to override ERS decision
- ERS responds in a caged car
- Transports individual to appropriate location
- Completes involuntary petition
- Police clear with an informational report
- If scene is secure and ERS is comfortable, police may clear prior to ERS departure
- ERS does the welfare checks on many recidivists without police
- ERS can call through prep line for police support
- ERS will accompany deputies to evictions
- ERS will respond to the jail

Primary Advantages to Law Enforcement

- Call time is greatly reduced
- Police response to recidivists is greatly reduced
- A trained individual does the evaluation and makes the decision, reducing police liability
- Consumer and family is immediately connected to services
- Reduces incarceration (minor crimes transported to Community Crisis Center)

Secondary Advantages

- Reduces Ambulance and Fire calls
- Reduces emergency room visits
- Managed Care companies support the use of Community Crisis Center as diversion from Hospital emergency department


## Caveat

- Police still need to train to recognize an individual in behavioral health crisis
- All police direct interaction/evaluation is not eliminated
- Officer transport to Community Crisis Center and drop off the individual
- Officer transports to hospital where ERS typically will meet with them
- Officer transports to jail, where ERS will meet them



## Human Service Center - Community Crisis Center (Site Visit)

## Community Crisis Center (CCC) Overview

- Free standing facility
- Exterior and interior doors are secured
- Individuals can leave of their own free will (voluntary commitment)
- No on-sight security
- Open and staffed 24/7 365
- Provides myriad of drop in services; no one turned away at the door (no ban list)
- Release of information required to inform police officer of case disposition
- Adult only (18 and older)
- SASS can respond to facility; cannot provide services from building
- Primarily houses three services
- ERS
- Living Room with peer support
- Stabilization Beds
- 16 beds for crisis stabilization or detoxification
- Primary users - Police and Hospital Emergency Departments
- Alternative to jail or inpatient hospitalization
- Can also be step down from inpatient hospitalization
- "Open Door" Policy - Individuals, "walk-ins," may present at CCC and be served


## ERS

- Described above

Living Room

- Drop off/in facility allows individual to remain on sight for 72 hours
- 400 a year use this resource
- $25 \%$ of that number are duplicates
- Trained peer support on sight $24 / 7$ to engage and encourage individual to accept services
- 2FTE-1 full-time, others part-time
- Recovery Innovations provided peer training - Human Service Center staff now certified to provide the peer training
- Police can take anyone to the facility (short term homeless and warming shelter, minor criminal arrests, ordinance violations; Officers clear non-arrests with "refer to CCC")



## Stabilization Beds

- 12 detoxification beds (up to seven to ten day stays)
- 4 Psychiatric beds
- 24/7 nurse care
- PA on staff
- Medical Dr. makes daily rounds
- Psychiatrics makes round 5 days a week (M-F) and on-call

Additional Resources/Models used at CCC and/or in Living Room

- Utilize WRAP (Wellness Recovery Action Plans)
- Anger Management
- Crisis Plans prior to release
- Collaboration with GROW for additional peer support
- MRT is offered under criminal justice contracts (e.g. Bureau of Prisons)
- Human Service Center has subcontract for behavioral health services with jail medical provider
- Peoria County has Mental Health Court - officer can request MH Court for offender for misdemeanor/non-violent offenses. SA Office makes final determination.

Funding

- Department of Mental Health
- DASA - Detox
- Peoria Police contract
- ~\$110,000 per year
- Peoria County contract
- $\quad \$ 10,000$ per year, increase requested but not approved due to county shortfall
- Budget
- $\$ 1.8$ million per year
- Currently operating on $\$ 1.5$ million
- Medicare billing
- Significant portion of budget is stabilization beds. ERS can function at a much lower cost.


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| John W. Stenson <br> Police Chief |

## I. PROCEDURES

A. When a police officer is dispatched to a crisis call, he will attempt to defuse the situation. If in his judgment the situation is resolved and the likelihood of its recurring is minimal, the officer would not summon an ERS counselor
B. When the officer determines that immediate intervention and counseling is necessary, he would request an ERS counselor. This may be done on PREP 2 or by calling ERS directly. In the majority of cases when the ERS counselor arrives, violence will be under control and the ERS counselor can attempt to bring about resolution. The ERS counselor will make all necessary referrals to appropriate social service agencies and will provide follow-up on all referrals.
C. In those situations in which the immediate crisis is resolved by the officer but referral and follow-up may be necessary, the officer will, with the citizen's approval, summon an ERS counselor to the scene.
D. All referrals to ERS will result in an ERS counselor being called to the scene at the time of the incident. Only in exceptional cases will a referral be made the following day.
E. Any time an officer is in doubt about whether or not to make a referral to ERS, he should do so, and together they can decide upon the appropriate action to take.

## II. EXAMPLES

- Mental disturbances
- Family disputes
- Suicide threats or attempts
- Alcohol and drug related crises
- Family crisis resulting from a death of one member
- Crises created by severe traffic or other types of accidents
- Victims of violent crimes who might benefit from counseling
- Homeless/abandoned persons/children
- Neighborhood disputes involving the elderly or senile


## III. ERS LIAISON

The operations captain shall designate a lieutenant as liaison to ERS and shall keep Administration informed as to the name of the officer. The liaison officer shall keep Administration, Patrol, CID, and other concerned police personnel informed of conditions and problems of ERS; discover imperfections in the working relationships with the police and ERS and work with them to produce solutions; and perform any other duties as assigned.

This directive provides general guidelines to personnel regarding proper practices and is for internal use only. It is not intended to enlarge an officer's criminal or civil liability in any way, except as to any disciplinary action that might arise. It should not be construed as the creation of a higher standard of safety or care in an evidentiary sense, with respect to third party claims. Violations of this directive, if proven, can only form the basis of a complaint by this department, and then only in an employment related proceeding.

## HSC


(416)

Community Crisis Center
The Community Crisis Center is an assessment, stabilization, intervention, and treatment center designed to be a "one stop" program. The Community Crisis Center's crisis stabilization services will include a safe, secure environment, psychiatric and medication assessment, therapeutic interventions, medically supervised detoxification, education, discharge planning and referral to the appropriate level of follow-up service. The Community Crisis Center will also provide services for those individuals that are at risk of ED and county jail admissions due to a mental illness and/or substance use problems.

## Inclusion / Admission Criteria

1. The center is voluntary and will not detain or restrain individuals.
2. Individuals must be 18 years old or older.
3. Individual is in crisis as the result of a psychiatric, substance abuse problem, or both.
4. Individual faces (non-violent) charges and incarceration as a result of (3) above.
5. Individual could benefit from a brief stay in a facility to prevent the use of ED or hospitalization by staying up to 72 hours at the center.
6. The crisis may not be so intense as to cause risk of harm to self or others as result of medical or psychiatric / behavioral instability.
7. A post discharge individual experiencing a psychiatric illness who is in need of brief continued stabilization prior to re-entry into the community
8. As a court sanction by Mental Health Court to re-stabilize on medications and improve compliance.

## Exclusion Criteria

1. Uncontrolled medical condition (eg: diabetes, hypertension, heart disease) that needs close monitoring or would have warranted medical admission.
2. Psychiatric illness that presents with imminent (with intent and means) danger to self or others and would warrant inpatient treatment
3. Requires restraints (physical or chemical) to contain aggression / danger.
4. Physical injury requiring medical care.
5. Open wounds / infected wounds that have not been treated.
6. Communicable disease (eg: MRSA, influenza, etc.) that require isolation
7. Individuals who are in possession of a potentially lethal instrument (weapon) that they are unwilling to surrender.
8. Individuals who are unable to ambulate unassisted.
9. Individuals who cannot perform their own ADLs.
10. Individuals immediately post injury eg: unset fractures, auto accidents, head trauma.
11. Individuals who are immediately post ictal or with unstable seizure activity.
12. Individuals who are unable to provide basic self care for an existing medical condition.
13. Individuals requiring oxygen who cannot supply their own oxygen tank(s) with sufficient supply for duration of their stay.

## Program Specific Criteria

Living Room - Blood Alcohol Level (BAL) must be under the legal limit ( 0.08 percent) Crisis Beds - Must have diagnosable mental illness.
Medical Detox - See ASAM and program specific criteria.


## community elements

## MEMORANDUM

TO: $\quad$ Peter Tracy and the Champaign County Mental Health Board
FROM: Sheila Ferguson
DATE: $\quad$ November 19, 2014
RE: Update Regarding Community Mental Health Services

Where We have Been and Where We Are Today - Community Mental Health Services


Josh Evans and Cyrus Winnett, IARF

- DHS-DMH GRF spending on community mental health services has decreased $28 \%$ from FY06 to FY15
- Comparing with the Divisions' FY15 GRF request, the FY15 budget is under appropriated by $16 \%$, or $\$ 51$ million.

- Community Mental Health Medicaid Fee-for-Service Rates for most adult mental health services have not increased noticeably since 2002. Meanwhile, inflation has increased 30\%.
- Increases in spending over time have been tied exclusively to Williams (a specific law suit requiring moving individuals out of long term facilities back into the community) or system re-balancing (no investment in rates and reimbursements).
- As a result of Medicaid expansion (we don't have the numbers readily available at this time), CMHCs are further expected to serve more individuals with SMI with no additional investments to hire, train, or support staff over time which is evident from historical turnover and the current inability of CMHS providers to offer pay/benefits equal or comparable to managed care and government positions.
Locally our funding and supports are trending very comparable to the state:

1. Community Elements revenue and expenses from FY2007 through to FY2014


2. Demand for community mental health services and wait lists remain high:
a. Turnover continues as government agencies and managed care companies recruit experienced direct service staff by offering salaries and benefits that we cannot match with existing funding and reimbursement rates. The Medicaid requirements continue to grow, requiring additional time to negotiate $3^{\text {rd }}$ party contracts, and with the implementation of Electronic Health Records (EHR) more time and resources are spent on training, documenting and communicating, thus reducing the resources to support direct care.
b. We have reached a break even balance where our current grants and fee for service allow us to cover costs. We lack the opportunity to receive additional grant funds or revenues to reinvest in adding additional staff members to meet current and emerging community needs.
c. Medicaid/Managed Care alone is not enough to sustain our clinical positions. A mix of revenue streams is required for any provider to survive in the current environment.
3. Our funding of services has been largely dependent on Medicaid/Managed Care, federal, state, and local grants that range between 1-3 years in duration. Without multiyear funding that supports a cost of living for staff our base for maintaining qualified and experiences staff erodes and turnover continues.
4. The positive fluctuations in our funding since $\mathbf{2 0 0 8}$ has occurred due to:
a. Obtaining awards for competitive grants that may have strict criteria for target population and specific services and programs. Increasingly grants require the supports provided by a comprehensive continuum of services that is difficult to sustain in the new managed care environment.
b. Our ability to keep overall administrative costs (management and general or indirect costs) under 12\%.

## Thoughts about the next steps:

## January 2015 will bring massive change to the State of Illinois

1. New Governor
2. Changes in Department Leadership
3. Some of the major decisions before the new leadership:
a. If the income tax increase is not extended or sustained into 2015 there will be cuts to human services - as much as $10-25 \%$
b. What happens with the 1115 Waiver and Medicaid expansion?
c. What happens with the work from the Governor's Office of Health Innovation and Transformation (GOHIT)?
d. We will need adequate appropriations for existing FY15 budget and what about the FY16 budget?


## Locally we know we have other issues to help solve or address, such as:

1. Increase in violence for both juveniles and adults
2. Lack of resources to increase prevention, intervention and treatment services as well as the need for more affordable housing and vocational/education supports - no local detox, no drop off center, no mental health court, etc.

## At Community Elements:

1. A spike in the need for crisis intervention and services
a. Increased usage of the Crisis Respite Center
b. More complicated clients needing creative outreach and support
2. Waitlists at Community Elements:
a. Counseling: Adults 80, Children 20 - Total: 100
b. Case Management for Adults: 89
c. Psychiatry/Doctor: 176
d. Specialized Housing: TIMES is almost full, group homes have few openings and apartments have waitlists
3. Increased paperwork and requirements from the Managed Care Companies, lack of available leadership team members to attend the various different meetings addressing community needs.
4. Inability to add additional staff due to rate structures and availability of clinical supervision beyond current staffing patterns. There are many limitations caused by inability to recruit and retain licensed staff, maintain adequate training, and, in many cases, limitations in the use of what grants are available to cover administrative costs
5. Consider multi-year funding commitments for direct service programs to provide stability needed for multi-system change, development of partnerships, and stable staffing. This would include the need to review and consider the overall system prior to making any long term decisions. In other words, direct service workers need support and multiyear funding while maintaining or reducing funding for administrative/non-direct positions.

CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

## DECISION MEMORANDUM

DATE:
TO:
FROM:
SUBJECT:

January 21, 2015
Members, Champaign County Mental Health Board
Peter Tracy, Executive Director
CILA Project: Adjustment in the Maximum Borrowing Limit

## Background

On May 21, 2014, the Champaign County Mental Health Board (CCMHB) passed the following motion:

Motion to authorize issuance of the Request For Proposals for Community Integrated Living Arrangement Services in Champaign County, to be issued on May 22, 2014, and authorize borrowing up to $\$ 800,000$ over a ten-year term, subject to the terms and conditions of the loan agreement. The cost of the loan for the first year shall not exceed $\$ 100,000$.

At such time as the Champaign County Developmental Disabilities Board (CCDDB) takes action to participate in the Request For Proposals, the following shall take place: (1) an addendum to the Intergovernmental Agreement will be completed to reflect CCDDB status as partners in the RFP process, and (2) the RFP will also be amended to reflect the CCDDB participation.

On June 3, 2014, the Champaign County Developmental Disabilities Board (CCDDB) approved the following motion:

Motion to fully participate with the Request for Proposals for Community Integrated Living Arrangement Services in Champaign County issued on May 22, 2014, and to amend the Intergovernmental Agreement with the Champaign County Mental Health Board to share equally in all costs associated with borrowing up to $\$ 800,000$ subject to the terms and conditions delineated in the loan agreement, and to share equally in the equity associated with the real estate purchased. The anticipated cost for the first year shall not exceed $\$ 50,000$.

## Status of the CILA Project

We are having difficulty finding appropriate houses for CILA services at the $\$ 200,000$ average price level. Based on the advice of our realtor/property manager I am recommending that we raise the average price per house to $\$ 260,000$. Since we have already purchased one house, this increase will apply to three houses. The rationale for this request is predicated on the following considerations:

(1) All of the houses require some modifications and sprinklers.
(2) The last three houses need to be wheelchair accessible.
(3) Ranch style houses are the most appropriate for use as a CILA and the price limitation makes it difficult to find this type of house.

For these reasons, we need to increase the average price per house limits. Despite this increase, we will continue to search for appropriate houses at the lowest possible prices. Because of delays in start-up, I anticipate that our financing costs for the first year will be well below the previously authorized $\$ 100,000$. Subsequent year costs would be based on the prices of houses purchased.

## Decision Section

Motion to increase the CILA Project borrowing limits by $\$ 200,000$ to a total of $\$ 1,000,000$ to cover costs up to an average of $\$ 60,000$ to $\$ 70,000$ for the additional three houses. The anticipated aggregate cost to the CCMHB for the first year (July 1, 2014 through June 30, 2015) should not exceed $\$ 50,000$.

| Approved |
| :--- |
| Denied <br>  Modified |

Michelle R.B. Sadder, Secrete

150 N. LaSalle Street $10^{\prime \prime}$ Floor. Ste-10t1 Cheago Itmois 60601

December 12, 2014

Ms. Pattsi Petrie, Chairperson<br>Champaign County Board<br>1776 East Washington Street<br>Urbana, Illinois 61802

Dear Ms. Petrie:

It has come to my attention that the Champaign County Board has raised questions about the need for continuation of the ACCESS Initiative as described in the sustainability plan recently approved by the Champaign County Mental Health Board (CCMHB). I am concerned about this situation and thought it might be helpful if you understood our perspective about the ACCESS Initiative and its importance in your community and in Illinois.

The ACCESS Initiative is a Cooperative Agreement between the Federal Government Substance Abuse and Mental Health Services Administration (SAMHSA), State Government (the Illinois Department of Human Services - Division of Mental Health), and the Champaign County Mental Health Board. I have served as the Co-Principal Investigator for this project and as such, act as the state monitor. Since the beginning of the program in October 2009, I have been involved with the selection of the administrative staff and have been a part of the team responsible for the implementation of the project as well as the development of the logic model which serves as the project blueprint. I also work with the Federal monitors and the project evaluators at the University of Illinois, and have a thorough understanding of the ACCESS Initiative.

The ACCESS Initiative is truly one of the unique System-of Care Children's Mental Health Initiative projects in the United States. The projects focus and population of interest is primarily minority youth and their families with behavioral health needs and also involvement with the juvenile justice system. This is a population disproportionately represented by African American youth in Illinois, and more importantly in Champaign County. The importance of this project's success and in serving this population is particularly relevant to Champaign County and all System of Care communities nationally. The Access Initiative project is one of four nationally focused on this population.


Under the leadership of Mr. Tracy Parsons, with the support of the Champaign County Mental Health Board and other community partners and stakeholders, the ACCESS Initiative has worked very hard to successfully establish a trauma and justice informed System-of-Care in Champaign County which is responsive to this underserved and overrepresented cohort of youth. The ACCESS Initiative has provided extensive evidence-based trainings to many community providers, and has supported the development of a Youth and Family organization to assure the project is "family-driven and youth-guided" as required by the Cooperative Agreement. Other strategic goals including the provision of high-fidelity Wraparound services, infusion of cultural and linguistic competence consultation and oversight, social marketing, and a strong commitment to meeting the terms of the local and national evaluation have been met.

Nationally, the ACCESS Initiative has received recognition for their work. Ms. Shandra Summerville was selected to serve on the board-of-directors of the National Federation of Families for Children's Mental Health, and is acknowledged to be an expert trainer in the area of cultural and linguistic competence. Mrs. Regina Crider also serves on a national board of directors to promote family inclusion and has received national recognition. Our youth leader was recognized as the national youth leader of the year in 2013. Mr. Parsons is being sought out to consult with other projects nationally conceming the special issues and approaches to addressing the needs of underserved and difficult to engage youth populations. At the State level, Mr. Parsons and the ACCESS Initiative staff provide consultation on the DHS Division of Mental Health system-of-care expansion activity. It is my hope that Mr. Parsons will continue to be involved with this project during its sustainability phase.

For all of the above reasons, I encourage the Champaign County Board to fully endorse the work of the ACCESS Initiative by supporting the Sustainability Plan approved by the CCMHB. I have reviewed and approved this plan and believe it meets the Federal sustainability requirements which will allow us to continue this valuable work of the ACCESS Initiative in Champaign County and Illinois.

Sincerely,


Constance Y. Williams, Ph .D.
Co-Principal Investigator, ACCESS Initiative
Executive Director Region 1 South
Illinois Department of Human Services
Division of Mental Health


# Holiday Sales 

at Café Kopi, Crossroads Corner Consignment store, and café Zojo


## At Cafe Kopi...

Not only are Daniel L's evocative landscapes contributing to the ambience at downtown Champaign's hippest hub, they're also available for purchase through the holiday season. All year, Café Kopi displays Alliance artists' work and serves up tasty beverages and treats, so when you're taking a break from the bustle, be sure to check out these one of a kind beauties.

## "Earrings by Marsha" and "Carol's Creations" at Crossroads Comer Consignment Store...

Marsha has worked with various media, most recently designing colorful beaded jewelry. Marsha's earrings are available now! Carol D's latest hobby is to create knitted hats using a loom. She also takes special orders!


## At Cafe Zojo...

Imagine yourself as happy as this art collector, who bought floral wall art by Emily, Hannah, Jay, Steve, and Carol $\mathbf{R}$ before it even hit the wall! On display at Urbana's Cafe Zojo are a series of luscious florals produced by the group just in time for holiday giving and home redecorating!

Your purchase of an Alliance artist's product and your patronage of a valued Community Business Partner's shop helps build an inclusive, integrated community, one sale at a time.

All suggestions and questions are welcome. htrph://Facebook com/alliancefor:MlR Phone: 217-367-5703
I:-mail: lynn(itcomhborg

CHAMPAIGN COUNTY

FOR THE PROMOTION OF
Aluytame, Intromit \& Roped

1 trans of Expo and Eberffest art shows Marsha, Carol D, Daniel. Emily, ITannah, Jay, Steve, and Carol $R$ - ane offering tasteful, affordable gift options: through these community business partners. All proceeds go to the arisist.

Add value to your holiday experience by: BUYING LOCAL, PROMOTING
INCLUSION, SUPPORTING ENTREPRENEURSHIP, and GIVING OBJECTS OF BEAUTY.


[^0]:    ${ }^{1}$ The Evaluation Team of the ACCESS Initiative of Champaign County is comprised of two co-lead evaluators, an evaluation research coordinator, community interviewers, and trained university research assistants.

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