



CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

Champaign County Mental Health Board (CCMHB)

TUESDAY, MAY 23, 2012

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

4:30 p.m.

1. Call to Order - Dr. Deborah Townsend, President
2. Roll Call
3. Citizen Input
4. CCDDDB Information
5. Approval of CCMHB Minutes
 - A. 4/17/12 Board meeting*
Minutes are included in the packet. Action is requested.
6. President's Comments
7. Executive Director's Comments
8. Staff Reports
9. Board to Board Reports
10. Agency Information
11. Financial information
 - A. Acceptance of Claims*
12. New Business
 - A. FY 2012 Allocation Decisions*
A Decision Memorandum is included in the packet. Action is requested.

- B. CCMHB Levy Referendum*
A Decision Memorandum to recommend the Champaign County Board approve placing the referendum on the ballot will be distributed at the meeting. Action is requested.
- C. CCDDDB-CCMHB MOU
A draft of an updated Memorandum of Understanding between the CCDDDB and the CCMHB is included in the packet.
- D. Overview of Ligas v. Hamos
A copy of the Power Point presentation made by Tony Records, Monitor of the Ligas Implementation Plan, is included in the packet.
- E. The 10 By 10 Campaign: A National Wellness Plan
Copy of the National Wellness Summit Report will be distributed to the Board at the meeting.

13. Old Business

- A. CCMHB/CCDDDB Cultural Competence Plan Feedback
Ms. Summerville's comments on submitted plans are included for information only.
- B. Developmental Disabilities Expo Update
A report from Barb Bressner is included in the packet.

14. Board Announcements

15. Adjournment

**Board action*

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

Minutes—April 17, 2012

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

4:30 p.m.

MEMBERS PRESENT: Jan Anderson, Aillinn Dannave, Bill Gleason, Ernie Gullerud, Deloris Henry, Mike McClellan, Thom Moore, Deborah Townsend

MEMBERS EXCUSED: Mary Ann Midden

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

OTHERS PRESENT: Juli Kartel, Sheila Ferguson, Community Elements; Laura Bennett, Annette Becherer, Felicia Gooler, Dale Morrissey, Developmental Services Center (DSC); Shandra Summerville, Jonte Rollins, Peggy Myles-Brooks, ACCESS Initiative; Bruce Suardini, Leon Bryson, Gail Rainey, Prairie Center Health Systems (PCHS); Katie Sissors, Melanie Hertel, Center for Women in Transition (CWT); Mary Vita Rosemarino, Mahomet Area Youth Club (MAYC); Jennifer Knapp, Community Choices; Stephanie Record, Laura Swinford, Crisis Nursery (CN); Mike Williams, Children's Advocacy Center (CAC); Megan Pacey, Melissa Reiman, Nina Gordowski, The UP Center; Deborah Hlavna, East Central Illinois Refugee Mutual Assistance Center (ECIRMAC); Darlene Kloeppel, Regional Planning Commission (RPC)

CALL TO ORDER:

Dr. Townsend, Board President, called the meeting to order at 4:30 p.m.

ROLL CALL:

Roll call was taken and a quorum was present.

ADDITIONS TO AGENDA:

None.

CITIZEN INPUT:

None

CCDDB INFORMATION:

The CCDDB met earlier in the day and reviewed program summaries.

APPROVAL OF MINUTES:

Minutes from the March 21, 2012 Board meeting were included in the packet for review.

MOTION: Mr. Gleason moved to approve the minutes from the March 21, 2012 Board meeting. Ms. Dannave seconded the motion. A vote was taken and the motion passed unanimously.

PRESIDENT'S COMMENTS:

None.

EXECUTIVE DIRECTOR'S COMMENTS:

Mr. Tracy reported the ACCESS Initiative's federal site visit was a success. The formal report will be distributed to Board members when it becomes available. Mr. Tracy met with Ms. Holly Jordan regarding the current Memorandum of Understanding between the CCMHB and the CCDDB. Possible revisions are being discussed. The revisions will be presented to the CCMHB at a later date.

STAFF REPORTS:

Ms. Canfield and Mr. Driscoll referred to the program summaries for their work this month. Mr. Parsons distributed a staff report at the meeting. Mr. Parsons announced the ACCESS Initiative is co-sponsoring Mental Health Awareness Week with Community Elements (CE).

BOARD TO BOARD:

Dr. Gullerud met with Ms. Sheila Ferguson regarding the work of Community Elements (CE).

Dr. Townsend attended the Children's Advocacy Center's monthly Board meeting.

AGENCY INFORMATION:

Mr. Mike Williams from the Children’s Advocacy Center spoke regarding the Blue Kid’s Campaign to raise awareness of child abuse.

FINANCIAL INFORMATION:

Approval of Claims:

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

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

NEW BUSINESS:

Program Summaries:

Draft CCMHB program summaries were included in the Board packet. A Briefing Memorandum, a list of CCMHB and Quarter Cent for Public Safety applications received and a glossary of terms was included in the packet as well. Mr. Tracy briefly reviewed each agencies application requests. Agencies were given an opportunity to respond to their program summaries in writing or in person at the meeting. Written communication received from Prairie Center Health Systems (PCHS) and Community Services Center of Northern Champaign County (CSCNCC) were distributed at the meeting.

Board members were given an opportunity to ask agency representatives questions or clarification regarding their applications. Mr. Tracy announced that funding decisions will be made at the May 23rd Board meeting.

Cultural and Linguistic Competence Plans Review:

Ms. Shandra Summerville’s report was distributed at the meeting

OLD BUSINESS:

Champaign County Anti-Stigma Alliance:

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

Developmental Disabilities Expo Update:

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

BOARD ANNOUNCEMENTS:

None.

ADJOURNMENT:

The business meeting adjourned at 6:15 p.m.

Respectfully

Submitted by: _____ Approved by: _____

Stephanie Howard-Gallo
CCMHB/CCDDB Staff

Deborah Townsend
CCMHB President

Date: _____

Date: _____

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

Lynn Canfield, Associate Director for Developmental Disabilities Staff Report –May 23, 2012

FY12 Quarterly Reports and Program Monitoring Visits: FY12 third quarter agency reports were due on April 27. All which were successfully submitted have been recorded in performance data tables and filed. Agencies have been notified of reports not received. In March, Stephanie Howard-Gallo and I conducted site visits of the Community Choices' Customized Employment and Self-Determination Support programs and of Developmental Services Center's Family Development Center, CILA, and Apartment Services programs. The second quarter report for FDC was amended, and additional documentation was provided to support our Apartment Services case file review. None of the reviews resulted in compliance findings. We have scheduled late May program monitoring visits for DSC's Client/Family Support Services, Individual and Family Support, Clinical, and Developmental Training/Employment Services programs and have contacted PACE and the CU Autism Network to schedule visits of their CCDDDB funded programs. I accompanied Mark Driscoll on a monitoring visit to Center for Women in Transition; although a tornado warning drove us out, our questions regarding documentation were resolved.

The Mental Health Agencies Council met on March 27 and April 24, primarily sharing updates. At the March meeting Al Kurtz talked about the County Board's involvement, particularly with ACCESS Initiative, and asked about the project's federal site visit. Several partners announced their upcoming awareness and fundraising events. MHAC does not have full representation of the developmental disability provider agencies, which results in uneven distribution of information and updates; we will continue to invite representatives and share relevant news.

I attended the **Quarter Cent Administrative Team** meeting on April 17 to discuss applications for Quarter Cent for Public Safety Funding, status of funded programs, what constitutes a measure of success, programs' value to municipalities and schools, and possible request for funding applications with a focus on truancy.

Ebertfest and Anti-Stigma Alliance: The April 28 Art Show was well-received, getting good reviews even from the artists themselves. All promotional materials were distributed as planned, with no waste. Rain did not drive away Mo Betta' Music's audience on Sunday afternoon. Photographs of events are posted on facebook; if you are a facebook user, please like <http://www.facebook.com/antistigmaalliance> and let me know how we can improve the page. As we gear up for the Sixth Annual Expo on October 13, facebook users can also like <http://www.facebook.com/resourceexpo>. Attendance at our post-Ebertfest film screening was lower than hoped, possibly due to dreary weather and people being 'movid out,' but three festival VIPs and several community members spoke with me afterward in support of the film, its message, and the Anti-Stigma Alliance's efforts. Community Elements' staff members provided support for these events and were responsible for Anti Stigma Alliance t-shirts and swag bags of very nice quality. I have had follow-up conversations with Steven Bentz of the Virginia

Theatre, Barbara Bressner, Peter Tracy, and an Alliance partner, getting feedback and brainstorming future activities. We are also seeking input from Ebertfest staff. Ms. Bressner may schedule a debriefing meeting for the Steering Committee; some of the ideas presented during this cycle will be more easily executed if planning begins now.

Other Activity: I attended a quarterly meeting of the Metropolitan Intergovernmental Council on May 15, primarily for updates and status reports (Parkland Construction, Willard Airport, Mahomet Aquifer Protection, UC2B, etc.) The Community Response Group met in March (but not in April) on similar topics. Peter Tracy and I talked with representatives of United Cerebral Palsy in mid-March about statewide issues, new legislation, and their organization's history and Malcolm Aldridge accreditation. Regarding the Implementation of the Ligas Consent Decree and possible local impact, it is my understanding that no residents of the County have been selected from PUNS or ICFs/DD since the late January PUNS draw, which included 800 individuals statewide; 4 were Champaign County residents, and 2 were closed.

Unmet DD Service Needs in Champaign County:

From the DHS Division of Developmental Disabilities website, PUNS reports sorted for Champaign County, we have noted:

- 2/1/11: **194** residents with emergency need; of **269** in crisis, **116** recent or coming HS graduates.
- 4/5/11: **198** with emergency need; of **274** in crisis, **120** recent or coming grads.
- 5/12/11: **195** with emergency need; of **272** in crisis, **121** are recent or coming grads.
- 6/9/11: **194** with emergency need; of **268** in crisis, **120** are recent or coming grads
- 10/4/11: **201** with emergency need; of **278** in crisis, **123** are recent or coming grads.
- 12/5/11: **196** with emergency need; of **274** in crisis, **122** are recent or coming grads.
- 1/9/12: **no change** from 12/5/11 report.
- 5/7/12: **222** with emergency need; of **289** in crisis, **127** are recent or coming grads.

The majority of existing supports are in Education, with Speech and Occupational Therapy following. Desired supports include Personal Support, Transportation, Occupational Therapy, Support for in-center activities, Support to work in community, Behavioral Supports, Speech Therapy, 24 hour Residential, Other Transportation, Respite, Physical Therapy, Intermittent Residential, and Assistive Technology.



County: Champaign

Reason for PUNS or PUNS Update

New	153
Annual Update	91
Change of category (Emergency, Planning, or Critical)	15
Change of service needs (more or less) - unchanged category (Emergency, Planning, or Critical)	4
Person is fully served or is not requesting any supports within the next five (5) years	143
Moved to another state, close PUNS	5
Person withdraws, close PUNS	16
Deceased	2
Other, supports still needed	2
Other, close PUNS	27

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.	9
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.	20
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.	10

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).	29
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.	4
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.).	7
6. Other crisis, Specify:	133

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.	29
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.	26
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.	18
8. Person or care giver needs an alternative living arrangement.	12
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	127
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

May 07, 2012

- 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. 70
- 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. 2
- 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. 45
- 9. Person is losing eligibility for Department of Children and Family Services supports within 1-5 years. 2
- 14. Other, Explain: 16

EXISTING SUPPORTS AND SERVICES

- Respite Supports (24 Hour) 20
- Respite Supports (<24 hour) 20
- Behavioral Supports (includes behavioral intervention, therapy and counseling) 94
- Physical Therapy 64
- Occupational Therapy 115
- Speech Therapy 143
- Education 182
- Assistive Technology 32
- Homemaker/Chore Services 3
- Adaptions to Home or Vehicle 4
- 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.) 6
- Medical Equipment/Supplies 10
- Nursing Services in the Home, Provided Intermittently 2
- Other Individual Supports 19

TRANSPORTATION

- Transportation (include trip/mileage reimbursement) 123
- Other Transportation Service 51
- Senior Adult Day Services 2
- Developmental Training 72
- "Regular Work"/Sheltered Employment 79
- Supported Employment 41
- Vocational and Educational Programs Funded By the Division of Rehabilitation Services 13
- Other Day Supports (e.g. volunteering, community experience) 9

RESIDENTIAL SUPPORTS

- Community Integrated Living Arrangement (CILA)/Family 4
- Community Integrated Living Arrangement (CILA)/Intermittent 4
- Community Integrated Living Arrangement (CILA)/Host Family 1
- Community Integrated Living Arrangement (CILA)/24 Hour 31
- Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People 8
- Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 17 or More People 1
- Skilled Nursing Facility/Pediatrics (SNF/PED) 3
- Supported Living Arrangement 2
- Shelter Care/Board Home 1
- Children's Residential Services 6



PUNS Data By County and Selection Detail

May 07, 2012

Child Care Institutions (Including Residential Schools)	5
Other Residential Support (including homeless shelters)	8
SUPPORTS NEEDED	
Personal Support (includes habilitation, personal care and intermittent respite services)	229
Respite Supports (24 hours or greater)	86
Behavioral Supports (includes behavioral intervention, therapy and counseling)	140
Physical Therapy	83
Occupational Therapy	164
Speech Therapy	138
Assistive Technology	68
Adaptations to Home or Vehicle	29
Nursing Services in the Home, Provided Intermittently	6
Other Individual Supports	42
TRANSPORTATION NEEDED	
Transportation (include trip/mileage reimbursement)	228
Other Transportation Service	93
VOCATIONAL OR OTHER STRUCTURED ACTIVITIES	
Support to work at home (e.g., self employment or earning at home)	6
Support to work in the community	157
Support to engage in work/activities in a disability setting	158
RESIDENTIAL SUPPORTS NEEDED	
Out-of-home residential services with less than 24-hour supports	75
Out-of-home residential services with 24-hour supports	114

Mark Driscoll

Associate Director for Mental Health & Substance Abuse Services

Staff Report – May 23, 2012 Board Meeting

Summary of Activity

Contracts: As has been the case recently, a couple of amendments were issued since my last staff report. In April, Community Elements requested another amendment to Non-Medicaid Initiative contract. The executed amendment enables up to four staff to participate in on-line training on Dialectic Behavioral Therapy. The cost of the on-line training will be charged to the contract while staff time will be the responsibility of Community Elements. The other amendment addressed an administrative change. The consultant we use to maintain the on-line system and provide support services has affiliated with a larger entity. The amendment updates provider name and billing address. The consultant continues to be our lead contact and there is no change to services or cost.

Other contract related news concerns Frances Nelson Health Center. We have been informed by the Community Health Improvement Center (CHIC) that an agreement has been reached for a return to local control and management of Frances Nelson Health Center. As a federally qualified health center, the Health Resources and Services Administration must approve the transfer of Frances Nelson Health Center from CHIC to the new administering entity before it can be completed. Upon formal notice of the change in administration from CHIC, the transfer of the CCMHB contract from CHIC to the new administering entity will be implemented. As part of the process the new agency will be required to register on the online system and complete the agency plan including board list, cultural competence plan, and program and budget forms. Following the transfer to the new contractor an orientation to CCMHB policies, terms of the contract, and report requirements will be held with the appropriate staff. A copy of the News-Gazette article is attached for more information.

Program Monitoring Activity: With program summaries completed in April and contracts to be issued following the May meeting, I took advantage of the intervening weeks to start the annual monitoring process. Each monitoring visit is intended to verify reported program performance is supported by documentation on file at the agency and that services provided are in keeping with the scope of work included in the contract program plan. It is also an opportunity to discuss other issues as well as develop a rapport with program staff. A discussion with the lead staff person closes out the on-site review. This exit interview can include questions, clarifications, concerns, and/or findings identified during the site visit.

A report is prepared following each site visit or record review. If significant deficiencies are identified a corrective action plan is required to correct the finding but such occurrences are rare. Concerns may be expressed in the report with the understanding that the issue is addressed by the agency and will be checked at the next review.

For the 2012 contract year, I have 24 programs to monitor. Depending on the type of contract either a site visit or record review is completed for each contract. So far 11 site visits and 2 record reviews have been held with four reports issued. One record review required a second round of files be reviewed and an adjustment to the next billing, and two site visits have had concerns noted.

In addition to the on-site reviews mentioned, I continue to participate in the web-based PLL Front End and Extended Care quarterly review meetings led by Savannah Family Institute. Also, quarterly reports were due the end of April and results have been posted to the spreadsheet used to track reported program activity.

Quarter Cent Administrative Team: The Quarter Cent Administrative Team meeting included a review of applications submitted for Quarter Cent for Public Safety Funding. Consensus of the team was to recommend CCMHB fund the RPC Court Diversion program at \$161,000 and not to fund the JUMP program. Discussion of other potential uses of the unobligated balance of approximately \$42,000 settled on addressing truancy as a delinquency prevention initiative. Mr. Parsons committed to working with ACCESS Initiative partners to develop a proposal for addressing truancy and report back on the matter at the July meeting of the Administrative Team. The requests for increased funding by PLL providers was discussed and supported with final recommendation resting with the CCMHB.

Other Activity: As usual I have attended a number of different meetings, some regularly scheduled and others that were onetime events. Some of the regular meetings included the Child and Adolescent Local Area Network, the U-C Continuum of Care and Council of Service Providers to the Homeless, the Mental Health Agencies Council, and United Way Community Impact Committee. Onetime events included the East Central Illinois Area Agency on Aging held a public hearing on the FY 2013 Area Plan that presented proposed changes in funding and services for the new fiscal year and the Aging Wellness conference held at The Carle Forum. The conference included presentations on understanding and promoting mental, physical, and spiritual wellness of seniors and a session legal issues affecting seniors. This daylong conference was organized in part by the Senior Wellness Coalition of Champaign County that I attend and had over 75 participants and 15 exhibitors present.

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Frances Nelson to move to local control

Tue, 05/01/2012 - 11:28am | [Debra Pressey](#) ^[1], staff writer, [The News-Gazette](#) ^[2]

CHAMPAIGN — Frances Nelson Health Center, a Champaign clinic under the control of a Decatur organization for the past 11 years, could soon be back in local hands.

A new not-for-profit corporation was established last month to take over the clinic, and a local board was established to see the transition through, with a goal of detaching the Champaign clinic from the Community Health Improvement Center of Decatur by June 1, said Lyn Jones, president of the United Way of Champaign County.

The Community Health Improvement Center's board and the Health Resources and Services Administration, an agency of the U.S. Department of Health and Human Services, both will have to give final approval to the move, Jones said.

The new corporation will have to pay the Decatur organization for the medical equipment, furnishings and patient list at Frances Nelson, and that amount has yet to be determined, Jones said.

The transition board is also looking at expansion plans to provide more primary and preventive health care to serve all of Champaign County and planning to change the name of the clinic.

A federally qualified health center designated to provide care for the needy and medically under-served, Frances Nelson Health Center got its start as a tiny clinic on Carver Drive in Champaign and moved in 2006 to its larger and more modern facility through a community fund-raising effort led by the local United Way.

Another community collaboration added a dental clinic at Frances Nelson last fall to provide dentistry to people who can't afford it.

But despite the expansion of the medical clinic, there remains a vast need for more primary care and preventive health services in the local community, says Claudia



^[3]

Photo by: Robin Scholz/The News-Gazette
Frances Nelson Health Center on Bloomington Road in Champaign on Tuesday, May 1, 2012.

Lennhoff, executive director of Champaign County Healthcare Consumers and a member of the transition board.

Local medical providers are doing what they can, she said, but there just aren't enough primary care providers to go around.

Local governance will provide the opportunity for the growth in service that's needed, she said.

Jones said many federally-qualified health centers in the U.S. have closed, and local control will also help shelter Frances Nelson in the years ahead.

"If we have a local board, we're in a better position to bring resources to the table," she said.

The board is making plans to expand Frances Nelson to serve the broader community beyond Champaign, including possible satellite sites to bring services closer to patients.

Under local control, Frances Nelson can collaborate better with local medical providers and meet the needs of more Medicaid patients, the ranks of whom are expected to grow under the Affordable Care Act within two years, Jones said.

The goal will also be to create a community clinic that anyone will want to come to, not just the under-served, Lennhoff said.

"We want to created a community where there's not a two-tiered health system," she said.

The clinic will have a new name under the new local establishment, in part to reflect the clinic's mission to serve all of Champaign County and not just Champaign, but plans are being made to honor the Frances Nelson name and legacy, said fellow board member Mark Ballard.

See Wednesday's News-Gazette for more.

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Date: May 15, 2012

To: Champaign County Mental Health Board

From Tracy Parsons, Project Director of ACCESS Initiative
Staff Report for the ACCESS Initiative

A handwritten signature in black ink, appearing to be "TP", is located to the right of the sender information.

Attached, please find the summary document submitted to us from the Federal Site Visit in April. We are pleased with the results from our site and look forward to implementing the recommendations provided by the Site Visit Team. A copy of the full report is available and will be on the ACCESS Initiative Website. Please go to www.access-initiative.org



April 17, 2012

Constance Williams, Co-Principal Investigator
Illinois Department of Human Services, Division of Mental Health
401 S. Clinton
Chicago, IL 60607

Peter Tracy, Co-Principal Investigator
ACCESS Initiative
Brookens Administrative Center
1776 E. Washington
Urbana, IL 61802

Dear Ms. Williams and Mr. Tracy:

Enclosed is the Center for Mental Health Services, Child, Adolescent, and Family Branch report of the Federal site visit to the ACCESS Initiative. We trust that it accurately and fairly represents the work being done in this cooperative agreement. The site visit team thanks everyone who participated as part of the site visit. We recognize the hard work that goes into planning such a meeting. The site team appreciates the openness with which they were met and the cooperation and enthusiasm shown by all of the System of Care partners.

This site visit report represents a snapshot of the ACCESS Initiative as reflected by the site visit team. The site visit helped provide clarity about the successes and challenges you have addressed in the early phases of project development as well as the significant economic challenges facing the Initiative as you move forward with the cooperative agreement.

Priority Recommendations

Identify strategies for increasing enrollment into services and into the longitudinal study to achieve the respective enrollment goals of 540 and 225 families.

The ACCESS Initiative is at a critical juncture, balancing the need to increase enrollment in the national evaluation with concerns about being able to provide high quality wraparound services to families. During site visit discussions, the evaluation team provided projections of the number of referrals (6 families per

**COMPREHENSIVE COMMUNITY MENTAL HEALTH SERVICES
FOR CHILDREN AND THEIR FAMILIES PROGRAM**

Child, Adolescent and Family Branch

Center for Mental Health Services

Substance Abuse and Mental Health Services Administration

U. S. Department of Health and Human Services

REPORT OF VISIT TO SYSTEM OF CARE COMMUNITY

Project location: Champaign-Urbana, Illinois

Project name: ACCESS Initiative

Date of visit: April 2 – 4, 2012

Report date: April 17, 2012

Principal Investigator: Constance Williams, Peter Tracy

Project Director: Tracy Parsons

Site Visit Team:

CMHS, Child, Adolescent and Family Branch: Bethany D. Miller

Site Visit Coordinator: Scott Bryant-Comstock

Family Consultant: Vee Boyd

Technical Assistance Coordinator: Frank Rider

Purpose of the Federal Site Visit

Federal site visits to communities funded through the Comprehensive Community Mental Health Services for Children and Their Families Program are conducted as part of the technical assistance requirements in The Public Health Services Act, Public Law 102-321 as amended, Part E, Title V, Sections 561-565. These site visits are intended to determine the status of project implementation and to identify areas that would benefit from quality improvement activities. The site visits also provide an opportunity for the community to highlight policies and practices and to demonstrate their work in developing a community-based system of care for children and adolescents with serious emotional disturbance and their families. This site visit was conducted in the third year of federal funding.

Process used to develop observations

The site visit team conducted a series of focused discussions with staff and community partners to develop the observations and recommendations detailed in this report. Recommendations were formed after a series of meetings that took place over the course of three days. Each meeting had a specific focus that corresponded to the eleven categories in the site visit protocol.

Overview

The ACCESS Initiative is a partnership with youth, families, schools, faith-based organizations, social service agencies, mental health care providers, businesses and community leaders who are working together to create a trauma and justice informed system of services and supports focused on families with youth between the ages of 10 – 18 to succeed at home, school, in the community and throughout life.

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VENDOR NO	VENDOR NAME	TRN DTE	B N CD	TR N CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 090 MENTAL HEALTH												
*** DEPT NO. 053 MENTAL HEALTH BOARD												
25	CHAMPAIGN COUNTY TREASURER	5/03/12	05 VR	53-	189		468982	5/04/12	090-053-533.50-00	RENT-GENERAL CORP FACILITY/OFFICE RENTALS	MAY OFFICE RENT VENDOR TOTAL	2,066.52 2,066.52 *
41	CHAMPAIGN COUNTY TREASURER	4/25/12	02 VR	620-	79		468499	4/30/12	090-053-513.06-00	HEALTH INSUR FND 620 EMPLOYEE HEALTH/LIFE INS	APR HI,LI,& HRA VENDOR TOTAL	2,817.09 2,817.09 *
88	CHAMPAIGN COUNTY TREASURER	4/13/12	01 VR	88-	29		468274	4/20/12	090-053-513.02-00	I.M.R.F. FUND 088 IMRF - EMPLOYER COST	IMRF 4/5 P/R	1,282.42
		5/01/12	02 VR	88-	31		468986	5/04/12	090-053-513.02-00	IMRF - EMPLOYER COST	IMRF 4/20 P/R VENDOR TOTAL	1,287.75 2,570.17 *
176	CHAMPAIGN COUNTY TREASURER	4/18/12	01 VR	119-	26		468278	4/20/12	090-053-513.04-00	SELF-FUND INS FND476 WORKERS' COMPENSATION	INSWORK COMP 3/2,9,23P VENDOR TOTAL	133.20 133.20 *
188	CHAMPAIGN COUNTY TREASURER	4/13/12	01 VR	188-	45		468281	4/20/12	090-053-513.01-00	SOCIAL SECUR FUND188 SOCIAL SECURITY-EMPLOYER	FICA 4/5 P/R	974.22
		5/01/12	02 VR	188-	51		468993	5/04/12	090-053-513.01-00	SOCIAL SECURITY-EMPLOYER	FICA 4/20 P/R VENDOR TOTAL	978.30 1,952.52 *
572	ABSOPURE WATER	4/18/12	04 VR	53-	174		468285	4/20/12	090-053-522.02-00	OFFICE SUPPLIES	805308 82330949 3/2	33.50
		4/18/12	04 VR	53-	174		468285	4/20/12	090-053-533.51-00	EQUIPMENT RENTALS	805308 53392610 3/3 VENDOR TOTAL	9.00 42.50 *
7982	BEST INTEREST OF CHILDREN, INC.	4/18/12	04 VR	53-	173		468299	4/20/12	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR FAM ENGAGE	10,000.00
		4/18/12	04 VR	53-	173		468299	4/20/12	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR FAM ENGAGE	10,000.00

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VENDOR NO	VENDOR NAME	TRN DTE	B N	TR CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 090 MENTAL HEALTH												
		4/18/12	04	VR	53-	173	468299	4/20/12	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR CLINICAL COORD	2,500.00
		4/18/12	04	VR	53-	173	468299	4/20/12	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR CLINICAL COORD	2,500.00
											VENDOR TOTAL	25,000.00 *
13376	CENTER FOR YOUTH & FAMILY SOLUTIONS											
		5/03/12	05	VR	53-	180	469026	5/04/12	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR COUNSELNG 12-00	667.00
											VENDOR TOTAL	667.00 *
17128	CLASSIC EVENTS											
		4/18/12	04	VR	53-	179	468315	4/20/12	090-053-533.95-00	CONFERENCES & TRAINING	INV 2011431 3/21	165.75
											VENDOR TOTAL	165.75 *
18052	COMCAST CABLE - MENTAL HEALTH ACCT								AC#8771403010088314			
		4/18/12	04	VR	53-	175	468318	4/20/12	090-053-533.29-00	COMPUTER/INF TCH SERVICES	8771403010088314 4/	84.90
											VENDOR TOTAL	84.90 *
18209	COMMUNITY ELEMENTS											
		5/03/12	05	VR	53-	183	469037	5/04/12	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR TIMES CENTER	1,221.76
											VENDOR TOTAL	1,221.76 *
26000	FAMILY SERVICE OF CHAMPAIGN COUNTY								GRANTS			
		5/03/12	05	VR	53-	181	469052	5/04/12	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR FAMILY COUNSELN	4,167.00
											VENDOR TOTAL	4,167.00 *
35960	ILLINOIS DEPT OF EMPLOYMENT SECURITY								#0801969-1			
		4/11/12	02	VR	76-	2	468021	4/12/12	090-053-513.05-00	UNEMPLOYMENT INSURANCE	UNEMPLOY TAX Q1 201	3,092.83
											VENDOR TOTAL	3,092.83 *
47690	MINUTEMAN PRESS								SUITE B			
		4/18/12	04	VR	53-	177	468376	4/20/12	090-053-533.89-00	PUBLIC RELATIONS	INV 24102 4/10	44.00
											VENDOR TOTAL	44.00 *

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VENDOR NO	VENDOR NAME	TRN DTE	B N CD	TR NO	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 090 MENTAL HEALTH												
49835	NATIONAL ALLIANCE ON MENTAL ILLNESS							(NAMI)				
		4/18/12	04 VR	53-	178		468385	4/20/12	090-053-533.93-00	DUES AND LICENSES	NAMI 1 YR MEMBERSHI	35.00
											VENDOR TOTAL	35.00 *
67867	SPOC LLC							D/B/A CHAMPAIGN TEL				
		4/26/12	06 VR	28-	77		468671	4/30/12	090-053-533.33-00	TELEPHONE SERVICE	INV 1086390 4/13	43.60
											VENDOR TOTAL	43.60 *
78550	VERIZON WIRELESS-MENTAL HEALTH BOARD							AC 386356887-00001				
		5/03/12	05 VR	53-	186		469121	5/04/12	090-053-533.29-00	COMPUTER/INF TCH SERVICES	SAC 386356887-01 4/2	110.46
		5/03/12	05 VR	53-	186		469121	5/04/12	090-053-533.33-00	TELEPHONE SERVICE	AC 386356887-01 4/2	109.02
											VENDOR TOTAL	219.48 *
78873	VISA CARDMEMBER SERVICES											
		5/03/12	05 VR	53-	187		469128	5/04/12	090-053-522.02-00	OFFICE SUPPLIES	7790 STAPLES 3/29	384.93
		5/03/12	05 VR	53-	187		469128	5/04/12	090-053-522.02-00	OFFICE SUPPLIES	7790 STAPLES 4/11	101.43
		5/03/12	05 VR	53-	187		469128	5/04/12	090-053-522.02-00	OFFICE SUPPLIES	7790 STAPLES 4/12	71.47
		5/03/12	05 VR	53-	187		469128	5/04/12	090-053-522.04-00	COPIER SUPPLIES	7790 STAPLES 4/10	419.88
		5/03/12	05 VR	53-	187		469128	5/04/12	090-053-522.06-00	POSTAGE, UPS, FED EXPRESS	7790 USPS 4/10	46.80
		5/03/12	05 VR	53-	187		469128	5/04/12	090-053-533.89-00	PUBLIC RELATIONS	7790 FACTORY DIR 4/	70.44
		5/03/12	05 VR	53-	187		469128	5/04/12	090-053-533.89-00	PUBLIC RELATIONS	7790 GRAT IMPST 4/1	158.41
		5/03/12	05 VR	53-	187		469128	5/04/12	090-053-533.95-00	CONFERENCES & TRAINING	7790 EINSTN BGL 4/1	143.84
		5/03/12	05 VR	53-	187		469128	5/04/12	090-053-534.37-00	FINANCE CHARGES,BANK FEES	7790 LATEFIN 4/19-2	51.38
		5/03/12	05 VR	53-	188		469128	5/04/12	090-053-522.02-00	OFFICE SUPPLIES	7790 STAPLES 2/22	158.45
		5/03/12	05 VR	53-	188		469128	5/04/12	090-053-533.95-00	CONFERENCES & TRAINING	7790 MEIJER 2/22	26.43
		5/03/12	05 VR	53-	188		469128	5/04/12	090-053-533.84-00	BUSINESS MEALS/EXPENSES	7790 LONGHRN 2/27	20.96
		5/03/12	05 VR	53-	188		469128	5/04/12	090-053-533.89-00	PUBLIC RELATIONS	7790 ORENTL TRDN 3/	120.47
		5/03/12	05 VR	53-	188		469128	5/04/12	090-053-533.89-00	PUBLIC RELATIONS	7790 YAYA FVMRT 3/1	102.87
		5/03/12	05 VR	53-	188		469128	5/04/12	090-053-522.02-00	OFFICE SUPPLIES	7790 STAPLES 3/16	56.14
		5/03/12	05 VR	53-	188		469128	5/04/12	090-053-533.89-00	PUBLIC RELATIONS	7790 MNTMAN PRS 3/1	375.68
		5/03/12	05 VR	53-	188		469128	5/04/12	090-053-522.02-00	OFFICE SUPPLIES	7790 STAPLES 3/13	94.87
											VENDOR TOTAL	2,404.45 *

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*** FUND NO. 090 MENTAL HEALTH											
81610	XEROX CORPORATION	4/18/12	04 VR	53- 176		468441	4/20/12	090-053-533.85-00	PHOTOCOPY SERVICES	INV 118731649 4/3	292.69
										VENDOR TOTAL	292.69 *
602880	BRESSNER, BARBARA J.	5/03/12	05 VR	53- 190		469144	5/04/12	090-053-533.07-00	PROFESSIONAL SERVICES	MAY CONSLTNG FEE	2,625.00
		5/07/12	01 VR	53- 192		469453	5/10/12	090-053-533.89-00	PUBLIC RELATIONS	REIM EXP 1/17-4/28	522.72
										VENDOR TOTAL	3,147.72 *
603719	BRUSVEEN, JOHN	5/03/12	05 VR	53- 182		469146	5/04/12	090-053-533.07-00	PROFESSIONAL SERVICES	#12-035 CONSLF 5 HR	250.00
										VENDOR TOTAL	250.00 *
604568	CANFIELD, LYNN	4/09/12	03 VR	53- 171		468117	4/12/12	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	71 MILE 2/7-3/30	39.41
										VENDOR TOTAL	39.41 *
609500	CRAWFORD, NANCY K	5/03/12	05 VR	53- 185		469156	5/04/12	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	105 MILE 3/16-4/30	58.28
		5/03/12	05 VR	53- 185		469156	5/04/12	090-053-533.95-00	CONFERENCES & TRAINING	208 MILE 4/18-19	115.44
		5/03/12	05 VR	53- 185		469156	5/04/12	090-053-522.03-00	BOOKS, PERIODICALS & MAN.	REFERENCE BOOK 4/30	28.94
										VENDOR TOTAL	202.66 *
618915	HENRY, DELORIS	5/03/12	05 VR	53- 184		469169	5/04/12	090-053-533.95-00	CONFERENCES & TRAINING	180 MILE 4/18-19 SP	99.90
		5/03/12	05 VR	53- 184		469169	5/04/12	090-053-533.95-00	CONFERENCES & TRAINING	PARKING 4/18-19 SPR	8.00
										VENDOR TOTAL	107.90 *
619548	HOWARD-GALLO, STEPHANIE	4/09/12	03 VR	53- 172		468136	4/12/12	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	112 MILE 2/1-3/30	62.16
										VENDOR TOTAL	62.16 *

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VENDOR NO	VENDOR NAME	TRN DTE	B N	TR CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 090 MENTAL HEALTH												
8015320	GULLERUD ERNEST N								1208 W DANIEL ST			
		5/07/12	01	VR	53-	191	469506	5/10/12	090-053-533.95-00	CONFERENCES & TRAINING	180ML 4/18-19 SPRFL	99.90
		5/07/12	01	VR	53-	191	469506	5/10/12	090-053-533.95-00	CONFERENCES & TRAINING	PARKING 4/19 SPRNFL	7.50
											VENDOR TOTAL	107.40 *
										MENTAL HEALTH BOARD	DEPARTMENT TOTAL	50,937.71 *
										MENTAL HEALTH	FUND TOTAL	50,937.71 *

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VENDOR NO	VENDOR NAME	TRN DTE	B N CD	TR NO	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 641 ACCESS INITIATIVE GRANT												
*** DEPT NO. 053 MENTAL HEALTH BOARD												
25	CHAMPAIGN COUNTY TREASURER								RENT-GENERAL CORP			
		5/03/12	05 VR	641-	80		468982	5/04/12	641-053-533.50-00	FACILITY/OFFICE RENTALS	MAY OFFICE RENT	1,597.70
											VENDOR TOTAL	1,597.70 *
41	CHAMPAIGN COUNTY TREASURER								HEALTH INSUR FND 620			
		4/25/12	02 VR	620-	79		468499	4/30/12	641-053-513.06-00	EMPLOYEE HEALTH/LIFE INS	APR HI, LI, & HRA	1,696.80
											VENDOR TOTAL	1,696.80 *
88	CHAMPAIGN COUNTY TREASURER								I.M.R.F. FUND 088			
		4/13/12	01 VR	88-	29		468274	4/20/12	641-053-513.02-00	IMRF - EMPLOYER COST	IMRF 4/5 P/R	635.30
		5/01/12	02 VR	88-	31		468986	5/04/12	641-053-513.02-00	IMRF - EMPLOYER COST	IMRF 4/20 P/R	629.82
											VENDOR TOTAL	1,265.12 *
96	CHAMPAIGN COUNTY TREASURER								T & A ADVANCES			
		5/07/12	01 VR	641-	76		469316	5/10/12	641-053-534.81-00	GENERAL LIABILITY CLAIMS	TD1751 SPIRES,ADRIN	1,200.00
											VENDOR TOTAL	1,200.00 *
176	CHAMPAIGN COUNTY TREASURER								SELF-FUND INS FND476			
		4/18/12	01 VR	119-	26		468278	4/20/12	641-053-513.04-00	WORKERS' COMPENSATION	INSWORK COMP 3/2,9,23P	65.12
											VENDOR TOTAL	65.12 *
188	CHAMPAIGN COUNTY TREASURER								SOCIAL SECUR FUND188			
		4/13/12	01 VR	188-	45		468281	4/20/12	641-053-513.01-00	SOCIAL SECURITY-EMPLOYER	FICA 4/5 P/R	482.63
		5/01/12	02 VR	188-	51		468993	5/04/12	641-053-513.01-00	SOCIAL SECURITY-EMPLOYER	FICA 4/20 P/R	478.45
											VENDOR TOTAL	961.08 *
572	ABSOPURE WATER											
		5/03/12	05 VR	641-	73		468997	5/04/12	641-053-522.02-00	OFFICE SUPPLIES	927471-82330958 3/2	6.95
		5/03/12	05 VR	641-	73		468997	5/04/12	641-053-533.51-00	EQUIPMENT RENTALS	927471-82330958 3/2	9.00
											VENDOR TOTAL	15.95 *

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*** FUND NO. 641 ACCESS INITIATIVE GRANT											
7982	BEST INTEREST OF CHILDREN, INC.	5/03/12	05 VR 641-	77		469016	5/04/12	641-053-533.92-00	CONTRIBUTIONS & GRANTS	MAY YOUTH MOVE	4,537.00
										VENDOR TOTAL	4,537.00 *
18053	COMCAST CABLE - ACCESS INITIATIVE ACCT	4/27/12	01 VR 641-	70		468559	4/30/12	641-053-533.29-00	COMPUTER/INF TCH SERVICES	8771403010217756 32	81.90
										VENDOR TOTAL	81.90 *
18209	COMMUNITY ELEMENTS	5/03/12	05 VR 641-	79		469037	5/04/12	641-053-533.92-00	CONTRIBUTIONS & GRANTS	MAY SCHOOL BASED	6,870.00
										VENDOR TOTAL	6,870.00 *
22730	DON MOYER BOYS & GIRLS CLUB	5/03/12	05 VR 641-	78		469046	5/04/12	641-053-533.92-00	CONTRIBUTIONS & GRANTS	MAY PEER PARTNERS	45,566.00
		5/03/12	05 VR 641-	78		469046	5/04/12	641-053-533.92-00	CONTRIBUTIONS & GRANTS	MAY FAM SUPP PARTNR	10,401.00
										VENDOR TOTAL	55,967.00 *
26724	FIREOWL CONSULTING SERVICES	5/03/12	05 VR 641-	68		469056	5/04/12	641-053-533.07-00	PROFESSIONAL SERVICES	AI 4/12 4/13 CNSLT	4,860.00
										VENDOR TOTAL	4,860.00 *
35960	ILLINOIS DEPT OF EMPLOYMENT SECURITY	4/11/12	02 VR 76-	2		468021	4/12/12	641-053-513.05-00	UNEMPLOYMENT INSURANCE	UNEMPLOY TAX Q1 201	1,788.64
										VENDOR TOTAL	1,788.64 *
47428	MEYER CAPEL LAW OFFICE, P.C.	5/03/12	05 VR 641-	67		469084	5/04/12	641-053-533.07-00	PROFESSIONAL SERVICES	INV 133719 4/11	513.00
										VENDOR TOTAL	513.00 *
53302	PACIFIC INTERPRETERS	5/03/12	05 VR 641-	72		469093	5/04/12	641-053-533.07-00	PROFESSIONAL SERVICES	INV 108528 3/31	3.90
										VENDOR TOTAL	3.90 *

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VENDOR NO	VENDOR NAME	TRN DTE	B N CD	TR NO	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 641 ACCESS INITIATIVE GRANT												
58118	QUILL CORPORATION											
		5/03/12	05 VR	641-	74		469099	5/04/12	641-053-522.02-00	OFFICE SUPPLIES	INV 2192941 3/30	97.58
		5/03/12	05 VR	641-	74		469099	5/04/12	641-053-522.04-00	COPIER SUPPLIES	INV 2192941 3/30	39.90
										VENDOR TOTAL		137.48 *
67867	SPOC LLC									D/B/A CHAMPAIGN TEL		
		4/26/12	06 VR	28-	77		468671	4/30/12	641-053-533.33-00	TELEPHONE SERVICE	INV 1086390 4/13	44.25
										VENDOR TOTAL		44.25 *
78552	VERIZON WIRELESS-MNTL HLTH BD/ACCESS									INT AC 286369166-00001		
		4/27/12	01 VR	641-	71		468695	4/30/12	641-053-533.33-00	TELEPHONE SERVICE	AC 28636916601 4/2	661.03
										VENDOR TOTAL		661.03 *
78873	VISA CARDMEMBER SERVICES											
		4/27/12	01 VR	641-	69		468698	4/30/12	641-053-533.95-00	CONFERENCES & TRAINING	1939 JERK HUT 3/5	15.94
		4/27/12	01 VR	641-	69		468698	4/30/12	641-053-533.95-00	CONFERENCES & TRAINING	1939 FLY RSTRNT 3/6	25.40
		4/27/12	01 VR	641-	69		468698	4/30/12	641-053-533.95-00	CONFERENCES & TRAINING	1939 AIR TRAN 3/7	20.00
		4/27/12	01 VR	641-	69		468698	4/30/12	641-053-533.95-00	CONFERENCES & TRAINING	1939 EMPASSY SUIT3/	728.54
		4/27/12	01 VR	641-	69		468698	4/30/12	641-053-533.95-00	CONFERENCES & TRAINING	1939 HAMPTON INN3/1	124.81
		4/27/12	01 VR	641-	69		468698	4/30/12	641-053-533.18-00	NON-EMPLOYEE TRAINING,SEM	1939 HAMPTON INN3/1	124.81
		4/27/12	01 VR	641-	69		468698	4/30/12	641-053-533.84-00	BUSINESS MEALS/EXPENSES	1939 GREEN JADE 3/2	158.80
		4/27/12	01 VR	641-	69		468698	4/30/12	641-053-533.07-00	PROFESSIONAL SERVICES	1939 WINGATE HTL3/3	85.47
		4/27/12	01 VR	641-	69		468698	4/30/12	641-053-533.84-00	BUSINESS MEALS/EXPENSES	1939 DUNKIN DNTS 4/	25.75
		4/27/12	01 VR	641-	69		468698	4/30/12	641-053-533.84-00	BUSINESS MEALS/EXPENSES	1949 ENSTN BAGELS4/	17.47
										VENDOR TOTAL		1,326.99 *
81610	XEROX CORPORATION											
		5/03/12	05 VR	641-	75		469138	5/04/12	641-053-533.85-00	PHOTOCOPY SERVICES	INV 061008903 4/2	559.93
										VENDOR TOTAL		559.93 *
										MENTAL HEALTH BOARD	DEPARTMENT TOTAL	84,152.89 *
										ACCESS INITIATIVE GRANT	FUND TOTAL	84,152.89 *

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*** FUND NO. 685 DRUG COURTS PROGRAM												
*** DEPT NO. 053 MENTAL HEALTH BOARD												
56750	PRAIRIE CENTER HEALTH SYSTEMS	4/18/12	04	VR	685-	4	468397	4/20/12	685-053-533.92-00	CONTRIBUTIONS & GRANTS	JAN-FEB DRUG CRT PR	10,431.51
											VENDOR TOTAL	10,431.51 *
										MENTAL HEALTH BOARD	DEPARTMENT TOTAL	10,431.51 *
										DRUG COURTS PROGRAM	FUND TOTAL	10,431.51 *
											REPORT TOTAL *****	173,056.11 *



CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

DECISION MEMORANDUM

DATE: May 23, 2012
TO: Members, Champaign County Mental Health Board
FROM: Peter Tracy
SUBJECT: STAFF RECOMMENDATIONS FOR FY13 FUNDING

"Money is the barometer of a society's virtue." - Ayn Rand

This memorandum is to offer staff recommendations for FY13 (July 1, 2012 through June 30, 2013) funding allocations for the consideration of the Champaign County Mental Health Board (CCMHB). These recommendations are predicated on a thorough evaluation of applications using decision support criteria approved by the CCMHB in November 2011. Final funding decision authority rests with the CCMHB and their sole discretion and judgment concerning the most appropriate and efficacious use of available dollars based on assessment of community needs, best value, alignment with decision support criteria, pricing and affordability and reasonable distribution of funds across disability areas.

Background - State Budget Concerns and Policy Considerations:

A friend and colleague once said, "I can't define 'bizarre,' but I know it when I see it." The FY13 State of Illinois budget process and the response of officials from the Department of Human Services, Division of Mental Health is bizarre.

There isn't any good news on the horizon for disabilities services. Developmental Disabilities is slated to be flat lined at FY12 funding levels and this is the bright spot in our world. Mental Health and Substance Abuse programs are to take huge hits. There is also discussion about extending the "payment cycle" from what is currently at 180-days.

In the face of this horrible news, the Department of Human Services (DHS) has been working to get service providers to accept the cuts and to identify specific programs which should be eliminated as opposed to spreading the cuts across all programs. Their logic is the cuts will be coming no matter what anybody does and this fact should be accepted, and if advocates don't back off they will not have any say in how the cuts come down. Something is seriously wrong.

There is also an effort in the works to push community based providers toward a regionalized approach which is purported to be less costly and more "efficient." Somewhere along the line our commitment as a State to community mental health has evaporated which leaves community mental health authorities such as ours the last bastions for local control and community mental health. I guess the community no longer knows best!

Background - Policy Implications:

As we move forward in this brave new world, local mental health authorities (i.e., we) will be faced with some interesting decisions and structural problems. First and foremost, our commitment is to our community (i.e., Champaign County). How do we reconcile our local tax payer funding with a regionalized State-funded public mental health system? Secondly, we will be moving to a new Medicaid managed care system which for all practical purposes freezes us (i.e., local funders) out of participation with Part 132 (Medicaid Community Mental Health Services Program). What should we do about our funding which either directly or indirectly supplements Medicaid?

Actually, there is a silver-lining, that being we will be free to rethink how we prioritize substantial portions of our money. Specifically, we can focus on the non-Medicaid populations and change the format of our contracts to better fit the needs of the people of Champaign County.

Background – Continued Commitment to Evidence Based Practice:

On the children and adolescent services side, we have also continued to partner with mental health, juvenile justice, and education stakeholders to support continuation of the Parenting with Love and Limits (PLL), an evidence based practice which is also a major clinical component of the ACCESS Initiative. This program has demonstrated efficacy with parents, youth, and the juvenile justice system. PLL is a short term intervention which offers a high degree of fidelity. It is also wholly funded by the CCMHB and limited to our community. For FY14, we may want to explore an adult service evidence based, short term and focused intervention.

Background - Federal Match Obligations:

The match requirements for Year Four (October 1, 2012 through September 30, 2013) will increase to a 2:1 ratio. We are exploring the possibility of identifying other mental health, substance abuse, and developmental disabilities contracts as components of our Federal match subject to approval by SAMHSA and DHS. In order to do this we will need to contractually establish linkages between these programs and the ACCESS Initiative which will allow families to move to the front of the line. The CCMHB has already approved extension of FY12 ACCESS Initiative funding for FY13 to meet our federal match requirements associated with the Substance Abuse and Mental Health Services Administration (SAMHSA) children's initiative cooperative agreement. Lastly, Quarter Cent for Public Safety dollars will also be included as a portion of our Federal match commitment.

Background - Support of our Intergovernmental Memoranda of Understanding:

For FY13, the CCMHB will continue to support our partnerships as defined by memoranda with the States' Attorney, Court Services, the Juvenile Detention Center and the Judiciary. We continue to be strongly committed to supporting and enhancing the development of Specialty Courts in Champaign County. In addition, we are working toward coordination of the Quarter Cent for Public Safety fund with CCMHB contracts supporting mental health and substance

abuse services for youth and families involved in the juvenile justice system. Our overarching objective will be to ensure full program and service integration through the alignment of a variety of fund sources including Court Services, Quarter Cent for Public Safety, CCMHB, and federal SAMHSA dollars.

Background - Partnership with the Champaign County Developmental Disabilities Board:

Our commitment to planning, funding, monitoring, and evaluating developmental disabilities programs and services is cemented in statute and is unwavering. The Memorandum of Understanding with the Champaign County Developmental Disabilities Board (CCDDB) defines how our mandate is to be implemented. This agreement defines the FY13 allocation of \$548,397 for developmental disabilities programs and services, as well as the expectation for integrated planning by the Boards.

Statutory Authority:

The Champaign County Mental Health Board (CCMHB) policies on funding 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 recommendations included in this memorandum, opinions and comments are based on our assessment of how closely applications align with statutory mandates, CCMHB funding policies, approved decision support criteria and priorities. Best and Final Offers may be sought as part of the negotiation process for authorized FY13 contracts. The CCMHB reserves the right to refrain from making an award when it is deemed to be in the best interest of the county.

Upon approval by the Board, this memorandum shall become an addendum to the CCMHB funding guidelines incorporated in standard operating procedures.

Decision Factors and Considerations:

The approved criteria delineated in this memorandum are to be used as guidance by the Board in assessing applications for CCMHB and ACCESS Initiative funding; however, they are not the sole consideration taken into account in finalizing funding decisions. Other considerations which are included in the decision process are:

1. Opinions about the applicant's ability to implement the program and services proposed.
2. Opinions about the soundness of the proposed methodology(ies).
3. The administrative and fiscal capacity of the agency.
4. Alignment with the CCMHB Three Year Plan, operating principles and public policy positions taken by the Board.
5. Alignment with the ACCESS Initiative funding priorities and Logic Model.
6. Reasonableness of pricing and affordability of applications within the context of available dollars.
7. Best value for the community based on cost and non-cost factors.

The final funding decisions rest solely 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, ACCESS Initiative team recommendations, and decision-support match up. The CCMHB allocation of funding is a complex task predicated on multiple variables. It is important to remember that our 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 a RFP. Based on past experience we can anticipate the nature and scope of applications will vary significantly and will include treatment intervention, early intervention and prevention proposals. For these reasons, a numerical rating/selection methodology is not entirely 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 and the ACCESS Initiative.

Application Caveats:

- 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.
- 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 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 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.
- 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, or as deemed appropriate by the CCMHB. Materials submitted will not be returned.
- 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 application components as needed. Applicants selected as responsive to the intent of this application process will be given equal opportunity to update proposals for the newly identified components.
- All proposals considered must be received on time at the address indicated 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 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.

The FY13 ACCESS Initiative Process:

In January 2012, the CCMHB approved extension of the term of all ACCESS Initiative contracts through June 30, 2013. The CCMHB reserves the right, but is under no obligation, to negotiate an extension of any contract funded under our allocation process for up to a period not to exceed two years with or without additional procurement. The recommendation to extend the ACCESS Initiative funding through June 30, 2013 was predicated on delays in implementation, staffing changes and other issues pertaining to the paradigm shift to a system of care approach, planning for Wraparound processes, and alignment with the ACCESS Initiative Logic Model. In consultation with the Project Director, Mr. Tracy Parsons, I recommended that we extend FY12 ACCESS Initiative contracts through June 30, 2013 and this was approved by the CCMHB

New applications for ACCESS Initiative project and budget/program plan changes in extended contracts were accepted, but are in competition for funding with all other applications with no special prioritization or decision support designation. Several applications were received and have been included in the decision section of this memorandum.

The CCMHB recognizes the tasks, activities, goals and objectives assumed by the ACCESS Initiative are inherently and fundamentally different from programs and services historically funded and supported by the CCMHB. The most obvious difference between traditional

CCMHB funding and ACCESS Initiative funding is moving from program/service oriented awards to system-oriented awards.

Basic CCMHB Decision Support and Priorities

The items included in this section will be heavily weighted in the decision of which applications should receive funding during the FY13 contract year (July 1, 2012 through June 30, 2013). These items are closely aligned with CCMHB planning and needs assessment processes, intergovernmental agreements, memoranda of understandings, and the recommendations of consultants hired by the board.

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 as well as meeting match requirements of the DoJ Bureau of Justice Assistance award to CCMHB 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, CCDDDB, 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).

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.

Contract Negotiation Considerations For All FY13 Awards:

All recommendations included in the decision section of this memorandum are provisional with funding contingent on the completion of successful contract negotiation. This can include significant modification of the budget, program plan, and personnel matrix in order to align the contract more closely with CCMHB planning, ACCESS Initiative planning and logic model alignment, and budget and policy specifications. 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 shall result in cancellation of the award of a contract. As a component of the contract development process, all applications approved for funding may be subject to reductions for the conferences/conventions/meetings, associated travel budget lines.

Special Notification Concerning All FY13 Awards

The recommendations in this decision memorandum are based on revenue estimates which will not be finalized until the CCMHB budget is approved by the Champaign County Board in November 2012. For this reason all FY13 CCMHB and those ACCESS Initiative contracts extended through June 30, 2013 shall respectively be subject to possible reductions in contract maximums necessary to compensate for any CCMHB revenue shortfall. These reductions shall be documented by contract amendment at the discretion of the CCMHB executive director with every effort made to maintain the viability and integrity of prioritized contracts. The FY13 contract boilerplate shall also include the following provision:

Obligations of the Board will cease immediately without penalty or further payment being required if in any fiscal year the tax that is levied, collected and paid into the “Community Mental Health Fund” or grant/cooperative agreement revenue and cash flow from the Illinois Department of Human Services is judged by the CCMHB executive director not to be sufficient for payment as delineated in the terms and conditions under this Contract.

Decision Section

The staff recommendations are organized into five “Tiers” in order to delineate the connection between our recommendations and decision support criteria and source of funding (i.e. revenue). The tiers are also used to organize applications in order of priority based on decision support criteria match up and a variety of other factors outlined in this memorandum. For additional information concerning specific applications, please refer to the Application Summaries presented at the April 2012 CCMHB Meeting.

Tier One – High Priority and Criteria Alignment

Community Elements – Parenting with Love and Limits (PLL)	\$283,550
Community Elements – Adult Recovery – CJ and Specialty Courts	\$150,860
Community Elements – Crisis, Access, Benefits, Engagement	\$188,985
Community Elements – Early Childhood MH and Development	\$114,500
Community Elements – Integrated Behavioral Health Services	\$48,000
Community Elements – Psychiatric Services	\$41,200
Crisis Nursery – Beyond Blue Champaign County	\$70,000
CHIC – Frances Nelson Health Center – Mental Health Services	\$148,774
Family Service of Champaign County – Counseling	\$50,000
Prairie Center Health Systems – Drug Court	\$173,250
Prairie Center Health Systems – Mental Health Court	\$10,000
Prairie Center Health Systems – Parenting with Love and Limits (PLL)	\$283,550
Prairie Center Health Systems – Youth Services	\$105,000

Tier Two – Memoranda of Understanding and County Government Alignment

Champaign County Children’s Advocacy Center (CAC)	\$37,080
Community Choices – Self Determination Support	\$25,000
CC Regional Planning Commission – Court Diversion-AI Intake (Quarter Cent)	\$161,000
Developmental Services Center – Developmental Training/Employment	\$304,697
Developmental Services Center – Family Development Center	\$218,700

Tier Three – Moderate Priority and Criteria Alignment

Community Elements – TIMES Center Screening SA/MI	\$48,000
Community Service Center Northern Champaign County – First Call for Help	\$82,474
Center for Women in Transition – A Woman’s Place	\$66,948
Center for Youth and Family Solutions – Family Counseling	\$8,000
East Central Illinois Refugee Mutual Assistance Center	\$13,000
Family Service of Champaign County – First Call for Help	\$60,540
Family Service of Champaign County – Self Help Center	\$28,928
Family Service of Champaign County – Senior Counseling/Advocacy	\$142,337
Prairie Center Health Systems – Prevention	\$56,550
Rape Advocacy, Counseling, and Education Services – Counseling & Crisis Serv.	\$18,600
The UP Center of Champaign County – Youth and Volunteers	\$14,600

Tier Five – Exceeds Allocation Parameters

CC Regional Planning Commission – No Limits for Mental Health Consumers	\$69,277
Community Elements – Life Skills	\$27,105
Don Moyer Boys and Girls Club – JUMP (Quarter Cent)	\$70,000

DECISION SECTION

Motion to approve CCMHB funding as recommended for **Tier One** and presented in this memorandum:

- _____ Approved
- _____ Denied
- _____ Modified
- _____ Additional Information Needed

Motion to approve CCMHB funding and Quarter Cent for Public Safety funding as recommended in **Tier Two** and presented in this memorandum:

- _____ Approved
- _____ Denied
- _____ Modified
- _____ Additional Information needed

Motion to approve CCMHB funding as recommended in **Tier Three** and presented in this memorandum:

- _____ Approved
- _____ Denied
- _____ Modified
- _____ Additional Information needed

Motion to deny CCMHB, SAMHSA/IDHS and Quarter Cent funding for all items delineated in **Tier Five** and presented in this memorandum:

- _____ Approved
- _____ Denied
- _____ Modified
- _____ Additional Information needed

Motion to authorize the executive director to conduct and complete contract negotiation as specified in this memorandum:

- Approved
- Denied
- Modified
- Additional Information needed

Motion to authorize the executive director to implement contract maximum reductions as described in the “Special Notification Concerning FY13 Awards” section of this memorandum (see below):

- Approved
- Denied
- Modified
- Additional Information needed

DRAFT

MEMORANDUM OF UNDERSTANDING

THIS MEMORANDUM OF UNDERSTANDING, is entered into this ____ day of _____, 2012 by and between the **Champaign County Mental Health Board** (hereinafter the "Mental Health Board") and the **Champaign County Board for the Care and Treatment of Persons with a Developmental Disability** (hereinafter the "Developmental Disabilities Board"). The parties hereby enter into this MEMORANDUM OF UNDERSTANDING to delineate respective roles, responsibilities, and financial obligations associated with the shared administrative structure that shall be responsible for the staffing and operation of the Mental Health Board and the Developmental Disabilities Board. Both parties understand and agree as follows:

WITNESSETH

WHEREAS, the Mental Health Board has a statutory responsibility (Illinois Community Mental Health Act, 405 ILCS 20 / Section 0.1 et.seq.) to plan, fund, monitor, and evaluate mental health, substance abuse, and developmental disability services in Champaign County;

WHEREAS, the Developmental Disabilities Board has a statutory authority (County Care for Persons with Developmental Disabilities Act, 55 ILCS 105 / Section 0.01 et. seq.) to fund services and facilities for the care and treatment of persons with a developmental disability.

WHEREAS, the Mental Health Board and Developmental Disabilities Board have overlapping responsibilities pertaining to planning, funding, monitoring and evaluating developmental disability programs and services in Champaign County.

WHEREAS, the members of the Mental Health Board and the Developmental Disabilities Board are appointed by the Chair of the Champaign County Board and as such have committed to share the same administrative structure to maximize the funding available for direct mental health and developmental disabilities programs and services.

WHEREAS, the Parties agree sharing an administrative structure will reduce administrative costs, maximize available funding for direct services and assure an integrated planning process for developmental disabilities and behavioral health programs and services.

NOW, THEREFORE, it is the agreement of the parties that this MEMORANDUM OF UNDERSTANDING is entered into in order to assure an efficient, ongoing, cooperative effort that will benefit people with disabilities in Champaign County.

The Parties Agree to these Good Faith Provisions:

1. The chief administrative employee shall serve in a dual (i.e., shared) capacity as Executive Director of the Mental Health Board, as well as, Executive Director of the Developmental Disabilities Board.
2. The terms and conditions of the Executive Director's employment shall be delineated in an employment contract with both the Developmental Disabilities Board and the Mental Health Board as Parties to the agreement.
3. Each Board shall complete a separate annual performance evaluation of the Executive Director. If either Board rates the Executive Director as "less than satisfactory," a Joint Personnel Committee comprised two (2) officers of the Mental Health Board and two (2) members of the Developmental Disabilities Board shall be convened to assess the situation and formulate recommendations. A recommendation of termination by the Joint Personnel Committee shall require ratification by both Boards by majority vote.
4. Process for selection of a new shared executive director: At such time as it becomes necessary to fill the shared position of Executive Director for the Mental Health Board and the Developmental Disabilities Board, the search and decision process shall include the following steps and processes.
 - a. The Mental Health Board and the Developmental Disabilities Board shall develop and agree upon selection criteria for the shared Executive Director position.
 - b. The Joint Personnel Committee (JPC) shall be convened and assigned responsibility for managing the search and selection process for the shared Executive Director using the aforementioned job description and selection criteria.
 - c. At the discretion of the JPC, an executive search firm may be engaged to manage the search process. For example, the Meyers Group (301-625-5600) is a skilled firm specializing in searches for similar positions and organizations.
 - d. The JPC may elect to assume responsibility for direct management of all aspects of the search process including advertising for the position, screening of applications, selections of candidates to be interviewed and recommended to the CCMHB and CCDDDB for final approval.
 - e. Ultimately, the first and second (alternate) choices for the shared Executive Director position will be determined by majority vote of the JPC.
 - f. If within 45-days the JCP is unable to identify the first choice candidate by majority vote, the most recent past-president of the CCDDDB or CCMHB who is not presently serving on either Board, shall be consulted and briefed on the search and selection process to date. Following this, the JCP and immediate past president shall vote to determine the chosen candidate.

5. There shall be ongoing communication between the Mental Health Board and the Developmental Disabilities Board. On at least a quarterly basis, the shared Executive Director shall meet with the Presidents of the Mental Health Board and the Developmental Disabilities Board to review the status of the provision of administrative services, to discuss coordination of funding for developmental disabilities services, to coordinate regarding anti-stigma projects and activities, and to address any other items pertinent to the operations of either Board.
6. The Mental Health Board shall provide funding for developmental disabilities services using the FY12 amount of \$529,852 as a base with annual increases or decreases predicated on the percentage of increase or decrease in the levy fund in subsequent years.
7. The organization of Champaign County Government makes it cumbersome for administrative costs to be paid by both the Mental Health Board and the Developmental Disabilities Board. To simplify matters, all administrative costs shall be paid through the Mental Health Board fund/account. The Developmental Disabilities Board will transfer their share of administrative costs to the Mental Health Board for this purpose.
8. The current split for administrative costs is 42.15% for the Developmental Disabilities Board share with the remainder paid by the Mental Health Board. This percentage is based on a time study of staff effort to determine the salary cost split between the Boards. This same percentage was then applied to all other administrative costs.
9. Nothing contained herein serves to limit, alter, or amend either party's duties, rights, or responsibilities as set out in applicable State statutes, law or regulations.
10. This agreement can be amended at anytime based on needs identified at the quarterly Presidents Meeting, but shall not be terminated without the written approval of the Champaign County Board.

IN WITNESS WHEREOF, the Parties have caused this Memorandum of Understanding to be executed by their authorized representatives on the ___ day of _____, 2012.

For the Champaign County Board for the Care and Treatment of Persons with a Developmental Disability:

For the Champaign County Mental Health Board



LIGAS V. HAMOS

CONSENT DECREE

APRIL 19, 2012

Presented by : Tony Records, Monitor

traconsult@mindspring.com

PRINCIPLES OF LIGAS

- People with disabilities will have a say and a choice about how and where services and supports will be provided.
- People who want services in the community will have that option
- Person-centered planning will be used as the cornerstone in documenting individual needs and preferences.
- Services will not be limited to those which are currently available

LEADERSHIP RECOGNIZES THE PROBLEM!

- “Illinois lags behind the rest of the nation in the utilization of person-centered community-based care which has been demonstrated to allow people with developmental disabilities to lead more active and independent lives”
- “We will comply with all consent decrees”
- “We will provide individualized care”

Governor Pat Quinn

FY 2013 Budget Address

February 22, 2012

WHAT'S THE PROBLEM?

- Percent of people with developmental disabilities receiving residential supports in Illinois living in settings of six persons or fewer – 38%
- National Average – 76%

- Percent of people receiving community integrated employment supports – 10%
- National Average – 20%

Larson, et al 2012

WHAT'S THE PROBLEM?

- Percent of people in Illinois receiving home and community-based services who live with a family member - 35.7%
- National average – 48.3%

- Average cost per person receiving home and community-based services – \$31,002
- National Average – \$44,396
41% Higher!

Larson, et al 2012

LIGAS CLASS MEMBER

- 18 or older with intellectual or developmental disability and Medicaid eligible; and
- Lives in a private ICF/DD with 9 or more residents **or** lives in the family home seeking services; and
- The State of Illinois has a “current record” of the person seeking Community-Based Services or placement in a Community-Based Setting

RESOURCES

- Development of Community Capacity

- Budget Requests
 - Annual budget requests must be sufficient to develop and maintain services outlined in Decree

 - Implement funding mechanisms that facilitate transition among service settings

 - **No legislative appropriations contingency**

CLASS MEMBER LIST

- State will develop and maintain a list of all class members
- People who request community services or placement in a community setting will be added as class members.
- People who object or refuse community services will be removed from the list

TRANSITION SERVICE PLANS

State shall develop a transition plan for all class members who have a documented request for community services.

- The transition plan will describe the services needed.
- The transition plan shall be developed by a Qualified Professional with the class member and their guardian or family.
- The process for developing the transition plan shall be person-centered.
- Services in the transition plan will be offered in a manner which is the most integrated, consistent with individual choice.
- Services in transition plan will not be limited to those currently available.

TRANSITION PLAN

- The process for developing a Transition Service Plan shall focus on the Class Member's personal vision, preferences, strengths and needs in home, community and work environments and shall reflect the value of supporting the Class Member with relationships, productive work, participation in community life, and personal decision-making.

COMMUNITY SERVICES FOR CLASS MEMBERS IN ICFs/DD

- Within six years, (6/15/17) all class members who live in ICFs/DD who request community services will transition to community settings. (Letters have gone to 444 individuals in ICFs/DD)
- Within two and one half years, (12/15/13) one third of class members in ICFs/DD who request community services will move.
- Within four and one half years, (12/15/15) an additional one third of class members in ICFs/DD who request community services will move.

SERVICES FOR CLASS MEMBERS IN SITUATION OF CRISIS

- Definition of Crisis
 - Caregiver is deceased
 - Caregiver is unable to address support needs, jeopardizing health and safety of individual
 - Individual is being physically or mentally abused
 - Individual is homeless
 - Behaviors put the individual and/or family member(s) at risk
- State will Promptly Develop Transition Services Plans
- Those in Crisis will Receive Services Expeditiously

‘WAITING LIST’ CLASS MEMBERS

- Class members who move to ICFs/DD after 6/15/11 and request community services will be placed on waiting list.
- Class member residing at home not in crisis will be placed on waiting list.
- 1,000 class members from waiting list will receive community services by 6/15/2013. (Selection letters have gone to 800 of these class members)
- 500 additional by 6/15/2014
- 500 additional by 6/15/2015
- 500 additional by 6/15/2016
- 500 additional by 6/15/2017
- At the end of six years class members will move off the waiting list at a reasonable pace.

OUTREACH

- State will maintain a process to facilitate individual choice.
- State will ensure that class individuals with developmental disabilities and their families/guardians are provided information about all options for services.
- Specific outreach activities will be conducted for potential class members living in ICFs/DD.

IMPLEMENTATION PLAN

- Implementation Plan approved by the court 2/15/12 and is supplemental to the Decree. Includes:
 - Specific tasks, timetables, goals, programs, plans, strategies and protocols to assure compliance with Decree
 - Personnel necessary to comply with Decree
 - Resource development activities
 - Methods and mechanisms utilized for outreach activities
 - Services and supports necessary to expand capacity for community services

IMPLEMENTATION PLAN

- Some key components include:
 - Development of Two Class Member Lists
 - Class Members who live in ICFs/DD who want community services
 - Class Member who live at home and have requested community services
 - Community Prioritization categories:
 - 25% - People in emergency status (i.e. need services immediately) who need out-of-home services.
 - 25% - People with primary caregiver age 75 or over who need out-of-home services.
 - 20% - People in emergency status who request in-home services
 - 15% - leaving school in the last 5 years.
 - 15% - with primary caregivers age 60 and over

IMPLEMENTATION PLAN

- Community Outreach
 - Development of written materials on all component of Ligas implementation
 - Development of Ligas website
 - Training for PASS Agencies. And others
- Outreach to people living in ICFs/DD
 - Contractor(s) to be identified to directly reach out to potential class members living in ICFs/DD
 - People in ICFs/DD who say they want community services will be referred to PASS agency.
- Transition Plans
 - Develop transition plan process with stakeholder input by 3/31/12
 - Pilot project will be implemented by 9/30/2012
 - Statewide implementation by 7/1/13

ROLE OF MONITOR

- Facilitate resolution of compliance issues without court intervention
- Evaluate Compliance and Issue Annual Reports
- When necessary, issue recommendations to the Court to resolve compliance issues.
- Review and Evaluate Data
- Develop compliance standards to address:
 - Class List Management
 - Transition planning
 - Crisis services
 - Timely transition of class members from ICFs/DD
 - Services to class members on waiting list

OTHER PROVISIONS

- Individuals retain the right to choose services in the community or in ICFs/DD.
- Court will retain jurisdiction for at least nine years.
- Court retains jurisdiction until finding of substantial compliance with the Decree!

KEY CONTACTS

Class Member Determination or
Complaints

Troy Markert – 217-785-6171

Troy.Markert@illinois.gov

Or

1-888-DD PLANS

(1-888-337-5267)

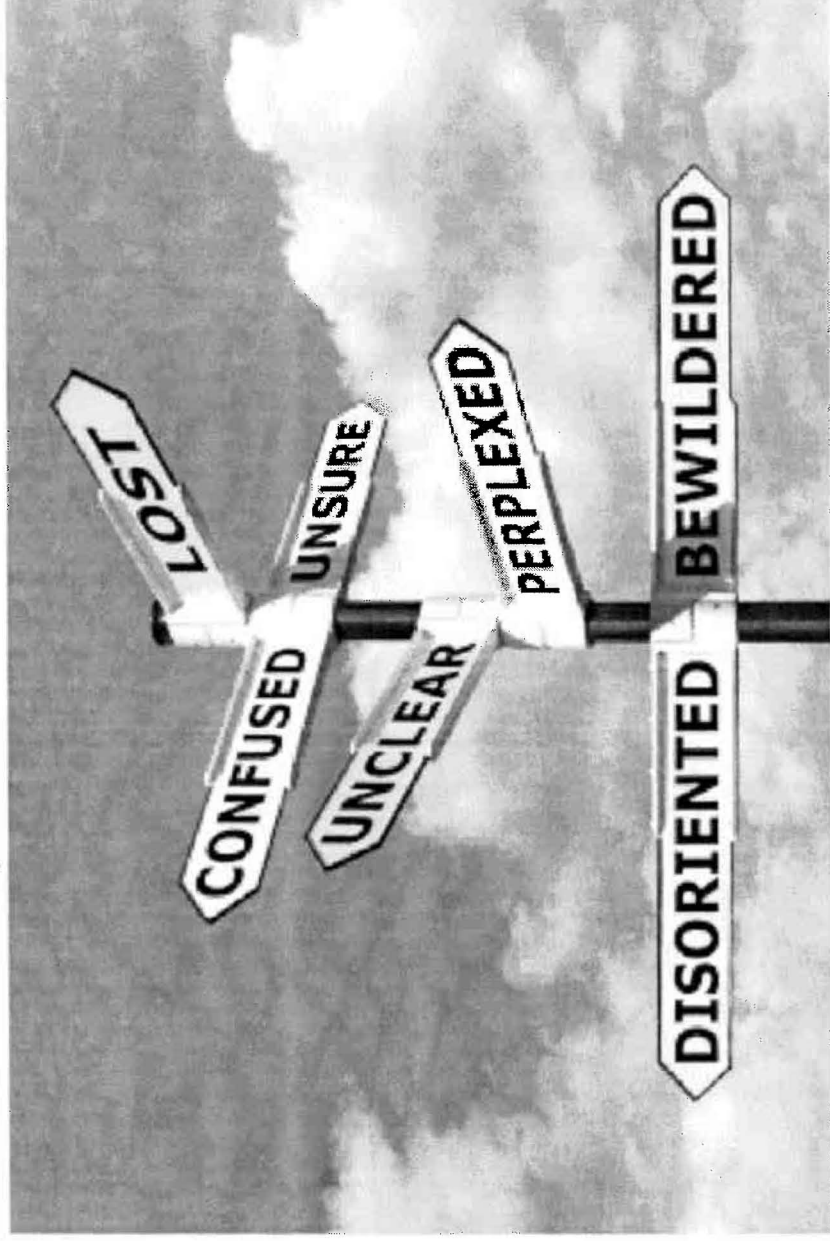
CONTACT THE MONITOR

Tony Records

traconsult@mindspring.com

301-529-9510

Questions?



	A	B	C	D	E	F
1	CCMHB/CCDDB Cultural Competence Plan Feedback Format FY 2013					
2	Agency	Guidelines Followed to include 4 areas (Governance, Administration/Management, Direct Service, Individuals and their Identified Support)			Comments	New Format Used
3	Best Interest of Children (ACCESS)				Will be updated by 6/30/12	
4	Center for Youth and Family Solutions(Formally Catholic Charities)	No			Clear actions and accountability for staff. There was mention of management and Board of Directors in the plan/Additional feedback on organizational structure will be needed in order to build on the CLC Plan for the Counseling Programs.	No
5	Champaign County Head Start Program (DD)	Yes			Goals were clear about next steps on how to extend parent network. Clear Benchmarks were provided	Yes
6	Center for Women in Transition	Yes			Plan was updated additional CLC Technical Assistance will be provided on how to develop clear benchmarks.	Yes

	A	B	C	D	E	F
7	CU-Autism (DD)		Yes		Goals were clear about how to extend and broaden the Parent Network. CLC Consultation was utilized and implemented strategies on how to serve Latino Families	Yes
8	Champaign County Regional		Yes		Goals from 2011 were demonstrated on the	Yes
9	Charleston Transitional		Yes		Actions. Accountability. Time Frame were	Yes
10	Children's Advocacy Center		Yes		Plan was revised from 2007 BOD will be	Yes
11	Community Service Center		Yes		Goals and actions were clear. Consultation will be provided on how to get clear benchmarks for outreach	Yes
12	Community Choices (DD)		Yes		Plan was completed/Actions are clear and part of the plan. Consultation will be provided on how to get clear benchmarks for outreach in the community.	Yes
13	Community Elements		Yes		Clear Plan of Action/Policy is put in place/ Plan was updated from previous year with consultation/ Outcomes and Accountability are clear.	Yes
14	Crisis Nursery		Yes		Actions and values are clear. Benchmarks are clear about the organization's direction for infusing CLC at all levels.	Yes
15	Developmental Services Center (DD)		Yes		Actions and outcomes are clear for targeted groups. There is clear accountability/CLC is viewed as a process/Plan was updated from previous year.	Yes
16	Down Syndrome Network (DD)		No		There was no format utilizes/Board of Directors is restructuring/	Yes

	A	B	C	D	E	F
17	Don Moyer's Boys and Girls Club		No		Plan was submitted and not updated. There was a staff change and new information was not passed. Updated staff training will be provided.	No
18	Family Service Center		Yes		Actions/Benchmarks are clear from 2004 plan/ethnic demographics is compared to population served/Plan of action was updated as a result of consultation/Policy was demonstrated how FSC infused values of CLC within all levels of the organization.	Yes
19	Family Advocacy Center					
20	Francis Nelson		Yes		Benchmarks and activities are clear for governance board/ethnic demographic is compared to population served/Plan of action was updated as a result of consultation	Yes
21	Mahomet Area Youth Club				Contract Extended will complete new CLC Plan by 6/30/12	
22	Prairie Center Health Systems		Yes		Actions are clear/Goals for each of the domains are clear with outcomes/ CLC has been infused by the development of a Cultural Advisory group/Accountability is being established/Plan was updated from previous year as a result of consultation	Yes
23	PACE, DD		Yes		Objectives were clear/persons responsible for outreach is outlined clearly of the activities that will be conducted/no outcomes or benchmarks were included in the plan	No

	A	B	C	D	E	F
24	Rape Advocacy, Counseling & Education		Yes		The plan currently outlines outcomes/ benchmarks mentioned/accountability there clear actions to the outcomes/	Yes
25	Refugee Assistance Center		Yes		Actions are clear/Organization acknowledges cultural competence as an ongoing process/ clear benchmarks and accountability are mentioned/ New format was not utilized additional TA will be provided	No
26	SOAR				Contract Extended will complete new CLC Plan by 6/30/12	
27	TALKS				Contract Extended will complete new CLC Plan by 6/30/12	
28	U of I Psychological Services				Contract Extended will complete new CLC Plan by 6/30/12	
29	Urbana Connections				Contract Extended will complete new CLC Plan by 6/30/12	
30	UP Center of Champaign County		Yes		Clear outcomes and benchmarks and accountability were provided/ Additional TA will be provided on infusing CLC into policy.	Yes
31						
32	Draft 4/17/12					
33	Updated 5/2/12					

Reaching Out For Answers: Disability Resource Expo
Board Report
May, 2012

The 6th annual “Reaching Out For Answers: Disability Resource Expo” will be held on Saturday, October 13, 2012 at Lincoln Square Village in Urbana.

The Expo Steering Committee met on April 3, and will meet again on May 16 to continue planning for this year’s event. I’m pleased to report that we have recruited several new members to assist in our planning of the Expo. Urbana Police Chief Patrick Connolly, Amy Armstrong from Larkin’s Place at the YMCA, and Mark Rhodes, a Pride Room vendor have all agreed to participate in the planning process.

The Exhibitor Sub-committee met on May 2 to begin addressing their tasks related to the Expo, Their tasks include, but are not limited to, the identification of potential new exhibitors, developing an effective communication process with previous exhibitors, and developing a participant activity that will encourage folks to visit the various exhibitor booths. The Exhibitor sub-committee will meet again on May 23.

Prizes for children and adults have been ordered and received for the 2012 Expo. Thank you, Nancy Crawford, for taking care of this task.

Mo’ Betta Music has been asked to fill one of our entertainment spots at the Expo. This group of young people did an amazing job of entertaining folks at the Anti-Stigma Alliance post Ebertfest event.

Although the Pride Sub-committee has not yet met, Pride Room vendors participating in the Anti-Stigma Alliance sponsored Art Show and Sale expressed that they are looking forward to participating in the 6th annual Expo.

Please note a correction to the April report. New Steering Committee member, Mark Rhodes (not Rob Pritt) has joined our group. He has been a Pride Room vendor at the Expo for the past several years.

Respectfully submitted

Barb Bressner
Consultant