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## CHAMPAIGN COUNTY BOARD OF HEALTH

Brookens Administrative Center  
1776 E. Washington  
Urbana, IL 61802

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### Champaign County Board of Health

Tuesday, April 27, 2010

6:00 p.m.

Lyle Shields Meeting Room

Brookens Administrative Center, 1776 E. Washington  
Urbana, Illinois

### ADDENDUM

<u>ITEM</u>		<u>PAGE NO.</u>
<b>H. CUPHD</b>		
7. Approval of CUPHD Invoice – March 2010		1
<b>J. Other Business</b>		
1. Crisis Nursery Beyond Blue Program Third Quarter Report		2-5

Invoice Number:	1004
Date of Invoice:	April 20, 2010
Billing Period:	March-10

To:  
 Champaign County Public Health Department  
 1776 East Washington Street  
 Urbana, Illinois 61802

For the Following Expenses:

533.07 Professional Services - Infectious Disease Prevention & Mgmt	\$	9,471.25
533.07 Professional Services - Vital Statistics	\$	235.58
533.07 Professional Services - Environmental Health	\$	25,821.83
533.07 Professional Services - Administration	\$	12,318.59
533.07 Professional Services - PHEP Grant	\$	3,848.07
533.07 Professional Services - TFC Grant	\$	2,515.73
533.07 Professional Services - West Nile Virus Grant	\$	2,320.47
533.07 Professional Services - Non-Community Water - CU Surveys	\$	175.00
533.07 Professional Services - PHER Phase 1 & 2 Grant	\$	2,081.68
533.07 Professional Services - PHER Phase 3 Grant	\$	1,220.07
<b>Total Amount Due to CUPHD per Contract</b>	<b>\$</b>	<b>60,008.27</b>

**CERTIFICATION:**

I hereby certify that the amounts billed above agree with the approved budget; that appropriate purchasing procedures have been followed, and that reimbursement has not previously been requested or received.

  
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 Authorized Agency Official

## CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

**Agency:** Crisis Nursery

**Program:** Beyond Blue - Rural

**Report Period:** January 1 to March 31  
DUE April 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>	104	644 includes screening, home visits, telephone contacts, & referral contacts	74 includes babies, other family members, and mothers screened but not in program.		23 mothers assessed as eligible		2655 hours of Crisis Care & Respite Care provided by CN	
<b>Quarterly Data</b>	52	161	2	23	1	7		346

**Comments:**

**Challenges:**

- Families continue to struggle with transportation. This makes it difficult to access the nursery for groups, earned respite and crisis care.
- Family specialist is working on changing the misconceptions in the community about what the Nursery does and who the Nursery serves.
- We are finding it difficult to get referrals from some agencies and clinics. In many bigger agencies we have to maneuver through red tape in order to organize a referral process.

**Successes:**

- Outreach efforts remain very strong.
- Tolono playgroup outreach will continue through mid May, many families are aware and using the Nursery due to this outreach as well many rural Beyond Blue families are attending this playgroup.
- Rantoul PCI has been successful in providing services for teen and young beyond blue mothers. Many teen parents score high on the Edinburg screening and are at high risk for perinatal depression.
- We have done extensive outreach this quarter, with the help of a student intern from University of Illinois, to OB/GYN and pediatric practices in Champaign County.

- We have coordinated with other agencies that serve children to include Parent Wonders, Head Start, WIC Healthy families and Developmental Services Center to promote Beyond Blue. Summer long playgroup set to take place at DSC starting June 1<sup>st</sup> to engage at risk families experiencing perinatal depression.

### Testimony:

*A letter to Jennifer Sampson from a mother in the Rural Beyond Blue Program:*

Jen, thank you for everything you do at Crisis Nursery. All that the Nursery does and all that you have to offer really makes a difference. For example, those books you have been giving us. I used to have a ton of books that I barely used with the twins and I got rid of them. I had everything...little golden books, the classics...you name it. When Keegan was born I didn't want all of them again but I wanted "some" and these days I really can't afford it. The two arm full of books I have now make me feel like I have something "enriching" to offer, that I wouldn't have. Your relaxed nature during home-visits and your effort to provide us with something constructive to discuss & creative to do is perfect. I really enjoy coming to support groups and feel blessed when there are fun surprises in store for us when I get there.

One of my issues as a person is "asking for help", it is as if you have to admit you're a failure if you ask for help. It is very shameful. But, when I deal with Crisis Nursery I never feel shame at all. I feel such unconditional support...it's very empowering. And, it has really opened my eyes to asking for help in other areas of my life. The help I receive now and that I know is out there for me that I need to apply for - well, it's overwhelming to me. I'm swimming in that right now and it feels a lot better than swimming in fear, anxiety and worry.

Thank you for smiling and being so casual when you give me help. It feels so wonderful.

~ A thankful Beyond Blue mother

## 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 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.