



**JOINT WORKING MEETING OF THE
MCLEAN COUNTY BOARD OF HEALTH AND BOARD FOR THE CARE
AND TREATMENT OF PERSONS WITH DEVELOPMENTAL
DISABILITIES**

NOTICE OF WORKING MEETING AND AGENDA

**McLean County Health Department
200 West Front Street, Room 322
Bloomington, IL 61701**

**Tuesday, February 2, 2016
2:00 PM**

- I. Roll Call
- II. Establish an Agenda
- III. Appearance by Members of the Public
- IV. New Business
 - A. Items for Action
 - 1. Approve of Board Meeting Minutes – December 2, 2015
 - B. Items for Information
 - 1. National Council for Behavioral Health Opportunity
 - 2. Center for Human Services Tour Opportunities
 - 3. 553 Service Statistics and 4th Quarter Reports Attachment A
 - 4. 377 Service Statistics and 4th Quarter Reports Attachment B
 - 5. Streamline Healthcare Solutions
 - C. Items for Discussion
 - 1. Summary of Discussion Attachment C
 - 2. CY17 Funding Guidelines and Criteria Attachment D
 - 3. CY17 Application Attachment E
- V. Board Issues
- VI. Adjournment

CY 2015
Quarterly Service Statistics Summary
January 1, 2015 – December 31, 2015

| Quarter | Total New Served | Total Served | Total Funds Budgeted |
|--------------------|------------------|--------------|-----------------------|
| Q1 | 1347 | 2090 | \$1,162,140.00 |
| Q2 | 570 | 1797 | |
| Q3 | 794 | 1090 | |
| Q4 | 1721 | 2194 | |
| CY 15 TOTAL | 4432 | 7171 | \$1,162,140.00 |

Agency Specific Quarterly Data
October 1, 2015- December 31, 2015

Chestnut Health Systems

Drug Court

Service Provided: Treatment Services for Drug Court

| Quarter | Total New Served | Total Served | Contract Amount |
|------------------|------------------|--------------|-----------------|
| Q1 – Jan - Mar | 5 | 35 | \$182,604.00 |
| Q2 – April - Jun | *N/A | *N/A | |
| Q3 – July - Sept | *N/A | *N/A | |
| Q4 – Oct - Dec | *N/A | *N/A | |

*Drug Court Treatment monies were reallocated to the CSU in the amount of \$196,393.00

Crisis Residential/Detox

Service Provided: Acute Psychiatric Crisis Treatment/Substance Abuse Detoxification

| Quarter | Total New Served | Total Served | Contract Amount |
|------------------|------------------|--------------|-----------------|
| Q1 – Jan - Mar | N/A | N/A | \$196,393.00 |
| Q2 – April - Jun | N/A | N/A | |
| Q3 – July - Sept | N/A | N/A | |
| Q4 – Oct - Dec | 154 | 158 | |

School Based Services

Service Provided: Substance Abuse-Early Intervention

| Quarter | Total New Served | Total Served | Contract Amount |
|------------------|------------------|--------------|-----------------|
| Q1 – Jan - Mar | 36 | 130 | \$145,140.00 |
| Q2 – April - Jun | 36 | 125 | |
| Q3 – July - Sept | 18 | 70 | |
| Q4 – Oct - Dec | 41 | 118 | |

Center for Youth and Family Solutions

MRT Group

Service Provided: Specialty Court Services

| Quarter | Total New Served | Total Served | Contract Amount |
|------------------|------------------|--------------|-----------------|
| Q1 – Jan - Mar | 5 | 14 | \$25,716.00 |
| Q2 – April - Jun | 5 | 18 | |
| Q3 – July - Sept | 4 | 14 | |
| Q4 – Oct - Dec | 6 | 12 | |

McLean County Center for Human Services

Crisis

Service Provided: Crisis Intervention

| Quarter | Total New Served | Total Served | Contract Amount |
|------------------|------------------|--------------|-----------------|
| Q1 – Jan - Mar | 403 | 489 | \$361,916.00 |
| Q2 – April - Jun | 426 | 504 | |
| Q3 – July - Sept | 474 | 553 | |
| Q4 – Oct - Dec | 471 | 576 | |

Psychiatric

Service Provided: Psychiatric Treatment

| Quarter | Total New Served | Total Served | Contract Amount |
|------------------|------------------|--------------|-----------------|
| Q1 – Jan - Mar | 63 | 187 | \$ 311,868.00 |
| Q2 – April - Jun | 35 | 184 | |
| Q3 – July - Sept | 52 | 179 | |
| Q4 – Oct - Dec | 53 | 138 | |

Labyrinth

Labyrinth House

Service Provided: Supportive Housing

| Quarter | Total New Served | Total Served | Contract Amount |
|------------------|------------------|--------------|-----------------|
| Q1 – Jan - Mar | N/A | N/A | \$20,800.00 |
| Q2 – April - Jun | N/A | N/A | |
| Q3 – July - Sept | 11 | 39 | |
| Q4 – Oct - Dec | 5 | 12 | |

PATH

Crisis Hotline

Service Provided: 211 - Emergency Assessments

| Quarter | Total Served (Calls) | Mental Health Calls | Contract Amount |
|------------------|----------------------|---------------------|-----------------|
| Q1 – Jan - Mar | 5600 | 1382 | \$ 38,028.00 |
| Q2 – April - Jun | 5467 | 1738 | |
| Q3 – July - Sept | 5644 | 2932 | |
| Q4 – Oct - Dec | 4593 | 1452 | |

Clinical Follow-up

Service Provided: Crisis Follow-up

| Quarter | Total New Served | Total Referrals | Contract Amount |
|------------------|------------------|-----------------|-----------------|
| Q1 – Jan - Mar | 119 | 52 | \$ 40,000.00 |
| Q2 – April - Jun | 89 | 107 | |
| Q3 – July - Sept | 34 | 54 | |
| Q4 – Oct - Dec | 83 | 192 | |

Project Oz

Youth

Service Provided: Prevention and Education

| Quarter | Total New Served | Total Served | Contract Amount |
|------------------|------------------|--------------|-----------------|
| Q1 – Jan - Mar | 835 | 1116 | \$ 56,868.00 |
| Q2 – April - Jun | 68* | 877* | |
| Q3 – July - Sept | 201** | 201** | |
| Q4 – Oct - Dec | 908*** | 1097*** | |

*There were only 2 classes in the 2nd Quarter and the quarters will not be evenly distributed because of this.

**In addition to this number, Project Oz extended two summer billboards and estimated the number of views without duplicates at 11,100

***There were 264 classes this quarter

FY 2015 QUARTERLY AGENCY SERVICE STATISTICS

Agency: Chestnut Health Systems

| Annual Report | Program | | | | | | Program | | | | | | | | | |
|---------------------------------------|--|---|--------------------------|---------------------------|--|--------------|--|---|--------------------------|---------------------------|--|--|---|--------------------------|---------------------------|--|
| | Unduplicated Clients (New clients served during the quarter) | Total Clients served during the quarter | Total # of Events/Visits | Total Staff Service Hours | Total Client Service Hours (if applicable) | Days of Care | Unduplicated Clients (New clients served during the quarter) | Total Clients served during the quarter | Total # of Events/Visits | Total Staff Service Hours | Total Client Service Hours (if applicable) | Unduplicated Clients (New clients served during the quarter) | Total Clients served during the quarter | Total # of Events/Visits | Total Staff Service Hours | Total Client Service Hours (if applicable) |
| | Crisis Residential/Detox | | | | | | | | | | | | | | | |
| Gender: | 86 | 89 | 420 | N/A | N/A | N/A | | | | | | | | | | |
| Male | 68 | 69 | 333 | | | | | | | | | | | | | |
| Female | 154 | 156 | 753 | | | | | | | | | | | | | |
| Total Individuals Served/His Provided | | | | | | | | | | | | | | | | |
| Age Group: | | | | | | | | | | | | | | | | |
| Infants (0-3) | | | | | | | | | | | | | | | | |
| Youths (4-13) | | | | | | | | | | | | | | | | |
| Teens (14-18) | 142 | | | | | | | | | | | | | | | |
| Adults (19-59) | | | | | | | | | | | | | | | | |
| Seniors (60 & up) | 12 | | | | | | | | | | | | | | | |
| Total Individuals Served/His Provided | | | | | | | | | | | | | | | | |
| Residence: | | | | | | | | | | | | | | | | |
| Unable to pull | | | | | | | | | | | | | | | | |
| Blomington | | | | | | | | | | | | | | | | |
| Normal | | | | | | | | | | | | | | | | |
| Other: | | | | | | | | | | | | | | | | |
| Total Individuals Served/His Provided | 158 | | | | | | | | | | | | | | | |
| Projected Individuals/His Provided | N/A | | | | | | | | | | | | | | | |

Referral Source for New Admissions: MCCHS, Self, Outpatient MH and CD providers, OSF, Advocate

Primary problem area(s) of clients served: Major Depression, Bipolar D/O, Opiate Addiction, Alcohol Withdrawal

Please attach a brief narrative of: Program Activities

Progress in achieving program objectives

Problems encountered and how they were handled



4th Quarter Narrative Report: Crisis Residential/Detox Unit

Program Activities:

Chestnut Health Systems provides 24 hour short term supervised care for persons aged 18 years and older experiencing an acute psychiatric crisis that does not require hospitalization. The average length of stay this quarter was 5.3 days. Admission to our crisis unit is voluntary; we only accept those individuals who choose to come to the unit. The facility is not prepared to work with persons who may be actively suicidal with means and a plan or who are homicidal or who are experiencing serious medical problems or complications requiring hospitalization. While the unit is staffed with nurses and behavioral health clinical staff it is not a hospital.

During their stay on the unit, patients spend time in groups that meet four or more times per day. The groups provide therapy and evidence based curriculum on topics helpful to individuals in crisis. Patients are expected to attend and to participate actively. Patients in need of psychotropic medication also see a psychiatric nurse practitioner.

Persons may refer themselves for crisis residential/stabilization services and may be referred by hospitals, police departments, mental health agencies, social service agencies, and families. This quarter referrals were made from McLean County Center for Human Services Crisis Team, OSF and Advocate emergency room staff, and self-referrals.

Patients experiencing withdrawal from alcohol or other mood altering drugs meeting our admission criteria can be detoxified at our Crisis Stabilization/Detox unit. Detox is overseen by a contracted emergency room physician and an advanced practice nurse with training in family practice medicine and psychiatry.

During this quarter the unit became a rotation site for nursing and music therapy students. The addition of these two components not only gives the student an opportunity to learn about working with patients with mental health issues but gives the patients additional support.

Summary of Program Objectives: Not applicable

Challenges:

During this quarter staffing continued to be a challenge as we added a new nurse manager and redesigned the staffing to add LPNs to assist in providing medical services. Our patients have a much higher rate of comorbid serious medical conditions than originally anticipated. Such issues include untreated diabetes, untreated cardiac conditions and specific to our detox population a more chronic and long term substance use history of opiates and alcohol which lead to a higher risk for withdrawal complications.

To address staffing issues Chestnut has implemented recruitment strategies to assist in recruiting nursing staff that have been successful. Changes in staffing were implemented to address the comorbid medical concerns presented by our patients. The CSU also implemented "Doctor Day"

for our crisis stabilization patients who don't have a primary medical home. During Doctor Day patients are transported to Chestnut Family Health Center where they obtain a physical examination and are enrolled in CFHC as their primary medical home so they can continue to receive primary care services as needed post discharge from the CSU/Detox.



FY '15: 2nd Extension Quarter Report - Youth SBS Program

Narrative Sections:

Referral Sources for New Admissions:

Students have been referred to SBS this quarter by guidance counselors, student support personnel, principals, Interventionists at Regional Alternative School, parents, and Adolescent Chemical Dependency staff from Chestnut Health Systems.

Primary problem area(s) of clients served:

Primary problem areas revolve around personal or family member / peer substance use, depression, anxiety, poor academic performance, truancy, legal problems, school disciplinary issues, and problems with family or friends. Additional issues addressed: conflicts at home, self-harm, grief/loss issues, suicidal thoughts, health and wellness, and overall self-care.

I. Program Activities:

Activities that the SBS program engaged in this quarter included:

- Time was spent conducting ongoing outreach efforts with school personnel and referral sources. Many of these outreaches efforts were conducted in person, and some were conducted electronically, i.e. email communication with numerous individual referrals sources to help initiate and coordinate referrals.
- Screening of students in the school setting for substance abuse issues and mental health concerns
- Individual intervention sessions with students using A-CRA (Adolescent Community Reinforcement Approach) evidenced based procedures. Topics covered include: reducing substance use, improving communication skills, anger management, problems solving, coping with mental health issues, peer relations, improving academic performance and attendance, and relapse-prevention and refusal skills.
- Helping students and/or families access services to other community providers if additional services were indicated.
- Classroom presentations were provided at Bloomington Junior High School on three separate topics during the quarter. With their 7th grade health classes, topics of "The Top

10 Myths about Alcohol and Drugs,” “The New Marijuana: Higher Potency, Greater Dangers,” and “Hallmarks of Good Mental Health for Teens” were conducted with the students.

- The outcomes of these presentations were very positive: Regarding the presentations about substance use: A total of 168 students were involved in these 8 presentations. The students who were involved in these outreaches reported the following outcomes:
 - ✓ 93.5% reported, “This presentation helped me better understand the dangers of substance use.”
 - ✓ 93.5% reported, “Because of what I learned in this presentation, I am less likely to use substances.”
 - ✓ 87% reported, “This presentation has made me more likely to talk to a trusted adult if I (or someone I know) is experimenting with drugs or alcohol.”
- Regarding the presentations about the importance of good mental health: A total of 128 students were in attendance for these 6 presentations. The students who were involved in these outreaches reported the following outcomes:
 - ✓ 98.4% reported that “this presentation helped me better understand the importance of having good mental health.”
 - ✓ 91.4% reported, “I am likely to apply some of the ideas I learned today to improve my own mental health.”
 - ✓ 83.6% reported, “Because of this presentation, I am now more likely to talk to a trusted adult if I feel like I am struggling to maintain good mental health.”
- On 2 occasions, SBS workers intervened with suicidal students at school and helped coordinate services with the local crisis team in order to help the student receive the appropriate services and/or emergency hospitalization.
- Community outreach at various committees to provide education and services in the community to help combat the issues of underage drinking and other drug use. These included Bloomington Normal Community Campus Committee (BNCCC), and BN-Parents (whose purpose is to improve parent/teen communication to reduce the risk of drug and alcohol use during the teen years as well as provide valuable information to parents whose teens may have gotten in trouble for use).
- Participation in the Rebound Board which provides college students as mentors at Kingsley Jr. High for at-risk students.

- At the end of the semester, we surveyed school personnel regarding their satisfaction with the Chestnut SBS program. The results showed a great deal of satisfaction with the program, and an overwhelming desire for *more* services in the schools. Also, the vast majority did not feel that there were too many services in the schools for students. The specific outcomes are as follows:
 - “The SBS worker interacts professionally with students”:
 ✓ Agree/Strongly Agree: 100%
 ✓ Disagree/Strongly Disagree: 0%
 - “The SBS worker interacts professionally with school personnel”:
 ✓ Agree/Strongly Agree: 100%
 ✓ Disagree/Strongly Disagree: 0%
 - The SBS worker completes classroom presentations in a professional manner”:
 ✓ Agree/Strongly Agree: 100%
 ✓ Disagree/Strongly Disagree: 0%
 - “The SBS worker is helpful in dealing with students regarding social, emotional, and/or mental health issues”:
 ✓ Agree/Strongly Agree: 100%
 ✓ Disagree/Strongly Disagree: 0%
 - “The SBS worker is helpful in dealing w/ students regarding substance use issues”:
 ✓ Agree/Strongly Agree: 100%
 ✓ Disagree/Strongly Disagree: 0%
 - “Our students have benefitted from services provided by Chestnut”:
 ✓ Agree/Strongly Agree: 100%
 ✓ Disagree/Strongly Disagree: 0%
 - “We would like to continue to utilize services provided by Chestnut”:
 ✓ Agree/Strongly Agree: 100%
 ✓ Disagree/Strongly Disagree: 0%
 - “You would like for there to be more services available to students in the school setting”:
 ✓ Yes: 78.6%
 ✓ No: 7.1%
 ✓ Unsure: 14.3%

- “You think there are already too many services for students in the school setting, and there should be less services”:
 - ✓ Yes: 0%
 - ✓ No: 85.7%
 - ✓ Unsure: 14.3%
- Over 300 hours of “indirect” services were accumulated, including travel time to schools throughout the county, documentation time / paperwork, data collection time, staff meetings, supervision, and training, in addition to outreach and committee-involvement. Increased demands for detailed documentation and data collection resulted in more time spent with documentation and data-collection, and less time in the schools providing services.

II. Progress in Achieving Program Objectives:

Objective 1:

“The SBS program will provide at least 50 outreach contacts during the first and fourth quarters, and 100 outreach contacts during the second and third quarters, for a total of 300 outreach contacts during the year.”

Progress on Objective 1:

- ❖ The SBS workers conducted 74 outreach contacts during this quarter, including meetings with school personnel, classroom presentations, telephone/electronic communication and marketing, and referral-relation meetings, and involvement in community outreach committees.

Some other specific outcomes related to these outreaches include:

- ❖ 41 new referrals were generated this quarter, including
 - 10 new referrals from Normal Community HS
 - 8 new referrals from Normal Community West HS
 - 5 new referrals from Regional Alternative School
 - 4 new referrals from Central Catholic HS
 - 4 new referrals from Olympia Middle School
 - 4 new referrals from University HS
 - 2 new referrals from Bloomington Jr. HS
 - 2 new referrals from Ridgeview HS
 - 1 new referral from Lexington HS
 - 1 new referral from Leroy HS

- ❖ Another outreach that was conducted was a series of classroom presentations at BJHS to introduce Chestnut SBS services to students there. These presentations also provided information about exposing the myths vs. facts of substance use, and provided information about the harmful effects of substances.
 - Regarding the presentations about substance use: A total of 168 students were involved in these 8 presentations. The students who were involved in these outreaches reported the following outcomes:
 - ✓ 93.5% reported, "This presentation helped me better understand the dangers of substance use."
 - ✓ 93.5% reported, "Because of what I learned in this presentation, I am less likely to use substances."
 - ✓ 87% reported, "This presentation has made me more likely to talk to a trusted adult if I (or someone I know) is experimenting with drugs or alcohol."
 - Regarding the presentations about the importance of good mental health: A total of 128 students were in attendance for these 6 presentations. The students who were involved in these outreaches reported the following outcomes:
 - ✓ 98.4% reported that "this presentation helped me better understand the importance of having good mental health."
 - ✓ 91.4% reported, "I am likely to apply some of the ideas I learned today to improve my own mental health."
 - ✓ 83.6% reported, "Because of this presentation, I am now more likely to talk to a trusted adult if I feel like I am struggling to maintain good mental health."

Objective 2:

"The SBS program will provide at least 25 screenings the first and fourth quarters and at least 40 screenings the second and third quarters, for a total of 130 screenings during the year."

Progress on Objective 2:

- ✓ The SBS workers conducted 52 screenings in the school setting this quarter (41 new screenings and 11 "update" screenings on students who have been in the program since last school year). These screenings included:
 - 11 screenings at Normal Community HS
 - 10 screenings at Normal Community West HS
 - 9 screenings at Regional Alternative School
 - 6 screenings at Olympia Middle School
 - 4 screenings at Central Catholic HS
 - 4 screenings at University HS
 - 3 screenings at Ridgeview HS
 - 2 screenings at Bloomington Jr. HS

- 1 screening at Olympia High School
- 1 screening at Leroy HS
- 1 screening at Lexington HS

Our strong partnership continued with Normal Community High School and Normal Community West High School this quarter, as there were 18 new students who began School Based Services there this quarter. Several of these students were referred as part of the schools' suspension reduction program. They each had earned a ten-day suspension from school for a drug or alcohol related offense. After completing a substance abuse assessment at Chestnut, their suspensions were adjusted to only five days. This allowed them to miss less academic time and also get the help they need for their substance usage.

Other outcomes of the screenings:

- ✓ We tracked the "Reason for Referral" for the new cases and several of the on-going cases for whom we provided services. Some students were referred for one specific reason, while many were referred for multiple concerns. Through the screening process, we were able to determine that:
 - 72.3% had substance use problems (including use of marijuana, alcohol, K2/spice, prescription drug misuse, cocaine, ecstasy, LSD, mushrooms and "unknown pills")
 - 32.5% were struggling with poor grades
 - 56.6% had mental health problems (including ADHD, suicidal thoughts, conduct disorder, BiPolar disorder, Tourettes, depression, anxiety/stress, panic attacks, self-harm, and OCD)
 - 25.3% had behavioral problems (i.e. misconduct in the classroom, fighting, legal problems, domestic violence)
 - 12% were struggling with school-attendance problems
 - 13.3% were experiencing peer-relational problems (i.e. bullying, social isolation)
 - 36.1% were experiencing family issues (i.e. substance use by a parent/family member; grief and loss issues in the family; adoption issues; divorce; adjustment issues)
 - 8.4% had anger-management issues
 - 2.4% presented with legal problems

Through the screening process, we helped the students understand more about their conditions and helped them access appropriate services. In addition to SBS services, we were able to help students access other community services:

- 16.9% were referred for mental health assessments/counseling
- 2.4% were referred for psychiatric assessments/care
- 7.2% were referred for formal substance abuse assessments/treatment

Objective 3:

“The SBS program will provide at least 50 intervention sessions the first and fourth quarters, and at least 100 intervention sessions the second and third quarters, for a total of 300 intervention sessions during the year.”

Progress on Objective 3:

- ❖ 334 different intervention sessions were conducted this quarter. Each student’s individual needs were addressed through these sessions, often using the evidence-based Adolescent Community Reinforcement Approach (A-CRA).
- ❖ Students and their referral-sources were surveyed at the end of the quarter to help determine specific outcomes of these intervention sessions.
 - ✓ Of those students surveyed, the following outcomes were determined:
 - 95.7% reported, “I have reduced or stopped my substance use this quarter.”
 - 82% reported, “I have improved my grades this quarter.”
 - 80% reported, “I have improved my attendance at school this quarter.”
 - 90% reported, “I have increased positive behaviors and activities this quarter.”
 - 98.5% reported, “I have improved my overall functioning this quarter.”
 - ✓ Of the referral sources surveyed, the following outcomes were determined:
 - 87% reported, “The student has shown an improvement in the original referral concern this quarter.”
 - 56.5% reported, “The student’s grades have improved this quarter.”
 - 77.3% reported, “The student’s attendance has improved this quarter.”
 - 83% reported, “The student has increased positive behaviors and activities this quarter.”
 - 80.5% reported, “The student’s overall functioning has improved this quarter.”

III. Problems Encountered and How They Were Handled

Due to increased emphasis on data collection and outcomes, more hours this quarter were spent on data collection and documentation than before. More time spent on data collection and documentation means less time working directly with the students.

IV: What do you see as the most significant areas of remaining need, with regard to improving services for those you serve?

It would be ideal to have more staff members in the schools. This would allow us to see students more often, as schools are requesting more services. Unfortunately, the imminent decrease in funding to this program from the Health Department may result in less staff being able to provide grant-funded services.

V: What has BOH funding allowed you to do that you could not do without this funding?

It has allowed us to have an SBS program, which we may not be able to do without the funding.

VI. Success Stories

#1:

“Steven” is a high school student who was referred by his school after testing positive for marijuana on a school-administered drug test. At that time, Steven had been using marijuana for about a year and was using four to five days each week. When he began services, he discussed his motivations for getting clean, which included not receiving any further disciplinary action at school and being able to remain on his school sports team. It was determined through the A-CRA “Functional Analysis of Use” procedure that Steven was using drugs as a way for him to feel happy and relaxed. In knowing that, we were able to discuss alternative, healthy ways that he can achieve those same feelings, without the use of substances. We also worked to establish goals surrounding his academics and extracurricular activities that would allow him to feel more satisfied with other areas of his life. While he experienced a relapse about two months after starting SBS, he was able to be honest and recognized his lack of preparation going into situations where he would be vulnerable. This opened up a conversation around refusal skills and recognizing high risk situations and individuals who he should avoid. By discussing those topics, Steven was able to make smarter decisions in terms of his social activities, and to anticipate how he would respond and react should he find himself in a situation where drug use is occurring again in the future. He was able to use these skills to make better decisions when he attended his school’s Prom soon thereafter. We also worked together to identify the positive aspects of his period of non-use as a way to motivate him to get back on the right track. Since then, Steven has remained clean from marijuana and is committed to staying that way, with his main goal of graduating high school at the forefront. Knowing that changing drug use patterns is a process, we will continue to discuss relapse prevention skills to ensure he does not encounter any future setbacks. He has worked hard on his academics so far this year, improving his grades to A’s and B’s, and has been accepted to a few different universities. Steven will soon be making his final decision as to which school he will attend for college in the fall and is looking forward to his future endeavors.

#2:

“Jessica” is a high school student who was referred to SBS by her guidance counselor. At the time of her referral, Jessica was in need of some support to deal with problems resulting from an unstable family background and her personal substance use. Since enrolling in SBS, she has been able to receive guidance to assist her as she has battled with poor academic performance, a lack of pro-social activities, conflicts with peers and family members, and at the root of it all, a recurring substance abuse problem. Jessica has always had good intentions of putting all of the pieces of her life together so that she can be successful, but has struggled to follow through on a consistent basis. She had experienced short periods of abstinence with her substance use, but had never been able to stay clean for a considerable amount of time, even though she has worked hard to develop the tools necessary to do so through her involvement with SBS. However, many things have changed for the better for Jessica this school year. Most notably, she is now clean from the use of substances, which has caused a chain reaction of improvements in other areas of her life. Her school guidance counselor shared that she is having the best academic year since she has known her. She also reported that for the first time, Jessica has truly cared about her academics and has made such a positive turn around. She was proud to have passed all of her classes this semester, including a class that she failed last year. She is now looking forward to graduating high school next year – something that she was not sure was going to be possible initially. Jessica is also a member of a sports team at school, which is a great accomplishment for her, as she has struggled to be committed to school sports in the past. Jessica cites her desire to be on the team this year as her main motivator to stay drug free. She recently obtained her driver’s license and is looking into potential employment options for sports season is over. After several relapses in the past, she has finally come to the honest realization that her life is better without the use of substances.

#3:

“Ann” was referred to SBS at the beginning of the quarter by school staff for mental health concerns. Ann agreed to services and was nervous, but began opening up to SBS. She reported usually keeping things to herself and was not used to talking about her problems. It was determined through the screening and A-CRA procedures that Ann was “self-medicating” for mental health issues, and was beginning to suffer from problematic eating patterns. She also confided that she had never received counseling as a victim of sexual abuse when younger, despite the case going to court. Ann also reported a close family member drinking regularly, and frequently having to take care of her younger siblings. In addition, she was in a relationship that was emotionally abusive, and beginning to be physically abusive. SBS recognized the need for Ann to get as much support as possible. She agreed for SBS to refer her to two other area agencies who could provide counseling for mental health and sexual abuse. She also wanted to continue services with SBS, so we continued to work together on understanding addiction, issues related to

substance usage in the family, health coping styles, abusive-versus-healthy relationships, as well as education and support to reduce her substance use. By the end of the quarter, Ann was continuing to receive counseling services. She reported greatly decreasing her substance use, and no longer feeling a need to self-medicate. She understood her desire to use more clearly, which led her to greatly reduce her use. Ann also was eating better and this could be observed by her gaining weight, and her overall appearance looking healthier. Ann reported letting other adults know about the abuse in her relationship. Additionally, she was becoming assertive and letting her boyfriend know she would not tolerate his put-downs and was willing to walk away from the relationship if it continued. Ann had been having thoughts of suicide when first meeting with SBS, but reported no longer having such thoughts after receiving services. She reported feeling hopeful after the first meeting with SBS, knowing there was help available. Ann is a perfect example of how SBS Early Intervention services in the schools can drastically improve the direction in a young person's life who otherwise would not know how to seek help or access services.

VII. Provide any additional information that you would like us to know about the data submitted:

Satisfaction Survey Results:

- At the end of the semester, we surveyed school personnel regarding their satisfaction with the Chestnut SBS program. The results showed a great deal of satisfaction with the program, and an overwhelming desire for *more* services in the schools. Also, the vast majority did not feel that there were too many services in the schools for students. The specific outcomes are as follows:
 - “The SBS worker interacts professionally with students”:
 - ✓ Agree/Strongly Agree: 100%
 - ✓ Disagree/Strongly Disagree: 0%
 - “The SBS worker interacts professionally with school personnel”:
 - ✓ Agree/Strongly Agree: 100%
 - ✓ Disagree/Strongly Disagree: 0%
 - The SBS worker completes classroom presentations in a professional manner”:
 - ✓ Agree/Strongly Agree: 100%
 - ✓ Disagree/Strongly Disagree: 0%

- “The SBS worker is helpful in dealing with students regarding social, emotional, and/or mental health issues”:
 - ✓ Agree/Strongly Agree: 100%
 - ✓ Disagree/Strongly Disagree: 0%

- “The SBS worker is helpful in dealing w/ students regarding substance use issues”:
 - ✓ Agree/Strongly Agree: 100%
 - ✓ Disagree/Strongly Disagree: 0%

- “Our students have benefitted from services provided by Chestnut”:
 - ✓ Agree/Strongly Agree: 100%
 - ✓ Disagree/Strongly Disagree: 0%

- “We would like to continue to utilize services provided by Chestnut”:
 - ✓ Agree/Strongly Agree: 100%
 - ✓ Disagree/Strongly Disagree: 0%

- “You would like for there to be more services available to students in the school setting”:
 - ✓ Yes: 78.6%
 - ✓ No: 7.1%
 - ✓ Unsure: 14.3%

- “You think there are already too many services for students in the school setting, and there should be less services”:
 - ✓ Yes: 0%
 - ✓ No: 85.7%
 - ✓ Unsure: 14.3%

Additionally, we received several items of feedback on these surveys, including:

- “We would love for Valerie to have *more time* with our huge population of 2,100 students.”
– Guidance Counselor, Normal Community HS

- “Valerie works great with our kids. She is very helpful to all our teachers. Can’t say enough good things about your services. Valerie has always been a big part of helping our students. She has been here many years and we would like to keep her for many more. She has developed a rapport with our students and they want to meet with her, not anyone else.”
– Administrator, Ridgeview Jr./Sr. HS

- “Amanda does an excellent job with our students, and we are very appreciative of her being able to be here on campus.”
– Guidance counselor, University High School.
- “We are so thankful to have Valerie. We benefit very much from having Valerie work with our students. I really hope we can continue to receive services in the coming years.”
– Guidance Counselor, Olympia HS.
- “Valerie is always professional with students. 100% positive and professional interactions with staff. Students seek out her guidance. Very impactful interactions with students. Huge asset to our program and students population. Valerie is a tremendous asset to our students and their families. Our student population has a very high rate of substance use/abuse. I would love to have the opportunity for Valerie to be present for more days a week, with the opportunity to create additional time for facilitating intervention groups and supports for students and their families.”
– Administrator, Regional Alternative School
- “Amanda has been a great resource for our students. She gets how the school system works, and really respects the teachers/students.”
– Guidance counselor, Normal Community West HS
- “Valerie is wonderful and we really appreciate having her here. I am a first year guidance counselor, and having her not only as a referral source but as someone to consult with regarding mental health issues at our school has really helped me better work with our students.”
– Guidance Counselor, Ridgeview Jr./Sr. HS

FY 2015 QUARTERLY AGENCY SERVICE STATISTICS

| Agency: CYFS Quarter: FY16 2nd Quarter | Program - MRT | | | | | | Program | | | | | | | | | |
|---|--|---|--------------------------|---------------------------|--|--|--|---|--------------------------|---------------------------|--|--|---|--------------------------|---------------------------|--|
| | Unduplicated Clients (New clients served during the quarter) | Total Clients served during the quarter | Total # of Events/Visits | Total Staff Service Hours | Total Client Service Hours (if applicable) | Total Client Service Hours (if applicable) | Unduplicated Clients (New clients served during the quarter) | Total Clients served during the quarter | Total # of Events/Visits | Total Staff Service Hours | Total Client Service Hours (if applicable) | Unduplicated Clients (New clients served during the quarter) | Total Clients served during the quarter | Total # of Events/Visits | Total Staff Service Hours | Total Client Service Hours (if applicable) |
| Gender: | 4 | 12 | 11 | 118.25 | 229 | | | | | | | | | | | |
| Male | | | | | | | | | | | | | | | | |
| Female | | | | | | | | | | | | | | | | |
| Total Individuals Served/Hrs Provided | | | | | | | | | | | | | | | | |
| Age Group: | | | | | | | | | | | | | | | | |
| Infants (0-3) | | | | | | | | | | | | | | | | |
| Youths (4-13) | | | | | | | | | | | | | | | | |
| Teens (14-18) | | | | | | | | | | | | | | | | |
| Adults (19-59) | 4 | 12 | 11 | 118.5 | 229 | | | | | | | | | | | |
| Seniors (60 & up) | | | | | | | | | | | | | | | | |
| Total Individuals Served/Hrs Provided | | | | | | | | | | | | | | | | |
| Residence: | | | | | | | | | | | | | | | | |
| Bloomington | 6 | 11 | | | | | | | | | | | | | | |
| Normal | | | | | | | | | | | | | | | | |
| Other: | | | | | | | | | | | | | | | | |
| Total Individuals Served/Hrs Provided | 6 | 12 | 11 | 118.5 | 229 | | | | | | | | | | | |
| Projected Individuals/Hrs Provided | | an average of 12 | | | 216/quarter | | | | | | | | | | | |

20

Referral Source for New Admissions:
 Primary problem area(s) of clients served:
 Please attach a brief narrative of:
 Program Activities
 Progress in achieving program objectives
 Problems encountered and how they were handled

**FY 16 – 2nd Quarter Narrative
Moral Reconciliation Therapy - MRT**

I. Program Activities

The MRT group continues to meet on a weekly basis. Due to the holidays, we met 11 times over the course of the 2nd quarter. We currently have 6 active participants. Over the course of the 1st quarter 4 new group members were added. We had 6 group members that were discharged – 3 due to successful completion of the program 2 who were incarcerated and 1 that dropped out. At this time, we also have several group members who are close to graduation and expected to successfully complete the program within the next quarter.

We continue to collaborate with Court Services, Chestnut and the McLean County Jail on MRT. We continue to meet in order to ensure all programs are delivered with fidelity. We talk about issues as they arise and provide support to one another. Several group members have transitioned back and forth from our group to the group at the Jail. We have also worked with Chestnut to ensure our group members that are currently involved in residential programming at Chestnut are allowed to participate in our MRT group. MRT has expanded within the community, in addition to Chestnut's group for females, the group at the Jail and our group, McLean County Court Services recently began offering 2 MRT groups. 1 group works with juvenile offenders and the other works with adult offenders that are not involved with McLean County Problem Solving Courts. The facilitators of the Court Services groups have joined the quarterly facilitators meetings.

II. Progress on the objectives defined in your application.

70% of referred probationers will successfully complete the MRT Program

Through the 1st quarter of FY 16, 42 participants were discharged from the program

- 22 Were Successful (53%)
- 16 Were Incarcerated (38%)
- 1 Deceased (2%)
- 1 Drop Out (2%)
- 2 Neutral (were allowed to drop out of group because of work conflicts or probation completion (5%))

70% of participants who successfully complete our MRT program will not recidivate in the year following (no new felony or misdemeanor convictions)

Of the 22 participants who have successfully completed the program (since program inception), only 4 has been convicted of a new offense (82%)

80% of group participants will report they are either satisfied or very satisfied with the overall services provided through the MRT program.

21 Satisfaction Surveys have been submitted
100% of group participants reported they were either satisfied or very satisfied with overall services provided through the MRT Program.
100% also stated that they would recommend CYFS services to others

We will continue to complete MRT Fidelity Checklists on a quarterly basis.

Attached please find the MRT Fidelity Checklist that was completed on 1/5/16.

70% of program completers will show improvement through pre and post testing utilizing the Texas Christian University Criminal Thinking Scales

TCU Criminal Thinking Scale

- Entitlement – 9 improved; 11 remained the same; 2 regressed
- Justification – 12 improved; 9 remained the same; 1 regressed
- Power Orientation – 12 improved; 8 remained the same; 2 regressed
- Cold Heartedness – 17 improved; 1 remained the same; 4 regressed
- Criminal Rationalization – 13 improved; 3 remained same; 6 regressed
- Personal Irresponsibility – 14 improved; 5 remained the same; 3 regressed

TCU Social Functioning Scale

- Hostility – 12 improved; 8 remained the same; 2 regressed
- Risk Taking – 13 improved; 6 remained the same; 3 regressed
- Social Support – 11 improved; 9 remained the same; 2 regressed
- Social Desirability – 10 improved; 9 remained the same; 3 regressed
- Attentiveness – all 22 remained the same

III. Problems encountered during the reporting period.

No significant problems were encountered over the course of the 2nd quarter. One issue has arisen as more participants have graduated from the program is a shrinking number of group participants. At the request of Court Services and in consultation with MRT trainers, we will be moving the group to be coed. The first female participants are scheduled to begin the group in January.

We are still fine tuning the optimum time for participants to begin MRT. Participants in Phase 1 of the Specialty Court process are less likely to be working, so MRT participation is less likely to interfere with work schedules. However, we have received some feedback from group

participants that Phase 1 offenders are less likely to be mentally prepared to maximize the impact that MRT can provide. We are looking at trends to best serve the population in MRT and make the referral process the most effective.

The recent lower numbers of MRT participants has allowed group facilitators the opportunity to provide more informational sessions and go into more detail on the MRT stages.

IV. What do you see as the most significant areas of remaining need, with regarding to improving services for those you serve?

A significant issue noted amongst MRT participants is a lack of basic needs being met by the current social systems (e.g. housing, transportation, vocational assistance, etc.). This can lead to difficulties for the group members in attending and focusing on their treatment. In relation to this, obtaining and maintaining employment while attending MRT, as well as multiple other services and court sessions, can be quite challenging for our participants.

V. What has BOH funding allowed you to do that you could not do without this funding?

Without BOH funding, this program would not be possible through the current public funding climate. Our program is not contracted with the state to provide Medicaid mental health services for this population (and these contracts have not been opened to new providers in several decades), so we are unable to bill Medicaid for those that are eligible. Most of our participants are not privately insured. For those that are it would also require a mental health assessment leading to a diagnosis of psychiatric disorder and, in most circumstances, credentialing with the insurance company prior to billing.

In December, MRT facilitators surveyed four MRT participants regarding their form of insurance. Two of the four had Medicaid which our agency is not eligible to bill. One member had no insurance. One member had a managed care provider that our agency would potentially be eligible to bill after the development of a mental health assessment and identification of a diagnosed mental illness. Beginning in January, we will begin gathering medical insurance status as a part of our intake process.

VI. Provide any additional information that you would like us to know about your program and the effectiveness of your grant.

Graduates of the MRT program consistently provided positive feedback regarding the value of the group. One group member recently volunteered to be interviewed for our agency video, so

that he could share his story on how MRT and other services our agency provides have had a positive impact on his life.

VII. Provide any additional information that you would like us to know about the data submitted.

We are extremely pleased with the recidivism rate following group completion. We believe this 82% rate is remarkable. We are less satisfied with our overall group successful completion rate of 52%. We are hopeful that this rate will increase. However, we also realize there will be some relapse with our heavily substance addicted group population. Also, some of our unsuccessful completions were the result of committing offenses that occurred prior to or shortly after group initiation. We also believe that the fact that 100% of those individuals completing our post group satisfaction survey would recommend the group to others is a great testimony to our group effectiveness.

MRT Fidelity Checklist

| Content | Yes | No | Needs Improvement - Comments |
|---|-----|----|--|
| Facilitator handbook present | X | | |
| All participants have MRT book | | X | |
| Participant(s) without an MRT book are NOT allowed to present a step | X | | The participant that forgot his book was not allowed to present (it was his first night of group). |
| Participants states the essence of the step they are presenting-or explain what they read prior to presentation | X | | |
| Facilitator does not allow specific questions related to crime, etc. | X | | |
| Facilitator does not allow participants to ramble when presenting | X | | |
| Facilitator used the Freedom Ladder acknowledging and reinforcing positive recognition for accomplishment | X | | |
| Facilitator encourages how to complete steps, indicates they are confident the client can do the work | X | | |
| Step 1 testimony is presented while the client stands and guidelines are followed (no specific questions permitted) | | | NA |
| Step 3 Part 1 guidelines are followed | X | | |
| Step 3 Part 2 guidelines are followed. | X | | |
| Facilitator directs no value judgements (Step 4) | X | | |
| Facilitator directs participants to follow rules of each step | X | | |
| Praise is consistent with the offenders presentation | X | | |
| Step 4 Reality is maintained- no +168 hours, if attempted, Facilitator reminds participant about following rules | | | NA |

| | | | |
|---|---|--|---|
| Feedback is concrete, and specific | X | | |
| Step 5 Important relationship is related to the clients current circumstances- not presented in group | X | | Client was advised to provide more detail and revise for next week. |
| Step 6-All public service hours are pre-approved | | | NA |
| Step 7 Facilitator assists clients to follow instructions on master goal plan, it is specific and measurable and reasonable, under their control. | | | NA |
| Step 7 Facilitator operates as a 'broker of reality' when reviewing 1, 5, and 10 year goals and assists with analyzing them | | | NA |
| Participant commits to what step they will be working on and presenting in the next group | X | | |
| Review time is provided at the end of group | X | | |
| Facilitator does not do therapy | X | | |
| Were group rules and expectations for participation reviewed for new group members? | X | | New member was present, participants explained rules. |
| If step summaries are required, were summaries passed that showed the client made an effort to read the step? | | | NA |
| Were exercises passed that complied with the instructions in the book? | X | | |
| When an exercise was not passed by the group facilitator was the client told clearly what changes were necessary to pass the exercise next time? | X | | |

| | | | |
|---|---|--|--|
| Were group members encouraged to seek clarification about anything they did not understand in another group member's testimony? | X | | |
| Was the 2/3 voting rule adhered to for Steps 1,2, & 3? | X | | Input was sought from all eligible to vote. |
| Were testimonies passed that complied with the instructions in the book? | X | | |
| When a testimony did not pass was the client told clearly what changes were necessary to pass the testimony next time? | | | NA |
| Did the group facilitator avoid lengthy processing of steps and adhere to the structured format associated with MRT? | X | | |
| Did the group facilitator respond effectively to behavioral disruptions? (praise, reminders, move clients, use social reinforcement, removal) | | | NA - it was a very respectful, well behaved group. |
| Were steps, including summaries, written assignments, drawings and testimonies, kept to less than 15 minutes? | X | | |
| Did the group facilitator maintain a good pace so that interest from clients was sustained? | X | | |
| Was extra time used effectively? (Reading a step, allowing for time to work on steps, skill focus) | X | | |
| Did the group Facilitator manage pre and post arrival of clients, ensuring that client communication was appropriate and kept to a minimum? | X | | |
| Were clients praised for efforts to participate and complete the steps? | X | | |

| | | | |
|---|--|--|--|
| Observer comments: | | | It was an extremely positive and productive group. Participants came prepared to work and remained focus throughout the session. Facilitators did a great job of keeping the group moving forward. |
| If the therapist had to override a group veto, why? | | | NA |

FY 2015 EXTENSION QUARTERLY AGENCY SERVICE STATISTICS - July 1, 2015 - December 31, 2015

Agency: McLean County Center for Human Services

| Quarter: 2 | | Program: Crisis Intervention | | | | |
|--|--|------------------------------|---|--------------------------|---------------------------|--|
| October 1 - December 31, 2015 | | | | | | |
| | Unduplicated Clients (New clients served during the quarter) | On-Going Clients | Total Clients served during the quarter | Total # of Events/Visits | Total Staff Service Hours | Total Client Service Hours * (if applicable) |
| Gender: | | | | | | |
| Male | 226 | 50 | 276 | | | |
| Female | 245 | 55 | 300 | | | |
| Total Individuals Served/Hrs Provided | 471 | 105 | 576 | | | |
| Age Group: | | | | | | |
| Infants (0-3) | 0 | 0 | 0 | | | |
| Youths (4-13) | 17 | 1 | 18 | | | |
| Teens (14-18) | 55 | 1 | 56 | | | |
| Adults (19-59) | 345 | 90 | 435 | | | |
| Seniors (60 & up) | 52 | 13 | 65 | | | |
| Total Individuals Served/Hrs Provided | 471** | 105 | 576** | | | |
| Residence: | <i>See Narrative</i> | <i>See Narrative</i> | <i>See Narrative</i> | | | |
| Bloomington | | | | | | |
| Normal | | | | | | |
| Other: | | | | | | |
| | | | | | | |
| | | | | | | |
| Total Individuals Served/Hrs Provided | 471 | 105 | 576 | 1,365 | 3,640 | 1,543 |
| Projected Individuals/Hrs Provided | N/A | N/A | N/A | 750 | 3,640 | N/A |

* Client service hours are based upon time spent with or on behalf of clients. Each individual service that meets this definition is counted as an event/visit.

**Due to the nature of certain crisis calls, full demographic information is not always obtainable. For this quarter, age information is unavailable for two individuals.

Definition of "New" Client:

An individual who has not received any crisis services in the 90 days prior to the crisis service(s) received during the specified time

**QUARTERLY REPORT FOR MCLEAN COUNTY HEALTH DEPARTMENT
FY 2015 EXTENSION- SECOND QUARTER (OCTOBER 1 - DECEMBER 31, 2015)
NARRATIVE ATTACHMENT
CRISIS INTERVENTION PROGRAM**

The purpose of this report is to provide information regarding crisis intervention services delivered by the McLean County Center for Human Services. Information contained in this report reflects services provided by crisis team members. Services were defined as any crisis intervention, assessment, and related services provided by either the mobile or in-house crisis team.

While this report focuses on program objectives, it also contains other information not required for this purpose in order to better understand the needs and trends of the community. In order to reflect the extensive crisis services in the community and provide accurate information to other entities involved with the provision of mental health services in the county, The Center for Human Services continues to enhance its data gathering and reporting processes. Although information gathered and subsequent reports may seem similar from one quarter to another, such data cannot always be directly compared. Explanations of such information are contained in the narrative sections below.

ACRONYMS USED IN REPORT

The following are frequently used acronyms contained in this report:

- | | |
|--|--|
| ➤ BPD: Bloomington Police Department | ➤ MCDF: McLean County Detention Facility |
| ➤ CYFS: Center for Youth and Family Solutions | ➤ MH: Mental Health |
| ➤ ECI: Emergency Crisis Intervention Team | ➤ NPD: Normal Police Department |
| ➤ EMS: Emergency Medical Services | ➤ PATH: Providing Access to Help |
| ➤ MCCHS or CHS: McLean County Center for Human Services | ➤ SASS: Screening Assessment and Support Services |
| | ➤ YMCA: Young Men's Christian Association |

SUMMARY OF PROGRAM ACTIVITIES

- Stabilization of individuals in crisis so that they can remain safe and function better in the least restrictive environment.
- Referral to appropriate next step following stabilization (e.g. hospitalization, counseling, case management)
- Screening and crisis counseling for walk-in and emergency Medicaid and non-Medicaid referrals.
- Screening individuals who present for psychiatric hospitalization at Advocate BroMenn or St. Joseph's Regional Medical Center.
- Conduct welfare checks on individuals identified as high-risk by other professionals. Welfare checks are often planned assessments that are non-urgent in nature. The goal of these services is to provide support and early intervention to those at risk before their symptoms become exacerbated.
- Consultation with law enforcement, educational personnel, and other medical professionals in determining the most appropriate response to mental health issues they encounter in the community.

PROGRESS IN ACHIEVING PROGRAM OBJECTIVES

FY 2015 Objectives included the following:

- 1.) 99.9% of all individuals assessed by the Crisis Team will remain safe and alive for the 24 hour period following the intervention.
 - **2nd Quarter Result:** 100% of assessed individuals were safe and alive within the given time period.
- 2.) The Crisis Team will respond to 90% of all calls seeking assessment within 15 minutes of the initial contact.
 - **2nd Quarter Result:** 99.9% of calls received a preliminary response (how quickly the crisis team responded to the request for intervention) within 15 minutes
- 3.) 75% of crisis intervention services provided by CHS staff will not result in psychiatric hospitalizations for the individual served.
 - **2nd Quarter Result:** 91% of all services (87% of calls) did not result in hospitalization for the individual served.

PROBLEMS/ISSUES ENCOUNTERED

- As discussed in the previous quarter's report, MCCHS continues to respond to the funding reduction of \$227,356 by the Illinois Department of Human Services. Actions this quarter include:
 - Revising scheduling patterns of crisis staff
 - Continuing to use cash reserves to cover the remaining shortfall in the program's budget.
- Lack of Access to Inpatient Psychiatric Facilities (During a time when the number of individuals needing inpatient care is increasing.)
 - Clinical staff attempt to place individuals in other hospitals throughout the state when local facilities are not available.
 - Clinical Staff are reassessing and offering support that might allow for any change that would defer a client from hospitalization to a less restrictive program
- Collaboration with Community Partners
 - MCCHS has continued to collaborate with several community stakeholders (including the McLean County Health Department, the McLean County Board, PATH, Chestnut Health Systems, OSF Saint Joseph, and Advocate BroMenn) to discuss community needs regarding crisis intervention services
 - Additionally, MCCHS met with representatives from both the Bloomington Fire Department and McLean County Emergency Medical Services this quarter to discuss needs and cooperative efforts.
 - MCCHS continues its cooperative efforts with the Detoxification and Crisis Stabilization Unit (CSU) in order to facilitate its success. The CSU continues to establish and refine processes in its third quarter of operation. During this time, MCCHS has worked with unit staff and met with its various leadership personnel.
 - MCCHS continues its collaborative efforts with the McLean County Health Department and other entities to implement Mental Health First Aid in the community. This is a nationally known program designed to increase education and awareness about mental health issues, including crisis recognition and intervention. The following aid trainings were presented by MCCHS staff this quarter:
 - Mental Health First Aid – Advocate Bromenn Medical Center– 10/21/15
 - Youth Mental Health First Aid – Advocate Bromenn Medical Center – 11/19/15
 - MCCHS offered several educational trainings/presentations to various community groups. These included:
 - *Suicide Prevention for the Faith Community*
 - A local clergy group sponsored this training
 - Presented at Advocate Bromenn Medical Center on 10/19/15.
 - *Mobile Crisis Services and Mental Health Information*
 - Presented to the fire chiefs of Mclean County on 10/28/15
 - *Mental Health Issues and How to Help*

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- Presented to the Bloomington Housing Authority on 10/29/15
- *Depression, Stress, and Suicide Prevention*
 - Presented to a parent group at University High School on 11/16/15

MOST SIGNIFICANT AREA(S) OF REMAINING NEED FOR SERVICE IMPROVEMENT

The most significant need in regards to crisis services is the lack of available psychiatric hospital beds. This lack of availability significantly increases a client's wait for placement.

Another significant need is increased availability of resources for basic needs (e.g. housing, utilities, transportation, etc.). Difficulty meeting these needs can increase stress levels in individuals and having increased resources can assist in alleviating their crisis.

ADDITIONAL INFORMATION REGARDING PROGRAM AND GRANT EFFECTIVENESS

CLIENT ACCOUNTS

This program/grant provides invaluable treatment to those experiencing psychiatric crises. The following are examples of client successes:

Account 1

A 58 year-old male contacted PATH requesting crisis services at his residence. He was experiencing an increase in depressive symptoms and some suicidal thoughts. During the crisis assessment, it was discovered that the individual had been contemplating methods to end his life. He was also struggling with the idea that he should cut himself with some razor blades he had in the home.

As the crisis intervention progressed, staff was able to elicit the individual's feelings of loneliness. He eventually stated that he truly did not want to harm himself and that he had a strong desire to feel more connected to other people, particularly as his limited mobility inhibits many social interactions. Crisis staff provided instructions regarding making this individual's environment safer and offered encouragement for the individual to engage more in his current treatment services, particularly overcoming his barriers to attending appointments.

The individual stated he was very grateful for the time spent with him and for making him feel less stressed and depressed. He stated that if it had not been for crisis staff taking the time to talk to and encourage him, he would likely continue to be depressed and suicidal.

Account 2

A 26 year-old female was experiencing increased symptoms including disorientation and unsafe behaviors. A family member contacted the crisis team requesting an assessment at the client's residence due to their concerns that the individual would attempt to harm herself. During the initial phase of the assessment, the individual was agitated and did not want to speak with crisis staff, even trying to intimidate them. Subsequently, the crisis staff focused the intervention on safety, particularly when the individual disclosed that she was contemplating walking into traffic because it "would be a good idea". She then became erratic and started to throw and break items around the house, eventually barricading herself in her room. Crisis staff worked together with law enforcement and EMS in order to transport the individual to the safe environment of the emergency room. While there, she stated that she was tired of living, nothing helps her, and she wanted to end her life. She was then hospitalized on an inpatient unit.

Upon discharge from the hospital, she contacted the crisis team to express her gratitude for their assistance in obtaining the treatment she needed. She reported feeling much more stable as well as regret regarding her treatment of crisis staff. Additionally, she stated that she would never have agreed to go to the hospital at the time, but in hindsight, she realized that she needed that level of treatment in order to obtain stability.

CALL SUMMARY

Total Calls: 1,023

- The number of times that the crisis team was requested to intervene with an individual. This intervention could be over the phone or face-to face. Clients may have multiple calls during the quarter.

Total Client Services Provided: 1,365

Total Client Service Hours Provided: 1,543

- It is important to distinguish a call from a service. Within a single call, multiple service events may occur. An example could be the crisis assessment, collaboration with a family member, and coordination with other service providers all being provided in a single crisis call.

Average Client Services (in minutes) Provided Per Call: 90.5 minutes

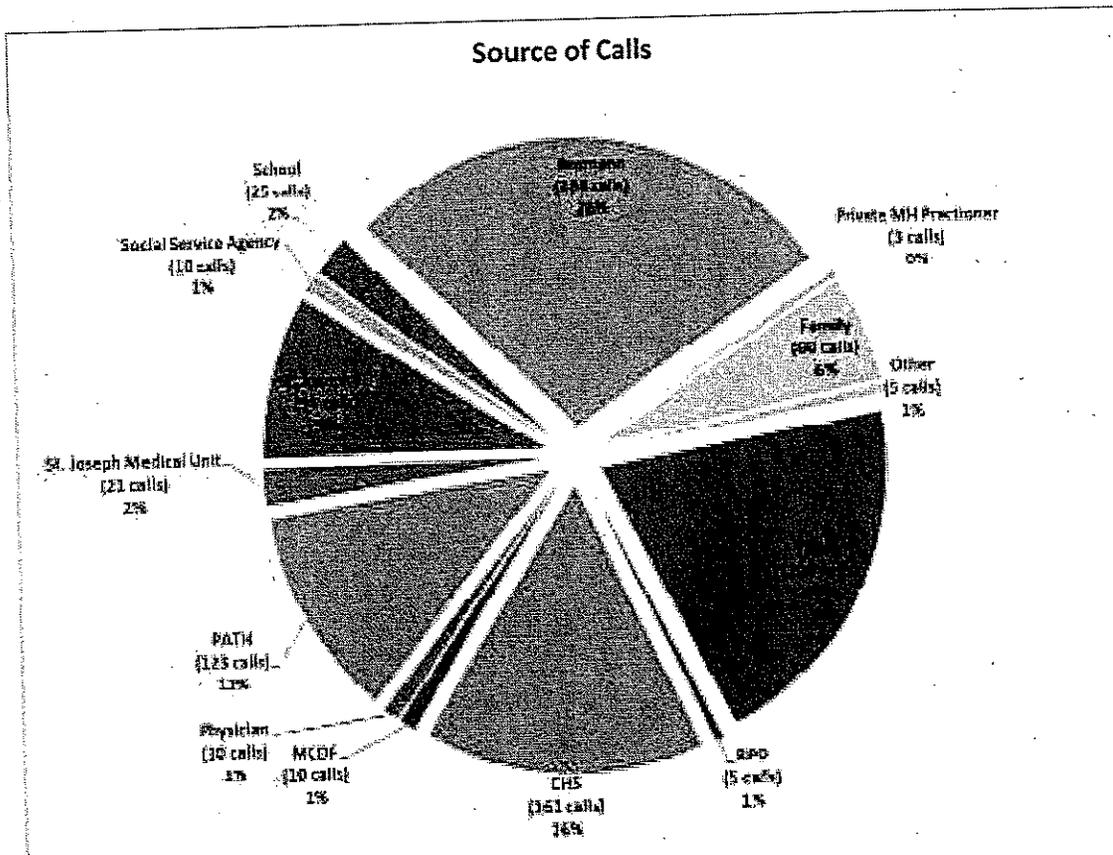
This number represents the total number of client service hours provided divided by the number of calls. This number reflects the time spent in the direct provision of service to/on behalf of an individual.

Average Call Duration: 116.7 minutes

- Duration was measured from the time of the initial contact to the end of the last service. Prior to October 2014, this measurement varied as periodically, the start time began with the beginning of the first service rather than the first contact.
 - This time period includes not only the client service time mentioned above, but also the time spent on other aspects of delivering crisis intervention. These aspects consist of both systemic and internal factors that contribute to the overall duration of the call.
 - Examples include: Time spent waiting on the client and/or collaterals, staff time spent on another call, time spent waiting on other professionals, time spent gathering information, time spent waiting for medical tests/clearance, travel time, and the time the individual was intoxicated.
- Calls can consist of phone calls, face-to face interventions, and hospitalization placements. Hospitalizations can take several hours to facilitate thus causing the average duration of calls to increase.

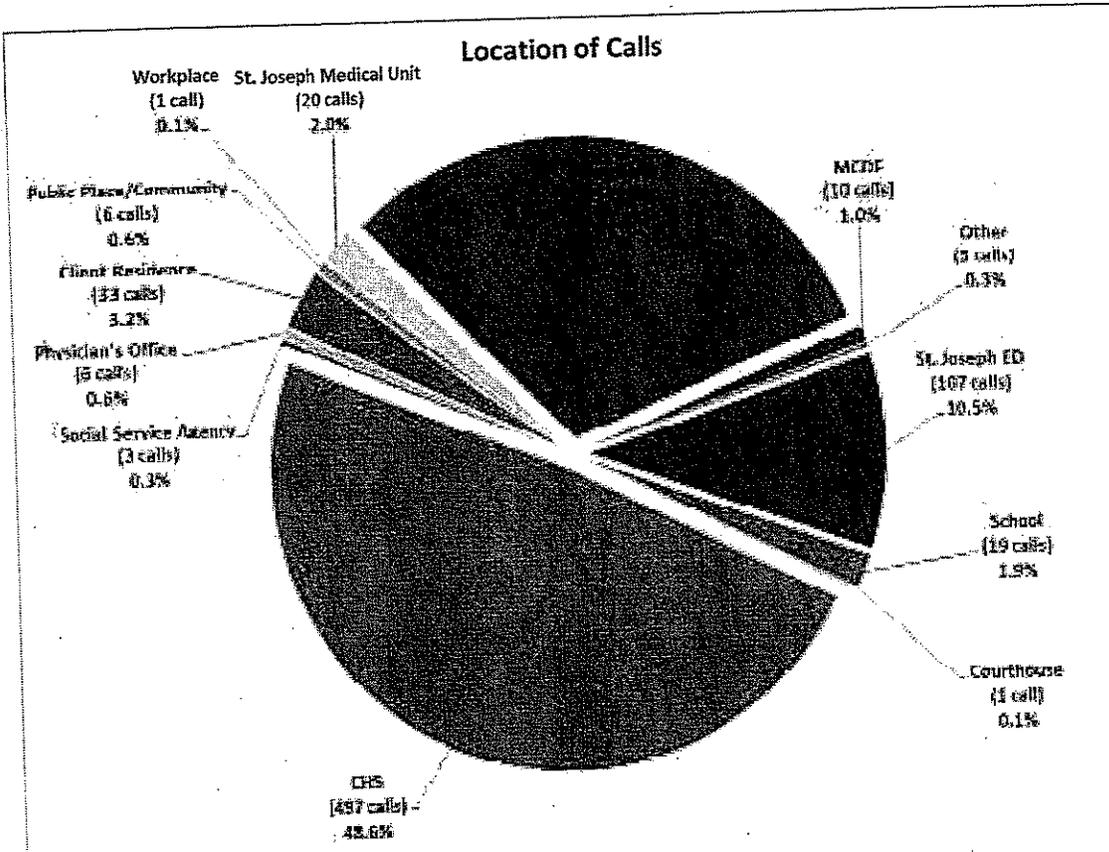
Referral Sources of Calls

- The source of the call is the person or place that initiates the Crisis intervention.
- At times, individuals seen at hospitals present with other medical symptoms, however during screening and triage the hospital staff request crisis services due to the presence of some psychiatric symptoms.
- Referrals from hospitals may be a mix of clients that were sent by other referral sources to the emergency department for assessment.
- 61% were community based with 39% generated at hospitals
- In addition to the 123 calls in which PATH was the source, there were an additional 238 calls originating from sources denoted below that PATH routed to the crisis team.



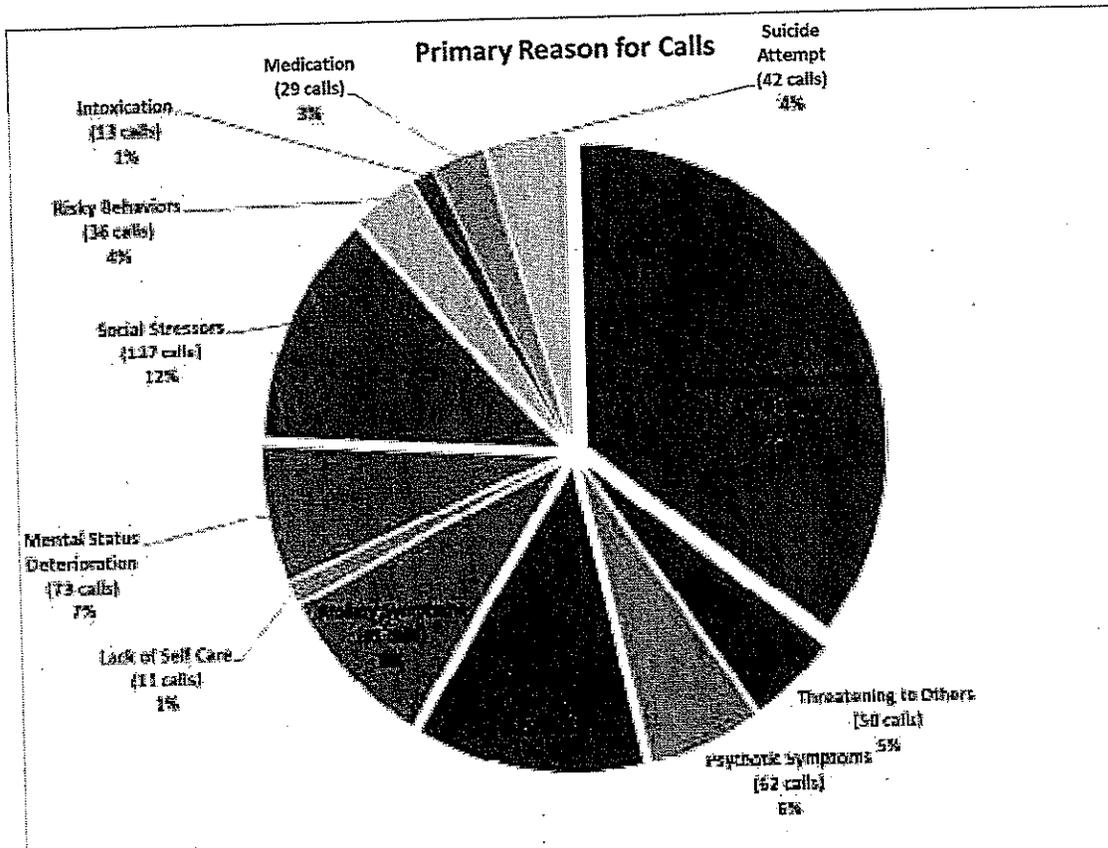
Locations of Calls

- Location of calls indicates where services are given to clients. As certain calls include services at multiple locations, the above graph denotes the location where the clinical intervention began.
 - This includes phone calls which primarily occur at McLean County Center for Human Services. This contributes to higher number of calls at this location.
- The public is encouraged to contact the McLean County Center for Human services to seek out crisis services directly either in person or over the phone.



Reasons for Calls

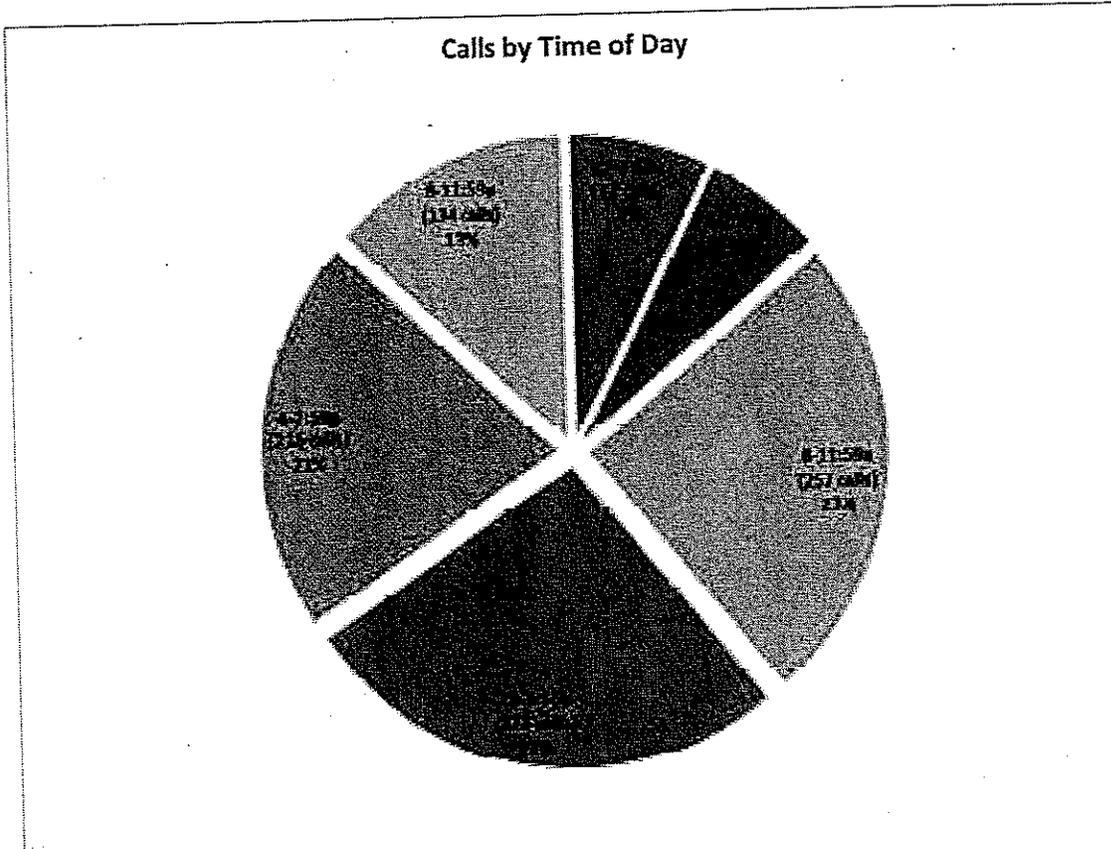
- The reason for the call is the most pressing symptom during the current crisis contact.
- 40% of calls were in response to suicidal ideation, suicide risk, or suicide attempt.
 - This includes calls handled by the crisis team due to the severity or complexity of mental health symptoms. This includes:
 - Calls transferred from PATH to the crisis team
 - Calls made directly to the crisis team



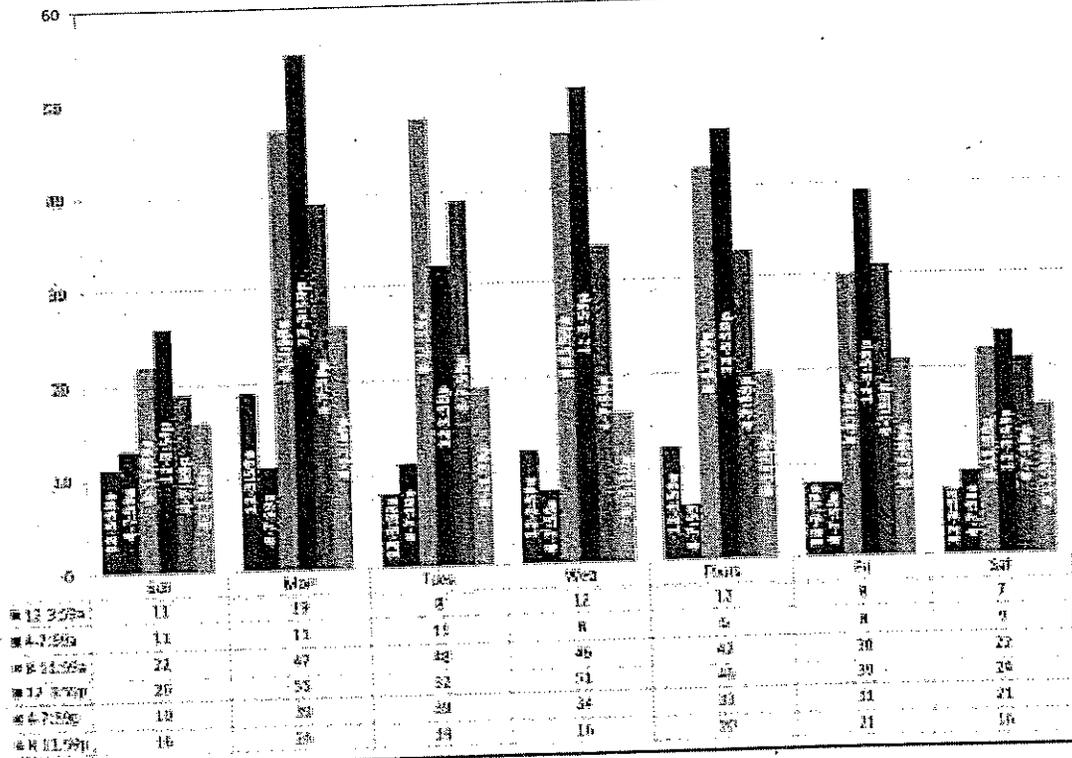
Times of Calls

The following charts represents the time periods when calls occurred.

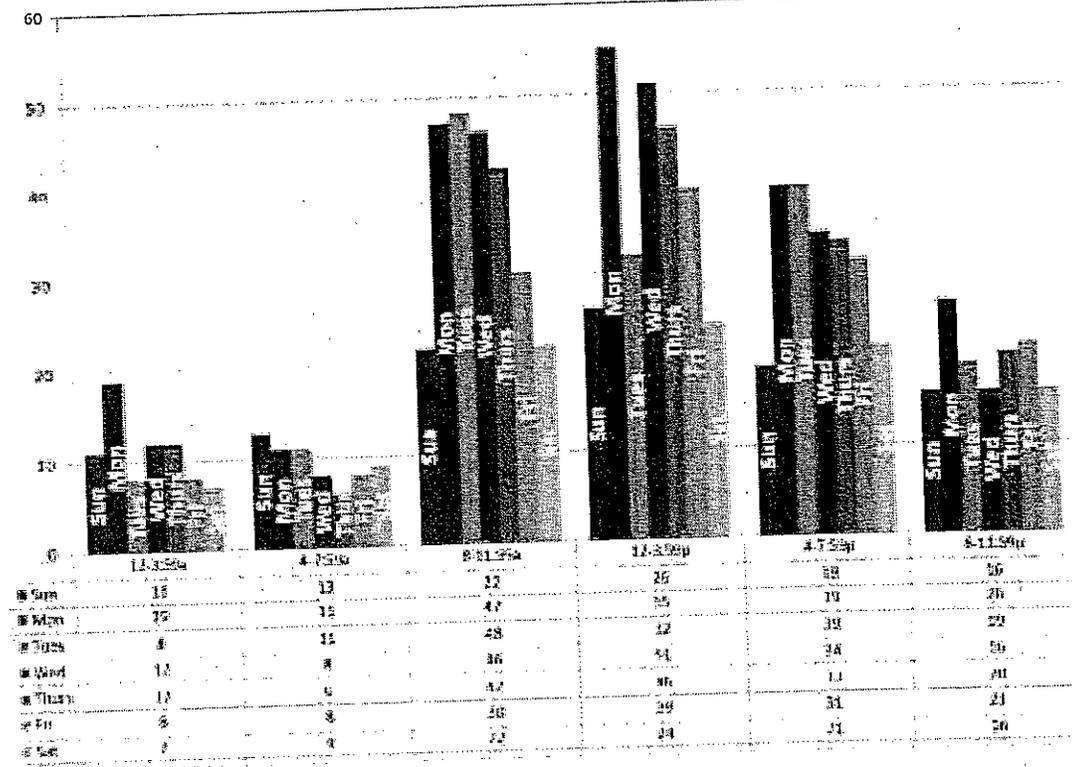
- Times listed denote the time the call started (time of first contact), not when the intervention started



Calls by Time of Day & Day of the Week



Calls by Time of Day & Day of the Week - Alternate



RESPONSE TIME OVERVIEW

CHS Average Response Time (Average Time from Initial Call Seeking Assessment to Preliminary Response from Crisis):

- **3 Seconds**

Note: This does not imply that crisis staff were able to respond in time frame stated above (in seconds). This is simply a mean average of all response times. As response times are measured in minutes and not seconds, any response time less than 60 seconds is counted as a zero when computing the above average.

Percentage of Response Times (Preliminary Responses) within 15 Minutes:

- **The Crisis Team responded to 99.9% of initial crisis requests within 15 minutes.**

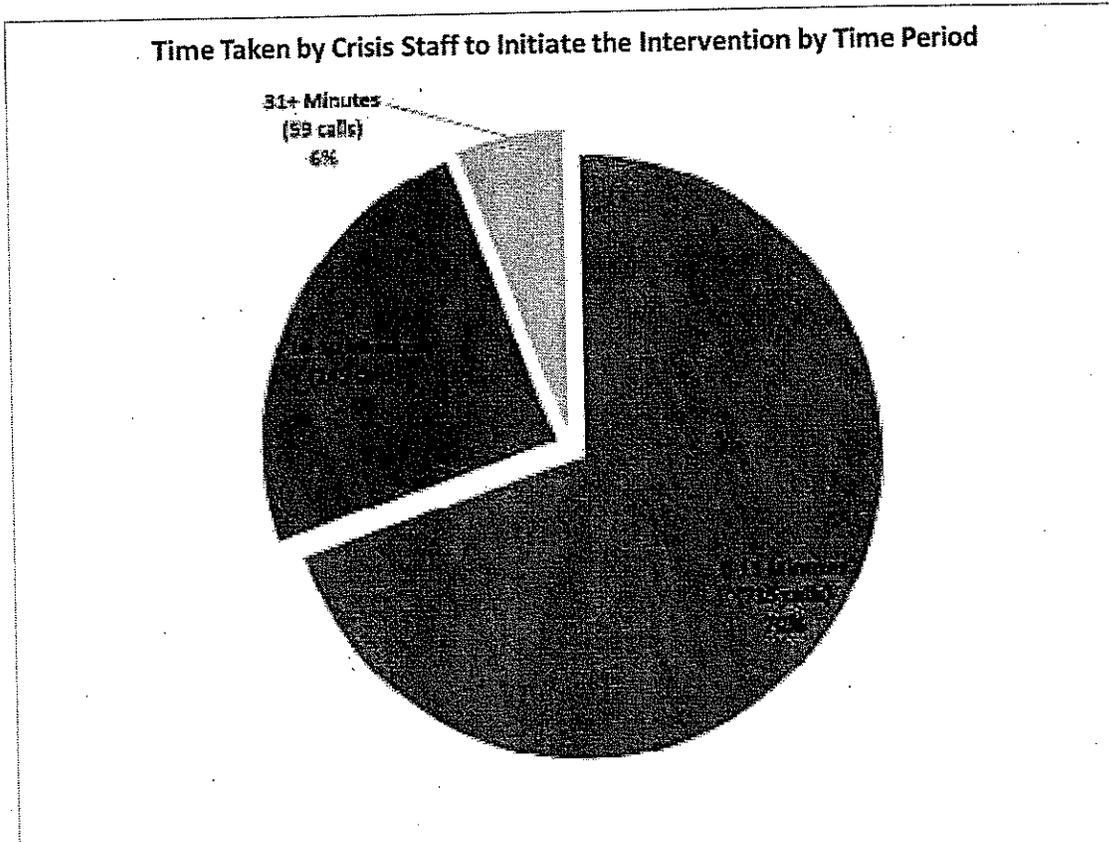
Response times refer to how quickly crisis team members respond to the request for intervention, not the start of the intervention. Response time represents the time between when someone initiates a crisis contact and the crisis worker responds to that person whether that is face-to-face or over the phone.

- The crisis worker is gathering information and planning for the crisis intervention at this time either face to face or over the phone.
- The benefit of this is that the person initiating or referring a crisis contact speaks directly with a crisis staff member to develop a plan of action.
- At times, crisis workers may be completing a crisis assessment and have to find the appropriate time to excuse themselves from that assessment in order to respond to the call. This is done as quickly as possible.

Average Time Taken by Crisis Staff to Initiate the Intervention:

➤ **10 Minutes**

The graph below represents time taken by crisis staff to initiate the intervention by time period:



Intervention start times refer to the time period from the initial crisis request to the start of the clinical intervention with the individual. Delays in intervention start times in this category include events related to CHS staff including: travel time, time spent on another call, time gathering information, etc. Delays in intervention start times caused by factors such as client intoxication and/or staff waiting on medical clearance, other professionals, family members, etc. are excluded from this calculation.

- Due to the unpredictable nature of crisis, there are periods of high demand during which multiple clients initiate crisis contact in the same time period. This can cause increased response times.
- Our team makes every effort to respond as quickly as possible to community calls outside of the hospitals due to hospitals being considered secured, monitored settings.

Average Time Taken By Other Factors Prior to the Initiation of the Intervention

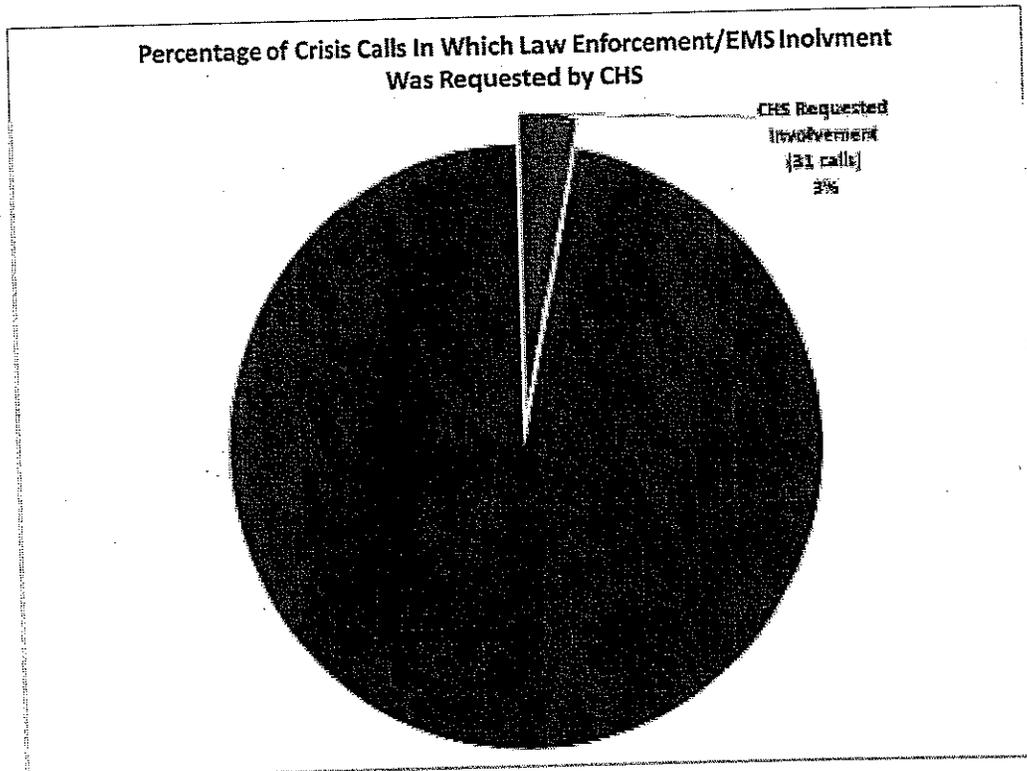
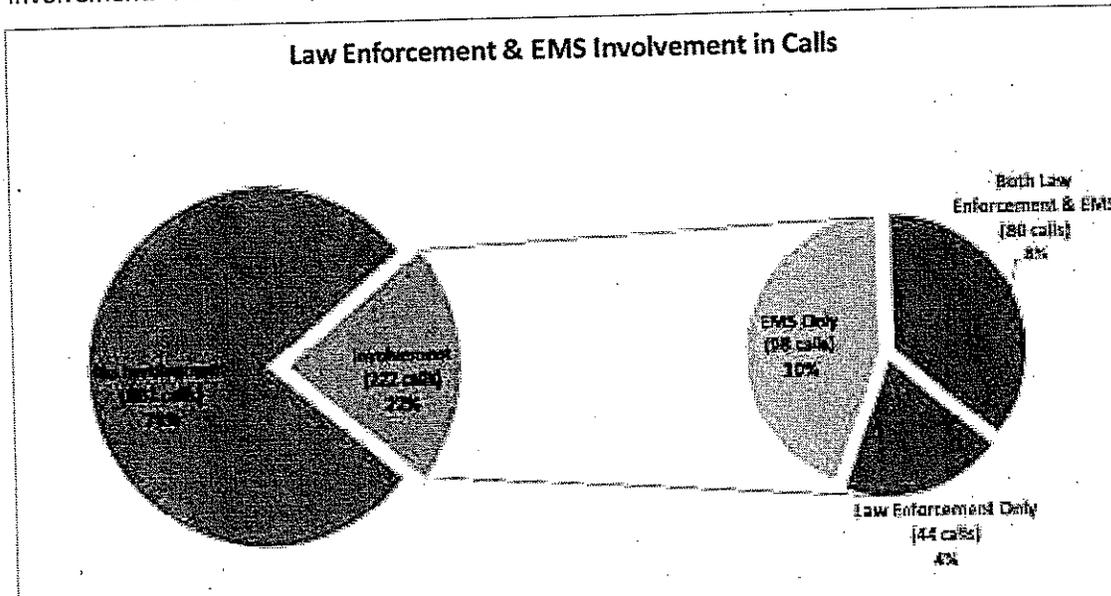
➤ **3 minutes**

Intervention start times may also be delayed by such other factors as: time spent waiting on client/collaterals, waiting on other professionals, waiting on medical tests/clearance, time client spent intoxicated, etc. In such circumstances, crisis staff may be ready and present to start the invention, but it cannot be started due to these items. Such factors are included in this category. Delays in intervention start times caused by events related to CHS staff (travel, time spent on another call, etc.) are excluded from this calculation.

CALLS INVOLVING LAW ENFORCEMENT AND/OR EMERGENCY MEDICAL SERVICES (EMS)

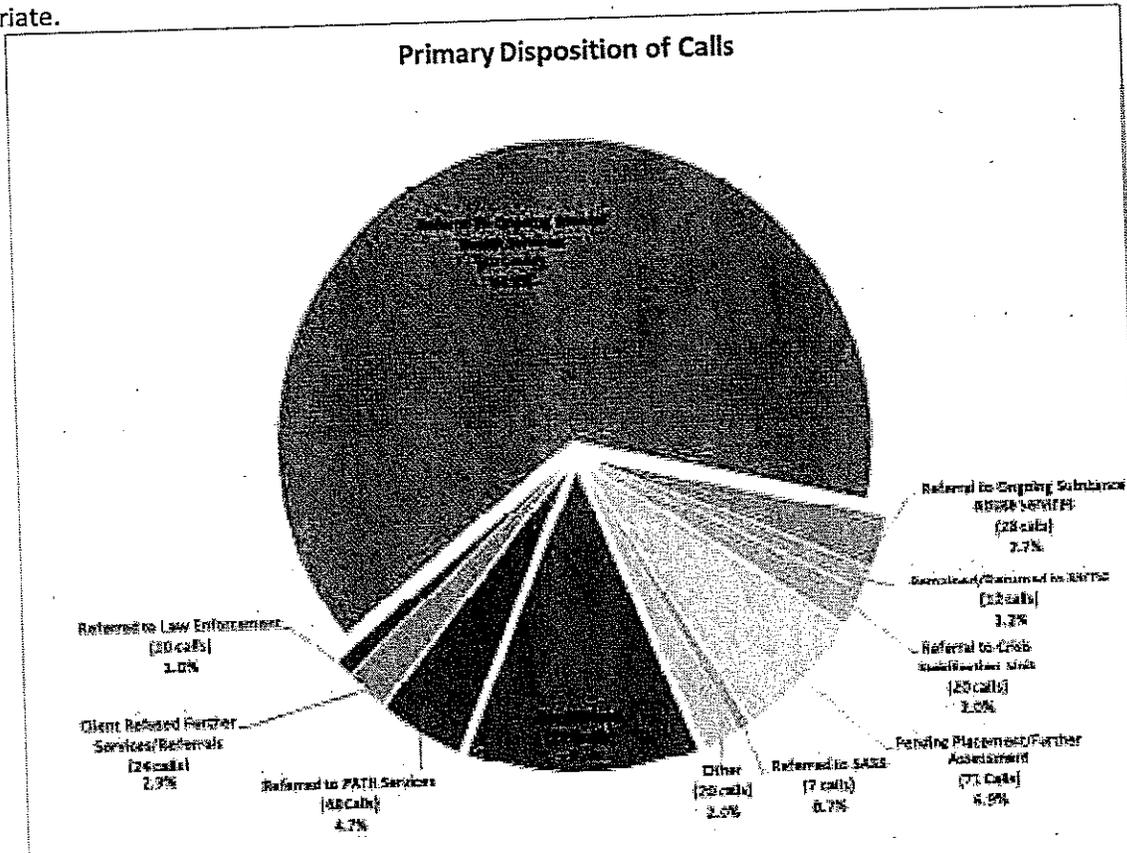
At times, law enforcement and EMS are involved with crisis interventions when there is risk involving a possibly unstable individual (homicidal intent, psychosis, history of violence, etc.). The crisis team may request law enforcement assistance if the safety of the client or others is in imminent or likely danger. Alternatively, the crisis team may be called to situations by law enforcement or to situations in which law enforcement/EMS is already present.

The following charts represent law enforcement/EMS involvement with calls. The first chart represents the percentage of calls in which these entities were involved. The second represents the percentage of calls in which the crisis team requested involvement. As indicated, CHS requested law enforcement/EMS assistance on % of all calls.



DISPOSITION OF CALLS

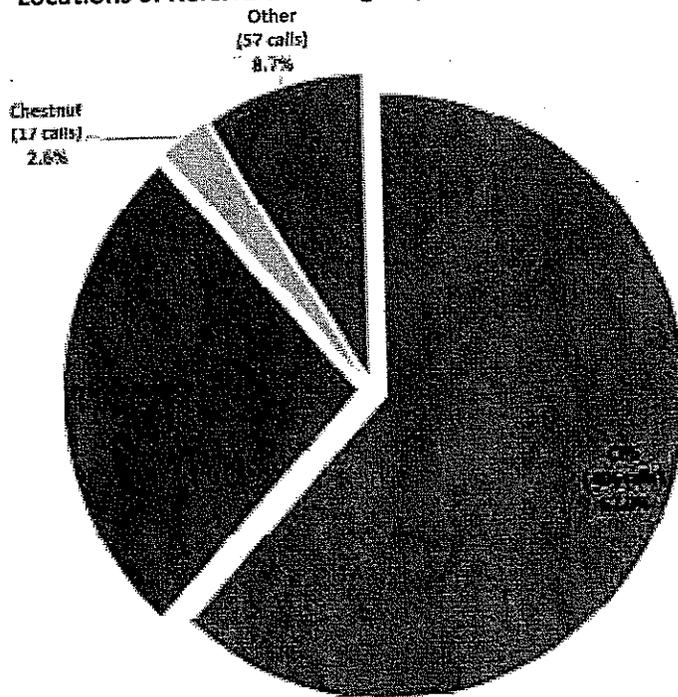
A primary disposition is the “next step” in the intervention. At times, this could be further evaluation. It can also represent a recommended course of treatment, which can include referrals to other community resources or providers as appropriate.



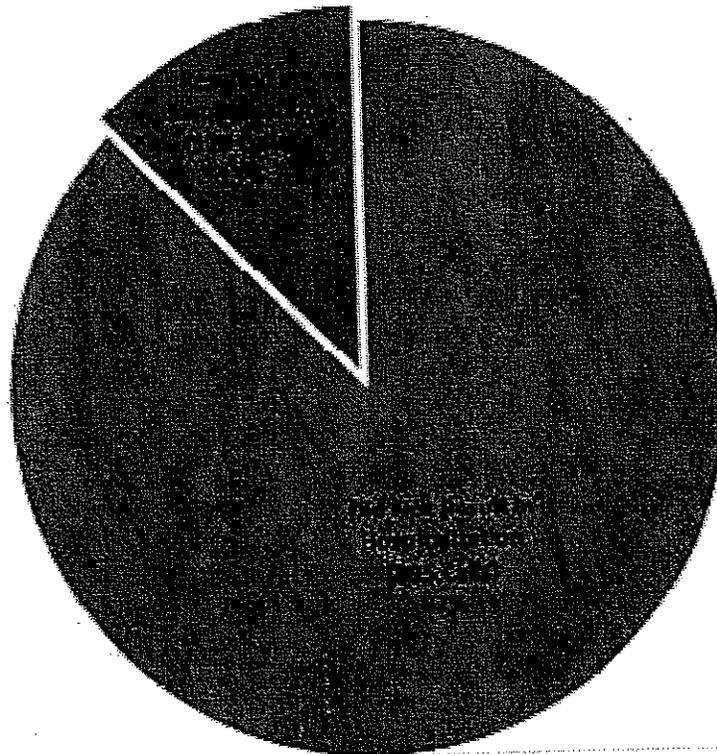
NOTE: In addition to the primary disposition, 21 calls had ongoing mental health services as a secondary referral, whereas 9 calls had ongoing substance abuse services as a secondary referral.

- 64% of calls resulted in a referral for ongoing mental health services
- Referrals to services are based on information the client provides to staff. This can include what type of insurance they may have or funding source.
- As crisis staff cannot determine which services will be provided when requesting services via 911, requests through 911 are included in referrals to law enforcement.
- Pending placement/further assessment refers to instances in which a psychiatric bed is not available or an individual may need further medical assessment/clearance. At times during such instances, a call will end. The individual may be discharged by medical or other clinical personnel prior to reassessment by CHS crisis staff
- The other category generally represents providers in primary care physician offices or out of county referrals.
- PATH’s phone line and suicide prevention line are not listed in the above chart but are generally given as a resource to all clients to call when appropriate. PATH services that are included in the chart refer to other PATH services (e.g. emergency housing, transportation vouchers, elderly services, etc.).
- As a large number of dispositions resulted in referral to ongoing mental health services or hospitalizations, the following charts illustrate further detail regarding these categories.

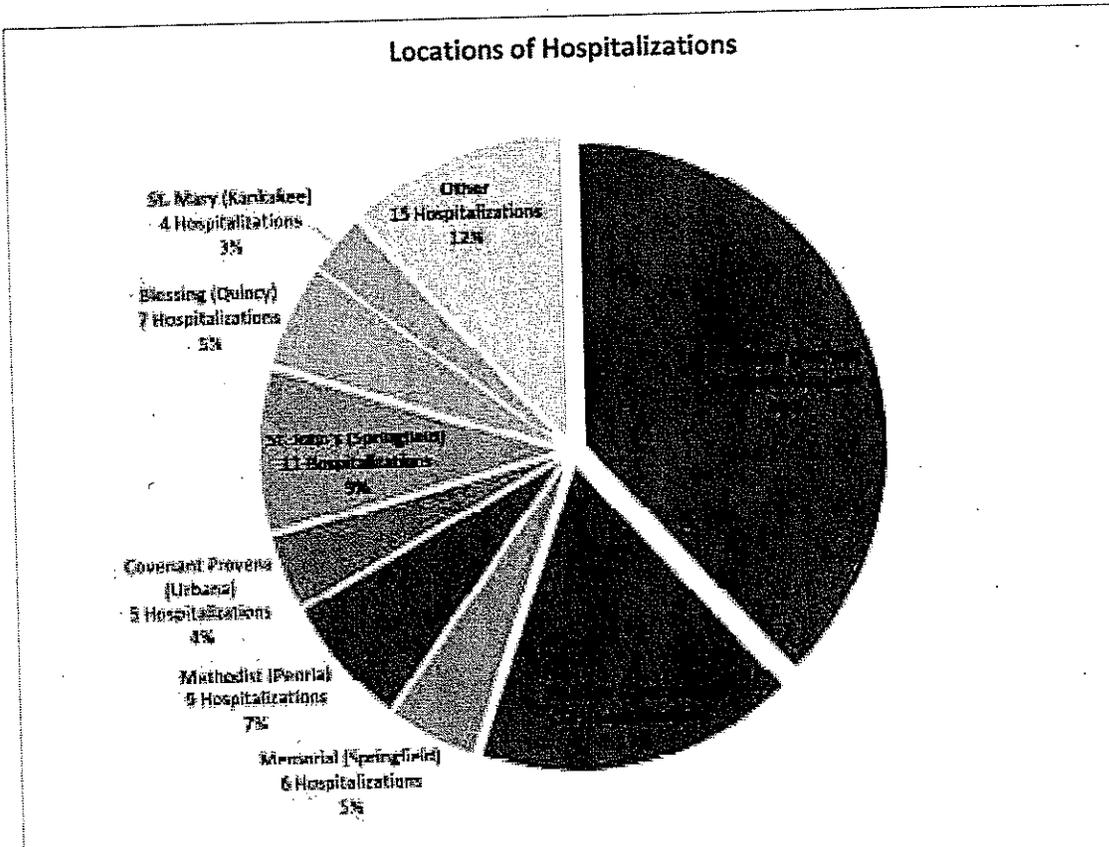
Locations of Referrals for Ongoing Mental Health Services



Percentage of Calls Leading to Hospitalization



For calls in which inpatient hospitalization was recommended, the following chart indicates which hospitals were utilized for placement.



ADDITIONAL INFORMATION

Primary Problem Area(S) of Clients Served

Crisis Assessment and Stabilization

- A mental illness or emotional disruption so severe that it incapacitates an individual to the extent that he/she is unable to perform activities of daily life effectively (e.g., schizophrenia, bipolar disorder, intermittent explosive disorder, etc.)
- Suicidal or homicidal ideation, impulses, gestures
- Behavior disruptive to the community for an unknown reason
- Individuals experiencing their first psychiatric symptoms

Client Information and Residency

Unduplicated Clients Served: 576

All services took place within McLean County. Residence data is based upon addresses given to staff by clients/collaterals at the time of service. Thus, individuals designated as out of county residents may have been visiting or have temporary housing (such as students who provide their permanent address rather than their local address) in McLean County at the time of service.

| RESIDENCE | | | | | |
|-------------------|-------------|---------------|-----------------|-------------|---------------|
| Location | New Clients | Total Clients | Location | New Clients | Total Clients |
| McLean County | 419 | 518 | Peoria County | 1 | 1 |
| Champaign County | 2 | 2 | Tazewell County | 2 | 2 |
| Dewitt County | 11 | 14 | Woodford County | 16 | 18 |
| Livingston County | 11 | 11 | Other Illinois | 0 | 0 |
| Logan County | 3 | 3 | Out of State | 0 | 0 |
| Macon County | 1 | 2 | Unknown | 5 | 5 |
| | | | Total: | 471 | 576 |

| MCLEAN COUNTY DETAILED RESIDENCE | | | | | | | | | |
|----------------------------------|-----|-------|------------|-----|-------|-----------|---------------|------------|------------|
| Location | New | Total | | New | Total | | New | Total | |
| Anchor | 0 | 0 | Colfax | 3 | 4 | Leroy | 3 | 5 | |
| Arrowsmith | 1 | 1 | Cooksville | 0 | 0 | Lexington | 2 | 2 | |
| Bellflower | 0 | 0 | Cropsey | 0 | 0 | McLean | 1 | 1 | |
| Bloomington | 267 | 344 | Danvers | 2 | 3 | Merna | 0 | 0 | |
| 61701 | 200 | 264 | Downs | 5 | 5 | Normal | 101 | 115 | |
| 61702 | 1 | 1 | El Paso | 13 | 14 | Saybrook | 1 | 1 | |
| 61704 | 51 | 63 | Ellsworth | 1 | 1 | Shirley | 0 | 0 | |
| 61705 | 15 | 16 | Gridley | 2 | 2 | Stanford | 2 | 2 | |
| Carlock | 3 | 3 | Heyworth | 8 | 11 | Towanda | 0 | 0 | |
| Chenoa | 1 | 1 | Hudson | 3 | 3 | Other | 0 | 0 | |
| | | | | | | | Total: | 419 | 518 |

FY 2015 EXTENSION QUARTERLY AGENCY SERVICE STATISTICS - July 1, 2015 - December 31, 2015

Agency: McLean County Center for Human Services

| Quarter: 2 | | Program: Psychiatric | | | | |
|--|--|----------------------|---|--------------------------|---------------------------|---|
| October 1 - December 31, 2015 | | | | | | |
| | Unduplicated Clients (New clients served during the quarter) | On-Going Clients | Total Clients served during the quarter | Total # of Events/Visits | Total Staff Service Hours | Total Client Service Hours* (if applicable) |
| Gender: | | | | | | |
| Male | 30 | 40 | 70 | | | |
| Female | 23 | 45 | 68 | | | |
| Total Individuals Served/Hrs Provided | 53 | 85 | 138 | | | |
| Age Group: | | | | | | |
| Infants (0-3) | 0 | 0 | 0 | | | |
| Youths (4-13) | 0 | 0 | 0 | | | |
| Teens (14-18) | 1 | 2 | 3 | | | |
| Adults (19-59) | 47 | 66 | 113 | | | |
| Seniors (60 & up) | 5 | 17 | 22 | | | |
| Total Individuals Served/Hrs Provided | 53 | 85 | 138 | | | |
| Residence: | | See Narrative | See Narrative | See Narrative | | |
| Bloomington | | | | | | |
| Normal | | | | | | |
| Other: | | | | | | |
| | | | | | | |
| | | | | | | |
| Total Individuals Served/Hrs Provided | 53 | 85 | 138 | 4,067 | 1,875 | 398 |
| Projected Individuals/Hrs Provided | N/A | N/A | N/A | N/A | 1,875 | 450 |

*Client service hours are based upon time spent with or on behalf of clients. Each individual service that meets this definition is counted as an event/visit/

Note for Psychiatric Services:

Unless otherwise noted, data contained in this report and the attached narrative refers only to clients who did not have Medicaid at some point during the quarter.

**QUARTERLY REPORT FOR MCLEAN COUNTY HEALTH DEPARTMENT
FY 2015 EXTENSION – SECOND QUARTER (OCTOBER 1 – DECEMBER 31, 2015)
NARRATIVE ATTACHMENT
PSYCHIATRIC PROGRAM**

SUMMARY OF PROGRAM ACTIVITIES

Services include:

- Psychiatric evaluation
- Medication management (minimum 4 times per year)
- Medication monitoring (nurses consult for reactions to medications as well as efficacy of treatment)
- Medication training (when new medications are prescribed)
- Applications for pharmaceutical assistance programs
- Obtaining medication samples for new clients when needed
- Referrals to additional services – internal and external to assist in maintaining stabilization.
- Refills for patients
- Nurse consultation with clients who have a medication concern.
- Medication administration: daily, weekly and biweekly for those individuals who are very ill, or who are non-compliant.

PROGRESS IN ACHIEVING PROGRAM OBJECTIVES

FY 2015 Objectives included the following (**Note:** Measurement of program objectives includes data from all clients in the Psychiatric Services program, regardless of payor source):

- 1.) The program will secure at least \$400,000 in free medication (via pharmaceutical assistance programs) for individuals without income or without the means to secure the prescribed medication.
 - **2nd Quarter Result:** The agency has secured \$145,339 in free medication this quarter.
- 2.) 85% of individuals receiving psychiatric services for at least six continuous months will not require psychiatric hospitalization.
 - **2nd Quarter Result:** 98% of individuals meeting this criterion have not required hospitalization during the quarter.
- 3.) 75% of individuals seen in the program for at least six contiguous months will maintain or increase their level of functional ability.
 - **2nd Quarter Result:** 92.6% of clients have improved or maintained their functional ability during the quarter

PROBLEMS/ISSUES ENCOUNTERED

- High community demand for psychiatric services
 - The McLean County Center for Human Services (MCCHS) continues to assess all referrals and prioritize admission of those with the greatest needs.
- As discussed in the previous quarter's report, MCCHS continues to respond to the funding reduction of \$353,196 by the Illinois Department of Human Services.
 - MCCHS remains committed to providing psychiatric services to at least 1,100 unduplicated individuals during FY 2016.
 - The agency's cash reserves are being used to compensate for the reduction in funding.
 - These funding reductions may potentially have the following effects:
 - Increased psychiatric hospitalizations and increased utilization of hospital emergency departments
 - Increased contacts with law enforcement for some individuals with behavioral health issues
 - Increase in the number of crisis calls with fewer individuals able to access psychiatric services
- Community Collaboration and Primary Healthcare Integration
 - The agency continues to work with Mennonite College of Nursing at Illinois State University to provide a clinical site for their Psychiatric Mental Health Nursing students.
 - The Community Health Care Clinic and MCCHS initiated conversations regarding a potential collaboration to improve access to primary care for chronically mentally ill clients that MCCHS already serves. Many of these clients also have untreated chronic diseases. While these clients regularly go to MCCHS for mental health treatment, they are reluctant and/or do not have the capacity to engage with primary care services on their own. The idea is to bring the Clinic's services to MCCHS to provide primary care to these clients in an environment in which they are already comfortable. The two organizations as well as Home Sweet Home Ministries are currently exploring what this effort might entail, how it could be operationalized to be successful, and what, if any role the Mobile Health Project may play in this unique collaboration. If these conversations are successful and the Clinic's services can be delivered at MCCHS, the hope is to begin this collaboration in late spring or early summer 2016.

MOST SIGNIFICANT AREA(S) OF REMAINING NEED FOR SERVICE IMPROVEMENT

The most significant need in regards to psychiatric services is psychiatric prescriber availability. Lack of psychiatric prescribers is a growing concern not only in McLean County, but for the nation as well. This need applies to individuals of all income levels, not just the population traditionally served by MCCHS.

Other major areas of need affecting the individuals we serve include the lack of available inpatient psychiatric beds and difficulty in linking clients with services requiring hospitalization (such as electroconvulsive therapy, or ECT). Additionally, lack of access to affordable outpatient counseling services is an issue facing those who are underinsured or uninsured. Difficulty obtaining employment and affordable housing are also significant areas of need. MCCHS also must assist clients in overcoming challenges caused by major psychosocial issues such as difficulty obtaining employment and/or affordable housing. Such issues often exacerbate an individual's ability to maintain his/her mental stability.

ADDITIONAL INFORMATION REGARDING PROGRAM AND GRANT EFFECTIVENESS

CLIENT ACCOUNTS

This program/grant provides invaluable treatment to those without the means to otherwise obtain psychiatric services. Below are examples of clients who otherwise would not have had access to psychiatric services:

Account 1

Sam is a 24 year-old man who was self-referred to MCCHS for depression, anxiety, and self-harm behavior. He had been previously diagnosed with Bipolar Disorder, Anxiety Disorder, Borderline Personality Disorder, and Attention-Deficit Hyperactivity Disorder. Sam is employed as a certified nursing assistant and is uninsured. He identified his goal for treatment as, "I would like to get medicated so I can live a normal life and maintain my moods." When he began services at MCCHS, he stated that he had been without medications for four months and had not seen a psychiatric provider in the last year. He reported a new onset of auditory/visual hallucinations during this time period and that he had been using marijuana to help control his symptoms since the last time he took medications. Additionally, Sam reported symptoms of post-traumatic stress disorder including flashbacks and nightmares related to history of sexual abuse during his childhood.

Sam has a history of suicide attempts and psychiatric hospitalizations. He has tried multiple psychotropic medications in the past. Sam is a father of two young children and lives with his children and their mother. He reported that his current employer chose to take the government penalty and not provide medical insurance for employees.

After psychiatric evaluation, Sam was started on psychotropic medications to help with his mental health symptoms including two medications through the MCCHS Medication Assistance Program. Sam felt that by getting back on medications, he would be able to maintain his employment and continue to provide for his family. In his first month as a client, he had 11 nursing contacts along with a contact with a medical case manager. Sam just recently had his initial prescriber appointment and will return within 4 weeks for his follow-up appointment.

Account 2

Kristy is a 17 year old female referred by a local school. She came to MCCHS diagnosed with Bipolar Disorder, Anxiety Disorder, and Post-Traumatic Stress Disorder. Kristy's mother kicked her out of her home while Kristy was still a minor. She has a temporary guardian (her boyfriend's mother whom she lives with) and uses marijuana to help with her anxiety. She does not have medical insurance or a primary care physician. Kristy identified treatment goals as, "I want to feel more confident about myself. I want to be less depressed and anxious. I don't want to feel so worthless."

During her initial prescriber evaluation, Kristy reported past physical, emotional, and sexual abuse since the age of eleven (the perpetrator has since been incarcerated as a result). This summer her depression worsened to the point where she went to the emergency department, but did not meet the requirement for psychiatric admission.

She will soon be graduating from school and has an interview scheduled for a waitressing job. Kristy was concerned that her mental health symptoms would prevent her from successfully maintaining employment. After initial psychiatric assessment, she was started on medications for bipolar disorder and PTSD. She was given information regarding applying for Medicaid and also referred for counseling at MCCHS. Kristy just recently had her initial prescriber appointment and will return within 4 weeks for her follow-up appointment.

ADDITIONAL INFORMATION

Primary Problem Area(S) Of Clients Served

- Clients served have one or more diagnosed mental disorders. Some of the more common diagnoses include:
 - Schizophrenia
 - Schizoaffective Disorder & other related psychotic disorders
 - Bipolar Disorder
 - Major Depressive Disorder
 - Attention Deficit Hyperactivity Disorder
 - Intermittent Explosive Disorder
 - Obsessive Compulsive Disorder
- The severity and persistence of the mental illness results in significant impairment related to interpersonal relationships, employment, income, and quality of life for an inestimable length of time.

Referrals from McLean County Detention Facility (MCDF)

Through the collaborative efforts of all entities involved, the following result was obtained for the 1 referral CHS received from MCDF during the quarter

- For initial screening/intake appointment:
 - The individual was given and appeared for a screening appointment the day of release from MCDF.
- For prescriber appointment:
 - The individual was given a prescriber appointment 12 days after release from MCDF.
 - The individual failed this appointment.
 - After several attempts at contact and eventually through coordination with the individual's case manager at Safe Harbor, another prescriber appointment was scheduled approximately three weeks later.
 - The individual showed for this appointment, but informed staff of plans to move out of the county. A few weeks later, it was later confirmed that the individual is now residing in another county and not expected to return. Thus, the file was subsequently closed.

McLean County Center for Human Services
108 West Market Street • Bloomington, IL 61701

Residency Information

| RESIDENCE | | | | | |
|-------------------|-------------|---------------|-----------------|-------------|---------------|
| Location | New Clients | Total Clients | Location | New Clients | Total Clients |
| McLean County | 53 | 138 | Peoria County | 0 | 0 |
| Champaign County | 0 | 0 | Tazewell County | 0 | 0 |
| Dewitt County | 0 | 0 | Woodford County | 0 | 0 |
| Livingston County | 0 | 0 | Other Illinois | 0 | 0 |
| Logan County | 0 | 0 | Out of State | 0 | 0 |
| Macon County | 0 | 0 | Unknown | 0 | 0 |
| Total: | | | | 53 | 138 |

| MCLEAN COUNTY DETAILED RESIDENCE | | | | | | | | |
|----------------------------------|-----|-------|------------|-----|-------|-----------|-----------|------------|
| Location | New | Total | Location | New | Total | Location | New | Total |
| Anchor | 0 | 0 | Colfax | 0 | 1 | Leroy | 4 | 5 |
| Arrowsmith | 0 | 0 | Cooksville | 0 | 0 | Lexington | 1 | 1 |
| Bellflower | 0 | 0 | Cropsey | 0 | 0 | McLean | 1 | 1 |
| Bloomington | 32 | 84 | Danvers | 1 | 1 | Merna | 0 | 0 |
| 61701 | 21 | 57 | Downs | 0 | 0 | Normal | 11 | 36 |
| 61702 | 0 | 0 | El Paso | 0 | 0 | Saybrook | 0 | 0 |
| 61704 | 10 | 23 | Ellsworth | 0 | 1 | Shirley | 0 | 0 |
| 61705 | 1 | 4 | Gridley | 0 | 1 | Stanford | 0 | 1 |
| Carlock | 0 | 0 | Heyworth | 1 | 3 | Towanda | 0 | 0 |
| Chenoa | 2 | 2 | Hudson | 0 | 1 | Other | 0 | 0 |
| Total: | | | | | | | 53 | 138 |

Referral Information

| REFERRAL SOURCE FOR NEW ADMISSIONS | | | | | | | |
|------------------------------------|----|------------------------------|-----------|-----------------------|---|--------|---|
| Source | # | Source | # | Source | # | Source | # |
| Self | 17 | Hospitals | 13 | Schools | 0 | | |
| Family | 2 | BroMenn | 8 | District 87 | 0 | | |
| Friend/Significant Other | 5 | St. Joseph | 1 | Unit 5 | 0 | | |
| Physician | 2 | Other Private | 3 | El Paso/Gridley | 0 | | |
| Employer/Business | 0 | McFarland | 1 | Heyworth | 0 | | |
| Religious Group/Organization | 0 | Other SOF | | Leroy | 0 | | |
| Social Services | 10 | Veterans' Administration | | Lexington | 0 | | |
| CHS Crisis Team | 1 | Law Enforcement/Corrections | 4 | Olympia | 0 | | |
| CHS Other | 3 | Bloomington PD | 0 | Prairie Central | 0 | | |
| PATH | 0 | Normal PD | 0 | Ridgeview | 0 | | |
| SASS | 1 | Sheriff's Department | 0 | Tri-Valley | 0 | | |
| Baby Fold | 2 | MCDF | 1 | Colleges/Universities | 0 | | |
| Chestnut | 1 | Adult Court Services | 1 | ISU | 0 | | |
| Marcfirst | 1 | Juvenile Court Services | 0 | IWU | 0 | | |
| Bloomington Township | 0 | IL Department of Corrections | 2 | Heartland | 0 | | |
| Health Department | 0 | | | Other | 0 | | |
| Other Social Service | 1 | | | Other | 0 | | |
| Total: | | | 53 | | | | |

Q1-Y 2015 QUARTERLY AGENCY SERVICE STATISTICS

Agency: Labyrinth Outreach Services to Women

Quarter: 2

Program: Labyrinth House Residential Program

| | Unduplicated Clients (New clients served during the quarter) | Total Clients served during the quarter | Total # of Events/Visits | Total Staff Service Hours | Total Client Service Hours (if applicable) |
|---------------------------------------|--|---|--------------------------|---------------------------|--|
| Gender: | 0 | 0 | 0 | 0 | 0 |
| Male | 5 | 12 | | 691 | 265.5 |
| Female | | | | | |
| Total Individuals Served/Hrs Provided | | | | | |
| Age Group: | 0 | 0 | 0 | 0 | 0 |
| Infants (0-3) | 0 | 0 | 0 | 0 | 0 |
| Youths (4-13) | 0 | 0 | 0 | 0 | 0 |
| Teens (14-18) | 5 | 12 | | | 265.5 |
| Adults (19-59) | 0 | 0 | 0 | 0 | 0 |
| Seniors (60 & up) | | | | | |
| Total Individuals Served/Hrs Provided | | | | | |
| Residence: | 4 | 12 | | | |
| Bloomington | 0 | 0 | | | |
| Normal | 1 | 0 | | | |
| Other: (Heyworth) | | | | | |
| Total Individuals Served/Hrs Provided | 12 | 265.5 | | | |
| Projected Individuals/Hrs Provided | 10 | 546 | | | |

Referral Source for New Admissions: 5 criminal justice system, 1 friend, 1 church, 5 other nonprofits

**Quarter 2 Report to the McLean County Health Department
Labyrinth Outreach Services to Women
Transitional Housing for Formerly Incarcerated Women
January 15, 2016**

I. Program Activities

In this past quarter we had 3 clients move in October, 2 in November, and 3 in December after their residential assessments and being staffed as a team. 1 was assessed and not approved to move in, 2 were approved and decided to take other housing opportunities, and 1 woman that was screened did not move in until the next quarter started. During this quarter, staff training was also completed and several were able to receive professional development through Mental Health First Aid and Stepping Stones trainings.

II. Progress on the objectives defined in your application.

Objective 1: Complete psychosocial assessment with each client, create a "safe space" through relationships with staff, pre-release screening and counseling, intensive case management, family reunification support, permanent housing planning/follow-up, and willingness to sign an agreement for housing/case management.

- 9 current or potential residents completed their residential assessments with staff during this quarter. Residents that were offered a place in the program and chose to move in have completed their weekly goal planning updates with staff since their move-in date. Each resident has signed an agreement for housing and case management.
- Residential orientation, daily check-ins, weekly goal updates, and resident meetings have provided opportunities to build relationships with staff within intensive case management. Each resident has shown increased levels of comfort and openness with staff over time.
- One resident moved in directly from McLean County Jail and completed pre-release screening and counseling.
- Each resident that was living in the program during the Thanksgiving and Christmas season was able to spend some amount of time with family, many for the first time in several years due to incarceration or estrangement. Residents that had been in the program for more than 30 days were able to take at least 1 overnight pass and all received emotional support from staff on reunifying with family members.
- Permanent housing planning/follow-up has not started for any residents at this time.

Objective 2: Staff will be selected based on their abilities to work with this specific population and work semi-independently. Evening staff will be required to complete Stepping Stones 40 hour training, Mental Health First Aid training, motivational interviewing, cognitive-behavioral therapy, gender responsive strategies/racial micro-aggressions, and trauma informed practice.

- A third Residential Counselor was hired during this quarter to ensure full coverage for Labyrinth House each night and is completing Stepping Stones/Mental Health First Aid training in the next quarter. Staff was chosen with over 5 years of experience in dual diagnosis substance abuse/mental health and was also trained using the requirements above. Current RCs have also started to provide mini workshops on their personal areas of expertise during team meetings such as PTSD/trauma, signs of relapse, and goal planning.
- Our small team is now fully trained and very dedicated/flexible. In the quarter that residents have lived in Labyrinth House and RCs have been working their shifts independently, the Program Coordinator/Case Manager has only had to cover 2 shifts; an impressive number for a program that is open every day.

Objective 3: Skill and support groups will be conducted in the evenings by Labyrinth residential staff.

- Residential Counselors started out this quarter by providing education and life skills to clients during resident meetings. In the following quarter, workshops and support groups are being advertised that are open to all justice-involved women, not just Labyrinth House residents. We hope to provide a safe and confidential space for groups like Stepping Stones and AA/NA for women to be able to meet on site in the near future as well.

III. Problems encountered during the reporting period.

- The Labyrinth team continues to learn from our experiences and incorporate that information into everyday practice. One example is an early resident that seemed ready for the structure and potential in the program but did not pass drug/alcohol screens or follow guidelines early on. While she ended up returning to prison due to noncompliance with parole, this situation and another relapsing resident helped the team strengthen our relationship with Chestnut staff, parole, and probation. We now feel even more prepared to help a resident through a period of relapse and get back on track, with the help of substance abuse professionals/community partners, and to better screen residents that are ready to commit to a program like Labyrinth House.
- Two residents were screened and approved to move in during this quarter and chose to pursue other housing opportunities that were less structured than Labyrinth House. While our staff was disappointed because we believed both of these women would be a strong fit, we understood their choices and encouraged each to utilize our outreach services even if they were not residents. Both women have continued to work with us voluntarily as outreach clients, settled in to their new homes, and one has found full time work.
- Because of the situations like the ones above, there is a vacancy in one apartment that the Residential Committee is currently screening applicants for. We expect to be full for the majority of 2016 and continue to have RCs work with additional outreach clients through groups/workshops.

IV. What do you see as the most significant areas of remaining need, with regarding to improving services for those you serve?

- One area of need that has been noticed is how much more support residents have needed during daytime hours than expected. Residents that call or come to the office during the day, apartment inspections, transportation help, and any unexpected needs have been covered by the Program Coordinator/Case Manager or our MSW intern who also see all of the outreach clients. For this reason, as well as the small support system our residents have, we are seeking funding to now add a mentoring component as suggested by our sister program in St. Louis.
- Labyrinth volunteers, staff, and interns continue to respond to the need for employment with this population by pairing them with our Job Coach and working towards a social enterprise business that would provide jobs for all clients while they make progress on social skills and stability.
- Funding is also being sought for improved data tracking software to help Labyrinth be more efficient in reporting on client interactions and statistics.

V. What has BOH funding allowed you to do that you could not do without this funding?

- Labyrinth would not be able to provide the services of our Residential Counselors and funding for their supervision/training without this grant. Labyrinth House is a unique program meant to help women with a high level of barriers remain free from future involvement in the court system and become financially self-sufficient in their own home in the future. There is a financial climate currently to “do more with less,” and it is important for human service agencies to work together and stretch available resources. However, the formerly incarcerated women/trauma survivors served by Labyrinth have not had their needs in a way that they could be successful in programs that house as many people as possible. Women that become homeless and have a criminal record often have a substance abuse and/or mental health barrier that makes them ineligible for either of the local shelters. Relationships with family and friends have also been strained, leaving smaller-scale housing programs like Labyrinth House as a last option. Nationally, trauma-informed reentry programs on this scale have been shown to have an average of a 10% recidivism rate (Center for Women in Transition, St. Louis, MO) while the national rate is 68% within three years (National Institute of Justice).

VI. Provide any additional information that you would like us to know about your program and the effectiveness of your grant.

The following “success stories” took place during Quarter 2 of our grant:

- 2 clients started meeting with a GED tutor on-site regularly
- 14 clients started new jobs
- 1 resident graduated from outpatient services at Chestnut and will be released from parole a year early due to the success she has shown in our program
- 1 resident was recognized for her longest sobriety anniversary in her 36 years with a celebration at the office
- 2 residents were accepted into Drug Court/Recovery Court

- 4 residents have started regularly attending AA/NA groups as a team
- 1 resident enrolled in college after not having enough stability in her life to return for several years
- 1 resident repaired relationships and trust with her immediate family enough that she is now able to spend time with and even babysit her nieces and nephews

**Narrative
October-December 2015**

The Narrative should be attached to the FY 2015 Quarterly Agency Service Statistics.

I. Program Activities

This quarter was fairly quiet with the exception of a continued increase of suicide deaths. PATH worked with the Coroner to find suitable referrals for families.

II. Progress on the objectives defined in your application.

Objective 1: Prevent suicide

It is difficult to measure outcomes because the service guarantees anonymous, confidential contacts. Nationwide, centers like PATH measure the effectiveness of the hotline volunteers and telephone metrics to provide hard data on telephone response.

Annual Goal: 90% of suicide calls will positively correlate the level of lethality recorded with the call resolution. **Actual: 99%**

However, our success did not translate this year to reduced deaths by suicide.

Objective 2: Telephone metrics—Are we answering the calls?

- a. Goal: Abandoned call rates below 9% **ACTUAL: 11%**
- b. Goal: Average wait time for caller less than 40 seconds **ACTUAL: 10 seconds**
- c. Goal: 80 percent of calls answered within 40 seconds **ACTUAL: 100%**

Objective 3: Linking people to appropriate crisis services

- a. Goal: 1,500 linkages to appropriate crisis services **ACTUAL: 1.426**
- b. Goal: 300 patches to ECI for professional intervention in appropriate situations **ACTUAL: 13**

III. Problems encountered during the reporting period.

PATH's financial situation dominated the three months as we received no funding from the state for adult protective services (APS), the self-neglect program and outreach services since July 1. This money covers 8 staff positions but also pays a significant portion of our operating costs such as rent, utilities, etc. We had no income until December 22nd when we received a \$50,000 check towards the over \$200,000 owed. The entire agency was at risk of closing.

We were fortunate to receive a large line of credit from CEFCU at a reasonable rate of interest (4.5%). However, if the APS money remains in the bottleneck, we will continue to be at risk.

The small number of warm transfers to the Crisis Team reflect the preferred method of getting phone numbers. It's easy to make a mistake in the process of patching and the sound quality isn't as good.

III. What do you see as the most significant areas of remaining need, with regarding to improving services for those you serve?

Continue our past success in the fall class for volunteer crisis workers (40) so that the call center can be adequately staffed to meet the needs of McLean County. Continued involvement with the Crisis Committee as a method of identifying problems and developing solutions. Adding chat and text services to catch younger people. Increase the size of our current call center to add more operators. Upgrade computers. Finish providing quality call head sets in the call center. We have no plans to seek additional funding from the BOH for these items.

IV. What has BOH funding allowed you to do that you could not do without this funding?

We would be unable to provide supervision to the crisis line volunteers which includes on-line monitoring, call record reviews and testing on policies and protocols, and suicide record reviews.

We would lose 1FTE as a result.

V. Provide any additional information that you would like us to know about your program and the effectiveness of your grant.

We developed an in-service training on homicidal risk as a result of the mass shootings across the country. In the process we realized we had a very real case. We have a frequent caller who is generally suicidal and we had a protocol in place for this. However, the day after the San Bernardino shootings, she started threatening to shoot out a school room or place pipe bombs in crowded areas. She had the potential to carry out these threats. Police were notified and attempts were made to interview her but she bolted from her home and at this time the police are still trying to track her. She has stopped calling PATH.

VI. Provide any additional information that you would like us to know about the data submitted.

**PATH, Inc.
 Statistical Report
 Call Form ~ Totals
 10/01/2015 To 12/31/2015**

Total Contacts in Date Range: 13174

| | | | | | | | | |
|-----|---------|------------|-----|---------|-----------------------|------------------|---------|---|
| 406 | 3.082% | Suicide | 350 | 86.207% | Call Originated From? | 178 | 50.857% | PATH Crisis Line |
| | | | | | | 172 | 49.143% | 1-800-SUICIDE (NSPL line) |
| | | | | | | 350 TOTAL | | |
| 301 | 74.138% | Lethality | | | | 143 | 47.508% | Low/medium Lethality |
| | | | | | | 115 | 38.206% | No risk indicated after assessment |
| | | | | | | 39 | 12.957% | High Lethality |
| | | | | | | 6 | 1.993% | In-Progress |
| | | | | | | 303 TOTAL | | |
| 300 | 73.892% | Resolution | | | | 125 | 41.667% | Hang up - assessment indicates no need for further action |
| | | | | | | 62 | 20.667% | Contracted (community/immediate/mental health resources) |
| | | | | | | 45 | 15% | Contacted CHS/DCHRC/IHR/IMHC |
| | | | | | | 30 | 10% | Caller refused assistance (no way to identify) |
| | | | | | | 19 | 6.333% | Linked to regional mental health agency |
| | | | | | | 17 | 5.667% | Traced/Caller ID-ambulance dispatched |
| | | | | | | 12 | 4% | Warm Transfer to CHS/DCHRC/IHR/IMHC |
| | | | | | | 4 | 1.333% | Traced/Caller ID-not dispatched |
| | | | | | | 2 | 0.667% | Warm Transfer |
| | | | | | | 316 TOTAL | | |
| 294 | 72.414% | Plan | | | | | | |

| | | |
|-----------------------|--------------|----------------------------|
| 224 | 76.19% | No Plan |
| 70 | 23.81% | Has plan |
| 294 | TOTAL | |
| Method | | |
| 176 | 62.191% | Method not known |
| 76 | 26.855% | Lethal |
| 32 | 11.307% | Nonlethal |
| 284 | TOTAL | |
| Are they alone? | | |
| 149 | 53.025% | Yes |
| 133 | 47.331% | No |
| 282 | TOTAL | |
| Depression | | |
| 244 | 94.574% | Yes |
| 14 | 5.426% | No |
| 258 | TOTAL | |
| Timing | | |
| 195 | 87.838% | In future/indefinite |
| 27 | 12.162% | Within the next 24 hours |
| 222 | TOTAL | |
| Availability of Means | | |
| 140 | 68.966% | Has to get |
| 65 | 32.02% | Already has |
| 205 | TOTAL | |
| Anxiety | | |
| 171 | 85.075% | Yes |
| 30 | 14.925% | No |
| 201 | TOTAL | |
| Support System | | |
| 103 | 54.497% | Feel they are alone/burden |
| 88 | 46.561% | Good support |

| | | | |
|-----|---------|-----------------------------|--|
| 183 | 45.074% | 191 TOTAL | Alcohol/drugs ingested today |
| | | 143 | 78.142% No |
| | | 41 | 22.404% Yes |
| | | 184 TOTAL | |
| 175 | 43.103% | Tunnel Vision | Open to options/sense of purpose/future plans |
| | | 80 | 45.714% |
| | | 48 | 27.429% Hopeless/closed to options/no purpose |
| | | 36 | 20.571% Helpless/trapped |
| | | 35 | 20% Ambivalent to future/living |
| | | 199 TOTAL | |
| 157 | 38.67% | Fear of suicide/dying | |
| | | 86 | 54.777% No |
| | | 71 | 45.223% Yes |
| | | 157 TOTAL | |
| 157 | 38.67% | Out of touch with reality | |
| | | 126 | 80.255% No |
| | | 31 | 19.745% Yes |
| | | 157 TOTAL | |
| 157 | 38.67% | Preparatory Behaviors | |
| | | 145 | 92.357% No |
| | | 12 | 7.643% Yes (giving away possessions, wrote suicide note) |
| | | 157 TOTAL | |
| 152 | 37.438% | History of Suicide Attempts | |
| | | 59 | 38.816% More than 2 attempts |
| | | 50 | 32.895% 1st attempt |
| | | 43 | 28.289% 2nd attempt |
| | | 152 TOTAL | |
| 149 | 36.7% | Recent loss/Traumatic event | |
| | | 80 | 53.691% No |
| | | 69 | 46.309% Yes |

| | | | |
|-----|---------|--|---|
| 148 | 36.453% | 149 TOTAL | |
| | | Daily Functioning | Normal activities/relationships |
| | | 76 | 51.351% |
| | | 51 | 34.459% |
| | | 25 | 16.892% |
| | | | Losing interest job/family/school |
| | | | No interest in family/job/school |
| | | 152 TOTAL | |
| 145 | 35.714% | Alcohol/drug use pattern | |
| | | 96 | 66.207% |
| | | 27 | 18.621% |
| | | 22 | 15.172% |
| | | | None |
| | | | Chronic |
| | | | Sporadic |
| | | 145 TOTAL | |
| 143 | 35.222% | Mood swings | |
| | | 72 | 50.35% |
| | | 71 | 49.65% |
| | | | Yes |
| | | | No |
| | | 143 TOTAL | |
| 136 | 33.498% | History of Violence/Impulsivity | |
| | | 87 | 63.971% |
| | | 43 | 31.618% |
| | | 10 | 7.353% |
| | | | None |
| | | | Current/past history violence to self or others |
| | | | Violent Fantasies |
| | | 140 TOTAL | |
| 136 | 33.498% | Sexual Orientation Issues | |
| | | 129 | 94.853% |
| | | 5 | 3.676% |
| | | 2 | 1.471% |
| | | | None |
| | | | Questioning orientation |
| | | | Struggling with coming out |
| | | 136 TOTAL | |
| 126 | 31.034% | Sleep pattern | |
| | | 71 | 56.349% |
| | | 52 | 41.27% |
| | | 3 | 2.381% |
| | | | decreased |
| | | | Same |
| | | | increased |
| | | 126 TOTAL | |
| 126 | 31.034% | Suicide Survivor/Impacted by other's suicide death | |

| | | |
|------------------|---------|---------------|
| 75 | 59.524% | No |
| 51 | 40.476% | Yes |
| 126 TOTAL | | |
| 82 | 20.197% | Third Party |
| 68 | 82.927% | Family/friend |
| 14 | 17.073% | Professional |
| 82 TOTAL | | |

5054 TOTAL
406 TOTAL Call Form ~ Totals

PATH, Inc.
Statistical Report
 Search Option - County and Referred, Unmet, Reason for Contact, OOD, Site Reasons (All requests)
10/01/2015 To 12/31/2015

Total Contacts in Date Range: 13174

| 4919 | 37.339% | McLean | | |
|------|---------|--------|---------|---|
| | | 879 | 17.869% | Support Only |
| | | 675 | 13.722% | Mental Illness |
| | | 413 | 8.396% | Agency We Answer For |
| | | 330 | 6.709% | Administration |
| | | 329 | 6.688% | Information |
| | | 279 | 5.672% | Senior Services |
| | | 253 | 5.143% | Utility Assistance |
| | | 246 | 5.001% | Rent Payment Assistance |
| | | 213 | 4.33% | Homeless |
| | | 213 | 4.33% | Non-Transaction Call |
| | | 188 | 3.822% | Follow-Up |
| | | 132 | 2.683% | General Benefits Assistance |
| | | 127 | 2.582% | Suicide |
| | | 100 | 2.033% | Housing |
| | | 96 | 1.952% | Adult Protective Services (AKA Elder Abuse) |
| | | 80 | 1.626% | Food Pantries |
| | | 73 | 1.484% | Homeless Shelter |
| | | 73 | 1.484% | Problem not listed |
| | | 69 | 1.403% | Medical/Health |
| | | 52 | 1.057% | General Counseling Services |
| | | 51 | 1.037% | Crisis Intervention |
| | | 49 | 0.996% | Holiday Programs |

| | | |
|----|--------|---|
| 48 | 0.976% | Outreach Programs |
| 42 | 0.854% | Transportation - Local |
| 41 | 0.834% | Food |
| 40 | 0.813% | Relationship Issues |
| 31 | 0.63% | Support Groups |
| 29 | 0.59% | Clothing |
| 28 | 0.569% | Furniture |
| 28 | 0.569% | General Legal Aid |
| 25 | 0.508% | Medical Appointments Transportation |
| 25 | 0.508% | Substance Abuse |
| 25 | 0.508% | Support Group |
| 24 | 0.488% | Volunteer Opportunities |
| 23 | 0.468% | Comprehensive Job Assistance Centers |
| 22 | 0.447% | Donations |
| 21 | 0.427% | Counseling Referrals |
| 21 | 0.427% | Transportation Expense Assistance |
| 20 | 0.407% | Adult Protective Intervention/Investigation |
| 20 | 0.407% | Housing Repairs |
| 19 | 0.386% | Prescription Expense Assistance |
| 18 | 0.366% | Information and Referral |
| 16 | 0.325% | Domestic Violence |
| 16 | 0.325% | Low Income/Subsidized Rental Housing |
| 15 | 0.305% | Home Maintenance and Minor Repair Services |
| 15 | 0.305% | Income Support/Assistance |
| 14 | 0.285% | Child Abuse Reporting/Emergency Response |
| 14 | 0.285% | Community Mental Health Agencies |
| 14 | 0.285% | Geriatric Counseling |
| 14 | 0.285% | Legal |
| 14 | 0.285% | Prescription Assistance |
| 14 | 0.285% | Substance Abuse Treatment Programs |
| 14 | 0.285% | Transportation - Long Distance |
| 13 | 0.264% | Material Goods/Clothing/Household |

| | | |
|----|--------|--|
| 13 | 0.264% | Medicare Information/Counseling |
| 13 | 0.264% | Psychiatric Disorder Counseling |
| 12 | 0.244% | In Home Assistance |
| 12 | 0.244% | Transitional Housing/Shelter |
| 11 | 0.224% | Homeless Motel Vouchers |
| 11 | 0.224% | Housing Authorities |
| 11 | 0.224% | Temporary Financial Assistance |
| 11 | 0.224% | Transportation Passes |
| 10 | 0.203% | Automotive Repair |
| 10 | 0.203% | Domestic Violence Shelters |
| 10 | 0.203% | Hospitals |
| 10 | 0.203% | Household Goods Donation Programs |
| 9 | 0.183% | Dental Care |
| 9 | 0.183% | Domestic Violence Hotlines |
| 9 | 0.183% | Medical-Financial Assistance |
| 9 | 0.183% | Municipal Police |
| 9 | 0.183% | Sexual Assault |
| 8 | 0.163% | Disease/Disability Issues |
| 8 | 0.163% | Representative Payee Services |
| 8 | 0.163% | Sexual Assault Hotlines |
| 8 | 0.163% | Social Security Disability Insurance |
| 8 | 0.163% | Suicide Counseling |
| 7 | 0.142% | 911 Services |
| 7 | 0.142% | Addiction (other than alcohol & drugs) |
| 7 | 0.142% | Adolescent/Youth Counseling |
| 7 | 0.142% | Adult Day Services |
| 7 | 0.142% | Affordable Care Act Information/Counseling |
| 7 | 0.142% | Burial Services |
| 7 | 0.142% | Case/Care Management |
| 7 | 0.142% | Crisis Nurseries/Child Care |
| 7 | 0.142% | Eyecare/Glasses |
| 7 | 0.142% | Food Stamps/SNAP |

| | | |
|---|--------|---|
| 7 | 0.142% | Home Rehabilitation Programs |
| 7 | 0.142% | Homeless Drop In Centers |
| 7 | 0.142% | Household Goods |
| 6 | 0.122% | Advocacy |
| 6 | 0.122% | Diapers |
| 6 | 0.122% | Donation Pickups |
| 6 | 0.122% | Elder/Dependent Adult Abuse Reporting |
| 6 | 0.122% | Personal Financial Counseling |
| 6 | 0.122% | Runaway/Homeless Youth Counseling |
| 5 | 0.102% | Animal Control |
| 5 | 0.102% | Child Passenger Safety Seats |
| 5 | 0.102% | Death/Dying |
| 5 | 0.102% | Detoxification |
| 5 | 0.102% | Employment |
| 5 | 0.102% | General Relief |
| 5 | 0.102% | GLBT (Gay, Lesbian, Bisexual, Transgender) Issues |
| 5 | 0.102% | Individual, Family & Community Support |
| 5 | 0.102% | Medicaid |
| 5 | 0.102% | Medical Equipment/Supplies |
| 5 | 0.102% | Protective/Restraining Orders |
| 4 | 0.081% | Child Care |
| 4 | 0.081% | Comprehensive Information and Referral |
| 4 | 0.081% | Crisis Residential Treatment |
| 4 | 0.081% | Discount Programs |
| 4 | 0.081% | Domestic Violence Intervention Programs |
| 4 | 0.081% | Family Counseling |
| 4 | 0.081% | Information Lines |
| 4 | 0.081% | In-Home Assistance |
| 4 | 0.081% | Ramp Construction Services |
| 4 | 0.081% | TANF |
| 4 | 0.081% | Unemployment Insurance |
| 4 | 0.081% | Utility Service Providers |

| | | |
|---|--------|--|
| 3 | 0.061% | Arts, Culture & Recreation |
| 3 | 0.061% | Birth Certificates |
| 3 | 0.061% | Child Abuse/Protection Services |
| 3 | 0.061% | Crisis Intervention Hotlines/Helpines |
| 3 | 0.061% | Directory/Resource List Publication |
| 3 | 0.061% | Disaster Services |
| 3 | 0.061% | General Paratransit/Community Ride Programs |
| 3 | 0.061% | Home Health Care |
| 3 | 0.061% | Homeless Permanent Supportive Housing |
| 3 | 0.061% | Local Bus Services |
| 3 | 0.061% | Long Distance Bus Services |
| 3 | 0.061% | Moving Help |
| 3 | 0.061% | Pregnancy Testing |
| 3 | 0.061% | Public Health Information/Inspection/Remediation |
| 3 | 0.061% | Social Security Retirement Benefits |
| 3 | 0.061% | Transportation-Out of Town |
| 3 | 0.061% | Veteran Benefits Assistance |
| 3 | 0.061% | Weatherization Programs |
| 3 | 0.061% | Winter Clothing Donation Programs |
| 2 | 0.041% | Adult Day Programs |
| 2 | 0.041% | Anger Management |
| 2 | 0.041% | Assisted Living Facilities |
| 2 | 0.041% | Burial/Cremation Expense Assistance |
| 2 | 0.041% | Car-Purchase |
| 2 | 0.041% | Centers for Independent Living |
| 2 | 0.041% | Child Abuse Counseling |
| 2 | 0.041% | Child Support Assistance/Enforcement |
| 2 | 0.041% | Communicable Disease Control |
| 2 | 0.041% | Computer Distribution Programs |
| 2 | 0.041% | Credit Counseling |
| 2 | 0.041% | Discrimination |
| 2 | 0.041% | Discrimination Assistance |

| | | |
|---|--------|---|
| 2 | 0.041% | Disease/Disability Information |
| 2 | 0.041% | Emergency Food |
| 2 | 0.041% | Ex-Offender Reentry Programs |
| 2 | 0.041% | Food Banks/Food Distribution Warehouses |
| 2 | 0.041% | Formula/Baby Food |
| 2 | 0.041% | Friendly Visiting |
| 2 | 0.041% | Furniture Repair/Replacement |
| 2 | 0.041% | Glasses/Contact Lenses |
| 2 | 0.041% | Hearing Aids |
| 2 | 0.041% | Hearing Screening |
| 2 | 0.041% | Home Delivered Meals |
| 2 | 0.041% | Information Clearinghouses |
| 2 | 0.041% | Juvenile Diversion |
| 2 | 0.041% | Landlord/Tenant Assistance |
| 2 | 0.041% | Lawyer Referral Services |
| 2 | 0.041% | Long Term Care Ombudsman Programs |
| 2 | 0.041% | Medical Care Expense Assistance |
| 2 | 0.041% | Medicare |
| 2 | 0.041% | Mental Health Drop In Centers |
| 2 | 0.041% | Nursing Facilities |
| 2 | 0.041% | Parenting Skills Classes |
| 2 | 0.041% | Personal/Grooming Supplies |
| 2 | 0.041% | Physician Referrals |
| 2 | 0.041% | Prescription Drug Discount Cards |
| 2 | 0.041% | Psychiatric Hospitals |
| 2 | 0.041% | Psychiatric Inpatient Units |
| 2 | 0.041% | Public Libraries |
| 2 | 0.041% | Recycling |
| 2 | 0.041% | Rent Assistance |
| 2 | 0.041% | Runaway/Youth Shelters |
| 2 | 0.041% | Senior Ride Programs |
| 2 | 0.041% | Sexual Assault Counseling |

| | | |
|---|-------|--|
| 1 | 0.02% | Accessibility. |
| 1 | 0.02% | Activities of Daily Living Assessment |
| 1 | 0.02% | Adoption |
| 1 | 0.02% | Affordable housing |
| 1 | 0.02% | Animal Shelters |
| 1 | 0.02% | Arts and Crafts Instruction |
| 1 | 0.02% | Autism Therapy |
| 1 | 0.02% | Automobile Donation Programs |
| 1 | 0.02% | Bed Bug Control |
| 1 | 0.02% | Better Business Bureaus |
| 1 | 0.02% | Building Code Enforcement |
| 1 | 0.02% | Cancer Clinics |
| 1 | 0.02% | Car-Gas Money |
| 1 | 0.02% | Cell Phones |
| 1 | 0.02% | Child Abuse Hotlines |
| 1 | 0.02% | Child Care Centers |
| 1 | 0.02% | Child Care Expense Assistance |
| 1 | 0.02% | Child Care Provider Referrals |
| 1 | 0.02% | Child Care Provider Training |
| 1 | 0.02% | Children's/Adolescent Residential Treatment Facilities |
| 1 | 0.02% | City Departments/Offices |
| 1 | 0.02% | Cold Weather Shelters/Warming Centers |
| 1 | 0.02% | College/University Campus Police |
| 1 | 0.02% | Community Clinics |
| 1 | 0.02% | Community Meals |
| 1 | 0.02% | Consumer/Public Safety |
| 1 | 0.02% | Coroner Services |
| 1 | 0.02% | Counseling for Children Affected by Domestic Violence |
| 1 | 0.02% | County Clerk of the Courts Offices |
| 1 | 0.02% | Day Camps |
| 1 | 0.02% | Day Labor |
| 1 | 0.02% | Developmental Disabilities Day Habilitation Programs |

| | | |
|---|-------|---|
| 1 | 0.02% | Disaster Relief Services |
| 1 | 0.02% | Divorce Mediation |
| 1 | 0.02% | Dog Guides |
| 1 | 0.02% | Donor |
| 1 | 0.02% | Eating Disorder |
| 1 | 0.02% | Eating Disorders Treatment |
| 1 | 0.02% | Education Related Fee Payment Assistance |
| 1 | 0.02% | Educational Testing |
| 1 | 0.02% | Emergency Shelter |
| 1 | 0.02% | Ex-Offender Employment Programs |
| 1 | 0.02% | Expectant/New Parent Assistance |
| 1 | 0.02% | Eye Care |
| 1 | 0.02% | Eye Surgery |
| 1 | 0.02% | Family Maintenance/Reunification |
| 1 | 0.02% | Federal Tax Collection Agencies |
| 1 | 0.02% | Food Cooperatives |
| 1 | 0.02% | Food Vouchers |
| 1 | 0.02% | Foreclosure Prevention Loan Modification/Refinancing Programs |
| 1 | 0.02% | Friendly Telephoning |
| 1 | 0.02% | Gay/Lesbian/Bisexual/Transgender Advocacy Groups |
| 1 | 0.02% | GED/High School Equivalency Test Sites |
| 1 | 0.02% | General Medical Care |
| 1 | 0.02% | Government/Economic Services |
| 1 | 0.02% | Group Residences for Adults with Disabilities |
| 1 | 0.02% | Health Facility Complaints |
| 1 | 0.02% | Health Insurance Marketplaces |
| 1 | 0.02% | Hospice Care |
| 1 | 0.02% | Housing Counseling |
| 1 | 0.02% | Housing Development |
| 1 | 0.02% | Housing Down Payment Loans/Grants |
| 1 | 0.02% | Identification Cards |
| 1 | 0.02% | Immigration/Naturalization Legal Services |

| | | |
|---|-------|--|
| 1 | 0.02% | Information and Referral Associations |
| 1 | 0.02% | Maternity Homes |
| 1 | 0.02% | Medical Supplies Donation Programs |
| 1 | 0.02% | Military Records |
| 1 | 0.02% | Mortgage Payment Assistance |
| 1 | 0.02% | Nursing Home Transition Financing Programs |
| 1 | 0.02% | Overspender Counseling |
| 1 | 0.02% | Pediatrics |
| 1 | 0.02% | Plumbing Payment Assistance |
| 1 | 0.02% | Post Offices |
| 1 | 0.02% | Pregnancy Counseling |
| 1 | 0.02% | Prejob Guidance |
| 1 | 0.02% | Psychiatric Case Management |
| 1 | 0.02% | Psychiatric Day Treatment |
| 1 | 0.02% | Public Guardianship/Conservatorship Programs |
| 1 | 0.02% | Recovery Homes/Halfway Houses |
| 1 | 0.02% | Recreational Activities/Sports |
| 1 | 0.02% | Reduced Cost Motor Vehicle Registration |
| 1 | 0.02% | Runaway/Homeless Youth Helplines |
| 1 | 0.02% | Sheriff |
| 1 | 0.02% | Sign Language Interpreter Registries |
| 1 | 0.02% | Smoking Cessation |
| 1 | 0.02% | Student Counseling Services |
| 1 | 0.02% | Summer Camps |
| 1 | 0.02% | Tax Preparation Assistance |
| 1 | 0.02% | Thrift Shops |
| 1 | 0.02% | transportation petrol |
| 1 | 0.02% | Urgent Care Centers |
| 1 | 0.02% | Vocational Education |
| 1 | 0.02% | Vocational Rehabilitation |
| 1 | 0.02% | Websites |
| 1 | 0.02% | Wheelchairs/Wheeled Mobility |

| | | |
|---|-------|---------------------------------|
| 1 | 0.02% | WIC |
| 1 | 0.02% | Women's Health Centers |
| 1 | 0.02% | Work Clothing Donation Programs |
| 1 | 0.02% | Youth Enrichment Programs |

6339 TOTAL Referred, Unmet, Reason for Contact, OOD, Site Reasons (All requests)

4919 TOTAL Search Option - County

**Mental Health - McLean County
 Calendar Year Figures
 Client's County and Referred Services and Reason for Contact
 10/01/2015 To 12/31/2015**

Total Contacts in Date Range: 13174

| 1452 | 11.022% | McLean | | |
|------|---------|--|--|--|
| 622 | 42.837% | Support Only | | |
| 588 | 40.496% | Mental Illness | | |
| 47 | 3.237% | Suicide | | |
| 13 | 0.895% | Support Group | | |
| 11 | 0.758% | Substance Abuse | | |
| 8 | 0.551% | General Counseling Services | | |
| 5 | 0.344% | Homeless Shelter | | |
| 5 | 0.344% | Support Groups | | |
| 3 | 0.207% | Crisis Intervention | | |
| 3 | 0.207% | Prescription Expense Assistance | | |
| 3 | 0.207% | Substance Abuse Treatment Programs | | |
| 2 | 0.138% | Domestic Violence | | |
| 2 | 0.138% | Suicide Counseling | | |
| 1 | 0.069% | 911 Services | | |
| 1 | 0.069% | Addiction (other than alcohol & drugs) | | |
| 1 | 0.069% | Case/Care Management | | |
| 1 | 0.069% | Child Abuse/Protection Services | | |
| 1 | 0.069% | Community Mental Health Agencies | | |
| 1 | 0.069% | Counseling Referrals | | |
| 1 | 0.069% | Crisis Intervention Hotlines/Helpines | | |
| 1 | 0.069% | Crisis Residential Treatment | | |
| 1 | 0.069% | Detoxification | | |

| | | |
|---|--------|-------------------------|
| 1 | 0.069% | Geriatric Counseling |
| 1 | 0.069% | Sexual Assault |
| 1 | 0.069% | Sexual Assault Hotlines |

1324 TOTAL Referred Services and Reason for Contact

1452 TOTAL Client's County

2015 QUARTERLY AGENCY SERVICE STATISTICS

Agency: PATH, Inc.

Quarter:

| | Program | | | | Program | | | | Program | | | | | | |
|---------------------------------------|--|---|--------------------------|---------------------------|--|--|---|--------------------------|---------------------------|--|--|---|--------------------------|---------------------------|--|
| | Unduplicated Clients (New clients served during the quarter) | Total Clients served during the quarter | Total # of Events/Visits | Total Staff Service Hours | Total Client Service Hours (if applicable) | Unduplicated Clients (New clients served during the quarter) | Total Clients served during the quarter | Total # of Events/Visits | Total Staff Service Hours | Total Client Service Hours (if applicable) | Unduplicated Clients (New clients served during the quarter) | Total Clients served during the quarter | Total # of Events/Visits | Total Staff Service Hours | Total Client Service Hours (if applicable) |
| Gender: | | | | | | | | | | | | | | | |
| Male | 42 | 52 | 193 | | | | | | | | | | | | |
| Female | 41 | 51 | 173 | | | | | | | | | | | | |
| Total Individuals Served/Hrs Provided | 83 | 101 | 366 | | | | | | | | | | | | |
| Age Group: | | | | | | | | | | | | | | | |
| Infants (0-3) | 0 | 0 | 0 | | | | | | | | | | | | |
| Youths (4-13) | 1 | 4 | 11 | | | | | | | | | | | | |
| Teens (14-18) | 78 | 91 | 338 | | | | | | | | | | | | |
| Adults (19-59) | 4 | 6 | 19 | | | | | | | | | | | | |
| Seniors (60 & up) | 83 | 101 | 366 | | | | | | | | | | | | |
| Total Individuals Served/Hrs Provided | | | | | | | | | | | | | | | |
| Residence: | | | | | | | | | | | | | | | |
| Bloomington | 45 | 60 | 212 | | | | | | | | | | | | |
| Normal | 24 | 30 | 107 | | | | | | | | | | | | |
| Other: | 14 | 21 | 47 | | | | | | | | | | | | |
| Total Individuals Served/Hrs Provided | | | | | | | | | | | | | | | |
| Projected Individuals/Hrs Provided | | | | | | | | | | | | | | | |

Referral Source for New Admissions:

Primary problem area(s) of clients served:

Please attach a brief narrative of:
 Program Activities
 Progress in achieving program objectives
 Problems encountered and how they were handled

PATH
201 East Grove Street, Suite 200
Bloomington, IL 61701

QUARTERLY REPORT FOR MCLEAN COUNTY HEALTH DEPARTMENT
FY2016 - OCTOBER 1 – DECEMBER 31, 2015
NARRATIVE ATTACHMENT
CLINICAL FOLLOW-UP PROGRAM

SUMMARY OF PROGRAM ACTIVITIES

- Reports are received from the McLean County Center for Human Services after an individual has been seen by a member of the Crisis Team. CHS Crisis Team is our only referral source.
- Follow-up calls are for individuals 18 or older, in McLean County, and that have NOT been admitted to the hospital.
- The coordinator conducts follow-up assessments over the phone with individuals to evaluate the client's current mental health state, suicide risk, and review their resource needs.
- On each follow-up call, the safety and action plans will be reviewed in an attempt to break down any barriers that would reduce the client's ability to follow-through on needed treatment or other items on their action plans.
- PATH's coordinator will follow-up for a total of five times or as the client dictates.
- On each call the coordinator will do a complete resources review with the client to see what other problems may exist. It has been found that this is much easier to do this type of assessment when the client is NOT in the midst of the actual crisis.

GLOBAL NUMERIC OVERVIEW

- Number of referrals from ECI: 84
- Number of phone calls made: 366
- Average interval between referral and initial followup: 3 days
- Average length of contacted calls: 8.5 minutes
- Number having repeated contact with ECI: 3
- Suicide attempts after contact: 0
- Admitted to other area resources (hospital, CSU): 4
- Number completing all 5 follow-ups: 8

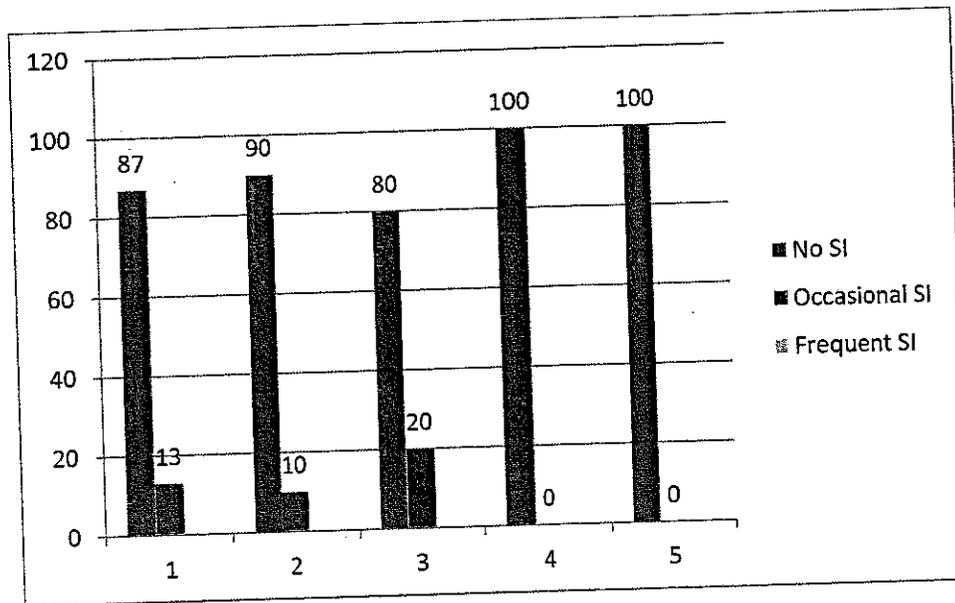
PROGRESS ON OBJECTIVES

A. Suicidal Ideation or attempts.

We see a marked decrease in suicidality over time. As the graph below shows, we see an immediate decrease in 87% of respondents reporting no SI, with only 13% reporting occasional SI at first followup. By the second followup, 90% report no SI and 10% report occasional SI. By the third followup, usually around a month later, we see a slight increase, with 80% reporting no

SI and 20% reporting occasional SI, after which all respondents report no SI. It is worth noting that no respondents reported actively seeking suicide, none had plans, and there were no attempts reported.

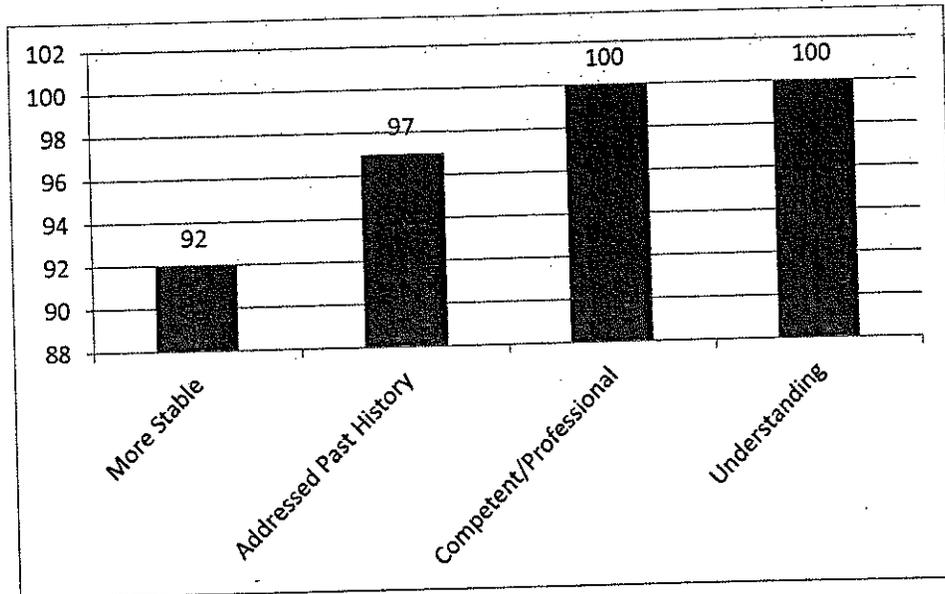
- On each call, the client reports if they have had a suicide attempt since our last contact and/or any contact with the ECI. This quarter, there have been no suicide attempts after ECI contact. Two clients reported an additional contact with ECI since the last report.



Percent Reporting Suicidal Ideation by Followup

B. Effectiveness of ECI Intervention

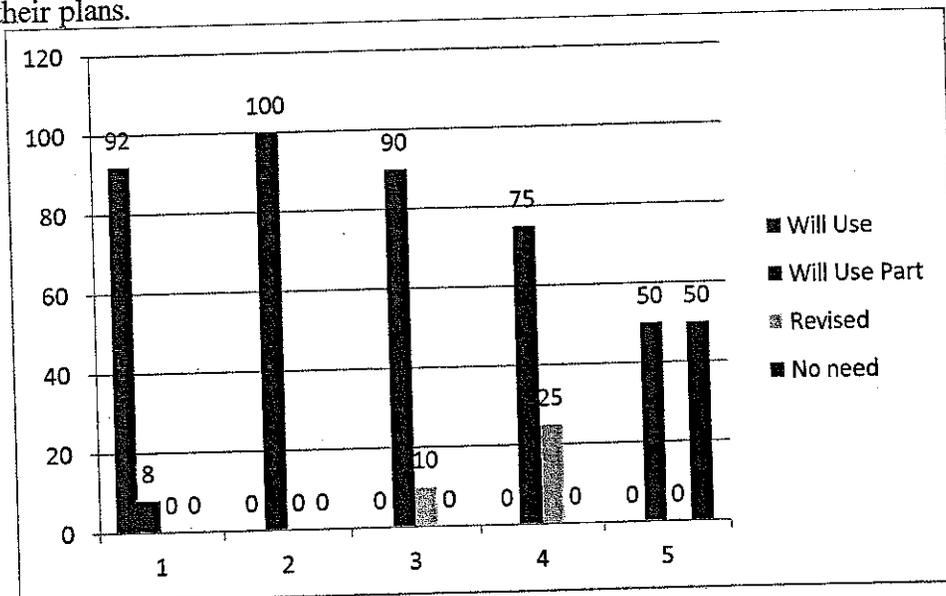
Nearly all respondents were very complimentary of the Crisis Team, remarkable considering the highly stressful situation in which they met. Respondents reported that 92% felt “more stable” due to ECI intervention, with 97% endorsing that the Crisis Team “Addressed prior history”, and 100% stated they felt the ECI were “competent and professional”, and were “understanding of my situation”.



Percent endorsing ECI evaluation items

C. Action Plan Compliance

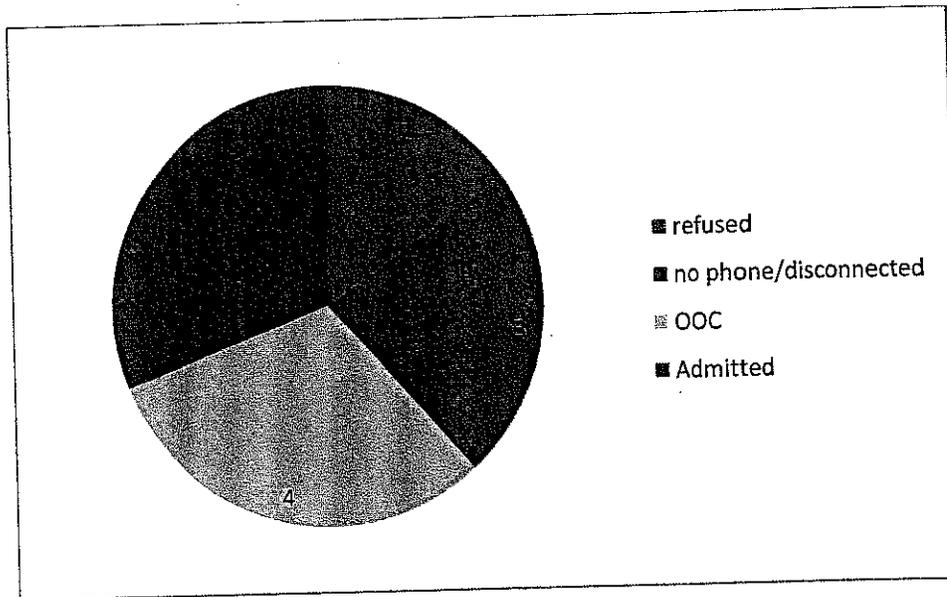
- 100% of safety and action plans were complete. Initially, 100% committed to using all or part of the Safety and Action Plan; this number changed across time as respondents utilized services. By the second followup, 100% of respondents stated they had used part of their plans.



Percent endorsing Action/Safety plan use, by followup attempt

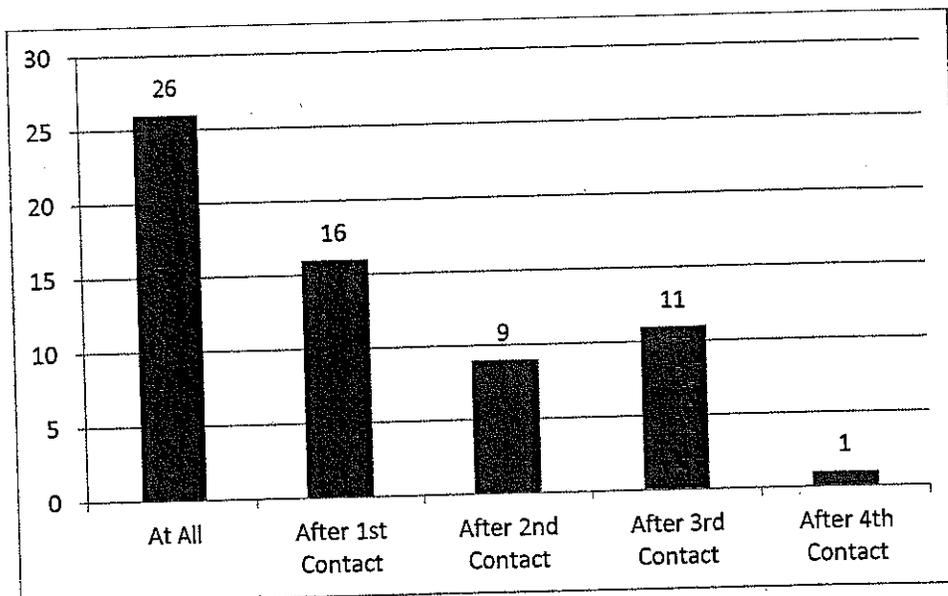
D. Unable to Contact

As before, significant numbers of respondents were simply unable to be reached. The reasons for this varied; some simply did not answer the phone (note: the Clinical Followup staff often leaves voicemail unless the respondent asks us not to. However, very few have responded to voicemail), some had phones that were out of service or disconnected, and a fair number had not set up their voicemail at all.



Number of "Unable to Contact", by reason

There is also a trend towards increasing difficulty in reaching people as followups progress. As seen below, the number we are able to contact drops off across followup attempts.

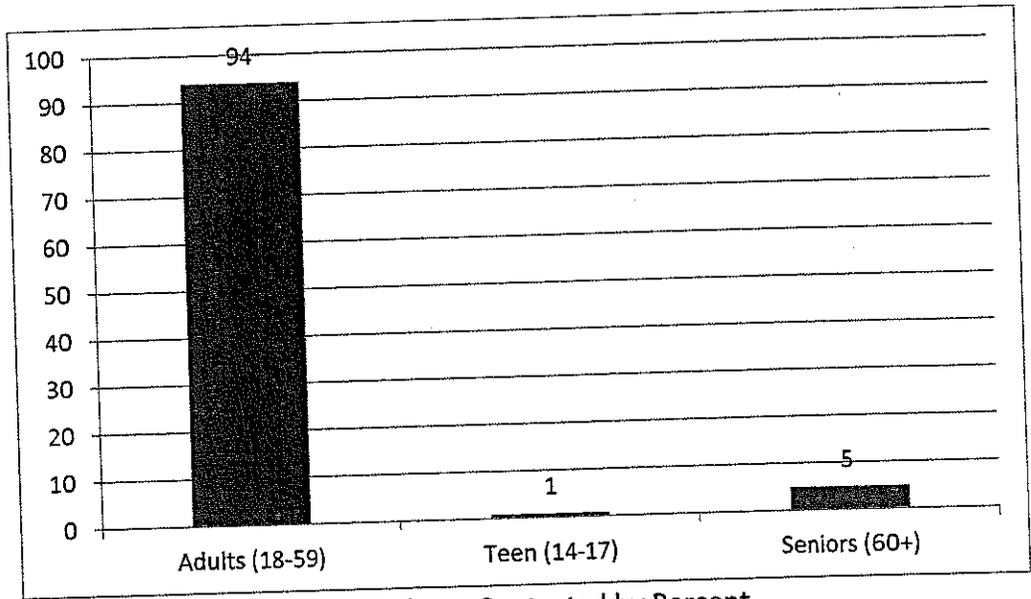


It is worth noting that we were able to complete all five followups on eight people this quarter.

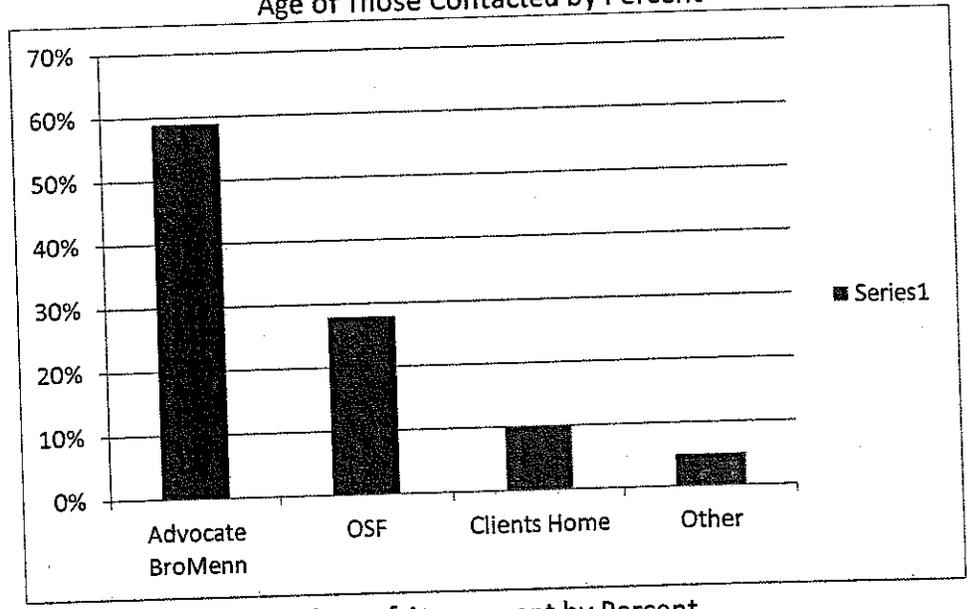
E. Resource utilization

- 90% of people with immediate needs outside of mental health treatment are connected to solutions.
 - The Follow-Up Coordinator goes over a Resource Checklist with each and every contact 100% of the time, if the client allows the time to do so.
 - The Follow-Up Coordinator made 193 total Referrals during this quarter to 28 agencies. Please see "Referrals" Chart.

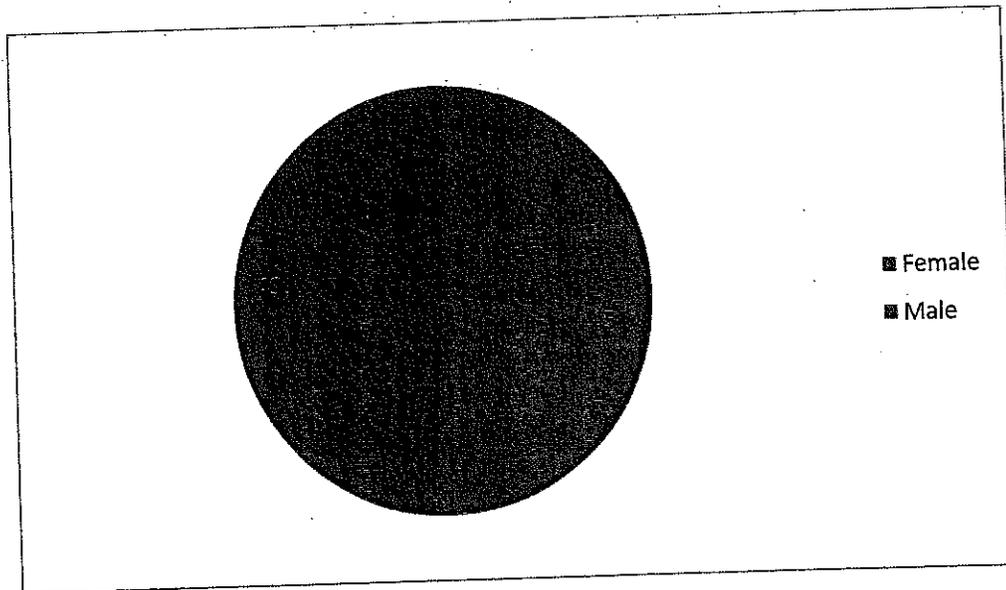
F. Demographic Information of Respondents Contacted



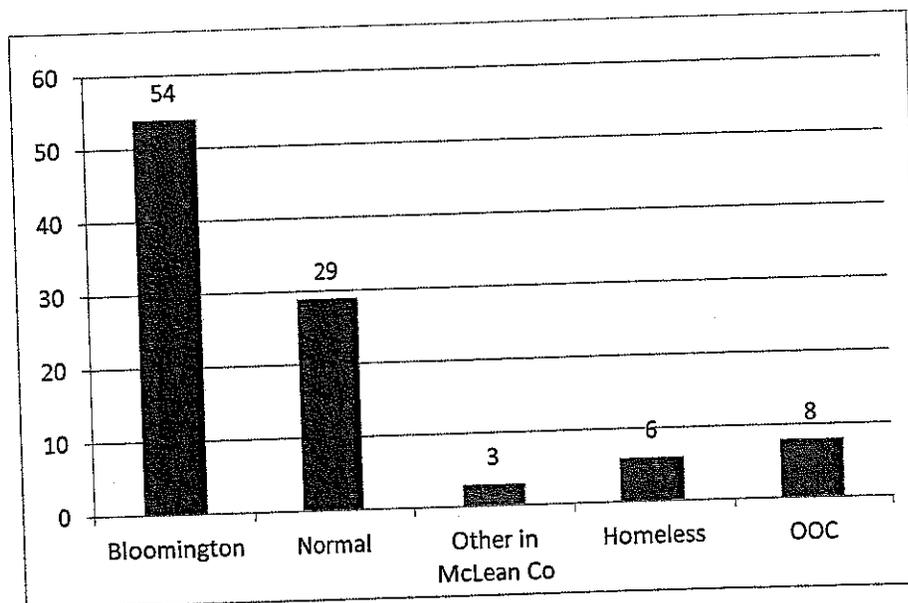
Age of Those Contacted by Percent



Place of Assessment by Percent



Gender of Those Contacted by Percent



Residence of Those Contacted by Percentage

PRIMARY PROBLEM AREAS OF CLIENTS SERVED

Follow-up clients often report financial concerns as their main source of stress. Oftentimes, the client is in need of financial assistance including rent, utilities, bus passes, affordable housing, etc. The list on the next page is a breakdown of referrals (N = 192) by agency for this quarter. During this quarter, five of the clients referred were also homeless. Each of these clients were referred to our Homeless Outreach Program at PATH for assistance in applying for SSI, finding housing, and meeting other necessary needs. Other individuals became homeless or were in danger of becoming homeless during the followup period.

Referral made by Agency October 2015-December 2015

Red Top Cab 1
Career Link 22
Bloomington Township 11
Claire House 3
ISU Counseling Center 5
Center for Human Services Counseling 14
ReStore3
SHOWBus 3
Community Action 12
Scott Health 12
Chestnut Health Services 11
AA 9
Safe Harbor 7
Jesus House 2
Western Avenue Community Center 6
Stepping Stones3
Normal Public Library 12
Bloomington Public Library 10
Humane Society of Central Illinois 5
ISU Health Center 4
PATH Senior services 4
PATH Homeless Services 12
Normal Township 8
Community Health Clinic 9
Faith in Action 2
OSF 1
Professionally U 1

UNMET NEEDS

Clients often are looking for more affordable housing and are put on long wait lists. Additionally, there are an increasing number of people looking for work. With the closing of the Mitsubishi Plant and the State budget crisis, it is expected that joblessness and financial concerns will increase. The large number of referrals to Career Link seems to reflect this trend.

Some clients are admitted to area hospitals or Chestnut, which removes them from our followup. These individuals need some kind of followup upon their discharge from these services.

What has BOH funding allowed you to do that you could not do without this funding?

This entire program is currently funded by BOH. If not for BOH funding, the entire Clinical Follow-Up program provided through PATH would not exist. Clients would no longer receive follow-up contacts after the crisis.

RESEARCH SUPPORT FOR FOLLOW-UP PROGRAMMING

According to SAMSHA's website follow-up programs have proven successful on many accounts, in providing additional support to the client, as well as finding the calls themselves therapeutic to the individuals that was in crisis. An ongoing evaluation suggests that following up IS an effective suicide prevention technique. In one study, 80% of participants said that the follow-up calls helped at least a little in stopping them from killing themselves.

(This was summarized from an article published on SAMHSA News Spring 2014, Volume22, Number 2 Titled Preventing Suicide: Following up After the Crisis.)

CASE STUDY/ CLIENT SCENARIO FOR QUARTER OCTOBER 1, 2015 TO DECEMBER 31, 2015

Mrs. R is a 54 year old recently divorced woman living in Normal on her own. She had been battling custody issues as well as having to cope with a messy divorce. She went out one night drinking with friends and afterwards got on I-55 Northbound, having no destination or plan to return home. She began having suicidal thoughts and decided to return and go to OSF. She did, and OSF contacted ECI who evaluated her. They developed a Safety/Action plan with her and released her after several hours.

PATH Followup contacted her 2 days later, at which time she reported no SI. We reviewed her mental status and discussed her S/A Plan. She had contacted ECI as directed and had called several counselors as suggested. She additionally was having a difficult time "feeling useful", saying she had "too much time on my hands". I recommended both area libraries, OSF volunteer program, and the Humane Society (husband had taken the dog). She agreed to followup. She did still report moderate SI and some agitation but agreed to discuss things with a therapist before taking action.

By second followup she was in counseling on a regular basis and reported no SI. She was in reading groups through both libraries and was helping walk the dogs at HSCI. She said she was looking for a dog to bring home but wanted "the right one".

Third followup was a bit more upsetting. Divorce court had been delayed twice, she felt her husband was "trying to break me". She reported occasional SI but had no plan and agreed to call PATH if she felt she was going to harm herself.

Forth followup went much better. Court was going smoother, a final date was in sight. She had adopted a cocker spaniel from HSCI. She was feeling better about herself, more confident. No reported SI "in some time".

Fifth and final followup was similar. Divorce not final yet but date is coming soon. She's getting most of her terms. She loves the dog and enjoys the exercise of walking him. Very appreciative of PATH and followup (she had called once or twice late at night when she was feeling lonely and depressed). I wished her well.

FY 2015 EXTENSION QUARTERLY AGENCY SERVICE STATISTICS - July 1, 2015 - December 31, 2015

Agency: Project Oz

| Quarter: Oct, Nov, December | | Program: Youth Peer Prevention | | | | |
|---------------------------------------|--|--------------------------------|---|--------------------------|---------------------------|--|
| | Unduplicated Clients (New clients served during the quarter) | On-Going Clients | Total Clients served during the quarter | Total # of Events/Visits | Total Staff Service Hours | Total Client Service Hours (if applicable) |
| Gender: | | | | | | |
| Male | 45 | | 45 | | | |
| Female | 90 | | 90 | | | |
| Total Individuals Served/Hrs Provided | 135 | | 135 | 4 meetings | 50 | |
| Age Group: | | | | | | |
| Infants (0-3) | | | | | | |
| Youths (4-13) | | | | | | |
| Teens (14-18) | 84 | | 84 | | 50 | |
| Adults (19-59) | 51 | | 51 | | | |
| Seniors (60 & up) | | | | | | |
| Total Individuals Served/Hrs Provided | 135 | | 135 | 4 meetings | 50 | |
| Residence: | | | | | | |
| Bloomington | 4 | | 4 | | | |
| Normal | 5 | | 5 | | | |
| Other: | | | | | | |
| Reverse Trick or Treat | 32 | | 32 | | | |
| 5K Walk/Run Drugs out of Town | 94 | | 94 | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total Individuals Served/Hrs Provided | 135 | | 135 | 4 meetings | 50 | |
| | | | | | | |
| Projected Individuals/Hrs Provided | 100 | | 100 | 6 meetings | 45 | |

FY 2015 EXTENSION QUARTERLY AGENCY SERVICE STATISTICS - July 1, 2015 - December 31, 2015

Agency: Project Oz

| October, November, December | | Program: Community Prevention | | | | |
|--|--|-------------------------------|---|--------------------------|---------------------------|--|
| | Unduplicated Clients (New clients served during the quarter) | On-Going Clients | Total Clients served during the quarter | Total # of Events/Visits | Total Staff Service Hours | Total Client Service Hours (if applicable) |
| Gender: | | | | | | |
| Male | | | | | | |
| Female | | | | | | |
| Total Individuals Served/Hrs Provided | 0 | | 0 | 0 | 0 | |
| Age Group: | | | | | | |
| Infants (0-3) | | | | | | |
| Youths (4-13) | | | | | | |
| Teens (14-18) | | | | | | |
| Adults (19-59) | | | | | | |
| Seniors (60 & up) | | | | | | |
| Total Individuals Served/Hrs Provided | 0 | | 0 | 0 | 0 | |
| Residence: | | | | | | |
| Bloomington | | | | | | |
| Normal | | | | | | |
| Other: | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total Individuals Served/Hrs Provided | 0 | | 0 | 0 | 0 | |
| | | | | | | |
| Projected Individuals/Hrs Provided | 0 | | 0 | 0 | 0 | |

Project OZ

Prevention and Education Department Quarterly Health Department Report and Narrative October, November, December 2015

This quarter of substance abuse prevention and education services at Project OZ was very busy with teaching classes of the *Too Good for Drugs* (TGFD) core and booster sessions in schools throughout the county. The classes listed below occurred in this quarter. Also, the Youth Action Board held its first ever 5K Walk/Run for prevention. They also continue to collaborate with the Boys and Girls Club to provide some prevention services to youth there, and are currently working on media items for National Drug Facts week which occurs in January.

Youth Individual Prevention:

The following classes were started in the previous quarter and ended in this quarter:

- Started TGFD core to four classes of 7th graders at Tri Valley Junior High
- Started TGFD core to three classes of 5th graders at LeRoy Elementary School
- Started TGFD booster to one class of 6th graders at Lexington Elementary School
- Started TGFD core to one class of 7th graders at Heyworth Junior High School
- Started TGFD booster to one class of 8th graders at Heyworth Junior High School

The following classes started and ended in this quarter:

- Two TGFD core classes to 6th graders at Evans Junior High School
- Two TGFD booster classes to 7th graders at Evans Junior High School
- Six TGFD core classes to 6th graders at Parkside Junior High School
- Six TGFD booster classes to 7th graders at Parkside Junior High School

The following classes started in this quarter and will continue into the next quarter:

- Three TGFD core classes to 6th graders at Evans Junior High School
- Two TGFD booster classes to 7th graders at Evans Junior High School

Our objective for individual prevention, to use a teaching schedule that maintains program fidelity, was met for this quarter. This quarter we taught 102% of our projected students. All of those are either weekly or biweekly classes as prescribed by the TGFD curriculum. We encountered no problems during this reporting period. The most significant need remains the smaller, rural districts which we don't currently serve who want services as well as services to District 87.

Board of Health funding has allowed us to serve hundreds of students who would not have received prevention services without the funds. This funding completes services to the largest district in our County, McLean County Unit 5. Providing partial services to Unit 5 won't work, so these funds are in integral part in providing full services to them.

Aside from giving students important skills and knowledge, our favorite part about the classroom experience continues to be watching a student utilize newly learned refusal skills strategies on the fly during role plays. They realize they can stand up for themselves and change tactics if the first strategy they choose is ineffective. It's rewarding to watch them be, and feel, empowered. The other plus is seeing students grow in their skills from one year to the next since we teach each of them two consecutive years.

As expected, the number of students served increased dramatically for this quarter. The majority of classes are scheduled each year between October and March. This is reflected in report numbers.

Youth Peer Prevention:

YAB is working toward our peer objective, to increase perception of harm and consequences of substance abuse with a variety of strategies. They are organizing prevention information for teens at the Boys & Girls Club. This year YAB once again carried out Reverse Trick or Treat with information on alcohol and the teenage brain given to 32 parents. Members have also been working hard on recruiting new members for this year. The current members distributed YAB informational flyers within their school during a booth set up during lunch hours. This resulted in five students taking applications to join the group. The group also reached out to Key Club, National Honor Society, culture clubs, and some church youth groups to discuss partnering. Lastly, the group sponsored a "Run Drugs out of Town" 5K Walk/Run in November. It was a well-attended event with over 90 participants, made up of both youth and adults. This also resulted in some students taking applications to join the group. We are thankful for the sponsorship from Fleet Feet, a local sports shoe and gear store, for this event.

A significant problem was encountered during this reporting period in that the YAB Advisor, Nikita Ware, suffered from some health issues during the month of December and students were busy with finals. This resulted in no follow up with prospective members or groups contacted and two less meetings than projected. We plan to pick back up in January on these efforts. Currently, the most significant areas of need for our peer prevention program are reaching students who have an interest and commitment to prevention and meeting the financial needs of running the group. The grant which funds the media items for this group does not fund meeting supplies such as food and drink. The HOB funds we receive assist with this aspect of the group. We have no other funds that cover these expenses and we are very grateful for the BOH funds.

Community Prevention:

We continue to promote the 24-hour prescription drug disposal drop boxes located at the Bloomington and Normal Police Departments and will continue to partner with the Normal

Police Department for planning and participating in the DEA Prescription Take Back event to be held next spring. YAB members also participated in two tobacco audits with Normal Police Department during this quarter.

Our Community Prevention objective, to increase retailer awareness of local ordinances and laws and to increase public awareness of safe disposal of unused prescription drugs was met. We continue to encounter the problem of low numbers of current members, mainly due to the reasons listed above. Since Nikita's health issues began we've taken significant steps to follow up with new applicants and increase membership and feel this issue will be alleviated in the next quarter. The most significant need we have regarding community prevention is dollars to do more with the campaigns. Having more billboards, more retailer spot checks, and more of a community presence would help people see that preventing underage drinking and tobacco use is everyone's responsibility.

CY 2015
Quarterly Service Statistics Summary
January 1, 2015- December 31, 2015

| Quarter | Total New Served | Total Served | Total Funds Budgeted |
|--------------------|------------------|--------------|----------------------|
| Q1 | 110 | 517 | \$669,564.00 |
| Q2 | 130 | 518 | |
| Q3 | 92 | 443 | |
| Q4 | 79 | 455 | |
| CY 15 TOTAL | 411 | 1933 | \$669,564.00 |

Agency Specific Quarterly Data
October 1, 2015- December 31, 2015

LifeCIL

Independent Living Assistance for Persons with Developmental Disabilities
 Service Provided: Independent Living

| Quarter | Total New Served | Total Served | Contract Amount |
|------------------|------------------|--------------|-----------------|
| Q1 – Jan - Mar | 1 | 12 | \$13,116.00 |
| Q2 – April - Jun | 3 | 12 | |
| Q3 – July - Sept | 6 | 10 | |
| Q4 – Oct - Dec | 3 | 14 | |

Lutheran Child & Family Services

Counseling with the Developmentally Disabled
 Service Provided: Counseling and Prevention

| Quarter | Total New Served | Total Served | Contract Amount |
|------------------|---------------------|---------------------|-----------------|
| Q1 – Jan - Mar | 4 | 8 | \$6,864.00 |
| Q2 – April - Jun | 29 | 36 | |
| Q3 – July - Sept | 0 | 10 | |
| Q4 – Oct - Dec | No Report Submitted | No Report Submitted | |

United Cerebral Palsy

UCP Employment Services
 Service Provided: Vocational Support Services

| Quarter | Total New Served | Total Served | Contract Amount |
|------------------|------------------|--------------|-----------------|
| Q1 – Jan - Mar | 12 | 70 | \$182,904.00 |
| Q2 – April - Jun | 12 | 70 | |
| Q3 – July - Sept | 2 | 27 | |
| Q4 – Oct - Dec | 4 | 31 | |

Marcfirst

SPICE

Service Provided: Early Intervention

| Quarter | Total New Served | Total Served | Contract Amount |
|------------------|------------------|--------------|-----------------|
| Q1 – Jan - Mar | 91 | 263 | \$30,276.00 |
| Q2 – April - Jun | 81 | 240 | |
| Q3 – July - Sept | 68 | 234 | |
| Q4 – Oct - Dec | 68 | 234 | |

Supported Employment

Service Provided: Obtaining and Maintaining Community Employment

| Quarter | Total New Served | Total Served | Contract Amount |
|------------------|------------------|--------------|-----------------|
| Q1 – Jan - Mar | 2 | 104 | \$ 286,560.00 |
| Q2 – April - Jun | 5 | 100 | |
| Q3 – July - Sept | 15 | 110 | |
| Q4 – Oct - Dec | 4 | 114 | |

Supported Living

Service Provided: CILA Residential Support

| Quarter | Total New Served | Total Served | Contract Amount |
|------------------|------------------|--------------|-----------------|
| Q1 – Jan - Mar | 0 | 60 | \$ 149,844.00 |
| Q2 – April - Jun | 0 | 60 | |
| Q3 – July - Sept | 1 | 62 | |
| Q4 – Oct - Dec | 0 | 62 | |

2016 QUARTERLY REPORT

AGENCY: LIFE Center for Independent Living (LIFE CIL)

PROGRAM: Developmental Disabilities- Independent Living

Quarter: 1st 2nd 3rd 4th x



Service Statistics

| | Clients Served | | | | | Gender | | Total # of Units of Service/Event/Visits | Total Client Service Hours | Total Staff Service Hours |
|----------------------------------|----------------|-----------|----------|--------|---|--------|--------|--|----------------------------|---------------------------|
| | New | Returning | On-Going | Closed | Total Clients Served This Quarter (Combined Total of New, Returning, On-Going and Closed) | Male | Female | | | |
| Client Data | | | | | | | | | | |
| Clients Served | 3 | 0 | 11 | 0 | 14 | 6 | 8 | 97 | 214 | 214 |
| Age Group | | | | | | | | | | |
| 0-5 | | | | | | | | | | |
| 5-12 | | | | | | | | | | |
| 13-17 | | | | | | | | | | |
| 18-21 | | | 2 | | | | | | | |
| 22-30 | 1 | | 2 | | | | | | | |
| 31-54 | 2 | | 4 | | | | | | | |
| 55-64 | | | 3 | | | | | | | |
| 65-80 | | | | | | | | | | |
| 81 & Up | | | | | | | | | | |
| Unknown | | | | | | | | | | |
| Total | 3 | | 11 | | | 6 | 8 | | | |
| Race | | | | | | | | | | |
| African American/Black | 1 | | | | | | | | | |
| American Indian/Alaska Native | | | | | | | | | | |
| Asian | | | | | | | | | | |
| Caucasian/White | 2 | | 11 | | | | | | | |
| Native Hawaiian/Pacific Islander | | | | | | | | | | |
| Other | | | | | | | | | | |
| Total | 3 | | 11 | | | 6 | 8 | | | |
| Ethnicity | | | | | | | | | | |
| Hispanic or Latino | | | | | | | | | | |
| Not Hispanic or Latino | | | | | | | | | | |
| Total | 0 | | 0 | | | 0 | 0 | | | |
| Residence | | | | | | | | | | |
| Anchor | | | | | | | | | | |
| Arrowsmith | | | | | | | | | | |
| Bellflower | | | | | | | | | | |
| Bloomington | 3 | | 9 | | | | | | | |
| Carlock | | | | | | | | | | |
| Chenoa | | | | | | | | | | |
| Colfax | | | | | | | | | | |
| Cooksville | | | | | | | | | | |
| Covell | | | | | | | | | | |
| Danvers | | | | | | | | | | |
| Downs | | | | | | | | | | |
| El Paso | | | | | | | | | | |
| Ellsworth | | | | | | | | | | |
| Gridley | | | | | | | | | | |
| Heyworth | | | | | | | | | | |
| Hudson | | | | | | | | | | |
| LeRoy | | | | | | | | | | |
| Lexington | | | | | | | | | | |
| McLean | | | | | | | | | | |
| Normal | | | | 2 | | | | | | |
| Saybrook | | | | | | | | | | |
| Shirley | | | | | | | | | | |
| Stanford | | | | | | | | | | |
| Towanda | | | | | | | | | | |
| Other: Please list location | | | | | | | | | | |
| Total | 3 | 0 | 11 | | | 6 | 8 | | | |
| Insurance Coverage | | | | | | | | | | |
| Medicaid | 3 | | 11 | | | | | | | |
| Medicare | | | | | | | | | | |
| Private Insurance | | | | | | | | | | |
| Uninsured | | | | | | | | | | |
| Total | 3 | | 11 | | | 6 | 8 | | | |

LIFE Center for Independent Living

**Narrative, Objectives and Outcomes for
McLean County Health Department
October 1, 2015 through December 31, 2015**

I. Summary of the services provided during the reporting period and on the objectives and outcomes defined in your application.

LIFE CIL staff served fourteen (14) individuals within the program this quarter.

Of that total of fourteen (14) served:

(14) Individuals received intensive and/or extended services.

8 – Females, 6 – Males

11 from Bloomington and 3 from Normal

14 (all) aged 19 – 59

(3) Individuals were new to the Center and were all self-referrals.

(1) Individual closed file.

All three new individuals chose to develop a goal to work towards. (The individual determines what goal they want to develop and then decide when they feel the goal of independence has been achieved).

Interestingly all three (3) individuals setting a goal of Housing/Move to desired location.

One (1) individual who opened their goal of housing chose to close his file also this quarter, as he decided with a change in property management he wanted to stay in current housing location.

Remaining thirteen (13) consumers continue with their previously developed goals ranging from self-care, housing, and transportation.

LIFE CIL staff assisted individuals this past quarter with various areas or services including but not limited to:

- Finding Subsidized Housing**
- IL Skills in daily living activities**
- Benefit assistance and question on Medicaid coverage**
- One on one bus/transportation training**
- Hygiene skills training**

- Vocational training-resumes, applications and mock interviews

Program Output Targets

Twenty-four adults with developmental disabilities will acquire and successfully maintain independent living situations that they choose based on personal preferences and resources, within the reporting year.

1. Provide information and referral services to a minimum of 16 persons with developmental disabilities and/or their families.

Quarter Results:

During this quarter a total of fourteen (14) individuals were provided information and referral.

Year to date results:

Combined unduplicated number of individual's receiving information and referral is forty-two (45). Twenty-one (21) with on-going services and twenty-four (24)

2. Provide independent living skills acquisition services to 12 persons with developmental disabilities. Independent living services may include, but not be limited to, assistance in seeking and setting up a residence, independent living skills acquisition in the home or in group settings, and/or episodic assistance in solving problems of independent living.

Quarter Results:

Fourteen (14) were those with intensive and extended services received assistance with independent living skills training.

Year to date results:

Twenty-one (21) unduplicated individuals with intensive and extended services have received independent living skills training.

3. Provide peer mentoring services to a minimum of 8 persons with developmental disabilities and/or their families.

Quarter Results:

Ten (10) individuals with intensive and extended services received peer mentoring services during this quarter. Nine (9) were repeat and one (1) new.

Year to date results:

Twelve (12) unduplicated individuals with intensive and extended services have received peer mentoring.

4. Provide advocacy services to a minimum of 8 persons with developmental disabilities.

Quarter Results:

One (1) individual received advocacy services during this quarter.

Year to date results:

Seven (7) unduplicated individuals with intensive and extended services have received advocacy and three (3) unduplicated individuals with brief episodic services. Combined unduplicated number of individual's receiving advocacy is eight (8).

II. Challenges encountered during the reporting period.

During this quarter LIFE CIL staff assisted three (3) individuals with a bit more extensive services in the area of vocational skill. While there are other agencies serving this population in McLean County, individuals have been discouraged and frustrated with their services at those locations. Individuals working with other agencies have been told it could be up to three years before they are able to find employment. One individual made their own choice not to wait but to pursue assistance on skills with LIFE CIL staff to gain employment. LIFE CIL staff will assist them with the basics at this time. We DO NOT offer job placement or job coaching!

For many of those we serve, they want employment now. We have explained to our consumers that many services have received cuts or no funding from the state and therefore may have had to lay off their staff causing a back log of service. One of the individuals and her family who have expressed their frustration with the other agency feel that is not the issue. We have encouraged them to inquire at the agency what their options may be to either get another staff person to assist or what they can do to register their complaint with in that agency. We then provide education and skills training on searching for employment, applications, resumes, and interviewing skills.

LIFE CIL staff serving individuals has also personally reached out to the local agencies assisting in employment services for those with developmental disabilities and other disabilities as a whole and at this time is working on getting a working group developed to come together on a periodic basis to address employment concerns for the populations we connectively serve.

III. What are the most significant areas of remaining need, with regards to improving services for those you serve?

Employment assistance as mentioned above, lack of options and the fact that those who fall between the eligibility criteria for those other agencies but still

have a diagnosis of cognitive disabilities. These individuals fall between the cracks and have a lack of the more intensive services they may need.

A lack of safe, accessible/affordable housing options is and has for a very long time been an area of need within McLean County as a whole. Many individuals living in poverty are unable to find housing. Many also have back rent payments, or previous personal history possibly keeping them from more options with current landlords.

As always, we believe there is a continued need for outreach to youth and transitional age students. Our staff is very small and limited in resources for outreach and services in this specific area. We feel that this population is a targeted area needing services. Many young adults continue to live with their parents into adulthood, leading to crisis when their parents become unable to care for them. Many do not see their individual potential or do not see others with disabilities succeeding in living on their own, going to college and being employed. They often lack the knowledge and skills to identify and obtain income and supports and navigate the health and human services system. This tendency to be unemployed and poor begins with older high school students and recent graduates with disabilities who do not have a plan for achieving independent, self-sustaining lifestyles, and who do not transition immediately to post-secondary education or employment, and who do not obtain benefits for which they are eligible.

IV. Do you have a waiting list? Yes No If yes, please describe.

*During the FY15 year LIFE CIL did not implement a waiting list, however we are implementing one for the FY16 year due to MCHD funding cuts and state budget crisis. The funding has allowed us the ability to relieve the burden of funding for our core services. The MCHD cut now puts us in the position of reducing the number of persons with developmental disabilities that we can serve therefore we must institute a waiting list for services beginning January 1, 2016

V. Comments. Provide additional information that you would like us to know about your program and the effectiveness of your grant.

LIFE Center for Independent Living is being negatively affected by the state's budget impasse. While some of our twelve grants and contracts continue to be paid, our largest and third-largest grants are not being paid. We have reduced our staff by two positions and have aggressively trimmed expenses in order to maintain full services to all our consumers, but our cash reserves are dropping at a rate that cannot be sustained through the end of the fiscal year.

Individual Scenarios

B.R.: 24 years old with documented developmental disability. Individual came to LIFE CIL for transition services when moving from family home out-of-town to Normal, IL, as a HALO student at Heartland Community College. Requested assistance with learning local bus routes, cleaning, and comparison shopping and learning where things are in the store. Has two goals, one is learning local bus routes, and one being self-care, mainly cleaning, and cooking. B.R. is going to graduate from HCC this May, and is now receiving assistance in finding subsidized housing. He has learned to get to many places in the community, mostly requests assistance for new places he needs to go. He has also become more independent with cleaning, just needs minimal physical prompting now to wash dishes, and clean apartment. We are exploring different methods of cooking right now for independence along with safety. He wants to make Bloomington/Normal his residence.

M.D.: 21 years old, with documented developmental disability. Individual came to LIFE CIL for youth transition services. Moved out of parents' home in LaSalle, and moved to Bloomington and lives with sister and her friend. He requested assistance with learning how to use appliances in apartment, and bus route training. He is now independent with appliances, and has learned to get to work by bus, and other places of choice. He will be starting speech therapy at ISU, and is currently receiving training on how to get there by bus. M.D. is also currently receiving training in finding a volunteer job in the community to increase social interactions. LIFE CIL also assisted him in getting connected with B/N Deaf Club. He currently works part-time at Hy-Vee. His current goal is learning local bus routes.

J.P. 37 years old, presents as low cognitive function and memory loss. Came to LIFE CIL for housing assistance, moving to desired location. She lives with husband and his parents and wants to get out and become more independent. She is currently working on subsidized housing applications. She just lost her job, and LIFE CIL referred her to marcfirst and UCP for supported employment. Also assisted with application for unemployment, and budgeting. Her current goal is housing.

FY 2015 QUARTERLY AGENCY SERVICE STATISTICS

Agency: UCP LAND OF LINCOLN

Quarter: OCT-DEC 2015

| | VOCATIONAL SERVICES | | | | | | Program | | | | | | Program | | | | | | | | |
|---------------------------------------|--|---|--------------------------|---------------------------|--|--|---|--------------------------|---------------------------|--|--|---|--------------------------|---------------------------|--|--|---|--------------------------|---------------------------|--|--|
| | Unduplicated Clients (New clients served during the quarter) | Total Clients served during the quarter | Total # of Events/Visits | Total Staff Service Hours | Total Client Service Hours (if applicable) | Unduplicated Clients (New clients served during the quarter) | Total Clients served during the quarter | Total # of Events/Visits | Total Staff Service Hours | Total Client Service Hours (if applicable) | Unduplicated Clients (New clients served during the quarter) | Total Clients served during the quarter | Total # of Events/Visits | Total Staff Service Hours | Total Client Service Hours (if applicable) | Unduplicated Clients (New clients served during the quarter) | Total Clients served during the quarter | Total # of Events/Visits | Total Staff Service Hours | Total Client Service Hours (if applicable) | |
| Gender: | | | | | | | | | | | | | | | | | | | | | |
| Male | 1 | 20 | 501 | 924.25 | 4482.25 | | | | | | | | | | | | | | | | |
| Female | 3 | 11 | 118 | 134.75 | 769.75 | | | | | | | | | | | | | | | | |
| Total Individuals Served/Hrs Provided | 4 | 31 | 619 | 1059 | 5252 | | | | | | | | | | | | | | | | |
| Age Group: | | | | | | | | | | | | | | | | | | | | | |
| Infants (0-3) | | | | | | | | | | | | | | | | | | | | | |
| Youths (4-13) | | | | | | | | | | | | | | | | | | | | | |
| Teens (14-18) | | | | | | | | | | | | | | | | | | | | | |
| Adults (19-39) | 4 | 31 | | | | | | | | | | | | | | | | | | | |
| Seniors (60 & up) | | | | | | | | | | | | | | | | | | | | | |
| Total Individuals Served/Hrs Provided | 4 | 31 | 619 | 1059 | 5252 | | | | | | | | | | | | | | | | |
| Residence: | | | | | | | | | | | | | | | | | | | | | |
| Bloomington | 4 | 20 | | | | | | | | | | | | | | | | | | | |
| Normal | | 10 | | | | | | | | | | | | | | | | | | | |
| Other: | | 1 | | | | | | | | | | | | | | | | | | | |
| Total Individuals Served/Hrs Provided | | 31 | | 1059 | 5252 | | | | | | | | | | | | | | | | |
| Projected Individuals/Hrs Provided | | | | | | | | | | | | | | | | | | | | | |

Referral Source for New Admissions: SEE ATTACHED NARRATIVE
 Primary problem area(s) of clients served: SEE ATTACHED NARRATIVE

Please attach a brief narrative of:
 Program Activities
 Progress in achieving program objectives
 Problems encountered and how they were handled

United Cerebral Palsy Land of Lincoln (UCPLL)

FY 2015 Extension Quarterly Agency Narrative

October 1, 2015 – December 31, 2015

I. PROGRAM ACTIVITIES

During this quarter, UCPLL provided extended job support services to 31 individuals with disabilities. We were able to help 31 individuals maintain their jobs in the community – All individuals are currently working. Job coaches met individuals at their work site and assisted them in achieving increased independence. Job Coaches provided support and monitored the individuals' work tasks and behaviors and helped them do their job to the best of their ability. Vocational staff took some of the program participants to a local Job Fair for job leads.

II. PROGRESS ON THE OBJECTIVES

Objective #1: UCPLL provided job support services to a total of 31 individuals this quarter. We added 4 new people during the quarter. UCPLL continues to work with DRS, the school districts, as well as the local colleges, and the Transitional Planning committee to identify more individuals that could benefit from vocational services. UCP Vocational staff continue to work with a new referral source for the program – it is an agency called LifeCil. The Job Developers are contacting other agencies in the area to inform them of our services and how we may be able to assist their clients. UCPLL staff work closely with the individuals to help them find and maintain their jobs in the community. UCPLL staff have developed strong partnerships with community employers and have helped them to understand and educate them on different disabilities. Job coaches go to the work sites daily and communicate with the individuals in constructive ways and provide effective feedback. Job Developers visit the job sites at least twice a month to check on the individual, the employer and the job coach to keep the communication lines open and address any concerns quickly and effectively.

Objective #2: UCPLL continues to have vocational and janitorial training classes. One individual completed the janitorial training program and 1 individual went through vocational training. The janitorial training program has been a huge success and has really helped UCPLL create a trained workforce for its janitorial business, White Glove Professionals. It has been the perfect segway for the trainees to go right into a custodial job when they are finished with the training.

Objective #3: UCPLL holds monthly activities/events to teach appropriate social skills and job retention strategies. These events are for those individuals that are receiving our services.

Events were held on 10/20/15, 11/24/15 and 12/16/15. These events are held at various times each month to allow working individuals the opportunity to attend. In October, the theme was "Treat yourself to do's and don'ts" in honor of Halloween. Participants learned about appropriate work behaviors and inappropriate work behaviors. November's theme was "You're invited to get HIP!", and individuals learned about being Hard-working, having Integrity, and being Professional. The December event was a holiday gathering where staff and individuals and their families got together to celebrate the season. After each event, individuals are asked to fill out a survey telling staff what they liked, didn't like, and what they would like to talk about during the next event. Once again, UCPLL received 100% participant satisfaction on these surveys. One of the goals of these events is to encourage people to socialize with their peers and develop appropriate relationships. An on-going need UCP hears from its families is that people with disabilities struggle to find social outlets after they graduate from high school. UCP's mission is to provide innovative strategies to connect people with disabilities to their communities. The work and focus of this grant truly demonstrates that people with disabilities are getting connected to their community through work opportunities.

III. PROBLEMS ENCOUNTERED DURING REPORTING PERIOD

One of the biggest problems that UCPLL continues to encounter with program participants is helping them maintain their jobs. Each quarter we have several individuals that are close to losing their jobs because of issues at the workplace. UCPLL staff is quick to work with the managers at work sites to talk about our program and services and how we can help with the situation. UCPLL continues to provide Disability Awareness Training to numerous employers who are unaware of how to work with someone with a disability. One of our current Job Developers created a packet to give potential employers that teaches them some basic disability awareness. Our Job Developers also work with new managers at the job sites, teaching them the same training. During this quarter alone, the Disability Awareness Training has saved 2 jobs in the community for our individuals. Two of our current participants were going to lose their jobs due to management not understanding their needs, and the Job Developer asked the employer if she could provide some basic training to the employees.

IV. WHAT DO YOU SEE AS THE MOST SIGNIFICANT AREAS OF REMAINING NEED, WITH REGARDING TO IMPROVING SERVICES FOR THOSE YOU SERVE?

UCPLL continues to see the area of transportation for those living in the outlying area as a huge need. Many individuals come to us needing services, but are unable to get to our office on a regular basis. They also have issues finding a job due to their limited transportation access. UCPLL tries to work with them on a schedule that works for the individual. We attempt to help them find a job that they are able to get to and from, but that doesn't always happen. We have many times had an individual get a job that they have to turn down because they did not have a

way to get to and from work during the time that the employer needed them. The Job Developers are trying to work with individuals on getting a job close to their home, but it definitely limits their job prospects. UCPLL staff has also recognized the need for transportation training for people who live where public transportation is available. UCPLL staff is working with two program participants this quarter to help them understand public transportation and the bus routes to assist them with getting to/from work.

UCPLL recognized the limited vocational training programs for those with disabilities as a major area of need and created the vocational training that helps prepare individuals for employment as well as find employment in the community. This allows the individual to be independent and more self-sufficient. The janitorial training program focuses on eight basic janitorial services which include: trash collection, glass and mirror cleaning, dust/damp mopping, vacuuming, carpet spot removal and floor care, restroom cleaning, general detailing and preventative maintenance.

V. WHAT HAS BOH FUNDING ALLOWED YOU TO DO THAT YOU COULD NOT DO WITHOUT THIS FUNDING?

Thanks to the BOH funding, UCPLL has been able to serve 31 individuals in McLean County who need extended job support services this quarter. No other similar services exist in the county for this specialized need. Many individuals would have lost their jobs if they didn't have job coaches and job developers checking in with them and helping them daily. Over the past six months, 100% of our individuals in this program are working in the community. They have jobs in fast food restaurants, retail stores, grocery stores, hotels, restaurants, day cares, schools, gas stations, car dealerships and office buildings. They all feel a sense of self-worth because they are working.

VI. PROVIDE ANY ADDITIONAL INFORMATION THAT YOU WOULD LIKE US TO KNOW ABOUT YOUR PROGRAM AND THE EFFECTIVENESS OF YOUR GRANT.

Success Story

Major is a huge success story - he was very interested in being a custodian but he needed some additional training and experience to put on his resume. He completed the janitorial training program and UCPLL helped him to get his job as a janitor. When he began his job, Major was only working one day a week. After months of dedication and hard work, his hours were increased to five days a week! For the first few months, UCPLL provided full-time job coaching with Major. Four months later, UCPLL has faded the job coaching to only checking in on him once a week. He is truly living a life without limits!

VII. PROVIDE ANY ADDITIONAL INFORMATION THAT YOU WOULD LIKE US TO KNOW ABOUT THE DATA SUBMITTED.

There were some staff changes during the end of the quarter. Reductions were made based on the DHS/DRS funding from the state. Job development activities continue to be done by the Job Development Supervisor and all Job Coaches.

FY 2015 EXTENSION QUARTERLY AGENCY SERVICE STATISTICS - July 1, 2015 - December 31, 2015

Agency: Marcfirst

| Quarter: October, November, December | | Program: SPICE | | | | |
|---------------------------------------|--|------------------|---|--------------------------|---------------------------|--|
| | Unduplicated Clients (New clients served during the quarter) | On-Going Clients | Total Clients served during the quarter | Total # of Events/Visits | Total Staff Service Hours | Total Client Service Hours (if applicable) |
| Gender: | | | | | | |
| Male | 46 | 112 | 158 | | | |
| Female | 22 | 54 | 76 | | | |
| Total Individuals Served/Hrs Provided | | | | | | |
| Age Group: | | | | | | |
| Infants (0-3) | 67 | 132 | 199 | | | |
| Youths (4-13) | 1 | 34 | 35 | | | |
| Teens (14-18) | | | | | | |
| Adults (19-59) | | | | | | |
| Seniors (60 & up) | | | | | | |
| Total Individuals Served/Hrs Provided | | | | | | |
| Residence: | | | | | | |
| Bloomington - 61701 | 9 | 35 | 44 | | | |
| Bloomington - 61704 | 18 | 36 | 54 | | | |
| Bloomington - 61705 | 6 | 14 | 20 | | | |
| Normal - 61761 | 18 | 34 | 52 | | | |
| Heyworth - 61745 | 5 | 5 | 10 | | | |
| Stanford - 61774 | 1 | 1 | 2 | | | |
| Gridley - 61744 | | 5 | 5 | | | |
| McLean - 61745 | | 1 | 1 | | | |
| Colfax - 61728 | 1 | 4 | 5 | | | |
| Leroy - 61752 | | 5 | 5 | | | |
| Chenoa - 61726 | 2 | 3 | 5 | | | |
| Eureka - 61530 | | 1 | 1 | | | |
| Clinton - 61727 | 2 | 5 | 7 | | | |
| Danvers - 61732 | | 1 | 1 | | | |
| Pontiac - 61764 | | 1 | 1 | | | |
| Carlock - 61724 | 2 | 1 | 3 | | | |
| Hudson - 61748 | 1 | 2 | 3 | | | |
| El Paso - 61738 | | 1 | 1 | | | |
| Clayton - 61775 | | 1 | 1 | | | |

| | | | | | |
|---------------------------------------|---|---|---------------|--|--|
| Maroa - 61756 | | 1 | 1 | | |
| Downs 61736 | | 2 | 2 | | |
| Saybrook - 61770 | | 2 | 2 | | |
| Arrowsmith - 61722 | | 1 | 1 | | |
| Anchor - 61720 | 1 | 1 | 2 | | |
| Lexington - 61753 | 1 | 3 | 4 | | |
| Havanna - 62644 | 1 | | 1 | | |
| Total Individuals Served/Hrs Provided | | | 234 | | |
| Projected Individuals/Hrs Provided | | | 2318.25 hours | | |

FY 2015 EXTENSION QUARTERLY NARRATIVE
October 1, 2015 – December 31, 2015

I. Program Activities

During reporting period of October 1 to December 31 each program funded by the Mclean County 377 Board continued to provide funded services. The **SPICE** program provided developmental screenings at pre-schools and Daycare Centers, Play and Learn classes and individual and group therapy to children and families at Marcfirst as well as in the child's home. The **Supported Employment Program** assisted supported individuals with completing job applications, resume development, preparing for interviews, and on site job coaching. Individuals receiving services in the **Supported Living** program had support plans developed that identify and develop self-directed goals objectives designed to improve their overall quality of life. Work continues on the construction of 2 new duplexes.. As the construction of these new homes progresses, supported individuals have participated in selecting appliances, room colors, flooring and fixtures for their new home.

II. Progress on the objectives defined in your application.

SPICE

Objective #1: 90% of children evaluated during grant reporting period will show a 4 month gain in a 6 month period using the Battelle Developmental Inventory-2

Objective met. 8 of 8 children evaluated showed a gain of at least 4 months in at least one area of development.

Objective #2: To screen (free developmental screens) 120 (30 per quarter) children in McLean County

There were 13 free developmental screenings completed during the quarter. This is less than the 30 per month that we are committed to providing. The screenings are dependent on referrals and there was a decrease in referrals during the quarter.

Objective #3: To provide 7,700 hours (1925 per quarter) of direct service to children and families involved in SPICE for FY 15

Objective met. In October a total of 914.5 hours of direct service were provided, 783 hours in November and 639 hours in December. A total of 2336.5 hours of service were provided during the quarter.

Supported Employment

Objective 1: We will provide 11,000 hours (2750 per quarter) of unfunded (by DHS and DRS) services annually; including job coaching, job development classes and job counseling to supported individuals

Objective met. During the reporting period, a total of 2900.5 hours of unfunded services were provided. In October, 1051.25 hours were provided, November 1009.75 hours were provided and in December 839.5 hours of services were provided

Objective 2: 14 participants will successfully complete the School to Work Summer Program

Objective met. 15 students successfully completed the program in July 2015.

Objective 3: 15 supported individuals will find new employment and maintain their employment for a minimum of 90 days

During the reporting period, 1 individual found new employment with Monicals. This is not uncommon for the last quarter of the year, as employers seem to focus on filling temporary/seasonal positions.

Objective 4: 85% of individuals employed on 7/1/14 will maintain employment throughout the year

(6/30/15)

Objective met. 43 of 50 individuals employed on 7/1/14 were still employed as of 12/31/15. During the quarter, 1 individual left his job for personal reasons.

Supported Living

Objective 1: Provide 20,676 nights (5169 per quarter) of supports for the projected 59 individuals in the CILA program

Objective met. A total of 5141 nights of service to 60 individuals were provided during the quarter. There were 2 discharges during the quarter. One individual was discharged to another provider and another individual died. By month, the total number of nights of service provided is as follows: October 1767 nights, November 1665 nights and December 1709 nights.

Objective 2: 59 individuals supported in the CILA program will have at least 1 person-centered/ self-directed goal developed and implemented as a part of the Individualized Service Plan planning process.

Objective Met. 15 individuals had ISPs completed during the quarter. Each person participated in the development of their plans, and as a result, each plan had at least 1 self-directed goal or objective. Examples of self-directed goals included; planning and participating in community based recreational activities, planning and participating in a community based music activity and learning how to do on-line banking.

Objective 3: A 28% sample of people receiving CILA services will participate in the Personal Outcome interview process, utilizing the Personal Outcome Measures interviewing including review of the person's file.

Objective met. 5 individuals who were interviewed previously were interviewed this quarter using the Personal Outcome measures. The average number of supports increased slightly from 17.6 supports present to 18.4 supports present this quarter compared to the same sample's previous interviews. Some of the increases were seen in the areas of people choosing where they live and increased staff support in helping people develop and/or maintain natural supports. Individual feedback and recommendations will go to the team to address specific issues identified during the interview process.

III. Problems encountered during the reporting period

SPICE

The number of referral for screenings was lower than expected during the quarter. SPICE staff has conducted outreach with its community partners to increase the number of referrals.

Supported Employment

The number of referral from DRS decreased to 1 for the entire quarter. This is due in part to the State budget impasse and the effect it's had on staffing within DRS. There is also a seasonal slowdown in employers hiring for permanent positions, especially in retail.

Supported Living

An ongoing concern is that of supporting individuals who are aging and experiencing aging related health and mobility issues. For example, one individual suffered a stroke as was hospitalized then sent to a care facility for

rehabilitation. Another individual was discharged due to significant behavioral issues that placed her and others at risk for serious harm.

IV. What do you see as the most significant areas of remaining need, with regarding to improving services for those you serve?

For all of our programs, the lack of a state budget is an area of significant concern. Presently we are unsure what a new budget will look like and if there are reductions in funding with the new budget, how those reductions will affect Marcfirst's ability to provide services. For our **Supported Living** program, a major area of need is accessible housing in safe neighborhoods that is affordable. We would like to be able to move the individuals living in our older leased properties into homes that are newer and more adequately address their needs. Another major area of need is the increasing supports needed for an aging population. The existing state rate structure does not sufficiently fund staffing patterns and nursing services needed to adequately support individuals with significant health and medical conditions. The vast majority of individuals who receive **Supported Employment** services reside in Bloomington-Normal. For those who live in rural communities outside B-N, a lack of reliable transportation limits their access to our services. The **SPICE** program has found there is a lack of qualified Pediatric Therapists and Physical therapists in particular.

V. What has BOH funding allowed you to do that you could not do without this funding?

Funding from the State of Illinois does not cover all of the services we provide. For example, funding from the Division of Rehabilitation Services is time limited. When an individual has exhausted his/her DRS funding, our **Supported Employment** program is able to continue to support them with finding and keeping a job with the money from the 377 Board. This allows us to provide lifelong employment supports to individuals who receive our employment services. For the **Supported Living** program, the funding helps cover the expense of an on-site supervisor for each group home. This ensures better supervision and training of staff who work in the homes. This is essential for us to continue to provide safe and healthy living environments and facilitate opportunities for individuals to fully access their communities. Funding from the 377 Board is used by the **SPICE** program to provide free developmental screenings to children in McLean County. By identifying developmental delays at an early age and then addressing those delays with appropriate therapies, children are better prepared to be successful when they start school. In addition to the screenings, the 377 funding also supports individual and group therapies provided by Marcfirst staff.

VI. Provide any additional information that you would like us to know about your program and the effectiveness of your grant.

For our **Supported Employment** program, the funding has allowed us to provided lifelong supports to individuals, and this has allowed us to help individuals maintain their employment long after their state funded services end. 377 funding allows our **SPICE** program to conduct free screenings. Early identification of developmental delays leads to early intervention therapies resulting in more children being prepared to enter kindergarten than would be without these services. Because the 377 funding allows us to have an on-site supervisor in each of our homes, the **Supported Living** program is able to ensure staff is trained in supporting individuals in the home and their community. One of the benefits of this is that individuals are better able to access needed medical, dental and mental health services.

VII. Provide any additional information that you would like us to know about the data submitted.

FY 2015 EXTENSION QUARTERLY AGENCY SERVICE STATISTICS - July 1, 2015 - December 31, 2015

Agency: Marcfirst

| Quarter: 2nd(October, November Decem | | Program: Supported Employment | | | | |
|---------------------------------------|---|-------------------------------|---|--------------------------|---------------------------|--|
| | Unduplicated Clients (New clients served during the quarter) | On-Going Clients | Total Clients served during the quarter | Total # of Events/Visits | Total Staff Service Hours | Total Client Service Hours (if applicable) |
| Gender: | | | | | | |
| Male | 4 | 60 | 64 | | | |
| Female | 0 | 50 | 50 | | | |
| Total Individuals Served/Hrs Provided | 4 | 110 | 114 | | | |
| Age Group: | | | | | | |
| Infants (0-3) | | | | | | |
| Youths (4-13) | | | | | | |
| Teens (14-18) | 0 | 8 | 8 | | | |
| Adults (19-59) | 4 | 100 | 104 | | | |
| Seniors (60 & up) | | 2 | 2 | | | |
| Total Individuals Served/Hrs Provided | 4 | 110 | 114 | | | |
| Residence: | | | | | | |
| Bloomington 61701 | 0 | 29 | 29 | | | |
| Bloomington 61704 | 1 | 19 | 20 | | | |
| Bloomington 60705 | 1 | 9 | 10 | | | |
| Normal 61761 | 1 | 40 | 41 | | | |
| Other: | | | | | | |
| Minier 61759 | 0 | 2 | 2 | | | |
| Towanda 61776 | 0 | 1 | 1 | | | |
| El Paso 61738 | 0 | 3 | 3 | | | |
| Heyworth 61745 | 0 | 1 | 1 | | | |
| Downs 61736 | | 1 | 1 | | | |
| Leroy 61752 | | 1 | 1 | | | |
| Hudson 61748 | | 1 | 1 | | | |
| Atlanta 61723 | | 1 | 1 | | | |
| Shirley 61722 | | 1 | 1 | | | |
| Danvers 61732 | 1 | 0 | 1 | | | |
| Hopedale 61747 | | 1 | 1 | | | |
| Total Individuals Served/Hrs Provided | 4 | 110 | 114 | | | |
| | | | | | | |
| Projected Individuals/Hrs Provided | | 111 | | | | |

FY 2015 EXTENSION QUARTERLY NARRATIVE
October 1, 2015 – December 31, 2015

I. Program Activities

During reporting period of October 1 to December 31 each program funded by the Mclean County 377 Board continued to provide funded services. The **SPICE** program provided developmental screenings at pre-schools and Daycare Centers, Play and Learn classes and individual and group therapy to children and families at Marcfirst as well as in the child's home. The **Supported Employment Program** assisted supported individuals with completing job applications, resume development, preparing for interviews, and on site job coaching. Individuals receiving services in the **Supported Living** program had support plans developed that identify and develop self-directed goals objectives designed to improve their overall quality of life. Work continues on the construction of 2 new duplexes.. As the construction of these new homes progresses, supported individuals have participated in selecting appliances, room colors, flooring and fixtures for their new home.

II. Progress on the objectives defined in your application.

SPICE

Objective #1: 90% of children evaluated during grant reporting period will show a 4 month gain in a 6 month period using the Battelle Developmental Inventory-2

Objective met. 8 of 8 children evaluated showed a gain of at least 4 months in at least one area of development.

Objective #2: To screen (free developmental screens) 120 (30 per quarter) children in McLean County

There were 13 free developmental screenings completed during the quarter. This is less than the 30 per month that we are committed to providing. The screenings are dependent on referrals and there was a decrease in referrals during the quarter.

Objective #3: To provide 7,700 hours (1925 per quarter) of direct service to children and families involved in SPICE for FY 15

Objective met. In October a total of 914.5 hours of direct service were provided, 783 hours in November and 639 hours in December. A total of 2336.5 hours of service were provided during the quarter.

Supported Employment

Objective 1: We will provide 11,000 hours (2750 per quarter) of unfunded (by DHS and DRS) services annually; including job coaching, job development classes and job counseling to supported individuals

Objective met. During the reporting period, a total of 2900.5 hours of unfunded services were provided. In October, 1051.25 hours were provided, November 1009.75 hours were provided and in December 839.5 hours of services were provided

Objective 2: 14 participants will successfully complete the School to Work Summer Program

Objective met. 15 students successfully completed the program in July 2015.

Objective 3: 15 supported individuals will find new employment and maintain their employment for a minimum of 90 days

During the reporting period, 1 individual found new employment with Monicals. This is not uncommon for the last quarter of the year, as employers seem to focus on filling temporary/seasonal positions.

Objective 4: 85% of individuals employed on 7/1/14 will maintain employment throughout the year

(6/30/15)

Objective met. 43 of 50 individuals employed on 7/1/14 were still employed as of 12/31/15. During the quarter, 1 individual left his job for personal reasons.

Supported Living

Objective 1: Provide 20,676 nights (5169 per quarter) of supports for the projected 59 individuals in the CILA program

Objective met. A total of 5141 nights of service to 60 individuals were provided during the quarter. There were 2 discharges during the quarter. One individual was discharged to another provider and another individual died. By month, the total number of nights of service provided is as follows: October 1767 nights, November 1665 nights and December 1709 nights.

Objective 2: 59 individuals supported in the CILA program will have at least 1 person-centered/ self-directed goal developed and implemented as a part of the Individualized Service Plan planning process.

Objective Met. 15 individuals had ISPs completed during the quarter. Each person participated in the development of their plans, and as a result, each plan had at least 1 self-directed goal or objective. Examples of self-directed goals included; planning and participating in community based recreational activities, planning and participating in a community based music activity and learning how to do on-line banking.

Objective 3: A 28% sample of people receiving CILA services will participate in the Personal Outcome interview process, utilizing the Personal Outcome Measures interviewing including review of the person's file.

Objective met. 5 individuals who were interviewed previously were interviewed this quarter using the Personal Outcome measures. The average number of supports increased slightly from 17.6 supports present to 18.4 supports present this quarter compared to the same sample's previous interviews. Some of the increases were seen in the areas of people choosing where they live and increased staff support in helping people develop and/or maintain natural supports. Individual feedback and recommendations will go to the team to address specific issues identified during the interview process.

III. Problems encountered during the reporting period

SPICE

The number of referral for screenings was lower than expected during the quarter. SPICE staff has conducted outreach with its community partners to increase the number of referrals.

Supported Employment

The number of referral from DRS decreased to 1 for the entire quarter. This is due in part to the State budget impasse and the effect it's had on staffing within DRS. There is also a seasonal slowdown in employers hiring for permanent positions, especially in retail.

Supported Living

An ongoing concern is that of supporting individuals who are aging and experiencing aging related health and mobility issues. For example, one individual suffered a stroke as was hospitalized then sent to a care facility for

rehabilitation. Another individual was discharged due to significant behavioral issues that placed her and others at risk for serious harm.

IV. What do you see as the most significant areas of remaining need, with regarding to improving services for those you serve?

For all of our programs, the lack of a state budget is an area of significant concern. Presently we are unsure what a new budget will look like and if there are reductions in funding with the new budget, how those reductions will affect Marcfirst's ability to provide services. For our **Supported Living** program, a major area of need is accessible housing in safe neighborhoods that is affordable. We would like to be able to move the individuals living in our older leased properties into homes that are newer and more adequately address their needs. Another major area of need is the increasing supports needed for an aging population. The existing state rate structure does not sufficiently fund staffing patterns and nursing services needed to adequately support individuals with significant health and medical conditions. The vast majority of individuals who receive **Supported Employment** services reside in Bloomington-Normal. For those who live in rural communities outside B-N, a lack of reliable transportation limits their access to our services. The **SPICE** program has found there is a lack of qualified Pediatric Therapists and Physical therapists in particular.

V. What has BOH funding allowed you to do that you could not do without this funding?

Funding from the State of Illinois does not cover all of the services we provide. For example, funding from the Division of Rehabilitation Services is time limited. When an individual has exhausted his/her DRS funding, our **Supported Employment** program is able to continue to support them with finding and keeping a job with the money from the 377 Board. This allows us to provide lifelong employment supports to individuals who receive our employment services. For the **Supported Living** program, the funding helps cover the expense of an on-site supervisor for each group home. This ensures better supervision and training of staff who work in the homes. This is essential for us to continue to provide safe and healthy living environments and facilitate opportunities for individuals to fully access their communities. Funding from the 377 Board is used by the **SPICE** program to provide free developmental screenings to children in McLean County. By identifying developmental delays at an early age and then addressing those delays with appropriate therapies, children are better prepared to be successful when they start school. In addition to the screenings, the 377 funding also supports individual and group therapies provided by Marcfirst staff.

VI. Provide any additional information that you would like us to know about your program and the effectiveness of your grant.

For our **Supported Employment** program, the funding has allowed us to provided lifelong supports to individuals, and this has allowed us to help individuals maintain their employment long after their state funded services end. 377 funding allows our **SPICE** program to conduct free screenings. Early identification of developmental delays leads to early intervention therapies resulting in more children being prepared to enter kindergarten than would be without these services. Because the 377 funding allows us to have an on-site supervisor in each of our homes, the **Supported Living** program is able to ensure staff is trained in supporting individuals in the home and their community. One of the benefits of this is that individuals are better able to access needed medical, dental and mental health services.

VII. Provide any additional information that you would like us to know about the data submitted.

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VII. Provide any additional information that you would like us to know about the data submitted.

SUMMARY OF DISCUSSION

POLICY

- No Wrong Door
- Accountability
- Being Equitable
- Outcomes
- Integration
- Payer of Last Resort
- County Wide Access
- Communication & Education
- Participant Centered
- Fairness
- Standards of Consistent Practice
- Sustainability
- Best Practices
- Certification/Credentialing
- Cradle to Grave
- Measurement
- Linkage-Referrals
- Warm hand-off
- Breaking down Silo's
- Setting Leadership Tone
- Funding Pilot's

FUNDING CRITERIA

- Underserved
- Preference to Previously Funded/Should we change this?
- Expectation
- Technical Assistance

NEEDS

- County HD Website
- Understand Roles

**McLean County Board of Health (553 Board)
and
The Care of Treatment of Persons with Developmental Disabilities (377 Board)
CY 17 Funding Criteria and Guidelines**

**Section I
Criteria**

All programming and services must have an impact in the following areas:

- Mental Health
- Substance Abuse
- Developmental Disability/Intellectual Disability

Contract funds overseen by the McLean County Board of Health (553 Board) must be designated for mental health and substance abuse services only.

Contract funds overseen by the Care and Treatment of Persons with Developmental Disabilities Board (377) must address service outcomes for clients with a developmental disability, intellectual disability, or who are deemed at risk of a developmental disability.

**Section II
General Conditions for Funding**

1. Compliance with the application deadline. Late applications will not be accepted.
2. The McLean County Board of Health (553 Board) and the 377 Board requires "No Wrong Door" service delivery encouraging inter-agency cooperation, coordination, and joint planning and any such cooperation evidenced by written agreements between agencies or evidence of participation in local inter-agency joint planning committee will be noted as positive factors when designating mental health funds.
3. A clear demonstration of need must be established prior to the granting of all or part of the funding request.
4. High priority will be given to ongoing mental health, substance abuse, and developmental disability programs in McLean County that have previously received the McLean County Health Department contract monies, and demonstrated efficient and viable client services through their ability to achieve designated program goals and outcome objectives. (377 Board has recommended to remove entirely) (Would this have an impact on our current system of care) (is possible with limited dollars to support new programming when existing programming does not have sufficient resources)
5. Favorable consideration will be given to applicants who clearly demonstrate that a substantial effort has been made to explore other funding resources.

6. Only clearly documented non-duplicative requests will be considered. Any program request that overlaps with an existing available program in McLean County shall be removed from consideration.
7. Program plans: Objectives, Client Outcomes, and Staffing will be a prime consideration when allocating funds and must be designed to meet the stated objectives. There must be assurance that the agency and personnel to be assigned to the program are capable and experienced. ~~Participant Centered, evidenced based, outcome driven programming is strongly encouraged.~~ Programming shall be participant centered, evidenced informed, incorporating best practices and outcome driven. Utilizing evidence based practices is strongly encouraged.
8. Each applicant must have a clearly defined plan to assess program results with a documented plan to evaluate the desired impact of the program on the client outcomes.
9. All agencies must demonstrate an ability to meet and agree to accept, all of the following conditions in order to be considered for funding:
 - A. A mutually agreed upon contract between the grantee and the Board of Health (553) or 377 Board must be negotiated and approved by the State's Attorney prior to awarding the grant.
 - B. Payments for contractual services will be made on a schedule stated within the contract provided the agency has met all contractual conditions and obligations.
 - C. Periodic reports and site visits will be required in accordance with the contractual agreement. Each applicant must utilize the Quarterly Reporting Guidance and the CY 17 Quarterly report to document quarterly progress. Reports should contain, at a minimum, types of service rendered, service outcomes, evidence of progress in attaining program objectives, and narrative describing program activities during the quarter.
 - D. At the end of the funding period, the Board of Health or 377 Board will require a final report summarizing program activities, evaluation of the program in accordance with the proposal outlined above, and an accounting of all funds received from the Board of Health.
 - E. Funds will be provided to not for profit or governmental agencies only. Satisfactory evidence of not for profit and tax exempt status must be on file or accompany the program proposal.
 - F. The Board of Health and 377 Board will require evidence of fiscal responsibility and sound accounting practice prior to contracting with the agency for mental health services. An Annual CPA audit prepared in accordance with AICPA Industry Audit Standards will satisfy this requirement.
 - G. The agency will be required to make a presentation regarding their proposal at a public hearing scheduled by the Board of Health and 377 Board.
 - H. All grants are subject to limitation depending on the availability of funds to the Board of Health and 377 Board.
 - I. Approved grantee must comply with the Title VI of the Civil Rights Act of 1964 (PL88-353) and Title VII of the Civil Rights Act of 1964.
 - J. Agencies must submit a revised Budget no later than January 15th of the funding year, outlining an annual expenditure plan.
 - K. DHS grantees must submit all grant applications for State funding to the Health Department for review and comment. In addition, notification of all site visits by DHS will be given to the Department as well as submission of other State reports as specified in the agency contracts.

Section III
CY 17 Funding Priorities
January 1, 2017-December 31, 2017

Behavioral Health and Substance Abuse

- Behavioral Health is essential to health. It includes mental health and substance abuse. Prevention reduces the likelihood of the onset of health problems, reduces harm and saves dollars.
- Individuals impacted by mental illness and substance use disorders have the opportunity to live healthy, productive lives.
- Individuals impacted by mental illness and substance use disorders should have access to treatment specific to their needs, the required level of care, and promotes overall improved health and wellness.
- Supports for individuals with mental illness and substance use disorders should focus on developing and strengthening their individual capacities and support networks. A natural part of this process includes wellness, recovery, and termination.
- Support for individuals impacted by mental illness and substance use disorders should seek to reduce the stigma associated with their illness/disorder
- Suicide is one of the leading causes of death. Research and Data suggest the following:
 - According to the Center for Disease Control, suicide was ranked as the 10th leading cause of death among person ages 10 and older in the United States in 2009.
 - According to 2008 data provided by The Illinois Department of Public Health, suicide was the 10th leading cause of death in McLean County.
 - A report provided by the McLean County Coroner for the year 2013 indicated there were 22 suicide deaths in McLean County.
 - In the United States, suicide is the third leading cause of death in young people, age, 15-24 years. ~Provided by CDC, cited within Youth Mental Health First Aid manual, page 135.
- Prevalence Data from Behavioral Health, United States 2012 publication indicates:
 - In 2011, more than 41 million U.S. adults (18 percent) had any mental illness, and nearly 20 million (8 percent) had a substance use disorder.
 - In 2011, nearly 9 million U.S. adults (4 percent) had mental illness that greatly affected day-to-day living, or serious functional impairment.
 - Data collected in 2010 and 2011 indicate that almost half of United States children ages 4-11 with emotional or behavioral difficulties used mental health services at least once during the past year.

McLean County Objectives

Children, Adolescent and Family Focused Programs and Services

1. Provide community based crisis response services, including a 24 hour crisis line.
2. Identify youth at risk of social, emotional, and/or behavioral health issues and using evidence based/informed services, engage in a process of healing and positive development. Employ prevention and early intervention strategies to improve behavioral health outcomes.
3. Expand access to psychiatric services.
4. Provide supportive employment and residential services.

Access to Community Based Services, Resource Development and Collaboration

1. Increase investment in programs and services through system integration, collaboration and innovative approaches with a strong emphasis on prevention and early intervention.
2. Increase the ability to access high quality community based services that include prevention, treatment, recovery, and wellness services.
3. Reduce involvement of target populations in the criminal justice system.

Priority Levels

Existing Programs

| Priority Levels | Mental Illness | Substance Abuse |
|-----------------|--|--|
| Priority 1 | Crisis Intervention including 24 hour crisis line. | Early intervention/identification (Adolescent and Pre-adolescents) |
| | Child and Adolescent Outpatient services | Primary Prevention services to primary grade youth |
| | Psychiatric Services | Specialty Courts |
| | | |
| Priority 2 | Vocational Services | Youth Treatment Services |
| | Adult outpatient & long term care | Adult Treatment services |
| | | |
| Priority 3 | Non Emergency telephone information & referral | |
| | Domestic Violence Counseling related to dually diagnosed clients | |

New Initiatives or Expansion

| Priority | Mental Illness | Substance Abuse |
|-----------------|---|--|
| Priority 1 | Expand access to psychiatric service or professional extenders on with prescription medication for seriously mentally ill and those with dual diagnoses-MI/DD & MI/SA | Adolescent early intervention services |
| | Child & Adolescent outreach and outpatient services to avoid reliance on limited state operated facilities. Services should be evidence based, outcome driven, and collaborative in nature with goals of avoiding duplication and interconnecting with other youth service agencies to ensure streamlined access. | Detox-crisis service for dual diagnosis clients coupled with psychiatric and inpatient options (MIS) |
| | | Primary prevention programs for primary grade youth. |
| Priority 2 | Dual Diagnosis services (MI/SA) | Adolescent residential programs |
| | Evidenced based programming such as assertive case management, forensic case management, stabilization services and secure residential services | Family based treatment services for youth. |
| | Specialized service for seriously mentally ill involved with the justice system | |
| Priority 3 | Prevention services including, but not limited to community education, early intervention, and emotional health and wellness | Extended care programs for adults. |
| | | Geriatric substance abuse treatment. |

Section IV. Decision Authority

Overarching Decision Support Considerations

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

1. Underserved Populations-Programs and services that promote access for the underserved populations identified in the Surgeon General's Report on Mental Health: Culture, Race, and Ethnicity.
2. Countywide Access-Programs and services that promote county wide access for all people in McLean County. Concentrating on documented, underserved populations needing access to locally funded services.
3. Budget and Program Connectedness-Applications must clearly explain the relationship between budgeted costs and program components and must demonstrate how individuals and their preferences are driving the services. For example, "What is the Board of Health buying and for whom?" is the salient question to be answered in the proposal and clarity is required.

Secondary Decision Support and Priority Criteria

The process items included in this section will be used as important discriminating factors which influence final allocations decision recommendations.

1. Approach/Methods/Innovation: Applications proposing evidence-based or research based approaches and addressing fidelity to the model cited. Applications demonstrating creative and/or innovative approaches to meet defined community need.
2. Evidence of Collaboration: Applications identifying collaborative efforts and system integration employing practices that work towards a more efficient, effective inclusive system of care.
3. Sustainability-Applications highlighting a sustainable program plan or detailing specific funding gaps.
4. Staff Credentials: Applications highlighting staff credentials and specialized training.
5. Records Systems Reflecting the McLean County Board of Health's Values and priorities: Applications proposing to develop and utilize records systems for individuals' supports, programs and projects that clearly reflect the BOH values and priorities. Such records systems can be used to provide rapid feedback to the BOH and the impact and efficacy of innovative projects and provide project managers and direct support staff with direction and feedback that can be utilized in day to day management, supervision, and mentoring/coaching.

Final Decision Authority

The McLean County Board of Health will make the final decision concerning all applications for funding.

Should you have any questions regarding your CY 17 Application, please contact Laura Beavers at 309-888-5526 or laura.beavers@mcleancountyil.gov

Section III: CY 17 Funding Priorities-January 1, 2017-December 31, 2017

Developmental Disabilities

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

McLean County Objectives

Children, Adolescent and Family Focused Programs and Services

1. Identify children at risk of developmental delay and intellectual disability and support early intervention services and family supports.
2. Employ early intervention and prevention programming/strategies to alleviate or prevent continuing problems or impact of the disability.
3. Provide supportive employment and residential services.

Access to Community Based Services, Resource Development and Collaboration

1. Increase investment in programs and services through promotion of collaboration and innovative approaches, especially in the areas of Prevention and Early Intervention.
2. Increase the ability to access community based services.

Priority Levels

Existing Programs

Priority 1

- Supported Employment
- Supportive Residential Services
- Early Detection & Intervention: Birth to Five Services

Priority 2

- Residential Support
- Independent Living and Advocacy Assistance

Priority Levels

New Initiatives or Expansion

Priority 1

- Expansion of long term community support through supportive employment options and placement
- Residential services appropriate for meaningful community life and developmental living assistance.
- DD/MI dual diagnosis treatment-access to evidenced based community treatment, including psychiatric services, community based inpatient facilities, & community based counseling services.

Priority 2

- Prevention/health promotion and early intervention

Priority 3

- Advocacy services and support group assistance.
- Holistic health and wellness for people with developmental disabilities

Section IV: Decision Authority

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Secondary Decision Support and Priority Criteria

The process items included in this section will be used as important discriminating factors which influence final allocations decision recommendations.

1. Approach/Methods/Innovation: Applications proposing evidence-based or research based approaches and addressing fidelity to the model cited. Applications demonstrating creative and/or innovative approaches to meet defined community need.
2. Evidence of Collaboration: Applications identifying collaborative efforts with other organizations servicing or directed by individuals with ID/DD and members of their support networks toward a more efficient, effective inclusive system of care.
3. Staff Credentials: Applications highlighting staff credentials and specialized training.
4. Records Systems Reflecting the McLean County 377 Board's Values and priorities: Applications proposing to develop and utilize records systems for individuals' supports programs and projects that clearly reflect the 377 Board values and priorities. Such records systems can be used to provide rapid feedback to the 377 Board and the impact and efficacy of innovative projects and provide project managers and direct support staff with direction and feedback that can be utilized in day to day management, supervision, and mentoring/coaching.

Final Decision Authority

The 377 Board will make the final decision concerning all applications for funding.

Should you have any questions regarding your CY 17 Application, please contact Laura Beavers at 309-888-5526 or laura.beavers@mcleancountyil.gov

ATTACHMENT E



Calendar Year 2017 Funding Application

SECTION 1: CONTACT INFORMATION

Agency Name:

Street Address:

City: _____ State: _____ Zip: _____

Agency Phone: _____ Fax: _____

Website: _____

Executive Director: _____ E-mail: _____

Contact Person and Title: _____ E-mail: _____

Target Population Served By Funding Request:

- Developmental Disability/Intellectual Disability
- Mental Health
- Substance Abuse

SECTION 2: AGENCY DESCRIPTION

I. GENERAL INFORMATION

A. PLEASE GIVE A BRIEF DESCRIPTION OF YOUR AGENCY, INCLUDING YOUR MISSION STATEMENT.

II. GOVERNING BODY – BOARD OF DIRECTORS INFORMATION

A. HOW OFTEN DOES THE BOARD OF DIRECTORS MEET?

Monthly_____ Quarterly_____ Other_____

B. PLEASE LIST OR ATTACH YOUR CURRENT BOARD MEMBER INFORMATION, INCLUDING NAME, BOARD POSITION, (EX: PRESIDENT, DIRECTOR, ETC.), ADDRESS AND TERM EXPIRATION DATE.

III. PLEASE PROVIDE AN EXECUTIVE SUMMARY OF YOUR STRATEGIC PLAN. (UPLOAD DOCUMENT)

IV. ORGANIZATIONAL FINANCIAL MANAGEMENT

A. WITHIN THE LAST 5 YEARS, HAS YOUR ORGANIZATION ENDED ANY FISCAL YEAR WITH AN OPERATING DEFICIT?

YES _____ NO _____

IF YES, PLEASE EXPLAIN HOW YOU PLANNED TO ELIMINATE THE DEFICIT:

B. HAVE ANY OF YOUR PROGRAMS ENDED WITH A DEFICIT?

YES _____ NO _____

IF YES, PLEASE EXPLAIN?

C. IS YOUR AGENCY EXPECTING TO END THIS FISCAL YEAR WITH A SURPLUS IN ANY PROGRAM?

YES _____ NO _____

PLEASE EXPLAIN?

SECTION 3: PROGRAM INFORMATION (Complete for each program for which funds are being requested)

I. GENERAL INFORMATION

A. PROGRAM NAME:

AMOUNT OF FUNDS BEING REQUESTED:

PROGRAM DIRECTOR'S NAME:

PROGRAM DIRECTOR'S E-MAIL:

TELEPHONE:

FAX:

IF THE PROGRAM TAKES PLACE IN A SCHOOL, PLEASE LIST THE SPECIFIC SCHOOL(S) AND INCLUDE MEMORANDUM'S OF UNDERSTANDING:

IDENTIFY SERVICE FUNCTION PROVIDED BY THE PROGRAM (Mark all that apply)

- PREVENTION
- EARLY INTERVENTION
- CRISIS INTERVENTION
- CASE COORDINATION
- TREATMENT
- RECOVERY
- SUPPORTIVE EMPLOYMENT
- SUPPORTIVE HOUSING
- OTHER

B. GIVE A BRIEF DESCRIPTION OF THE PROGRAM FOR WHICH FUNDS ARE BEING REQUESTED, INCLUDING SPECIFIC SERVICES PROVIDED ALONG WITH THE DESIRED CLIENT OUTCOME:

C. LIST THE STAFF POSITIONS, STAFF QUALIFICATIONS AND PERCENTAGE OF EACH STAFF NEEDED TO CARRY OUT THIS PROGRAM.

D. DESCRIBE THE TARGET POPULATION FOR THIS PROGRAM, INCLUDING DATA SUCH AS AGE, SEX, VOCATIONAL STATUS, INCOME LEVEL, ETC.

E. LIST YOUR STAFF TO CLIENT RATIO FOR ONLY THE PROGRAM YOU ARE REQUESTING FUNDING FOR.

F. WHAT IS THE GEOGRAPHICAL AREA THAT WILL BE SERVED BY THE PROGRAM?

G. INDICATE THE NUMBER OF INDIVIDUALS PLANNED TO BE SERVED FOR THE YEAR FOR WHICH YOU ARE REQUESTING FUNDS.

H. PROVIDE A PROGRAM NEEDS STATEMENT.

(How does this differ from B above?)

I. HOW MANY YEARS HAS THIS PROGRAM BEEN IN OPERATION?

J. LIST ANY SIGNIFICANT CHANGES IN THE PROGRAM FROM LAST YEAR.

K. WHAT ARE THE CLIENT ELIGIBILITY REQUIREMENTS FOR YOUR SERVICES?

L. DOES THIS PROGRAM HAVE, OR HAS IT HAD IN THE PAST YEAR, A WAITING LIST FOR THE SERVICES OF YOUR PROGRAM? IF YES, PLEASE EXPLAIN.

M. IF THE PROGRAM CHARGES A FEE, INDICATE THE DOLLAR AMOUNT AND REASON FOR THE FEE.

N. IF FEES ARE CHARGED FOR PROGRAM SERVICES, WHAT PROVISIONS ARE MADE FOR CLIENTS WHO ARE UNABLE TO PAY THE FEES?

O. WHAT PERCENTAGE OF THE FUNDS FOR THIS PROGRAM IS PROVIDED BY THE STATE OR OTHER RESOURCES? PLEASE LIST ALL RESOURCES AND DOLLAR AMOUNTS.

P. WHAT IMPACT HAS STATE FUNDING CUTS HAD ON THIS PROGRAM?

II. COLLABORATIONS

- A. HAS YOUR AGENCY BEEN ACTIVELY INVOLVED IN PLANNING THE PROPOSED SERVICE WITH OTHER LOCAL AGENCIES, ENTITIES AND FUNDERS?**

YES _____ NO _____

IF YES, PROVIDE THE NAMES OF YOUR AGENCIES AND THE SERVICE EACH PROVIDES FOR THIS PROGRAM.

- B. TO THE BEST OF YOUR KNOWLEDGE DOES THE PROPOSED SERVICE DUPLICATE OR FRAGMENT EXISTING PROGRAMS NOW PROVIDED BY OTHER MCLEAN COUNTY HUMAN SERVICE AGENCIES?**

YES _____ NO _____

IF YES, PLEASE STATE A RATIONALE FOR THE PROGRAM DUPLICATION AND/OR FRAGMENTATION.

III. (PREVIOUS) OUTCOME OBJECTIVES (DISCUSSION)

- A. IF FUNDED DURING 2015 AND/OR 2016 (Jan 1, 2015 – Dec 31, 2015 and Jan 1, 2016 – Mar 31, 2016) PLEASE RESTATE PROGRAM OBJECTIVES STATED IN THE FY 2015 APPLICATION AND NOTE MID YEAR ACHIEVEMENTS. PLEASE PROVIDE SPECIFIC DETAILS AS TO EVIDENCE BASED OUTCOMES.**

OBJECTIVE #1:

OBJECTIVE #2:

OBJECTIVE #3:

B. PROBLEMS ENCOUNTERED WITH ACHIEVING ANY OF THE OBJECTIVES AND HOW THEY WERE HANDLED.

C. WERE ANY SIGNIFICANT CHANGES MADE TO THIS PROGRAM BASED UPON THE PROBLEMS ENCOUNTERED?

IV. CALENDAR YEAR 17 OUTCOME OBJECTIVES (DISCUSSION) (Would a logic model be useful)

A. LIST AT LEAST THREE MAJOR OBJECTIVES FOR THIS PROGRAM FOR CY 2017.

B. DESCRIBE THE STRATEGIES THAT WILL BE EMPLOYED TO CARRY OUT THE OBJECTIVES LISTED ABOVE.

C. LIST THE CRITERIA TO BE USED FOR EVALUATING THE PROGRESS TOWARD EACH OBJECTIVE INCLUDING THE DATA SOURCES TO BE UTILIZED. STATE CLEAR PERFORMANCE INDICATORS.

V. SUSTAINABILITY – PLEASE DESCRIBE YOUR PLAN TO SUSTAIN THIS PROGRAM. IF THERE IS NO OTHER FUNDING SOURCES AVAILABLE, PLEASE DESCRIBE YOUR NEED. (Discussion – what does this mean to the board)

A. COMMUNITY BUY-IN/FOCUS AND DIRECTION. How will the organization keep the necessary community buy-in aligned to the outcomes of your proposed program?

B. HUMAN RESOURCES/PROFESSIONAL EXCELLENCE. What is your plan to recruit and retain needed professionals to ensure the desired outcomes are achieved?

C. **POLICIES/PROCEDURES.** What policies/processes will be developed to ensure the program will be adopted by the targeted community at large?

D. **FINANCIAL.** How will the program be sustained beyond the funded project year? Please note that grant/fee for service monies are the payer of last resort. If there are not other funding sources available, please describe your need.

Please indicate any additional resources (funding or otherwise) that will be leveraged by this grant.

VI. PROPOSED SERVICE PROFILE

| | | | |
|-----------------------------------|--|--|--|
| AGENCY: | | | |
| PROGRAM: | | | |
| Projected Individuals: | | | |
| GENDER: | | | |
| Male | | | |
| Female | | | |
| Total Individuals Served: | | | |
| AGE GROUP: | | | |
| (0-5) | | | |
| (6-12) | | | |
| (13-17) | | | |
| (18-21) | | | |
| (22-30) | | | |
| (31-54) | | | |
| (55-64) | | | |
| (65-80) | | | |
| (80 & up) | | | |
| RESIDENCE | | | |
| Bloomington | | | |
| Normal | | | |
| Other | | | |
| *SERVICE HOURS PROJECTED: | | | |
| CLIENT HOURS | | | |
| STAFF HOURS | | | |
| AMOUNT REQUESTED | | | |
| FUNDING FROM OTHER SOURCES | | | |
| TOTAL COST OF PROGRAM | | | |

*Client Hours: Total number of client hours projected to be provided in CY'17.

*Staff Hours: Total number of funded staff hours in CY'17 **136**