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**CHAMPAIGN COUNTY BOARD OF HEALTH**

Brookens Administrative Center  
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**Champaign County Board of Health**

**Tuesday, October 28, 2008**

**6:00 p.m.**

**Brookens Administrative Center, 1776 E. Washington**

**Meeting Room 2**

**Urbana, Illinois**

**ADDENDUM**

**ITEM**

**PAGE NO.**

- G. Perinatal Depression Program**  
1. Quarterly Report from Crisis Nursery

1-4



**CHAMPAIGN COUNTY MENTAL HEALTH BOARD**

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

MEMO

TO: Kat Bork, Administrative Services  
FROM: Mark Driscoll, CCMHB/CCDDB *MTD*  
DATE: October 23, 2008  
RE: Crisis Nursery Perinatal Depression – PY09 First Quarter Report

Attached is a copy of the Crisis Nursery Perinatal Depression program first quarter report. The report includes data as well as a brief narrative of challenges and successes Crisis Nursery has experienced during the initial phase of implementation. The definition sheet for the service categories that accompanies the report form is included for reference.

**CHAMPAIGN COUNTY MENTAL HEALTH BOARD**

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

**Agency:** Crisis Nursery

**Program:** Perinatal Depression

**Report Period:** July 1 to September 30  
DUE October 15

Service Categories	Community Service Events (CSE)	Service/Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)		Treatment Plan Clients (TPC)		Other	
			Continuing	New	Continuing	New	Continuing	New
<b>Annual Target</b>	115	700 includes screening, home visits, telephone contacts, & referral contacts	80 includes babies, other family members, and mothers screened but not in program.		25 mothers assessed as eligible		2886 hours of Crisis Care & Respite Care provided by CN	
<b>Quarterly Data</b>	20	136		17		6		29

**Comments:**

**CHALLENGES:**

\*One of the main challenges we are experiencing at this time is due to the influence of individuals dealing with depression, mothers/families are struggling to ask for help/support. They seem to have a difficult time accepting help/support even when it is being offered to them. We have found that the best way to approach this challenge is to continue to be there for support and reach out to these families. We refuse to turn a deaf ear especially in situations where we know the families can benefit from services at Crisis Nursery. In these situations the process has been and will continue to be slow, but we feel confident that we will be able to make a breakthrough in the future, one client at a time.

\*Another challenge we seem to face is the overwhelming number of referrals for mothers within the Champaign-Urbana city limits. Our numbers appear to be on target for mothers in the rural community; however we receive a large number of referrals for individuals within the county. To date we have received referrals for 24 families within the county. We have also found that there are not many community services to support these particular mothers.

\*Of individuals who are in the PND program, they are not utilizing the nursery for care like we hoped they would for crisis care and respite care. It goes along with the other challenges we face; many of them are isolated and feel more comfortable having someone go out to their home verses bringing their child to the Nursery for care. However, once relationships are established with these families, we believe they will be comfortable utilizing Crisis Nursery for additional care and support for their children.

### **SUCSESSES:**

\*We have successfully completed one 6-week session Parent/Child Interaction groups in Rantoul at head Start.

\*We have successfully made arrangements to facilitate a new 6-week session of Parent/Child Interaction groups at Frances Nelson in Champaign.

\*We have successfully arranged and held office hours at CUPHD in Champaign, and have initiated discussion to hold office hours at CUPHD in Rantoul. Office hours at these location help individuals put a face with services/programs being offered at Crisis Nursery. We feel that it will be beneficial to be available to answer questions that individuals might be asking the referring agencies regarding Crisis Nursery. This will also help with our challenge of reaching out to families who are experiencing depression, but are not comfortable or confident enough to ask for help and/or support.

\*We have also been successful with our outreach efforts and we have continuing efforts to get information to the community.

### **TESTIMONIAL:**

A mother informed me that she was very thankful to have a place like Crisis Nursery. She stated that she doesn't know of any other places that offer the types of services and support that Crisis Nursery does. She stated that it is easy to feel down, depressed and alone and it is nice having a place where she feels safe asking for support. "Knowing that there is someone that is willing to come out to my home is great" "I know that I am not alone and I don't have to stay in the house and be by myself."

## Service Category Definitions For Quarterly Reports

Note that the First Quarter Report is different from the subsequent 3 quarters. The first quarter report allows the funded program to report Continuing TPC and NTPC open cases at the beginning of the contract year i.e. July 1.

Annual Target – Number of CSE, SC TPC or NTPC projected in Utilization Section II of Program Plan.

Community Service Events--Number of contacts (meetings) to promote the program including public presentations (including mass media shows and articles), consultations with community groups and/or caregivers, school class presentations, and small group workshops. The focus of a CSE is on activities to promote the program or educate a targeted audience about the program. Units of measurement are the following: Public presentations; school class presentations; small group workshop sessions to promote healthy life styles; meetings between agencies to plan community service events; interviews with reporters or the articles, programs or shows that result (do not count number of people, stations, or newspapers to which items are distributed); distribution of public service announcements, newsletters, and pamphlets. Note that attending or participating in a regularly scheduled meeting where you do not give a presentation on your program or is not related to planning an event related to the program is not a CSE.

Service Contacts/Screening Contacts--Number of phone and face-to-face contacts with consumers who may or may not have open cases in this program - includes information and referral contacts, or initial screenings/assessments or crisis services. This may also include contacts for non-case specific consultations. To be counted, the contact requires engagement; it is not an unanswered telephone call/correspondence. Screening contacts wherein an initial assessment is done is the preferred usage of this category.

Treatment Plan Clients--Service recipients with case records and treatment (or service) plans. Each client should be counted only once each year - either as a continuing client or as a new case. Continuing Treatment Plan clients are those whose case was opened in the previous agency operating year who continue to receive services during the first quarter of the current year. New Treatment Plan clients are those whose cases were opened during the quarter being reported.

Non-Treatment Plan Clients--Service recipients with case records but no treatment (or service) plans, to which substantial services are provided. Operational definitions are negotiated with each program, based on the nature of its services. Examples may include: recipients of material assistance, cases in which considerable outreach is done but where the client never commits to treatment/service, cases closed before a treatment/service plan was written because the client did not want further service and cases in which a client is seen as a service to another agency, but does not receive program services beyond assessment, (e.g. a court-requested evaluation). Continuing and New NTPC clients are reported using the same formula as in TPC above without consideration of an existing treatment/ service plan.

Other - Applicants may use one indicator of their own invention such as contact hours, discharges, intakes etc. Contact Board staff for further information. "Other" will have been explained with a footnote at the bottom of the relevant Part II Program Plan form.