CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

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

Champaign County Mental Health Board (CCMHB)

WEDNESDAY, October 22, 2014

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

4:30 p.m.

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1. Call to Order - Dr. Deloris Henry, President
2. Roll Call
3. Citizen Input/Public Participation

   A. The UP Center
4. Additions to the Agenda
5. CCDDB Information
   Draft minutes from the 9/23/14 are attached for information only.
6. Approval of CCMHB Minutes

   A. 7/23/14 and 9/23/14 Board meetings*
   Minutes are included in the packet. Action is requested.
7. President's Comments
8. Executive Director's Comments

9. Staff Reports
   Reports are included in the packet.

10. Board to Board Reports

11. Agency Information

12. Financial Information*
    A copy of the claims report is included in the packet.

13. New Business

    A. Criminal Justice Mental Health Presentation
       An update on the collaboration between the criminal justice system and CCMHB funded mental health programs will be provided by Urbana Police Lt. Joel Sanders, Chief Deputy Sheriff Allen Jones, and Community Elements Executive Director Sheila Ferguson.

    B. Draft FY16 Allocation Criteria
       Briefing Memorandum on the FY16 Allocation Criteria is included in the Board packet.

    C. ACCESS Initiative Sustainability
       Briefing Memorandum outlining a blueprint for the post-cooperative agreement iteration of the ACCESS Initiative is included in the Board packet.

    D. CCMHB Performance Outcome Reports
       Included in the Board packet is a Briefing Memorandum with copies of submitted FY14 performance outcome reports for CCMHB funded programs. Aggregated zip code and demographic data is also included in the attached materials.

14. Old Business

    A. Disability Resource Expo
       An oral report recapping the event will be provided at the meeting.

    B. Addendum to Intergovernmental Agreement*
       A Decision Memorandum and Addendum to the Intergovernmental Agreement between the Champaign County Board for the Care and

Treatment of Persons with a Developmental Disability and the CCMHB are in included in the packet. Action is requested.

15. Board Announcements

16. Adjournment

**Board action*

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

Minutes –September 17, 2014

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

6:00 p.m.

DRAFT

MEMBERS PRESENT:	Joyce Dill, Phil Krein, Deb Ruesch, Sue Suter
MEMBERS EXCUSED:	Mike Smith
STAFF PRESENT:	Peter Tracy, Lynn Canfield, Nancy Crawford, Mark Driscoll, Stephanie Howard-Gallo
OTHERS PRESENT:	Tracy Parsons, ACCESS Initiative (AI); Gary Maxwell, Champaign County Board; Dale Morrissey, Patty Walters, Danielle Mathews, Developmental Services Center (DSC); Jennifer Knapp, Community Choices; Barb Bressner, Consultant; Gary Maxwell, Champaign County Board; Glenna Tharp, Eric Trusner, PACE; Deborah Townsend, Deloris Henry, Susan Fowler, CCMHB; Mark Scott, Down Syndrome Network (DSN);

CALL TO ORDER:

Ms. Sue Suter called the meeting to order at 6:12 p.m.

ROLL CALL:

Roll call was taken and a quorum was present.

CITIZEN INPUT:

None.

DRAFT

CCMHB INPUT:

None.

APPROVAL OF CCDDB MINUTES:

Minutes from the July 23, 2014 CCDDB meeting were included in the Board packet.

MOTION: Ms. Ruesch moved to approve the minutes from the July 23, 2014 CCDDB meeting. Ms. Dill seconded the motion. A voice vote was taken and the motion passed unanimously.

PRESIDENT'S COMMENTS:

Ms. Suter thanked the CILA RFP Evaluation committee for all of their hard work.

EXECUTIVE DIRECTOR'S REPORT:

None.

STAFF REPORT:

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

AGENCY INFORMATION:

Mark Scott from the Down Syndrome Network announced they will hold their annual Buddy Walk on November 11, 2014 at the Champaign County Fairgrounds.

FINANCIAL REPORT:

A copy of the claims report was included in the Board packet.

MOTION: Mr. Krein moved to accept the claims report as presented. Ms. Dill seconded the motion. A voice vote was taken and the motion passed unanimously.

NEW BUSINESS:

CILA Expansion in Champaign County (RFP) Award:
At the CCMHB held earlier in the evening, the vote was unanimous with Evaluation Committee Members, Peter Tracy, Mark Doyle, Lynn Canfield, Deborah Townsend, Deloris Henry, David Happ, Cynthia Creighton, Deb Curtin, and Sue Suter all voting in favor of awarding the CILA Award to Individual Advocacy Group (IAG).

MOTION: Dr. Krein moved to approve the recommendation of the CILA Expansion Evaluation Committee, to enter into an agreement with Individual Advocacy Group (IAG) to expand CILA capacity in Champaign County in accordance with the specification of the Request for Proposals # 2014-001. Ms. Ruesch seconded the motion. A roll call vote was taken with all CCDDB members voting aye. The motion passed.

Draft Three Year Plan 2013-2015 with FY 2015 Objectives:
A Briefing Memorandum and Draft Three Year Plan with Objectives for 2015 was included in the packet for review. Board members discussed the document and several Board members suggested changes. Edits will be made to the document as suggested and it will be brought back to the Board for review at a future meeting.

Priorities Pre-Planning Discussion:
Ms. Suter led a discussion on priorities and pre-planning. Topics and issues of interest were discussed: transportation, stewardships, partnerships, leadership development, housing, long term care services, and staffing. Dr. Krein spoke regarding 4 broad areas he felt the CCDDB to needed to address in order to support community employment: housing, transportation, long-term job supports and expectations. He expressed his support in addressing transportation in a future study session.

Addendum to Intergovernmental Agreement:
A Decision Memorandum with addendum to the Intergovernmental Agreement between the CCMHB and the CCDDB was included in the packet for review and discussion.

MOTION: Dr. Krein moved to approve the addendum to the Intergovernmental Agreement between the CCMHB and the CCDDB. Ms. Dill seconded the motion. A voice vote was taken and the motion passed unanimously.

OLD BUSINESS:

disability Resource Expo:
A report from Ms. Barb Bressner was included in the Board packet.

BOARD ANNOUNCEMENTS:

None.

ADJOURNMENT:

The meeting adjourned at 7:00 p.m.
Respectfully Submitted by: Stephanie Howard-Gallo
**Minutes are in draft form and subject to CCDDB approval.*

CHAMPAIGN COUNTY MENTAL HEALTH BOARD
BOARD MEETING

Minutes—July 23, 2014

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

4:30 p.m.

DRAFT

MEMBERS PRESENT:	Astrid Berkson, Aillinn Dannave, Bill Gleason, Deloris Henry, Mike McClellan, Julian Rappaport, Deborah Townsend
MEMBERS EXCUSED:	Susan Fowler, Thom Moore
STAFF PRESENT:	Peter Tracy, Executive Director; Lynn Canfield, Nancy Crawford, Mark Driscoll, Stephanie Howard-Gallo, Tracy Parsons
OTHERS PRESENT:	Shandra Summerville, ACCESS Initiative; Maggie Thomas, UP Center; Bruce Barnard, Prairie Center Health Systems (PCHS); Dale Morrissey, Patty Walters, Developmental Services Center (DSC); Jennifer Knapp, Community Choices; Sue Suter, Mike Smith, Deb Ruesch, Phil Krein, Champaign County Developmental Disabilities Board (CCDDB); Beth Chato, League of Women Voters, Juli Kartel, Community Elements (CE)

CALL TO ORDER:

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

ROLL CALL:

Roll call was taken and a quorum was present.

DRAFT

ADDITIONS TO AGENDA:

None.

CITIZEN INPUT:

None.

CCDDB INFORMATION:

The CCDDB met earlier in the day. Deb Ruesch was introduced as a newly appointed member to the CCDDB.

APPROVAL OF MINUTES:

Minutes from the June 11, 2014 Board meeting were included in the packet for review.

MOTION: Mr. McClellan moved to approve the minutes from the June 11, 2014 Board meeting. Ms. Berkson seconded the motion. A vote was taken and the motion passed unanimously.

PRESIDENT'S COMMENTS:

None.

EXECUTIVE DIRECTOR'S COMMENTS:

Mr. Tracy gave an update on the Request For Proposals (RFP) for CILA Expansion in Champaign County. Mr. Tracy distributed a Memorandum from Dan Ohler regarding Home and Community Based Services (HCBS) regulations issued by the federal Centers for Medicare and Medicaid Services (CMS).

STAFF REPORTS:

Reports from Mr. Driscoll and Mr. Parsons were included in the Board packet. Ms. Canfield provided a verbal report of her activities.

BOARD TO BOARD:

None.

AGENCY INFORMATION:

Mr. Dale Morrissey spoke regarding Developmental Services Center's (DSC) budget shortfall for the year. Mr. Morrissey reported DSC went on record to support a tax increase in the State of Illinois.

Jennifer Knapp from Community Choices reported on the Supportive Housing Institute.

FINANCIAL INFORMATION:

A copy of the claims report was included in the Board packet.

MOTION: Dr. Townsend moved to accept the claims report as presented. Mr. McClellan seconded the motion. A voice vote was taken and the motion passed unanimously.

NEW BUSINESS:

CCMHB 2015 Budget:
A Decision Memorandum on the Fiscal Year 2015 budgets for the CCMHB, ACCESS Initiative, and Juvenile Delinquency Prevention Fund were included in the Board packet. The CCDDB Budget was included for information only.

MOTION: Ms. Berkson moved to approve the budget documents for the CCMHB, ACCESS Initiative and Juvenile Delinquency Prevention Fund. Mr. McClellan seconded the motion. A roll call vote was taken. All members voted aye and the motion passed.

The UP Center of Champaign County:
A copy of a letter from the Board president of the UP Center of Champaign County was included in the Board packet. The UP Center would like to be considered for funding if excess revenue becomes available. Maggie Thomas, Board President of the UP Center spoke regarding services the UP Center provides LGBTQ youth.

Anti-Stigma Community Event:
A Decision Memorandum on sponsorship of an anti-stigma film at the Roger Ebert Film Festival was included in the Board packet.

MOTION: Mr. McClellan moved to approve up to $15,000 as the CCMHB share, contingent on approval of $15,000 by the CCDDB to fund an equal share. Dr. Rappaport seconded the motion. A roll call vote was taken and the motion passed unanimously.

Draft Meeting Schedule and Allocation Timeline:
A draft schedule of meeting dates and topics, and a timeline for the 2015 allocation process was included in the Board packet for information only.

OLD BUSINESS:

disAbility Resource Expo:
A written report from Ms. Barb Bressner was included in the Board packet for information only.

BOARD ANNOUNCEMENTS:

None.

STUDY SESSION PRESENTATION: <u>CCDDB and CCMHB Discussion:</u>

Members of the CCMHB and the CCDDB engaged in a discussion regarding the Request for Proposals (RFP) CILA Expansion process. Mr. Smith expressed his concerns regarding the process including liability, debt and risk. Numerous Board members engaged in the discussion and all were given an opportunity to express any concerns and ask questions. Dr. Krein requested a study session be held later in the year to discuss what worked and what didn't work during the RFP process.

The CCDDB will hold their future meetings directly after the CCMHB meetings in order to collaborate more closely.

ADJOURNMENT:

The meeting adjourned at 6:25 p.m.

Respectfully
Submitted by: Stephanie Howard-Gallo
CCMHB/CCDDB Staff

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

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CHAMPAIGN COUNTY MENTAL HEALTH BOARD
BOARD MEETING

Minutes—September 17, 2014

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

4:30 p.m.

DRAFT

MEMBERS PRESENT:	Astrid Berkson, Aillinn Dannave, Susan Fowler, Bill Gleason, Deloris Henry, Mike McClellan, Thom Moore, Julian Rappaport, Deborah Townsend
STAFF PRESENT:	Peter Tracy, Executive Director; Lynn Canfield, Nancy Crawford, Mark Driscoll, Stephanie Howard-Gallo, Tracy Parsons
OTHERS PRESENT:	Gail Raney, Prairie Center Health Systems (PCHS); Dale Morrissey, Patty Walters, Danielle Mathews, Developmental Services Center (DSC); Jennifer Knapp, Community Choices; Sue Suter, Deb Ruesch, Phil Krein, Champaign County Developmental Disabilities Board (CCDDB); Barb Bressner, Consultant; Dr. Brenda Yarnell, United Cerebral Palsy (UCP); Maggie Thomas, UP Center; Debra Medlyn, National Alliance on Mental Illness (NAMI); David Happ, Cindy Creighton, Mark Doyle, Deb Curtin, CILA Evaluation Committee; Gary Maxwell, Champaign County Board; Dr. Charlene Bennett and Dr. David Brooks, Individual Advocacy Group (IAG); Mark Doyle, State of Illinois Governor's Office

CALL TO ORDER:

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

ROLL CALL:

DRAFT

Roll call was taken and a quorum was present.

ADDITIONS TO AGENDA:

None.

CITIZEN INPUT:

Nancy Carter, president of the National Alliance on Mental Illness (NAMI) in Champaign, announced a six week program beginning September 23, 2014. NAMI Homefront is a free education program for family, friends and partners of military service members with mental health conditions.

CCDDB INFORMATION:

None.

CILA Expansion RFP Evaluation Committee:
The RFP Evaluation Committee met on August 13th and 22nd, 2014. Minutes from the meetings were included in the packet and approved unanimously by the Committee. At the request of the RFP Evaluation Committee, RFP applicants Individual Advocacy Group (IAG) and United Cerebral Palsy (UCP) were asked to make brief presentations and respond to questions. This decision was based on the composite scoring of proposals and vote of the Committee. A coin toss determined IAG would be the first presentation, followed by UCP. Both IAG and UCP made their presentations and responded to questions. Dr. David Brooks and Dr. Charlene Bennett represented IAG. Dr. Brenda Yarnell represented UCP.

Q: How many homes do you have operating?

IAG: In the Quad cities, Springfield, DeKalb area, South Chicago, we provide supports to over 230 people.

Q: Have you surveyed this community regarding options for customized employment? Time frame?

IAG: We have been in contact with local agencies in order to collaborate. We will start with the person-centered discovery process and then go from there. We would start with supports from the first day.

Q. What will the day program be like for people who are unable to work?

IAG: We have a professional hired for a customized day experience and we plan on utilizing some of the community resources that already exist in the community.

Q: Tell me about your plans for people with extreme behavioral challenges.

IAG: We have very experienced individual support staff and qualified professionals. We have 9 nurses on staff and it becomes a very intense, detailed, and integrated team. We look at their history and it's a very involved process that takes time.

Q: How many people have you supported through the ACT process? What are your thoughts about a person centered planning process with people on the PUNS list.

IAG: We support 12 or 13 people that were part of the closures. The ACT process as far as person-centered planning, is that we customize desires that are identified. There is a discovery component to the process and then a very detailed and specialized plan is created.

Q: If you are awarded this RFP, would you agree to the requirement that the Respondent would sign the lease?

IAG: IAG has never done that before. We are aware this is part of the requirement. It would be a different approach for us, but we would sign the lease.

Q: What sort of difficulties may happen?

IAG: When things don't work, we just keep trying.

(The following are questions asked of Dr. Yarnell of UCP)

Q: How big of an incentive is the $1 per year lease?

UCP: It is an incentive. However, if we don't win the RFP, we aren't going to go away. We will continue to do the good work that we do in the community.

Q. Do you feel that you can serve people with behavior needs?

UCP. We have a behavioral screening process. It would be irresponsible to say we could provide services to everyone. We will due diligence and screen each person carefully.

Q: How many people have you supported through the ACT process? What are your thoughts about a person centered planning process with people on the PUNS list.

UCP: We've done person-centered planning for years and years. We've been a residential provider since 1980. We have taken people from a number of closures and we've been pretty successful, but it is a challenge.

Q: Tell me your plans for day programming.

UCP: It will be center-based but it won't all occur at the center. We intend to incorporate community integration.

Q: Are you doing day and residential services in Champaign County?

UCP: We are in Bloomington and Springfield right now. We are not yet in Champaign.

Q: If you have problem securing employment for your clients are you opposed to reaching out?

UCP: Yes, we would be willing to collaborate with other agencies.

Evaluation Committee Recommendation for CILA Award:
Evaluation Committee Members discussed the interviews. At the end of the discussion a vote was taken by paper ballot. The ballots were collected by Ms. Howard-Gallo and recorded. The vote was unanimous with Evaluation Committee Members, Peter Tracy, Mark Doyle, Lynn Canfield, Deborah Townsend, Deloris Henry, David Happ, Cynthia Creighton, Deb Curtin, and Sue Suter all voting in favor of awarding the CILA Award to IAG.

> **MOTION: Dr. Townsend moved to approve the recommendation of the CILA Expansion Evaluation Committee, to enter into an agreement with Individual Advocacy Group (IAG) to expand CILA capacity in Champaign County in accordance with the specification of the Request for Proposals # 2014-001. Mr. McClellan seconded the motion. The following Board members voted aye: Dannave, Fowler, Henry, McClellan, Moore, Berkson, Townsend, Rappaport. The following member voted nay: Gleason. The motion passed.**

APPROVAL OF MINUTES:

Deferred.

PRESIDENT'S COMMENTS:

None.

EXECUTIVE DIRECTOR'S COMMENTS:

None.

STAFF REPORTS:

Deferred.

BOARD TO BOARD:

Deferred.

AGENCY INFORMATION:

Deferred.

FINANCIAL INFORMATION:

Deferred.

NEW BUSINESS:

CILA Expansion RFP Evaluation Committee Award:

Addendum to Intergovernmental Agreement:

Deferred.

Draft Three Year Plan 2013-2015 with FY 2015 Objectives:

Deferred.

OLD BUSINESS:

disAbility Resource Expo:
A written report from Ms. Barb Bressner was included in the Board packet for information only.

BOARD ANNOUNCEMENTS:

None.

ADJOURNMENT:

The meeting adjourned at 5:57 p.m.

Respectfully
Submitted by: Stephanie Howard-Gallo
CCMHB/CCDDB Staff

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

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Mark Driscoll
Associate Director for Mental Health & Substance Abuse Services

Staff Report – October 22, 2014 Board Meeting

Summary of Activity

Performance Outcome Reports: For the last several years agencies have been required to submit program performance outcome reports as part of the fourth quarter report. This year the reports are being shared with the Board to provide you with a better understanding of the results achieved by each program over the last year. In the past, program information has come primarily during the allocation process when the Boards' focus has been on evaluating applications and making funding decisions. The performance outcome reports provide an opportunity for the Board to consider what has been achieved through those contracts. The reports do not necessarily summarize the purpose or scope of work of the program but rather focus on reporting outcomes in relation to the measures contained in the program section of the application. The intention of sharing the reports is to increase your understanding of the programs and is provided for information only, no action is required.

A Briefing Memo accompanying the reports provides additional information on requirements for the reports and the aggregated zip code and demographic data that is also included. Of the performance outcome reports included in the packet I find the Crisis Nursery Beyond Blue program, the Community Elements Early Childhood Mental Health and Development program, the Family Service Senior Counseling and Advocacy program and the Prairie Center Drug Court program to be particularly noteworthy.

Draft Three-Year Plan with Objectives for FY 2015: At the September meeting, a draft of the new Three-Year Plan 2013-2015 with Objectives for FY 2015 was included in the packet. While we did not have the opportunity to discuss the plan at that meeting, I want to let the Board know that I am available to discuss the Plan in advance of the November meeting. Please contact me with any comments, questions, or other feedback on the proposed changes or suggestions for additions or other modifications.

Parenting with Love and Limits: Last month I wrote about the FY14 annual reviews of the Community Elements Parenting with Love and Limits-Front End (PLL-FE) and Prairie Center Parenting with Love and Limits-Extended Care (PLL-EC) programs. This month I report on the FY15 first quarter reviews of the PLL-FE and PLL-EC programs completed by Savannah Family Institute. While the year is just starting out, all six therapists, three with PLL-FE and three at PLL-EC, have started groups. The PLL-EC had 100% engagement of referrals in the first quarter (Savannah Family Institute was not able to report engagement rate for PLL-FE). Based on first quarter performance, the PLL-FE is projected to serve 88 new families and would be an increase over FY14. The PLL-EC program is projected to serve 47 new families but if that holds true would be a low point for the program. Savannah Family Institute is working with Prairie Center on developing a referral process for youth returning to the community from the Department of Juvenile Justice that may increase participation in the PLL-EC program.

There is another opportunity through the CHOICES DCFS pilot project to increase referrals to the PLL-EC program and number of families served. A conference call between Savannah Family Institute, CHOICES and CCMHB was held October 6th. During the call CHOICES indicated they currently had 100 families enrolled in the DCFS pilot that included 36 youth in residential placement. The pilot project has a target of assisting 240 families from a four county area and with Champaign County having the largest population is likely to have the most families served by the pilot. The Parenting with Love and Limits model has a child welfare component that could be used with these families. During an initial test phase CCMHB funds would support PLL services to this population. Once demonstrated as a viable treatment option, a contract between CHOICES and the PLL provider would be expected to follow. Representatives from Savannah Family Institute are working with CHOICES to schedule a meeting with CHOICES Care Coordinators to demonstrate the model.

Program Monitoring: Progress continues to be made toward completing site visits. Programs monitored since my last report include the Community Elements Crisis, Access Benefits and Engagement contract, the Criminal Justice Problem Solving Courts contract, and the Criminal Justice Integrated behavioral health contract and the Promise Healthcare Frances Nelson wellness Campaign contract and the Mental Health Services at Frances Nelson contract. All reported activity for periods selected for review had documentation that either met expectations or was sufficient to verify activity. This leaves a handful of contracts yet to be monitored.

Quarter Cent Administrative Team: Management of the Quarter Cent for Public Safety Fund monies earmarked for juvenile delinquency prevention was the lead topic of the meeting held September 30th. Ms. Deb Busey County Administrator was present for the discussion. For FY14 and again in FY15, following an open application process, all of the quarter cent funds were allocated by the CCMHB to the Champaign County Regional Planning Commission for the operation of the Youth Assessment Center on the recommendation of the Quarter Cent Administrative Team. Ms. Busey shared with the team the County Board's intent allocate the funds directly to the Regional Planning Commission to operate the Youth Assessment Center. This action would provide a sustainable source of funding for the Youth Assessment Center and would no longer require the CCMHB to oversee the application process.

The CCMHB has managed the Quarter Cent Fund application process, monitored resulting contracts, and coordinated the meetings of the Administrative Team under a Memorandum of Understanding (MOU) with the County Board. The expectation is for that MOU to be terminated and if not terminated reconfigured to reflect changes in the administration of the Quarter Cent for Public Safety Funding earmarked for juvenile delinquency prevention.

Other topics discussed at the meeting included potential collaboration with between the Parenting with Love and Limits Extended Care program at Prairie Center and the CHOICES DCFS pilot project, and the year-end reports for the Youth Assessment Center and Parenting with Love and Limits programs. The Parenting with Love and Limits programs are a direct result of the CCMHB's involvement with the administration of the Quarter Cent monies.

Champaign County Reentry Council: The October meeting of the Reentry Council included a report on current engagement, housing resources including emergency shelter and transitional housing programs, and notice that the SAMHSA "Second Chance " grant application had been denied. The reentry program has completed 93 contacts, resulting in completion of 82 screens of which 15 have engaged in services and one has completed the reentry program. Following a discussion of who is being served, the council may revisit how the target population is defined. An overview of research on local emergency shelter and affordable services and capacity was presented with research included in the meeting packet. With the announcement that the SAMHSA grant application had not been awarded the members of the council discussed next steps for moving forward with the reentry program and the work of the Council.

Other Activity: The Illinois Children's Healthcare Foundation recently held a regional meeting on the first stop of its' Innovation and Collaboration Tour. The Foundation is soliciting input on local children's health needs and soliciting proposals to address them. A total of $500,000 has been earmarked for the east central region to fund proposals for one year and there is no match requirement. At the Child and Adolescent Local Area Network (CALAN), an update on CHOICES work with DCFS families and a presentation by Regina Crider on the Youth and Family Peer Support Alliance were made. With the loss of state contracts the CALAN has placed a greater emphasis on networking and promoting awareness of community resources.

(9)

Lynn Canfield, Associate Director for Developmental Disabilities
Staff Report – October 22, 2014

Board Documents: A second draft of the CCDDB Three Year Plan for Fiscal Years 2013-2015 with One Year Objectives for Fiscal Year 2015 incorporated Board members' changes and was distributed to stakeholders for input. All written feedback received to date is included in the CCDDB packet for consideration, and a final draft of the Plan will be prepared for approval at the November meeting.

FY2015 Contracts: Nancy Crawford and I worked with Developmental Services Center on clarification of revisions of expense and revenue forms for the Integrated and Site Based Services contracts with each of the CCMHB and CCDDB. With agency program directors, I developed a concurrent case review form and process for the Individual and Family Support program, where the service type and intensity varies greatly in response to individual need. Agency users at Community Choices and Developmental Services Center have entered claims for the Community Living and Service Coordination fee for service contracts, respectively, and are working with Proviso Township Mental Health Commission staff, who developed the Reimbursement Tracking System, on technical issues. I continue to address questions related to billable activities and timeframes.

FY2014 Program Performance Outcome Reports and Other Data: The final versions of FY14 Annual Performance Outcome Reports are presented in their entirety in the CCDDB packet, rather than summarized, as in previous years. Each is followed by a summary of agency/program zip code and demographic data for the year. The final page of this section of the packet is my brief analysis of aggregate Persons Served data, a new agency reporting requirement in FY14.

Alliance for the Promotion of Acceptance, Inclusion, and Respect: Two walls of the downtown Champaign coffee shop Café Kopi are reserved for Alliance artists' work, with installations rotating according to the shop owner's schedule. These are supported by promotion through our facebook page and by word of mouth. An Ebertfest planning meeting will occur in early November to discuss what we've learned so far about the April 15-19, 2015 festival and to set a direction for our own activities. The festival director and coordinator are considering Down Syndrome Network's suggested film, "Produce," gallery spaces and tent are reserved for art shows, and a panel discussion is slated once again. Dr. Rappaport, who led the Alliance panel discussion in 2014, wrote a review of our sponsored film, which was published in PsycCRITIQUES and forwarded to festival staff. I have resumed dialogue with two of the local school administrators who previously expressed interest in collaboration, in case a school screening or other youth-focused activity is possible; I'll include the others when we have more information to share.

Other Activity: I attended a September 22 meeting of the Birth to Six Council of Families and Agencies and was present for discussion of August referrals in Champaign County (33), rankings of Child and Family Connections units, referral data for the six county area managed by CFC #16 (not broken down

by County but coded by provider), discussion of meeting location, relationship to the Cradle to Career project, rescheduled meeting with Carle Pediatrics, and budget. I have had many meetings and discussions related to expansion of ID/DD service capacity and infrastructure, including with Mark Doyle of the Governor's office, Chancellor Wise, Associate Chancellor Allston, Dean Wynn Korr, Dean Tanya Gallagher, Mayor Don Gerard, Drs. Brooks and Bennett and Melissa Rowe of IAG, the local PAS/ISC staff and supervisor, Regina Crider of the Youth and Family Alliance, Sheila Ferguson of Community Elements, members of local law enforcement, and family advocates.

During this period, I also attended meetings of the Metropolitan Intergovernmental Council, the Mental Health Agencies Council, the Quarter Cent Administrative Team, the CIT Steering Committee, and the Champaign Community Coalition.

I continue to chair ACMHAI's DD Subcommittee, which meets every other month (9/18), and participate in monthly NACBHDD I/DD Subcommittee calls (9/23). I had follow-up emails with Pete Moore of the Good Life Network (Ohio), who will be presenting at the NACBHDD conference I'm attending October 14 and 15. I listened to the 9/18 meeting of the Illinois Task Force on Employment and Economic Self-Sufficiency for Persons with Disabilities regarding implementation of the executive order on Employment First. This long meeting included an overview from Equip for Equality on their work on recommendations for the state; the full report/blueprint will be released on October 30 in Chicago. Melissa Picciola of EFE sent Mr. Tracy information on what they learned about the disability service system in Washington (state), where changes in policy from 1992 to 2004 led to positive outcomes by 2009. I 'attended' webinars/conference calls of the Governor's Office of Health Innovation and Transformation's Long-Term Services and Supports Subcommittee Breakthrough Groups on Service Definitions and Conflict-free Case Management/Person-Centered Planning, and the Services and Supports Work Group (with reports by all breakthrough groups); so many details of interest are covered in these meetings as the workgroups move toward definitions and recommendations needed for the 1115 waiver, but I am still processing what I learn and signing up for additional breakthrough group meetings (Behavioral Health, Access and Assessment, Developmental Disabilities). I also follow the Monthly Community of Practice webinars hosted by the Employment First State Leadership Mentoring program, which featured Utah's PathWays to Careers (9/10) and Washington's Initiative for Supported Employment (10/8). Here again, there is much to think about.

Ligas, PUNS, and Unmet Need: Data sorted for Champaign County, from the IDHS website's September 9 update, is added below; full report attached.

2/1/11:	**194** with emergency need; of **269** with critical need, **116** are recent or coming grads.
4/5/11:	**198** with emergency need; of **274** with critical need, **120** are recent or coming grads.
5/12/11:	**195** with emergency need; of **272** with critical need, **121** are recent or coming grads.
6/9/11:	**194** with emergency need; of **268** with critical need, **120** are recent or coming grads
10/4/11:	**201** with emergency need; of **278** with critical need, **123** are recent or coming grads.
12/5/11:	**196** with emergency need; of **274** with critical need, **122** are recent or coming grads.
5/7/12:	**222** with emergency need; of **289** with critical need, **127** are recent or coming grads.

9/10/12: **224** with emergency need; of **288** with critical need, **131** are recent or coming grads.
10/10/12: **224** with emergency need; of **299** with critical need, **134** are recent or coming grads.
1/7/13: **225** with emergency need; of **304** with critical need, **140** are recent or coming grads.
2/11/13: **226** with emergency need; of **308** with critical need, **141** are recent or coming grads.
6/10/13: **238** with emergency need; of **345** with critical need, **156** are recent or coming grads.
10/15/13: **244**with emergency need; of **378** with critical need, **160** are recent or coming grads.
11/8/13: **246** with emergency need; of **392** with critical need, **164** are recent or coming grads.
1/9/14: **247** with emergency need; of **393** with critical need, **165** are recent or coming grads.
2/10/14: **249** with emergency need; of **395** with critical need, **166** are recent or coming grads.
6/10/14: **252** with emergency need; of **396** with critical need, **169** are recent or coming grads.
8/13/14: **261** with emergency need; of **425** with critical need, **180** are recent or coming grads.
9/9/14: **260** with emergency need; of **425** with critical need, **180** have exited school in the past 10 years or expect to in the next 3 years.

The majority of existing supports, in order, are Education, Speech Therapy, Transportation, Occupational Therapy, Physical Therapy, and Behavioral Supports. The most frequently identified desired supports, in order, are Transportation, Personal Support, Support to engage in work/activities in a disability setting, Support to work in the community, Occupational Therapy, Speech Therapy, Behavioral Supports, Other Transportation Service, Out-of-home residential services with 24-hour supports, Physical Therapy, Out-of-home residential services with less than 24-hour supports, Assistive Technology, and Respite.

Because eligibility determination is done after selection from PUNS, presence in the data does not mean that all individuals reported have a qualifying diagnosis. Persons served through CCDDB and CCMHB funded programs may also be enrolled in PUNS, especially if they are likely to qualify as Ligas class members and receive a state award for Home and Community Based Services. IDHS' "Determination of Intellectual Disability or Related Condition & Associated Treatment Needs" is attached.

Because many have expressed interest in understanding what PUNS and selections look like across the state, I have attached the most recent "Total and Active PUNS by County and Township" and Summary by PAS/ISC of "Total PUNS Customers" reports for a first look as we seek information. Total PUNS includes closed records.

The work of the Life Choices groups wraps up on November 12th, when the sixth workgroup presents on costs and priorities; recommendations of this Case Management expansion project are posted to the DHS-DDD website. Darlene Kloeppel, CCRPC, will also keep us informed.

County: Champaign

Reason for PUNS or PUNS Update	
New	175
Annual Update	105
Change of category (Emergency, Planning, or Critical)	20
Change of service needs (more or less) - unchanged category (Emergency, Planning, or Critical)	25
Person is fully served or is not requesting any supports within the next five (5) years	127
Moved to another state, close PUNS	5
Person withdraws, close PUNS	16
Deceased	3
Other, supports still needed	1
Other, close PUNS	83

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.	8
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.	30
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.	6
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.	17

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).	32
2. Death of the care giver with no other supports available.	5
3. Person has been commited 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.	5
5. Person is in an exceedingly expensive or inappropriate placement and immediately needs a new plaec to live (for example, an acute care hospital, a mental health placement, a homeless shelter, etc.).	10
6. Other crisis, Specify:	145

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.	45
2. Person has a care giver (age 60+) and will need supports within the next year.	35
3. Person has an ill care giver who will be unable to continue providing care within the next year.	7
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	46
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	10
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.	34
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.	180
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 Disabilites, nursing home or state hospital).	1
13. Person is losing eligibilty 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
17. Person is residing in an out-of-home residential setting and is losing funding from the public school system.	1
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:	28

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.	80
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 disatisfied 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
7. Person is receiving supports for vocational or other structured activities and wants and needs increased supports to retire.	2
8. Person or care giver needs increased supports.	87
9. Person is losing eligibility for Department of Children and Family Services supports within 1-5 years.	1
14. Other, Explain:	11
EXISTING SUPPORTS AND SERVICES	
Respite Supports (24 Hour)	17
Respite Supports (<24 hour)	32
Behavioral Supports (includes behavioral intervention, therapy and counseling)	103
Physical Therapy	78
Occupational Therapy	138
Speech Therapy	166
Education	225
Assistive Technology	42
Homemaker/Chore Services	4
Adaptions to Home or Vehicle	6
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilites, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	8
Medical Equipment/Supplies	15
Nursing Services in the Home, Provided Intermittently	5
Other Individual Supports	25
TRANPORTATION	
Transportation (include trip/mileage reimbursement)	141
Other Transportation Service	73
Senior Adult Day Services	1
Developmental Training	93
"Regular Work"/Sheltered Employment	81
Supported Employment	40
Vocational and Educational Programs Funded By the Division of Rehabilitation Services	14
Other Day Supports (e.g. volunteering, community experience)	16
RESIDENTIAL SUPPORTS	
Community Integrated Living Arrangement (CILA)/Family	5
Community Integrated Living Arrangement (CILA)/Intermittent	5
Community Integrated Living Arrangement (CILA)/Host Family	1
Community Integrated Living Arrangement (CILA)/24 Hour	33
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	16
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 17 or More People	3
Skilled Nursing Facility/Pediatrics (SNF/PED)	4
Supported Living Arrangement	3
Shelter Care/Board Home	1
Children's Residential Services	5
Child Care Institutions (Including Residential Schools)	6

Other Residential Support (including homeless shelters)	8
SUPPORTS NEEDED	
Personal Support (includes habilitation, personal care and intermittent respite services)	277
Respite Supports (24 hours or greater)	82
Behavioral Supports (includes behavioral intervention, therapy and counseling)	151
Physical Therapy	104
Occupational Therapy	182
Speech Therapy	165
Assistive Technology	90
Adaptations to Home or Vehicle	32
Nursing Services in the Home, Provided Intermittently	8
Other Individual Supports	58
TRANSPORTATION NEEDED	
Transportation (include trip/mileage reimbursement)	295
Other Transportation Service	142
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	187
Support to engage in work/activities in a disability setting	205
RESIDENTIAL SUPPORTS NEEDED	
Out-of-home residential services with less than 24-hour supports	104
Out-of-home residential services with 24-hour supports	129

Illinois Department of Human Services

Division of Developmental Disabilities

Total and Active PUNS By County and Township

Data current as of report print date and time

Date: 09/09/2014
Time: 8:23 am

Township	Total PUNS	Active PUNS
County: Adams		
Not Defined	253	92
BEVERLY	1	0
OTHER ADAMS (	1	0
PAYSON	1	0
QUINCY	12	3
County Totals:	**268**	**95**
County: Alexander		
Not Defined	39	9
County Totals:	**39**	**9**
County: Bond		
Not Defined	58	19
County Totals:	**58**	**19**
County: Boone		
Not Defined	80	45
County Totals:	**80**	**45**
County: Brown		
Not Defined	7	2
County Totals:	**7**	**2**
County: Bureau		
Not Defined	95	34
County Totals:	**95**	**34**
County: Calhoun		
Not Defined	18	6
County Totals:	**18**	**6**
County: Carroll		
Not Defined	48	13
County Totals:	**48**	**13**
County: Cass		
Not Defined	42	15
BLUFF SPRINGS	1	1
County Totals:	**43**	**16**
County: Champaign		
Not Defined	21	5
AYERS	1	0
CHAMPAIGN	463	308
CHAMPAIGN CIT	59	8
CUNNINGHAM	2	1
KERR	1	1
MAHOMET	1	0
RANTOUL	3	0
URBANA	9	3
County Totals:	**560**	**326**
County: Christian		
Not Defined	151	50
County Totals:	**151**	**50**
County: Clark		
CASEY	8	4
MARSHALL	17	4
MARTINSVILLE	5	1
PARKER	1	1
WESTFIELD	4	2
County Totals:	**35**	**12**
County: Clay		
Not Defined	127	13
County Totals:	**127**	**13**
County: Clinton		
Not Defined	218	62
County Totals:	**218**	**62**
County: Coles		
Not Defined	27	5
ASHMORE	4	2
CHARLESTON	232	56
EAST OAKLAND	4	3
HUMBOLDT	6	3
HUTTON	1	0
LAFAYETTE	1	1
MATOON	90	28
MORGAN	1	1
NORTH OKAW	3	1
County Totals:	**369**	**100**
County: Cook		
Not Defined	20	16
BARRINGTON	41	30
BERWYN	203	121
BLOOM	501	244
BREMEN	462	220
CALUMET	50	27
CICERO	217	110
ELK GROVE	232	163
EVANSTON	219	148
HANOVER	260	178
LEMONT	48	33
LEYDEN	244	147
LYONS	456	226
MAINE	411	286
NEW TRIER	181	153
NILES	471	259
NORTHFIELD	270	198
NORWOOD PAR	65	33
OAK PARK	230	128
ORLAND	288	153
PALATINE	429	272
PALOS	232	122
PROVISO	916	541
RICH	840	358
RIVER FOREST	33	24
RIVERSIDE	60	39
SCHAUMBURG	560	436
STICKNEY	147	74
THORNTON	973	441
WHEELING	372	272
WORTH	571	306
County Totals:	**#####**	**5,758**
County: Cook/Chi		
Not Defined	8	4
Albany Park	109	81
Archer Heights	24	17
Armour Square	39	26
Ashburn	159	66
Auburn Gresham	221	116
Austin	387	276
Avalon Park	49	23
Avondale	89	61
Belmont Cragin	177	148
Beverley	86	43
Bridgeport	44	18
Brighton Park	83	55
Burnside	17	8
Calumet Height	57	30
Chatham	141	53
Chicago Lawn	213	118
Clearing	66	36
Douglas	58	28
Dunning	96	76
E. Garfield Pk	130	76
East Side	53	37
Edgewater	48	39
Edison Park	26	19
Englewood	163	89
Forest Glen	53	33
Fuller Park	17	5
Gage Park	122	80
Garfield Ridge	93	58
Grand Boulevar	73	38
Gtr Grand Cros	145	76
Hegewisch	26	17
Hermosa	74	60
Humboldt Park	178	128
Hyde Park	39	21
Irving Park	116	87
Jefferson Park	69	48
Kenwood	39	14
Lakeview	51	38
Lincoln Park	31	20
Lincoln Square	42	32
Logan Square	138	91
Loop	13	6
Lower W. Side	77	42
Mckinley Park	33	17
Montclare	38	31
Morgan Park	113	45
Mount Greenwoo	47	26
Near N. Side	59	43
Near S. Side	29	15
Near W Side/no	71	43
Near W Side/so	16	10

Division of Developmental Disabilities

Total and Active PUNS By County and Township

Data current as of report print date and time

Township	Total PUNS	Active PUNS
New City	117	60
North Center	40	27
North Lawndale	111	63
North Park	49	35
Norwood Park	103	69
O Hare	19	18
Oakland	35	8
Portage Park	177	122
Pullman	39	17
Riverdale	23	14
Rogers Park	222	80
Roseland	257	128
South Chicago	135	66
South Deering	76	44
South Lawndale	154	85
South Shore	244	115
Uptown	72	53
W. Garfield Pk	63	34
Washington Hei	143	82
Washington Par	52	24
West Elsdon	29	19
West Englewood	199	97
West Lawn	61	42
West Pullman	141	78
West Ridge	323	183
West Town	111	64
Woodlawn	107	53
County Totals:	**7,447**	**4,347**
County: Crawford		
Not Defined	73	37
County Totals:	**73**	**37**
County: Cumberland		
Not Defined	9	3
GREENUP	10	1
NEOGA	14	6
County Totals:	**33**	**10**
County: De Kalb		
Not Defined	355	110
County Totals:	**355**	**110**
County: De Witt		
Not Defined	3	0
CLINTONIA	38	6
DEWITT	1	1
SANTA ANNA	1	0
WAPELLA	1	1
WAYNESVILLE	2	0
County Totals:	**46**	**8**
County: Douglas		
Not Defined	20	4
ARCOLA	29	16
CAMARGO	2	1
NEWMAN	5	1
TUSCOLA	11	6
County Totals:	**67**	**28**
County: DuPage		
Not Defined	10	2
ADDISON	268	155
BLOOMINGDALE	343	190
DOWNERS GRO	337	216
LISLE	379	246
MILTON	547	380
NAPERVILLE	488	302
WAYNE	122	80
WINFIELD	212	152
YORK	447	271
County Totals:	**3,153**	**1,994**
County: Edgar		
Not Defined	17	9
EDGAR	3	3
KANSAS	7	2
PARIS	49	13
STRATTON	1	0
County Totals:	**77**	**27**
County: Edwards		
Not Defined	15	8
County Totals:	**15**	**8**
County: Effingham		
Not Defined	138	36
DOUGLAS	15	0
MASON	3	0
TEUTOPOLIS	15	5
WATSON	6	4
County Totals:	**177**	**45**
County: Fayette		
Not Defined	63	30
County Totals:	**63**	**30**
County: Ford		
Not Defined	1	0
BRENTON	1	0
DRUMMER	1	0
County Totals:	**3**	**0**
County: Franklin		
Not Defined	84	26
County Totals:	**84**	**26**
County: Fulton		
Not Defined	117	41
County Totals:	**117**	**41**
County: Gallatin		
Not Defined	6	2
EQUALITY	4	2
NEW HAVEN	2	1
RIDGWAY	4	0
SHAWNEE	8	0
County Totals:	**24**	**5**
County: Greene		
Not Defined	54	27
County Totals:	**54**	**27**
County: Grundy		
Not Defined	3	2
AUX SABLE	25	18
BRACEVILLE	13	10
ERIENNA	1	0
FELIX	6	3
GARFIELD	5	3
GREENFIELD	1	1
MAINE	1	0
MORRIS	60	39
SARATOGA	2	1
VIENNA	1	1
WAUPONSEE	1	1
County Totals:	**119**	**79**
County: Hamilton		
Not Defined	47	6
County Totals:	**47**	**6**
County: Hancock		
Not Defined	88	31
County Totals:	**88**	**31**
County: Hardin		
Not Defined	26	4
County Totals:	**26**	**4**
County: Henderson		
Not Defined	3	0
BIGGSVILLE	2	0
GLADSTONE	2	0
OQUAWKA	2	1
County Totals:	**9**	**1**
County: Henry		
Not Defined	88	44
ANDOVER	1	0
ANNAWAN	1	0
ATKINSON	2	2
COLONA	5	1
EDFORD	1	0
GALVA	4	1
GENESEO	3	1
KEWANEE	14	1
OXFORD	1	0
WESTERN	4	0
County Totals:	**124**	**50**
County: Iroquois		
Not Defined	3	2
ARTESIA	1	1
ASHKUM	2	1

Illinois Department of Human Services

Division of Developmental Disabilities

Total and Active PUNS By County and Township

Data current as of report print date and time

Township	Total PUNS	Active PUNS
BEAVER	2	0
BEAVERVILLE	1	0
BELMONT	14	5
CHEBANSE	12	5
CONCORD	2	2
CRESCENT	2	0
DANFORTH	1	0
DOUGLAS	3	0
IROQUOIS	1	0
LOVEJOY	1	1
MIDDLEPART	55	16
MILFORD	10	4
ONARGA	5	2
PIGEON GROVE	7	0
PRAIRIE GREEN	1	1
SHELDON	7	1
STOCKLAND	1	0
County Totals:	**131**	**41**
County: Jackson		
Not Defined	156	33
County Totals:	**156**	**33**
County: Jasper		
Not Defined	17	6
County Totals:	**17**	**6**
County: Jefferson		
Not Defined	92	33
County Totals:	**92**	**33**
County: Jersey		
Not Defined	78	35
County Totals:	**78**	**35**
County: Jo Daviess		
Not Defined	69	24
County Totals:	**69**	**24**
County: Johnson		
Not Defined	43	8
County Totals:	**43**	**8**
County: Kane		
Not Defined	7	1
AURORA	489	365
BATAVIA	101	81
BIG ROCK	4	3
BLACKBERRY	21	19
BURLINGTON	3	3
CAMPTON	6	6
DUNDEE	147	115
ELGIN	315	241
GENEVA	90	71
HAMPSHIRE	24	18
KANEVILLE	1	1
RUTLAND	16	16
ST CHARLES	163	132
SUGAR GROVE	37	29
VIRGIL	7	6
County Totals:	**1,431**	**1,107**
County: Kankakee		
Not Defined	4	1
AROMA	5	3
BOURBONNAIS	112	68
ESSEX	3	3
GANEER	2	1
KANKAKEE	242	107
MANTENO	33	16
MOMENCE	36	6
NORTON	2	2
OTTO	9	6
PEMBROKE	3	2
PILOT	3	2
ROCKVILLE	1	1
SAINT ANNE	13	7
SALINA	1	1
YELLOWHEAD	6	4
County Totals:	**475**	**230**
County: Kendall		
Not Defined	1	0
BIG GROVE	11	11
BRISTOL	11	6
FOX	2	1
KENDALL	60	45
LITTLE ROCK	43	29
NAAUSAY	19	19
OSWEGO	149	124
SEWARD	1	0
County Totals:	**297**	**235**
County: Knox		
Not Defined	323	36
CEDAR	2	2
GALESBURG CIT	44	3
KNOX	1	1
RIO	1	0
TRURO	3	0
VICTORIA	1	0
County Totals:	**375**	**42**
County: La Salle		
Not Defined	307	124
County Totals:	**307**	**124**
County: Lake		
Not Defined	2	2
ANTIOCH	49	40
AVON	193	162
BENTON	34	24
CUBA	30	24
DEERFIELD	144	101
ELA	106	88
FREMONT	76	64
GRANT	43	38
LAKE VILLA	62	56
LIBERTYVILLE	213	83
NEWPORT	28	24
SHIELDS	78	65
VERNON	159	120
WARREN	147	112
WAUCONDA	58	52
WAUKEGAN	207	144
WEST DEERFIEL	78	63
ZION	102	84
County Totals:	**1,809**	**1,346**
County: Lawrence		
Not Defined	62	30
County Totals:	**62**	**30**
County: Lee		
Not Defined	140	51
County Totals:	**140**	**51**
County: Livingston		
Not Defined	2	0
AMITY	1	0
BELLE PRAIRIE	1	1
BROUGHTON	1	0
CHATSWORTH	11	5
DWIGHT	63	13
ESMEN	1	1
FORREST	6	4
INDIAN GROVE	17	9
NEBRASKA	2	1
NEWTON	2	2
ODELL	9	3
PONTIAC	113	33
READING	4	2
ROOKS CREEK	1	1
ROUND GROVE	1	1
SAUNEMIN	4	1
SULLIVAN	1	1
County Totals:	**240**	**78**
County: Logan		
Not Defined	171	42
County Totals:	**171**	**42**
County: Macon		
Not Defined	28	12
BLUE MOUND	1	1
DECATUR	397	118
HARRISTOWN	2	1
HICKORY POINT	3	1
ILLINI	2	1
LONG CREEK	1	0
MAROA	2	0
MOUNT ZION	11	5
NIANTIC	1	0
OAKLEY	2	1

Division of Developmental Disabilities

Total and Active PUNS By County and Township

Data current as of report print date and time

Township	Total PUNS	Active PUNS
SOUTH MACON	2	0
County Totals:	**452**	**140**
County: Macoupin		
Not Defined	178	119
County Totals:	**178**	**119**
County: Madison		
Not Defined	13	2
ALHAMBRA	9	6
ALTON	125	49
CHOUTEAU	19	5
COLLINSVILLE	72	25
EDWARDSVILLE	85	47
FORT RUSSELL	5	3
GODFREY	73	32
GRANITE CITY	101	55
HAMEL	2	1
HELVETIA	33	19
JARVIS	36	24
LEEF	1	1
MARINE	6	3
MORO	6	4
NAMEOKI	10	6
NEW DOUGLAS	1	1
OLIVE	3	1
OMPHGHENT	4	3
PIN OAK	1	1
SALINE	9	4
ST JACOB	5	3
VENICE	12	7
WOOD RIVER	86	42
County Totals:	**717**	**344**
County: Marion		
Not Defined	117	26
County Totals:	**117**	**26**
County: Marshall		
Not Defined	21	12
County Totals:	**21**	**12**
County: Mason		
Not Defined	77	26
County Totals:	**77**	**26**
County: Massac		
Not Defined	66	14
County Totals:	**66**	**14**
County: Mc Donough		
Not Defined	110	20
County Totals:	**110**	**20**
County: Mc Henry		
Not Defined	2	0
ALDEN	4	4
ALGONQUIN	276	207
BURTON	13	9
CHEMUNG	24	15
CORAL	11	8
DORR	107	74
DUNHAM	18	9
GRAFTON	112	100
GREENWOOD	58	36
HARTLAND	8	7
HEBRON	5	4
MARENGO	56	24
MCHENRY	210	131
NUNDA	126	101
RICHMOND	30	21
RILEY	12	9
SENECA	17	6
County Totals:	**1,089**	**765**
County: Mc Lean		
Not Defined	425	217
BLOOMINGTON	2	1
BLOOMINGTON	14	4
CROPSEY	1	0
DANVERS	2	1
LEXINGTON	1	1
NORMAL	3	3
NORMAL CITY	5	2
County Totals:	**453**	**229**
County: Menard		
Not Defined	21	12
County Totals:	**21**	**12**
County: Mercer		
Not Defined	32	10
County Totals:	**32**	**10**
County: Monroe		
Not Defined	5	2
COLUMBIA	16	7
NEW DESIGN	1	1
RENAULT/FULTS	1	0
VALMEYER	3	0
WATERLOO	31	14
County Totals:	**57**	**24**
County: Montgomery		
Not Defined	141	61
County Totals:	**141**	**61**
County: Morgan		
Not Defined	385	84
County Totals:	**385**	**84**
County: Moultrie		
Not Defined	15	4
EAST NELSON	2	0
LOVINGTON	10	1
SULLIVAN	74	21
County Totals:	**101**	**26**
County: Ogle		
Not Defined	153	72
County Totals:	**153**	**72**
County: Out of State		
Out of State	63	14
County Totals:	**63**	**14**
County: Peoria		
Not Defined	833	388
County Totals:	**833**	**388**
County: Perry		
Not Defined	69	13
County Totals:	**69**	**13**
County: Piatt		
Not Defined	30	10
BEMENT	7	2
CERRO GORDO	4	2
MONTICELLO	33	20
SANGAMON	1	0
County Totals:	**75**	**34**
County: Pike		
Not Defined	60	18
County Totals:	**60**	**18**
County: Pope		
Not Defined	12	1
County Totals:	**12**	**1**
County: Pulaski		
Not Defined	32	5
County Totals:	**32**	**5**
County: Putnam		
Not Defined	17	11
County Totals:	**17**	**11**
County: Randolph		
Not Defined	81	20
County Totals:	**81**	**20**
County: Richland		
Not Defined	86	47
County Totals:	**86**	**47**
County: Rock Island		
Not Defined	420	152
County Totals:	**420**	**152**
County: Saline		
Not Defined	16	4
CARRIER MILLS	4	1
EAST ELDORAD(	30	6
GALATIA	3	1

Division of Developmental Disabilities

Illinois Department of Human Services

Total and Active PUNS By County and Township

Data current as of report print date and time

Township	Total PUNS	Active PUNS
HARRISBURG	62	17
RALEIGH	2	0
STONEFORT	1	0
County Totals:	**118**	**29**
County: Sangamon		
Not Defined	797	273
AUBURN	1	0
CAPITAL	11	3
CHATHAM	1	0
DIVERNON	2	1
ILLIOPOLIS	1	1
SPRINGFIELD	30	7
County Totals:	**843**	**285**
County: Schuyler		
Not Defined	20	8
County Totals:	**20**	**8**
County: Scott		
Not Defined	13	4
County Totals:	**13**	**4**
County: Shelby		
Not Defined	23	10
ASH GROVE	1	0
DRY POINT	1	0
FLAT BRANCH	1	1
HERRICK	3	0
LAKEWOOD	3	2
MOWEAQUA	2	0
RURAL	6	4
SHELBYVILLE	71	27
County Totals:	**111**	**44**

Township	Total PUNS	Active PUNS
County: St Clair		
Not Defined	15	2
BELLEVILLE	384	169
CANTEEN	21	9
CASEYVILLE	69	26
CENTREVILLE	70	29
EAST ST LOUIS	117	47
ENGLEMANN	1	0
FAYETTEVILLE	3	3
FREEBURG	18	10
LEBANON	19	12
LENZBURG	1	1
MARISSA	13	3
MASCOUTAH	50	23
MILLSTADT	21	12
NEW ATHENS	6	4
OFALLON	79	36
PRAIRIE DULON	4	2
SHILOH VALLEY	21	8
SMITHTON	5	3
ST CLAIR	59	25
STITES	1	1
STOOKEY	1	0
SUGAR LOAF	5	1
County Totals:	**983**	**426**
County: Stark		
Not Defined	9	5
County Totals:	**9**	**5**
County: Stephenson		
Not Defined	219	79
County Totals:	**219**	**79**

Township	Total PUNS	Active PUNS
County: Tazewell		
Not Defined	425	200
CINCINNATI	1	0
DELAVAN	1	1
FONDULAC	8	2
GROVE LAND	1	1
MACKINAW	2	2
MORTON	14	6
PEKIN	22	6
SAND PRAIRIE	1	0
TREMONT	1	1
WASHINGTON	10	4
County Totals:	**486**	**223**
County: Union		
Not Defined	227	29
County Totals:	**227**	**29**
County: Unknown		
Not Defined	50	29
County Totals:	**50**	**29**
County: Vermilion		
Not Defined	71	16
BUTLER	4	0
CARROL	1	0
CATLIN	6	3
DANVILLE	230	56
ELWOOD	3	0
GEORGETOWN	25	11
GRANT	8	4
MIDDLEFORK	1	1
NEWELL	4	2
OAKWOOD	6	4

Township	Total PUNS	Active PUNS
ROSS	5	2
SIDEL	2	1
SOUTH ROSS	1	0
County Totals:	**367**	**100**
County: Wabash		
Not Defined	51	13
County Totals:	**51**	**13**
County: Warren		
Not Defined	2	1
BERWICK	1	0
ELLISON	1	0
HALE	1	1
MONMOUTH	67	12
ROSEVILLE	6	1
SUMMER	3	0
TOMPKINS	5	3
County Totals:	**86**	**18**
County: Washington		
Not Defined	71	32
County Totals:	**71**	**32**
County: Wayne		
Not Defined	64	17
County Totals:	**64**	**17**
County: White		
Not Defined	43	9
CARMI	13	3
ENFIELD	1	0
GRAY	1	1
INDIAN CREEK	2	0

Township	Total PUNS	Active PUNS
County Totals:	**60**	**13**
County: Whiteside		
Not Defined	152	54
County Totals:	**152**	**54**
County: Will		
Not Defined	15	1
CHANNAHON	26	19
CRETE	81	53
CUSTER	4	3
DUPAGE	255	157
FLORENCE	164	125
FRANKFORT	204	141
GREEN GARDEN	1	0
HOMER	43	33
JACKSON	17	6
JOLIET	386	206
LOCKPORT	129	79
MANHATTAN	31	18
MONEE	58	38
NEW LENOX	91	61
PEOTONE	14	10
PLAINFIELD	233	167
REED	10	5
TROY	61	40
WASHINGTON	16	12
WESLEY	1	1
WHEATLAND	1	1
WILL	17	12
WILMINGTON	32	17
WILTON	1	0
County Totals:	**1,891**	**1,205**
County: Williamson		

Illinois Department of Human Services

Division of Developmental Disabilities

Total and Active PUNS By County and Township

Data current as of report print date and time

Township	Total PUNS	Active PUNS
Not Defined	208	40
County Totals:	**208**	**40**
County: Winnebago		
Not Defined	884	372
County Totals:	**884**	**372**
County: Woodford		
Not Defined	68	39
EL PASO	2	1
METAMORA	4	2
MONTGOMERY	1	0
ROANOKE	1	0
SPRING BAY	1	0
WORTH	1	0
County Totals:	**78**	**42**

Report Grand Totals

Total PUNS	**43,121**
Total Active PUNS	**22,693**

Illinois Department of Human Services
Michelle R.B. Saddler, Secretary

Summary by PAS/ISC

Updated 9/9/2014

Total PUNS Customers (Including closed records)

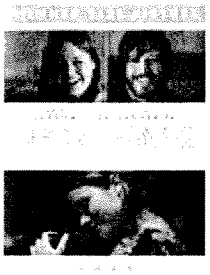
PAS Agency	Individual Count	% of Total PUNS	Estimated Total Census for Agency	Estimated % of IL Census
Access Services	2,479	5.75%	811,140	6.53%
CAU	8,016	18.59%	3,116,913	25.10%
Champaign CRPC	664	1.54%	225,244	1.81%
CISA	3,109	7.21%	781,850	6.30%
CSO	4,530	10.51%	1,432,780	11.54%
CSO/RIM	457	1.06%	166,331	1.34%
DayOne Network	2,061	4.78%	458,663	3.69%
DDS of Metro East	1,678	3.89%	515,023	4.15%
Great River SC	877	2.03%	163,337	1.32%
Livingston 708	249	0.58%	38,678	0.31%
Mental Health Authority	473	1.10%	133,616	1.08%
Options & Advocacy	1,049	2.43%	260,077	2.09%
PACT	3,195	7.41%	904,161	7.28%
Prairieland	1,883	4.37%	424,315	3.42%
Service Inc.	2,428	5.63%	643,634	5.18%
SICCS	2,564	5.95%	659,828	5.31%
Suburban Access	6,558	15.21%	1,471,404	11.85%
WISC	832	1.93%	211,219	1.70%
Unknown	19	0.04%		
Totals:	43,121		12,418,213	

Total Active PUNS

PAS Agency	Individual Count	% of Total PUNS	Estimated Total Census for Agency	Estimated % of IL Census
Access Services	971	4.28%	811,140	6.53%
CAU	5,656	24.93%	3,116,913	25.10%
Champaign CRPC	360	1.59%	225,244	1.81%
CISA	1,292	5.70%	781,850	6.30%
CSO	2,325	10.25%	1,432,780	11.54%
CSO/RIM	167	0.74%	166,331	1.34%
DayOne Network	1,551	6.84%	458,663	3.69%
DDS of Metro East	770	3.40%	515,023	4.15%

Great River SC	342	1.51%	163,337	1.32%
Livingston 708	81	0.36%	38,678	0.31%
Mental Health Authority	166	0.74%	133,616	1.08%
Options & Advocacy	735	3.24%	260,077	2.09%
PACT	2,003	8.83%	904,161	7.28%
Prairieland	568	2.51%	424,315	3.42%
Service Inc.	1,504	6.63%	643,634	5.18%
SICCS	658	2.90%	659,828	5.31%
Suburban Access	3,349	14.76%	1,471,404	11.85%
WISC	176	0.78%	211,219	1.70%
Unknown	19	0.08%		
Totals:	22,693		12,418,213	

PsycCRITIQUES
September 22, 2014, Vol. 59, No. 38, Article 9



Better Than a Documentary

A Review of

Short Term 12 (2013)
by Destin Daniel Cretton (Director)

http://dx.doi.org/10.1037/a0037871

Reviewed by

Julian Rappaport

Beginning in 1997, longtime *Chicago Tribune* critic Roger Ebert organized an annual film festival in his hometown of Champaign-Urbana, Illinois. Despite Ebert's death in 2012, "Ebertfest" continues in conjunction with Chaz Ebert (his widow), the University of Illinois College of Media, and many of Ebert's friends and associates in the film industry. Over four days, actors, directors, writers, producers, scholars, visitors, and local community residents fill a refurbished 1,400-seat public movie theater, first opened in 1921. In recent years, one of the films selected for the festival has been sponsored in conjunction with the Champaign County (Illinois) Alliance for the Promotion of Acceptance, Inclusion, and Respect, a coalition of the County Mental Health Board and local human service agencies, as a part of their "antistigma" campaign designed to facilitate public conversation about mental health issues typically ignored, except when there is some sort of crisis.

I recently chaired a panel discussion for the 2014 Ebertfest selection, *Short Term 12*. The panel included local human service professionals, movie critics, film editors, and actors who had appeared in the movie. The audience was almost entirely laypeople, including mental health service consumers. The quality of conversation was so good that I became convinced that this is a movie that should be seen by a wider audience and that educators should consider using it in appropriate classes or as a homework assignment for later class discussion.

Documentaries and Tony Soprano's psychiatrist aside, when films or TV episodes engage psychological themes, with actors portraying mental health workers, I usually find myself transformed from an easy-to-suspend-disbelief moviegoing self into a critic floating above the narrative. For me, the otherwise engaging and entertaining *Good Will Hunting* (Bender & Van Sant, 1997) was ruined by the "it's-not-your-fault" hug presented as allowing the troubled main character to "move on" with his life. Fortunately, as I was watching *Short Term 12* I had no such trouble just being an audience member, until near the end. The story is engaging, and the actors, portraying both clients and staff of a residential treatment center for youths, play their roles with a sense of realistic candidness. Only after it was over, and viewing it a second time, was I ready to see it from the perspective of a mental health professional.

Although not in wide release, *Short Term 12* has been shown at several film festivals and is now available for streaming on Netflix. It has been reviewed quite favorably. As one film critic observed:

> It all could have been painfully mawkish, populated as it is with the kinds of kids who provide inspiration for after-school specials. Instead, *Short Term 12* comes from a place of delicate and truthful understatement, which allows the humanity and decency of its characters—and, yes, the lessons—to shine through naturally. (Lemire, 2013, para. 1)

Short Term 12 mainly, but not exclusively, takes place in a residential treatment center for troubled youths. The children, with a variety of individual problems, are remarkably real. Destin Daniel Cretton, both writer and director of the film, has actually worked in such a facility, and his experience shows in his closely observed detailing of the setting. The incidents that occur present a glimpse of the range of problems that one might encounter in such facilities. Although the residents are primarily White, an African American youth (played powerfully by Keith Stanfield), about to be sent out on his own, is a central character who conveys both the joy and the difficulty of being ready to leave the residence.

The film gives viewers a good feel for some of the tensions and difficulties experienced by both youths and staff in residential treatment. However, the setting is background and context for a story that centers on two young staff members (played with just the right amount of genuineness by Brie Larson and John Gallagher) with their own youthful pasts that intrude on their present 20-something lives.

This film takes on two serious and controversial problems. One of the plotlines involves questions concerning a case of possible child sex abuse. Although not as nuanced or sophisticated as the Philip Seymour Hoffman/Meryl Streep tension portrayed in *Doubt* (Rudin & Shanley, 2008), there is enough ambiguity (before the plot is resolved) to carry the narrative forward. Given that child sexual abuse is a major problem with a significant lifetime prevalence as reported by late adolescents (Finkelhor, Shattuck, Turner, & Hamby, 2014; Pereda, Guilera, Forns, & Gómez-Benito, 2009), the film can serve as a good starting point for public discussion. It can also be used to stimulate discussions of the strengths and weaknesses of residential care, a sometimes-controversial approach to the treatment of children and youths (Brown, Barrett, Ireys, Allen, & Blau, 2011; Holstead, Dalton, Horne, & Lamond, 2010; Lindqvist, 2011).

Although *Short Term 12* does not directly take on the question of when a residential placement is appropriate, the film may be useful for undergraduates who are thinking about working in such settings, as well as for graduate students in psychology and social work. It has the advantage of being accessible regardless of the level of experience or the sophistication of the viewer, given an informed leader to guide the discussion. In the film, it is particularly interesting to see the differences in thinking between the young youth workers, from whose perspective the story is told, and the older professional mental health workers whose characters appear in only a few scenes but who are faced with the burden of knowing the seriousness and consequences of making a mistake.

The major weakness of the film does not show up until near the end, just before the film ultimately returns to reality. The solutions at the end of the movie to both of the major psychological problems presented, departure from the residence and child sexual abuse, are

emotionally satisfying but less realistic than the presentation of the problems. Nevertheless, these weaknesses do not detract from the film's quality, either as art or as public education, because there is no suggestion that the scars of childhood abuse somehow magically disappear.

In some ways *Short Term 12* may be better than a documentary for the purposes of public education. Even in limited release, it is likely going to be seen and thought about by more people than are most documentaries. For teachers of psychology at any level who like to use films in their classes, this one is definitely worth a look.

References

Bender, L. (Producer), & Van Sant, G. (Director). (1997). *Good Will Hunting* [Motion picture]. United States: Miramax Films.

Brown, J. D., Barrett, K., Ireys, H. T., Allen, K., & Blau, G. (2011). Outcomes monitoring after discharge from residential treatment facilities for children and youth. *Residential Treatment for Children & Youth*, *28*, 303–310. http://dx.doi.org/10.1080/0886571X.2011.615237 PsycINFO →

Finkelhor, D., Shattuck, M. A., Turner, H. A., & Hamby, S. L. (2014). The lifetime prevalence of child sexual abuse and sexual assault assessed in late adolescence. *Journal of Adolescent Health*. Advance online publication. http://dx.doi.org/10.1016/j.jadohealth.2013.12.026 PsycINFO →

Holstead, J., Dalton, J., Horne, A., & Lamond, D. (2010). Modernizing residential treatment centers for children and youth—an informed approach to improve long-term outcomes: The Damar pilot. *Child Welfare*, *89*, 115–130.

Lemire, C. (2013). *Short term 12* [Film review]. Retrieved from www.rogerebert.com/reviews/short-term-12-2013

Lindqvist, E. (2011). Planned treatment and outcomes in residential youth care: Evidence from Sweden. *Children and Youth Services Review*, *33*, 21–27. http://dx.doi.org/10.1016/j.childyouth.2010.08.007 PsycINFO →

Pereda, N., Guilera, G., Forns, A., & Gómez-Benito, J. (2009). The prevalence of child sexual abuse in community and student samples: A meta-analysis. *Clinical Psychology Review*, *29*, 328–338. http://dx.doi.org/10.1016/j.cpr.2009.02.007 PsycINFO →

Rudin, S. (Producer), & Shanley, J. P. (Writer/Director). (2008). *Doubt* [Motion picture]. United States: Miramax Films.

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

10/09/14 PAGE 1

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												
*** DEPT NO. 053 MENTAL HEALTH BOARD												
25	CHAMPAIGN COUNTY TREASURER								RENT-GENERAL CORP			
		10/08/14	01	VR	53- 378		512881	10/09/14	090-053-533.50-00	FACILITY/OFFICE RENTALS	OCT OFFICE RENT	2,884.17
											VENDOR TOTAL	2,884.17 *
41	CHAMPAIGN COUNTY TREASURER								HEALTH INSUR FND 620			
		9/25/14	04	VR	620- 166		512427	9/30/14	090-053-513.06-00	EMPLOYEE HEALTH/LIFE INS	SEP HI,LI, & HRA	3,117.09
		9/25/14	04	VR	620- 169		512428	9/30/14	090-053-513.06-00	EMPLOYEE HEALTH/LIFE INS	JUN-SEP FSA&HRA ADM	110.00
		10/01/14	03	VR	620- 170		512882	10/09/14	090-053-513.06-00	EMPLOYEE HEALTH/LIFE INS	2014 INS BROKER FEE	396.20
											VENDOR TOTAL	3,623.29 *
88	CHAMPAIGN COUNTY TREASURER								I.M.R.F. FUND 088			
		9/11/14	01	VR	88- 53		512196	9/19/14	090-053-513.02-00	IMRF - EMPLOYER COST	IMRF 9/5 P/R	1,405.92
		10/01/14	03	VR	88- 56		512886	10/09/14	090-053-513.02-00	IMRF - EMPLOYER COST	IMRF 9/19 P/R	1,405.78
											VENDOR TOTAL	2,811.70 *
104	CHAMPAIGN COUNTY TREASURER								HEAD START FUND 104			
		10/08/14	01	VR	53- 365		512889	10/09/14	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SOC/EMOT SVCS OCT	3,419.00
											VENDOR TOTAL	3,419.00 *
161	CHAMPAIGN COUNTY TREASURER								REG PLAN COMM FND075			
		10/08/14	01	VR	53- 364		512892	10/09/14	090-053-533.92-00	CONTRIBUTIONS & GRANTS	YOUTH ASSMNT CTR OC	2,167.00
											VENDOR TOTAL	2,167.00 *
179	CHAMPAIGN COUNTY TREASURER								CHLD ADVC CTR FND679			
		10/08/14	01	VR	53- 363		512895	10/09/14	090-053-533.92-00	CONTRIBUTIONS & GRANTS	CAC OCT	3,090.00
											VENDOR TOTAL	3,090.00 *
188	CHAMPAIGN COUNTY TREASURER								SOCIAL SECUR FUND188			
		9/11/14	01	VR	188- 92		512201	9/19/14	090-053-513.01-00	SOCIAL SECURITY-EMPLOYER	FICA 9/5 P/R	1,084.21
		10/01/14	03	VR	188- 96		512896	10/09/14	090-053-513.01-00	SOCIAL SECURITY-EMPLOYER	FICA 9/19 P/R	1,084.11
											VENDOR TOTAL	2,168.32 *

12

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												
4554	ARC OF ILLINOIS							SUITE 209				
		9/15/14	01	VR	53- 345		512215	9/19/14	090-053-533.95-00	CONFERENCES & TRAINING	SUSO141 9/3 GALLO	50.00
											VENDOR TOTAL	50.00 *
17128	CLASSIC EVENTS											
		10/08/14	01	VR	53- 354		512943	10/09/14	090-053-533.95-00	CONFERENCES & TRAINING	INV 2014135 9/17	258.75
											VENDOR TOTAL	258.75 *
18052	COMCAST CABLE - MENTAL HEALTH ACCT							AC#8771403010088314				
		9/15/14	01	VR	53- 342		512241	9/19/14	090-053-533.29-00	COMPUTER/INF TCH SERVICES	8771403010088314 9/	84.90
											VENDOR TOTAL	84.90 *
18203	COMMUNITY CHOICE, INC							SUITE 206				
		10/08/14	01	VR	53- 357		512946	10/09/14	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT COMMUNITY LIVIN	4,583.00
		10/08/14	01	VR	53- 357		512946	10/09/14	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT CUSTOM EMPLOY	4,167.00
		10/08/14	01	VR	53- 357		512946	10/09/14	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT SEL DETERMINATN	3,750.00
											VENDOR TOTAL	12,500.00 *
18209	COMMUNITY ELEMENTS											
		10/08/14	01	VR	53- 355		512947	10/09/14	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT CJ & PROB SOLV	13,292.00
		10/08/14	01	VR	53- 355		512947	10/09/14	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT CRISIS/ACCESS	19,139.00
		10/08/14	01	VR	53- 355		512947	10/09/14	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT INTEGRATED BH	10,400.00
		10/08/14	01	VR	53- 355		512947	10/09/14	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT PSYCH/PRIME	3,333.00
		10/08/14	01	VR	53- 355		512947	10/09/14	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT TIMES SCREEN	4,000.00
		10/08/14	01	VR	53- 355		512947	10/09/14	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT EARLY C'HOOD	8,333.00
		10/08/14	01	VR	53- 355		512947	10/09/14	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT PLL FRONT END	24,325.00
											VENDOR TOTAL	82,822.00 *
18230	COMMUNITY SERVICE CENTER OF NORTHERN							CHAMPAIGN COUNTY				
		10/08/14	01	VR	53- 358		512949	10/09/14	090-053-533.92-00	CONTRIBUTIONS & GRANTS	RESOURCE CONNECT OC	5,441.00
											VENDOR TOTAL	5,441.00 *

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												
19260	COURAGE CONNECTION											
		10/08/14	01	VR	53- 356		512954	10/09/14	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AWP OCT	5,579.00
											VENDOR TOTAL	5,579.00 *
19346	CRISIS NURSERY											
		10/08/14	01	VR	53- 366		512957	10/09/14	090-053-533.92-00	CONTRIBUTIONS & GRANTS	BEYOND BLUE OCT	5,833.00
											VENDOR TOTAL	5,833.00 *
22300	DEVELOPMENTAL SERVICES CENTER OF CHAMPAIGN COUNTY INC											
		10/08/14	01	VR	53- 367		512960	10/09/14	090-053-533.92-00	CONTRIBUTIONS & GRANTS	INTEGRATED SVCS OCT	29,693.00
											VENDOR TOTAL	29,693.00 *
22730	DON MOYER BOYS & GIRLS CLUB											
		10/08/14	01	VR	53- 368		512964	10/09/14	090-053-533.92-00	CONTRIBUTIONS & GRANTS	COMMUNITY HOME OCT	11,250.00
		10/08/14	01	VR	53- 368		512964	10/09/14	090-053-533.92-00	CONTRIBUTIONS & GRANTS	ENGAGE SOC MRKTG OC	5,417.00
		10/08/14	01	VR	53- 368		512964	10/09/14	090-053-533.92-00	CONTRIBUTIONS & GRANTS	TRAUMA TRAINING OCT	2,500.00
											VENDOR TOTAL	19,167.00 *
24215	EAST CNTRL IL REFUGEE MUTUAL ASSIST CTR											
		10/08/14	01	VR	53- 369		512970	10/09/14	090-053-533.92-00	CONTRIBUTIONS & GRANTS	FAMILY SUPPORT OCT	1,083.00
											VENDOR TOTAL	1,083.00 *
26000	FAMILY SERVICE OF CHAMPAIGN COUNTY GRANTS											
		10/08/14	01	VR	53- 359		512974	10/09/14	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SELF HELP OCT	2,411.00
		10/08/14	01	VR	53- 359		512974	10/09/14	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SENIOR COUNSEL OCT	11,861.00
		10/08/14	01	VR	53- 359		512974	10/09/14	090-053-533.92-00	CONTRIBUTIONS & GRANTS	FAMILY COUNSEL OCT	4,167.00
											VENDOR TOTAL	18,439.00 *
44570	MAHOMET AREA YOUTH CLUB 601 EAST FRANKLIN											
		10/08/14	01	VR	53- 370		513023	10/09/14	090-053-533.92-00	CONTRIBUTIONS & GRANTS	UNIV SCREENING OCT	1,250.00
		10/08/14	01	VR	53- 370		513023	10/09/14	090-053-533.92-00	CONTRIBUTIONS & GRANTS	BLAST OCT	1,250.00
											VENDOR TOTAL	2,500.00 *

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												
45445	MARTIN ONE SOURCE											
		9/05/14	03	VR 53-	337		511950	9/11/14	090-053-533.89-00	PUBLIC RELATIONS	INV 104446 8/28 EXP	300.00
		9/05/14	03	VR 53-	337		511950	9/11/14	090-053-533.89-00	PUBLIC RELATIONS	INV 104444 8/28 EXP	275.00
		9/15/14	01	VR 53-	344		512297	9/19/14	090-053-533.89-00	PUBLIC RELATIONS	INV 104733 9/10 EXP	820.00
		9/15/14	01	VR 53-	344		512297	9/19/14	090-053-533.89-00	PUBLIC RELATIONS	INV 104577 9/3 EXPO	100.00
		9/29/14	04	VR 53-	347		512553	9/30/14	090-053-533.89-00	PUBLIC RELATIONS	INV 104766 9/10 EXP	700.00
		10/01/14	02	VR 53-	349		513026	10/09/14	090-053-533.89-00	PUBLIC RELATIONS	INV 104992 9/19	714.00
											VENDOR TOTAL	2,909.00 *
47690	MINUTEMAN PRESS										SUITE B	
		9/05/14	03	VR 53-	338		511960	9/11/14	090-053-533.89-00	PUBLIC RELATIONS	INV 33571 7/11 EXPO	114.50
											VENDOR TOTAL	114.50 *
56750	PRAIRIE CENTER HEALTH SYSTEMS										GRANTS	
		10/08/14	01	VR 53-	360		513051	10/09/14	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SPECIALTY COURTS OC	15,619.00
		10/08/14	01	VR 53-	360		513051	10/09/14	090-053-533.92-00	CONTRIBUTIONS & GRANTS	CJ SUB TREATMENT OC	833.00
		10/08/14	01	VR 53-	360		513051	10/09/14	090-053-533.92-00	CONTRIBUTIONS & GRANTS	PREVENTION OCT	4,712.00
		10/08/14	01	VR 53-	360		513051	10/09/14	090-053-533.92-00	CONTRIBUTIONS & GRANTS	PLL EXTEND CARE OCT	24,325.00
		10/08/14	01	VR 53-	360		513051	10/09/14	090-053-533.92-00	CONTRIBUTIONS & GRANTS	YOUTH SVCS OCT	8,750.00
											VENDOR TOTAL	54,239.00 *
57196	PROMISE HEALTHCARE											
		10/08/14	01	VR 53-	361		513054	10/09/14	090-053-533.92-00	CONTRIBUTIONS & GRANTS	WELLNESS/JUSTICE OC	1,666.00
		10/08/14	01	VR 53-	361		513054	10/09/14	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MH SVCS OCT	13,750.00
											VENDOR TOTAL	15,416.00 *
59434	RAPE, ADVOCACY, COUNSELING & EDUC SRVCS											
		10/08/14	01	VR 53-	362		513060	10/09/14	090-053-533.92-00	CONTRIBUTIONS & GRANTS	RAPE/ADVC/COUNSL OC	1,550.00
											VENDOR TOTAL	1,550.00 *
61500	ROGARDS											
		9/15/14	01	VR 53-	341		512320	9/19/14	090-053-522.02-00	OFFICE SUPPLIES	INV 13488010 9/4	162.19

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												
		9/15/14	01	VR 53-	341		512320	9/19/14	090-053-522.02-00	OFFICE SUPPLIES	INV 13488011 9/5	56.99
		10/08/14	01	VR 53-	351		513065	10/09/14	090-053-522.02-00	OFFICE SUPPLIES	INV 13505690 10/1	22.76
											VENDOR TOTAL	241.94 *
62674	SAVANNAH FAMILY INSTITUTE, INC.											
		10/08/14	01	VR 53-	376		513071	10/09/14	090-053-533.07-00	PROFESSIONAL SERVICES	2ND QTR CONSULT FEE	37,500.00
											VENDOR TOTAL	37,500.00 *
67290	SOAR PROGRAMS											
		10/08/14	01	VR 53-	371		513077	10/09/14	090-053-533.92-00	CONTRIBUTIONS & GRANTS	FAM ENGAGEMENT OCT	11,250.00
		10/08/14	01	VR 53-	371		513077	10/09/14	090-053-533.92-00	CONTRIBUTIONS & GRANTS	UNIV SCREENING OCT	2,317.00
		10/08/14	01	VR 53-	371		513077	10/09/14	090-053-533.92-00	CONTRIBUTIONS & GRANTS	YOUTH MOVE OCT	5,577.00
											VENDOR TOTAL	19,144.00 *
67867	SPOC LLC D/B/A CHAMPAIGN TEL											
		9/29/14	03	VR 28-	155		512596	9/30/14	090-053-533.33-00	TELEPHONE SERVICE	INV 1106406 9/12	29.42
											VENDOR TOTAL	29.42 *
69869	STREAMLINE HEALTHCARE SOLUTIONS, LLC											
		9/29/14	04	VR 53-	346		512598	9/30/14	090-053-533.07-00	PROFESSIONAL SERVICES	INV 2014301 8/31	900.00
											VENDOR TOTAL	900.00 *
76609	UNITED WAY OF CHAMPAIGN COUNTY											
		10/08/14	01	VR 53-	377		513099	10/09/14	090-053-533.07-00	PROFESSIONAL SERVICES	2 QTR PMNT PATH SRV	3,532.50
											VENDOR TOTAL	3,532.50 *
76921	UNIVERSITY OF ILLINOIS -PSYCHOLOGICAL SERVICES											
		10/08/14	01	VR 53-	373		513103	10/09/14	090-053-533.92-00	CONTRIBUTIONS & GRANTS	GIRLS ADVOCACY OCT	2,083.00
											VENDOR TOTAL	2,083.00 *
78120	URBANA NEIGHBORHOOD CONNECTION CENTER											
		9/29/14	04	VR 53-	260		512619	9/30/14	090-053-533.92-00	CONTRIBUTIONS & GRANTS	COM STUDY CENTER JU	833.00

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												
		9/29/14	04 VR	53-	301		512619	9/30/14	090-053-533.92-00	CONTRIBUTIONS & GRANTS	COM STUDY CENTER AU	833.00
		9/29/14	04 VR	53-	339		512619	9/30/14	090-053-533.92-00	CONTRIBUTIONS & GRANTS	COM STUDY CENTER SE	833.00
		10/08/14	01 VR	53-	372		513105	10/09/14	090-053-533.92-00	CONTRIBUTIONS & GRANTS	COM STUDY CENTER OC	833.00
											VENDOR TOTAL	3,332.00 *
78550	VERIZON WIRELESS-MENTAL HEALTH BOARD						AC 386356887-00001					
		9/29/14	05 VR	53-	350		512621	9/30/14	090-053-533.33-00	TELEPHONE SERVICE	38635688700001 9/20	147.50
											VENDOR TOTAL	147.50 *
78888	VISA CARDMEMBER SERVICE - MENTAL HEALTH						AC#4798510049573930					
		9/18/14	04 VR	53-	348		512350	9/19/14	090-053-522.06-00	POSTAGE, UPS, FED EXPRESS	3930 USPS 8/14	13.85
		9/18/14	04 VR	53-	348		512350	9/19/14	090-053-522.04-00	COPIER SUPPLIES	3930 STAPLES 8/19	327.94
		9/18/14	04 VR	53-	348		512350	9/19/14	090-053-522.02-00	OFFICE SUPPLIES	3930 STAPLES 8/20	142.88
		9/18/14	04 VR	53-	348		512350	9/19/14	090-053-522.02-00	OFFICE SUPPLIES	3930 STAPLES 8/22	6.49
		9/18/14	04 VR	53-	348		512350	9/19/14	090-053-522.02-00	OFFICE SUPPLIES	3930 REFRSH DLV 8/2	34.70
		9/18/14	04 VR	53-	348		512350	9/19/14	090-053-533.95-00	CONFERENCES & TRAINING	3930 STAPLES 8/26	59.88
		9/18/14	04 VR	53-	348		512350	9/19/14	090-053-522.04-00	COPIER SUPPLIES	3930 STAPLES 8/26	113.97
		9/18/14	04 VR	53-	348		512350	9/19/14	090-053-533.84-00	BUSINESS MEALS/EXPENSES	3930 OPH MTG 8/28	31.26
		9/18/14	04 VR	53-	348		512350	9/19/14	090-053-522.02-00	OFFICE SUPPLIES	3930 REFRSH DELV 9/	5.57
		9/18/14	04 VR	53-	348		512350	9/19/14	090-053-522.02-00	OFFICE SUPPLIES	3930 ACCO BRANDS 9/	24.97
		9/18/14	04 VR	53-	348		512350	9/19/14	090-053-533.84-00	BUSINESS MEALS/EXPENSES	3930 OPH MTG 8/18	38.69
		9/18/14	04 VR	53-	348		512350	9/19/14	090-053-533.84-00	BUSINESS MEALS/EXPENSES	3930 OPH MTG 8/19	44.12
											VENDOR TOTAL	844.32 *
81610	XEROX CORPORATION											
		9/15/14	01 VR	53-	343		512364	9/19/14	090-053-533.85-00	PHOTOCOPY SERVICES	INV 132302478 9/4	292.69
											VENDOR TOTAL	292.69 *
602880	BRESSNER, BARBARA J.											
		10/08/14	01 VR	53-	375		513136	10/09/14	090-053-533.07-00	PROFESSIONAL SERVICES	OCT PROFESSIONAL FE	2,625.00
											VENDOR TOTAL	2,625.00 *

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												
609500	CRAWFORD, NANCY K						MENTAL HEALTH BOARD					
		9/05/14	03	VR	53- 335		512046	9/11/14	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	125 MILE 7/1-8/28	70.00
		9/05/14	03	VR	53- 335		512046	9/11/14	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	MEAL 7/1-8/28	26.51
											VENDOR TOTAL	96.51 *
611802	DRISCOLL, MARK						MENTAL HEALTH					
		10/08/14	01	VR	53- 352		513153	10/09/14	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	102 MILE 8/21-9/24	57.12
											VENDOR TOTAL	57.12 *
615730	GODWIN, MARY C.											
		9/05/14	03	VR	53- 340		512051	9/11/14	090-053-533.07-00	PROFESSIONAL SERVICES	2ND CONSULT FEE	200.00
											VENDOR TOTAL	200.00 *
619548	HOWARD-GALLO, STEPHANIE						MENTAL HEALTH BD					
		10/08/14	01	VR	53- 353		513168	10/09/14	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	80 MILE 8/7-9/24	44.80
											VENDOR TOTAL	44.80 *
									MENTAL HEALTH BOARD		DEPARTMENT TOTAL	348,913.43 *
									MENTAL HEALTH		FUND TOTAL	348,913.43 *

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. 106 PUBL SAFETY SALES TAX FND												
*** DEPT NO. 237 DELINQ PREVENTION GRANTS												
161	CHAMPAIGN COUNTY TREASURER						REG PLAN COMM FND075					
		10/08/14	01	VR	106- 35		512892	10/09/14	106-237-533.92-00	CONTRIBUTIONS & GRANTS	YOUTH ACCSS CNTR OC	20,051.00
											VENDOR TOTAL	20,051.00 *
										DELINQ PREVENTION GRANTS	DEPARTMENT TOTAL	20,051.00 *
										PUBL SAFETY SALES TAX FND	FUND TOTAL	20,051.00 *

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. 641 ACCESS INITIATIVE GRANT												
*** DEPT NO. 053 MENTAL HEALTH BOARD												
41	CHAMPAIGN COUNTY TREASURER								HEALTH INSUR FND 620			
		9/25/14	04	VR 620-	166		512427	9/30/14	641-053-513.06-00	EMPLOYEE HEALTH/LIFE INS	SEP HI,LI, & HRA	605.60
		9/25/14	04	VR 620-	169		512427	9/30/14	641-053-513.06-00	EMPLOYEE HEALTH/LIFE INS	JUN-SEP FSA&HRA ADM	22.00
		10/01/14	03	VR 620-	170		512882	10/09/14	641-053-513.06-00	EMPLOYEE HEALTH/LIFE INS	2014 INS BROKER FEE	79.24
											VENDOR TOTAL	706.84 *
88	CHAMPAIGN COUNTY TREASURER								I.M.R.F. FUND 088			
		9/11/14	01	VR 88-	53		512196	9/19/14	641-053-513.02-00	IMRF - EMPLOYER COST	IMRF 9/5 P/R	396.28
		10/01/14	03	VR 88-	56		512886	10/09/14	641-053-513.02-00	IMRF - EMPLOYER COST	IMRF 9/19 P/R	393.54
											VENDOR TOTAL	789.82 *
188	CHAMPAIGN COUNTY TREASURER								SOCIAL SECUR FUND188			
		9/11/14	01	VR 188-	92		512201	9/19/14	641-053-513.01-00	SOCIAL SECURITY-EMPLOYER	FICA 9/5 P/R	305.61
		10/01/14	03	VR 188-	96		512896	10/09/14	641-053-513.01-00	SOCIAL SECURITY-EMPLOYER	FICA 9/19 P/R	303.48
											VENDOR TOTAL	609.09 *
16837	CHOICES, INC.								SUITE 200			
		10/01/14	02	VR 641-	108		512939	10/09/14	641-053-533.89-00	PUBLIC RELATIONS	IL CHOICES MTG 9/11	326.62
											VENDOR TOTAL	326.62 *
18053	COMCAST CABLE - ACCESS INITIATIVE ACCT								AC#8771403010217756			
		9/15/14	01	VR 641-	104		512242	9/19/14	641-053-533.29-00	COMPUTER/INF TCH SERVICES	8771403010217756 SE	97.85
											VENDOR TOTAL	97.85 *
22730	DON MOYER BOYS & GIRLS CLUB											
		10/08/14	01	VR 641-	109		512964	10/09/14	641-053-533.92-00	CONTRIBUTIONS & GRANTS	SVCS/ADMIN TEAM OCT	13,333.00
		10/08/14	01	VR 641-	109		512964	10/09/14	641-053-533.92-00	CONTRIBUTIONS & GRANTS	SVCS/SUPP STAFF OCT	18,088.00
		10/08/14	01	VR 641-	109		512964	10/09/14	641-053-533.92-00	CONTRIBUTIONS & GRANTS	COORD COUNCL OCT	1,250.00
											VENDOR TOTAL	32,671.00 *

VENDOR NO	VENDOR NAME / TRN DTE	B	TR CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 641 ACCESS INITIATIVE GRANT											
56750	PRAIRIE CENTER HEALTH SYSTEMS						GRANTS				
	10/08/14 01 VR 641-			110		513051	10/09/14	641-053-533.92-00	CONTRIBUTIONS & GRANTS	CUL/LING COMPT OCT	6,912.00
										VENDOR TOTAL	6,912.00 *
67290	SOAR PROGRAMS										
	10/08/14 01 VR 641-			111		513077	10/09/14	641-053-533.92-00	CONTRIBUTIONS & GRANTS	YOUTH MOVE OCT	2,083.00
										VENDOR TOTAL	2,083.00 *
67867	SPOC LLC						D/B/A CHAMPAIGN TEL				
	9/29/14 03 VR 28-			155		512596	9/30/14	641-053-533.33-00	TELEPHONE SERVICE	INV 1106406 9/12	28.51
										VENDOR TOTAL	28.51 *
78552	VERIZON WIRELESS-MNTL HLTH BD/ACCESS INT AC 286369166-00001										
	9/15/14 01 VR 641-			106		512342	9/19/14	641-053-533.33-00	TELEPHONE SERVICE	28636916600001 9/2	153.08
										VENDOR TOTAL	153.08 *
78975	WBCP-AM						SUITE D				
	9/15/14 01 VR 641-			105		512351	9/19/14	641-053-533.89-00	PUBLIC RELATIONS	934000160002 8/31	400.00
										VENDOR TOTAL	400.00 *
81610	XEROX CORPORATION										
	9/05/14 03 VR 641-			103		512033	9/11/14	641-053-533.85-00	PHOTOCOPY SERVICES	INV 075473159 8/20	454.71
										VENDOR TOTAL	454.71 *
635152	PARSONS, TRACY						ACCESS INITIATIVE				
	9/15/14 01 VR 641-			107		512402	9/19/14	641-053-533.12-00	JOB-REQUIRED TRAVEL EXP	254 MILE 6/2-25	142.24
	9/15/14 01 VR 641-			107		512402	9/19/14	641-053-533.12-00	JOB-REQUIRED TRAVEL EXP	95 MILE 7/7-30	53.20
	9/15/14 01 VR 641-			107		512402	9/19/14	641-053-533.95-00	CONFERENCES & TRAINING	13 MILE 7/15	7.28
	9/15/14 01 VR 641-			107		512402	9/19/14	641-053-533.95-00	CONFERENCES & TRAINING	TAXI 7/15-20	37.00
	9/15/14 01 VR 641-			107		512402	9/19/14	641-053-533.95-00	CONFERENCES & TRAINING	MEAL 7/15-20 CHICAG	37.60
	9/15/14 01 VR 641-			107		512402	9/19/14	641-053-533.12-00	JOB-REQUIRED TRAVEL EXP	358 MILE 8/5-25	200.48
	9/15/14 01 VR 641-			107		512402	9/19/14	641-053-533.12-00	JOB-REQUIRED TRAVEL EXP	TAXI 8/14	18.00
										VENDOR TOTAL	495.80 *
									MENTAL HEALTH BOARD	DEPARTMENT TOTAL	45,728.32 *

ACCESS INITIATIVE GRANT	FUND TOTAL	45,728.32 *

REPORT TOTAL	*****	686,925.75 *

13.A.

Champaign County Crisis Intervention Team Steering Committee

Champaign Police Department

Champaign County Sheriff's Department

Rantoul Police Department

University of Illinois Police Department

Urbana Police Department

METCAD

4/1/2014

2013 CITSC YEAR END REPORT

Authored by: Sergeant Joel R. Sanders

Champaign County Crisis Intervention Team Steering Committee

2013 Year End Report

Joel Sanders

Background:

In October 2012, at the Urbana City Building, members from local law enforcement agencies and the mental health community met to discuss the current law enforcement response to citizens in mental health crisis and the lack of needed resources or options. The law enforcement community was represented by the Champaign County Sheriff's Department, Champaign Police Department, University of Illinois Police Department, Urbana Police Department and Champaign County State's Attorney Office. The local mental health system was represented by area mental health providers, the local hospitals, and a member of the jail task force.

The group continued meeting regularly and is now recognized as the Champaign County Crisis Intervention Team Steering Committee (CITSC). In order to establish recognition, develop consistency and ensure member availability, as of January 2014, the CITSC decided to meet every other month, at 09:00 hours on the third Wednesday of that month. The meetings are held at the Community Elements building, 801 N. Walnut, Champaign.

2013 Accomplishments:

- CITSC became recognized by law enforcement department heads as an official committee
- CITSC added Rantoul Police Department and METCAD as member agencies
- CITSC presented Law Enforcement Response to Mental Crisis to the Champaign County Mental Health Board
    - The CCMHB responded by appropriating funds to local providers in order to assist with law enforcement needs
    - Three CCMHB members regularly attend CITSC meetings
- Community Elements combined resources with Presence Health to open the Community Resource Center.
    - The intention was for a part of this facility to be a drop off center for law enforcement
    - This project is still developing and evolving, however, is not yet available to local law enforcement
    - There is not a target date for when this project will open its door to law enforcement
- Community Elements developed and secured funding for an Outreach Worker program.
    - This program will allow clinicians to provide phone support and in person assistance to law enforcement
    - Community Elements has a realistic activation target date of April 1, 2014
- A Champaign County Law Enforcement response policy was created and approved by the department heads of the represented departments

CITSC goals for 2014

Short term-Will be completed in 2014

- Implement the new policy and train all area CIT officers and department frontline supervisors to the new policy. In the same training, provide a skills refresher to the CIT officers. (Completed March 2014)
- All CITSC member law enforcement agencies develop a mechanism to track mental health contacts and implement the tracking system
- Assist Community Elements with the training and implementation of the Outreach Workers program
- Work with the hospitals to develop the ability for officers to electronically produce and submit Petitions for Involuntary Admissions
- Build a working relationship with Champaign-Urbana area Psychiatrists and Presence 5east
- Create electronic reference guide for CIT and Non-CIT officers and make the guide available via MDC

Long Term-Ongoing projects that will begin in 2014

- Develop and offer training modules, addressing various needs for current CIT officers
- Develop and offer training modules for front line, non-CIT officers
- Re-develop the electronic reference guide for CIT and Non-CIT officers from an electronic version to a web-based Application
- Continue to work with Community Elements to develop and open a drop off facility for law enforcement

Statistical Review:

Several departments are still developing how their respective department will collect and store data. Until all departments are able to provide data the CITSC will not be able to provide a statistical review of this program. The collection and distribution of data is one of our primary goals for 2014.

Recommendations:

The CITSC law enforcement members thank their respective Chiefs and the Sheriff for the opportunity to participate in this endeavor. As this program is still in its infancy, we recommend the Chiefs and Sheriff continue with the policy as written and support the 2014 goals.

2013 CITSC Members:

Law Enforcement:

CCSO

C.D. Allen Jones

Lt. Brian Mennenga

CPD

Lt. Michael Paulus

Sgt. Thomas Frost

Ofc. Daniel Ward

RPD

Ofc. Chuck Casagrande

UIPD

Ofc. Brian Tison

UPD

Sgt. Joel Sanders

METCAD

Telecom. Sup. Betsy Smith

States Attorney Office

SAO Julia Rietz

Community Resources:

Community Elements

CEO Shelia Ferguson

Andi Phillips, Supervisor II PBHIP

Benita Gay

UI Student Services

Robert James McNicholl, CESC

Champaign County Mental Health Board

Dr. Julian Rappaport

Mark Driscoll, Associate Director for Mental Health and Substance Abuse

Lynn Canfield, Associate Director for Intellectual and Developmental Disabilities

Hospitals:

Presence

Roger Hobbs, Manager of E.D.

Staci Sutton, Director of Critical Care Services Emergency Services, Critical Care and Respiratory

Carle

Allen Rinehart, Director - Emergency and Observation at Carle Foundation Hospital

CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

BRIEFING MEMORANDUM

DATE: October 22, 2014
TO: Members, Champaign County Mental Health Board (CCMHB)
FROM: Peter Tracy, Executive Director
SUBJECT: FY16 Allocation Priorities and Decision Support Criteria

Overview:
The purpose of this memorandum is to provide preliminary recommendations pertaining to the FY16 (July 1, 2015 through June 30, 2016) Champaign County Mental Health Board (CCMHB) allocation decision support criteria and funding priorities. Stakeholders are invited to review, comment and identify additional priorities for the Board's consideration. The Decision Memorandum concerning priorities and decision support criteria will be present to the CCMHB on November 19, 2014.

Statutory Authority

Funding policies of the Champaign County Mental Health Board (CCMHB) are predicated on the requirements of the Illinois Community Mental Health Act (405 ILCS 20 / Section 0.1 et.seq.). All funds shall be allocated within the intent of the controlling act as codified in the laws of the State of Illinois. The purpose of this memorandum is to recommend and confirm service and program priorities for the FY15 (July 1, 2014 through June 30, 2015) funding cycle. CCMHB Funding Guidelines require annual review and update of decision support criteria and priorities in advance of the funding cycle application process.

Expectations for Minimal Responsiveness

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

1. Eligible applicant – based on the Organization Eligibility Questionnaire.
2. Compliance with the application deadline. Late applications will not be accepted.
3. Application must relate directly to mental health, substance abuse or developmental disabilities programs and services.
4. Application must be appropriate to this funding source and shall provide evidence that other funding sources are not available to support this program/service.

FY16 Decision Priorities and Decision Support Criteria

Priority: Collaboration with the Champaign County Developmental Disabilities Board
Full compliance with the terms and conditions of the Intergovernmental Agreement between the CCMHB and the Champaign County Developmental Disabilities Board (CCDDB). This

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agreement defines the FY16 allocation for developmental disabilities programs and services, as well as the expectation for integrated planning by the Boards.

There have been significant changes in law, rules, and regulations that have altered the nature of ID/DD services and supports, and these changes also define, to a great extent, the parameters for allocation of funds. The changes have been extended by court orders and recent legislation. These include (a) Olmstead, (b) Ligas Consent Decree (c) Williams Consent Decree, (d) the Illinois Employment First Act, (e) the final CMS Home and Community Based Rule, (f) the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) class action lawsuit in Illinois, (g) executive orders in three states which phase out the use of segregated centers and/or sheltered workshops, (h) the Oregon lawsuit to eliminate segregated centers and sheltered workshops, (i) the Affordable Care Act, (j) the proposed Illinois 1115 Waiver, and (k) the implementation of ID/DD managed care in Illinois.

If asked to identify a common denominator for all of the changes listed above, it is pretty clear that it would be inclusion and integration of people with intellectual and developmental disabilities (I/DD). All of the major areas of services and supports require movement away from segregated centers and services which limit the person's access to the community. In fact, the new CMS rule actually emphasizes that States are expected to ensure that people with I/DD have the same level of access to the community as people that do not have a disability. Using the Person Centered Planning process as a guide, the emerging changes are focused on integration, quality of life, self-determination, human and civil rights, advocacy, and protection. That said, the CCDDB strongly believes and will support programs, services and supports which manifest the following:

- Individuals with disabilities have the opportunity to live like those without disabilities, and have control over their day and over where and how they live.
- Supports for individuals with disabilities that focus on building connection, companionship, and contribution in the broader community, and on supporting presence and participation in community settings where their individual contributions will be recognized and valued.
- Supports for individuals with disabilities that focus on developing and strengthening personal support networks that include friends, family members, and community partners.
- Supports for individuals with disabilities that systematically identify and mobilize individual gifts and capacities and create access to community associations, workplaces, and learning spaces in which network members have influence and standing.

As a local funding organization responsive to changes in law, rule, and regulation, all applications associated with the priorities shall be evaluated using the "lens of inclusion and integration."

Priority #2 – ACCESS Initiative Sustainability

The CCMHB has committed to sustaining our system-of-care after the term of the cooperative agreement with IDHS expires on September 30, 2015. A concept briefing memorandum outlines the proposed components of the ACCESS Initiative sustainability plan and is a separate agenda item presented for CCMHB consideration. The proposed plan includes the following

components: (1) Facilitation of the Community Coalition to serve as the planning/policy integration mechanism for the post-cooperative agreement System-of-Care; (2) an enhanced in-house Cultural and Linguistic Competence coordinator to build on the accomplishments of the ACCESS Initiative; (3) an Integrated Service and Support Network including coordination with CHOICES; (4) A youth organization; (5) and, a family organization; (6) Leadership and coordination with State of Illinois System of Care Expansion.

Priority #3 – Behavioral Health Programs for Youth with Serious Emotional Disturbance.
Alignment between Quarter Cent for Public Safety funding, CCMHB funding, and other federal, state and/or local funding streams to efficaciously address the needs of multi-system involved youth with SED by supporting the following services and supports:

(a) **Parenting with Love and Limits (PLL)** – Maintenance 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, as well as other youth involved in the juvenile justice system.

(b) **Quarter Cent for Public Safety** – Full partnership with the Quarter Cent Administration Team, the Community Coalition, and support of the post-cooperative agreement system of care. For FY16, it is recommended that this funding be used exclusively to support the Youth Assessment Center operated by the Regional Planning Commission (CCRPC).

Priority #4 – Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface.
Continuation during FY16 of the reconfigured behavioral health system which was designed to assure appropriate linkage to behavioral health services following incarceration, deflection of people with serious behavioral health problems prior to incarceration, and improved coordination between community based service providers and the Champaign County Jail's behavioral health service provider for people during their incarceration.
Included as a component of this priority is our continued support of the specialty courts, related services, and supports. Full compliance with memoranda of understandings pertaining to specialty courts will be continued during FY16.

Priority #5 – Wellness for People with Disabilities
The CCMHB believes that disparities in life expectancy for people with disabilities is unacceptable, and to the extent possible we should prioritize funding for programs, services and supports consistent with SAMHSA's Eight Dimensions of Wellness. In this context wellness means overall well-being and incorporates the mental, emotional, physical, occupational, intellectual, and spiritual aspects of a person's life.

The significant mortality gap for people with disabilities is predicated on the combination of (1) a higher occurrence of risk factors for chronic diseases and some types of cancer; (2) the iatrogenic effects of some psychiatric medications; (3) higher rates of suicide, accidental and violent death; and (4) poorer access to physical healthcare than for the general population. The following are salient factors which are of specific concern:

- People with serious and persistent mental illness have a life expectancy a full 25 years shorter than people without significant behavioral health needs. Three out of five die

from preventable chronic diseases such as asthma, diabetes, cancer, heart disease and cardiopulmonary conditions.

- People with intellectual or developmental disabilities (IDD) experience disparities in oral health outcomes, a key factor in the quality of life and life expectancy of people with disabilities.
- Women with significant disabilities were 57 percent less likely to report receiving Pap tests and 56 percent less likely to report receiving mammograms compared with women who did not have disabilities, regardless of age.
- People with disabilities of all ages have more than twice the incidence of diabetes than those without disabilities.
- People with disabilities older than 18 have a 10% higher incidence of hypertension than adults without disabilities (29.3% versus 39.3%).

The CCMHB is committed to addressing these issues in Champaign County and is seeking applications which provide solutions to these problems by focusing on prevention/health promotion, screening, and access to quality, integrated, individualized care and treatment.

Priority #6 - Local Funder Collaboration on Special Initiatives

It is recommended we continue to monitor local funder collaborations intended to expand the availability of psychiatric services in Champaign County, development of alcohol and substance use detoxification services, and/or development of an emergency shelter for families facing homelessness. Expansion of psychiatric services could include supporting a partnership between community based behavioral health providers and the Federally Qualified Health Center (FQHC) in Champaign County. The only caveat to this item pertains to how the ACA and Medicaid expansion addresses this deficiency. The implementation of Medicaid managed care could conceivably address this issue. An emergency shelter for families was piloted in the community last winter and spring. The prospect exists for those involved with the pilot to lead an effort to establish a permanent facility. As part of any collaboration with other local funders on an emergency shelter for families, consideration would be given to providing support services at the shelter.

Overarching Decision Support Considerations

The FY16 CCMHB allocation process will require all applications to address the overarching criteria listed below. Assessment of all FY16 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. **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.

4. **Realignment of Existing FY15 Contracts to Address Priorities** – The CCMHB reserves the right to reduce or eliminate incumbent programs and services in order to support the six FY16 priorities listed in this memorandum.
5. **Anti-Stigma Efforts** – Activities that support efforts to reduce stigma associated with mental health, substance use disorders, and intellectual disabilities/developmental disabilities by increasing community awareness and challenging negative attitudes and discriminatory practices.

Secondary Decision Support and Priority Criteria

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

Approach/Methods/Innovation: Applications proposing evidence based or research based approaches, and in addition address fidelity to the specific model cited. Applications demonstrating creative and/or innovative approaches to meet defined community need will receive additional consideration.

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

Process Considerations

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

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

reflect an integrated assessment of the relative merits of applications using criteria and priorities approved by the CCMHB.

Caveats and Application Process Requirements:

- Submission of an application does not commit the CCMHB to award a contract or to pay any costs incurred in the preparation of an application or to pay for any other costs incurred prior to the execution of a formal contract.
- Technical assistance available to applicants will be limited to process questions concerning the use of the on-line registration and application system, application forms, budget forms, application instructions and CCMHB Funding Guidelines.
- Applications which include excessive information beyond the scope of the application format will not be reviewed and at the discretion of staff may be disqualified from consideration. Letters of support for applications are discouraged and if submitted will not be considered as part of the allocation and selection process.
- The CCMHB retains the right to accept or reject any or all applications, and reserves the right to refrain from making an award when it is deemed to be in the best interests of the county.
- The CCMHB reserves the right to vary the provisions set forth herein at any time prior to the execution of a contract where the CCMHB deems such variances to be in the best interest of Champaign County.
- Applications and submissions become the property of the CCMHB and as such, are public documents that may be copied and made available upon request after allocation decisions have been made. Materials submitted will not be returned or deleted from the on-line system.
- The CCMHB reserves the right, but is under no obligation, to negotiate an extension of any contract funded under this allocation process for up to a period not to exceed two years with or without additional procurement.
- If selected for contract negotiations, the applicant may be required to prepare and submit additional information prior to final contract execution, in order to reach terms for the provision of services that are agreeable to both parties. Failure to submit required information may result in cancellation of the award of a contract.
- The execution of financial contracts resultant of this application process is dependent upon the availability of adequate funds and the needs of Champaign County.
- The CCMHB reserves the right to further define and add additional application components as needed. Applicants selected as responsive to the intent of this on-line application process will be given equal opportunity to update proposals for the newly identified components.
- All proposals considered must be received on time and must be responsive to the application instructions. The CCMHB is not responsible for lateness or non-delivery of mail or messenger. Late applications shall be rejected.
- The contents of a successful application will be developed into a formal contract, if selected for funding. Failure of the applicant to accept these obligations can result in cancellation of the award for contract. The CCMHB reserves the right to withdraw or reduce the amount of an award if there is misrepresentation of the applicant's ability to perform as stated in the application.

- The CCMHB reserves the right to negotiate the final terms (i.e., best and final offer) of any or all contracts with the applicant selected and any such terms negotiated as a result of this application process may be renegotiated and/or amended in order to meet the needs of Champaign County. The CCMHB also reserves the right to require the submission of any revision to the application, which results from negotiations conducted.
- The CCMHB reserves the right to contact any individual, agency or employer listed in the application or to contact others who may have experience and/or knowledge of the applicant's relevant performance and/or qualifications.

Lobbying Restrictions

Except for contact with CCMHB staff concerning technical aspects of the application process, all applicants are hereby placed on formal notice that no Champaign County Board Members, CCMHB Members, or staff are to be lobbied either individually or collectively concerning this application process.

Lobbying consists of introduction, discussions related to the selection process, or any other discussions or actions that may be interpreted as attempting to influence the outcome of the selection process and awarding of funds. This includes holding meetings, engaging in the aforementioned prohibited lobbying and/or prohibited contact, which actions may immediately disqualify the applicant from further consideration by the CCMHB.

By submitting an application for CCMHB funding, the applicant certifies that it and all its affiliates and agents have not lobbied or attempted to lobby Champaign County Board Members, CCMHB Members, or CCMHB staff.

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, and availability of funds.

BRIEFING MEMORANDUM

DATE: October 22, 2014
TO: Members, Champaign County Mental Health Board
FROM: Peter Tracy, Executive Director
SUBJECT: ACCESS Initiative Sustainability Plan: Concepts

Background

The six-year Cooperative Agreement between the Federal Substance Abuse and Mental Health Services Administration (SAMHSA), the Illinois Department of Human Services (IDHS) and the Champaign County Mental Health Board will end on September 30, 2015. Part of the agreement requires development of a Sustainability Plan and the purpose of this memo is to present a blueprint for the post-cooperative agreement iteration of the ACCESS Initiative. Members of the Champaign County Mental Health Board (CCMHB) are invited to review and comment on the components and preliminary plan delineated below. Additions, revisions, corrections and ideas are welcome and will be incorporated into a Decision Memorandum which will be brought to the November 2014 CCMHB meeting. Action will be requested.

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

Statutory Authority

The Champaign County Mental Health Board (CCMHB) is a nine-member body appointed by the Champaign County Board, and has 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.

Proposed ACCESS Sustainability Implementation

1. Champaign County Community Coalition: WALK AS ONE, a community moving forward together

Management of the Champaign County Community Coalition and the other components of the ACCESS Initiative Sustainability Plan will require establishing a 1.0 FTE Project Director position as a permanent CCMHB staff position. This position will be responsible for building a sustainable county-wide system of care for multi-system involved youth. This coalition includes key decision makers from virtually all youth-serving systems including juvenile justice, law enforcement, education, behavioral health, child welfare, recreation, local government, other key stakeholders, and funding organizations in Champaign County. The vision of the Coalition is to provide a system of care to improve the lives of youth and families who are empowered and safe, to promote effective law enforcement and positive police-community relations, and to support greater knowledge/use of the resources available. The Coalition was born out of a community tragedy the shooting of an unarmed youth by local police. The project director has been a key

component in the development of the Coalition. Currently, the project director serves as the facilitator of the monthly community-wide meetings and executive committee meetings.

2. Cultural and Linguistic Competence sustainability and emphasis
In order to build on the Cultural and Linguistic Competence (CLC) foundation which was one of the key products of the ACCESS Initiative, it will be necessary to establish 1.0 FTE Cultural Competence Coordination position as a permanent CCMHB staff position. This position will be responsible for taking CLC to the next level and integrating CLC plans into the funding allocation decision process. This position will be used to reinforce continued improvement in CLC plans and the capacity of service providers to more effectively address the service and support needs of underserved populations and more intentionally underserved minority populations. This position under the ACCESS Initiative is contracted out to a community-based service provider, but it was the recommendation of the Sustainability Committee to move the position in-house with the CCMHB. It is believed that the position has more strength and influence as a direct staff of CCMHB.

3. Evidence Based Services and Supports
Under the leadership of the Project Director in collaboration with the Associate Director for Behavioral Health, all child and youth services funded by the CCMHB will be organized to support the sustainability of the System of Care. This will include the continued partnership with Parenting with Love and Limits (PLL) and the Quarter Cent for Public Safety Administrative Team. In addition, high-fidelity WRAParound services and supports will continue as a primary component of the CHOICES implementation of the Department of Children and Family Services (DCFS) and Healthcare and Family Services (HFS) contracts for high-end youth at serious risk of psychiatric hospitalization or out of community residential placement. The Project Director has already laid the groundwork for an ongoing relationship between the CCMHB, the Community Coalition, and CHOICES.

4. Youth Organization
Systems of Care are by definition youth-guided and this can best be accomplish by developing a sustainable and viable youth organization (e.g., Youth Move). The ACCESS Initiative has accomplished the foundation stages of a youth organization and the ACCESS Initiative sustainability plan would be remiss if the youth component was not included. The Sustainability Committee recommends continuation of funding of the Youth Organization through the regular contracting and allocation process. The local youth organization will also serve as the lead youth based entity in the State of Illinois, System of Care expansion activities. The main focus of the youth organization will consist of peer to peer support and advocacy.

5. Parent Organization
Systems of Care are also by definition "parent-driven" and based on the successful experiences of other systems of care this can best be accomplished by developing and nurturing a strong and viable parent organization. The ACCESS Initiative has successfully developed a Parent Organization (501c3) which has the capacity to move to the next level. Continuation of constructive and ongoing parent input into the system of care is essential to effective meeting the needs of multi-system involved youth and families. The Sustainability Committee recommends continuation of funding of the Parent Organization through the regular contracting and allocation

process. The parent organization has established a board of directors, leadership structure and began serving families. Moreover, the parent organization is playing a major role in the State of Illinois System of care expansion activities. Contracts with CHOICES, HFS, Champaign Schools and other child serving providers have been confirmed.

6. System of Care Expansion
As the State of Illinois, has received a Federal Award to expand system of care principles and practices statewide, our local project the Access Initiative will play a key and instrumental role in those activities. The project director will serve of the statewide leadership committee. The Youth and Family organizations will serve in leadership roles as contractors, advisors and facilitators. The foundation for this work has been laid and confirmed.

Budget Implications
The final plan which will be recommended for approval by the CCMHB in November will be budget neutral. Money for permanent positions and contracts will be either continuation of current contracts or redirection/realignment of money current assigned to support the ACCESS Initiative.

BRIEFING MEMORANDUM

TO: Members, Champaign County Mental Health Board

FROM: Mark Driscoll, Associate Director

DATE: October 22, 2014

SUBJECT: FY14 Program Performance Outcome Reports

Attached for your information are copies of the program performance outcome reports for all CCMHB funded programs. The reports are submitted by agencies as part of the fourth quarter closeout package. The two PLL reports from Savannah Family Institute have been edited but all other reports are presented in their entirety. Headers with agency and program names have been added for ease of reference and page numbers inserted for those documents that are more than one page. The performance outcome reports represent agencies efforts to evaluate program performance using the measures they defined in the applications approved for funding by the Board.

The format of the Performance Outcome Report is at the discretion of the agency. All reports are to present results of the program performance outcome measures – Access, Consumer Outcome, and Utilization in relation to the performance measures included in the Program Plan (application). The following paragraph are the general instructions for completing the report, omitting the additional detail for completing each section that is provided to the agencies (If interested the complete instructions can be distributed to the Board).

> The Performance Outcome Report is an uploaded document. This report is where results of the program performance outcomes – Access, Consumer Outcome and Utilization performance measures included in the Program Plan – are to be described in detail. Content of the report is to include the specific measure(s) for Access, Consumer Outcome and Utilization included in the program plan and then the actual results for each measure. State how the data was collected and/or measured. Quantify the results. Broad statements the measure was met is not acceptable without data to support the statement and a description of how the data was collected. This report is to be submitted as part of the Fourth Quarter Closeout package.

As one might expect, you will find a wide range of approaches to the format of the report as well as presentation of the data when reviewing the reports. While expectations for content are fairly well laid out, not all programs address each and every measure included in the original program plan. Generally, as part of the site visit process I will discuss the annual performance report and provide feedback on content.

In addition to including the performance outcome reports, I have also attached spreadsheets listing zip code and demographic data by agency. The online system maintains the records by quarter and also aggregates zip code and demographic data by program, agency, and board. While the data is available by program, space limitations necessitated the data be presented by agency.

Zip code and demographic data typically represent an unduplicated count within a program but not necessarily for the agency as a whole. In that the data in the two spreadsheets has been aggregated by agency one should not assume the totals represent an unduplicated count of those served. The zip code and demographic data may be based on one or more of the service categories used to report and measure utilization. The program summaries completed during the allocation process include an analysis of the utilization data comparing numbers served to targets set by the program. The possible service categories include the number of treatment plan clients served, number of non-treatment plan clients served, service contacts, community service events or "other" group as defined by the agency. One or some combination these categories may be represented in the program zip code and demographic data collected by a program or an agency. The zip code and demographic data represent the extent to which agencies funded by the CCMHB are serving residents of Champaign County.

Agency Acronyms

AI – Access Initiative

CAC - Children's Advocacy Center

CC – Community Choices

CCDDB – Champaign County Developmental Disabilities Board

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

CCMHB – Champaign County Mental Health Board

CCRPC – Champaign County Regional Planning Commission-Social Services, operates the Youth Assessment Center (YAC)

CE – Community Elements

CN - Crisis Nursery

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

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

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

DMBGC - Don Moyer Boys & Girls Club

DSC - Developmental Services Center

ECIRMAC – East Central Illinois Refugee Mutual Assistance Center, may also be listed as RAC

FS - Family Service of Champaign County

MAYC - Mahomet Area Youth Club

PCHS - Prairie Center Health Systems

PHC – Promise Healthcare, operates Frances Nelson Health Center

PSC - Psychological Services Center (University of Illinois)

RACES – Rape Advocacy, Counseling, and Education Services

UP Center – Uniting in Pride Center

CCMHB ZIP Code Data Report		Aggregated Data - FY 2014																	
Agency	CYFS	CCRPC	CCRPC	CAC	Community	Community	CSCNCC	Courage	Crisis	DSC	ECIRMAC	Family	Promise	PCHS	RACES	UP		
Zip Code/Community		Hd Start	Soc Serv		Choices	Elements		Connection	Nursery			Service	Healthcare			Center	Total	Percent
60949 Ludlow	0	0	6	0	0	4	54	0	1	2	0	3	4	1	0	0	75	0.5%
61801 Urbana	5	24	82	11	15	226	15	37	5	67	243	1325	162	38	10	3	2268	15.3%
61802 Urbana	0	20	105	29	16	141	11	42	2	64	515	238	137	31	12	2	1365	9.2%
61815 Bondville (PO Box)	0	0	3	0	0	1	1	0	0	3	0	6	3	1	0	0	18	0.1%
61816 Broadlands	0	0	28	1	0	1	0	0	0	0	0	3	3	0	0	0	36	0.2%
61820 Champaign	11	35	125	18	17	690	10	61	5	67	494	2161	215	64	8	1	3982	26.8%
61821 Champaign	3	69	166	17	29	253	10	37	5	156	377	406	251	70	6	4	1859	12.5%
61822 Champaign	0	5	34	5	28	70	2	15	0	66	118	68	60	10	3	1	485	3.3%
61840 Dewey	0	0	0	0	0	1	6	0	1	1	0	2	1	0	0	0	12	0.1%
61843 Fisher	0	0	0	7	3	4	17	4	1	10	3	17	7	1	0	0	74	0.5%
61845 Foosland	0	0	0	0	0	1	1	0	0	0	2	1	0	0	0	0	5	0.0%
61847 Gifford	0	0	0	4	0	1	4	0	0	4	0	9	0	0	0	0	22	0.1%
61849 Homer	0	0	7	0	0	4	0	0	1	5	0	12	7	3	0	0	39	0.3%
61851 Ivesdale	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	2	0.0%
61852 Longview	0	0	2	2	0	2	0	0	0	0	0	4	0	0	0	0	10	0.1%
61853 Mahomet	5	3	26	10	14	32	0	7	1	31	0	102	32	7	0	0	270	1.8%
61859 Ogden	0	0	2	0	0	2	0	0	0	2	0	7	1	1	0	0	15	0.1%
61862 Penfield	0	0	1	0	0	1	7	0	0	1	0	4	2	2	0	0	18	0.1%
61863 Pesotum	0	0	0	0	0	2	0	0	0	1	0	4	1	1	0	0	9	0.1%
61864 Philo	0	0	1	1	2	0	0	1	1	5	0	15	5	1	0	4	36	0.2%
61866 Rantoul	3	26	75	19	1	118	1382	27	8	103	155	260	117	30	3	10	2337	15.7%
61871 Royal (PO Box)	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	2	0.0%
61872 Sadorus	0	0	4	0	0	6	0	0	0	4	0	7	6	0	0	0	27	0.2%
61873 St Joseph	1	2	18	4	0	9	0	9	1	28	6	28	9	2	0	0	117	0.8%
61874 Savoy	1	1	11	0	4	17	0	6	1	23	19	73	21	4	0	0	181	1.2%
61875 Seymour	0	0	1	0	2	1	0	0	0	2	0	2	2	1	0	0	11	0.1%
61877 Sidney	3	0	4	0	0	5	1	3	0	9	0	12	1	1	0	0	39	0.3%
61878 Thomasboro	0	1	6	4	0	4	24	7	0	5	3	12	9	0	2	0	77	0.5%
61880 Tolono	0	2	18	2	4	17	1	1	2	20	0	95	28	3	0	1	194	1.3%
Other	1	0	30	11	0	82	25	11	0	1	5	976	102	16	1	5	1266	8.5%
Total	33	188	755	145	136	1696	1571	268	35	680	1940	5854	1186	288	45	31	14851	100%

CCMHB Demographic Data Report — **Aggregated Data - FY 2013**

Agency	CYFS	CCRPC Hd Start	CCRPC Soc Serv	CAC	Community Choices	Community Elements	CSCNCC	Courage Connection	Crisis Nursery	DSC	ECIRMAC	Family Service	Promise Healthcare	PCHS	RACES	UP Center	Total	Percent
Age																		
Ages 0-6	0	182	0	34	0	0	0	35	0	680	287	0	2	0	1	0	1221	8.2%
Ages 7-12	3	1	92	52	0	18	0	24	0	0	220	6	7	20	2	0	445	3.0%
Ages 13-18	4	1	663	48	0	153	27	15	4	0	120	14	42	173	8	28	1300	8.8%
Ages 19-59	15	4	0	0	1	1469	1337	189	31	0	1220	1244	956	94	32	0	6592	44.4%
Ages 60-75+	11	0	0	0	127	56	201	5	0	0	71	1654	179	1	2	0	2307	15.5%
Data Not Available	0	0	0	11	8	0	6	0	0	0	22	2936	0	0	0	3	2986	20.1%
Total	33	188	755	145	136	1696	1571	268	35	680	1940	5854	1186	288	45	31	14851	100%
Race / Origin																		
White	25	34	275	77	0	774	741	146	19	0	961	2458	720	132	0	22	6384	43.0%
Black / AA	4	114	436	42	117	834	425	108	15	432	160	2310	429	129	27	1	5583	37.6%
Asian / PI	2	1	3	1	10	18	10	5	0	115	785	36	7	2	10	1	1006	6.8%
Other*	2	39	41	14	7	59	392	8	1	25	0	44	30	25	3	4	694	4.7%
Data Not Available	0	0	0	11	2	11	3	1	0	108	34	1006	0	0	5	3	1184	8.0%
Total	33	188	755	145	136	1696	1571	268	35	680	1940	5854	1186	288	45	31	14851	100%
Origin																		
Hispanic/Latino Origin	0	13	41	12	0	64	366	31	1	0	883	72	143	7	2	1	1636	11.0%
Not Hispanic/Latino Origin	22	175	714	122	7	1616	1202	234	34	103	194	3762	1037	281	43	21	9567	64.4%
Data Not Available	7	0	0	11	129	16	3	3	0	577	863	2020	6	0	0	9	3644	24.5%
Total	33	188	755	145	136	1696	1571	268	35	680	1940	5854	1186	288	45	31	14851	100%
Gender																		
Male	9	130	438	32	0	1173	549	40	0	0	851	1507	453	185	5	13	5385	36.3%
Female	24	58	317	102	67	521	1022	228	35	415	1058	3504	731	103	40	12	8237	55.5%
Data Not Available	0	0	0	11	69	2	0	0	0	265	31	843	2	0	0	6	1229	8.3%
Total	33	188	755	145	136	1696	1571	268	35	680	1940	5854	1186	288	45	31	14851	100%

* includes Native American, Bi-racial, and Multi-racial

CHAMPAIGN COUNTY CHILDREN'S ADVOCACY CENTER
PERFORMANCE OUTCOME REPORT
PROGRAM YEAR 2014

Agency Name: Champaign County Children's Advocacy Center

Program Name: Champaign County Children's Advocacy Center

Date: August 27, 2014

PERFORMANCE OUTCOME MEASURES:

Consumer Access:

Service Quantity
During Program Year 2014, the Champaign County Children's Advocacy Center (CAC) continued to provide immediate, round-the-clock access to the facility, ensuring a timely response to allegations of child sexual and serious physical abuse. CAC staff members continue to be accessible by pager 24 hours per day in order to facilitate interviews and to initiate services.

During the 12-month period ending June 30, 2014, a total of 177 unduplicated children[1] were interviewed at the Champaign County Children's Advocacy Center, a number which includes 148 children interviewed as suspected victims of sexual or serious physical abuse, plus 29 children interviewed as potential witnesses or who are siblings of the suspected victims.

The number of victims included 62 children during the period July—December 2013 which is 20% below our six-year average of 78 cases for six months; the 86 victim cases we saw between January—June 2014 is 10% above that average. Although we cannot say for sure what causes these fluctuations, we believe that they reflect family reporting behavior and normal statistical fluctuations rather than precipitous changes in crime rates. A review of previous CCMHB Performance Outcomes Reports shows that the CAC has seen these interview fluctuations in the past.

Service Involvement by Other Entities
All children interviewed at the CAC are brought there (described as being "referred") at the direction of either law enforcement investigators and/or child protection investigators from the Illinois Department of Children and Family Services (DCFS). DCFS becomes involved in a case if the alleged perpetrator is a caregiver or in a position of trust or authority over the child. Most of the CAC cases are considered for prosecution in Champaign County, so the Champaign County State's Attorney's Office is part of the Multidisciplinary Team for Coordinated

[1] An unduplicated child is a child who was not already receiving services at the CAC at the time of the interview.

Investigations. In addition to DCFS and the State's Attorney's Office, the following Champaign County law enforcement departments were involved in interviews conducted at the Children's Advocacy Center during Plan Year 2014 (number of investigations in parentheses):

Champaign Police Department (38)
Champaign County Sheriff's Office (31)
Federal Bureau of Investigation-local office (3)
Fisher Police Department (3)
Illinois State Police (1)
Mahomet Police Department (1)
Rantoul Police Department (29)
Thomasboro Police Department (1)
Urbana Police Department (18)

In addition, we interviewed children from single cases originating out of each of the following jurisdictions:
Piatt County, Macon County and Vermilion County Sheriff's offices
Lake County Sheriff's Office
Rankin (IL) Police Department
McLean (IL) Police Department
Romeoville (IL) Police Department
Carmel, Indiana Police Department
Kittery, Maine Police Department

In the role of coordinator of the Multidisciplinary Team (MDT), the Children's Advocacy Center Executive Director coordinated and facilitated Multidisciplinary Team Case Review Meetings each month in PY 2014. During the 12-month period ended June 30, 2014, a total of 127 cases were reviewed by the MDT. Individuals representing the following agencies/organizations attended one or more MDT Case Review meetings during the reporting period:

All of the Champaign County Law Enforcement entities listed above, plus:
IL Department of Children and Family Services
Champaign County State's Attorney's Office (SAO)
Champaign County SAO Victim-Witness Advocate

Carle Clinic-Pediatrics Department
Carle Hospital-Emergency Department
Carle Clinic-Social Work Department

Center for Youth and Family Solutions
Champaign County CAC (all three of our staff attend)
CASA (Court Appointed Special Advocates)
ACCESS Initiative

Joanna Kling, Crisis Counselor
Christine Washo, Crisis Counselor
Ann Chan, Crisis Counselor

Services: Crisis Counseling and Case Management
Entirely funded through a grant from the Illinois Criminal Justice Information Authority, the Children's Advocacy Center offers free crisis counseling services to children referred to the CAC and their non-offending family members. The Crisis Counseling services are provided by three licensed therapists under contract to the CAC, and can last up to about eight weeks, or longer if the client is on a wait list for long-term services at another local provider. One of the Crisis Counselors, Ann Chan, was added to the team in order to provide counseling in Spanish (or Portuguese) for those clients who are more comfortable speaking Spanish. One of the positives about our crisis counseling contract is that the young people are eligible for the service until they turn 18 years old. So if the child has additional emotional problems years after the abuse they are eligible to start up with counseling again. Now that seven years have passed since the locally-notorious Jon White sexual abuse case, the victims are entering puberty and some of their parents have contacted us to resume services for the child.

The CAC Case manager provides free case management services to children who live, have lived, or were the suspected victim of sexual or severe physical abuse while visiting Champaign County. The service ranges from a few brief follow-up contacts to the non-offending parent to intensive services helping families with serious needs such as homelessness, food insecurity, or child behavioral issues. She works with the family for up to two years, or until the court case concludes if there is one.

Therapy Groups
With the help of a generous gift from the University of Illinois Penn State funds, in spring 2014 we offered a free, professionally-led therapy group for middle-school aged girls who have been sexually abused. The girls and their non-offending mothers all reported that the group was very helpful, reducing feelings of isolation and stigma while teaching the girls positive coping skills.

In fall 2014 we plan to offer a therapy group for non-offending mothers and/or female caregivers of children who have been sexually abused.

Cultural Competence
On May 22, 2014 the Governing Board of the CAC reviewed the Cultural and Linguistic Competence Plan, and decided to continue with the plan as written. The group will review the Plan, and any suggested changes, in November 2014 and then yearly thereafter, so that changes may be incorporated into the CCMHB application which is written in January of each year.

It has been a challenge to find low-cost or free cultural competence in-service training this plan year. In response, the CAC Executive Director has formed a "Friday Forum" club to meet quarterly (one hour over lunchtime) for cultural competence training. Other CCMHB providers

and staff are invited to either present or attend. In addition to sharpening skills, the trainings provide a venue for discussion between staff members from very different agencies who do not usually have professional contact with each other.

Protocol for Multidisciplinary Investigation of Child Sexual and Physical Abuse
In addition, on April 24, 2014 the CAC revised the agency Protocol for Multi-disciplinary Investigation of Child Sexual and Physical Abuse, a 20 page document outlining the approach and service delivery guidelines for all aspects of the center. The revisions added a provision for the new CAC-based Child Forensic Interviewer (new position started 1/8/14).

Consumer Outcomes:

Consumer Satisfaction Surveys
During Plan Year 2013, client satisfaction surveys were mailed on a quarterly basis to parents/caregivers of all children interviewed at the CAC. The survey (in use for over a decade) contained 8 questions regarding the child's and parent's experiences on the day of the interview; parents/caregivers were also encouraged to share anonymously any comments or concerns they had about the Center or the services they received. In calendar year 2012 a total of 17 completed surveys were returned, while in the first half of calendar year 2013 five completed surveys were returned.

The responses overwhelmingly reflected a high level of satisfaction by consumers, with many singling out their interactions with Elaine Mitchell being exceedingly helpful. The following is representative of comments made by respondents: *"Elaine is wonderful and both of my boys felt comfortable despite the circumstances that brought them to the Center."*

The survey gave parents the option of signing the survey if they desire follow-up to their comments. The three respondents who signed surveys received calls regarding their concerns or questions.

In summer 2013 DCFS started *requiring* that the CAC *guarantee* that each non-offending parent receives a survey. The only way to guarantee this is to give the parent a survey on the day of the interview. Disappointingly, the response rate is much lower than in the past few years (only 4 surveys returned in nine months); we plan to begin mailing a second survey (on a different colored paper) to jog people's memory and perhaps increase the response rate.

Service Impact Measurements
For each case child receiving management or crisis counseling services, the CAC staff person conducting the intake completes a comprehensive needs assessment. The needs assessment serves as a pre-service measure of well-being, assists with the identification of child and family strengths, highlights areas of concern, and serves as a guide for identifying appropriate community-based services and making initial service referrals. The Case Manager tracks the ongoing progress of each client through frequent telephone, in-person, and written contacts

with the child's non-offending parent/caregiver. All client contacts are documented in the CAC database.

Prior to case closure, the CAC Case Manager reviews each case to evaluate, among other things, services offered to the family, whether or not the family has accepted those services and/or has experienced any barriers or impediments to the delivery of services, any additional service referrals which might assist the family, any recommendations made by the Multidisciplinary Team, and the status of any criminal or juvenile court proceedings. If after that evaluation the Case Manager determines that the case is eligible for closure, she discusses that recommendation with the CAC Executive Director, who grants final approval for closure.

The Executive Director is seeking a short, valid and reliable assessment tool that can be given pre- and post-service so we can better track the progress of our young charges. The Executive Director has asked a student group at the University of Illinois-School of Social Work to research available assessments and present those that fit the CAC service model.

An additional measure of consumer outcomes is the Discharge Summary utilized by Therapists Joanna Kling, Christine Washo, and Ann Chan, all of whom are contracted to provide crisis intervention counseling services to CAC clients. Completed summaries include the reason for care, treatment, services; number of sessions; outcome of treatment/change in functioning level; reason for discharge; and follow-up recommendations/linkage or community referrals. Once again, we hope to find an assessment tool to better track the efficacy of this service.

The National Children's Alliance (NCA)—our national accrediting body—promotes the use of a parent survey which is largely geared toward assessing parent/child satisfaction. We will consider moving to the use of their survey, giving us national benchmarks.

Community Impact initiative

The stigma associated with being a victim of child sexual abuse is a very great burden for young shoulders to bear. The children (and their non-offending parents) tell us of overwhelming feelings of shame, guilt and isolation; these feelings are often caused or reinforced by society's attitudes towards child sexual abuse (examples: "she must have asked for it" or "he's so young, it won't make a difference that he's been abused"). When community education efforts against child abuse do occur, they often mention physical abuse or neglect, but rarely mention child sexual abuse.

In order to combat this stigma, the Children's Advocacy Center plans to increase public awareness with a campaign about child sexual abuse, using billboards, increased media presence, and increased one-on-one or small group contact with private citizens and businesses. Our first billboards will be displayed in September or October of 2014.

Utilization:

For Plan Year 2014

	Community Service Events	Service/Screening Contact Clients	Treatment Plan Clients	Non-Treatment Plan Clients	Other Clients
Target	6	130	135	35	15
Actual (New)	21	142	109	29	12
Percent of target met	350%	109%	81%	83%	80%

Although some of the client numerical targets have not been met, this is a function of the numbers of children that have been brought to the center by law enforcement or DCFS. The CAC does not have any input into how many children are brought to the center for interviews, other than to say that in over 97% of cases we are able to schedule the interview within 48 hours of the date/time requested by the investigator.

Additional Program Activities:

In September of 2013 the National Children's Alliance (NCA) conducted a site visit as part of the CAC's application for re-accreditation. NCA, the national accrediting body for Children's Advocacy Centers, promotes accreditation as the gold standard for CAC's. The application filled two 3-inch binders, addressing ten required accreditation standards. The comprehensive site visit, conducted by two CAC Directors with decades of experience, involved interviewing board members, staff, multidisciplinary team members, and sitting in on the monthly multidisciplinary team meeting. In January of 2014 the Children's Advocacy Center of Champaign County received official notice of re-accreditation, lasting for five years.

Respectfully Submitted,
Adelaide Aimé, MSW, LSW
Executive Director
Children's Advocacy Center

Champaign County Regional Planning Commission – Social Services
Youth Assessment Center program **FY 14 Quarter Cent Funding: $240,612**

Youth Assessment Center Outcome Report 2014

The Youth Assessment Center (YAC) served 494 youth this program year, 461 of which were residents of Champaign County. Thirty percent of those youth were brought in during business hours; the rest were referred mostly from Champaign Police but also from other police jurisdictions in the county, as well as schools or families. This year, 299 youth were brought in or referred by police and 267 of these were given a formal station adjustment and referred to Court Diversion Services for services. In total, 319 youth referred to the YAC were assessed, of which 171 were connected to other services in the community and 148 were monitored by YAC staff with bi-weekly contact and quarterly assessments. While sixty-six percent of the total assessed entered the program with a low risk assessment score, follow up assessments showed 96% of youth were low risk at exit.

Residence of Referral		
60949	Ludlow	4
61801	Urbana	54
61802	Urbana	65
61815	Bondville	1
61816	Broadlands	0
61820	Champaign	71
61821	Champaign	124
61822	Champaign	25
61840	Dewey	2
61843	Fisher	0
61845	Foosland	0
61847	Gifford	0
61849	Homer	4
61851	Ivesdale	1
61852	Longview	1
61853	Mahomet	18
61859	Ogden	1
61862	Penfield	1
61863	Pesotum	0
61864	Philo	1
61866	Rantoul	53
61871	Royal	0
61872	Sadorus	2
61873	Saint Joseph	10
61874	Savoy	7
61875	Seymour	1
61877	Sidney	2
61878	Thomasboro	3
61880	Tolono	10
other		33
total Champaign Co		461
total		**494**

Race	
Am Ind	0
Asian	2
Black	289
Pac Isl	0
White	152
As & W	0
B & W	19
Multi	4
Hispanic-W	28
Total	**494**
Gender	
M	292
F	202
total	**494**
Age	
9under	4
10	12
11	8
12	41
13	56
14	89
15	105
16	106
17	73
total	**494**

Referral source	
CPD	233
UPD	67
RPD	42
Sheriff	48
other	15
JDC	36
ROE	3
agency	4
school	25
family	18
community	3
total	**494**
status	
ineligible	49
out of county	27
refered to SA	0
unengaged	61
contacting	32
assessed	166
complete	83
dropout	70
total	**488**
total engaged	**319**
Referred/Brought In	
referred	345
brought in	149
total	**494**

Arrest Time	
1am	8
2am	13
3am	7
4am	0
5am	5
6am	2
7am	3
8am	14
9am	20
10am	8
11am	16
12pm	25
1pm	21
2pm	34
3pm	37
4pm	35
5pm	27
6pm	31
7pm	31
8pm	33
9pm	24
10pm	24
11pm	25
12am	5
N/A	46
total	**494**

Household	
N/A	35
Female	296
Male	124
pending	19
total	**474**
Income	
ELI	207
LI	80
MI	70
unknown	106
pending	31
total	**494**
Police Referrals	
Formal SA	267
Informal SA	7
SO	7
W&R	18
total	**299**

Connection	
1	ABC Counseling
10	Big Brothers/Sisters
6	Boys & Girls Club
6	CE Counseling
3	Cognition Works
0	CORE
26	FACC
3	Family Servcies
14	No Limits 4 teens
0	Kevin Elliot Counseling
2	PATS
2	Pavilion
24	PLL
31	Prairie Center
4	U of I Extension
3	UNCC
1	Park District
6	Tap In Academy
0	Natural Supports
22	Other
164	**total**
148	monitoring only
171	treatment plans

Risk Level at Entrance		
5%	16	high
27%	92	moderate
68%	227	low
	335	Total
Risk at Exit		
0%	0	high
4%	3	moderate
96%	77	low
	80	total

Youth Assessment Center Outcome Report FY2014

In September 2013, the Youth Assessment Center (YAC) opened its doors at 402 N. Randolph St. The Center offers screening and referral to assist youth ages 10-17 to stay in school, connected to their families and out of the justice system. The Center also houses Court Diversion Services, which provides diversion interventions and monitoring for youth placed on station adjustments for minor delinquency offenses.

Performance Outcomes:

- **66% of youth assessed entered with a low risk assessment score; 96% of youth were exited with low risk scores – an improvement of 30%**
- **All court diversion options showed a positive impact by reducing further police contact**

Highlights of Our First Year:

- Screening and assessment were provided for 319 youth, followed by court diversion services interventions to address juvenile crime (148) or referral to other community agencies to provide other youth/family supports (171)
- Referral MOU's were established with 18 community service providers

Program statistics (July 2013-June 2014):

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61802	Urbana	65
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148	monitoring only
171	treatment plans

Risk Level at Entrance		
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27%	92	moderate
68%	227	low
	335	Total

Risk at Exit		
0%	0	high
4%	3	moderate
96%	77	low
	80	total

Champaign County Regional Planning Commission – Social Services
Court Diversion Services program **FY14 CCMHB Funding: $26,000**

Court Diversion-Recidivism Summary 2014

Two hundred youth referred, exited Court Diversion Services (CDS) in program year 2013. Using all 3 databases in Champaign County, police involvement with these youth was tracked one year after exit. Thirty-three of youth referred and closed during this period had not engaged in services because either the referral was inappropriate, the youth/family refused to participate or CDS could not contact the youth/family. Twenty seven percent of the youth that never met with a case manager were arrested one year later.

One hundred sixty seven youth had been on station adjustment with diversion requirements. Of those youth 116 (69%) completed their station adjustments successfully, and one year later 81% of those have had no further contact with police. The same year 51 (31%) of youth on station adjustment did not follow through with the agreement, 35% of those were arrested again in the year following their exit.

More specifically, 73% of youth that attended peer court and 93% of youth involved in mediation had no contact with police after one year. Sixty two percent of youth referred to PLL had no further police contact within a year of exiting. All diversion options showed a positive impact by reducing further police contact.

Referrals	**200**	**%**
no contact	147	74%
contact	5	3%
rearrest	48	24%

Never engaged in CDS	**33**	**17%**
no contact	22	67%
contact	2	6%
rearrest	9	27%

Youth engaged in CDS	**167**

Successful at CDS	**116**	**69%**
no contact	94	81%
contact	1	1%
rearrest	21	18%

Dropped out of CDS	**51**	**31%**
no contact	31	61%
contact	2	4%
rearrest	18	35%

Intervention			**success**		**fail**	
peer court	**#**	**108**	**76**	**70%**	**32**	**30%**
no contact	79	73%	61	80%	18	56%
contact	3	3%	1	1%	2	6%
rearrest	26	24%	12	16%	6	19%
			success		**fail**	
PLL	**#**	**29**	**21**	**72%**	**8**	**28%**
no contact	18	62%	15	71%	3	38%
contact	0	0%	0	0%	0	0%
rearrest	11	38%	3	14%	4	50%
			success		**fail**	
mediation	**#**	**30**	**19**	**63%**	**11**	**37%**
no contact	28	93%	18	95%	10	91%
contact	0	0%	0	0%	0	0%
rearrest	2	7%	1	5%	0	0%

Court Diversion Services – Annual Recidivism Summary FY2014

Court Diversion Services (CDS) offers several options to address juvenile crime at an early stage to prevent further progression into the juvenile justice system. Youth referred by juvenile officers in Champaign County for station adjustment in lieu of possible prosecution are tracked for one year after exit from the program to determine whether further police contact and/or re-arrest was made.

All diversion options showed a positive impact by reducing further police contact.

Total number of youth exiting Court Diversion Services (July 2012 - June 2013):		**200**	
Case closed without engaging in CDS:	**33**	No contact/re-arrest within one year:	67%
Did not complete CDS intervention:	**51**	No contact/re-arrest within one year:	61%
Completed CDS intervention:	**116**	No contact/re-arrest within one year:	81%
Completed Peer Court:	76	No contact/re-arrest within one year:	80%
Completed PLL:	21	No contact/re-arrest within one year:	71%
Completed Mediation:	19	No contact/re-arrest within one year:	95%

Program highlights of 2014

- Moved location of services to Youth Assessment Center to offer walk-in services for juvenile officers
- Increased referrals from Youth Detention Center for youth not being held overnight

COMMUNITY CHOICES
A COOPERATIVE APPROACH TO HUMAN SERVICES

44 E Main, Suite 206, Champaign, IL 61820 • (217) 621-1090 • www.communitychoicesinc.org

Community Choices – Performance Measures, FY2014

Self-Determination Support Program

Self-advocacy (Yearly goal: 8 self-advocacy meetings; 1 local project; 2 people participate in statewide event)

- # self-advocacy meetings: 8
    - Topics included: Welcome back, When Someone Passes On, Dreams, Holiday discussion, Crisis planning, Communication (2 sessions), Relationships
- local project: We did not complete a local project this year.
- statewide event: 2 events
    - 2 participants attended the Speak Up, Speak Out Summit
    - 4 participants attended the Going Home Rally
- Outcomes:
    - Individuals are "coming out of their shells" and getting more open about their life experiences

Social Events (Yearly goal: 36 events; 10 individuals have 2 new relationships)

- # events: 41
- type of events: Dinner, Lunch Club, Middlefork walk, Six Flags, bowling, swimming, putt-putt, Curtis Orchard, Illini Women's basketball game, Miracle on 34th Street play, Jupiters event, movies, planetarium, Illini baseball game, art show, live band
- Outcomes:
    - Participants are working on social skills and learning how to be socially appropriate
    - Participants are becoming more independent and not relying on their parents as much
    - Participants are trying new activities
    - New friendships started
    - Participants are learning how to congratulate each other

Social Coaching for Individual Activities (Yearly goal: 8 individuals will organize their own activity with support)

- # individuals receiving social coaching: 11

- type of activities: gaming club, social lunches, home party, movie group, girls group, painting class

Community connections (Yearly goals: 6 individuals develop community connections with people who do not have disabilities)

- # individuals developing community connections: 6
- type of community connections: Latin Club (2 participants), AquaZumba, Springer Cultural Center, martial arts, Gaming Goat

Family Support (Yearly goal: 8 meetings, 4 family gatherings)

- # meetings: 8
    - Topics included: Overview of the year, Parkland disability services, Adult service system, Hiring Personal Support Workers, Medicaid changes, Membership meeting, State advocacy issues, Supportive housing
- # family gatherings: 4
    - Pool party, Bonfire (2 parties), Holiday party

Accomplishments beyond our deliverables

- Over the course of the year, Community Choices staff worked with families who had CILA funding to learn about their rights and advocate for providers. Through many meetings and conversations, a provider committed to coming to Champaign County and starting residential and day services.
- Community Choices staff also worked throughout the year with other service providers to develop an Employment First Plan for Champaign County. This plan will expand the options for individuals and the work will continue into the next fiscal year.

COMMUNITY ELEMENTS, INC.

Criminal Justice and Problem-solving Courts

Annual Performance Report – FY 14

Consumer Access and Outcomes:

Access to the services in the Criminal Justice and Problem-solving Courts Program comes through the criminal justice system in our county with referrals primarily from the jail, probation department and Drug Court. A Licensed Clinical Social Worker is the supervisor of this program, serving also as one of the experienced counselors able to work with this population. She is our liaison with the jail and court system. A Case-Manager works with this population as part of this team and a LCSW manages the overall program.

Biweekly meetings are held with the forensic team to address and coordinate our services and consult regarding specific clients. Our crisis team is represented at these meetings as is our IBH team

All Drug Court clients were screened for mental health services and complete mental health assessments were done with those clients whose screenings recommended further assessment. Resulting treatment was coordinated with the Drug Court team members and is an example of how effective coordinated treatment can work, as evidenced by the Drug court graduations twice a year. The graduates reference the coordinated efforts of those from different agencies working with them cooperatively for recovery.

Our engagement target for this population was 60%. Seventy-four percent of criminal justice clients referred to us through probation, Drug Court, DOC or other agencies engaged with us for three months or more Engagement of jail inmates who have been screened while incarcerated is a much greater challenge. When seen at the jail, we provide screenings, linkage and information for the inmates and follow-up with phone calls and letters. Only 23% of these engaged with us for three or more months. We have seen some improvement in follow through, particularly with clients wanting to complete MRT groups that were initiated in the jail.

Twenty percent of the criminal justice clients received services for benefits through our Access Benefits Case Manager staff and a significant number received these services through our Champaign County Healthcare Consumers (not sure of the percentage at this time).

There is basically no gap in the time someone is referred for services and engagement due to the appointment of staff dedicated to this population, unless the client chooses not to follow through. We have not been able to engage released inmates from the Department of Corrections within 48 hours of their release and have come to realize that

this is not a realistic timeline. We continue to work with DOC in engaging released inmates in a timely manner.

Utilization:

In FY 14, 187 criminal justice involved individuals met with professional staff for some level of assessment and engagement in services. Our target for clients engaged three or more months totaled 122 against a target of 140. Twenty-seven new Drug Court clients engaged in treatment as well as 21 additional Drug Court clients who continued in treatment with us from the previous year.

COMMUNITY ELEMENTS, INC.

Crisis, Access, Benefits and Engagement

Annual Performance Report – FY14

Consumer Access and Outcomes:

Our Crisis Line services continue to be under the leadership of a qualified Crisis Line Coordinator who recruits, trains and monitors over 60 volunteers a year. The recruitment effort is primarily done in late summer/early fall with the majority of volunteers coming from the student body of the University of Illinois, most of whom are juniors or seniors majoring in psychology or social work. We are always pleased to have returning experienced volunteers from the community. Forty hours of classroom training occurs at the mid to end of September, followed by "on the job" training at the agency with scripted calls and role playing. Monitoring and supervising volunteers continue throughout the year, working in conjunction with our professional clinical crisis team. We are pleased to report that the response time for crisis line calls was 15 minutes or less for 99.3% of the calls.

Educational presentations are scheduled throughout the year at multiple locations in our county, conducted by our Crisis Line Coordinator, many times accompanied by program staff of the agency. The purpose of this is to educate the community on available services, with emphasis on the availability and access of the Crisis services offered to the community year round, 24 hours a day. We have increased our involvement with law enforcement and availability for both crisis intervention and mental health assessments at various sites within Champaign County.

We employ one full time experienced Access and Benefits Case Manager who assists clients in applying for benefits. This work has changed in the past year due to wider eligibility criteria for Medicaid, resulting in a larger number of consumers able to obtain this. Due to the partnering with Champaign County Health Care Consumers (CCHCC) made possible by an amendment to the CCMHB grant, we have been able to reach a much larger number of criminal justice involved individuals who are now able to access benefits. This has resulted primarily, through engagement at the county jail with inmates. This work is provided by a Benefits Case Manager employed by CCHCC. This individual works in coordination with our team assigned to this population and who work in the two county jails.

Information provided by our Benefits Case Manager indicates an engagement rate of 75% by consumers with whom she works. We do not have a specific tool to measure the satisfaction of consumers with the benefits case management services, but our client survey for the largest department (case management) in which most of these clients engaged, resulted in positive feedback, with 81% of clients indicating satisfaction with improvement in their situation, 98% would recommend these services to a friend needing

help, and 96% indicating overall satisfaction with their experience with Community Elements.

Our target for answering Access calls live was 75% and we exceeded this with a 91% of calls being answered live by our Access department in the past fiscal year, a substantial increase from the previous year.

We increased our walk-in days for mental health assessments at our Walnut facility from two to three this year to better accommodate clients in a timely manner. Many individuals fail scheduled appointment so this is an effort to serve more individuals on an "as need basis". Everyone presenting for a mental health assessment receive an Initial Screening even if we cannot accommodate them on that date for a full assessment (due to the number of presenting individuals).

Assessments are completed by two master level clinicians. The Crisis Line, Crisis team and Access team are under the management of a Licensed Clinical Social worker who also supervises the operations of our Respite Center and our nursing staff.

Utilization:

In FY 14, we processed 4,493 Crisis calls, completed an average of 50 mental health assessments per month and worked with more than 350 individuals in efforts to obtain Medicaid and/or Social Security benefits.

CHAMPAIGN COUNTY MENTAL HEALTH BOARD

Grant Funded Program - Quarterly Program Activity/Consumer Service Report:

Agency: Community Elements **Program:** Early Childhood Mental Health and Development (ECMHD) **Report Period:** Annual-2014

Service Categories	Community Service Events (CSE)	Service/Screening Contacts (SC)	New Treatment Plan Clients (TPC)	Continuing TPC	Total Treatment Plan Clients
Annual Target(s)	140	270	100	150	250
Annual Data	138	253	85	126	211

Program Performance Measures

Consumer Access

Early childhood infant mental health services are accessed by providing services in family's homes and in the community. This assists in alleviating the barrier of transportation and other barriers of office-based services. Community-based, in-home service provision enhances cultural sensitivity through offering services in the child's natural setting. We are serving a generally underserved population of families in Champaign County. We also use a "creative outreach" approach in which we have a specific long-term engagement plan recognizing that some families are initially resistant to services. Creative outreach activities include

sending letters, cards, and connecting with difficult to engage clients. We use creative outreach for up to three months to engage families. Services are offered in both English and Spanish. Although the research indicates that the racial demographics of client and worker are not a factor in the home-visiting relationship, the ECMH&D staff are racially diverse.

The ECMH&D programs have referral and collaborative relationships with many community providers including: Promise Healthcare (formerly Frances Nelson), Carle Hospital and Clinic, Christie Clinic, Presence Covenant Medical Center, local school districts, and C-U Public Health. The collaborative nature of these relationships assists us in identifying who is in most need of early childhood infant mental health services. Our goal is that all families have a contact from staff within 48 hours of receiving the referral. A barrier to consumer access is the amount of families we can serve at one time. If referrals don't meet the criteria for admission into HYF and HFI, generally they will meet the criteria for PI which helps us to serve more families. If the staff are at capacity with their caseloads, we will maintain a waiting list for families and they will be offered services as an opening becomes available.

The ECMH&D provides access to the underserved populations as many of families served are living in poverty and/or in rural areas. In addition, we serve a large minority population. Our participants' demographic data for FY14 is as follows: Caucasian: 36%; African American: 38%; Asian: 1%; Other: 1%; Unknown: 5%; and Hispanic: 19%.

Consumer Outcomes

All ECMH&D programs are monitored for quality and contractual success/outcomes quarterly and annually by their primary funders (Ounce of Prevention Fund; Department of Human Services; and Illinois State Board of Education). All benchmarks are compared by the funders with state and national averages. Each outcome area is considered a proxy by which to evaluate program effectiveness. Funding auditors evaluate the ECMH&D programs using data reports and onsite audits. In addition, ECMH&D established an Advisory Board/Community Council which allows for participant and stakeholder input on program improvements. The following are programming success outcomes:

1. **Program Capacity:** Each program is required to serve a predetermined number of families. In addition, the amount and frequency of services for assessment, home-visits, group, case management, is calculated. The ECMH&D program is to conduct 100 formal assessments per year and we have achieved this benchmark. Each home-visitor will have a 26-30 point case weight. The Group Coordinator for PI will carry a 20 point case weight. This benchmark is consistently achieved;

however when there is turnover in staff this benchmark is not achieved. When staff does not meet their capacity goals it is addressed within supervision to identify what barriers/challenges are preventing them from achieving their target caseload. Our department experienced staff turnover during FY14 (please refer to Utilization section for more details). We have continued to increase our outreach efforts in order to increase referrals. As of today, August 27, 2014, ECMHD is attempting to fill an Infant Parent Educator position in HYF, an Infant Parent Educator position in PI, and the Healthy Families Supervisor position.

2. **Immunization Rates and Well-Child Visits**: Each program collects rates of immunizations and well-child visits. An annual benchmark for program success and accountability is required at 90%. The ECMH&D program reached the benchmark for FY14. The overall Illinois rate for immunizations is 76% which includes all children, including those who are not considered at risk. Immunizations protect children from complications of vaccine-preventable diseases, keep the spread of disease down, keeps children healthy and in school. This could be removed if need to cut down space.

3. **Developmental Screenings**: Each program is required to screen and collect data on each child following the recommendations of the Denver II Developmental Screening Tool or Ages and Stages Questionnaire and the Ages and Stages Questionnaire: Social Emotional. Progress and statistics are monitored quarterly by funders. An annual benchmark for program success and accountability is 90% of all children in the program will be successfully screened. The ECMH&D program reached the benchmark for FY14. Research has shown that the use of a standardized developmental screening tool identifies 70-80% of children whom are at risk of a developmental delay. By identifying these possible delays, early intervention services can be implemented thus potentially lessening the risk of more severe and/or long-lasting delays.

4. **Breastfeeding Initiation**: HYF and HFI programs are required to track breastfeeding initiation with their participants. According to www.womenshealth.gov. website, breastfeeding can reduce the risk of Type 1 diabetes, childhood leukemia, atopic dermatitis (a type of skin rash) and SIDS (sudden infant death syndrome) in babies. Research has shown that mothers who breastfeed their babies have a lower risk of breast cancer, Type 2 diabetes, ovarian cancer, and postpartum depression.

5. **Depression Screenings**: Participants are screened using the Edinburgh Postnatal Depression Scale according to the following schedule: upon admission; 2 weeks postnatal; 1 month postnatal; 3 months postnatal; 6 months postnatal; 9 months postnatal; and 12 months postnatal and any time there are signs of perinatal depression. This tool helps to identify

postpartum depression therefore allowing for quicker initiation of treatment services. Research has shown that postpartum depression places the child at an increased risk for attachment issues, motor development delays, difficulties with emotion regulation, and negative health outcomes.

6. **Training/Supervision**: Staff are required to complete trainings in the research-based model, complete mandatory Community Elements training, ongoing professional development, and participate in weekly reflective supervision.

7. **Cultural Competence**: All ECMH&D clients are offered a client satisfaction survey annually. These surveys include several questions regarding ECMH&D's cultural competence. Annually, HFI staff complete a cultural competence survey with the intent of assessing staffs' thoughts and ideas regarding the program's cultural practices and the level of support they experience from supervisors. Additionally, HFI families are surveyed annually regarding cultural relevance of program services and program materials. During FY14, HFI completed a thirty page cultural sensitivity review as part of the HFI accreditation process.

8. **Coordination and Collaboration of Services**: ECMH&D is a participating member of the Champaign County Birth-to-Three Service Coordinating Council. The Council was established to effectively coordinate the activities and services of all local agencies which offer intensive/case management services to birth-to-three families. Member organizations include: Community Elements ECMH&D, C-U Early; Parent Wonders, serving rural Champaign County; Champaign-Urbana Public Health which administers WIC Services; and Champaign County Head Start/Early Head Start. This council meets quarterly to coordinate services to families, share resource, activity ideas, develop solutions to local problems and coordinate joint services/programming. The coordination activities of this council are designed to reduce waiting lists, eliminate duplication of services, and ensure appropriate service delivery with fewer service gaps to the highest priority families. This council is working on implementing a consent form that will enable the participating agencies working with a family to collaborate more effectively.

Utilization/Production Data Narrative (Reference the data contained in the Part II Utilization/Production data Form attached)

All service contacts are with those individuals in Champaign County that we have any contact with to make a referral, complete an assessment, or offer services. These contacts can become TPC or remain just a contact. TPC and NTPC are counted in the same category. When a client is "admitted" to the agency, they become a TPC. This is an unduplicated number. The staff are consistently reporting community events, contacts, and TPC numbers.

For FY 14, the ECMH&D programs' annual target for community service events was 140 and we completed 138; service screening contacts annual target was 270 and we completed 253; and the new treatment plan clients annual target was 100 and we had 85.

ECMH& D had several new staff beginning in the start of FY14 which affected the New Treatment Clients, Community Service Events, and the Service Screening Contacts. *Each new staff is required to complete extensive training for around 2-3 months prior to seeing clients. It may take them several months to establish a full caseload. Additionally, we are no longer able to conduct our bi-weekly meetings at Promise Health Care (formerly Frances Nelson) where we had previously collected referrals/service contacts. Promise Health care made this change as they reported that they need to utilize the designated space for ECM&D for other services. This has significantly decreased the number of Spanish speaking referrals we have received this fiscal year.

COMMUNITY ELEMENTS, INC.

Integrated Behavioral Health

Annual Performance Report - FY14

Consumer Access and Outcomes:

Our Integrated Behavioral Health Team is designed to provide substance use treatment in conjunction with addressing mental health needs for those in need of these services. These needs are very common among the criminal justice population and we seek to adapt services to this population, in hopes that we can engage and retain these individuals in recovery options.

Clients referred to the Integrated Behavioral Health Team come through a number of sources including jail referrals, referrals from Drug Court, the probation department, the Department of Corrections, our Access Department, and other agencies.

Our services include multiple evidenced-based treatment groups coupled with individual counseling. Groups included Early Recovery Skills, Anger Management, Seeking Safety (designed for clients with trauma based histories), Relapse Prevention, Wellness Recovery Action Planning Group and Moral Reconation Therapy (MRT). MRT groups were held at the jail for the first two quarters of FY14 and process is underway at this time to offer these services at the probation department in Urbana. Effort is made to engage clients who receive MRT group services in the jail to continue with these groups upon discharge from jail and we are starting to see more follow-through on this, although the numbers remain small.

The team for Integrated Behavior Health is coordinated by an experienced Licensed Professional Counselor, providing clinical services as well as supervision for the two clinicians in this department. Direction is provided by a Licensed Clinical Social Worker. Coordination with our other teams, particularly those working with the Problem-Solving Courts and interventions at the jail, as well as at TIMES Center, is critical as we seek to help criminally involved individuals address life issues that must be resolved for a productive and satisfactory lifestyle.

We were able to schedule assessments within five days of referral. It was not uncommon for some consumers to miss their first assessment appointment but the majority followed through and were able to engage in treatment in a timely manner. Any delay in engagement was a result in resistance by the client or impairment in his/her ability to maintain a consistent schedule, something we addressed and assisted them with in treatment. Engagement rate of clients in this program was approximately 66%. The percentage of those who fully completed the program as recommended was less than this, however, with some recommended for a higher level of treatment (inpatient). Some of those who did not complete the program have re-engaged and are currently in treatment. Because we worked primarily with consumers with co-occurring disorders, treatment episodes were often longer in duration than those for the general population experiencing a substance use disorder.

We did not administer the Client Writes survey for this group this year, having some difficulty finding a comparable survey for this specific population and our integrated behavioral health program, but have developed a tool tailored for this purpose and will be administering this in November of this year. We are seeing an improvement in both our engagement rate and the improvement in attendance for both individual and group sessions and this is an indication that our clients are recognizing the value of these services and are finding them beneficial. Retention of the IBH clients is a priority and we believe our motivational interviewing techniques and the ability to adapt our program to this specific population, addressing "readiness to change" issues is a key component in implementing effective treatment.

Utilization:

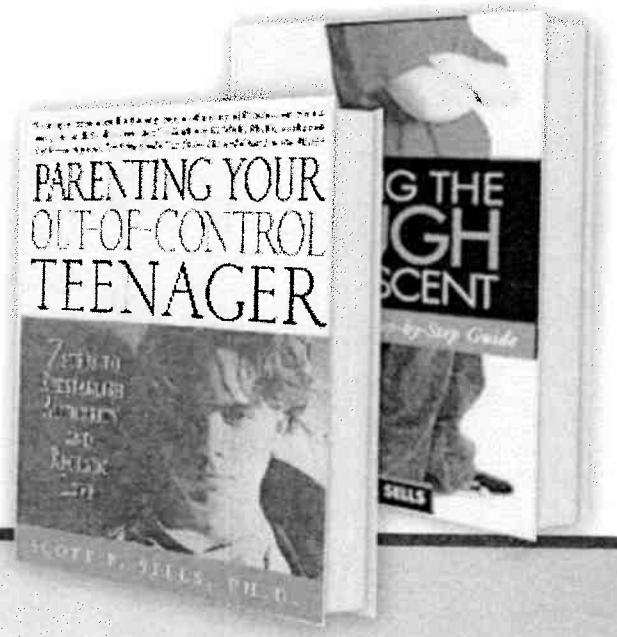
We were able to provide assessments and integrated behavioral health services to sixty treatment plan clients during FY14, primarily men, most of whom qualified for Level 1 outpatient treatment substance abuse treatment with a few entering our Intensive Outpatient Treatment program. Referrals were made to Prairie Center Health Systems, Inc. or to Heritage Behavioral Health in Decatur for clients needing residential treatment. We also utilized Heritage Behavioral Health for those clients needing detoxification services since no such services exist in Champaign County.

COE: Community Elements
Front End Program

Year Five of PLL Program

Prepared by PLL

Ellen Souder, Vice President of Clinical Services



PLL
Parenting with Love and Limits®

PLL
Parenting with Love and Limits®

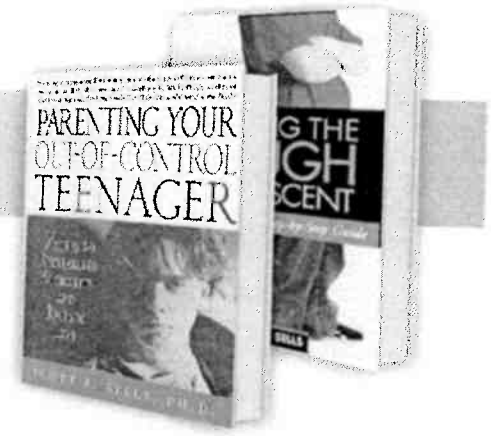
License Period is July 1 – June 30

Utilization/Graduation Rate	Year 1 09-10	Year 2 10-11	Year 3 11-12	Year 4 12-13	Year 5 13-14	Total
Number of families that Graduated from PLL during License Period	66	104	103	80	73	**426**
Number of families that Dropped out during License period	20	16	13	11	8	**68**
Graduation Rate	77%	87%	89%	88%	90%	**86%**
Number of families Administratively Discharged during License Period	1	5	5	3	2	**16**
Total # of New Families served during License Period (Clinical Minimum 30 per Team)	98	112	128	98	76	**512**
Referral Engagement of Families during License Period *(Yr.5-88 Intakes/79 Engaged)*	100%	85%	92%	87%	90%	**90%**

The PLL Program began in July 2009

PLL
Parenting with Love and Limits®

Families Served by Therapist in Year Five



Therapist	Graduates	Drop Outs	Administrative Discharge	Referral Engagement	Graduate Rate	# New Families
James	18	2	1	91% 23Intakes/21Engaged	90%	21
Micah	18	3	1	100% 25Intakes/25Engaged	86%	24
Misty	37	3	0	83% 40Intakes/33Engaged	92%	31
TOTAL	73	8	2	90% 88Intakes/79Engaged	90%	76

Administration of Internal Measures in Year 5

Team	Internal Measure	Number of Graduates	Pre- and Post-test Sets	Percentage of Administration	Overall Percentage of Administration
James Warren	Child Behavior Checklist	18	15	83%	44/54=81%
	Youth Faces IV		15	83%	
	Parent Faces IV		14	78%	
Micah Heumann	Child Behavior Checklist	18	14	78%	42/54=78%
	Youth Faces IV		14	78%	
	Parent Faces IV		14	78%	
Misty Bell	Child Behavior Checklist	37	31	84%	91/111=82%
	Youth Faces IV		29	78%	
	Parent Faces IV		31	84%	
Total		73	177/219=81%		

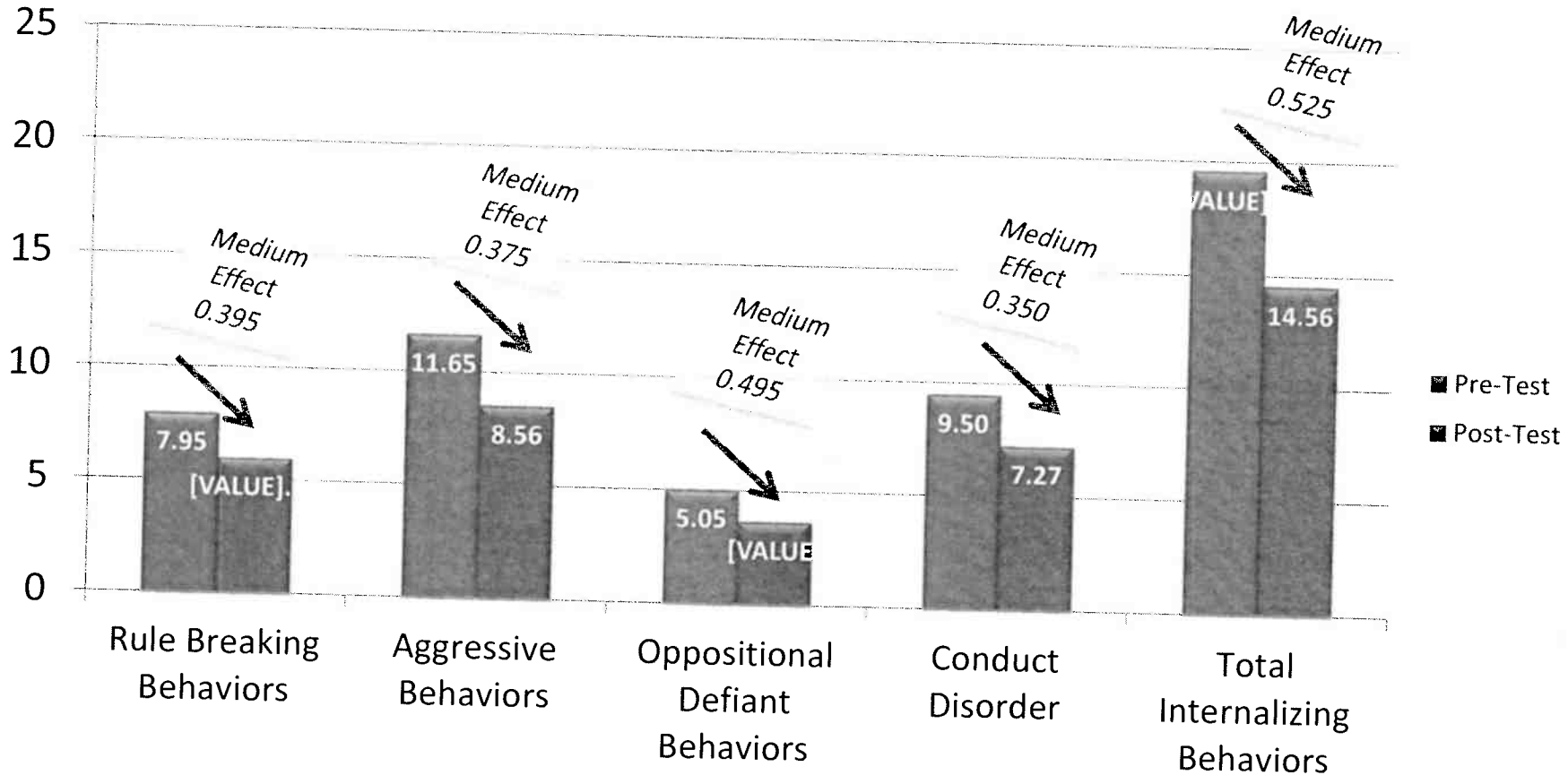
Child Behavior Checklist Outcomes

Child Behavior Checklist (CBCL) Analysis (n = 62)						
CBCL Scales	Pre-Test Mean	Post-Test Mean	Change	t-Score	Significance or p-Value	Effect Size
Anxious	3.97	2.39	1.58	4.537	<0.001	0.463
Withdrawn	3.90	2.24	1.66	4.860	<0.001	0.534
Somatic Complaints	2.65	1.73	0.92	2.853	0.003	0.326
Total Internalizing Behaviors	10.52	6.35	4.16	5.050	<0.001	0.525
Rule Breaking	7.95	6.00	1.95	3.244	0.001	0.394
Aggressive Behaviors	11.65	8.56	3.08	3.690	<0.001	0.375
Total Externalizing Behaviors	19.60	14.56	5.03	3.905	<0.001	0.412
Social Problems	3.89	2.79	1.10	3.798	<0.001	0.348
Thought Problems	3.77	2.42	1.35	3.612	<0.001	0.439
Attitude Problems	7.26	5.69	1.56	4.105	<0.001	0.380
Other Problems	5.13	3.84	1.29	3.333	0.001	0.330
Oppositional Defiant Behavior	5.05	3.68	1.37	4.311	<0.001	0.494
Conduct Disorder	9.50	7.27	2.23	3.251	0.001	0.350
Total Problems	50.16	35.66	14.50	5.221	<0.001	0.510

All of the scales show a statistically significant decrease, which is the desired outcome. Most scales show a *p*-value under 0.001, which indicates extremely high confidence that the impact of PLL is not due to chance. The CBCL is a well-validated tool. Consistent and highly statistically significant improvements across all scales, coupled with moderate effect sizes clearly indicate noticeable improvement in youth behavior, as reported by parents or caregivers.

Champaign IL: Community Elements Front End Program

Does PLL reduce problem behaviors as measured by the Child Behavior Checklist (CBCL)?



*The goal for PLL is to have a **decrease** in problem behaviors at the conclusion of PLL treatment with a noticeable difference (medium to large effect size).*

Small Effect size (values between 0.1 and 0.3)=noticeable difference; Medium Effect Size (values between 0.3 and 0.8) = very noticeable difference; Large Effect Size (0.8 and over) = "Wow" noticeable difference.

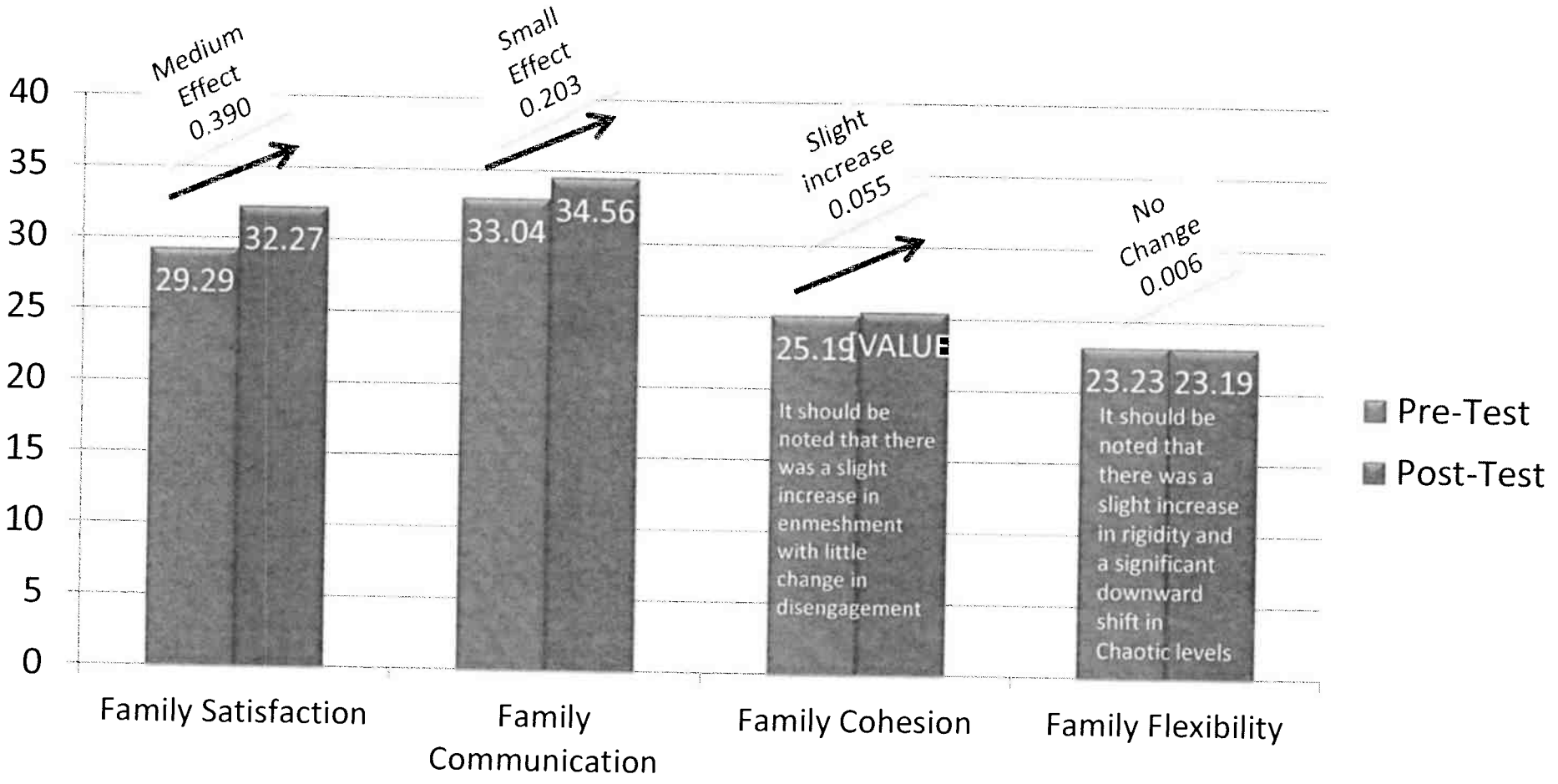
FACES IV Outcomes

Family Adaptability and Cohesion Effectiveness Scale IV (FACES) Analysis (n = 120)						
FACES Scales	Pre-Test Mean	Post-Test Mean	Change	t-Score	Significance or p-Value	Effect Size
Balanced Cohesion	25.19	25.48	0.29	0.597	0.276	0.055
Balanced Flexibility	23.23	23.19	-0.03	-0.063	0.475	0.006
Disengaged Scale	18.83	19.51	0.68	1.354	0.089	0.140
Enmeshed Scale	15.85	16.52	0.67	1.213	0.114	0.145
Rigid Scale	21.97	22.41	0.44	0.890	0.188	0.095
Chaotic Scale	18.13	17.19	-0.93	-1.383	0.085	0.158
Family Communication	33.04	34.56	1.52	1.835	0.034	0.203
Family Satisfaction	29.29	32.27	2.98	3.714	<0.001	0.390

The changes in Balanced Cohesion, the Chaotic Scale, Family Communication and Family Satisfaction are all in the desired direction. The improvements in Family Communication and Family Satisfaction also meet the threshold for statistical significance at the 0.05 level, and in the case of Family Satisfaction the improvement is highly significant, with $p < 0.001$. Because of PLL's emphasis on establishing or re-establishing parental authority, a slight increase in the Rigid Scale occurs frequently, while an increase in the Enmeshed Scale is not unexpected after six weeks of an intensive family therapy program.

Champaign IL: Community Elements Front End Program

Does PLL improve family adaptability and cohesion as measured by the FACES IV scale?



*The goal for PLL is to have an **increase** from pre-test to post-test indicating improvement in overall family functioning with a noticeable difference (medium to large effect size).*

Small Effect size (values between 0.1 and 0.3)=noticeable difference; Medium Effect Size (values between 0.3 and 0.8) = very noticeable difference; Large Effect Size (0.8 and over) = "Wow" noticeable difference.

Community Elements, Inc.

Psychiatric/Primary Care Services

2014 Year-End Summary

Consumer Access:

At the time of this report there were 175 clients on the waitlist for psychiatric services however, for those clients who are eligible for services with this program, we have been able to schedule appointments with Frances Nelson's Nurse Practitioner (NP) who is able to assess their needs for medication and write prescriptions when indicated. Patients are still placed on the waitlist for the Community Elements' psychiatrist, while their immediate needs for physical and mental health needs are being addressed thought the NP and program staff. Additionally, patients who begin with the NP located at Community Elements can continue their follow up appointments at Frances Nelson's clinic therefore, creating more capacity for new patients with the NP at Frances Nelson.

Below is the narrative from the second quarter report which outlines some of the challenges with program start-up:

November: Waiting for Scope of Practice to be approved for Wamaitha Sullivan, NP from Frances Nelson/Promise Health at Walnut Street location. Received confirmation to proceed with Psychiatric Primary Care Services 12-14. Wamaitha Sullivan began seeing patient 12-17-14. PBHI program (formerly CRC at PCMC) transitioning to Carle Hospital. Met with Department of Mental Health, Frances Nelson, Community Elements, Carle Hospital designated staff to set up physical presence and referral process. Services for PBHI program to begin at Carle Hospital 2-10-14.

Consumer Outcomes:

The primary outcome for psychiatric intervention is to enhance the quality of life of individuals and families struggling with a psychiatric disorder. Psychotropic medication helps to reduce the symptoms and behaviors that negatively impact a person's ability to function at home, at work or school and in the community.

Integrated care models have consistently demonstrated improved outcomes in both primary and behavioral health concerns when compared to models providing primary and behavioral healthcare services in separate settings.

Goals for FY14

1. Within six months of startup, all program participants will have an integrated care plan addressing both behavioral and primary health concerns. In addition to professional care provided, the care plan outlines wellness activities for which the consumer is responsible.

Results: All patients who see France Nelson's NP have a Patient Plan developed that address both mental and physical health concerns and plan of care. Copies are provided to Community Elements' LPN and placed in client's Community Elements' medical record.

2. For each participant, baseline data will be collected from patients at admission regarding the number of emergency room visits in the past 24 months. Prior admissions will be reported to Promise Healthcare as the primary health provider. At the conclusion of the first year of operation, our goal is to see a reduction in the aggregate number of emergency room admissions on average for the population.

Results: This item was not tracked during this year. Procedures are in place to begin collecting this information in FY '15

3. The Rand Quality of Life, Short Form CORE survey, or similar survey, will be administered upon admission and annually thereafter. The 20-Item Short Form Health Survey (SF-20) was developed for the Medical Outcomes Study (MOS), a multi-year study of patients with chronic conditions. The instrument was designed to reduce respondent burden while achieving minimum standards of precision for purposes of group comparisons involving multiple health dimension. We anticipate improvement in the core areas of overall perception of health, exercise, and health effects on social functioning.

Results: The Rand Quality of Life survey was never implemented. The SF 20 was implemented initially in the program but follow up surveys with the patients are limited and no analysis of the data was done. The program will be utilizing a new tool called the Duke which will allow for better outcome tracking.

4. Community Elements will administer a standardized client satisfaction surveys known as "Client Writes". The survey contains a series of questions asking about progress in key areas including: family and relationships, emotional health, ability to get along with others, and overall improvement in their situation. Other program quality indicators are also evaluated (how long a person had to wait for their first appointment, the admissions process etc.) and benchmarked nationally. The goal is for 90% of clients surveyed to indicate agree or somewhat agree to the question "overall how has your problem or situation changed?"; yes definitely or yes probably to the question "if you had a friend who needed similar help, would you refer them to our

organization?"; and very satisfied or mostly satisfied to the question "overall how satisfied are you with our organization?"

Results: Client Writes surveys were not administered this year. However we did administer a different survey to assess how satisfied clients were with the Primary and Behavioral Health Linkage efforts and below are the results of those surveys:

Responsive to needs

1. When you first were referred to the Primary & Behavioral Health Integrated Wellness and Recovery Program, you and (PBHI staff) worked on (presenting problem), resulting in (linkage, intervention, etc.). Do you feel this service was responsive to your presenting needs?

☐ **Not at all** ☐ **Yes, mostly** ☐ **Yes, definitely**

☐

47 said "yes, definitely"
10 said "yes, mostly"
1 said "not at all"
8 did not answer the question

Effectiveness

1. Do you feel the service you received from the PBHI team was effective in enhancing your health care experience (such as improving referral and linkage)?

☐ **Not at all** ☐ **Yes, mostly** ☐ **Yes, definitely**

43 said "yes, definitely"
16 said "yes, mostly" 7 did not answer the question

Recommendation to others

2. If you had a friend who needed similar help, would you refer them to our organization?

☐ **Not at all** ☐ **Yes, probably** ☐ **Yes, definitely**

53 said "yes, definitely"
3 said "yes, probably"
2 not at all
8 did not answer the question

Overall Satisfaction

3. Overall, how satisfied are you with the organization?

☐ **Not at all** ☐ **Mostly satisfied** ☐ **Very satisfied**

47 said "very satisfied"
10 said " mostly satisfied"
1 said "not at all"
8 did not answer the question

Utilization and Productivity Data:

We project a total of 150 treatment plan patients will be serviced by nursing provided by Community Elements and the APN provided by Promise Healthcare. The nurse is expected to have 1500 contacts focusing on wellness and health outcomes during FY 14. The APN is projected to have 650 patient contacts during the year.

Results: There were 157 Treatment Plan clients and 826 wellness contacts. Frances Nelson was able to report that the APN had 143 "closed encounter" from 12/24/13 to 6/30/14. According to Frances Nelson, their system only tracks those patients that were entered into their EHR and then closed. If a patient stopped by and did not get entered into their EHR then they are not reflected in the numbers. We are unaware how often this may occur.

COMMUNITY ELEMENTS, INC.

TIMES Center (Screening MI/SA)

Annual Performance Report – FY 14

Consumer Access and Outcomes:

TIMES Center continues to provide entry into the transitional living program at any time of the day, including weekends, open to all men who do not have restrictions that would prevent admission (i.e. warrant for their arrest or a medical or mental condition beyond the level of care offered at the center). Referrals are made to TIMES Center through local churches, the police department, our crisis line and other departments of our agency, as well as other social service agencies in the area. No formal referral is necessary and men may call or come directly to TIMES Center to set an appointment for intake.

With a capacity of 70 beds, TIMES Center offers two levels of care, with entrance first to Level I and then to Level II. This occurs once the men have proven the desire to move toward self-sufficiency, having obtained a source of income, a savings plan and are working on personal challenges so that they may become fully independent. Some are able to by-pass Level II and move more quickly toward this goal and of course, some choose not to complete the program and leave prematurely.

The Intake Case Manager seeks to complete mental health and substance abuse screenings within three working days of admission (sooner if admitted on a week day). This allows for further recommendations as to the needs of the client and what resources might be helpful in addressing critical mental health and/or substance abuse needs. Such recommendations become a part of the client's individual service plan while at TIMES Center. Each resident is assigned to work with a Recovery Advocate or Case Manager on his service plan as he moves toward reaching the goals that will prepare him for independent living. A large number of our residents have co-occurring disorders (mental health and substance use) and have experienced a significant amount of trauma. Being able to offer them assistance to deal with these critical issues as promptly as possible is one of our goals

We administered the Client Writes survey with almost 100% of TIMES residents responding. Results indicated that 69% of the residents felt their personal situation had changed for the better since their involvement at TIMES Center with 67% being satisfied with the program. Eighty percent indicated that they would recommend the TIMES Center to a friend. Some made so encouraging comments regarding the program and some submitted some ideas that we can consider as we continue to adapt our program to the needs of the residents.

One of the focuses this past year at TIMES Center has been to better educate the Recovery Advocates more fully in understanding the complexities of the clients and the challenges they must overcome in order to be successful. We have provided special presentations to staff on the Culture of Poverty and the varying differences in value orientation that many of the residents present with upon entering TIMES Center, as well as information on traumatized adults with unresolved issues. Because of funding challenges we cannot always staff the Center at the level we would like and the population is a very demanding one. We are grateful for the CCMHB funding that aids us in our efforts to help these men make life changing decisions and address critical issues so that they can begin to gain confidence and hope to succeed.

Utilization:

TIMES Center provided shelter, meals and supportive services to 368 homeless men in FY 14, most of whom were ages 19-59 years of age with almost a 50% split between Black and White men. Seventy percent of these men received formal screenings for mental health and alcohol and drug use. This number is less than our goal and is related primarily to the increased instability of our new admissions, as we witnessed many men who did not commit to the program and became AWOL after only one or two nights. We will continue to strive to increase this percentage.

Twenty-nine residents received a substance use assessment at TIMES Center or at our Walnut location and treatment options were available at both sites. We also offered a variety of groups at TIMES Center for all residents, whether they were engaged in formal treatment or not. These groups included Relapse Prevention, specialized discussion groups after reviewing recovery oriented films, "Moving Forward" groups addressing issues that need resolving for job readiness, and Moral Reconation Therapy (MRT). Both the Intake Case Manager and the Clinician I assigned to this program have been trained in MRT implementation.

PERFORMANCE MEASURE OUTCOMES FOR PY14
Community Service Center of Northern Champaign County
First Call For Help program

Consumer Access/Production Report

The number of information & referral (I&R) contacts and overall service levels are indicators we use to track performance in terms of consumer access and outcomes. The I&R contacts and overall service levels have decreased for the two previous years, but PY14 showed an increase of 11% in non treatment plan households. The information and referral count decreased by 3% in the last year. This could be attributed to annual fluctuations but also to the fact that we again encountered some turn-over in staff positions. We have had two referrals from the new 211 system (that we're aware of) and are referring to 211 when the information sought is not readily available to our staff. So far we have not experienced much impact from the new system.

The requests for food have increased by 16%. This is consistent with a recently published report by the Eastern Illinois Foodbank showing increased demand at most food pantries. In PY13 we gathered data on the frequency of use of our services. 78% of our consumers received direct services six or less times in the fiscal year. That number was the same for PY14. We are looking at providing more resources for those that use our services more than six times per year and connecting them with other needed services including mental health related programs.

We also track the number of client contacts by other agencies using our facilities. The number of contacts by other CCMHB funded agencies has decreased from 822 in PY13 to 509 in PY14. The current CCMHB/DD funded agencies that use our facility are: Community Elements, Prairie Center, Family Service, and the Regional Planning Commission. This level of activity is driven by the availability of funds/staff from agencies as well as the ongoing state funding situation. We continue to encourage and promote the use of our facility to various human service agencies. Community Health Partnership of Illinois is currently using two offices. The Partnership provides health services to the Latino population. The portion of Latino families accessing our services has remained stable at 22% after an all time high of 41% in PY12.

We have a public phone and copy/fax service which consumers use to contact other services and submit needed information via fax. That service is very popular with our consumers, with 1269 faxes sent and copies made in PY14, a 52.5% increase. We continually strive to provide various forms of access to services for our consumers and are now providing limited computer access so people can download various forms and check their LINK accounts. In PY14 we have helped 35 different individuals with this service. These efforts enhance access for our consumers to other needed services and hopefully lessen the stress for those struggling with meeting basic needs and related problems.

The percentage of unmet needs/services (based on information & referral contacts) has increased from 7% in PY13 to 10% in PY14. The increase is consistent with the other increase in service numbers. The main areas of unmet needs continue to be basic needs such as food, utilities, and housing, as well as more specialized areas such as baby needs (diapers, formula, etc.).

The need for our services is rising again after showing a decrease for two years. We continue to meet the demand by employing an 80% time bi-lingual intake worker (partially funded by CCMHB) which helps a great deal. We are **the** hub for mental health and social services for residents of northern Champaign County through the continued support from the CCMHB.

Performance Outcome Report – FY14

Courage Connection
A Woman's Place program
July 8, 2014

CONSUMER ACCESS

Performance Outcome Measure(s)

Supportive services for domestic violence survivors are available to callers 24 hours a day, 365 days a year via the 24 hour crisis hotline. Hotline advocates are available for victims and anyone calling on their behalf to provide appropriate supportive services such as emergency shelter, crisis intervention, safety planning, information, referrals to community resources, and many more. Utilizing an interpreter hotline and collaboration with the Refugee Center, Courage Connection has access to more than 170 languages through interpreters. Victims can gain access to services via the hotline or as a walk-in 24 hours a day. Emergency shelter can be accessed immediately. 40-hr trained domestic violence advocates are available 24 hours a day so that emergency services are readily available to our clients. In accordance with the Illinois Department of Human Services standard, all other services are available within 72 hours, most being available within 24 hours.

In FY14 Courage Connection's Domestic Violence Program provided 15,240 Domestic Violence services, totaling 9,753.25 hours of service, to 439 Champaign County residents.

CONSUMER OUTCOMES

Performance Outcome Measure(s):

1. Provide counseling services to 115 new clients by June 30, 2014.

   In FY14, Counselors provided service to 96 new Champaign County residents (119 new clients overall).

2. Provide 750 hours of counseling services to new clients by June 30, 2014.

   In FY14, Counselors provided 1,744.25 hours of counseling services to Champaign County residents.

3. 85% of counseling clients will report positive responses to counseling service surveys generated by the Illinois Department of Human Services.

   The following yes/no questions were asked to clients receiving counseling services in FY14:

   - I know more ways to plan for my safety – 86% of clients surveyed in FY14 reported yes.

- I know more about community resources – 86% of clients surveyed in FY14 reported yes.
- I feel more hopeful about my future – 85% of clients surveyed in FY14 reported yes.
- I have a better understanding of the effects of abuse on my life – 91% of clients surveyed in FY14 reported yes.
- I have a better understanding of the effects of abuse on my children's lives - 91% of clients surveyed in FY14 reported yes.

4. Provide 40 Domestic Violence Support Group sessions by June 30, 2014.

   In FY14, 104 Adult Group Counseling services were provided for clients totaling 97.25 hours.

UTILIZATION

Performance Outcome Measures:

For FY14, a Treatment Plan Client (TPC) is a client who has been in residence for at least 3 days, or a non-residential client who has received 3 counseling/advocacy services in the reported quarter. This means that an assessment has been completed and a client service plan prepared to assist clients in meeting their expressed goals. We projected 300 new TPC for FY14. Actual new TPC for FY14 was 253.

A Non Treatment Plan Client (NTPC) is a client who has come for shelter but stayed less than 3 days, or a non-residential client who has received less than 3 counseling/advocacy services in the reported quarter, thus not allowing for time to complete a client service plan. We projected 50 new NTPC for FY14. Actual new NTPC for FY14 was 15.

Service Contacts (SC) includes the number of phone and face-to-face contacts with people who may or may not have open cases in this program - includes information and referral contacts, or initial screenings/assessments or crisis services. We projected 800 SC for FY14 and documented 707 SC.

Community Service Events (CSE) is the number of contacts that promote the program, including public presentations, consultations with community groups and/or caregivers, and school class presentations. We projected 100 for FY14. Actual CSE for FY14 was 189.

Demographics (Champaign County Residents Served in FY14):

Female (89%)
Male (11%)

Hispanic/Latino (9%)
Non-Hispanic/Latino (87%)
Unknown (4%)

American Indian or Alaska Native (2%)
Asian (2%)
Black/African American (40%)
Native Hawaiian or Other Pacific Islander (less than 1%)
White (56%)
Multiracial (less than 1%)
Unknown (less than 1%)

August 1, 2014

CCMHB PERFORMANCE OUTCOME REPORT

7/1/13 to 6/30/14

AGENCY NAME: Crisis Nursery

PROGRAM NAME: *Beyond Blue* - A Perinatal Depression Program for Champaign County

FUNDING AMOUNT REQUESTED $ 70,000 (See Instructions – Must match amount on Revenue form)

PERFORMANCE OUTCOME MEASURES

Consumer Access

Crisis Nursery Family Specialists, working in the Beyond Blue Program, have made numerous connections with agencies and service providers in the rural and Champaign/Urbana communities during fiscal year 2014. They spoke at several community and agency events about the Beyond Blue Program and provided brochures and educational program materials for the participants. Community members and agencies were also invited for tours of Crisis Nursery and were provided with information about the Beyond Blue Program. These activities enabled the Beyond Blue program to partner with community agencies to be better able to support vulnerable families in Champaign County.

From the above community connections, the Beyond Blue Program received referrals from:

- 2 from Parent Wonders
- 7 from Community Elements
- 21 from Rantoul WIC office
- 43 from Champaign WIC office
- 20 from Crisis Nursery's Safe Children Program
- 7 from Carle Social Work
- 5 from DCFS
- 1 from Center for Youth and Family Solutions
- 2 from Carle OB Department
- 3 from Rantoul High School/Eagle Academy
- 4 self-referrals via Crisis Nursery's website

Of these above referrals, we were able to successfully and fully engage the following in Beyond Blue services:

- 7 from Rantoul WIC
- 10 from Champaign WIC
- 1 from Parent Wonders
- 2 from Carle Social Work
- 3 from DCFS
- 2 from Community Elements
- 4 from Crisis Nursery's Safe Children Program
- 2 from Rantoul High School
- 4 self-referrals via Crisis Nursery's website

Within the Beyond Blue Program families were referred to many resources in the community depending on their geographical location and need. Referrals and connections made this fiscal year on behalf of Beyond Blue families included:

- 11 to Community Elements
- 16 to Family Services for counseling
- 1 to Empty Arms Infant Loss Support Group

- 2 to Family Service Kids First Class
- 4 to Child and Family Connections
- 5 to Rantoul Community Service Center (pharmacy voucher-1; food pantry-2; recreational scholarship-2)
- 21 to Empty Tomb for food baskets
- 4 to Empty Tomb for financial assistance
- 3 to DCFS
- 1 to U of I Extension Family Resource Center
- 6 to Emergency Shelter for Families
- 2 to Regional Planning
- 1 to Urbana Adult Education
- 1 to the READY Program
- 1 to Roundhouse
- 3 to Child Care Resource Service
- 1 to Land of Lincoln
- 2 to Carle Community Care
- 2 to Medicaid
- 1 to Safe Link
- 2 to Head Start
- 1 to Center for Women in Transition
- 1 to TANF
- 3 to RACES
- 13 to Unwrap A Smile, Crisis Nursery's holiday giving program
- 6 to Illinois WorkNet Center
- 1 to Lighthouse Food Pantry
- 1 to CASE Audiology
- 3 to LIHEAP
- 1 to Restoration Urban Ministries
- 2 to Children's Advocacy Center
- 1 to Birthright of Champaign County
- 1 to Illini Christian Ministries
- 2 to Crisis Line

Beyond Blue Family Specialists provided 484 home visits to families in in fiscal year 2014. Of these visits, 222 were in the rural areas and 262 were in Champaign-Urbana. This service is vital in helping to decrease isolation for the mothers. Home visits also help the Family Specialists identify additional strengths and needs of the family by seeing them in their daily living environment. This enables them to tailor their services and provide individualized support to the families. The Family Specialists had been consulting with Michael Trout, LCPC, on a monthly basis for clinical supervision, but in June 2014, they began seeing Ann Chan, LCSW, LCPC for this purpose as Michael Trout began pursuing other career opportunities and was no longer able to provide this service. These supervision meetings are reflective in nature and allow the Family Specialists to gain new perspectives and therapeutic approaches in order to best support the Beyond Blue program clients. In addition, we also provide developmental screenings and connections to community resources in the comfort of the family's home.

48 successful Infant Parent-Child Interaction Groups were also held in non-traditional community and rural Champaign County settings to reduce stigma and to alleviate transportation barriers: these successful groups were held at Tolono Library, Tolono United Methodist Church, Developmental Services Center, Rantoul Library, Rantoul United Methodist Church, as well as at Crisis Nursery. 33 of these groups had rural Beyond Blue participants and 15 had Champaign-Urbana Beyond Blue participants.

In addition, 36 successful support groups were held at Crisis Nursery and Tolono United Methodist Church. 10 were held in rural areas and the participants were 100% Rural Beyond Blue. 5 groups, held at Crisis Nursery, were 100% CU participants. 21 of the support groups were held at Crisis Nursery with a mixture

of Rural and Champaign-Urbana Beyond Blue families.

Since Crisis Nursery is open 24/7, critical telephone referrals are made and are responded to within 24 hours. Supervisory staff will monitor the speed of consumer access by reviewing Crisis Nursery response data. All referrals made to the Beyond Blue Program in fiscal year 2014 were responded to within a 24 hour time period, often even responded to the same day.

The Nursery received referrals from other agencies for Spanish speaking families in Champaign County. We have been successful in meeting the needs of these families with Crisis Nursery's two Spanish speaking Family Specialists and we've been successful at collaborating with other agencies to help them meet goals, such as obtaining full time employment and securing safe and affordable housing and childcare.

A Cultural Competence Plan has been submitted. Crisis Nursery has positively demonstrated diversity and cultural competence by ensuring that all staff at Crisis Nursery received a copy of the plan and explanation of how it is implemented at the Nursery. Our agency has continued to develop collaborations with Latino organizations and other organizations that serve people of color to assist us in building culturally sensitive services. In April of 2014, Shandra Summerville from Access Initiative/708 Mental Health Board came to Crisis Nursery to provide a Cultural and Linguistic Competency training for all staff.

PERFORMANCE OUTCOME MEASURES

Consumer Outcomes

Crisis Nursery and the other five Illinois crisis nurseries use a program outcome survey developed by ARCH, a national resource center for crisis and respite care. This survey is used to measure the impact our programming has on the stress levels of our clients, how our services have impacted their parenting skills, and to what degree they feel our services reduce the risk of harm to children. Of those surveyed, in the Beyond Blue Program, this fiscal year:

- 94 % showed a decrease in their level of stress after using Beyond Blue services
- 95 % felt there was an improvement in their parenting skills
- 95 % believed that our services reduced the risk of harm to children

Family Specialists routinely make post-discharge contacts with clients six months after discharge to determine if services were effective or if follow-up services were needed. While some of the mothers still reported experiencing some depression and/or symptoms of anxiety and wished to continue receiving services through the Crisis Nursery Strong Families program, many of the parents reported doing well and feeling stronger and more supported in their everyday lives. Some reported finding success in improved relationships, finding stable housing and/or employment. Others reported an increase in their social and support networks. Below are a few of the individual reports:

- Angela is a mom who we saw through her PPD with her two sons a couple of years ago. She had great support from her husband, but unfortunately was far away from other family and friends. So, when she began suffering through the depression, she had few supports other than Crisis Nursery.

  While in the Beyond Blue program, Angela participated in home visits, support groups, and Parent-Child Interaction groups. Through these services, she learned new ways to cope with and overcome her depression. She made many good friends at the groups and developed a trusting relationship with the Family Specialist she worked with. Despite having moved out of state, she continues to maintain occasional contact with us. A few months ago, she called the Family Specialist she used to work with and shared that she had just suffered a late miscarriage. It was a devastating loss for her and her husband and she reached out to Family Specialist, Ann, for support. I was an honor that she knew she could come to us for help even from a distance. Ann has spoken with her several times since she shared her story and continues to offer support and online resources for her. Although the pain is still great, she is healing slowly, but surely.

- Jennifer was referred to the Beyond Blue program after she began using crisis care when her oldest child was dealing with some health issues. Having just had twin boys, it is safe to say she was stressed. But on top of that, she was beginning to feel symptoms of depression. Once opened to the Beyond Blue program, Jennifer became very active in all components of the program. Throughout the time she spent in the Beyond Blue program, the Family Specialist saw a steady decrease in her Edinburgh scores and an increase in Jennifer's energy and positive outlook on her situation.

  After her boys aged out of the Beyond Blue program, Jennifer continued to attend the general support and Parent-Child Interaction groups. She also continues to makes use of her respite hours that she earns.

  Jennifer is a true success story. Since being part of the program she has been married, bought a house, and began working full-time as an RN. She has become a wonderful resource to new moms who attend our general support groups and PCI groups, as she has been raising 5 children. She is the first to speak up about making use of all that the Nursery has to offer when talking to a new mom. We have heard her say the words, "Put Ann on your speed-dial." There is no better advertisement than word of mouth, and she speaks up for the Nursery regularly.

- Carrie had been referred to the Beyond Blue program by Crisis Nursery's Safe Children program, which she had been using for her older son when her newborn was just days old. She struggled with prenatal depression during her pregnancy and was feeling the subtle symptoms of postpartum creeping up on her. Carrie also reported feeling the impact of isolation from her friends, family, and general support systems as she had recently moved to Champaign from Chicago.

  Upon opening her to the Beyond Blue program, she reported self-harm ideations and having thoughts that were irrational and of pure hatred for her baby's father. She reported drinking and smoking excessively as a means to "drown out the bad thoughts." Carrie also reported feelings of anxiety and fear that something might happen to her newborn. A Family Specialist provided weekly crisis counseling and mom engaged in Crisis Nursery's Support and Parent-Child Interaction groups. This mother found support through networking within the groups. The assigned Family Specialist also connected her to therapy by referring her to Family Services of Champaign County. Ages and Stages Evaluations were consistently provided for the infant in order to reassure mom that the baby's development was on track. The baby showed healthy development and mom's happiness was reflective of that fact. While Carrie still scored high on her Edinburgh toward the end of her time in the Beyond Blue program, she did report feeling significantly less isolated and, overall, much more supported by her community and new-found friends.

  Since the closure of her time in the Beyond Blue program, Carrie and her children have relocated to another state in order to be closer to family. She has reported feeling genuine happiness and has reported having only one episode of momentary depression since the move. She stated that she has been able to utilize the coping methods for her depression learned in the Beyond Blue program and was able to bring herself out of the down state. She has since gained a job, her own apartment, and has watched her two children develop and thrive. Her baby is currently learning how to walk and her son has received the added support that he needed. Mom continuously thanks Crisis Nursery for being her stable island when she felt as though she was drowning.

The following objectives were met during support groups, home visits, Parent-Child Interactions groups and admissions into Safe Children program:

a. Mothers gained information about the effects of perinatal depression on the baby.

b. Mothers had a decrease in depressive symptoms.

c. Mothers developed a greater understanding of their child's developmental needs and an ability to meet those in positive and growth-producing interactions.

d. Mothers learned to reduce their stress and seek resources which would prevent them from becoming overwhelmed.

e. Mothers improved their capacity to engage fully in a reciprocal relationship with their babies resulting in optimal development of the baby, more successful and satisfying parenting, and a greater security for both.

The Edinburgh Postnatal Depression Scale (EPDS) was used, along with assessing other risk factors including poverty and personal or family history of depression, to screen mothers for possible entry into the Beyond Blue Program. The screenings were also used as a part of their service plan to monitor their clinical depression symptoms. Although a very useful tool, the EPDS does have its limitations in gauging a client's success in the program. We have found that a client's score may change over time as new or different life stressors are affecting them. For example, the scores of one mom we worked with were steadily decreasing until her husband found out he may be losing his job. Immediately, that mom's score significantly increased as she began to worry about how the loss of income would affect the family. Likewise, we may choose to offer services to a family that has multiple risk factors even if their EPDS score is low. We also often find after a relationship is established with the Family Specialist, the mother will score higher on the EPDS as her comfort level increases. During the course of this fiscal year we discovered that of the mothers we screened multiple times, 78% of them showed a decrease in symptoms between the first and final screenings for the year.

Other ways we gauge the success of the Beyond Blue program is more individual to each participant. In addition to the bigger changes we see, such as increased participation in home visits and groups or making and reaching personal goals, we also look for some of the more subtle indicators of decreased depression. We see shifts in overall energy levels and motivation. We see mothers have more patience with their babies and older children. We also see moms smile more and have more positive interactions with their children. As the fathers become more educated about perinatal depression and as they begin to learn new skills, we also see improved interactions with them and their families. All of these wonderful, difficult to quantify factors result in stronger family bonds and healthier relationships within the family.

The Ages and Stages Questionnaire (ASQ) is utilized in Beyond Blue programming for multiple reasons. First and foremost, it is important to monitor the developmental and social/emotional progress of the infant due to the fact that the development of infants whose mothers are suffering from perinatal depression has been shown to be affected negatively in some cases. The ASQ is also used as a tool to promote interactions between the parent/child dyads and for educating parents on the development of their infant. 52 ASQs were completed on infants in the Beyond Blue Program this fiscal year. Of the 52 infants screened, 4 of them received referrals to Child and Family Connections for further screening. 1 of the referrals made resulted in therapy services through Child and Family Connections.

PERFORMANCE OUTCOME MEASURES

Utilization

Utilization in the Beyond Blue Program during fiscal year 2014 was as follows:

- 35 New Treatment Clients and 8 continuing were served: 18 rural and 17 Champaign-Urbana. Treatment Plan Clients were the mothers determined to be eligible for the program.

- 97 new and 46 continuing Non-Treatment Clients were served. Non-Treatment Plan clients include the following: 43 babies of the mothers participating in the program; other family members.

- 1,285 service contacts were completed. Service contacts include screenings, home visits and telephone contacts with Treatment Plan Clients; screenings, home visits and telephone contacts with Non Treatment Plan mothers; contacts with other family members of Treatment Plan clients;

referral contacts for both Treatment Plan Clients and Non Treatment Plan Clients.

- 168 community service events included 48 infant parent-child interaction groups, 36 support groups, media events-newsletters, plus numerous speaking engagements and flyer drops at agencies including WIC, DSC,LAN, Human Services Council, Parent Wonders, Birth to 6 Council, Presence Covenant Medical Center, Community Elements, Carle Foundation Hospital, Ready Set Grow, Disability Resource Fair, Daily Bread Soup Kitchen, CUPHD Mommy and Baby Expo, Young Lives, Latino Partnership, La Linea, Migrant Seasonal Farm Workers, Parkland Social Work class, University of Illinois School of Social Work, Twin City Roller Derby, Carle Pediatric Forum, Rantoul High School, Eagle Academy, Disability Resource Expo, Safety Resource Fair, READY program, community churches.

- 5,353 hours combined crisis care and respite care hours were utilized by clients.

Developmental Services Center
Family Development Center
Performance Outcome Report

CCMHB Performance Measurement Outcomes FY 14:

Family Development Center:

1. Measure: Children will have a completed assessment on file within 14 days of evaluation.
   FY 14 Target: 90%
   FY 14 Outcome: 98%
2. Measure: Consumers will be satisfied with services received.
   FY 14 Target: 90%
   FY 14 Outcome: 100%
3. Measure: Children will make progress toward developmental outcomes.
   FY 14 Target: 90%
   FY 14 Outcome: 100%

East Central Illinois Refugee Mutual Assistance Center
Family Support and Strengthening program
FY14 Performance Outcome Report

In our proposal for FY14, the Refugee Center proposed for our grant 72 "Community Service Events" and 28 hours of workshops. For FY14, 92 events (ranging from citizenship classes, discussion groups, festivals, other cultural events, and community education) have occurred. We provide 32 hours of Health/Smart Money Workshops. Sixteen hours of the workshops were provided to French speaking clientele and 16 hours of workshops were provided to Spanish speaking clientele.

The support activities were well attended. The newsletter published 2 articles on mental health issues (Raising Children in a New Country (two issues).

Linkage with Child Advocacy Center, Crisis Nursery, DCFS, Courage Connection (AKA Women's Place), Heartland Alliance (Anti-Trafficking Consortium), local hospitals, police, and the courts continue. Home visits were made to Vietnamese, Spanish, Iraqi, Russian, Chinese, and African homes. Case notes, encounter forms, newsletters, attendance list, and mailing lists provide documentation of services.

Performance Outcome Report
CCMHB FY14

Agency: Family Service of Champaign County
Program: Family Counseling
Date: August 05, 2014

Consumer Access

The Counseling program provides services to any individual in Champaign County. There are contracts in place to provide services to Illinois Department of Children and Family Services (IDCFS), Greater Community Aids Program (GCAP), Developmental Services Center, Lutheran Social Services, Crisis Nursery, Youth Assessment Center, and Center for Youth and Family Solutions ensuring that children and adolescents with mental illness, substance abuse and developmental disabilities issues, and eligible adults as defined by DHS/DMH are given priority service. Over 80% of the program's clients requesting services are low-income and do not have insurance.

Services usually begin with either a referral from an outside source or occasionally contact from a client. After an intake interview has been conducted, the case is assigned to a therapist. The therapist makes every effort to schedule an initial session with a client within 1-2 days following the intake interview. In the initial therapy sessions, depending on the client's needs and situation, an assessment is completed and client and therapist begin to develop a treatment plan. Goals are reviewed every three months (more often, if necessary) to determine progress and/or need for continuing therapy. Client and therapist together decide what the treatment goals will be and how progress is being made.

Therapy sessions are conducted at the Family Service office. Family Service offers individual, couple, and family therapy. The program addresses issues such as anger management, abuse, which may include adult and/or child abuse, child behavioral issues, family discord, co-dependent behavior, grief, and substance abuse. Therapists are ever aware and sensitive to the client's needs and issues and in order to address those needs they use creative techniques and approaches. In issues such as substance abuse and parenting there is a strong educational component. Clients may be given homework assignments; children and adults may be asked to complete projects together or express feelings through artwork or written documents. Many times these alternatives to just sitting and talking in an office with a therapist help to provide

Consumer Outcomes

1. ***The goal is to improve the client's level of functioning.*** Depending on the client and the presenting problem, this may include reducing stress, depression or anxiety; reducing relationship conflicts; improving parenting or communication skills, or ending an abusive relationship.

Success in achieving service outcome goals is determined in three ways: 1) by analyzing treatment goal completion after a client has terminated services; 2) by comparing the standardized Global Assessment of Functioning (GAF) scores to assess clients' progress; and 3) by gathering weekly information from the clients on their current functioning through the Outcome Rating Scale (ORS).
Note: clients retain the right to refuse to complete the ORS/SRS forms and we do not ask clients under 18 to complete this form.

When clients complete therapy, goals are rated on a scale of 1 to 10. One equals no progress and ten is successful completion. 38 cases were closed during FY14. 1% of the counseling cases were closed before a treatment plan could be developed. Of the cases open long enough to develop a treatment plan and goals, 50% successfully completed 90% or more of their treatment plan goals. Others completed some of their goals but did not achieve the 90% level.

The GAF scores at the beginning of therapy averaged 68. The definition of this score is some mild symptoms or mild difficulty in social, occupational, or school functioning. At the close of therapy, the GAF scores averaged 79. The definition of this score is if symptoms are present, they are transient and expectable reactions to psychosocial stressors; no more than slight impairment in social, occupational or school functioning. This improvement in average GAF score indicates an improvement in overall functioning for these clients.

Utilization/Production Data Narrative

Service Categories	Community Service Events (CSE)	Screening Contacts	Non-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)
Annual Target	**N/A**	**N/A**	**N/A**	**152**
FY 14 quarterly data		**123**	**1**	**70**

In FY14 the program served 70 clients. This was 46% of the projected goal of 152 clients to be served. The projected number of units of service (sessions) for FY14 was 1050. The actual number of units of service provided was 508 or 48% of the projected goal. The goal number and actual units of service may vary in part due to the individual's ability to pay his or her assessed fee therefore cancelling the scheduled appointment or not showing up at the prearranged time.

The program's client base continues to fluctuate. The economy and the program's inability to accept Medicaid patients contribute to the fluctuation in the client base. In some cases, clients do not have the funds to pay the most minimum of fee for the service they so desperately need or due to reduction in household income they can no longer afford to pay for needed services. Periodic phone calls to local providers encourage referrals continue. The program director is researching state and federal resources for funding and exploring the possibility of forming partnerships with other local human or health service agencies, as the counseling program looks more to ensuring that clients are provided continuity of care and to increasing and stabilizing

the program's client base. The Program Director regularly attends the assessment team meetings and courtroom proceedings of the Drug Court. As part of the CCMHB contract Family Service has a commitment to provide service to individuals participating in the Drug Court.

Performance Outcome Report
CCMHB FY14

Agency: Family Service of Champaign County
Program: First Call for Help
Date: August 18, 2014

Consumer Access

First Call for Help (FCFH) is an information, referral, and concrete assistance service that provides callers with assistance in locating community resources and services throughout Champaign County. Assistance in accessing needed resources helps individuals to attain a more independent lifestyle. In addition, staff works with individuals and families currently dependent on community resources to help them become more self-sufficient.

Interviews are conducted by staff with those who make contact with FCFH to help them define their problems, provide information about resources, and make appointments for them as needed. This process simplifies the individual's access to the human service delivery system.

Additionally staff screens clients for churches and other charitable organizations for concrete assistance including referrals to empty tomb for food, assistance with rent or payment of utility bills, prescription medical assistance, eyeglasses, and hearing aids.

A database of detailed information on community resources is maintained. The program provides specialized lists of community resources, upon request, coordinate organizational giving, such as food baskets during the holiday season.

Utilization/Production Data Narrative

Service categories	Community Service Events (CSE)	Screening Contacts	NTPC Non-treatment Plan Clients	TPC Treatment Plan Clients
Annual Target	N/A	4400	N/A	N/A
FY 14 quarterly data		4056		

A total of 4,056 contacts were made to First Call for Help during FY14, which was 92% of the projected number of 4,400. In FY14, 321 advocacy calls were made on behalf of clients and 760 unduplicated households received concrete/emergency assistance (51% of the target number of 1500). The number of individuals (households) receiving concrete assistance indicates only the number to whom we were able to provide concrete assistance not the number of individuals who called needing more financial assistance than was available from FCFH or other resources within the community. Staff reported an increase in the number of homeless and near homeless individuals, and middle income families experiencing financial crisis due to the increase in power bills, food costs, and unemployment, reduction in work hours, as well as ex-offenders and individuals with chronic health problems seeking service.

The number of contacts decreased because of staffing shortage. Staffing shortage was due to FY14 funding cuts from United Way and Champaign County Mental Health Board. Funding cuts are due to 2-1-1 and its entry into Champaign County. At the beginning of FY14 no definite date had been announced as to when 2-1-1 would be made available to Champaign County and other parts of the state. FCFH continued to provide information and referral for Champaign County to consumers and made efforts to assist with the transition to 2-1-1 as needed.

United Way and Champaign County Mental Health Board indicated that funding for First Call for Help would not be received for FY15. First Call for Help officially closed July 18, 2014. Family Service staff continues to inform individuals who call seeking information and referral to contact 2-1-1 and for those who come into the office we provide them with printed material with contact information listed for 2-1-1.

Performance Outcome Report
CCMHB FY14

Family Service of Champaign County
SELF-HELP CENTER
August 18, 2014

Consumer Access

The Self-Help Center provides information on and services to self-help and support groups. The program is a resource for self-help groups and professionals who provide support to individuals and families facing problems of isolation or circumstances of critical proportions. The groups help people develop coping skills, acquire a network of supportive persons with a shared life experience or condition, reduce isolation and help enhance a sense of well being. The groups thus enable individuals and families to function with a greater degree of self-determination and independence.

Outcome Goals:

Through the Self-Help Center, individuals and families will be made aware of the existence of self-help groups and will be provided information and/or referral to a group(s) appropriate to address their needs (when one is available).

Through the Self-Help Center, individuals wanting to start a group and group leaders experiencing difficulties will be able to effectively start and lead groups and group visibility will increase.

Through the Self-Help Center, professionals will be able to locate Self-Help groups to which they can refer their clients, and will know how to work effectively with groups.

Continue to develop collaborative training approaches for self-help group leaders and professionals working with support groups.

To implement culturally sensitive practices and outreach approaches as possible.

Utilization/Production Data Narrative

Service Categories	Community Service Events	Screening Contacts	NTPC Non-treatment Plan Clients	TPC Treatment Plan Clients
Annual Target	280	N/A	N/A	N/A
FY14 annual data	267			

FY14 annual target goal was not met (95% of targeted goal was met). The Self-Help Center's coordinator resigned in October and a new coordinator was not hired until January 2014.

FY14 outcomes and progress are listed below:
Consumer Outcomes

SHC website views = 9,520 **Note:** We cannot distinguish lay vs. professional counts.

I&R calls = 219

Email contacts = 737

Updated Specialized Lists (now available electronically as well as in print)
Updated and published 15th edition of Support Group Directory
Conducted one facilitator workshop
Biennial Self Help Conference held January 26, 2013 Theme was "Resiliency"
Completed quarterly updates of SHC website
Attended ten (10) community service events
Group consultations =8
Attended planning meetings with Disability Expo, Self-Help Advisory Committee, Infant Mental Health Association, Birth to Six Council, Self-Help Biennial Conference, Human Services Council Meeting, Healthy Aging Conference meeting, Anti-Stigma Alliance, and Champaign/Urbana Mental Health Public Education Committee Caregiver Support Team meeting
Distributed Specialized lists in all topic areas
Self-Helper Newsletter published and distributed = approximately 180 individuals
Face book and website posts reviewed
Updated Support Group database
Distributed 478 Support Group directories
Attended workshop titled: Enhanced National Culturally and Linguistically Appropriate Services (CLAS)

CCMHB FY 2014
PERFORMANCE OUTCOME REPORT

Agency Name: Family Service of Champaign County

Program Name: Senior Resource Center – Senior Counseling and Advocacy

Date: July 31, 2014

CONSUMER ACCESS

The Counseling and Advocacy program serves all Champaign County seniors age 60 and older, however the program specifically targets those seniors who are 75 and over, those in poverty, those living in rural areas those living alone and minority seniors. The following demographics show that the Senior Resource Center served this population in numbers higher than the county average in most cases:

Fiscal Year 2014		
Targeted Consumer Population	**Percent of County Population (2010 Census)**	**Percent of Counseling and Advocacy Clients**
Age 75 or older	*33%*	*36%*
Low Income	*5%*	*98%*
Rural*	*29%*	*18%*
Living Alone	*22%*	*60%*
Minority	*20%*	*39%*

*(those living outside of Champaign, Urbana, Rantoul and Savoy)

The average wait time for Non-Treatment plan services in FY 14 was 31 days, with 12% of clients waiting an average of 2 days or less. All cases are triaged for needs that affect the clients' immediate health and well being by the Manager of Counseling and Advocacy. Clients requiring Adult Protective Services have state mandated time frames for service to begin. There is no waiting list for other Treatment Plan Services. The Manager of Counseling and Advocacy can provide direct service when other caseworkers have full caseloads and the waiting client(s) have needs requiring immediate attention.

Longer than average wait times for Non-Treatment Plan clients reflects seasonal needs such as filing applications for programs such as Benefits Eligibility Assistance and Monitoring (BEAM) for license plate registration sticker discounts, free bus passes and filing for energy assistance programs (LIHEAP and PIPP). This year has seen significant staff turn-over. The time it takes to train and orient staff to new positions has also contributed to longer than usual wait times.

CONSUMER OUTCOMES

The following outcomes, targets and progress address Treatment Plan clients during FY14:

Fiscal Year 2014 Outcomes		
Intended Outcome	**Target**	**Progress**
PEARLS clients will improve their PHQ9 score by 40% or more	*70%*	*71%*
Brief Solution Based Therapy clients will show improvement on their anxiety, depression, or social isolation assessment	*70%*	*73%*
Other clients assessed as experiencing depression or anxiety will have improved assessment scores after six months of intervention	*60%*	*71%*
Clients with social isolation indicated will decrease their level of social isolation after six months of intervention	*70%*	*74%*
Clients will report increased feelings of empowerment and satisfaction with personal life situation	*85%*	*98%*
Clients will report increased access to resources to address the needs and problems associated with aging	*80%*	*93%*
Clients will have unmet needs identified at case opening met at closing	*80%*	*85%*

Results met or exceeded targets for all outcomes.

FY14 was the first full year the Counseling and Advocacy program implemented the PEARLS program. For the year ranging from July 1, 2013 through June 30, 2014:

- 27 clients were referred for PEARLS screening
- 15 of those clients were appropriate for the program
- 11 of those clients accepted service/implementation
- 7 clients have completed the program

UTILIZATION/PRODUCTION DATA NARRATIVE

Part II: Utilization/Production Data					
Service Category	**Community Service Events (CSE)**	**Service / Screening Contacts**	**Non-Treatment Plan Clients (NTPC)**	**Treatment Plan Clients (TPC)**	**Other**
Annual Target	*N/A*	*8,500*	*1,200*	*295*	*185*
End of Year Data	*N/A*	*9,420*	*1,161*	*351*	*217*

- Total Service/Screening Contacts were 111% of target *(8,500 targeted; 9,420 actual)*

- Total Non-Treatment Plan Clients served were 97% of target *(1,200 targeted; 1,161 actual) The discrepancy between the target and actual numbers can be attributed to significant staff turn-over and the time it takes to hire and train new caseworkers.*

- Total Treatment Plan Clients served were 119% of target *(295 targeted; 351 actual)*

- Other (Caregiver Advisory Services) clients served were 117% of target *(185 targeted; 217 actual)*

Variances in program utilization and demographic patterns are watched closely. Staffing patterns, reallocation of resources, etc. are considered to meet the changing needs of seniors given the resources available.

Performance Outcome Report

Prairie Center Health Systems, Inc.
Criminal Justice Substance Use Treatment
FY14

PROGRAM PERFORMANCE MEASURES

Consumer Access

Access Outcome Measures:

1) Inmates referred by Community Elements who receive assessment appointment at Prairie Center within five business days of release from Champaign County Jail.
2) Consumers who attend assessment within five business days of release from the jail.
3) Assessed clients who began services within five business days of assessment.
4) Identified individuals with potential barriers to treatment who received intervention and/or Case Management services while incarcerated.

Access Outcomes Results for FY14:

1) Inmates released from the County Jail may receive assessments almost immediately after release. However, there is not a mechanism in place to track exact release dates from the Jail for those who do not bond out. Walk-in assessments are available Monday-Thursday every week, and scheduled assessment appointments are also an option for clients. There is no wait list for assessment services.
2) 6 inmates released from the County Jail attended assessments after release. However, there is not a mechanism in place to track exact release dates from the Jail for those who do not bond out. Walk-in assessments are available Monday-Thursday every week, and scheduled assessment appointments are also an option for clients. There is no wait list for services.
3) 100% of clients assessed as needing treatment were offered services within 5 business days of the assessment. Five of the six inmates assessed after release from the Champaign County Jail were assessed as needing treatment. Of these, four engaged in treatment services following assessment.

Consumer Outcomes

Consumer Outcome Measures:

1. % of inmates receiving services in the jail who are in treatment at least 30 days after jail release.
2. % of inmates who engaged in treatment that do not return to jail within 3 months of jail release.
3. based on Survey (Mental Health Statistics Improvement Program—MHSIP):
    a. % of consumers with positive general satisfaction with PCHS services;
    b. % of clients satisfied with their treatment outcomes;
    c. % of clients with positive feelings about the quality and appropriateness of treatment.

Consumer Outcome Results:

1. Four of the five (80%) clients who received assessments and were found to be in need of treatment remained in services 30 days after assessment.
2. Four of four (100%) of clients who engaged in treatment did not re-offend in 3 months.

Based on Client Survey (Mental Health Statistics Improvement Program—MHSIP):

1) 95% of consumers with positive general satisfaction with PCHS services;
2) 92% of clients satisfied with their treatment outcomes;
3) 95% of clients with positive feelings about the quality and appropriateness of treatment.

Results in all categories are well above national averages in each area. It is noted that these results are for all substance abuse treatment programs at Prairie Center Health Systems, as clients move between various levels of care and facilities while receiving treatment.

Comments: This was a new project in FY14, and the project did not begin services until August 2013. It has been extremely difficult to get the inmates to engage in treatment services post-release. In addition, there are continued efforts to create a better continuum of care between the agencies involved in providing substance abuse and mental health services for the Champaign County Correctional Center.

UTILIZATION OUTCOME MEASURES

CCMHB GRANT PROGRAM	FY14 Actual Reported	FY14 Target
1. Screening Contacts	6	5
2. Continuing TPC	0	Not applicable—new program
3. New TPC	3*	12
4. Total TPC	3*	12
5. Community Service Events	Not applicable	Not applicable
6. Other	119.5	350

*One TPC not included in quarterly reports because client was seen at the jail one quarter, and then engaged in treatment services at Prairie Center the following quarter, so was not reported on the quarterly Program Report.

Performance Outcome Report

Prairie Center Health Systems, Inc.
Drug Court
FY14

PROGRAM PERFORMANCE MEASURES

Consumer Access

Access Outcome Measures:

1) Consumers who received assessment within three business days of sentencing to Drug Court.
2) Clients who began treatment within three business days of assessment.
3) Individuals with potential barriers who received Case Management services.
4) Number of Drug Court graduates.

Access Outcomes Results for FY14:

1) 96% of consumers who were sentenced to Drug Court received assessment within three business days of sentencing.
2) 70% of new Drug Court clients began treatment within three business days of assessment. (85% began treatment within 5 business days and 96% began treatment within 7 days.)
3) 100% of individuals with identified potential barriers to treatment received Case Management services.
4) There were 3 Drug Court graduates in FY14. (The graduation scheduled for June 2014 was postponed to July 2014)

Consumer Outcomes

Consumer Outcome Measures Part I:

1) Number of Drug Court Graduates
2) Number of Graduates with no legal charges within six months prior to graduation.
3) Number of Graduates involved in 12-step or community support groups.

Consumer Outcome Results for FY14:

1) Number of Drug Court Graduates: 3 total graduates in FY14 (The graduation scheduled for June 2014 was postponed to July 2014.)
2) Number of Graduates with no legal charges within six months prior to graduation. 100% (3 graduates)
3) Number of Graduates involved in 12-step or community support groups. 100% (3 graduates)

Consumer Outcome Measures Part II: based on Survey (Mental Health Statistics Improvement Program—MHSIP):

1) % of consumers with positive general satisfaction with PCHS services;
2) % of clients satisfied with their treatment outcomes;
3) % of clients with positive feelings about the quality and appropriateness of treatment.
4) % of clients satisfied with access to services.

Consumer Outcome Results for FY14: based on Survey (Mental Health Statistics Improvement Program—MHSIP):

1) 95% of consumers with positive general satisfaction with PCHS services;
2) 92% of clients satisfied with their treatment outcomes;

3) 95% of clients with positive feelings about the quality and appropriateness of treatment.
4) 95% of clients reports positive perceptions about access to services.
The results in FY14 are well above national averages in each area.

Results in all categories remain well above national averages in each area. It is noted that these results are for all substance abuse treatment programs at Prairie Center Health Systems, as clients may move between various programs, levels of care, and facilities while receiving treatment.

UTILIZATION OUTCOME MEASURES

CCMHB GRANT PROGRAM	FY13 Actual	FY13 Target
1. Continuing TPC	46	
2. New TPC	29	110
3. Total TPC	75	110
4. Community Service Events	8	5
5. Other	17	25

Prairie Center receives referrals from the Court. Referrals to Drug Court were down this year from past years.

ADDITIONAL INFORMATION:
The clients in the program have greatly benefited from having a Drug Court Coordinator and a part-time Sheriff's Deputy assigned to Drug Court (both funded through the Department of Justice Drug Court Enhancement grant). The Drug Court Coordinator has increased available organizations to "link" clients with education, volunteerism, and/or employment opportunities. The Coordinator has also worked diligently to complete data collection from Probation, TASC, and treatment for program self-evaluation needs and Department of Justice grant reporting requirements. He has also helped with collaboration and coordination of communication amongst the Drug Court Team. The Sheriff's Deputy has helped a great deal with client accountability as well as improving the relationships between clients and law enforcement. This population has generally had negative interactions with law enforcement in the past, and having the Sheriff's Deputy on the team has played in integral role in changing client perceptions and behaviors towards law enforcement.

Data on 2013 is still being compiled, but data on Drug Court statistics for calendar years 2011 and 2012, as compiled by the Drug Court Coordinator can be found on the following pages.

For more information about Champaign County Drug Court, please go to www.co.champaign.il.us and click on DRUG COURT INFORMATION on the lower left.

Recidivism Report – Del Ryan, Drug Court Coordinator

In the calendar years 2011 and 2012, Champaign County Drug Court graduated 48 persons. They spent 931.5 months in our Drug Court, just over 77.6 years. The average time was 19.4 months.
At the time that these 48 entered Drug Court they had accumulated:

- 26 ordinance violations
- 14 juvenile adjudications
- 298 fine only traffic tickets
- 144 misdemeanors
- 183 felony convictions

Their sentences included:

- 236 community based sentences
- 56 straight jail sentences
- 80 DOC commitments

While spending those 77.6 years in Drug Court, these 48 persons ended up being convicted of 12 fine only traffic tickets and one misdemeanor. The average age of the graduates was 38 years. Almost every one began using in their teens, some as young as 11 years old. So, the average time of use of substances was around 20 years.

Using a conservative number of $24,000/year as the cost of DOC and $5,000/year as the cost of treatment, and assuming this group would have spent the same amount of time in DOC as in treatment, there was a savings of almost $1.5 million in this period of time.

Our Drug Court was set up to deal with long time criminals who have long term addictions. These statistics show that we are meeting that mandate. This $1.5 million amount of course does not include the other savings of keeping the offender in the community, keeping families together, having defendants obtaining jobs, etc. Conservatively, there is usually one case dismissed for every guilty. So, if you consider this fact, it has saved our police departments much time usually spent in investigations, arrests, etc.

Our probation department, along with our Drug Court Coordinator, has been working on recidivism statistics of our Drug Court clients. The analysis covers one, two, three, four, and five years following graduation. Recidivism was defined as a graduate being convicted on a new charge, or if the individual returns to court on a revocation of probation. Minor traffic offenses are excluded along with ordinance violations. This data represents the criminal history review of Drug Court graduates starting from 6/01/2000 (first graduating class) through the December 2011 graduating class.

509 offenders have been sentenced to Drug Court from March 1999 through December 2011. **These figures represent a 35% graduation rate.** Of the graduates, the gender breakdown is 74 females and 104 males. The race numbers are 88 African Americans, 87 Caucasian, 2 Latino and 1 other.

This study followed each Drug Court graduate for a 5 year period post-Drug Court graduation. During this timeframe, 56 of the 163 clients recidivated at least one time, 6 of those same clients recidivated 2 times, and 2 of those clients recidivated 3 times. **Therefore, 66% of the Drug Court clients did not recidivate during the 5 year period following graduation.**

This table represents all graduates who have been out of Drug Court for one year. Since 1999 we have tracked our clients for 5 years following their graduation. One can see by this chart that the highest rates of recidivism occur during the 1st and 5th years after graduation.

Timeline	# of Clients Involved	# of Reoffenders	Rate of Recidivism
Up to One Year	163*	22	13%
1 – 2 years	125	9	7%
2 – 3 years	108	11	10%
3 – 4 years	77	7	9%
4 – 5 years	57	7	12%

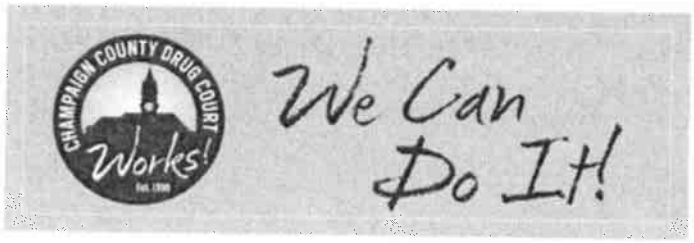
*At the time of compilation, 2011 Drug Court graduates have not met the one year, post-graduation requirement. The same formula is used to compute years 2-5.

With our December 2012 graduates, we now have 194 graduates. Each of them was substance free for at least a year, if not longer. This is a graduation requirement.

The Office of National Drug Control Policy produced a Fact Sheet which includes drug court recidivism rates. Those rates can be viewed at www.ncjrs.gov/pdffiles1/201229.pdf. That U.S. Department of Justice Study examined the re-arrest rates for drug court graduates and found nationally 84% had not been rearrested and charged with a serious crime in the first year. Our rate is 87%. It also found 72.5% have no arrests at the two year mark. Our rate is 80%. Plus our rate is 66% after 5 years.

A study of 18 adult drug courts that included law enforcement on the team found that having a member from law enforcement on the team was associated with higher graduation rates, compared to those without (57% to 46%). And, that drug court teams that included law enforcement personnel reduced cost an additional 36% over the reductions achieved by traditional drug courts. The study can be found at www.ncjrs.gov/pdffiles1/nij/grants/223853.pdf.

Please note: The 46% number is for *all* drug courts across the country. As previously stated, our Drug Court takes those who are basically on their way to the penitentiary and who have used drugs for a long, long time. A number of other drug courts across the country do not serve this population. Some take people who have never been involved in the criminal justice system before (first offender drug courts), and/or do not have the decades of use that our population has. A number of drug courts reach graduation rates of up towards 80%. Further, not all drug courts require at least 12 straight months of sobriety, which is a requirement of Champaign County Drug Court. When you consider the above, our re-arrest rates for years one and two, being just over the national average, are that much more impressive.

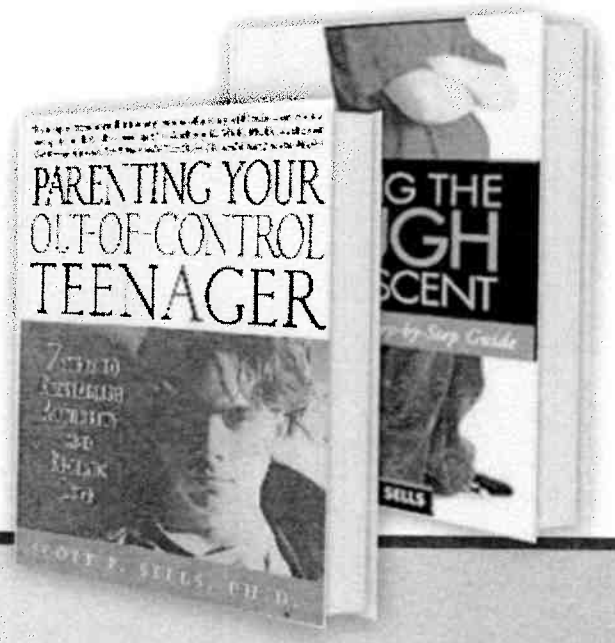


COE: Champaign County – Prairie Center EC PLL Program

Year Five of PLL Program

Prepared by PLL

Ellen Souder, Vice President of Clinical Services



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License Period July 1 – June 30

Utilization/Graduation Rate	Year 1 09-10	Year 2 10-11	Year 3 11-12	Year 4 12-13	Year 5 13-14	Total
Number of families that Graduated from PLL during License Period	57	42	39	53	**64**	**255**
Number of families that Dropped out during License period	12	18	24	11	**12**	**77**
Graduation Rate	83%	70%	62%	83%	**84%**	**77%**
Number of families Administratively Discharged during License Period	9	13	7	13	**4**	**46**
Total # of New Families served during License Period (Clinical Minimum 24 per Team)	89	76	73	76	**68**	**382**
Referral Engagement of Families during License Period	89%	85%	94%	96%	**92%**	**91%**

The PLL Program began March 23, 2009

PLL
Parenting with Love and Limits®

Families Served by Therapist in Year 5

Therapist	Graduates	Drop Outs	Administrative Discharge	Referral Engagement	Graduate Rate	# New Families
Erin	19	6	0	89%	76%	25
Jennifer	24	4	3	96%	86%	24
Leon	21	2	1	95%	91%	19
TOTAL	**64**	**12**	**4**	**92%**	**84%**	**68**

Administration of Internal Measures in Year 5

Team	Internal Measure	Number of Graduates	Pre- and Post-test Sets	Percentage of Administration	Overall Percentage of Administration
Erin Grace	Child Behavior Checklist	19	16	84%	89%
	Youth Faces IV		17*	89%	
	Parent Faces IV		18	95%	
Jennifer Ellis	Child Behavior Checklist	24	24	100%	99%
	Youth Faces IV		23*	96%	
	Parent Faces IV		24	100%	
Leon Bryson	Child Behavior Checklist	21	18	86%	87%
	Youth Faces IV		18*	86%	
	Parent Faces IV		19	90%	
Total		64	58 CBCL's	177/192=92%	
			119 FACES		

*Five youth were below age 11, so these are reflected in the 6 missing youth assessments.

Champaign IL: Prairie Center

Does PLL reduce problem behaviors as measured by the Child Behavior Checklist

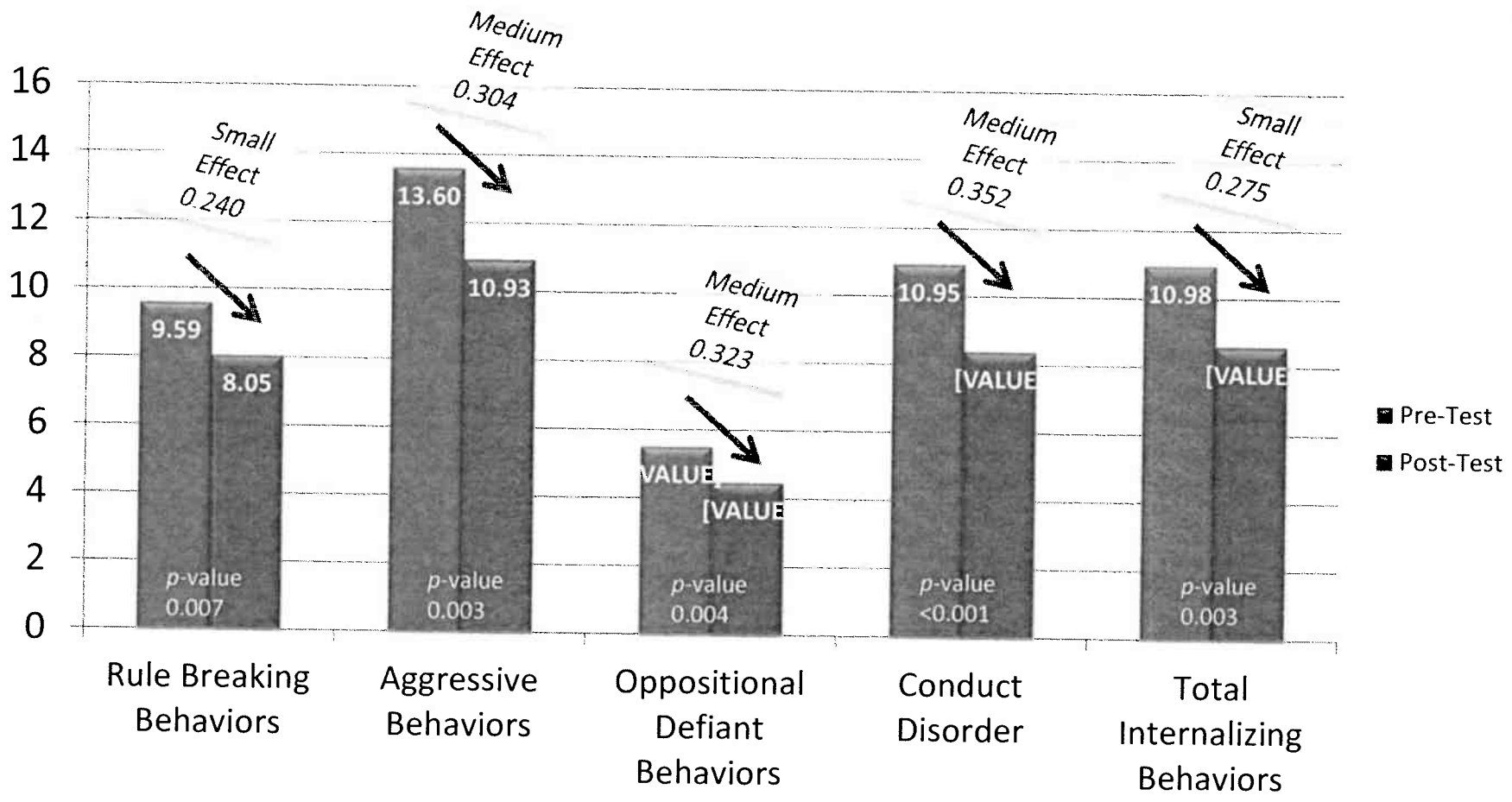
Child Behavior Checklist (CBCL) Analysis (n = 58)						
CBCL Scales	Pre-Test Mean	Post-Test Mean	Change	t-Score	Significance or p-Value	Effect Size
Anxious	4.43	3.72	0.71	1.800	**0.039**	0.165
Withdrawn	4.10	3.10	1.00	2.723	**0.004**	0.341
Somatic Complaints	2.45	1.79	0.66	1.786	**0.040**	0.224
Total Internalizing Behaviors	10.98	8.62	2.36	2.810	**0.003**	0.275
Rule Breaking	9.59	8.05	1.53	2.557	**0.007**	0.240
Aggressive Behaviors	13.60	10.93	2.67	2.838	**0.003**	0.304
Total Externalizing Behaviors	23.19	18.98	4.21	2.972	**0.002**	0.299
Social Problems	4.52	3.74	0.78	1.818	**0.037**	0.211
Thought Problems	4.03	2.98	1.05	2.718	**0.004**	0.291
Attention Problems	7.97	6.48	1.48	3.032	**0.002**	0.289
Other Problems	5.43	4.34	1.09	2.633	**0.005**	0.280
Oppositional Defiant Behavior	5.52	4.48	1.03	2.792	**0.004**	0.323
Conduct Disorder	10.95	8.41	2.53	3.532	**<0.001**	0.352
Total Problems*	56.12	45.16	10.97	3.381	**<0.001**	0.323

All of the scales show a decrease, which is the desired outcome. In addition, all meet the 0.05 threshold for statistical significance, with Conduct Disorder and Total Problems being very highly significant ($p < 0.001$).

The CBCL is a well-validated tool. Consistent and statistically significant improvements across all scales coupled with moderate effect sizes in several key areas clearly indicate noticeable improvement in youth behavior, as reported by parents or caregivers.

Champaign IL: Prairie Center

Does PLL reduce problem behaviors as measured by the Child Behavior Checklist (CBCL)?



The goal for PLL is to have a ***decrease*** *in problem behaviors at the conclusion of PLL treatment with a noticeable difference (effect size).*

Small Effect size (between 0.1 and 0.3)=noticeable difference; Medium Effect Size (under 0.8) = very noticeable difference; Large Effect Size (0.8 and over) = "Wow" noticeable difference.

Champaign IL: Prairie Center

Does PLL improve family adaptability and cohesion as measured by the FACES IV scale?

Family Adaptability and Cohesion Effectiveness Scale IV (FACES) Analysis (n = 121)						
FACES Scales	Pre-Test Mean	Post-Test Mean	Change	t-Score	Significance or p-Value	Effect Size*
Balanced Cohesion	25.75	25.52	-0.23	-0.500	0.309	-0.052
Balanced Flexibility	23.55	24.19	0.64	1.390	0.084	0.135
Disengaged Scale	18.93	20.78	1.85	3.827	<0.001	-0.361
Enmeshed Scale	16.46	19.22	2.76	5.909	<0.001	-0.498
Rigid Scale	22.51	22.68	0.17	0.404	0.657	-0.035
Chaotic Scale	18.17	21.09	2.93	4.799	<0.001	-0.507
Family Communication	33.25	34.31	1.06	1.597	0.056	0.157
Family Satisfaction	30.26	30.45	0.19	0.283	0.389	0.025

For the dimension scales (in white), the goal is not necessarily an increase or a decrease but rather, a movement toward a central, balanced position. The increase in rigidity is expected, as it reflects the PLL emphasis on increasing family structure and restoring parental authority. Similarly, the increase in the Enmeshed Scale is understandable given PLL's objective of increasing nurturance. The increases in the Disengaged and Chaotic Scales may bear further investigation.

The Scales of Family Communication and Family Satisfaction have increased which is desired. Family Communication has also almost reached the threshold of 0.05 for statistical significance with a small sample size which is encouraging.

Prairie Center Health Systems, Inc. - PREVENTION DEPARTMENT
FY14 Consumer Outcome Report

The following is a consumer summary for the Prevention Department of Prairie Center, which includes consumer outcome measurement and consumer satisfaction/feedback.

Consumer Outcome

The Prevention Department utilizes the Mendez Foundation's "Too Good For Drugs" program, which has been supported as an evidence-based curriculum by the Substance Abuse and Mental Health Services Administration and the US Department of Human Services and meets Illinois School State Standards in the areas of health and science. This age and culturally appropriate curriculum features 10 sessions per grade and focuses on life skills and alcohol, tobacco and other drug education. Pre/Post Tests are utilized as a knowledge-based outcome measurement tool for students participating in the Too Good For Drugs curriculum. Results for the 2013-2014 school year include:

- Franklin Middle School (6^{th}, 7^{th}, 8^{th} grades): The average Pre-Test score was 74% and the average Post-Test score was 85%, with an increase of 11%. An 11% increase has been noted for students' Pre-Test scores in 6^{th} grade to students' Pre-Test scores in 8^{th} grades, which documents a retention in knowledge as the curriculum is presented each year.
- Urbana Middle School (6^{th}, 7^{th}, 8^{th} grades): The average Pre-Test score was 75% and the average Post-Test score was 88%, with an increase of 13%. A 14% increase has been noted for students' Pre-Test scores in 6^{th} grade to students' scores in 8^{th} grades, which documents a retention in knowledge as the curriculum is presented each year.
- Ludlow Grade School (5^{th} & 6^{th} & 7^{th} & 8^{th} grades): The average Pre-Test score was 70% and the average Post-Test score was 80%, with an increase of 10%, which is lower than FY12. Reading/developmental levels were considered as variables during this year's facilitation of the TGFD curriculum.
- Mahomet Jr. High: (7^{th} grade classes): The average Pre-Test score was 80% and the average Post-Test score was 90%, with an increase of 10%.

Consumer Satisfaction

Teacher evaluations are distributed to all school personnel Prairie Center staff is involved with, through classroom/afterschool presentations. Overall teacher feedback indicated "curriculums are age appropriate, interactive and effective with knowledge increase of students" and "Prairie Center staff being knowledgeable, dependable and presenting the material with an effective style". Evaluations also reflect "students implementing the skills learned through the programs and a change of behavior in the school setting".

Teachers have also provided feedback regarding the student-parent homework and activities available through both the Too Good For Drugs and Too Good For Violence curriculums as a reinforcement of what has been presented to the students.

Performance Outcome Report

Prairie Center Health Systems, Inc.
Youth Services
FY14

PROGRAM PERFORMANCE MEASURES

Consumer Access

Access Outcome Measures:

1) Consumers who received screening within five school days of referral.
2) Clients who began treatment within five school days of assessment.
3) Clients with potential barriers to treatment who receive case management services.

Access Outcomes Results for FY14:

1) 55% of consumers who were referred to Youth Services received screening within five school days of referral.
2) 72% of Youth Services consumers began services within five school days of assessed need. (83% began services within seven school days.)
3) 92% of Youth Services clients received case management services.

It is noted that youth clients were offered immediate services, but that individual situations kept youth from participating in services immediately. Some of these include the following scenarios:

- Youth detained at Juvenile Detention Center following referral
- Youth expelled/suspended from school and unable to locate
- Youth who moved out of area during time following referral
- Youth sentenced to Illinois Department of Corrections following referral

Consumer Outcomes

Consumer Outcome Measures:

- Children's Global Assessment Scale (CGAS) average improvement from assessment to discharge: at least 3 points

- Based on Survey (Mental Health Statistics Improvement Program—MHSIP):
  1) % of consumers with positive general satisfaction with PCHS services;
  2) % of clients satisfied with their treatment outcomes;
  3) % of clients with positive feelings about the quality and appropriateness of treatment.
  4) % of clients satisfied with access to services.

Consumer Outcome Results:

- Children's Global Assessment Scale (CGAS) average improvement from assessment to discharge: 100% of youth with a CGAS assessed at discharged had improved 3 or more points on the CGAS.

- Based on Survey (Mental Health Statistics Improvement Program—MHSIP):
  1) 95% of consumers with positive general satisfaction with PCHS services;
  2) 92% of clients satisfied with their treatment outcomes;
  3) 95% of clients with positive feelings about the quality and appropriateness of treatment.
  4) 95% of clients reports positive perceptions about access to services.

  The results in FY14 are well above national averages in each area.

  Results in all categories remain well above national averages in each area. It is noted that these results are for all substance abuse treatment programs at Prairie Center Health Systems, as clients may move between various programs, levels of care, and facilities while receiving treatment.

Program Discharge Information:

Average length of stay: 148 calendar days from admission to discharge

22% of clients completed all treatment goals
8% of clients were incarcerated before completion of treatment
8% of clients were referred to a higher level of care at an external program
62% of clients left treatment (or did not engage in treatment) against staff advice, moved out of the area

Comments: Barriers encountered in working with this adolescent population include the following:

- Lack of consequences for youth suspended by schools who were required to only complete an assessment, then were allowed to return to school, but not required to continue with treatment/follow treatment recommendations.
- High percentage of youth referred who have trauma-related issues.
- High percentage of youth referred who have mental health disorders, learning disabilities, and/or emotional disabilities.
- High percentage of youth referred who are involved in the Juvenile Justice system.
- Lack of family involvement in/support of treatment.

Staff continues to receive on-going technical assistance and guidance from Seven Challenges to address these barriers to treatment retention. Staff also coordinate on a daily basis with referral sources (Probation, READY School, ACCESS Initiative,

Cunningham Children's Home, PLL, Regional Planning Commission, etc.) and other youth-serving organizations (when a valid authorization to release information is present) to attempt to improve client retention in treatment.

UTILIZATION OUTCOME MEASURES

CCMHB GRANT PROGRAM	FY14 Actual	FY14 Target
1. Screening Contacts	95	75
2. Total TPC	108	115
3. Community Service Events	11	12
4. Other	1261	750

As the utilization outcome measures show, the two clinicians in this program are very busy, attempting to stretch caseloads and meet the high needs of youth in the area.

Promise Healthcare
Mental Health Services at Frances Nelson
Performance Goals and Measures – 2014 Grant Year

We will integrate physical health and mental health care which includes mental health counseling—including services for Hispanic children and adults, and psychiatry services for established patients at Frances Nelson who have been referred by FNHC providers for mental/behavioral health services.

Service providers for the 2014 grant included

- Direct counseling, adults and children with James Hamilton, LCPC 1 FTE
- Direct counseling, adults and children, English and Spanish speaking patients with Valerie Cintrón, LCSW 1 FTE
- Direct counseling, medication management, consultation; Adults and pregnant/postpartum with Linda Derum, MD Psychiatry, .30 FTE.

Goal #1: 95% of patients will complete a Mental Health Assessment within three weeks of referral.
Actual – 100% of counseling in English patients completed a MHA within 3 weeks of referral.

Goal #2: 75% of patients referred to a psychiatrist will be scheduled within 30 days of referral.
Actual - 100% of patients referred to Dr. Derum by the counselors were scheduled within 30 days.

Goal #3: 95% of Hispanic patients will complete a Mental Health Assessment within three weeks of referral.
Actual – 96% of Hispanic patients completed a MHA within 3 weeks of referral.

Consumer outcomes are measured for adults and children through the Global Assessment of Functioning (GAF) scale or the Children's Global Assessment of Functioning (C-GAF) at the start and cessation of treatment. Based on the CBT approach, intermittent evaluation of progress i.e. Depression Scale, Anxiety Scale, GAF, and goal achievement will be assess at regular intervals.

Goal #1: 95% of clients enrolled in counseling will have a GAF scale completed at the start of treatment.
Goal #1 Result- 87% of clients enrolled in counseling has had a GAF scale completed at start of treatment.

Goal #2: 85% of ongoing counseling clients will have a repeat GAF scale completed every 6 months or at case closure.
Goal #2 Result- 100% of ongoing clients has had a repeat GAF scale completed at 6

months or at case closure.
Increase- 78% had an increase in their GAF scores
Decrease- 9% had a decrease in their GAF scores
Same- 13 % their GAF scores remained the same

Utilization/Production Data for 2014

Counseling Services to Adults and Children in English
New patients to Counseling (unduplicated) – 110 projected, **273 actual**
Counseling encounters – 1200 projected, **1593 actual**
Case Management/Consultation* – 100 projected, **89 actual**
345 total patients receiving counseling in English in FY14

Counseling Services to Adults and Children in Spanish
New patients to Counseling (unduplicated) - 60 projected, **103 actual**
Counseling encounters – 450 projected, **396 actual**
Case Management/Consultation* – 50 projected, **33 actual**
103 total patients receiving counseling in Spanish in FY14

Psychiatric Services
New patients to Counseling (unduplicated) - 20 projected, **24 actual**
Counseling encounters – 875 projected, **761 completed**
Case Management/Consultation – 0 projected, not counted
Non Treatment Plan Clients – 0 projected, **57 counted** (assisting primary care providers with specific patient cases)
12 Lunch and Learn events for medical primary care providers and nurses
104 total patients receiving psychiatry from Dr. Derum in FY14

*Case Management/Consultation for this report includes patients served by our therapists for case management and additional support beyond their clinical visit.

Unexpected Results
Mental health issues present to our medical providers daily. Many new patients look to establish care at the health center specifically for a prescription for a psych medication. With the help of Dr. Derum, we have expanded her support for the primary care providers in managing patients. Mid-way through the grant, Valerie Cintrón began tracking and reporting the number of patients treated by a PCP and assisted by Linda Derum. That added 57 patients served beyond the 104 in treatment with Dr. Derum.

Promise Healthcare
Frances Nelson Wellness Campaign
FY14 Performance Measures

With the support of the Champaign County Mental Health Board, Promise Healthcare was able to start a new program, our Frances Nelson Wellness Campaign. Originally designed to target existing Frances Nelson patients with both mental health and chronic medical conditions, the program was modified to include targeting those who have been involved with the criminal justice system. Our Wellness program provides assistance, case management, community outreach and facilitates collaborations that provide meaningful support for patients beyond what their clinical provider can do to help move a patient to optimal mental and physical health.

Consumer Access and Utilization

Service Contacts – In our first year we targeted reaching 600 patients with a service contact and assisting 33% or 200. This number was an estimate based on the volume of patients served by similar staff in our Medication Assistance Program. Service contacts were referred from Frances Nelson primary care providers; mental health providers; information on arrests from the Sheriff's Department matched against our patient database for targeting for support (and potentially getting critical health information to the county jail); and justice involved patients that came from outside referrals: Prairie Center, Community Elements and word of mouth.

Actual: Our Wellness Coordinator provided assistance to 667 service contacts for 574 unique patients. We did not track patient contacts that were not assisted. 35 of our service contacts were for patients who were involved in the criminal justice system.

A service contact included a wide variety of assistance services including:

- Writing a letter to utility company to maintain power for medical necessity
- Assisting a patient with food resources
- Getting Land of Lincoln to assist in a divorce, foreclosure, or order of protection
- Helping someone in Drug Court get desperately needed dental treatments
- Working with someone released from the Department of Corrections get a personal identification card.
- Working with DHS Rehabilitation Services to help a disabled patient get educational support for training on a new job or career.

Case Management Clients - will be the patients who engage the support of our program coordinator. In our first year we projected to engage 12.5% of our patients with case management. For this project, case management is defined as a level of intensity beyond one or two hours or one or two assists. Promise staff work with patients through long complicated issues over several months.

Actual: Our Wellness Coordinator provided ongoing support to about 67 patients or 11.7%. 9

of those who received extended support from our Wellness program were criminal justice involved patients. Client engagement times for case management varied, but most took many hours over many months. Examples of case management in our first year includes:

- Helping a patient experiencing financial abuse find advocates, new housing and safety
- Facilitating communication between our psychiatrist and a family member who was confused and upset about a patient's treatment.
- Working months to help a patient of our mental health and medical providers to get set up with public housing support.
- Helping a patient on Medicaid with a terminal diagnosis get a second opinion and peace of mind in Missouri. Promise staff tried several different ways to provide this patient with the transportation needed to get to the appointment and was able to work with Angel Flight to fly the patient to his appointment.

Community Service Events – Frances Nelson proposed participating in at least twelve community service events during the grant year.

Actual: Our Wellness program was active in 21 community service events including the Summit of Hope for those who have been involved in the criminal justice system, Bristol Park neighborhood event, the Disability Expo, Love Clinic Health Fair, and Champaign Urbana Days.

Collaborations – The Wellness Campaign will execute at least six appropriate collaborations with area agencies.

Actual: The Wellness program executed meaningful collaborations with the following seventeen agencies:

Community Elements
DHS Rehabilitation Services
Prairie Center
Champaign County Health Care Consumers
Land Of Lincoln
C-U Public Health
MTD – built a bus stop shelter at Frances Nelson
PACE
Family Services
Eden Supportive Living
RACES
Quit Line Referrals
HIV Committee
Stone Creek – Pastor Nelson Cuevas (12 step program for Spanish speaking community)
JIC- Justice System
Lions Club
U of I Extension

Outcomes

Goal: conducting initial assessment of 75% of our service contacts against the eight dimensions of wellness, **Wellness Assessments: 18 or 3.3%**

Goal: 75% of our case management clients will self-report improvement in at least one dimension of wellness at their six month or case completion assessment; **actual is unavailable**.

As part of our program start up, we learned that our contacts had no interest in completing the wellness assessment questionnaire as we proposed in our original request. Even after revisions and with assistance from our coordinator, few completed it. During our first year of the project, we learned that the engagement of our coordinator's support is better measured by the number of challenges we have helped to resolve. In response to our experience with consumers and still be able to measure consumer outcomes, we will take a wellness assistance score for each. A score of 0 means that a patient needs no help. Someone who needs help with benefit enrollment, assignment to a primary care provider, assistance in getting their psychiatric medication prescription filled, help getting a new identification card, and enrollment the SNAP program may have a score of 5. Our program staff will work with the consumer towards a score of 0 and for all of their needs to be met.

In the coming year, we will be looking to see if we can track how many cases are resolved to completion.

Champaign County Mental Health Board

Performance Measure Outcomes

FY 14 Rape Advocacy, Counseling, & Education Services

Counseling and Crisis Services program

FY 14 was the third year the agency received CCMHB funding, and it was the agency's fifth fiscal year of operation. Below is an analysis of the target service projections for the funds received.

FY 14 CCMHB Funded Service Projections

Category	Projection	Actual	%
Continuing Treatment Plan Clients	5	16	313%
New Treatment Plan Clients	45	19	42%
Total Treatment Plan Clients	50	35	70%
Continuing Non-Treatment Plan Clients	5	1	20%
New Non-Treatment Plan Clients	20	8	40%
Total Non-Treatment Plan Clients	25	9	36%
Service Contacts (Crisis Hotline Calls)	25	22	88%
Community Service Events	150	144	96%

This year, much like last, the agency's service projections for new clients were not met. Much of this is due to the fact that the funded staff member, our Assistant Director Erin Sturm, LPC, has had limited turn-over in her caseload. As we now have a Child and Adolescent Counselor, the majority of the funded staff member's caseload is comprised of adult survivors of childhood sexual abuse and survivors with complex trauma issues. Adult survivors of recent assault, survivors with non-complex trauma issues, and non-offending significant others are primarily receiving services from interns with the agency or the Advocate, who carries a small caseload of short-term counseling clients.

For FY 15, we will be dividing funding between two staff members' caseloads, and we will only be reporting information related to clients with primary residence in Champaign County. For most of FY 14 and prior funding years, we were not reporting all survivors receiving group services from funded staff members. Beginning in the fourth quarter of FY 14, after consultation with Mark Driscoll during our site visit, we amended our data collection procedures. In FY 15, all groups that are primarily facilitated or co-

facilitated by a funded staff member will be better reflected in our reporting. Currently, it is our goal to be able to offer three groups during the funding cycle, one of which is currently being held.

Beginning in FY 14, we have been giving some comparison data in our quarterly reports. This included information related to the medical advocacy component of our crisis services. For the fiscal year, we saw the lowest request for this service since the program began keeping records under our former umbrella. During the final month of FY 14, we did see an uptick in demand for service, so we are unsure what the final outcome in FY 15 will be. However, for comparison purposes, this fiscal year we saw 17 victims for medical advocacy services in emergency departments. During an average fiscal year, we would see 8 to 10 more victims for this service. In FY 15, information related to this service will be reported in the "Other" category, and only for funded staff members. Additionally, during FY 14, the funded staff member provided non-client crisis intervention (hotline) services to 22 of the 179 contacts we received. The other 157 were provided by other staff members and trained hotline volunteers. During FY 15, reporting will include those calls answered by the other funded staff member as well.

Outcomes Evaluation Survey Results

For the previous three fiscal years, the Illinois Coalition Against Sexual Assault (ICASA) conducted a state-wide outcome evaluation project in conjunction with researchers at the University Of Illinois College Of Medicine at Rockford. However, the data collection agreement reached its end during FY 13, and the engaged researchers are in the process of publishing results related to the outcome evaluations. During June and July of 2014, we have been piloting a new outcome survey for our clients. The survey is based on the previously conducted ones; however, we have added some program specific measures. Currently, our MSW intern is in the process of analyzing our initial data collection and tweaking the tool. In the fall of 2014, we will have three interns (BSW, MSW, and PhD) on site at the agency. Part of their placement will be to use the revised tool, collect information from engaged clients, and analyze the results. It is our goal to have a working data collection tool by the spring of 2015, so that we will have reportable outcomes for our local funders next fiscal year.

The UP Center
Youth and Volunteers program
FY14 Performance Outcome Report

The UP Center of Champaign County conducted a year-two evaluation of their youth programming in 2013-2014. This evaluation has provided us with important information about the youth participating in the program and the short-term impact of the program. This brief report provides an overview of the 2013-2014 evaluation procedures, and the evaluation results.

Evaluation Procedure: 2013-2014

During fiscal year 2013-2014, the Evaluation Chair, or an evaluation committee member, attended each youth group meeting and administered an intake evaluation to all youth who had never participated in the youth program. The Youth Coordinator kept a list of youth names with a unique identification (ID) number so that evaluations could be tracked by each youth throughout the year. The evaluation team did not know the name of the youth who completed each survey and the Youth Coordinator never saw the answers to the surveys. In this way, the youth's responses could remain anonymous and confidential. At the end of each quarter, all youth in attendance at two consecutive meetings were given a follow-up evaluation. In this way, every youth completed at least an intake evaluation (unless refusing to do so) and many completed a follow-up evaluation. In between evaluation surveys, the Youth Coordinator provided the evaluation team attendance data for each youth (by ID number) so that their attendance could be tracked, as well. The data were entered into the statistical software, SPSS, for further analysis.

The intake and follow-up evaluation survey included 5 items taken from the Depression, Anxiety, and Stress Scale, as well as an additional item on suicidal ideation. The survey also included a 4-item needs analysis module about how safe youth felt in school. Finally, we added 5 open-ended questions about youth's level of outness about their sexual/gender identity, victimization experiences, their reasons for seeking programming at The UP Center, and what they'd like to see added/changed about the program.

While very similar to the 2012-2013 evaluation, several changes between the first evaluation and the second are notable. First, we tracked evaluation surveys by youth participant to provide better, more reliable data about changes over time. Second, the survey was shortened due to youth feedback that the first-year survey was too long and cumbersome. Third, we tracked attendance with the evaluation.

Evaluation Findings: 2013-2014

Sixteen unique youth completed the intake survey. Eleven follow-up surveys were completed at varying time points throughout the year (3 months, 9 months, and 12 months). Table 1 shows the demographic breakdown of youth completing the survey at intake and at all follow-up times combined. Youth could mark all that apply (except for under zip code) therefore the total numbers may be higher than the total number of youth completing the survey at each time point.

TABLE ONE	Intake	Follow-up
Gender Identity		
Male	7	2
Female	7	2

Trans	2	1
Sexual Orientation		
Bisexual / Pansexual	8	2
Gay	4	2
Lesbian	2	0
Queer	1	0
Questioning	0	0
Straight/Ally	1	1
Prefer not to say	1	0
Race/Ethnicity		
Hispanic/Latino	1	0
White	14	5
Black/African-American	2	0
Asian	1	0
2 or more Races	3	0
Geographic region		
Champaign (61820)	2	1
Champaign (61821)	1	0
Urbana (61801)	5	0
Philo (61864)	1	1
Rantoul (61866)	6	1

Table two shows the number of youth who completed intakes and each follow-up survey. It is important to note that more than 5, 3, or 2 youth attended group meetings throughout the year. These numbers reflect only those youth at meetings in which evaluation surveys were administered (at the end of each quarter) and who agreed to complete the survey.

TABLE TWO			
Intake	Follow-up 1	Follow-up 2	Follow-up 3
16	5	3	2

Table three shows the number of youth attending a group for the first time at the different youth groups offered throughout the year. All youth attended a support or theater group for the first time and then attended social groups later; rather than attending social groups first.

TABLE THREE		
Support	Theater	Social
7	9	0

Due to the fact that the UP Center youth program is a small program, the small number of evaluations completed does not allow for in-depth statistical analysis of the findings. Therefore, the numbers and graphs below should be interpreted with caution; however, we believe there are interesting trends to note from intake to follow-up evaluation. The following table shows the percentage of youth who agreed/disagreed with each statement at both intake and follow-up times, as well as an overall percentage change. Table four shows the average scores on the

Depression, Anxiety, and Stress Scale (DASS); suicide question; and school questions at intake and each follow-up. The table also shows the range of scores (minimum and maximum on a 1-6 scale) and the total number of youth completing the survey at the time period indicated. For each measure, higher scores are more positive. For example, a score of 2 on the DASS would indicate lower mental health or, in other words, increased depression, anxiety, and stress. A score of 6 on the DASS would indicate higher mental health or, lower depression, anxiety, and stress.

TABLE FOUR	Mean	Minimum	Maximum	Total completed
DASS (intake)	4.03	2	5.4	15
DASS (time 2)	4.00	3.4	4.8	5
DASS (time 3)	4.13	2.8	5	3
DASS (time 4)	4.50	4	5	2
Suicide (intake)	5.07	1	6	15
Suicide (time 2)	5.4	4	6	5
Suicide (time 3)	5.67	5	6	3
Suicide (time 4)	5.5	5	6	2
School (intake)	3.91	1.5	5.5	15
School (time 2)	3.15	1.5	5.25	5
School (time 3)	4.25	2	5.57	3
School (time 4)	2.5	1.5	3.5	2

The DASS scores show a general increase in mental health the longer the youth are attending the program. Suicide scores are harder to interpret as they are generally high (good); however, the scores generally move in the positive direction. School scores are even more difficult to interpret. While we see an increase in feeling safe at school and having adults to talk with at school during the early follow-up periods, there is a sharp decrease at time 4. It may be because this evaluation survey is administered a few weeks after school ends for the year and youth may either a) report more inaccurately due to not being in school or b) have more negative experiences at the end of the school year.

Because we were able to track evaluation surveys by youth, the following charts display this information by youth participant. Chart one shows the mean DASS (mental health) scores at intake by youth participant. As is illustrated in the chart, youth ranged in mental health score from a low of 2 (below average) to about 5 ½ (very good).

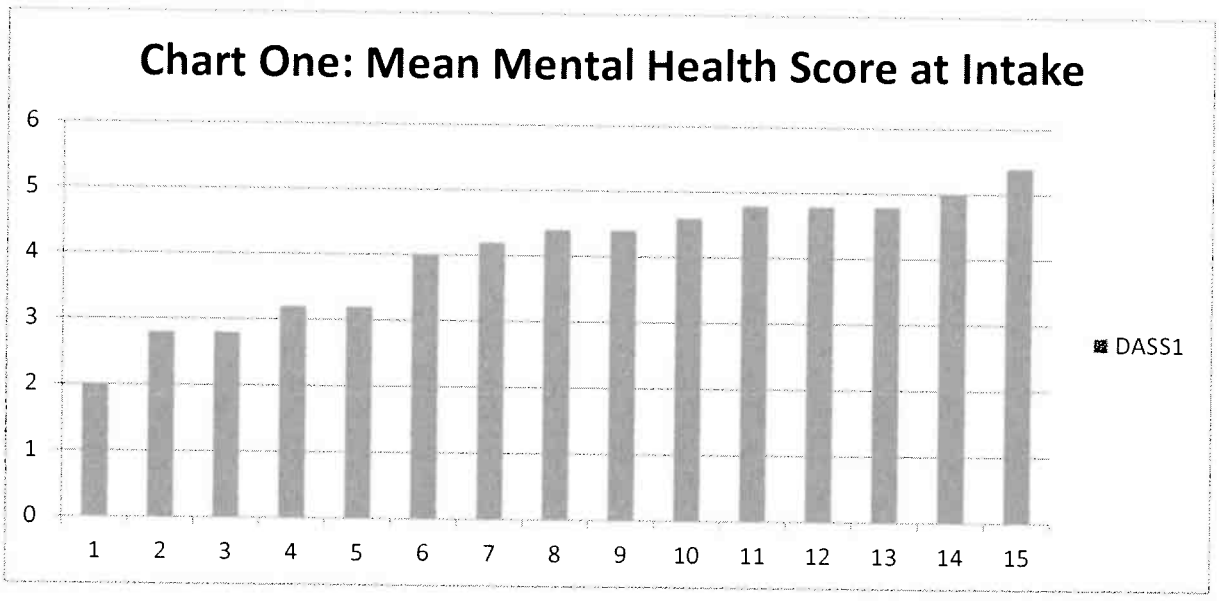


Chart two shows the mean mental health score over time for youth participants with at least one follow-up evaluation survey. Interesting to note in this chart is how the scores tend to decrease at first follow-up but then increase over time. This may be due to youth feeling depression and anxiety related to talking about their gender and sexual identity stressors for the first time; however, as they talk about them over a greater time period, these scores improve.

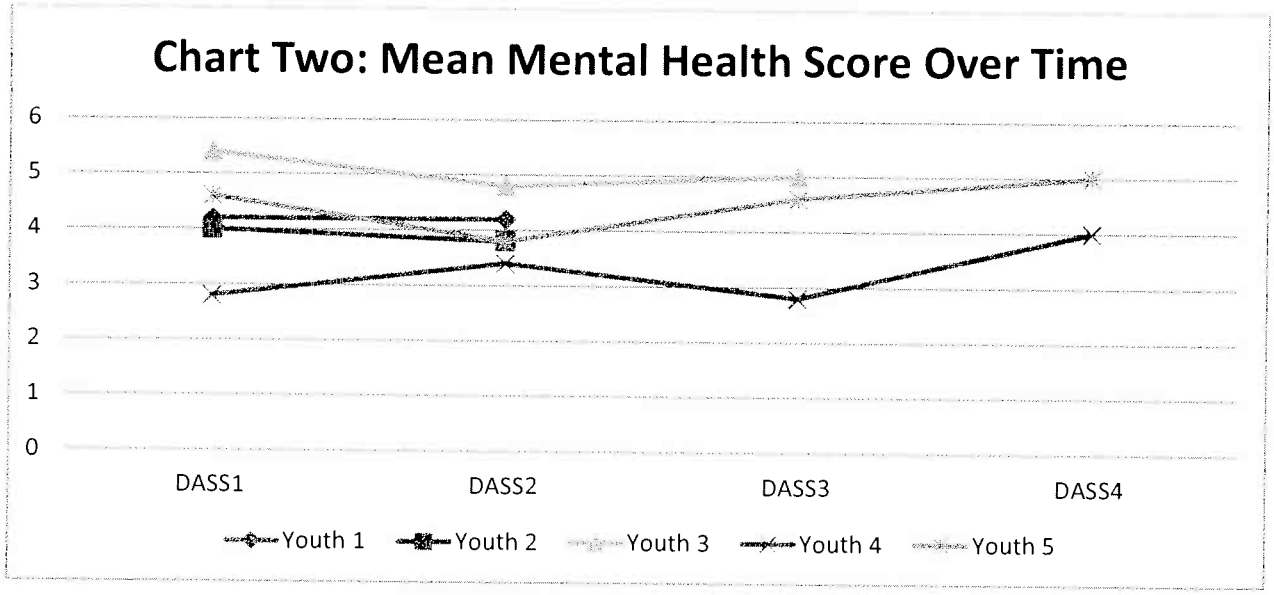


Chart three shows the mean suicide score at intake by youth participant. As indicated previously, the scores for the suicide item are skewed positively (a good sign!) which makes interpretation difficult.

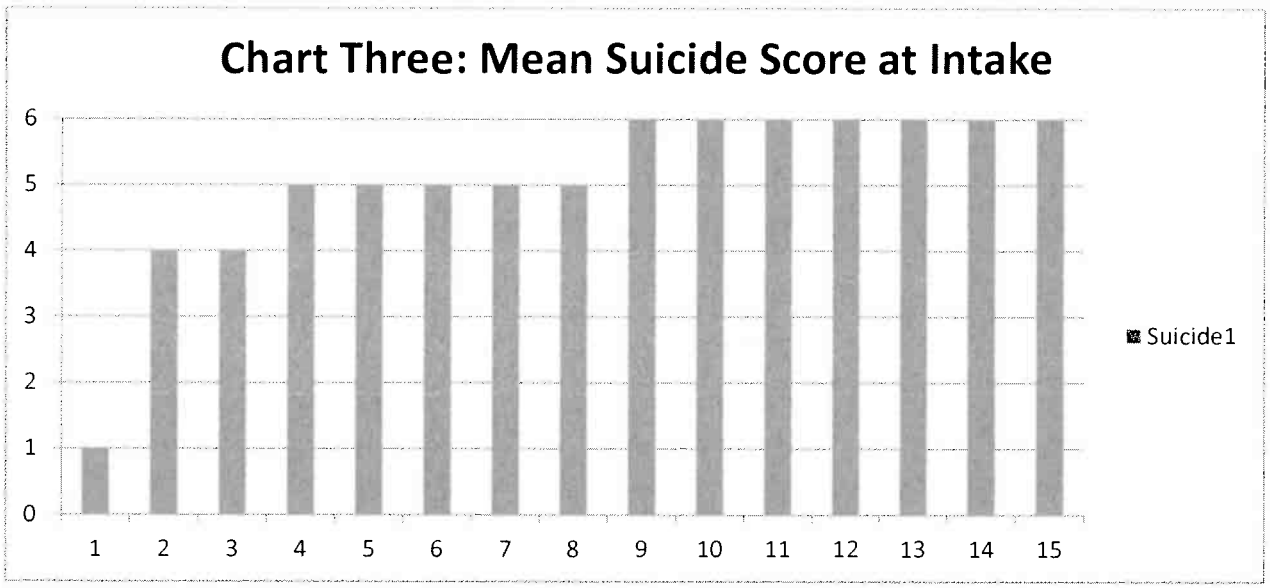


Chart four shows the mean suicide score over time for youth with at least one follow-up evaluation survey. Again, interpretation is difficult due to the generally high scores.

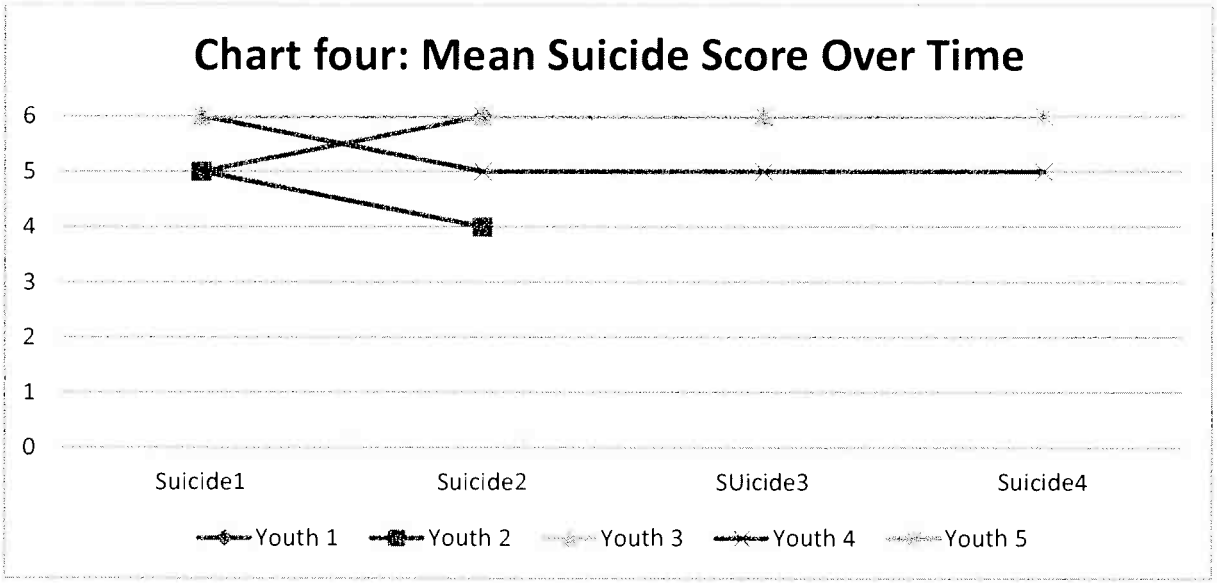


Chart five shows the mean school score at intake by youth participant. We see a much greater range in scores on these items than the other items, possibly due to the experiences in different schools or individual experiences.

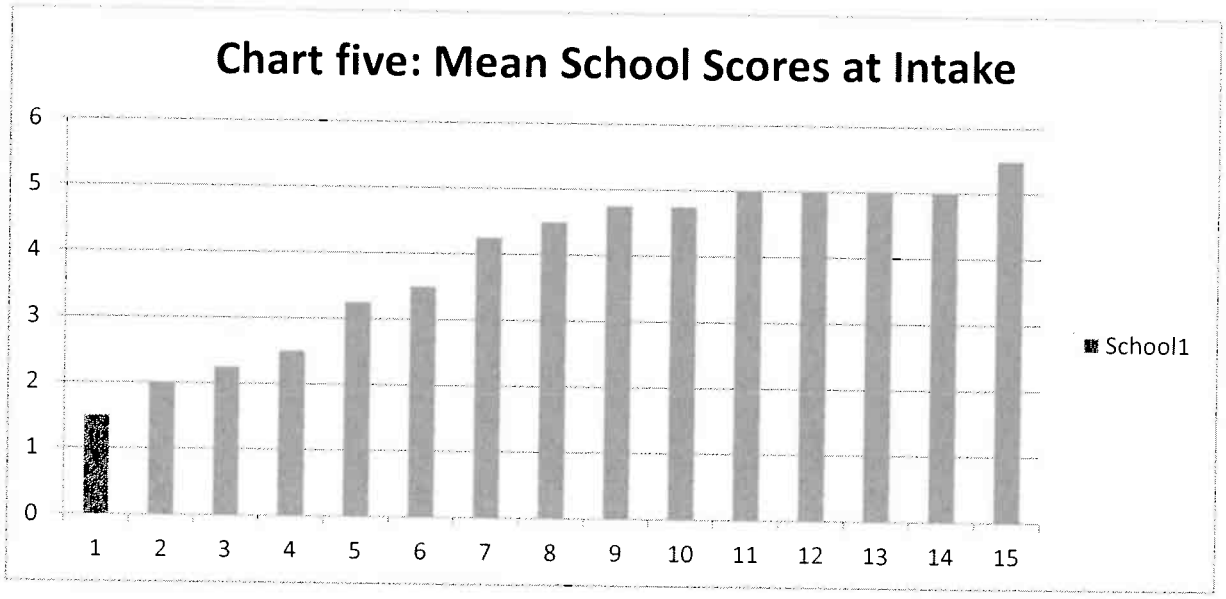
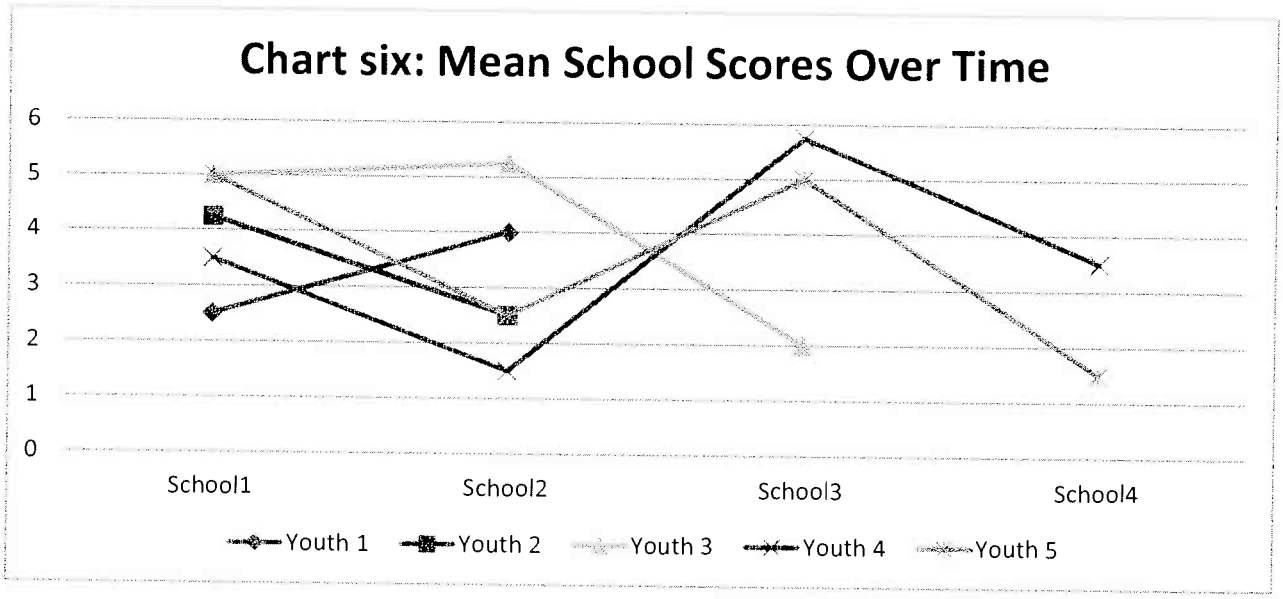


Chart six shows the mean school score over time by youth participants with at least one follow-up evaluation survey. As discussed previously, these average scores are up and down by time period.



Youth Voices

Finally, it is important to hear the youth's voices about the impact the program is having on their lives. We asked several open-ended questions at the end of the survey.

First, youth were asked why they became involved with The UP Center.

"More support with transitioning (genders)."

"I want to feel like a part of the queer community."

"I need some people to talk to."

"To get involved and do something for myself."

"I wanted to become involved with The UP Center because I wanted to make friends with those going through similar situations with me."

"I am seeking friends, connections, and a support group."

"This is one of the places where I feel comfortable."

Second, youth were asked what kinds of programs or services they wanted The UP Center to provide for LGBTQ youth.

"I want a party. I like parties."

"I would like to see more volunteer work and fundraising done. It's a good way to get to know others in the community and to try new things that could be out of their comfort zones."

Third, youth were asked what their most important need is currently and how the UP Center can meet that need.

"Support. Need more trans people helping."

"My only need right now is to have some support. Life has been a bit rough lately, so I would love to cheery myself up with good friends."

Finally, youth were asked what they would change about The UP Center.

"More people."

"I wouldn't. The UP Center is groovy."

"I wouldn't change anything about the group. I love it."

"Nothing. Everyone is great and I feel comfortable there. I can be myself without being judged. Maybe a bigger room for more awesome people."

Ongoing Changes

As a result of ongoing evaluation data, we have implemented several changes to the program. These changes are a direct result of youth input. As a youth-led, adult supported program, we believe it is important to let youth voices guide our work. The following changes have been made or are in progress:

- The theater group ended in April, 2014 due to lack of interest and a social group has been re-instated.
- The UP Center moved to a larger space providing a better meeting space for youth to congregate and access support. The new location is in downtown Champaign, which is more central than our previous Urbana location.
- The youth group adopted a "charity" to help volunteer with throughout the year. They have collected backpacks and supplies for a new organization, Backpacks of Love, which provides backpacks with toys for kids following displacement from their home after a disaster.
- We are in the process of developing a transgender and gender nonconforming youth group to meet the specific needs of our local transgender youth.

Limitations to 2013-2014 Evaluation

We made several changes to the 2013-2014 evaluation design to account for limitations in the previous year's design. This year we were better able to follow individual youth progress through the use of ID numbers and survey tracking. We shortened the survey, which allowed youth more time to participate in group and resulted in being more receptive to completing the survey. We used a standardized shortened mental health scale rather than the individual items from the Mental Health Inventory from last year. This decreased many of the limitations from last year, however, limitations still exist. These are discussed below.

- As a small program, we are unable to do more complex statistical analyses of the data to really measure outcomes. The small numbers discussed throughout this evaluation should be interpreted with caution (particularly at the follow-up level).
- Youth who attended throughout the year, but may have missed meetings when surveys were administered, are not represented in the follow-up data even though they were ongoing participants.

Conclusion

The 2013-2014 youth program evaluation provided us with valuable information and tools that we take forward into the 2014-2015 program and program evaluation. We see positive changes having taken place over the past year and definite areas for improvement. The survey tool used during 2013-2014, and to be used in the 2014-2015 evaluation, is attached.

UP Center Youth Mental Health Inventory — Cover Sheet — Demographic Information

For each category below, check all that apply.

Gender					Sexual Orientation								
Male	Female	Trans	Other	Prefer Not Say	Bisexual	Gay	Lesbian	Pansexual	Queer	Questioning	Straight Ally	Other	Prefer Not Say

Race / Ethnicity				
Hispanic or Latino	White	Black or African American	Native Hawaiian or Other Pacific Islander	
Asian	American Indian or Alaska Native	Two or More Races	Other	Prefer Not Say

City								
Champaign 61820 61821 61822	**Fisher** 61843	**Homer** 61849	**Mahomet** 61853	**Ogden** 61859	**Pesotum** 61863	**Philo** 61864	**Rantoul** 61866	**Saint Joseph** 61873
Savoy 61874	**Sidney** 61877	**Thomasboro** 61878	**Tolono** 61880	**Urbana** 61801 61802	**Danville** 61832 61834	**Decatur** 62521 62522 62523 62526	**Other**	**Prefer Not Say**

Guarantee of Confidentiality Statement

The information you choose to provide will not be shared with anyone

Staff Use Only

Date:_____ Intake/Follow-up (include quarter #):_____

ID #:_____ Group Name:_____

UP Center Youth Program Evaluation

Read the statements below. Put a check in the column which best describes how you've felt **over the past month**.	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
1) How much of the time were you a happy person?						
2) How much of the time have you felt calm and peaceful?						
3) How much of the time have you been a very nervous person?						
4) How much of the time have you felt downhearted and blue?						
5) How much of the time did you feel so down in the dumps that nothing could cheer you up?						
6) How much of the time have you had thoughts of taking your own life?						

Read the statements below. Put a check in the column which best describes how you've felt **over the past month**.	Strongly agree	Agree	Somewhat agree	Somewhat disagree	Disagree	Strongly disagree
1) I have experienced teasing/bullying related to my sexual orientation or gender identity.						
2) There are adults in my life whom I trust and whom I can talk with about my concerns about sexual orientation or gender identity.						
3) I have felt comfortable expressing my gender identity or sexual orientation at home.						
4) I have friends who support me for who I am.						

UP Center Youth Program Evaluation

1. What are your reasons for seeking out and becoming involved with The UP Center?

2. What kinds of programs, services, or events would you like to see The UP Center create for LGBTQ youth, if any?

3. What are your most important needs right now (e.g., social, support, recreation, advocacy, etc.)? How can The UP Center staff best support you in meeting those needs?

4. What would you change about The UP Center?

DECISION MEMORANDUM

DATE: September 17, 2014
TO: Members, Champaign County Mental Health Board
FROM: Peter Tracy, Executive Director
SUBJECT: Addendum to the CCMHB-CCDDB Intergovernmental Agreement

Background

On May 21, 2014 the Champaign County Mental Health Board (CCMHB) passed the motion authorizing the release of the Request For Proposals for Community Integrated Living Arrangement Services in Champaign County. On June 3, 2014 the Champaign County Board for the Care and Treatment of Persons with a Developmental Disability (CCDDB) revisited the question of supporting the CILA Expansion RFP and approved the motion. Both motions included references to executing an addendum to the Intergovernmental Agreement to reflect the respective Boards status as partners in the RFP process.

Subsequent to the action taken by the CCMHB and the CCDDB, staff has drafted an addendum to the Intergovernmental Agreement and is attached. Action is requested.

Decision Section

Motion: Move to approve the addendum to Intergovernmental Agreement between the Champaign County Mental Health Board and the Champaign County Board for the Care and Treatment of Persons with a Developmental Disability.

_____Approved
_____Denied
_____Modified
_____Additional Information Needed

ADDENDUM TO INTERGOVERNMENTAL AGREEMENT

This Addendum to Intergovernmental Agreement is entered into this ____ day of September, 2014, by and between the Champaign County Mental Health Board ("MHB") and the Champaign County Board for the Care and Treatment of Persons with a Developmental Disability ("DDB").

Whereas, MHB and DDB entered into an Intergovernmental Agreement dated June 30, 2012 ("Agreement").

Whereas, MHB and DDB desire to amend the Agreement by providing for the sharing of costs related to the acquisition of residences to be used to provide Community Integrated Living Arrangement Services ("CILA").

Now, therefore, MHB and DDB hereby agree as follows:

1. MHB shall acquire residences in Champaign County to be leased to a CILA provider to provide housing to residents in Champaign County that qualify for CILA services.

2. MHB shall acquire such residences with financing provided by one or more local banks.

3. MHB and DDB agree that for so long as a residence is owned by MHB and used to provide CILA services to residents of Champaign County, each party shall be responsible for one-half of all costs associated with the acquisition of such residences, the debt payments associated with such residences, the maintenance costs of such residences and the costs associated with any disposition of a residence.

4. MHB and DDB agree that once a residence is no longer to be used to provide CILA services, MHB shall enter into a listing agreement with a realtor in an attempt to sell such residence. The parties agree that the proceeds, net of all selling expenses, from the sale of such residence shall be distributed equally to MHB and DDB.

In witness whereof, the parties have executed this Addendum as of the date first written above.

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

_____

For the Champaign County Mental Health Board

_____