### 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, February 18, 2015

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

### 4:30 p.m.

- 1. Call to Order Dr. Townsend, President
- 2. Roll Call
- 3. Citizen Input/Public Participation
- 4. Additions to the Agenda
- 5. CCDDB Information (*Pages 4-8*)

  Draft minutes from the 1/21/15 are attached for information only.
- 6. Approval of CCMHB Minutes
  - A. 1/21/15 Board meeting\* (*Pages 9-13*)

    Minutes are included in the packet. Action is requested.
- 7. President's Comments
- 8. Executive Director's Comments
- 9. Staff Reports
  - A. Mark Driscoll (Pages 14-15)
  - B. Lynn Canfield (Pages 16-18)

1776 E. WASHINGTON STREET

URBANA, ILLINOIS 61802

### C. Tracy Parsons/ACCESS Initiative (Pages 19-28)

- 10. Board to Board Reports
- 11. Agency Information
- 12. Financial Information\* (Pages 20-41)

  A copy of the claims report is included in the packet.

### 13. New Business

### A. Liaison Assignments

Dr. Townsend will review the liaison assignments for FY2015 at the meeting.

- B. Application/Funding Requests

  A list of applicants and amounts requested will be distributed at the meeting.
- C. ACCESS Initiative Infrastructure and Service Delivery Report (Pages 42-67) Included in the Board packet is a copy of the ACCESS Initiative Infrastructure and Service Delivery Brief Report prepared by the ACCESS Initiative Evaluation Team.
- D.Quarter Cent for Public Safety Fund MOU (Pages 68-79)

Briefing Memo on the status of the Memorandum of Understanding between the Champaign County Board and the CCMHB for the administration of Quarter Cent for Public Safety Funds Supporting Juvenile Justice Post-Detention Programs in included in the Board packet.

- E. Integration of People with ID/DD (Pages 80-81)

  Briefing Memorandum regarding the risk of segregation inherent in "special" events is included in the Board packet.
- F. Proposed 1115 Waiver Service Definitions (Pages 82-88)

Briefing Memorandum on service definitions proposed by the Governor's Office of Health Innovation and Transformation (GOHIT) ID/DD breakthrough group is included in the Board packet.



### 14. Old Business

- A. Alliance for the Promotion of Acceptance, Inclusion, and Respect (Pages 89-94)

  An oral report will be provided at the meeting. An article from the debut issue of the online Ebertfest newsletter and copy of flyer promoting the spring art displays are included in board packet.
- B. Disability Resource Expo (Page 95)
  Written report is included in the Board packet.
- 15. Board Announcements
- 16. Adjournment

\*Board action



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

Minutes –January 21, 2015

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



6:00 p.m.

MEMBERS PRESENT: Joyce Dill, Phil Krein, Mike Smith, Deb Ruesch

**MEMBERS EXCUSED:** Sue Suter

STAFF PRESENT: Peter Tracy, Lynn Canfield, Nancy Crawford, Mark Driscoll,

Stephanie Howard-Gallo

OTHERS PRESENT: Jennifer Knapp, Linda Tortorelli, Community Choices; Bruce

Barnard, Community Elements (CE); Dale Morrissey, Danielle Matthews, Felicia Gooler, Jennifer Carlson, Vicki Tolf, Annette Becherer, Laura Bennett, Patty Walters, Developmental Services Center (DSC); Gary Maxwell, Pattsi Petrie, Champaign County Board; Vicki Niswander, IAMC; Darlene Kloeppel, Regional Planning Commission (RPC); Shandra Summerville, Tracy

Parsons, ACCESS Initiative; Susan Fowler, Deloris Henry, Astrid Berkson, Aillinn Dannave, Champaign County Mental Health Board; Pete Moore, Ohio Association of County Boards of

**Developmental Disabilities** 

### **CALL TO ORDER:**

Mr. Mike Smith called the meeting to order at 6:02 p.m.

### **ROLL CALL:**

Roll call was taken and a quorum was present.



### ADDITIONS TO AGENDA:

None.

**CITIZEN INPUT:** 

None.

### **CCMHB INPUT:**

A copy of the 11/19/14 Board minutes was included in the Board packet for information only.

### CCDDB/CCMHB Joint Study Session: A Good Life Approach to Our Work

Mr. Tracy introduced Mr. Pete Moore. Pete Moore joined the Ohio Association of County Boards Serving People with Developmental Disabilities in November of 2009. He serves as the Project Manager for the Bridges to Transition Grant, a unique collaboration between the OACB, County Boards of Developmental Disabilities, Local Education Agencies (LEA), and the Ohio Rehabilitation Services Commission (ORSC). In February of 2010, he took on an additional role as a Positive Culture Consultant for The Connections, a project that is designed to provide training and technical assistance to OACB members as they develop and maintain positive cultures for the people they serve.

Moore has 20 years of experience in working with people with developmental disabilities. He has had many roles during his career including: Recreation Director for the Salvation Army in Pittsburgh, PA; Teacher's Aid for Tiffin City Schools; Activities Therapist, QMRP, and Director of Vocational Services at Tiffin Developmental Center; Director of Residential Services for the Hancock County Board of DD; Behavior Support Consultant for the State of Ohio's Department of DD; and, as an independent consultant. Throughout his career, Moore has been respected for his common sense approach and insight. He has provided training and technical support for many different programs and professionals across the State of Ohio. He is also the Chairman of the National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD) Intellectual and Developmental Disability Committee.

Mr. Moore presented a system redesign vision which goes beyond responding to changes in regulation and rule. Board members were given an opportunity to ask questions following the presentation.

### APPROVAL OF CCDDB MINUTES:

Minutes from the November 19, 2014 CCDDB meeting were included in the Board packet.

MOTION: Ms. Dill moved to approve the minutes from the November 19, 2014 CCDDB meeting. Dr. Krein seconded the motion. A voice vote was taken and the motion passed unanimously.



### PRESIDENT'S COMMENTS:

None.

### **EXECUTIVE DIRECTOR'S REPORT:**

None.

### **STAFF REPORT:**

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

### **AGENCY INFORMATION:**

Ms. Jennifer Knapp and Ms. Patty Walters provided an update on Employment First. The pilot project is currently on hold due to the change in governorship in Illinois.

Ms. Knapp from Community Choices reported that discriminatory employment practices at Federal Express Ground have been resolved and employees who lost their jobs will be rehired.

Ms. Walters from Developmental Services Center (DSC) reported DSC has purchased a 4 person CILA in Mahomet.

### FINANCIAL REPORT:

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

MOTION: Dr. 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:**

### Notification of FY2016 Funding Availability:

A copy of the Notice of Funding Availability (NOFA) published in the News Gazette on December 14, 2014 was included in the Board packet for information only.

### **OLD BUSINESS:**

### **Champaign County CILA Expansion Update:**

A Decision Memorandum was included in the packet. On May 21, 2014, the Champaign County Mental Health Board (CCMHB) passed the following motion:



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

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

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

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

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

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

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

MOTION: Dr. Krein moved to increase the CILA Project borrowing limits by \$200,000 to a total of \$1,000,000 to cover costs up to an average of \$60,000 to \$70,000 for the additional three houses. The anticipated aggregate cost to the CCDDB for the first year (July 1, 2014 through June 30, 2015) should not exceed \$50,000. Ms. Ruesch seconded the motion. A roll call vote was taken. Krein and Ruesch voted aye. Smith and Dill voted nay. The motion failed.



### Alliance for the Promotion of Acceptance, Inclusion and Respect:

A copy of a completed holiday promotion was included in the packet for information only.

### disAbility Resource Expo:

The 2015 Expo will take place on October 17.

### **BOARD ANNOUNCEMENTS:**

None.

### **ADJOURNMENT:**

The meeting adjourned at 7:10 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—January 21, 2015

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



4:30 p.m.

**MEMBERS PRESENT:** 

Astrid Berkson, Aillinn Dannave, Susan Fowler, Deloris Henry,

Mike McClellan, Julian Rappaport, Deborah Townsend

**MEMBERS EXCUSED:** 

Thom Moore

STAFF PRESENT:

Peter Tracy, Executive Director; Lynn Canfield, Nancy Crawford,

Mark Driscoll, Stephanie Howard-Gallo, Tracy Parsons

**OTHERS PRESENT:** 

Jennifer Knapp, Linda Tortorelli, Community Choices; Sue Wittman, Juli Kartel, Bruce Barnard, Shae Ellington, Monica Cherry, Community Elements (CE); Dale Morrissey, Danielle Matthews, Felicia Gooler, Jennifer Carlson, Vicki Tolf, Annette Becherer, Laura Bennett, Patty Walters, Developmental Services Center (DSC); Gary Maxwell, Pattsi Petrie, Champaign County Board; Vicki Niswander, IAMC; Darlene Kloeppel, Regional Planning Commission (RPC); Shandra Summerville, ACCESS Initiative; Lt. Joel Sanders, Urbana Police; Sheriff Dan Walsh, Lt. Brian Mennenga, Chief Deputy Allen Jones, Champaign County Sheriff's Dept; Pete Moore, Ohio Association of County Boards of

Developmental Disabilities

### **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.





### CITIZEN INPUT / PUBLIC PARTICIPATION:

None.

### ADDITIONS TO AGENDA:

None.

### **CCDDB INFORMATION:**

Draft minutes from the 11/19/14 CCDDB meeting were included in the packet for information only.

### **APPROVAL OF MINUTES:**

Minutes from the 11/19/14 Board meeting were included in the Board packet for approval.

MOTION: Dr. Townsend moved to approve the minutes from 11/19/14 as presented in the packet. Ms. Dannave seconded the motion. A voice vote was taken and the motion passed.

### PRESIDENT'S COMMENTS:

Dr. Henry thanked Mr. McClellan for his service to the CCMHB. Mr. McClellan spoke briefly regarding his time spent with the CCMHB.

### **EXECUTIVE DIRECTOR'S COMMENTS:**

Mr. Tracy encouraged Board members to stay for the CCDDB presentation beginning at 6 p.m. featuring Pete Moore, the Director of Service Initiatives/Ohio Association of County Boards of Developmental Disabilities.

### **STAFF REPORTS:**

Staff reports from Mr. Driscoll, Ms. Canfield, and Mr. Parsons and the ACCESS Initiative were included in the Board packet.

### **BOARD TO BOARD:**

None.

### **AGENCY INFORMATION:**

Ms. Jennifer Knapp and Ms. Patty Walters provided an update on Employment First. The pilot project is currently on hold due to the change in governorship in Illinois.



Ms. Knapp from Community Choices reported that discriminatory employment practices at the local Federal Express Ground have been resolved and employees who lost their jobs will be rehired.

Ms. Walters from Developmental Services Center (DSC) reported DSC has purchased a 4 person CILA in Mahomet.

### FINANCIAL INFORMATION:

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

MOTION: Mr. McClellan moved to accept the claims as presented. Ms. Dannave econded the motion. A voice vote was taken and the motion passed unanimously.

### **NEW BUSINESS:**

### **Election of Officers:**

MOTION: Ms. Berkson moved to nominate Dr. Deborah Townsend for President of the CCMHB. Mr. McClellan seconded the motion. Nominations were closed. A voice vote was taken and the motion passed unanimously.

MOTION: Ms. Dannave moved to nominate Dr. Deloris Henry to serve as Vice-President/Secretary of the CCMHB. Ms. Berkson seconded the motion. Nominations were closed. A voice vote was taken and the motion passed unanimously.

### Notice of Funding Availability:

A copy of the Notice of Funding Availability (NOFA) published in the *News Gazette* on December 14, 2014 was included in the Board packet for information only.

### Peoria County Emergency Response Service (ERS) and Crisis Center:

Mr. Driscoll and Ms. Canfield provided a verbal report on their recent to trip to Peoria County. A trip to meet with Peoria Police Department and the Human Service Center to learn about how crisis services are delivered to Peoria County was organized by Lt. Joel Sanders from the Urbana Police Department. Other participants included Lt. Brian Mennenga from the Sheriff's Office and Monica Cherry, Crisis Coordinator from Community Elements (CE). A written summary of the meeting was included in the Board packet as Agenda Item A3.C. Joel Sanders from the Urbana Police Department and Monica Cherry from CE provided a verbal report of the meeting, as well.



### **OLD BUSINESS:**

### **Community Mental Health Services:**

Bruce Barnard from Community Elements revisited the information shared at the November CCMHB meeting. An updated document regarding waiting lists and challenges community mental health services continue to face was distributed. Suggestions made by Community Elements (CE) to the CCMHB included considering multi-year funding for core services to prevent instability.

### **Champaign County CILA Expansion Update:**

A Decision Memorandum was included in the packet. On May 21, 2014, the Champaign County Mental Health Board (CCMHB) passed the following motion:

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MOTION: Mr. McClellan moved to increase the CILA Project borrowing limits by \$200,000 to a total of \$1,000,000 to cover costs up to an average of \$60,000 to \$70,000 for the additional three houses. The anticipated aggregate cost to the CCMHB for the first year (July 1, 2014 through June 30, 2015) should not exceed \$50,000. Dr. Townsend seconded the motion. A roll call vote was taken. All members voted aye and the motion passed unanimously.

### Sustainability Plan ACCESS Initiative (AI):

A copy of a letter sent to Dr. Pattsi Petrie, County Board Chair from Dr. Constance Williams, Co-Principal Investigator of the ACCESS Initiative was included in the Board packet for information only. The letter described the ACCESS Initiative's Sustainability Plan, the national recognition ACCESS staff has received, and the importance of the work of the program to minority youth and families..

Dr. Rappaport commented this program is one of the more well-evaluated program that we fund. He suggested the AI evaluation model be used more for other County programs that aren't being evaluated at this time. An Executive summary on the latest evaluation for the AI was included on Page 17 of the Board packet.

### Alliance for the Promotion of Acceptance, Inclusion and Respect:

A copy of a completed holiday promotion was included in the packet for information only.

### disAbility Resource Expo:

The date for the 2015 Expo will be October 17th.

### **BOARD ANNOUNCEMENTS:**

None.

### ADJOURNMENT:

The meeting adjourned at 5:55 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 – February 18, 2015 Board Meeting

### **Summary of Activity**

<u>CCMHB FY 2016 Application Cycle</u>: The deadline to submit an application for the FY2016 allocation cycle was close of business February 13, 2015. A list of applicants and requested funding by program will be distributed at the meeting.

During the application period technical assistance has been provided on request. This assistance typically involved how to navigate the system or functions associated with specific forms such as the personnel form. While I may check the status of an application, assistance is only provided in response to a request. Ms. Adelaide Aime who chairs the Mental Health Agencies Council (MHAC), asked that Lynn and I discuss the application process at the Council's January meeting. Information shared at the meeting included a refresher on the enhancements made to the system last year as well as written material from FY15 that described the enhancements and other basic functions of the online system. Agencies were encouraged review the program summaries from last year and make an effort to strengthen outcome measures. Questions specific to the Cultural and Linguistic Competence Plan requirements raised at the MHAC meeting or during the application process were referred to Ms. Shandra Summerville.

<u>CCMHB Second Quarter Reports</u>: Program reports for second quarter FY15 contracts were due by the last Friday in January. A few agencies had questions regarding the reports or needed assistance with the forms. These inquiries reflect a desire to get the report done right and in on time. Since the close of the report period, I have completed desk reviews on all reports. Based on the reviews, clarification or minor changes were requested on a small number of reports. Questions posed or requested revisions have been promptly addressed by agency staff.

On a related matter, meetings were held with the executive directors of the Youth and Family Peer Support Alliance and Promise Healthcare regarding the status of the financial audits for the prior contract year. Extensions had been requested due to extenuating circumstances that have significantly delayed the audits from both agencies. The meetings provided an opportunity for the agencies to explain the circumstances surrounding the delays, progress toward completing the audits, and anticipated completion dates and for CCMHB staff to review audit requirements, expectations for timely submission of the audit, and approval of the requested extensions. Further extensions may result in contract payments being withheld until the audit is filed.

<u>Criminal Justice-Mental Health</u>: Related activity includes continued participation in the Reentry Council, attendance at the Community Elements Forensic Team meetings, and a meeting with Bruce Suardini, the Executive Director of Prairie Center about the Drug Court program adding medically assisted treatment. I also met with United Way staff to share information about the crisis care center in Peoria and the coordination that occurs between law enforcement and the community mental health center in responding to crisis calls.



Mr. Suardini requested a meeting to update CCMHB staff on plans by the Champaign County Drug Court to implement a medically assisted treatment pilot project. Partners in the project with Prairie Center include Carle Foundation Hospital, the Sheriff's Office and Champaign County Drug Court. Mr. Suardini expressed his intent to apply to the CCMHB to fund a portion of the costs they will incur to operate the pilot program.

At the Reentry Council meeting the members received reports and engaged in brief discussion on a number of topics including Community Elements plans to reapply to the Department of Justice - Bureau of Justice Assistance Second Chance Prisoner Reentry Initiative, on research to identify foundations that fund support services for individuals being released from jail or prison, reentry screening and engagement statistics, and data to be used to establish the control group for tracking recidivism. A public hearing on the Reentry Council is being planned. The Council also returned to the topic of housing as a high priority need for the reentry population. Also announced at the meeting was the First Follower Foundation Peer Mentoring program led by Council member Marlon Miller will host a kick-off event for the Reentry Drop-In Center on February 27<sup>th</sup> at Bethel AME Church in Champaign. The drop-in center will provide peer support to those transitioning back into the community.

The Community Elements Forensic Team meeting includes updates from staff involved with the various programs serving the criminal justice population. Updates are provided from the team members on engagement, participation in MRT and anger management groups held at the Champaign County Probation Office and Community Elements Walnut Street location, crisis response and coordination with law enforcement, reentry and other activities or developments of interest. The Access program is being fully integrated with the Crisis program. The change will increase staff in the crisis program while also having the program take responsibility for completing all assessments. Assessments will now be done as a walk-in service rather than by appointment.

Other activity: The Continuum of Care reviewed preliminary results from the street survey conducted as part of the point-in-time survey of the homeless population. The results of the street survey will be combined with site surveys and the housing inventory count to generate a final count of the homeless population. The Continuum is required to complete a point-in-time survey annually by HUD. The Continuum was also asked to provide input on the Consolidated Plan prepared by the Cities of Champaign and Urbana and the HOME consortium. The Consolidated Plan is a five year strategic planning document that drives use of Community Development Block Grant funds.

The Child and Adolescent Local Area Network heard a presentation on Prairie Center's Youth Services program that uses the Seven Challenges model and is funded by the CCMHB. The program has a presence at READY School and accepts referrals from various sources including Champaign County Juvenile Probation Office.

Lynn Canfield and I attended the Department of Healthcare and Family Services on the Statewide Transition Plan for the Home and Community Based Services Waivers. I will defer to Lynn regarding additional details about the hearing. I will add though, that Lynn spoke at the hearing and provided insight that had not been addressed up to that point in the hearing.



### Lynn Canfield, Associate Director for Intellectual and Developmental Disabilities Staff Report – February 18, 2015

FY2015 Contracts: Required second quarter reports were submitted for all grant-funded ID/DD programs, although information on persons served is pending from one organization. At the time of this writing, I have not completed processing and desk review. Monthly claims submitted through the Proviso RTS for two contracts include demographic and personal information which completes the spreadsheet tracking utilization of adult ID/DD services across the system.

**Applications for FY2016 Funding:** The deadline for submission of all application materials was Friday, February 13 at 4:30PM. A list of successful applications with funding requests will be distributed at the meeting.

Alliance for the Promotion of Acceptance, Inclusion, and Respect: The packet includes a print promotion developed for ongoing art shows/sales at Café Kopi and Café Zojo. The Alliance steering committee continues to communicate through email about plans for the the April 15-19 Ebertfest. The first issue of the festival's new online newsletter features us and has been distributed to committee and board members. A film has not been selected, but Mrs. Ebert and the festival director and coordinator are viewing three for us. Peter Tracy and I met with the coordinator for updates. Once we know whether the 'anti-stigma' film is youth-friendly, I will approach school administrators about whether a screening/panel discussion for youth is possible in a school setting. Artists have expressed a desire to show on Saturday, April 18, in shifts throughout the day; initial contacts are underway. There is also an opportunity for week-long display in the VIP 'green room' at the Springer Cultural Center.

Employment First: Because Illinois is one of fifteen Core States for the Office of Disability Employment Policy's Employment First Leadership State Mentoring Program (EFLSMP), I received (and forwarded) a number of articles and listened to this month's Community of Practice webinar on certification programs, development of training curriculum and overview, and how funding agencies can use these to expect whether providers will be able to deliver employment support services effectively.

<u>State and National Association Meetings</u>: I participated in meetings of the <u>Association of Community Behavioral Health Authorities of Illinois (ACMHAI)</u> Legislative Committee and Executive Committee and chaired the ID/DD Committee; board members are invited to participate in these regular calls along with those for Medicaid, Children's Behavioral Health, Training and Best Practices, and Membership and Technology Committees; contact me for



schedule and call-in details. The focus continues to be on transitions of state and federal funding systems/regulations and also on the operations of the association.

I viewed two webinars hosted by the National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD) – "To Your Health and Wealth: Sprinting Toward the Triple Aim" (health care reform, creating a culture of health, success in the UK of "Marmot's Model" of social determinants of health, policy goals, objectives, and mechanisms to decrease inequities and improve outcomes in health) and "Peer Services Toolkit: A Guide to Advancing and Implementation of Peer-run Behavioral Health Services" (certification programs, building systems to manage the business end, state level advocacy, integration with professional models of care, a demonstrated decrease in healthcare utilization for those accessing peer services.)

This month's <u>NACBHDD</u> ID/DD Subcommittee call was a presentation by Nancy Thaler, Executive Director of the National Association of State Directors of Developmental Disabilities Services (NASDDDS) on the top four issues programs and states will deal with in 2015: **Employment for Individuals with ID/DD** – focus on work, students leaving school, ODEP (see above), aggressive settlement in Rhode Island (expect more); **Quality Measures** – National Core Indicators are on the table as possible standard; **Financing Services** –some states with major cuts, impact of tighter Medicaid budgets, solutions like managed care and possible Medicare reform; and **CMS Home and Community Based Services** regulations, with many states' transition plans for settings due in March. We learned that conflict-free case management (CFCM) will not be addressed in these transition plans because states are expected to be in compliance by March.

More on those CMS Regulations: In a follow up email exchange with the subcommittee, Nancy Thaler wrote "CMS has made clear in conference calls with states that it is only the HCBS settings requirement that has the 2019 time frame and in written communications with states within the past few weeks the following has been stated: "These conflict of interest provisions do not have a transition period, as do the HCBS setting requirements. Therefore, in its waiver, the state would not be proposing a transition plan, but rather a Corrective Action Plan (CAP). The time frames for a CAP would not be as long as the 2019 period outlined in the HCBS settings transition piece." Already underway was Illinois' Balancing Incentives Program CFCM protocol implementation plan, to be completed by September 30, 2015 for compliance; compliance with the new CMS regs will be triggered by either the waiver renewal application or by implementation of the 1115 waiver (the latter appears unlikely to be pursued, at least in its most recent form).

Information about Illinois' transition plan, due to CMS by March 17, is available at <a href="https://www2.illinois.gov/hfs/MedicalPrograms/HCBS/Transition/Pages/default.aspx">https://www2.illinois.gov/hfs/MedicalPrograms/HCBS/Transition/Pages/default.aspx</a>) Public comment is welcome through the end of February. At a recent listening forum in Champaign, I noted that although CFCM is not to be addressed, and although Illinois may have confidence that it has a good model in the current DD system (i.e., contracting with Pre-Admission Screening and



Independent Service Coordination units), it is not funded for caseloads of 1:35 and is unlikely to be capable of supporting transition to integrated HCBS settings or the person-centered planning process driving them. The recommendations of the Life Choices Project (see <a href="https://www.dhs.state.il.us/page.aspx?item=74550">https://www.dhs.state.il.us/page.aspx?item=74550</a>) and of the relevant 1115 waiver breakthrough groups lay a foundation for system transformation.

<u>CILA Expansion</u>: A great deal of communication and activity continues as we identify appropriate homes and as people seeking smaller residential settings are referred. The first home has been purchased and is undergoing improvements with an early March move date; a second home is in the works.

Other Activity: I attended regular meetings of the Metropolitan Intergovernmental Council, Mental Health Agencies Council (FY16 application process was a focus), and the Champaign Community Coalition, as well as a Coalition presentation to Champaign City Council. Although I was unable to attend the Birth to Six Council of Families and Agencies meeting, I received written subcommittee reports and Child and Family Connections data: for four of six months of FY15, referrals in Champaign County are lower than FY14, and the average monthly rate of 42.3 is lower than the last two years. During small meetings with last month's presenter Pete Moore, some ID/DD service providers, board members, staff, and stakeholders brainstormed on how to support greater integration of work, home, volunteer, and recreation/connection activities. These resulted in the addition of a regular agenda item for service provider updates on successes and the development of an annual recognition event (i.e., of a business partnering with provider(s) or advocates to increase opportunities for people with disabilities), which might fit well with the Expo mainstage.

Ligas, PUNS, and Unmet Need: DHS-DDD Director Casey will conduct a study session in March regarding progress and changes in the state's DD system. I hope to learn that not all of the work done toward an 1115 waiver will be abandoned, that recommendations from the Life Choices Project related to improving PUNS and service coordination/case management will be implemented, and that there really will be an early spring PUNS draw, particularly since BIP (federal grant) money is targeted for reduction of the 'waitlist.'

(9.C.)

### Tracy Parsons, Director, Access Initiative Staff Report -February 2015

### **ACCESS INITIATIVE**

Site Visit- In May 2015, we will participate in our final site visit with SAMHSA. This site visit will be the 4th monitoring and evaluation process that we have participated in during the six- year process. We have consistently scored well in each of the previous site visits. I will provide more specifics on this final project monitoring as we get closer to the actual date.

Direct Services to youth and families- At this point in our year 6 activities, we are winding down our direct services and supports to youth and their families. I believe we only have a handful of families that we are engaged with and supporting with our Boys and Girls Club (Access) staff. The handful of families remaining in our service delivery component are long term clients and were not transferred to CHOICES nor the Youth and Family Peer Support Alliance. There are only 5 staff members remaining in this area of our work. All service delivery staff will be transitioned out of the project by May 2015.

Marketing- we are currently developing a marketing tool to use and share the Access Initiative story. This document will promote the true Access Initiative narrative in a comprehensive strategic way. We identified 8 goals for the project in the first year of organizing to guide our work. Our strategy is to present this document county –wide and use all forms of media, social media as well as presentations to stakeholders. The document will be complete by months end.

State of Illinois, System of Care Expansion- I serve on the State of Illinois System of Care Expansion Leadership Committee (IUY). Through the Department of Mental Health, the State has received a federal grant to continue promoting and expanding SOC philosophies and practices statewide. I attend planning and coordination meetings and will participate in the selection of the new project director. Access staff will also participate on various committees and work groups.

Contracts- all current 2014-2015 Access contracts will end June 2015. This includes contracts with federal funds and MHB funds. Agencies have been encouraged to apply and submit applications for MHB funding during this cycle.

Project Close-Out Process- The Access Initiative formal close out process is underway. The project ends September 30, 2015. I will be meeting this month with of State of Illinois liaisons to organize the final steps. I will be providing more details in the next few months.



### **BLACK HISTORY MONTH**

During this time of year, I will participate and attend multiple activities, programs and events that support the Martin Luther King Holiday and Black History Month. By months end, I will have presented, read books and spoken in over 10 elementary schools, 3 middle schools and all of the public high schools in the Champaign-Urbana Schools Districts. There are many highlights, but what I most enjoy is the engagement with the younger students. They usually are still excited about the learning opportunities.

### **COMMUNITY COALITION**

For the past several months, I have served and worked in the facilitation role for the newly titled Champaign County Community Coalition (Coalition). The goal of the Coalition is to bring together local government, schools, park districts, law enforcement, service agencies, providers, youth and family and our faith community together to address our communities most challenging social and economic issues. The thought is that not one of these identities can solve these issues in isolation. Maybe, if we had a comprehensive approach, we can be more impactful. The Coalition has been in existence since 2012. The Coalition meets monthly and I facilitate the monthly meeting. There also is an executive committee that I serve on and it meets monthly as well. At this point, I am spending over 20 hours weekly on Coalition activities. We look forward to doing a presentation on the Coalition to the MHB in the near future.

### COMMUNITY ENGAGEMENT

In my role of Access Director, I serve and participate in/on multiple community committees, task forces and groups. Over 10 hours of my week, I spend attending and participating on these initiatives. My participation in these initiatives is targeted and strategic. The initiatives I support focus in the areas of: education, juvenile justice, youth and family engagement and support, individual youth advocacy and child welfare. I am also a full supporter and participate in the CHOICES, Medicaid and DCFS local pilot. I am spending 1-3 hours weekly on this project.



### **ACCESS Initiative Staff Update**

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

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

Month of: January 2015 Staff Name: Regina Crider Infrastructure Area(s): Family Engagement

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

NA

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

January 12 <sup>th</sup>	ICMHP	Advocacy Committee	Advocacy Committee make recommendations to ICMHP about various activities and topics taking place in the state.
January 20 <sup>th</sup>	FREDLA	Jane Walker – FREDLA Millie Sweeney – Family Solutions Consulting Malisa Parson – FREDLA Jane Kallal – Family Involvement Center Lisa Conlan – Parent Support Network of Rhode Island	I will be a co-presenter at FREDLA's Small Group Meeting entitled Family Run Organizations: Key Strategy for Expanding SOC In April. The calls are planning calls.

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

January 14th Champaign County Rural Transit Advisory Attended my first meeting as Group an Advisory Board Meeting. Reviewed budget and transportation data. Update on all the transition from CRIS to C-CARTS. Toured the MTD facility. Progress in Work Plan Activities – Please highlight current work plan activities and progress made toward completion of these goals. GOAL 1: Building a sustainable and replicable service delivery system and infrastructure Activity/Strategy 6: Coordinating Council/ YFPSA Board Retreat and January: no meeting Governance Development Training Activity/Strategy 7: Workforce NA NA Development Goal 2: Increasing access to trauma- and justice-informed services and supports that reflect SOC values and principles NA Goal 3: Increasing youth, family, and community leadership and engagement across all levels Activity/Strategy 1: Training for Families/Caregivers Activity/Strategy 2: Youth – Training Topics | NA NA GOAL 4: Extending the capacity of organizations, agencies, informal supports and systems NA GOAL 5: Promoting authentic cross system/ collaboration and communication NA GOAL 6: Expanding the community's capacity to understand mental health

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

<u>Issues/Challenges</u> – *Please share any challenges*.

 $\sim$  NA

<u>Assistance Needed for the Upcoming week</u> – Please share any assistance you need from the ACCESS team for upcoming activities or events.

NA

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



### **ACCESS Initiative Staff Update**

Month of: January 2015 Staff Name: Allison Brown Infrastructure Area(s): Evaluation

### **Committee/Working Group Activity**

Disparities and Disproportionality workgroup	Data analyses underway	Ongoing	Workgroup effort is underway for analyzing data that address local disparities and disproportionality

### Strategic Meetings/Community Presentations.

	:		
Evaluation Staff Meetings	Weekly Evaluation Team meetings	Every Thursday 10:30am- 12:00pm	Regular team meeting to update and discuss all evaluation activities
Community Interviewer Meetings	Weekly Community Interviewer	Ongoing, as needed	Regular team meeting to update and discuss interviewer issues and activities
ACCESS Admin Meeting	As needed	Ongoing	Meeting of ACCESS and Evaluation administrative staff to discuss issues and updates
Evaluation Site Liaison TA Meeting	Monthly meetings	Every 3 <sup>rd</sup> Monday of the month 12:00pm-1:00pm	Conference call with National Evaluation TA Site liaison
Evaluation Collaboration Team Meeting	Tri-annual meetings	Ongoing	Evaluation Collaboration Team (ECT) Meeting to engage community participation in Evaluation activities; Development of special workgroups
Interviewer Training	Weekly	Ongoing	Team training for newly hired evaluation interviewers

### **Progress in Work Plan Activities**

GOAL 1: Building a sustainable and replicable service delivery system and infrastructure

GOAL 2: Increasing access to trauma- and justice-informed services and supports that reflect SOC values and principles

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

GOAL 4: Extending the capacity of organizations, agencies, informal supports and systems

GOAL 5: Promoting authentic cross system/ collaboration and communication

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

GOAL 7: Encouraging rigorous evaluation

National Evaluation	Ongoing /daily Evaluation staff	<ol> <li>Recruiting new families into National Evaluation</li> <li>Conducting baseline, 6, 12, 18 and 24-month community interviews of families enrolled in National Evaluation</li> <li>Entering EDIF/CIUF, TRAC NOMS, and quarterly IPP data</li> <li>Collecting Services and Costs data</li> <li>Triannual reports of descriptive and longitudinal data</li> <li>Collecting services and Costs data via chart review</li> <li>Preparing Mental Health center services and costs data for submission</li> </ol>
Local Evaluation	Ongoing/daily Evaluation staff	<ol> <li>Analyses and reports for local Organization         Assessment Survey</li> <li>Data analysis for InterAgency Network Tool</li> <li>Archival services chart review/data collection</li> <li>Disparities data analyses</li> <li>Collecting local services and process data via chart review</li> <li>Analyzing Mental Health center services and costs</li> </ol>
Continuous Quality Improvement	Ongoing/daily Evaluation staff	<ol> <li>Maintaining contact with ACCESS staff regarding process/policy updates</li> <li>TRAC NOM data entry/audits</li> </ol>



Required Reporting	Ongoing as required	<ol> <li>Quarterly tracking and data entry of TRAC IPP indicators</li> <li>Entering TRAC NOMS and EDIF/CIUF data</li> </ol>
		National Evaluation monthly MEAR reports     Mental Health Board - monthly updates



### Jonte' Rollins, ACCESS Linkage Engagement and Communications Coordinator (LECC) Staff Report- February 18, 2015 (reporting period Dec. 2014-Jan. 2015)

This staff member was ill during the second half of December and went on official medical leave January 13, 2015. I returned to work with limited duties on January 28, 2015 and will remain on limited work restriction until I receive medical clearance.

### Strategic Meetings/Community Presentations

Dec. 10, 2014: Region 4 Choices Family Forum/Focus Group- Hosted a community form/focus group to obtain input from Vermillion County youth and caregivers around their experiences with mental health services and youth service system involvement. Information collected will be used to develop Illinois Choices family leadership councils and family driven plan

Dec. 11, 2014: Region 4 Choices Family Forum/Focus Group- Hosted a community form/focus group to obtain input from Iroquois County youth and caregivers around their experiences with mental health services and youth service system involvement. Information collected will be used to develop Illinois Choices family leadership councils and family driven plan

Dec. 12, 2014: Region 4 Choices Family Forum/Focus Group- Hosted a community form/focus group to obtain input from Champaign County youth and caregivers around their experiences with mental health services and youth service system involvement. Information collected will be used to develop Illinois Choices family leadership councils and family driven plan

Dec. 15, 2014: YFPSA Peer Support In-Service Day- One training to on family engagement and delivering effective peer support services to youth and caregivers involved in multiple systems

Jan. 8, 2015: Contract Budget Meeting with Don Moyer Boys and Girls Club to review contracts and budgets at mid-year. Discussion also took place regarding upcoming CCMHB applications for FY2016

Jan. 9, 2015: Participated in Youth MOVE webinar "Supporting Youth Peer Support in Your Organization"

Jan. 30, 2015: YFPSA Youth Advocacy planning session to begin creating the service delivery provisions for youth advocacy services and supports provided by YFPSA as a peer to peer support model for youth.

### Community Coalitions/Committees/Working Groups

JDC Staffing and Assignment Meetings: YFPSA staff conducts screenings on all youth who are detained at JDC. This worker meets with Connie Kaiser (JDC Superintendent) and Teresa Zebe (Juvenile Probation



Services Supervisor) on a weekly basis to staff those youth and connect them to desired services and supports. During this reporting period, we met on Dec. 15, 2014, Dec. 9, 2014, Jan. 6, 2015, and Jan. 12, 2015.

## EXPENDITURE APPROVAL LIST

2/06/15

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VENDOR VENDOR NO NAME	VENDOR TRN B TR NAME DTE N CD	TRANS PO N NO	PO NO CHECK NUMBER	CHECK ACCOUNT NUMBER DATE	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND	FUND NO. 090 MENTAL HEALTH	IEALTH					
*** DEPT	DEPT NO. 053 MENTAL H	MENTAL HEALTH BOARD					
16	CHAMPAIGN COUNTY TREASURER 1/29/15 80 VR 53- 483	Y TREASURER 53- 483	518946	GENERAL CORP FND 080 1/30/15 090-053-533.29-00	00 COMPUTER/INF TCH SERVICESFY14	SFY14 IT COMPUTER SV VENDOR TOTAL	290.47 *
52	CHAMPAIGN COUNTY TREASURER 1/12/15 01 VR 53- 7 2/04/15 01 VR 53- 55	Y TREASURER 53- 7 53- 55	518337	RENT-GENERAL CORP 1/15/15 090-053-533.50-00 2/06/15 090-053-533.50-00	00 FACILITY/OFFICE RENTALS 00 FACILITY/OFFICE RENTALS	JAN OFFICE RENT FEB OFFICE RENT VENDOR TOTAL	2,884.17 2,884.17 5,768.34 *
41	CHAMPAIGN COUNTY TREASURER 1/13/15 80 VR 620- 221 1/28/15 07 VR 620- 9	/ TREASURER 20- 221 20- 9	518338 518948	HEALTH INSUR FND 620 1/15/15 090-053-513.06-00 1/30/15 090-053-513.06-00	00 EMPLOYEE HEALTH/LIFE INS 00 EMPLOYEE HEALTH/LIFE INS	OCT-DEC FSA&HRA ADM JAN HI, LI, & HRA VENDOR TOTAL	82.50 3,245.95 3,328.45 *
<b>∞ ∞</b>	CHAMPAIGN COUNTY TREASURER 1/28/15 07 VR 88- 2 1/28/15 80 VR 88- 80	Y TREASURER 88- 2 88- 80	518953	I.M.R.F. FUND 088 1/30/15 090-053-513.02-00 1/30/15 090-053-513.02-00	00 IMRF - EMPLOYER COST 00 IMRF - EMPLOYER COST	IMRF 1/9 P/R FY15 IMRF 1/9 P/R FY14 VENDOR TOTAL	269.84 1,003.36 1,273.20 *
104	CHAMPAIGN COUNTY TREASURER 1/12/15 01 VR 53- 18 2/04/15 01 VR 53- 45	Y TREASURER 53- 18 53- 45	518344	HEAD START FUND 104 1/15/15 090-053-533.92-00 2/06/15 090-053-533.92-00	00 CONTRIBUTIONS & GRANTS 00 CONTRIBUTIONS & GRANTS	JAN SOC/EMOT SVCS FEB SOC/EMOT SVCS VENDOR TOTAL	3,419.00 3,419.00 6,838.00 *
161	CHAMPAIGN COUNTY TREASURER 1/12/15 01 VR 53- 17 2/04/15 01 VR 53- 44	Y TREASURER 53- 17 53- 44	518348	REG PLAN COMM FND075 1/15/15 090-053-533.92-00 2/06/15 090-053-533.92-00	00 CONTRIBUTIONS & GRANTS 00 CONTRIBUTIONS & GRANTS	JAN YOUTH ASSMNT CT FEB YOUTH ASSMNT CT VENDOR TOTAL	2,167.00 2,167.00 4,334.00 *
176	CHAMPAIGN COUNTY TREASURER 1/26/15 80 VR 118- 129	Y TREASURER 18- 129	518959	SELF-FUND INS FND476 1/30/15 090-053-533.20-00	00 INSURANCE	FY14 PROP INS 090	239.18

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PAGE 2	ITEM DESCRIPTION		FY14 LIAB INS 090 INSWORK COMP 12/12,26P VENDOR TOTAL	JAN CAC FEB CAC VENDOR TOTAL	R FICA 1/9 P/R FY15 R FICA 1/9 P/R FY14 VENDOR TOTAL	INV 2014536 1/21 VENDOR TOTAL	S8771403010088314 1/ VENDOR TOTAL	JAN CUSTOM EMPLOY JAN SELF DETERMINAT FEB CUSTOM EMPLOY FEB SELF DETERMINAT VENDOR TOTAL	JAN CJ & PROB SOLV JAN CRISIS/ACCESS
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PAGE 3	ITEM DESCRIPTION		JAN INTEGRATED BH JAN PSYCH/PRIME JAN EARLY C'HOOD JAN PLL FRONT END FEB CJ & PROB SOLV FEB CRISIS/ACCESS FEB INTEGRATED BH FEB PSYCH/PRIM FEB PSYCH/PRIM FEB PLL FRONT END FEB PLL FRONT END	JAN RESOURCE CONNEC FEB RESOURCE CONNEC VENDOR TOTAL	JAN AWP FEB AWP VENDOR TOTAL	JAN BEYOND BLUE FEB BEYOND BLUE VENDOR TOTAL	JAN INTEGRATED SVCS FEB INTEGRATED SVCS VENDOR TOTAL
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	VENDOR NO	*** FUND NO		18230	19260	19346	22300

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*** FUND	NO. 090 MENTAL	НЕАГТН					
22730	DON MOYER BOYS &	GIRLS CLUB	JB				
	01 VR	i	518401	1/15/15 090-053-533.92-00	CONTRIBUTIONS & GRANTS	JAN COMMUNITY HOME	11,250.00
	1/12/15 01 VR 53	í	518401	1/15/15 090-053-533.92-00	CONTRIBUTIONS & GRANTS	JAN ENGAGE SOC MRKT	5,417.00
	1/12/15 01 VR 53	3- 21	518401	1/15/15 090-053-533.92-00	CONTRIBUTIONS & GRANTS	JAN TRAUMA TRAINING	2,500.00
	2/04/15 01 VR 53	3- 48	519497	2/06/15 090-053-533.92-00	CONTRIBUTIONS & GRANTS	FEB COMMUNITY HOME	11,250.00
	2/04/15 01 VR 53	1	519497	2/06/15 090-053-533.92-00	CONTRIBUTIONS & GRANTS	FEB ENGAGE SOC MRKT	5,417.00
	2/04/15 01 VR 53	3 - 48	519497	2/06/15 090-053-533.92-00	CONTRIBUTIONS & GRANTS	FEB TRAUMA TRAINING	2,500.00
						VENDOR TOTAL	38,334.00 *
24215	EAST CNTRL IL REF	REFUGEE MUTUAL	ASSIST	CTR			
	1/12/15 01 VR 53	3- 22	518405	1/15/15 090-053-533.92-00	CONTRIBUTIONS & GRANTS	JAN FAMILY SUPPORT	1,083.00
3	2/04/15 01 VR 53	3- 49	519501	2/06/15 090-053-533.92-00	CONTRIBUTIONS & GRANTS	FEB FAMILY SUPPORT	1,083.00
2)						VENDOR TOTAL	2,166.00 *
26000	FAMILY SERVICE OF	' CHAMPAIGN	SN COUNTY	GRANTS			
	1/12/15 01 VR 53	12	518412	1/15/15 090-053-533.92-00	CONTRIBUTIONS & GRANTS	JAN SELF HELP	2,411.00
	1/12/15 01 VR 53	3- 12	518412	1/15/15 090-053-533.92-00	CONTRIBUTIONS & GRANTS	JAN SENIOR COUNSEL	11,861.00
	2/04/15 01 VR 53	- 3	519507	2/06/15 090-053-533.92-00	CONTRIBUTIONS & GRANTS	FEB SELF HELP	2,411.00
	2/04/15 01 VR 53	39	519507	2/06/15 090-053-533.92-00	CONTRIBUTIONS & GRANTS	FEB SENIOR COUNSEL	11,861.00
						VENDOR TOTAL	28,544.00 *
44570	MAHOMET AREA YOUTH	H CLUB		601 EAST FRANKLIN			
	01 VR	- 2	518449	1/15/15 090-053-533.92-00	CONTRIBUTIONS & GRANTS	JAN UNIV SCREENING	1,250.00
	1/12/15 01 VR 53		518449	1/15/15 090-053-533.92-00	CONTRIBUTIONS & GRANTS	JAN BLAST	1,250.00
	5 01 VR 5	- 5	519546	2/06/15 090-053-533.92-00	CONTRIBUTIONS & GRANTS	FEB UNIV SCREENING	1,250.00
	2/04/15 01 VR 53	- 20	519546	2/06/15 090-053-533.92-00	CONTRIBUTIONS & GRANTS	FEB BLAST	1,250.00
						VENDOR TOTAL	5,000.00 *
50106	NATL ASSC OF CNTY	BEHAVRL	HLTH & DEV	DIS NW, SUITE 500			
	2/04/15 01 VR 53	33	519555	2/06/15 090-053-533.93-00	DUES AND LICENSES	2015 NACBHDD DUES VENDOR TOTAL	750.00

# EXPENDITURE APPROVAL LIST

PAGE 5	ITEM DESCRIPTION EXPENDITURE AMOUNT		& MAN. AC 218675 1YR FY15 178.32 RTISING7084 AD1257219 12/1 49.61 VENDOR TOTAL 227.93 *	AIRFARE 1/21-22 462.20 VENDOR TOTAL 462.20 *			INV US6SL4 11/10 5.51	AC 5734 PEC BENT 5.51		VENDOR TOTAL 30.43 *		JAN SPECIALTY COURT 15,619.00	CJ SUB TREATMEN	4	PLL EXTEND CARE 24.325	YOUTH SVCS 8,750.0	SPECIALTY COURT	CJ SUB TREATMEN	PREVENTION 4	DI.T. EXTEND CAPE.	YOUTH SVCS		AT MOUNT / SEGMENT / SEGMENTED NAT
-5	NUMBER ACCOUNT DESCRIPTION		522.03-00 BOOKS, PERIODICALS 533.70-00 LEGAL NOTICES, ADVE	-533.07-00 PROFESSIONAL SERVICES A.		.31-00 EQUIPMENT KENTALS		.51-00 EQUIPMENT RENTALS	OFFICE SUPPLIES			.92-00 CONTRIBUTIONS & GRANTS	533.92-00 CONTRIBUTIONS & GRANTS JAN	533.92-00 CONTRIBUTIONS & GRANTS JA	533.92-00 CONTRIBUTIONS & GRANTS JAN	-533.92-00 CONTRIBUTIONS & GRANTS JAN	533.92-00 CONTRIBUTIONS & GRANTS FEB	-533.92-00 CONTRIBUTIONS & GRANTS FEB	533.92-00 CONTRIBUTIONS & GRANTS FEB		& GRANTS FE		090-053-533.92-00 CONTRIBUTIONS & GRANTS
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PAGE 6	ITEM DESCRIPTION		JAN MH SVCS FEB WELLNESS/JUSTIC FEB MH SVCS VENDOR TOTAL	JAN RAPE/ADVC/COUNS FEB RAPE/ADVC/COUNS VENDOR TOTAL	3RD QTR CONSULT FEE VENDOR TOTAL	INV 1109262 1/13 VENDOR TOTAL	INV 2015502 1/10 INV 2015502 1/10 SSINV 2015501 1/10 VENDOR TOTAL	3RD QTR 211 PATH SV VENDOR TOTAL	EBERTFEST SPNSR 201 VENDOR TOTAL
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PAGE 7	ITEM DESCRIPTION		JAN GIRLS ADVOCACY FEB GIRLS ADVOCACY VENDOR TOTAL	JAN COM STUDY CENTE FEB COM STUDY CENTE VENDOR TOTAL	3930 STAPLES 1/3 3930 STAPLES 1/3 3930 EXPEDIA 1/7 3930 STAPLES 12/19 3930 STAPLES 12/19 3930 OPH MTG 12/16 3930 DESTIHL 12/16	INV 134200248 1/3 VENDOR TOTAL	JAN FAM ENGAGEMENT JAN UNIV SCREENING JAN YOUTH MOVE FEB FAM ENGAGEMENT FEB UNIV SCREENING FEB YOUTH MOVE
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	VENDOR VENDOR NO NAME	*** FUND NO	76921	78120	8888	81610	82500

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PAGE	ITEM DESCRIPTION		JAN PROFESSIONAL FEB PROFESSIONAL VENDOR TOTAL	607 MILE 11/3-12/18 PARKING 11/3-12/18 VENDOR TOTAL	36 MILE 12/3-30 VENDOR TOTAL	DEPARTMENT TOTAL		ROYAL OAK START UP VENDOR TOTAL	DEPARTMENT TOTAL	FUND TOTAL
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	VENDOR VENDOR TRN B TR NO NAME DTE N CD	*** FUND NO. 090 MENTAL	BRESSNER, BARBARA J. 1/20/15 01 VR 53- 2/04/15 01 VR 53-	CANFIELD, LYNN 1/14/15 91 VR 1/14/15 91 VR	HOWARD-GALLO, 1/14/15 91 VR		*** DEPT NO. 054 CILA PROJECT	JOEL WARD HOMES TRUST ACCOUNT 2/04/15 01 VR 54- 2		
	VENDOR	*** FUND	602880	604568	619548		*** DEPT	39021		

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VENDOR NO 1	VENDOR VENDOR TRN B TR TRANS PO NO NAME DTE N CD NO	PO NO CHECK NUMBER	CHECK ACCOUNT NUMBER ACCOUDATE	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO.	NO. 641 ACCESS INITIATIVE GRANT	ANT				
*** DEPT	NO. 053 MENTAL HEALTH BOARD					
16	CHAMPAIGN COUNTY TREASURER 1/29/15 80 VR 641- 139 2/04/15 80 VR 641- 143 2/04/15 80 VR 641- 143 2/04/15 80 VR 641- 143	518946 519426 519426 519426	GENERAL CORP FND 080 1/30/15 641-053-533.29-00 COMPU 2/06/15 641-053-533.01-00 AUDIT 2/06/15 641-053-533.01-00 AUDIT 2/06/15 641-053-533.01-00 AUDIT	COMPUTER/INF TCH SERVICESFY14 AUDIT & ACCOUNTING SERVCSFY14 AUDIT & ACCOUNTING SERVCSFY13 AUDIT & ACCOUNTING SERVCSFY13	SFY14 IT COMPUTER SV SFY14 AUDITOR SERV SFY14 HLTH/LIFE 020 SFY13 OUTSID AUDT 64 VENDOR TOTAL	42.40 1,121.60 105.07 1,370.00 2,639.07 *
4	CHAMPAIGN COUNTY TREASURER 1/13/15 80 VR 620- 221 1/28/15 07 VR 620- 9	518338	HEALTH INSUR FND 620 1/15/15 641-053-513.06-00 EMPLOYEE 1/30/15 641-053-513.06-00 EMPLOYEE	OYEE HEALTH/LIFE INS OYEE HEALTH/LIFE INS	OCT-DEC FSA&HRA ADM JAN HI, LI, & HRA VENDOR TOTAL	16.50 619.40 635.90 *
38	CHAMPAIGN COUNTY TREASURER 2/04/15 80 VR 641- 143 2/04/15 80 VR 641- 143	519430	TORT IMMUNITY FND076 2/06/15 641-053-533.01-00 AUDIT 2/06/15 641-053-533.01-00 AUDIT	F & ACCOUNTING SERVCSFY14 F & ACCOUNTING SERVCSFY14	SFY14 WK COMP 020 SFY14 UNEMP 020 VENDOR TOTAL	5.42 14.02 19.44 *
<b>α α</b>	CHAMPAIGN COUNTY TREASURER 1/28/15 07 VR 88- 2 1/28/15 80 VR 88- 80 2/04/15 80 VR 641- 143	518953 518953 519432	I.M.R.F. FUND 088 1/30/15 641-053-513.02-00 IMRF 1/30/15 641-053-513.02-00 IMRF 2/06/15 641-053-533.01-00 AUDIT	- EMPLOYER COST IMRF - EMPLOYER COST IMRF F & ACCOUNTING SERVCSFY14	IMRF 1/9 P/R FY15 IMRF 1/9 P/R FY14 SFY14 IMRF 020 VENDOR TOTAL	69.57 273.64 97.82 441.03 *
176	CHAMPAIGN COUNTY TREASURER 1/26/15 80 VR 118- 129 1/26/15 80 VR 118- 129 2/04/15 81 VR 119- 78	518959 518959 519438	SELF-FUND INS FND476 1/30/15 641-053-533.20-00 INSURANCE 1/30/15 641-053-533.20-00 INSURANCE 2/06/15 641-053-513.04-00 WORKERS'	COMPENSATION	FY14 PROP INS 641 FY14 LIAB INS 641 INSWORK COMP 12/12,26P VENDOR TOTAL	195.81 1,537.54 44.30 1,777.65 *
188	CHAMPAIGN COUNTY TREASURER 1/28/15 07 VR 188- 6	518961	SOCIAL SECUR FUND188 1/30/15 641-053-513.01-00 SOCIAL	AL SECURITY-EMPLOYER	FICA 1/9 P/R FY15	59.34

# EXPENDITURE APPROVAL LIST

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					2/06/15		PAGE 13	
VENDOR NO	VENDOR VENDOR TRN B TR NO NAME DTE N CD	TRANS PO NO	PO NO CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	LIO	EXPENDITURE
*** FUNI	FUND NO. 641 ACCESS INI	INITIATIVE GRANT	ANT					AMOON I
	1/28/15 80 VR 188- 2/04/15 80 VR 641-	127	518961	1/30/15 6 2/06/15 6	641-053-513.01-00 641-053-533.01-00 <i>j</i>	SOCIAL SECURITY-EMPLOYER FICA AUDIT & ACCOUNTING SERVCSFY14	R FICA 1/9 P/R FY14 CSFY14 FICA 020 VENDOR TOTAL	233.37 75.46 368.17.*
572	ABSOPURE WATER 1/16/15 91 VR 641- 1/20/15 01 VR 641-	141 5	518593 518593	1/23/15 6	641-053-522.02-00 C	OFFICE SUPPLIES EQUIPMENT RENTALS	INV 83458232 12/29 INV 54948200 12/31 VENDOR TOTAL	•
18053	COMCAST CABLE - ACC 1/12/15 01 VR 641-	- ACCESS INITIATIVE ACCT 641- 1 518386	ATIVE ACCI 518386	AC#87 1/15/15	AC#8771403010217756 .5/15 641-053-533.29-00 C	COMPUTER/INF TCH SERVICES8771403010217756	:S8771403010217756 JA VENDOR TOTAL	102.85
252130	DON MOYER BOYS & GIRLS 1/12/15 01 VR 641- 1/12/15 01 VR 641- 1/12/15 01 VR 641- 2/04/15 01 VR 641- 2/04/15 01 VR 641- 2/04/15 01 VR 641-	IRLS CLUB 2 2 7 7 7	518401 518401 518401 519497 519497	1/15/15 6. 1/15/15 6. 1/15/15 6. 2/06/15 6. 2/06/15 6.	641-053-533.92-00 C 641-053-533.92-00 G 641-053-533.92-00 G 641-053-533.92-00 G 641-053-533.92-00 G	CONTRIBUTIONS & GRANTS	JAN SVCS/ADMIN TEAM JAN SVCS/SUPP STAFF JAN COORD COUNCIL FEB SVCS/ADMIN TEAM FEB SVCS/SUPP STAFF FEB COORD COUNCIL VENDOR TOTAL	13,333.00 18,088.00 1,250.00 13,333.00 18,088.00 1,250.00 65,342.00 *
56750	PRAIRIE CENTER HEALTH 1/12/15 01 VR 641- 2/04/15 01 VR 641-	TH SYSTEMS 3 8	518470 519566	GRANTS 1/15/15 64 2/06/15 64	'S 641-053-533.92-00 CC 641-053-533.92-00 CC	CONTRIBUTIONS & GRANTS CONTRIBUTIONS & GRANTS	JAN CUL/LING COMPT FEB CUL/LING COMPT VENDOR TOTAL	6,912.00 6,912.00 13,824.00 *
67867	SPOC LLC 1/28/15 03 VR 28-	11	519137 1	D/B/A C 1/30/15 64	. CHAMPAIGN TEL 641-053-533.33-00 TE	TELEPHONE SERVICE	INV 1109262 1/13 VENDOR TOTAL	26.62
78552	VERIZON WIRELESS-MNTL HLTH BD/ACCESS 1/20/15 01 VR 641- 6 518786	IL HLTH BD/ 6		INT AC 2863 1/23/15 64	6369166-00001 641-053-533.33-00 TE	TELEPHONE SERVICE	28636916600001 1/2	153.23

153.23 153.23 \*

28636916600001 1/2 VENDOR TOTAL

# EXPENDITURE APPROVAL LIST

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PAGE 14	rio		4342 PARK MTR 12/16	VENDOR TOTAL	934000160006 12/31	TRIOK LOLAT	INV 077530970 1/1	VENDOR 101AL	JAN YOUTH MOVE FEB YOUTH MOVE	VENDOR TOTAL	TAXI 11/21-22 967 MILE 10/1-12/18 VENDOR TOTAL.
2/06/15	CK CHECK ACCOUNT NUMBER ACCOUNT DESCRIPTION ER DATE		VISA CARDMEMBER SERVICES-ACCESS INITITIV AC#4798510049574342 1/22/15 95 VR 641- 142 518799 1/23/15 641-053-533.12-00 JOB-REQUIRED TRAVEL EXP	SUITE D	00 1/23/15 641-053-533.89-00 PUBLIC RELATIONS		19 1/23/15 641-053-533.85-00 PHOTOCOPY SERVICES	NCE	5 1/15/15 641-053-533.92-00 CONTRIBUTIONS & GRANTS 2 2/06/15 641-053-533.92-00 CONTRIBUTIONS & GRANTS	ACCESS INITIATIVE	1/2
	TRANS PO NO CHECK NO NUMBER	ITIATIVE GRANT	SRVICES-ACCESS INIT. - 142 518799		137 518800		140 518809	EER SUPPORT ALLIA	4 518525 9 519632		138 518833 138 518833
	VENDOR VENDOR TRN B TR NO NAME DTE N CD	*** FUND NO. 641 ACCESS INITIATIVE GRANT	VISA CARDMEMBER SEF 1/22/15 95 VR 641-	WBCP-AM	1/16/15 91 VR 641-	XEROX CORPORATION	1/16/15 91 VR 641-	YOUTH AND FAMILY PEER SUPPORT ALLIANCE	1/12/13 01 VR 641- 2/04/15 01 VR 641-	PARSONS, TRACY	1/16/15 91 VR 641- 1/16/15 91 VR 641-
	VENDOR '	*** FUND	78892	78975		81610	40	82500		635152	

91,057.18 \*

DEPARTMENT TOTAL

91,057.18 \*

FUND TOTAL

ACCESS INITIATIVE GRANT

MENTAL HEALTH BOARD

# EXPENDITURE APPROVAL LIST

2/06/15

	EXPENDITURE AMOUNT			36.00 *	36.00 *	36.00 *
PAGE 15	ITEM DESCRIPTION			SESREIM BUS PASS VENDOR TOTAL	DEPARTMENT TOTAL	FUND TOTAL
	ACCOUNT DESCRIPTION			685-031-533.53-00 SPECIALTY COURTS EXPENSESREIM BUS	CIRCUIT COURT	SPECIALTY COURTS PROGRAM
CT /00/7	K ACCOUNT NUMBER				CIRCUI	SPECIA
	TRANS PO NO CHECK CHECK NO NUMBER DATE	OGRAM		519218 1/30/15		
	TRANS PC NO	SPECIALTY COURTS PROGRAM	COURT	- 5		
	VENDOR VENDOR TRN B TR NO NAME DTE N CD	*** FUND NO. 685 SPECIALTY	*** DEPT NO. 031 CIRCUIT COURT	629023 LUCKETT, ROBERT 1/28/15 03 VR 685-		



1,307,908.20 \*

REPORT TOTAL \*\*\*\*

### ACCESS Initiative Infrastructure and Service Delivery Brief Report to the Champaign County Mental Health Board

December 2014

Prepared by:

Nicole E. Allen Mark S. Aber Allison A. Brown

ACCESS Initiative Evaluation Team University of Illinois at Urbana-Champaign

### ACCESS Initiative Infrastructure and Service Delivery Brief Report

Since the inception of the ACCESS Initiative, the ACCESS Evaluation Team¹ has been engaged in planning and infrastructure development to ensure a high quality implementation of the national evaluation, local evaluation activities and mechanisms to ensure continuous quality improvement and have maintained the necessary supports to pursue the local and national evaluation. Local efforts aim to be data-driven, with a commitment to continuous quality improvement and to implementation of evidenced-based practices and practice-based evidence throughout the System of Care. This report describes accomplishments in a brief and non-exhaustive summary of ACCESS Initiative evaluation findings with attention to three areas: (a) infrastructure change effort; (b) characteristics of population served; and (c) preliminary outcome data.

These data are *preliminary*, given that data collection is *ongoing* and that the number of youth/families assessed from longitudinal data at intake to six months will increase, *and* additional data points will be examined. Further, this summary indicates trends, but does not establish the significance of change over time in all areas; the data should be interpreted in terms of trends to further investigate.

### **Executive Summary**

### Method

- Data included in this brief report come from two sources:
  - Infrastructure data gathered quarterly from ACCESS staff and agency partners regarding various facets of effort (described below). These data were collected through FY 2014. Data collection is ongoing.
  - Descriptive and longitudinal data gathered via client files and interviews with families at intake and six months after intake. Data are also collected from families at twelve, eighteen and twenty-four month time points. Only six-month follow-up data from 49 families are included here. Not every instrument has responses from all 49 families.<sup>2</sup> Youth who meet criteria and are enrolled in ACCESS are eligible for enrollment into the national evaluation study. One exception involves siblings. While multiple siblings can be enrolled

<sup>&</sup>lt;sup>2</sup> Data collection is ongoing. We have interviewed approximately 60% of families who have reached the six-month follow-up time point to date. Such attrition is not uncommon in longitudinal designs. Our attrition rate parallels the national average for funded System of Care sites. When data collection is complete we will assess whether there were systematic differences between those retained in the study and those not (e.g., service engagement, presenting issues).



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

in ACCESS Initiative service array, only one youth per family can participate in the national evaluation. The reported data is collected through August, 2014.

### Results

- Infrastructure. The ACCESS Initiative has facilitated and been a partner in many infrastructure changes across the Workforce Development, Organizational Change, Partnership/Collaboration and Target of Practice Domains (see pp. 4 –10). Through FY2014, these changes included 63 unique trainings implemented by multiple community agencies on topics related to System of Care principles and evidence-based practices; 106 specific instances of organizational policy, procedure and practice change; 40 instances of formal partnership and collaboration (i.e., with formal MOUs or contracts); and 34 instances of implementation of evidence-based practices. These infrastructure changes are markers of the extent to which the ACCESS Initiative is affecting change not as a service program, but as a catalyst for changes across the service array.
- Characteristics of Youth Served: Youth engaged in the ACCESS Initiative reflect the population that the effort aimed to target. Youth and families present with complex mental health needs and challenges. Youth were often involved in the juvenile justice system and disengaged from school. Youth and families had contact with multiple systems and had co-occurring life challenges. Youth served were primarily African American and White with a few Latino and multiracial families. See pp. 10 14 for details regarding the profile of youth and families at intake.
- Youth Outcomes. Of those families with six-month follow-up data (n = 49) there are signs of positive changes over time.
  - School. Fewer youth experienced disciplinary referrals in school. A greater proportion had not been suspended or expelled in six months (54%) than at intake (32%). Interestingly, while a sizable portion experienced better school attendance (34%) and performance (33%), equal numbers experienced no change or worse attendance of performance. See pp. 14 15.
  - Criminal Justice. Desired downward trends were evident regarding the number of youth coming into new contact with the criminal justice system and the percentage of youth engaged in criminal behavior. For example, youth who reported being questioned by policeat intake (44%) was down at 6 months (35%), and those who reported having been arrested was down from 32% at intake to 24% at 6 months. Youth reporting having bullied or threatened other people without use of a weapon decreased from 38% at intake to 29% at 6 months, youth who reported having taken something from a store without paying for it at intake (32%) decreased to 9% at 6 months, and those reporting having been in trouble with the police for running away (21%) decreased to 9% at 6 months. See pp. 16 17.



- Mental Health. A sizable portion of youth report less anxiety (1 in 4) and depression (1 in 6) at six months according to assessments directly with youth. There is a similar, but more modest downward trend according to caregiver reports of Internalizing and Externalizing symptoms. See pp. 18 20.
- Strengths. There is evidence that youth are building strengths particularly in the areas of interpersonal strength (as assessed by both youth and caregivers). Nearly 29% of youth were rated by caregivers as showing improved strengths from intake to six month follow-up. See pp. 20 22.
- Variation in Outcomes. Importantly and not surprisingly, outcomes vary at six months. Six months is a small window within which to see shifts in well-being and functioning. As analyses progress, a primary aim will be to understand such differences and to examine them over time (e.g., youth and caregiver characteristics and experiences; the nature of the service delivery process).



### ACCESS Initiative Infrastructure and Service Delivery Brief Report

### A. Infrastructure

The primary goal of System of Care development is to **change service delivery infrastructure** within the County. While families are served in this process, the central goal of System of Care efforts is to create sustainable change regarding how services are provided. The evaluation gathers information from ACCESS Initiative staff and organizational partners regarding four areas of infrastructure change that have occurred as a result of the cooperative agreement and in alignment with System of Care development. These include:

- 1. **Workforce Development** (the number of organizations that have implemented training for service delivery staff)
- 2. **Organizational Change** (the number of organizations that have made changes in policy, protocol and practice)
- 3. Partnerships/Collaboration (the number of organizations that have engaged in formal memorandum of understanding to engage in joint action/service delivery)
- 4. **Targets of Practice** (the number of evidence-based practices that have been adopted and implemented)

The data presented here are cumulative, beginning at the 4th quarter of FY2010. Please note, however, some agencies may be involved with partnerships, policy and practice changes that have occurred as a result of the grant indirectly (e.g. one agency enacts an organizational change after participating with another agency's training that was a result of the grant), and therefore, may not have been reported.

Tables 1 - 4 summarize the total number of infrastructure changes in each of these areas and provide illustrative (but not exhaustive) examples:



Table 1: Workforce Development

Infrastructure	Total Number Reported Through 2014	Illustrative Examples
Workforce Development	63 Trainings with 240 Organizational Participants	Shifting Gears: Building a Family Driven System of Care: May 8, 2012 Providers/system stakeholders along with youth, families, and workers attended a training on skills to support the implementation of family driven principles and practices  Wraparound Training with Karl and Kathy Dennis: May 31 &
		June 1, 2012 ACCESS Initiative offered Wraparound Training by Karl Dennis for service delivery staff trainees with invited community guests. Day 1 of the training provided an overview of wraparound concepts and principles. Day 2 focused on wraparound skill building with coaching, activities, and role play focused on implementation of high fidelity wraparound.
		SOAR Program Trains on CANS July 22 and August 22 <sup>nd</sup> , 2011 SOAR trained their staff on the Child and Adolescent Needs and Strengths (CANS). They will use the CANS in their after school and school programs.

[Note that the same agencies may have implemented multiple trainings; thus, this total can be thought of as the number of instances in which organizations implemented a *unique* training.

Table 2: Organizational Development

Infrastructure	Total Number	Illustrativa Examples
	i otta i italii bei	Illustrative Examples
	Reported Through	•



	FY 2014	
Organizational Change	106 Organizational Changes	Champaign Schools integrates ACCESS into its Response to Intervention (RTI) planning process ACCESS is now being integrated into behavioral support and the Response to Intervention (RTI) planning process at Champaign schools.  Illinois Department of Children and Family Services (Urbana) Implementation of Referral Protocol DCFS-Urbana Field Office has begun to use the ACCESS Initiative Referral Protocol and Form to refer youth/families to the System of Care. Staff members also regularly participate on wraparound teams and work in partnership with ACCESS Coordinators.  SOAR Adopts CANS SOAR Youth Program has begun to use the CANS as a service planning tool for all youth enrolled in their school based intensive intervention program.

Table 3: Partnerships/Collaboration

Infrastructure	Total Number Reported Through 2013 (3 <sup>rd</sup> Q)	Illustrative Examples
Partnerships/Collaboration	40 Formal Partnerships (MOUs or Contracts)	University of Illinois Psychological Services Center (PSC) – Restorative Circles Project The PSC has been funded to expand restorative intervention options. Specifically they have been funded to train and offer restorative supports to youth with juvenile justice involvement.  Unit #4 Schools Formal Collaboration with ACCESS ACCESS formalized a partnership with the Champaign Unit #4 schools' attendance, discipline and truancy departments. Youth with an IEP who are having ongoing issues with attendance and truancy, and/or are at risk for an out of school placement are being referred to ACCESS.

Table 4: Targets of Practice (Evidence-Based Practice)

Infrastructure	Total Number Reported Through 2013 (3 <sup>rd</sup> Q)	Illustrative Examples
Targets of Practice	34 Instances of Organizations Implementing	Dialectical Behavioral Therapy (DBT)
	Evidence Based Practices	Girls' Advocacy based on the Community Advocacy Project (CAP) practice model
		Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)
		Seven Challenges
		Trauma-Focused Cognitive Behavior Therapy (TF-CBT)
		Mutual Help Groups (Women Supporting Women)



Figure 1 illustrates how these 4 domains of infrastructure change efforts have emerged over time.

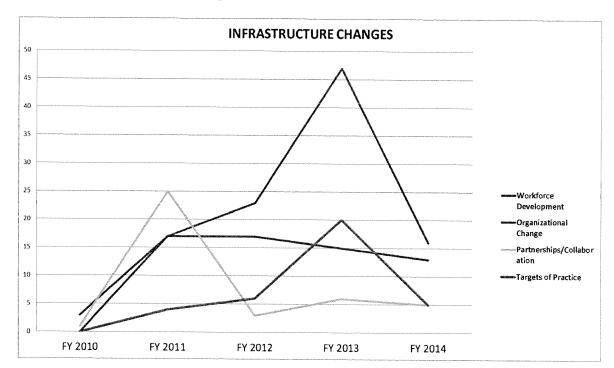


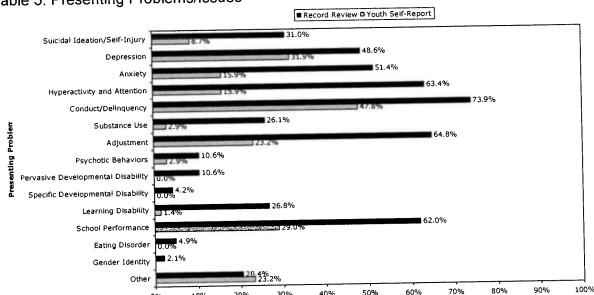
Figure 1: Infrastructure Changes Over Time

As might be expected, partnerships were formed early in the grant, in 2011. Notably, workforce development (implementation of training) was emphasized early on and remained relatively stable from 2011 – 2014. Over 240 service providers, families and youth participated in training in various facets of System of Care service delivery across agencies, whereas organizational change efforts and evidence-based practice intensified in 2013 as partners began to report implementing shifts in policy, protocol and practice. Such infrastructure development continues to the present with an emphasis on evidence-based practices including motivational interviewing and trauma-informed care.



### B. Characteristics of the Population Served

The ACCESS Initiative aimed to reach underserved, high-need youth and families. Baseline data suggests ACCESS has consistently enrolled families in service delivery that present with multiple, complex needs. Table 5 indicates the primary presenting issues of those enrolled.



40%

50%

60%

Table 5: Presenting Problems/Issues

Not surprisingly, given the goals of the initiative, about two-thirds of youth presented with conduct problems (74%), hyperactivity and attention issues (63%), and adjustment issues (72%). Internalizing issues were also quite common with about half presenting with anxiety (51%) and half with depression (49%). Issues were commonly co-occurring as were diagnoses. Please refer to Table 5 above.

10%



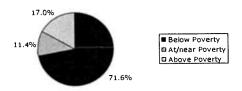
### Table 6 indicates the diagnosed mental health issues of youth clients:

Table 6: Diagnosis

Attention-Deficit/Hyperactivity Disorders	59.4%
Mood Disorders	55.6%
Oppositional Defiant Disorder	15.0%
Anxiety Disorders	12.8%
PTSD and Acute Stress Disorder	12.8%
Other	8.3%
Learning, Motor Skills, and Communication Disorders	6.8%
Conduct Disorders	4.5%
V code[c]	4.5%
Pervasive Developmental Disorders	4.5%
Substance Use Disorders[d]	4.5%
Impulse Control Disorders	3.0%
Adjustment Disorders	2.3%
Disruptive Behavior Disorder	2.3%
Mental Retardation	1.5%
Schizophrenia and Other Psychotic Disorders	0.8%
Personality Disorders	0.0%
Substance Induced Disorders	0.0%

Families often had limited resources. Figure 2 illustrates that most of the families served were living at or below the federal poverty line:

Figure 2 Poverty Levels



As illustrated in Table 7, youth were often living in families struggling with mental health issues and/or violence in their homes. 61% of caregivers reported a family history of depression; 30% of caregivers reported a family history of mental illness, other than depression; and almost half reported a history of substance use (46%). Many youth had experienced physical assault (16%), sexual assault (13%) or engaged in other risk behaviors like running away (39%):

Table 7: Family Environment and Youth Risk

Has the child ever	
Witnessed domestic violence? (n = 89)	37.1%
Lived with someone who was depressed? (n = 85)	61.2%
Lived with someone who had a mental illness, other than depression? (n = 87)	29.9%
Lived with someone who was convicted of a crime? (n = 86)	40.7%
Lived with someone who had a substance abuse problem? (n = 89)	46.1%
Experienced physical assault? (n = 88)	15.9%
Experienced sexual assault? (n = 88)	12.5%
Run away? (n = 91)	38.5%
Had substance abuse problems? (n = 87)	23.0%
Attempted suicide? (n = 90)	14.4%

Many youth were disengaged from school with a quarter missing 3 or more days/week. Table 8 illustrates attendance in six months prior to intake.

Table 8: Attendance in Six Months prior to Intake



Average Number of Excused and Unexcused Absences in the Past 6 Months (n = 86)		
Perfect Attendance	8.1%	
Less Than 1 Day Per Month	14.0%	
About 1 Day a Month	22.1%	
About 1 Day Every 2 Weeks	11.6%	
About 1 Day a Week	10.5%	
2 Days Per Week	7.0%	
3 or More Days Per Week	26.7%	

While the ACCESS Initiative targeted African American youth, they served many White youth and some Latino youth. Table 9 includes demographic information for youth.

Table 9: Youth Demographics

emographics	
ender (n = 143)	
lale	62.9%
emale	37.1%
on't Know/Not sure	0.0%
verage Age at Intake (n = 141)	
verage Age	14.7 years
tace/Ethnicity (n = 143)	
merican Indian or Alaska Native	0.0%
sian	0.0%
Black or African American	55.9%
lative Hawaiian or Other Pacific Islander	0.0%



White	29.4%
Hispanic/Latino	9.8%
Multi-Racial	4.9%

### C. Preliminary Outcomes

### **School Engagement and Performance**

From intake to six months, youth showed some improvements with regard to school disciplinary action. Specifically, a greater proportion had not been suspended or expelled in six months since intake.

Table 10: School Disciplinary Action Intake to 6 Months (n=41)

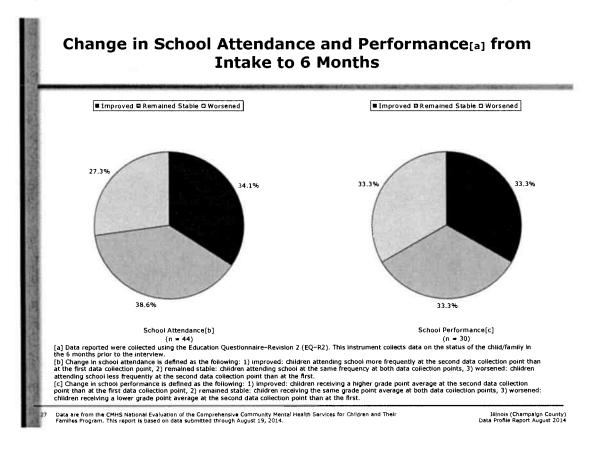
Actions	Intake	6 Months
Suspended	65.9%	41.5%
Expelled	2.4%	4.9%
Suspended and Expelled	0.0%	0.0%
Neither Suspended Nor Expelled	31.7%	53.7%

Notably, while attendance and performance are better for some youth, it is worse for others and stable for many. However, a six-month window is a limited amount of time in which to achieve sufficient stability in school engagement.



Figure 3 shows the proportion of youth who had improved, stable, or worse outcomes regarding attendance and performance. Future analysis will try to and examine change in these outcomes at later time points.

Figure 3: School Attendance and Performance: Better, Worse, No Change



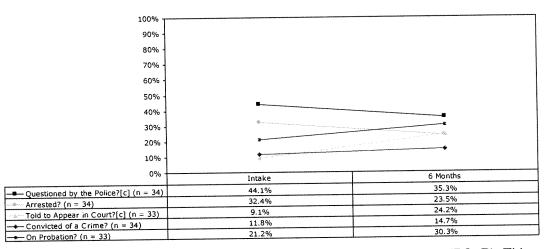


### **Criminal Justice Contact**

The study suggests that fewer youth are engaged in new contact with law enforcement and are engaging in less criminal behavior.

Figure 4 illustrates that at the six-month follow-up, youth report less contact with police.

Figure 4: Criminal Justice Contact



[a] Data reported were collected using the Delinquency Survey–Revised (DS–R). This instrument collects data on the status of the youth age 11 years and older in the 6 months prior to the interview.

[b] Because participants may have had multiple criminal justice contacts, percentages may sum to more than 100%.

[c] Because you were suspected of committing a crime.

Youth are often referred to ACCESS because of existing juvenile justice contact. Thus, being on probation, being convicted and appearing in court likely rises early in the intervention due to ongoing adjudication. However, being questioned by police and being arrested show a downward trend. This trend is also reflected in youth reports of violent and property crimes in the six months following the start of participation in the ACCESS Initiative. Table 11 details the percent of youth reporting violent crimes from intake to 6 months.



Table 11: Reported Criminal Behaviors

In the past 6 months, have you	Intake	6 Months
Violent Crimes[b]		
Been a bully or threatened other people without use of a weapon? (n = 34)	38.2%	29.4%
Hit someone or got into a physical fight? (n = 33)	54.5%	39.4%
Property Crimes[b]		
Taken something from a store without paying for it? (n = 34)	32.4%	8.8%
Bought, received, possessed, or sold any stolen goods? (n = 34)	17.6%	8.8%

Other Crimes[b]		
Been in trouble with the police for skipping school? (n = 34)	14.7%	8.8%
Been in trouble with the police for running away? (n = 34)	20.6%	8.8%

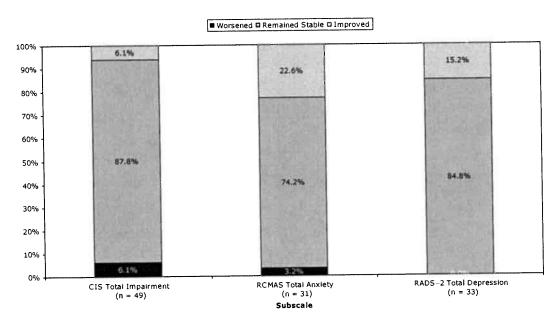
<sup>[</sup>a] Data reported were collected using the Delinquency Survey–Revised (DS–R). This instrument collects data on the status of the child/family in the 6 months prior to the interview.

<sup>[</sup>b] The two most frequently reported crimes (as reported at intake) within each category are presented here.

### **Mental Health Outcomes**

For youth who were assessed six months post intervention, many experience improvement in anxiety and depression symptoms, particularly as reported by youth. Six months is a short window within which to see symptoms change, but almost a quarter of youth are experiencing and reporting less anxiety and less depression. Most youth remain stable at six months. The evaluation will look for continued change at twelve months and subsequent time points and will try to explain individual differences in change over time (e.g., regarding youth characteristics or the nature of service contact). Figure 5 illustrates the proportion of youth for whom there was no change, stability or improvement in anxiety and depression from intake to six months.

Figure 5: Proportion of Youth for Whom Things Worsened, Remained Stable or Improved Regarding Overall Impairment (Caregiver Report), Total Anxiety (Youth Report) and Total Depression (Youth Report)



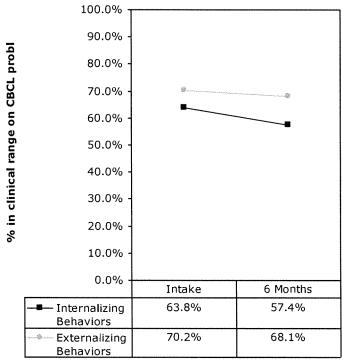
Note: The Reliable Change Index (RCI) is a relative measure that compares a child's or caregiver's scores at two different points in time and indicates whether a change in score shows significant improvement, worsening, or stability (i.e., no significant change).



Interestingly, caregivers report less change (relative to youth) from baseline to six months, but may be less well positioned to report on youth's internal states (e.g., experiences of anxiety and depression) than youth are. Still, according to caregiver report there is a modest downward trend in clinical symptoms as assessed via the Child Behavior Checklist (Caregiver Report) regarding Internalizing and Externalizing Disorders. Figure 6 illustrates the overall trend from intake to six months showing more stability in externalizing behavior than in internalizing behavior.

Figure 6: Internalizing and Externalizing Intake to Six Months, % in Clinical Range

### Internalizing and Externalizing Scores[b]



**Data Collection Points** 

[a] Data reported were collected using the Child Behavioral Checklist 6–18 (CBCL 6–18). This instrument collects data on the status of the child/family in the 6 months prior to the interview.

[b] Internalizing and externalizing scores 64 or above are in the clinical range. Scores on the eight narrow band syndrome scale 70 or above are in the clinical range.



Table 12 shows that the percent of youth scoring in the clinical range is reduced across almost all internalizing and externalizing domains from intake to six months. While most percentages are falling, anxiety symptoms are slightly (but probably not significantly) higher.

Table 12: Domains of Internalizing and Eternalizing, % Scoring in Clinical Range from Intake to 6 Months (n=47)

	Intake	6 Months
Withdrawn	23.4%	17.0%
Somatic Complaints	23.4%	21.3%
Anxious/ Depressed	31.9%	36.2%
Social Problems	40.4%	25.5%
Thought Problems	44.7%	29.8%
Attention Problems	44.7%	34.0%
Rule Break Behaviors	46.8%	36.2%
Aggressive Behavior	57.4%	44.7%

### Strengths

Consistent with System of Care principles, the ACCESS Initiative has emphasized the development of youth and family strengths and capacities. Tables 13 and 14, and Figure 7,report youth strengths from baseline to six months according to caregiver and youth report, respectively. Interestingly, both caregivers and youth report interpersonal strengths as a particular area of improvement.



Table 13: Strengths from Intake to Six Months, Caregiver Report

Strength Subscale[b]	BERS-2 Caregiver Average Score	
	Intake	6 Months
Interpersonal Strength (n = 47)	6.5	7.4
Family Involvement (n = 48)	6.9	7.2
Intrapersonal Strength (n = 48)	7.2	8.1
School Functioning (n = 43)	5.9	6.4
Affective Strength (n = 48)	7.5	7.9
Career Strength (n = 43)	9.7	9.6
Strength Index (n = 42)	77.4	82.9

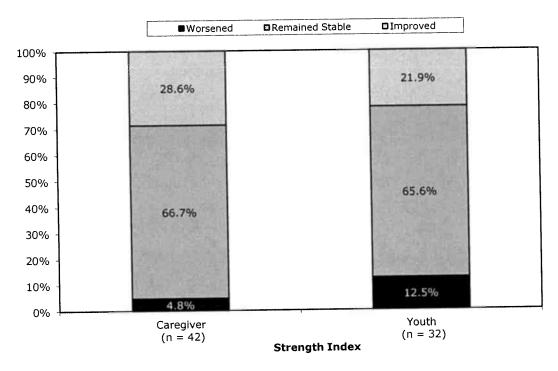
Table 14: Strengths from Intake to Six Months, Youth

Strength Subscale[b]	Subscale[b] BERS-2 Youth Aver	
	Intake	6 Months
Interpersonal Strength (n = 34)	8.9	10.8
Family Involvement (n = 34)	9.4	9.9
Intrapersonal Strength (n = 34)	9.9	10.3
School Functioning (n = 32)	9.1	9.7
Affective Strength (n = 34)	10.8	10.8
Career Strength (n = 34)	10.5	10.6
Strength Index (n = 32)	97.8	101.9



Figure 7 shows the proportion of caregivers and youth who had improved, stable, or worse outcomes regarding the Strength Index. Future analysis will try to and examine change in these outcomes at later time points.

Figure 7: Reliable Change Index for the Caregiver and Youth Strength Index from Intake to 6 Months



[a] The Reliable Change Index (RCI) is a relative measure that compares a child's or caregiver's scores at two different points in time and indicates whether a change in score shows significant improvement, worsening, or stability (i.e., no significant change).
[b] Data reported were collected using the Behavioral and Emotional Rating Scale—Second Edition, Parent Rating Scale (BERS–2C) and the Behavioral and Emotional Rating Scale—Second Edition, Youth Rating Scale (BERS–2Y). This instrument collects data on the status of the child/family in the 6 months prior to the interview.

### **Additional Local Evaluation Effort**

In Year 1, an Evaluation Collaboration Team (ECT) was formed. The ECT includes over 20 volunteer members including youth, families, systems and community stakeholders, and is open to anyone interested in participating. The ECT provides input into the evaluation process and establishes collaborative workgroups to address specific areas of evaluation effort including an examination of disproportionality and racial disparities in youth-serving systems, and input regarding the development and implementation of local evaluation instruments, data collection processes and presentation of data.



Organizational Assessment - The organizational assessment examines the process by which the current service delivery system moves from being service-driven and provider-oriented to one that is strengths-based, coordinated, youth-guided, family-driven, community-based, culturally competent, and trauma- and justice-informed. The assessment examines the extent to which organizations are changing practice over time to embrace these principles. The assessment includes two instruments: 1) An organizational survey that assessed staff perceptions of service provision, including items measuring safety, choice and agency, crisis response policies, and cultural competency, and an Interagency Network Tool. In Year 4, baseline data collection was completed - 424 staff members and 74 administrators from 16 organizations were surveyed in this study. The overall response rate was good and we are currently generating both aggregate and individual agency reports based on Time 1 organizational assessment data.

Evaluation staff provided local evaluation support for programs such as the Youth MOVE summer leadership training, and for Women Supporting Women, a caregiver mutual support group. In addition to the previously described efforts in this report, the evaluation team is also in the process of collecting services and costs data for youth served by ACCESS Initiative. The Evaluation Team continues to work collaboratively to support CQI and to look for ways to use existing archival data to provide feedback on aspects of service intake and delivery process.



### Conclusions

Infrastructure. The ACCESS Initiative has facilitated and been a partner in many infrastructure changes across the Workforce Development, Organizational Change, Partnership/Collaboration and Target of Practice. Such infrastructure changes are markers of the extent to which the ACCESS Initiative is affecting change not as a service program, but as a catalyst for changes across the service array.

Characteristics of Youth Served: Youth engaged in the ACCESS Initiative reflect the population that the effort aimed to target. Youth and families present with complex and co-occurring mental health needs and challenges, and have multiple system involvement. Youth served were primarily African American and White with a few Latino and Multiracial families. Thus, it appears that those served by ACCESS reflect the desired target population.

Youth Outcomes. Of the portion of families with six-month follow-up data (n = 51) there are signs of positive changes over time. There were measureable gains with regard to school disciplinary action, criminal justice contact, criminal behavior, mental health issues (particularly according to youth) and strengths development.

Variation in Outcomes. Outcomes vary for youth and families at six months. Six months is a small window within which to see large shifts in wellbeing and functioning. As analyses progress, a primary aim will be to understand such differences and to examine them over time (e.g., youth and caregiver characteristics and experiences; the nature of the service delivery process).

Linking Outcomes to Services. Enrollment / participation in the evaluation is based on an intent-to-treat model where data are collected from all ACCESS Initiative enrollees, even if they did not receive services while enrolled in ACCESS. Outcome data cannot yet be linked to specific services. Service data collection currently is ongoing via record review. As outcome and service data collection continues and analyses progress, a primary aim will be to understand differences and to examine them over time (e.g., youth and caregiver characteristics and experiences; the nature of the service delivery process; types or intensity of service delivery, etc).

Implications. The most critical aspect of the evaluation of the ACCESS Initiative is to understand the processes associated with effective intervention so they can be sustained and to identify continued roadblocks to successful service delivery and where the system consistently fails to meet community needs. Thus, evaluation analysis will increasingly emphasize questions related to process. Variation in youth and family outcomes provides a critical opportunity to explain what action is associated with successful outcomes. Thus, it is not the summary judgment of "effective" or "ineffective" that matters, but the information that alerts



us to the conditions that facilitate success and those that impede success. It is our hope that as evaluation findings are disseminated they will continue to inform the Community Mental Health Board, Choices, Inc. (who will be coordinating systems of care service delivery) and Illinois United for Youth, which will expand Systems of Care throughout the state.

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





### CHAMPAIGN COUNTY MENTAL HEALTH BOARD

13.D.

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

### **BRIEFING MEMORANDUM**

**DATE:** February 18, 2015

TO: Members, Champaign County Mental Health Board

**FROM:** Peter Tracy, Executive Director

**SUBJECT:** Memorandum of Understanding – Quarter Cent

The purpose of this memorandum is to frame discussion about our response to the Champaign County Board's proposed termination of the Memorandum of Understanding (MOU) pertaining to the Quarter Cent for Public Safety Juvenile Justice funding. A special subcommittee of the Champaign County Board chaired by Astrid Berkson will meet on March 26, 2015 to review this situation and make a dispositional recommendation to the Champaign County Board. The attachments to this memo include: (1) the MOU; (2) my letter to the County Administrator; (3) letter from the Champaign County Board to Joan Walls, Deputy Champaign City Manager; (4) my email response to the letter; (5) other email communication concerning the letter.

It is my opinion that the MOU is a key component to our longtime efforts to develop a system of care for seriously emotionally disturbed youth in Champaign County. Stated purposes of the MOU are to assure there is integrated planning for delinquent youth and youth at-risk for delinquency, more effective allocation of funds, inclusion in system of care development and implementation, increased financial and programmatic accountability, and opportunities for participation in the SAMHSA Children's Initiative grant application process. All of these have come to fruition and termination of the MOU will seriously undercut the system of care efforts of the CCMHB and the ACCESS Initiative.

My letter to the County Administrator and response to the letter to Ms. Walls clearly state reasons for asking the Champaign County Board to reconsider their decision to unilaterally terminate the MOU. The question before you is whether the CCMHB is in full agreement with this position, or whether other options, including termination of the MOU, should be considered.



### CHAMPAIGN COUNTY MENTAL HEALTH BOARD



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

January 7, 2015

Ms. Deb Busey, Administrator Champaign County Administrative Services 1776 E. Washington St. Urbana, IL 61802

Dear Deb:

I am writing to formally state opposition to the termination of the Memorandum of Understanding (MOU) between the Champaign County Board and the Champaign County Mental Health Board pertaining to the administration and management of the Quarter Cent for Public Safety SUPPORTING JUVENILE JUSTICE POST-DETENTION PROGRAMS. This MOU was executed on December 6, 2005. A copy of the MOU is attached.

Background: In December 2005, the Champaign County Board asked the Champaign County Mental Health Board to assume responsibility for managing the Quarter Cent for Public Safety fund supporting juvenile justice post-detention programs. Although there were a number of reasons for this request, both parties to the MOU saw this as an opportunity to coordinate funding and assure integrated planning for youth with serious emotional disorders (SED) who were also involved in the juvenile justice system. Both parties desired to avoid support for "silo" programs that were disconnected from the development of a system of care in Champaign County.

In order to meet the goals of the MOU, the Champaign County Mental Health Board established the "Quarter Cent Administration Team" which included most of the key people associated with the juvenile justice system in Champaign County. This team has met quarterly during the term of the MOU and has guided the use of these dollars to support fully integrated programs and services for the population of interest and the development of a system of care for multi-agency involved youth and their families. This guidance has come in the form of recommendations to the Champaign County Mental Health Board concerning the programming for which the Quarter Cent dollars were to be used. In response, the Champaign County Mental Health Board has allocated the Quarter Cent funding as recommended by the Quarter Cent Administration Team, and has assured that Mental Health Board funding for the population of interest was coordinated and consistent with the recommendations of the Team.

Since December 2005, the MOU has functioned flawlessly. The Champaign County Mental Health Board has provided administration and management of these dollars free of charge (i.e., zero administrative charges). Specifically, this has included adherence to fiscal policies, procurement policies, allocation and decision support, contract management, fiscal reporting,

BROOKENS ADMINISTRATIVE CENTER

1776 E. WASHINGTON STREET

URBANA, ILLINOIS 61802

program reporting, management of independent audits and program/service monitoring. The Quarter Cent money has been coordinated with Champaign County Mental Health Board funding to move us toward a system of care for youth and their families. In October of 2009, the Cooperative Agreement for the ACCESS Initiative provided funding to build and expand our system of care to be culturally and linguistically competent, justice and trauma informed, collaborative, youth-guided, family driven, strength based, evidence informed, restorative and unconditional. Since the inception of this agreement we have witnessed significant incremental movement toward a system of care that is responsive to minority youth and their families. This is significant because minority youth (primarily African American) comprise roughly 75% of the population of interest.

In 2013, the Quarter Cent Administration Team recommended the Champaign County Mental Health Board allocate all Quarter Cent funding to support the development and implementation of the Youth Assessment Center (YAC). In May 2013, the Champaign County Mental Health Board completed the annual procurement/allocation of funding process and awarded all Quarter Cent funding to Champaign County Regional Planning Commission (CCRPC).

This award was predicated on the Application for Funding completed by CCRPC to implement a Youth Assessment Center (YAC) as described in the program plan of their application for funding. In addition to Quarter Cent dollars, the Champaign County Mental Health Board also awarded additional dollars to support/supplement the Quarter Cent award. The rationale for this action was to support the system of care of which the YAC was and is a significant component.

Request for Reconsideration: As stated in the information above, it is our assessment the MOU is one of the cornerstones of our system of care in Champaign County. The MOU represents a commitment of the parties to work together to build and support a sustainable infrastructure that reflects system of care, trauma and justice informed principles and values. The objectives which underpin the system of care support the development of family and youth organizations, expansion of capacity to address racial and socio-economic disparities, reduce the number of youth who have adverse and sustained contact with juvenile justice and other child-serving systems, implement positive youth development practices and principles, promote authentic interagency and cross-system collaboration, increase the availability of natural supports and to increase the communities' capacity to care for youth and families with social, emotional and behavioral challenges. To summarize, the following points should be considered prior to terminating this MOU:

- \* The MOU is doing what it was supposed to do. There has never been an issue and there is no valid reason to terminate the agreement.
- \* Termination of the MOU will seriously undercut the system of care efforts of the Champaign County Mental Health Board and the ACCESS Initiative.

- \*The integrity of the allocation and procurement processes which lead to the selection of CCRPC will be compromised. In this situation, CCRPC is a service provider in competition with other community based service providers for the Quarter Cent funding. From the community provider perspective, termination of the MOU could be seen as an effort to circumvent competitive applications in favor of permanent, non-competitive funding to CCRPC.
- \* The integrity of the fiscal and programmatic accountability mechanisms associated with the Quarter cent contracts will be compromised.
- \* The MOU represents Champaign County's commitment to providing appropriate and culturally competent programs and services to minority youth with multi-system needs. Termination of the MOU will send a very negative message to minority youth and families.

In summary, there are many excellent reasons to continue the MOU. Conversely, termination of the MOU by Champaign County will serve no useful purpose. The MOU and the Quarter Cent for Public Safety funding is a significant, interdependent component of work which has evolved during the past ten years. To terminate the MOU will damage this work and the relationships which have been built.

Sincerely,

Peter Tracy, Executive Director

Cc: Members, Champaign County Mental Health Board

# MEMORANDUM OF UNDERSTANDING

THIS MEMORANDUM OF UNDERSTANDING, is entered into this 6<sup>th</sup> day of December, 2005, by and between the Champaign County Mental Health Board (hereinafter the "Mental Health Board") and the Champaign County Board. The parties hereby enter into this MEMORANDUM OF UNDERSTANDING to delineate respective roles, responsibilities and financial obligations associated with the management and administration of the Quarter Cent for Public Safety Funding SUPPORTING JUVENILE JUSTICE POST-DETENTION PROGRAMS.

#### **WITNESSETH**

WHEREAS, the Mental Health Board has a statutory responsibility to plan, fund, monitor and evaluate mental health, substance abuse, and developmental disability services in Champaign County pursuant to 405 ILCS 20/3e; and

WHEREAS, the Mental Health Board has a statutory responsibility for the planning for programs for persons adjudicated delinquent minors under the Juvenile Court Act or the Juvenile Court Act of 1987 who are found to be persons with mental illnesses, for persons with a developmental disability and for the substance abuse pursuant to 405 ILCS 20/3e; and

WHEREAS, the Juvenile Court Act in 705 ILCS 405/5-105 defines the juvenile justice continuum as a set of delinquency prevention programs and services designed for the purpose of preventing or reducing delinquent acts through intervention, rehabilitation and prevention services targeted at minors who have committed delinquent acts, with the said prevention services to include substance abuse and mental health programs; and

WHEREAS, consultant Harry Shallcross, Ph.D. recommended that the Mental Health Board pool resources with other funding agencies and public systems to produce better outcomes for children involved with the juvenile justice system; and

WHEREAS, the Champaign County Board is responsible for implementation of the Quarter Cent for Public Safety Funding pursuant to 55 ILCS 5/5-1006.5; and

WHEREAS, the Quarter Cent for Public Safety funds are to be expended for public safety, which is defined in 55 ILCS 5/5-1006.5 as "crime prevention, detention, firefighting, police, medical, ambulance, or other emergency services"; and

WHEREAS, there is an overlap of responsibility between the Mental Health Board and the Champaign County Board pertaining to prevention, intervention and diversion of delinquent youth; and

WHEREAS, the parties agree that a collaborative arrangement will result in integrated planning for delinquent youth and youth at-risk for delinquency, more effective allocation

of funds, inclusion in system of care development and implementation, increased financial and programmatic accountability, and opportunities for participation in the SAMHSA Children's Initiative grant application process; and

WHEREAS, the County Board has the power to enter into contractual agreements with the Mental Health Board and expend county funds for the purpose of providing mental health services to its residents pursuant to 55 ILCS 5/5-1054;

THEREFORE it is the agreement of the parties that this Memorandum of Understanding is entered into in order to assure an efficient, ongoing, cooperative effort that will benefit delinquent youth and youth at-risk for delinquency in Champaign County.

# The Parties Agree to these Provisions to implement their agreement:

- 1. The Champaign County Board shall assign the Mental Health Board authority for management and administration of Quarter Cent for Public Safety Funding SUPPORTING JUVENILE JUSTICE POST-DETENTION PROGRAMS for FY07 contracts (July 1, 2006 through June 30, 2007). All funds which the County Board allocates to the Quarter Cent for Public Safety Funding SUPPORTING JUVENILE JUSTICE POST-DETENTION PROGRAMS shall be transferred to the Community Mental Health Fund by June 1, 2006.
- 2. The Mental Health Board shall incorporate the Quarter Cent for Public Safety Funding SUPPORTING JUVENILE JUSTICE POST-DETENTION PROGRAMS as a component of the FY07 contract allocation process. Decision support criteria shall be revised to include specific provisions pertaining to delinquency prevention, intervention and diversion. In addition, these funds shall not supplant support for prevention, intervention and diversion programs currently funded by the Mental Health Board.
- 3. The primary purpose of the Quarter Cent for Public Safety Funding SUPPORTING JUVENILE JUSTICE POST-DETENTION PROGRAMS shall be to reduce recidivism at the Juvenile Detention Center, and to implement other post-detention programs and services designed to prevent or reduce delinquent acts through intervention, rehabilitation and prevention services targeted at minors who have committed delinquent acts.
- 4. The Mental Health Board shall make FY07 allocation decisions for Quarter Cent for Public Safety Funding SUPPORTING JUVENILE JUSTICE POST-DETENTION PROGRAMS based on established Mental Health Board decision support criteria, organization eligibility and Funding Guidelines. The contract format and all other aspects of the contracting process shall follow established Mental Health Board policies and procedures.
- 5. The Mental Health Board Executive Director shall attend meetings of the Justice and Social Services Committee of the Champaign County Board as requested by

that Committee in order to provide verbal status reports and answer questions about the process. Copies of all Mental Health Board meeting packets pertaining to the allocation process will be provided to the Champaign County Administrator of Finance and HR Management.

- 6. The Mental Health Board shall continue the Quarter Cent for Public Safety Funding SUPPORTING JUVENILE JUSTICE POST-DETENTION PROGRAMS monitoring contract with Champaign Urbana Area Project through June 30, 2007.
- 7. Either party may terminate this Memorandum of Understanding with 180 days written notice to the other. Upon the mutual written consent of both parties, the agreement may be terminated sooner.
- 8. Nothing contained herein serves to limit, alter, or amend either party's duties, rights, or responsibilities as set out in applicable State and federal statues, law or regulation.

IN WITNESS WHEREOF, the Parties have caused this Memorandum of Understanding to be executed by their authorized representatives on this 6th day of December, 2005.

Barbara Wysocki

Chair, Champaign County Board

Ernest Gullerud

President, Champaign County Mental

Health Board

#### Pattsi Petrie PhD, FAICP

Chair

ppetrie@co.champaign.il.us

Jeff Kibler Vice-Chair



Brookens Administrative Center 1776 East Washington Street Urbana, Illinois 61802 Phone (217) 384-3772 Fax (217) 384-3896

# Office of County Board Champaign County, Illinois

February 5, 2015

Joan Walls, Deputy City Manager City of Champaign 102 N. Neil Street Champaign, IL 61820

RE: County Funding of the Youth Assessment Center

Dear Ms. Walls,

I have been informed that Peter Tracy shared information with the Community Coalition Executive Committee at yesterday's meeting regarding the funding for the Youth Assessment Center. I am writing to clarify the County's position regarding this program and continued funding.

In 2005, the County Board entered into a Memorandum of Understanding (MOU) with the Mental Health Board which delegated to the Mental Health Board the authority to make the annual funding decisions for the award of the County's Public Safety Sales Tax Delinquency Prevention Funding, with the intent that the Mental Health Board would include this funding in their established process for application and award of funding.

In the past two years, the total amount of the County's Public Safety Sales Tax Funding has been awarded to the Youth Assessment Center, which is operated by the Regional Planning Commission (RPC). As you know, the RPC is a County Agency, and given the fact that the County is committed to the continued funding of the Youth Assessment Center coupled with the fact that the MOU is now ten years old, it was determined that this would be an appropriate time to review this funding structure arrangement. A Justice and Social Services Subcommittee has been appointed to review the MOU, and evaluate and recommend the best administrative oversight structure for the Public Safety Delinquency Prevention Funding annual appropriation as we move forward — which could be the continuation of the MOU or a determination of a different administrative oversight structure for this funding.



All indications are that the County Board is committed to the continuing funding of the Youth Assessment Center, a current annual appropriation of approximately \$235,000. The Board's review of the MOU with the Mental Health Board should not be interpreted as a lack of support for the Center.

I would appreciate your assistance in sharing this communication with members of your Executive Committee.

Thank you.

Sincerely,

Christopher Alix, Chair

County Board Finance Committee

Xc: Peter Tracy, Executive Director of the Mental Health Board

## Response to Chris Alix letter dated February 5, 2015

#### Hi Chris:

Thank you for sharing your letter to the Champaign County Community Coalition. I was glad to hear that all indications are that the Champaign County Board is committed to supporting the Youth Assessment Center. Obviously, we (the Champaign County Mental Health Board and the Quarter Cent Administration Team) strongly agree with this position as demonstrated by our funding decisions which have established and supported the Youth Assessment Center.

As part of the information sharing portion of the Coalition Executive Committee agenda on February 4, I shared that there was discussion about terminating the MOU. This was an appropriate matter to discuss because termination of the MOU represents a significant change about which questions will be raised concerning programmatic direction, accountability, oversight, and funding of the Youth Assessment Center. The Coalition Executive Committee includes several funders that provide revenue to support the Youth Detention Center and therefore need to be cognizant of changes. I also think that funding for the Youth Assessment Center needs to be diversified with support from other units of local government and the Coalition is the appropriate mechanism to accomplish this goal.

While your letter will reassure members of the Coalition about the stability of funding from Champaign County regardless of decisions made vis a vis the MOU, I believe it is important for you to understand my reasons for opposing the termination of the MOU as stated in my January 7, 2015 letter to Ms. Busey and which include the following:

- 1. The MOU is doing what it is supposed to do. The Champaign County Mental Health Board has provided administrative services and contract management free of charge. In short, there is no problem so why make a change?
- 2. CCRPC is a County Department (as stated in your letter), but in this circumstance they are a <u>service provider</u> that receives funding to operate the Youth Assessment Center from a variety of sources including Quarter Cent. The award of the Quarter Cent money was the result of a competitive



- application process which I believe will be compromised if the arrangement is changed.
- 3. The Champaign County Mental Health Board provides contract compliance monitoring and fiscal oversight of the Youth Assessment Center. If the MOU is terminated where will this responsibility fall, and quite frankly, who else has the technical and programmatic expertise to assume these functions?
- 4. Lastly, the MOU represents Champaign County's commitment to providing appropriate and culturally competent services to youth of color who are over represented in the Juvenile Justice system (and other child serving systems). Termination of the MOU will send a negative message to minority youth and families. It also could be viewed as undercutting the system of care efforts of the ACCESS Initiative and the Champaign County Mental Health Board.

If we are to be successful with system-of-care goals and objectives, the Quarter Cent revenue needs to be fully integrated within the context of the Champaign County Community Coalition's planning and overall direction. We need to avoid making isolated and unilateral decisions in a vacuum without the input and involvement of the Community Coalition/system of care.

I would be happy to meet with you and Julia Rietz to further discuss these issues, and if in the future you have questions or concerns please feel free to call me at your convenience. I am strongly invested and committed to the work of the Champaign County Community Coalition, our system of care, and the Youth Assessment Center.

Peter 367-5703 (o) 493-3846 (c)

# **Peter Tracy**

Executive Director
Champaign County Mental Health Board
Champaign County Developmental Disabilities Board



#### **Peter Tracy**

From: Peter Tracy <peter@ccmhb.org>
Sent: Monday, February 09, 2015 2:41 PM

To: 'Christopher Alix'

Cc: 'Deb Busey'; 'Julia Rietz'; 'joan.walls@ci.champaign.il.us'; 'Tracy Parsons'

**Subject:** RE: Letter to Joan Walls

Thanks Chris.

----Original Message-----

From: alix.prairiecity@gmail.com [mailto:alix.prairiecity@gmail.com] On Behalf Of Christopher Alix

Sent: Monday, February 09, 2015 2:27 PM

To: peter@ccmhb.org

Cc: Deb Busey; Julia Rietz; joan.walls@ci.champaign.il.us; Tracy Parsons

Subject: Re: Letter to Joan Walls

Peter, I appreciate your comments. I believe that I understand your position on the MOU and I expect that Ms. Berkson's committee, and ultimately the County Board, will take the issues which you raise into account prior to any final action. My letter was simply intended to reassure any stakeholders who may have inadvertently conflated the continuation of the MOU with the continuation of County support for the YAC. I consider the Mental Health Board an important partner as we both look for ways to invest our limited resources to provide services for which there is a dire need.

CEA



# CHAMPAIGN COUNTY MENTAL HEALTH BOARD



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

#### **BRIEFING MEMORANDUM**

DATE:

February 18, 2015

TO:

Members, Champaign County Mental Health Board

FROM:

Peter Tracy, Executive Director

SUBJECT: A

Acceptance, Inclusion and Respect

The paragraphs below were authored by Ms. Vicki Niswander and are shared in this memo with her permission.

At a recent National Association of County Behavioral Health and Developmental Disabilities Directors (NACBHDD) meeting concerning intellectual and developmental disabilities (I/DD), an advocate made the comment that what we as I/DD funding organizations should be purchasing is "integration."

I think Vicki's observations and opinions below represent where we are heading with I/DD programs, services and supports. It also eloquently expresses why we need to push hard to move the system toward integrated community living for all people with disabilities in Champaign County. To the extent possible, our local dollars should be focused on the kind of integration and community life described below with an emphasis on promoting acceptance, inclusion and respect.

You may be aware of an upcoming event sponsored by the Tim Tebow Foundation to host a number of "proms" across the country and internationally for people with disabilities. This well-intentioned, but misguided event is just one more example of how our society keeps individuals with disabilities separated from the community. Consider for a moment how most people live their lives — living, working, volunteering, having friendships and relationships, and making a multitude of ...choices every day. That kind of life is not necessarily remarkable, unless you are a person with a significant developmental disability.

In most cases, particularly in Illinois, you would be living in an isolated group home, spending your days working for sub-minimum wage at best in an isolated day program, and calling paid staff your best friends.

As the parent of a daughter with a disability, I believe that these one-time spectacular separate events do more damage than good. They send the message that people with disabilities deserve our pity. That they are not good enough to be involved in similar activities designed for the whole community. Separate special events are more designed for the organizers to feel good about themselves.

So, to the Tim Tebow foundation, and to the organizers of other special proms and separate events, I suggest you spend your time and money on making your community a place that respects and supports people with disabilities in being a valuable part of your community culture. That they are not just a photo op once a year, but real people who are valued and

1770 E. WASHINGTON STREET

URBANA, ILLINOIS 61802

whose presence can improve the lives of everyone they touch. Spend your money to assure that people with disabilities are given opportunities to live in their own homes, to have real jobs and to have friends and relationships like everyone else. Now that would be something to celebrate.

Well said, Vicki!!



# Supported Employment-Individual Employment Support Customized Employment Services Proposed Service Definition IDD Breakthrough Group 12-8-2014

Supported Employment--Individual Employment Support services are the ongoing supports made available to job seekers and job holders who, because of their disabilities, need on-going support to obtain and maintain a competitive or customized job, or self-employment or to pursue career development or enhancement, in an integrated community setting for which an individual is compensated at or above the minimum wage. Supported Employment does not include sheltered work or other similar types of vocational services furnished in specialized facilities.

"The term competitive integrated employment means work that is performed on a full-time or part-time basis, including self-employment, (A) for which an individual is compensated at a rate that shall be not less than the higher of FLSA or the rate specified in the applicable State or local minimum wage law; and, is not less than the customary rate paid by the employer for the same or similar work performed by other employees who are not individuals with disabilities and who are similarly situated in similar occupations by the same employer and who have similar training, experience and skills, or in the case of an individual who is self-employed, yields an income that is comparable to the income received by other individuals who are not individuals with disabilities, and who are self-employed in similar operation or on similar tasks and who have similar training, experience and skills; and is eligible for the level of benefits provided to other employees; (B) that is at a location where the employee interacts with other persons who are not individuals with disabilities - not including supervisory personnel or individuals who are providing services to such employee - to the same extent that individuals who are not individuals with disabilities and who are not individuals with disabilities and who are in comparable positions interact with other persons; and (C), that as appropriate, presents opportunities for the advancement that are similar to those for other employees who are not individuals with disabilities and who have similar positions." (Section 7, U.S.C. 705 as amended by WIOA, July 2014)

The expected outcome of this service is individualized employment in an integrated setting, either through:

- (1) Sustained paid employment in a competitive or *customized job* that meets personal and career goals as identified in the person-centered plan that is in an integrated work setting in the general workforce with an employer for which an individual is compensated at or above the state's minimum wage, with the optimal goal being not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities; or
- (2) Sustained paid self-employment that meets personal and career goals that is identified in the person-centered plan that is home-based or conducted in an integrated setting(s) where net income in relation to hours worked is equivalent to no less than the state's minimum wage, after a reasonable self-employment start-up period.

"The term *Customized Employment means* competitive integrated employment, for an individual with a significant disability, that is based on an individualized determination of the strengths, needs and interests of the individual with a significant disability, is designed to meet the specific abilities of the individual with a significant disability and the business needs of the employer, and is carried out through flexible strategies, such as

- (A) Job exploration by the individual;
- (B) Working with an employer to facilitate a placement including
  - (i) Customizing a job description based on current employer needs or on previously unidentified and unmet employer needs;
  - (ii) Developing a set of job duties, a work schedule and job arrangement, and specifics of supervision (including performance evaluation and review), and determining a job location;
  - (iii) Representation by a professional chosen by the individual or selfrepresentation of the individual with an employer to facilitate placement; and,
  - (iv) Providing services and supports at the job location." (29 USC 705, section 7, as amended by WIOA, July, 2014)



The Customized Employment Process consists of the following elements:

- Discovery is a time limited (60 days) 25-40 hour process of ecological validity, used as an alternative to comparative assessment and predictive validity, to gain insight or knowledge into the strengths, needs and interests of the person with complex life issues through observation in a variety of settings, interviews with family members and significant others and spending time with the person in natural environments that will find the direction to facilitate successful employment, including self-employment. Discovery is to answer the question, "Who is this person?" It provides a competency-based look at the job seeker that provides the foundation information that is then used to guide the customization of a position with an employer or a business for self-employment.
- **Profiles** are written to capture the information learned about the person through the discovery process and to recommend next steps. The Profile is the product of the discovery process and is to be completed with the 60 day period and is paid for upon completion and delivery.
- Customized, person-centered planning developed by the job seeker's contributions, conditions essential for success and interests
- Portfolio/visual resume development
- Job Development Plan or Self-Employment Plan is a time-limited and targeted service designed to create a clear plan for Job Development or the start-up phase of Self-Employment. This service includes a planning meeting involving the job seeker and other key people who will be instrumental in supporting the job seeker to become employed in competitive or customized employment or to become self-employed. This service culminates in a written plan directly tied to the results of Discovery as written in the Profile, and is due no later than thirty (30) days after the service commences. For self-employment goals, this service results in the development of a self-employment business plan that identifies training and technical assistance needs and potential supports and resources for those services as well as including potential sources of business financing, given that Medicaid funds may not be used to defray the capital expenses associated with starting up a business. This service component is paid on an outcome basis, after the plan is received and approved.
- Job development and negotiations with the employer regarding the essential responsibilities of the job as well as the employer's expectations on behalf of the job seeker/applicant



• Job site analysis, accommodations and support, including the use of assistive technology

(The following statements are required by CMS rules and guidance for this service.)

Ticket to Work Outcome and Milestone payments from the Social Security Administration do not conflict with CMS regulatory requirements and do not constitute an overpayment of Federal dollars for services provided since payments are made for an outcome, rather than for a Medicaid service rendered.

# Service Limitations:

This service does not include support for volunteering.

This service does not include supporting paid employment in sheltered workshops or similar facility-based settings, or in a business enterprise owned by a provider of this service.

This service does not include payment for the supervisory activities rendered as a normal part of the business setting.

Transportation of the individual to and from this service is not included in the rate paid for this service.

The waiver will not cover services which are otherwise available to the individual under section 110 of the Rehabilitation Act of 1973, or the IDEA (20 U.S.C. 1401 et seq.). If this service is authorized, documentation is maintained that the service is not available to the individual under a program funded under section 110 of the Rehabilitation Act of 1973 or the IDEA (20 U.S.C. 1401 et seq.).

This service will not duplicate other services provided through the waiver or Medicaid state plan services. An individual's ISP may include more than one non-residential habilitation service; however, they may not be billed for during the same period of time (e.g., the same hour).

Federal financial participation is not claimed for incentive payments, subsidies, or unrelated vocational training expenses such as the following:



- 1. Incentive payments made to an employer to encourage or subsidize the employer's participation in supported employment;
- 2. Payments that are passed through to users of supported employment services; or
- 3. Payments for training that is not directly related to an individual's supported employment program.



# DRAFT SERVICE DEFINITIOIN

# INDIVIDUAL RESIDENTIAL AND COMMUNITY SUPPORT SERVICES

Individual Residential and Community Support Services is a package of habilitation and rehabilitation services including but not limited to: case management and case coordination activities to obtain, retain, monitor, document, and sustain public and private medical, financial benefits, work incentives and work-related supports, i.e., private insurance, retirement savings; counseling, case management and case coordination, support, assistance, and education as needed to accomplish the normal activities of daily living; counseling, case management, case coordination, education, support and assistance with leisure activities; case coordination, education, support, and assistance with community transportation; and, case coordination, support, education, and assistance in accessing community resources. These services are designed to support an individual in obtaining, living in, maintaining, and remaining in their housing unit and community of their choice as well as accessing the necessary community resources and amenities for fully integrated community living. Services shall be provided in a manner that is consistent with the person-centered support plan, which will have been developed as part of a person-centered planning process. The emphasis, in service delivery, should remain on doing with (whenever possible) rather than doing for the person.

This package of services is designed to support an individual's base level of consistent support in living in and maintaining themselves in the community. This service package does not exclude a person from accessing additional services outside of this waiver to manage crisis or periodic situations related to physical or behavioral health needs. This service does not exclude a person from accessing psychiatric or specialized therapy services for rehabilitation purposes outside of this waiver to assist the person in developing additional coping techniques or skills to obtain greater integration into the community.

The individual with intellectual and/or other developmental disabilities shall have the ability to choose a package of services using a person-centered planning process. The individual shall have authority to choose:

- (1) Services and supports that are given in accordance with the personcentered planning process, ensuring health, safety, generic and natural supports; and
- (2) The providers of direct care services and supports:

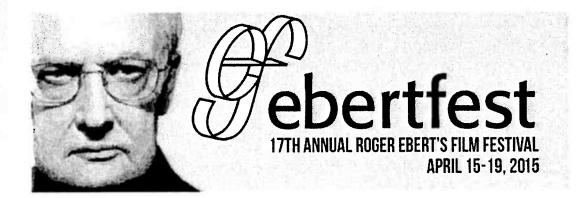
- (3) An apartment or self-contained housing unit of the person's choice able to meet the standards of HUD Health and Quality Standards (HQS), with up to three other individuals; with or without a disability, who have chosen to reside together. The housing shall be inspected annually by an agent of the Division of Developmental Disabilities and be expected to meet those requirements annually. Housing shall abide by the general zoning codes of the locale and not be subject to licensure or further regulation by the state.
- (4) To be named on the lease (or co-signed by their legal guardian for that individual) with the full rights of tenancy under the law granted to each of those tenants; and
- (5) To be <u>responsible for paying their own rent or other housing costs</u>. A service provider shall not be permitted to take any portion of the individual's income for housing.



Subject:

FW: "Ebertfest First Newsletter"

The College of Media at Illinois presents



# PASSES ON SALE

## Festival Passes (\$145) on sale NOW!

Additional processing fees apply

Get them online at <u>New absolutes com</u>, <u>wave disviguous</u> or or The Virginia Theatre Box Office:

203 W. Park Avenue, Champaign, II (217) 356-9063

10:00 a.m. - 5:30 p.m. Monday - Friday

Individual tickets (\$14) / Student & Senior Citizens (\$12) on sale April 1, 2015

# **DOCUMENTARY**

In case you missed it - we would like to share with you our 2014 Ebertfest



documentary, a 10-minute retrospective on the 16th annual festival, which took place April 23-27, 2014.

Watch: Behind the scenes at Ebertfest with Chaz Ebert, Spike Lee, Steve James, Oliver Stone, Brie Larson, Patton Oswalt and more. This intimate video is directed by Luke Boyce and produced by Brett Hays of Spanergiass Studies.

Their bear to read the conservation

# SHAILENE WOODLEY INTERVIEW



Shailene Woodley, the Divergent and Fault in Our Stars actress, was one of our special guests at the 2013 festival with the film THE SPECTACULAR NOW, a romantic comedy about how a not-so-typical "nice girl" changes the life of a party boy, high school senior.

If you have yet to see her interview, check out the link have.

### **VOLUNTEERING**

If you are interested in volunteering during Ebertfest, please let us know. We particularly need volunteers in the following areas: ushers, concession stand, pass holder registration and check in, VIP/press registration and check in, crowd control and merchandise sales.

We will be having EBERTFEST VOLUNTEER TRAINING for "Theatre Team" volunteers on:

Sunday, April 12 @ 2:00pm 112 Gregory Hall, 810 S. Wright St., Urbana, IL University of Illinois campus

Please fill out this volunteer form: https://champaignparks.com/general-volunteec-

# 2015 LEADING SPONSORS

CHAMPAIGN COUNTY

Acceptance, Inclusion, & Respect



# Peter Tracy of the Alliance

Q. Please tell us about your Alliance.

A. We are a collaborative campaign to challenge the discrimination against and negative images of people who have disabilities and/or behavioral health disorders. We promote integration and believe that an accessible, inclusive community is the best place for all of us to live.

- Q. Why film as an Anti-Stigma strategy?
- A. The arts have tremendous power to change attitudes and ideas through building



empatry and awareness and by challenging our more destructive assumptions. Film is great not only for presenting positive images and direct information but also for doing that within an experience shared by many. It's also a medium through which people who have experience with disability and discrimination can communicate very effectively.

Q. How does your involvement with Roger Ebert's Film Festival further your mission of addressing problems associated with stigma?

A. The festival's audience is a thoughtful crowd. They're good company to keep and, being from all over the world, have much to contribute to the conversation about what it takes to make communities whole. Their interest in film, the discussions they have about film, and the way they allow film to connect them are pretty magical. That kind of exchange and discovery of common ground is a great example of how we move through misunderstanding.

Q. How many years have you been involved with Ebertfest?

A. The Alliance has been a Film Circle Sponsor since 2008. Personally, I have been a sponsor since 2000.

Q. What agencies are included in your Alliance?

A. The ACCESS Initiative; Champaign Community Coalition; Champaign County Developmental Disabilities Board; Champaign County Mental Health Board; Community Elements, Inc.; Crosspoint Human Services; Cunningham Children's Home; Developmental Services Center; Family Service of Champaign County; National Alliance on Mental Illness (NAMI) - Champaign Chapter; Parkland College - Counseling & Advising Center, Dean of Students Office, and Fine & Applied Arts Department; The Pavilion Behavioral Health System; and University of Illinois at Urbana-Champaign School of Social Work. We also enjoy the support of



## BECOME A SPONSOR

The Community of festival sponsors is vital to the success of Roger Ebert's Film Festival. Sponsor contributions account for approximately fifty percent of the festival's operating budget. The festival is a not-for-profit 501(c)(3) event of the University of Illinois College of Media. If you would like to become a sponsor or would like more information, please contact Mary Susan Britt marsue willness actuor 217-244-0552. Click how for 2015 Sponsorship package.





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#### Our mailing address is:

Roger Ebert's Film Festival College of Media 119 Gregory Hall, 810 S. Wright Street Urbana, IL 61801

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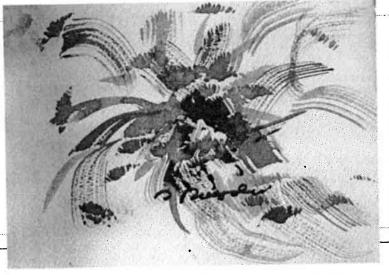


# POPPING UP ALL OVER

AT CAFÉ KOPI AND CAFÉ ZOJO NOW AND COMING TO EBERTFEST!

# At Café Kopi.

Find delicate watercolors by **Izabela Rayski** nudging you into spring while you recharge at Champaign's treasure, Café Kopi, where pieces by Alliance artists are on display all year. To purchase a framed, lasting bouquet, contact Barbara at (217) 840-7809.





Izabela was born in Chelm, Poland in 1921. With the German invasion of Poland in 1939, Izabela completed the Red Cross School of Nursing, and worked as a nurse during WWII. During the later years of the World War, she was forced to work in a gun factory in Germany. When the War was over, she was able to go back to nursing in a US Military Hospital in Frankfort, Germany. In 1948 she married a Polish military officer and they immigrated to Chicago where they raised 3 children. When her husband passed away in 1977, she took on two jobs as a movie theater manager and a dental assistant. In her final year, Izabela sold her paintings, garments, and greeting cards at the disAbility Resource Expo, and these pieces have been featured twice since her passing.

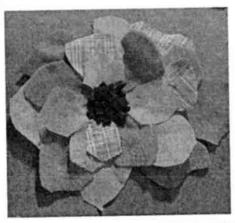
Your purchase of an Alliance artist's product and your patronage of this valued Community Business Partner's shop makes this a nicer place for all of us to live, one sale at a time.

Thank you for BUYING LOCAL, PROMOTING INCLUSION, SUPPORTING ENTREPRENEURSHIP, and GIVING OBJECTS OF BEAUTY.

CHAMPAIGN COUNTY

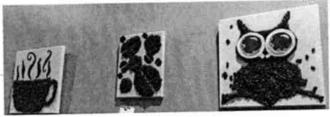
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http://facebook.com/allianceforAIR Phone: 217-367-5703 E-mail: lynn@ccmhb.org



# At Café Zojo.

The floral wall art created by Emily, Hannah, Jay, Steve, and Carol R continues to be such a hit at Urbana's Café Zojo that they've paired coffee and art in a new way...





(14.B.)

# disABILITY Resource Expo: Reaching Out For Answers Board Report February, 2015

The 9<sup>th</sup> annual Expo will be held on Saturday, October 17, 2015 at the Fluid Event Center, 601 N. Country Fair Dr., Champaign. A meeting was held with Jeff Grant, owner of the Fluid Event Center, to discuss facility needs for the Expo based on evaluations from the 2014 Expo. Mr. Grant has been very accommodating, and we look forward to working with him on the 2015 Expo. The contract with the Fluid Event Center has been negotiated, and will be completed soon.

We are very pleased to have Jim Mayer working on contract with us this year. Jim has been a key member of the Steering Committee and heavily involved in Expo planning since its inception, so his experience and expertise will be invaluable.

We will be contracting with Cathie Godwin again this year to produce the annual Expo Resource Book. She did a wonderful job with the book in 2014. Ms. Godwin will also be maintaining our website for us.

The Expo Steering Committee will be holding their first meeting of the year in mid to late March to begin planning for the  $9^{th}$  annual Expo.

Exhibitors – This committee has yet to meet in 2015.

Marketing/Sponsorship – This committee will meet in late February to begin to address fundraising strategies for the Expo. A meeting was held recently with a local businessman who has expressed a possible interest in doing a fundraiser for the Expo. We will be following up with him, as well as looking into some other similar opportunities.

**Accessibility/Entertainment** –The chair of this committee will be calling the committee together in late February.

Children's Activities -No activity for 2015 yet.

**PRIDE Room** –Some initial plans for the Pride Room are being explored. More information to come.

Volunteers – Volunteers will be recruited in late summer.

Public Safety – No activity for 2015 yet.

Respectfully submitted Barb Bressner, Consultant

