FY 2015

McLean County Board of Health

Persons with a Developmental Disability & Mental Health Funding Application

Section 1: CONTACT INFORMATION

Agency Name:	McLean County Center for Human Services			
Street Address:	108 West Market Street	City: Bloomington	State: IL	Zip: 61701
Agency Phone:	309-827-5351	Fax: 309-829-6808	Website: www.mcchs.org	
Executive Director:	Tom Barr	E-mail: tbarr@mcchs.org		
Contact Person:	Kevin Mulloy	Title: Compliance Manager	E-mail: mulloy@mcchs.org	

Section 2: AGENCY DESCRIPTION

I. GENERAL INFORMATION

A. Please give a brief description of your agency, including your Mission Statement.

The Center for Human Services is the County's community mental health center that provides behavioral healthcare services to McLean County residents. Services include on-call 24/7 mobile crisis services, counseling and therapy services to youth and adults with mental illness, recovery services which include an array of treatments for mentally ill adults and psychiatric services to high risk referrals.

The Center employs qualified staff with diverse yet complementary backgrounds. The staff includes trained professionals in psychology, social work and psychiatric nursing. The Center also retains a licensed psychiatrist and advance practice nurse. The Center safeguards client rights by treating all individuals with dignity and respect by protecting confidentiality as defined by law.

Center's mission: The Center exists to assist persons in McLean County who are in need of mental health services. The Center for Human Services provides recovery oriented, community based mental health services in the least restrictive setting. To this end, the Center offers quality care that is characterized by both clinically appropriate and cost effective treatment.

II. GOVERNING BODY – BOARD OF DIRECTORS INFORMATION

A. HOW OFTEN DOES THE BOARD OF DIRECTORS MEET?

Monthly__X__ Quarterly_____ Other_____

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

- *PRESIDENT:* Kristin Adams, 1701 N. Towanda Ave, PO Box 2020, Bloomington, IL 61702-2020 (term expiration: 12/31/16)
- *VICE-PRESIDENT:* Lewis Pryor, State Farm Insurance, One State Farm Plaza, Bloomington, IL 61709, (term expiration: 12/31/14)
- *SECRETARY:* Laura Leaver, [redacted] (term expiration: 01/31/15)
- *TREASURER:* Jeff Clark, [redacted], (term expiration: 04/30/15)
- *AT LARGE:* Keith Gehrand, [redacted] (term expiration: 3/31/15)
- *PAST PRESIDENT:* Jeff Black , [redacted] (term expiration: 12/31/14)
- *Board Member:* Charles Titus Boudreaux, [redacted] (term expiration: 12/31/14)
- *Board Member:* Ben Moore, [redacted] (term expiration: 12/31/14)
- *Board Member:* DeLisa Rodney, [redacted] (term expiration: 12/31/15)
- *Board Member:* Ron Bell, [redacted] (term expiration: 04/30/15)
- *Board Member:* William (Bill) Mullin, Jr., Commerce Bank, 1339 E. Empire St., Bloomington, IL 61701, (term expiration: 12/31/15)
- *Board Member:* Bob Keller, [redacted] (term expiration: 12/31/16)
- *Board Member:* Joe Gibson, [redacted] (term expiration: 12/31/16)

III. ORGANIZATIONAL FINANCIAL MANAGEMENT

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

No

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

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

No

IF YES, PLEASE EXPLAIN?

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

No

PLEASE EXPLAIN?

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

I. GENERAL INFORMATION

A. PROGRAM NAME: Emergency Crisis Intervention

B. AMOUNT OF FUNDS BEING EQUESTED: 366,622

C. PROGRAM DIRECTOR'S NAME: Ann Janes

D. PROGRAM DIRECTOR'S E-MAIL: janes@mcchs.org

E. TELEPHONE: 309-827-5351 FAX: 309-829-6808

F. IF THE PROGRAM TAKES PLACE IN A SCHOOL, PLEASE LIST THE SPECIFIC SCHOOL(S):

Not Applicable

G. DISABILITY GROUP(S) SERVED BY FUNDED PROGRAM

☐ Developmental Disabilities ☐ Substance Abuse ☒ Emotional Disability
☐ Other:

H. IDENTIFY SERVICE FUNCTION PROVIDED BY THE PROGRAM

☐ Prevention ☒ Emergency & Assessment
☒ Treatment Habilitation ☐ Sustaining Care
☐ Case Coordination ☐ Other

I. GIVE A BRIEF DESCRIPTION OF THE PRGRAM FOR WHICH FUNDS ARE BEING REQUESTED, INLCUDING SPECIFIC SERVICES PROVIDED ALONG WITH THE DESIRED CLIENT OUTCOME:

The Crisis Program provides immediate response to individuals within McLean County who are experiencing mental health and psychiatric emergencies, including individuals who are: suicidal, homicidal, presenting with psychotic symptoms, presenting with anger and aggression, mania, acute anxiety, and complications associated with rapid declines in mental and behavioral functioning. Such emergency situations place these individuals and various other individuals at risk of harm. The Crisis Team also performs "welfare checks" (e.g., an outreach service to ensure safety and assess risk levels when The Crisis Team has been made aware of an individual's potential for risk of harm to self, others, or potential mental health deterioration).

The Crisis Team assists such individuals and others involved through interventions such as seeking psychiatric hospitalization, collaborating with care providers, stabilizing these individuals to the point they can safely function in the community, referral and linkage to community resources (e.g., counseling, psychiatric care, substance abuse referrals, emergency shelters, and emergency medical intervention), and brief counseling interventions intended to resolve the immediate crisis. Crisis Services are rendered in local hospital emergency departments, intensive care departments, medical floors of hospitals, McLean County Detention Center, the McLean County Court Services building, client residences within McLean County, local schools, local homeless shelters, at the McLean County Center for Human Services for emergency walk-in assessments, allied substance abuse, domestic violence, and mental health outpatient centers (e.g., Chestnut Health Systems, Stepping Stones, the Neville House). Request for Crisis Services can come from any source.

The primary goal of this program is to intervene in situations where individuals are experiencing psychiatric crises and a result of this intervention, the immediate potential for harm (to self or others) is alleviated, individuals receive and/or are referred to the least restrictive treatment intervention/environment, and a return to stable levels of function is promoted.

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

- Program Manager: Requires Master's Degree and LCPC or LCSW license. 100%
- Program Coordinator: Requires Master's Degree and Qualified Mental Health Professional (QMHP) status as determined by the Illinois Department of Human Services. 100%
- Mobile Crisis Therapists (6 FT positions): Minimum requirement is Bachelor's Degree and MHP (Mental Health Professional) status. 100%

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

The target population is referrals of all ages and backgrounds in McLean County who are in need of immediate resolution of emergent mental health and psychiatric problems. The Crisis Program will provide 24-hour on-call crisis assessment and intervention to anyone needing Crisis Services.

L. WHAT IS THE GEOGRAPHIC ARE THAT WILL BE SERVED BY THE PROGRAM?

McLean County

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

3,000 contacts
1,000 unduplicated individuals

N. PROVIDE A STATEMENT OF THE NEED YOU WISH TO ADDRESS THROUGH THIS PROGRAM:

According to the Illinois Hospital Association, in 2009, hospital emergency departments in Illinois served over 750,000 individuals with a mental health issue. Over the past year in McLean County, this agency's staff had 2,954 contacts with persons that required some form of crisis intervention services.

According to the journal *Psychiatric Services*, a national survey of mobile crisis programs showed the following advantages of such services, including: improved access to treatment for mentally ill persons, the capability to avert a crisis or decrease its severity, and reduced criminalization of mentally ill persons by diverting them from jail to treatment. Mobile crisis programs are also believed to be a cost-effective service delivery strategy for reducing the costs of psychiatric hospitalization, family burden, and the costs to the criminal justice system by providing professional assessment and crisis intervention in the community

The agency's emergency crisis intervention program is accredited by CARF International (formerly known as the Commission on Accreditation of Rehabilitation Facilities). Accreditation is generally considered a demonstration of accountability and conformance to internationally accepted standards that promote excellence in services.

The agency's Emergency Crisis Intervention program is the only mobile response team of its kind in the community that is open to all county residents. As there is evidence of need in the community for such services as well as their effectiveness as outlined above, the aim of this program and the request for funding is to continue to fulfill this need for the county.

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

This program has operated for over 30 years.

P. LIST ANY SIGNIFICANT CHANGES IN THIS PROGRAM FROM LAST YEAR:

Over the past year, the Crisis Program has incorporated an additional On-Call Crisis Counselor position to meet evolving community needs. Additionally, a deeper roster of part-time substitute (e.g., as needed) workers have been added to the Crisis Team this past year; three such staff were added. The Center for Human Services has continued to evaluate the needs of the Crisis Program and adjust staffing and operations as necessary to maximize the delivery of crisis services and improve the number of people served through the program.

Q. WHAT ARE THE CLIENT ELIGIBILITY REQUIREMENTS (IF ANY) FOR YOUR SERVICES?

Any individual in McLean County who is in need of immediate resolution of emergent mental health problems are eligible for services.

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

The Crisis Program does not have a waiting list.

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

There are no fees associated with Crisis Services.

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

Not applicable

U. **WHAT PERCENTAGE OF THE FUNDS FOR THIS PROGRAM IS PROVIDED BY THE STATE?**

35%

WHAT IMPACT HAVE STATE FUNDING CUTS HAD ON THIS PROGRAM?

There have been no additional state funding cuts this fiscal year (FY 14) that have influenced programming. State cuts incurred in prior years have resulted in significant decreases in community mental health resources particularly to the uninsured and the underinsured of our community. Local funding continues to serve as the last safety net to this high risk and vulnerable population. Health Department funding continues to provide critical care to prevent unnecessary and inappropriate incarceration, hospitalization and/or mental health deterioration for those individuals with the greatest needs and fewest resources in our community.

II. **COLLABORATIONS**

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

☒ Yes ☐ No

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

The Center for Human Services and specifically the Emergency Crisis Intervention Program work collaboratively with, and accepts referrals from, any source. The most common referral sources include: PATH, psychiatrists, various hospital employees, law enforcement personnel, EMTs/Firefighters, educational institution professionals, physicians, nurses, other healthcare providers, and mental health professionals (e.g., social workers, counselors, and psychologists) from other institutions or agencies. These collaborative relationships are intended to promote effective facilitation of Crisis Services.

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. **OUTCOME OBJECTIVES**

A. **IF FUNDED DURING FY 2014 (July 2013-June 2014), PLEASE RESTATE PROGRAM OBJECTIVES STATED IN THE FY 2014 APPLICATION AND NOTE YEAR-END ACHIEVEMENTS.**

1) Utilize community psychiatric units in lieu of state operated facilities for 85% or more of all psychiatric hospitalizations
FY 2014 Mid-Year Result: 96% of hospitalizations by the crisis team occurred at private community facilities
2) Reduce the number of non-forensic days that McLean County citizens spend in state-operated facilities to 3,000 or fewer days per year.
FY 2014 Mid-Year Result: Residents have spent 949 non-forensic days in a state-operated facility.
3) Stabilize referrals receiving only short-term, in-house crisis services.
FY2014 Mid-Year Result: 93% of persons receiving at least three sessions of therapeutic stabilization services did not require services from the mobile crisis team in a local hospital setting within 60 days of the last therapeutic stabilization session.

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

None

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

While no problems were encountered with achieving the above objectives, the program and the community have encountered an issue of increasing wait times until crisis intervention staff become available to provide services. In response to this issue, the agency is currently in the process of reallocating and adding staff resources so that multiple staff will be available during peak times of need, thus hopefully reducing wait times.

D. **LIST AT LEAST THREE MAJOR OBJECTIVES FOR THIS PROGRAM FOR FY 2015.**

1) Individuals assessed by the Crisis Team will remain safe and alive for the 24 hour period following the intervention.
2) Individuals assessed by the Crisis Team will experience a decrease in level of emotional distress from beginning of the crisis intervention to its end.
3) Crisis intervention services will result in an increase in an individual's mental stability/functioning so that psychiatric hospitalization can be avoided.

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

Interventions provided by the crisis team are clinically appropriate to ensure safety and stability of clients who initially present with crisis mental health concerns. The crisis team will engage and provide a brief assessment and clinical interventions, including brief cognitive-behavioral therapy to alleviate distress and promote effective resolution of

presenting crisis concerns for clients.

Such interventions are in concordance with not only CARF standards as previously mentioned, but by SAMSHA (Substance Abuse and Mental Health Services Administration) and include such items as 24 hour access, least restrictive treatment, and assisting individuals regain control.

Furthermore, crisis staff are trained and certified in the Handle With Care® Behavior Management System. This system is a patented, integrated approach using specific verbal and physical de-escalation techniques for the prevention and management of aggression and suicidal behaviors. Established in 1984, this system has been used by over 100,000 practitioners and is in compliance with Centers for Medicare and Medicaid Services Regulations, the Americans with Disabilities Act, The Joint Commission standards, and CARF standards.

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

1) 99.9% of all individuals assessed by the Crisis Team will remain safe and alive for the 24 hour period following the intervention. Measurement is accomplished by monitoring client records that detail crisis team contacts and follow-up interventions and/or encounters. All indications of client deaths are investigated internally, and detailed analysis of all most recent contacts are reviewed extensively, which allows CHS to review who had contact, the nature of the contact, and whether any further action could have been taken to prevent harm. Statistical reports will be run to calculate the percentage of individuals who remained alive for the following 24 hours after they had contact with the Crisis Team.
2) 75% of all individuals assessed by the Crisis Team will experience a decrease in level of emotional distress from beginning of the crisis intervention to its end. The Crisis Team will administer a standardized rating scale to clients before and after the crisis intervention to assess and measure level of symptom reduction. Scores on this scale with be entered into an internal database. Data entered will be analyzed to determine the percentage of individuals who experienced a decrease in distress.
3) 75% of crisis intervention services provided by CHS staff will not result in psychiatric hospitalizations for the individual served. Crisis intervention services as well as psychiatric hospitalizations are tracked via internal reports. Comparison and analysis of these reports will generate the percentage of those receiving services who have been hospitalized.

IV. Proposed Service Profile

AGENCY:			
ROGRAM:			
Projected Individuals:			
GENDER:			
Male	500		
Female	500		
Total Individuals Served:	1,000 unduplicated		
AGE GROUP:			
Infants (0-3)			
Youth (4-13)	25		
Teens (14-18)	100		
Adults (19-59)	750		
Seniors (60 & up)	125		
RESIDENCE			
Bloomington	500		
Normal	200		
Other	300		
*SERVICE HOURS PROJECTED:			
CLIENT HOURS	3,000 contacts HD funded		
STAFF HOURS	14,560 HD funded		
HD/377 FUNDING	366,622		
FUNDING FROM OTHER SOURCES	200,000		
TOTAL COST OF PROGRAM	566,622		

*Client Hours: Total number of client hours projected to be provided in FY'15.
*Staff Hours: Total number of funded staff hours in FY'15.

McLean County Health Department
Budget Worksheet

Grantee Name:	McLean County Center for Human Services, Inc.	Grant Amount Requested	$366,622
Program Name	Crisis Intervention	Preparer	Kathy Sallee
		Preparer's Email	sallee@mcchs.oorg
		Preparer's Phone	309-827-5351

Line Item	Original Sub Total by Line Item
Personal Services (Salary & Wages)	$276,000
Fringe Benefits	$82,422
Contractual Services	$4,000
Travel	$4,200
Commodities	$0
Printing	$0
Equipment	$0
Telecommunications	$0
Supplies	$0
Patient/Client Care	$0
Administrative Costs (if allowable)	$0
Grant Total	$366,622

Justification

Authorized Grantee Official

Date

McLean County Health Department
Budget Detail Template

Grantee Name: McLean County Center for 0 0

Program Name Crisis Intervention

Salary and Wages $276,000

Position Title	Projected Monthly Salary	Percentage of Time on Grant	Number of Months in Year	Amount Requested
Crisis Therapist	$3,600	100%	12	$43,200
Crisis Therapist	$2,700	100%	12	$32,400
Crisis Therapist	$2,900	100%	12	$34,800
Crisis Therapist	$3,100	100%	12	$37,200
Crisis Therapist	$3,200	100%	12	$38,400
Crisis Therapist	$3,000	100%	12	$36,000
Program Manager - Crisis	$4,500	100%	12	$54,000
				$0
				$0
				$0
				$0
				$0
				$0
				$0

Justification: Salaries and Wages

McLean County Health Department
Budget Detail Template

Grantee Name: McLean County Center for 0 0

Program Name Crisis Intervention

Fringe Benefits $82,422

Fringe Benefit	Salaries	Rate	Amount Requested
Retirement	$276,000	0.0000%	$0
Social Security	$276,000	7.6500%	$21,114
Group Insurance	$276,000	18.0323%	$49,769
Other: Disability & Life	$276,000	1.2263%	$3,385
Other: Worker's Compensation	$276,000	1.8673%	$5,154
Other: Unemployment	$276,000	0.1951%	$538
Other: Parking	$276,000	0.8919%	$2,462
Other:	$276,000	0.0000%	$0

Justification: Fringe Benefits

McLean County Health Department
Budget Detail Template

Grantee Name: McLean County Center for 0 0

Program Name Crisis Intervention

Contractual Costs	$4,000

Contractor Name	Contracted Service	Amount Requested
PATH	After Hours Answering Service	$4,000
		$0
		$0
		$0
		$0
		$0
		$0
		$0
		$0
		$0
		$0
		$0
		$0
		$0

Justification: Contractual

McLean County Health Department
Budget Detail Template

Grantee Name: McLean County Center for 0 0

Program Name Crisis Intervention

Travel	$4,200.00
In-State Travel	$4,200.00

Trips	Purpose of Travel	Mode of Transportation	Amount Requested
	Crisis Response	Vehicle	$4,200
			$0
			$0
			$0
			$0
			$0
			$0

Justification: In-State Travel

Out-of-State Travel	$0.00

Trips	Purpose of Travel	Mode of Transportation	Amount Requested
			$0
			$0
			$0
			$0

Justification: Out-of-State Travel

All Out of State travel must be pre approved by IDPH. Justification for Out-of-State Travel must be very detailed.

McLean County Health Department
Budget Detail Template

Grantee Name: McLean County Center for 0 0

Program Name Crisis Intervention

Commodities	$0.00

Item(s) Requested	Amount Requested

Justification: Commodities

Printing	$0.00

Item(s) Requested	Unit(s)	Amount Requested
		$0
		$0
		$0
		$0

Justification: Printing

McLean County Health Department
Budget Detail Template

Grantee Name: McLean County Center for 0 0

Program Name Crisis Intervention

Equipment	$0.00

Item(s) Requested	Unit(s)	Amount Requested
		$0
		$0
		$0
		$0

Justification: Equipment

Telecommunications	$0

Item(s) Requested	Rate	Months	Amount Requested
			$0
			$0
			$0

Justification: Telecommunications

McLean County Health Department
Budget Detail Template

Grantee Name: McLean County Center for 0 0

Program Name Crisis Intervention

Supplies $0

Item(s) Requested	Rate	Months	Amount Requested
			$0
			$0
			$0

Justification: Supplies

McLean County Health Department
Budget Detail Template

Grantee Name: McLean County Center for 0 0

Program Name Crisis Intervention

Patient/Client Care $0

Description	Number of Patients or Clients	Rate per Patient or Client	Months	Amount Requested
				$0
				$0
				$0
				$0

Justification: Patient/Client Care

McLean County Health Department
Budget Detail Template

Grantee Name: McLean County Center for 0 0

Program Name Crisis Intervention

Administrative Costs (if applicable) $0

Item(s) Requested	Rate	Months	Amount Requested
			$0
			$0
			$0
			$0

Justification: Administrative Costs

FY 2015

McLean County Board of Health

Persons with a Developmental Disability & Mental Health Funding Application

Section 1: CONTACT INFORMATION

Agency Name:	McLean County Center for Human Services			
Street Address:	108 West Market Street	City: Bloomington	State: IL	Zip: 61701
Agency Phone:	309-827-5351	Fax: 309-829-6808	Website: www.mcchs.org	
Executive Director:	Tom Barr	E-mail: tbarr@mcchs.org		
Contact Person:	Kevin Mulloy	Title: Compliance Manager	E-mail: mulloy@mcchs.org	

Section 2: AGENCY DESCRIPTION

I. GENERAL INFORMATION

A. Please give a brief description of your agency, including your Mission Statement.

The Center for Human Services is the County's community mental health center that provides behavioral healthcare services to McLean County residents. Services include on-call 24/7 mobile crisis services, counseling and therapy services to youth and adults with mental illness, recovery services which include an array of treatments for mentally ill adults and psychiatric services to high risk referrals.

The Center employs qualified staff with diverse yet complementary backgrounds. The staff includes trained professionals in psychology, social work and psychiatric nursing. The Center also retains a licensed psychiatrist and advance practice nurse. The Center safeguards client rights by treating all individuals with dignity and respect by protecting confidentiality as defined by law.

Center's mission: The Center exists to assist persons in McLean County who are in need of mental health services. The Center for Human Services provides recovery oriented, community based mental health services in the least restrictive setting. To this end, the Center offers quality care that is characterized by both clinically appropriate and cost effective treatment.

II. GOVERNING BODY – BOARD OF DIRECTORS INFORMATION

A. HOW OFTEN DOES THE BOARD OF DIRECTORS MEET?

Monthly__X__ Quarterly_____ Other_____

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

- *PRESIDENT:* Kristin Adams, 1701 N. Towanda Ave, PO Box 2020, Bloomington, IL 61702-2020 (term expiration: 12/31/16)
- *VICE-PRESIDENT:* Lewis Pryor, State Farm Insurance, One State Farm Plaza, Bloomington, IL 61709, (term expiration: 12/31/14)
- *SECRETARY:* Laura Leaver, [redacted] (term expiration: 01/31/15)
- *TREASURER:* Jeff Clark, [redacted] (term expiration: 04/30/15)
- *AT LARGE:* Keith Gehrand, [redacted] (term expiration: 3/31/15)
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- *Board Member:* Joe Gibson, [redacted] (term expiration: 12/31/16)

III. ORGANIZATIONAL FINANCIAL MANAGEMENT

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

No

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

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

No

IF YES, PLEASE EXPLAIN?

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

No

PLEASE EXPLAIN?

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

I. **GENERAL INFORMATION**

A. **PROGRAM NAME:** Outreach Counseling

B. **AMOUNT OF FUNDS BEING EQUESTED: 49,919**

C. **PROGRAM DIRECTOR'S NAME:** Ann Janes

D. **PROGRAM DIRECTOR'S E-MAIL:** janes@mcchs.org

E. **TELEPHONE:** 309-827-5351 **FAX:** 309-829-6808

F. **IF THE PROGRAM TAKES PLACE IN A SCHOOL, PLEASE LIST THE SPECIFIC SCHOOL(S):**

- Bloomington High School
- Bloomington Junior High School
- Normal West High School
- Normal Community High School
- Chiddix Junior High School
- Kingsley Junior High School
- Evans Junior High School
- Parkside Junior High School
- Olympia Senior High School
- Olympia Junior High School

G. **DISABILITY GROUP(S) SERVED BY FUNDED PROGRAM**

☐ **Developmental Disabilities** ☐ **Substance Abuse** ☒ **Emotional Disability**
☐ **Other:**

H. **IDENTIFY SERVICE FUNCTION PROVIDED BY THE PROGRAM**

☐ **Prevention** ☐ **Emergency & Assessment**
☒ **Treatment Habilitation** ☐ **Sustaining Care**
☐ **Case Coordination** ☐ **Other**

I. **GIVE A BRIEF DESCRIPTION OF THE PRGRAM FOR WHICH FUNDS ARE BEING REQUESTED, INLCUDING SPECIFIC SERVICES PROVIDED ALONG WITH THE DESIRED CLIENT OUTCOME:**

Children and Adolescents with emotional, behavioral, or family issues are served through the community-based Outreach Program. Trained therapists and counselors provide individual and family counseling, advocacy, and case management with the goal of helping youth lead productive, healthy lives. Parents are an important part of this process and are needed to participate in their child's development.

The Center for Human Services Outreach Program is community-based services for youth considered at high risk of psychiatric hospitalization, out of home placement, dropping out of school, or are experiencing issues getting along with family and/or peers. These services are provided in the home, school and community.

We understand the uncertainty and the feeling of being overwhelmed when it comes to mental health issues. The Outreach Program helps families to understand and learn coping skills to help their struggling youth. We will work with family, schools and community in order to help connect them with resources, education, therapy, and case management as needed.

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

Master's degree and QMHP (Qualified Mental Health Practitioner) status – 100%

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

The target population for this program is youths between the ages of 10-21 who are in need of community based mental health services and who are underinsured/uninsured.

L. WHAT IS THE GEOGRAPHIC ARE THAT WILL BE SERVED BY THE PROGRAM?

McLean County with a focus on the Bloomington/Normal area.

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

Approximately 40 youth will be served by this program.

N. PROVIDE A STATEMENT OF THE NEED YOU WISH TO ADDRESS THROUGH THIS PROGRAM:

For youth aged 14-18, estimates of the percent with serious emotional or behavioral disorders typically range from 5-10%, though some estimates put the rate even higher (Burns, 2002; Friedman, Katz-Leavy, Manderscheid, & Sondheimer, 1998; Mark & Buck, 2006; National Institute of Mental Health, 2006). Among those with a recognized disorder, only 20 to 30% receive any specialized mental health care in a given year (Burns et al.,1995; Kataoka, Zhang, & Wells, 2002).

Providing services directly in school and community based settings provides numerous advantages over traditional office-based services, including, but not limited to: better collaboration with education professionals, providing opportunities for observation and intervention within settings that emotional/behavioral issues are more typically displayed, and reducing an obstacle to treatment by lessening the burden of scheduling difficulties and/or lack of transportation to an office setting for both youth and their caregivers. The Center for Human Services (CHS) wants to reach such youth to help them achieve their highest level of functioning. Since September, 2012, CHS has served more than 200 Children and Adolescents. Such services have been successful, with 100% of surveyed recipients rating CHS services as excellent of above average, and 88% responding that they have made progress since starting services. Additionally, in a 2013 survey of community and educational providers regarding CHS services, those surveyed identified CHS services as being beneficial and outreach services as a need in the area.

Unfortunately, there were additional individuals that needed assistance but were not able to receive services due to not having Medicaid. This new program would allow CHS to provide services to these individuals.

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

Not applicable

P. LIST ANY SIGNIFICANT CHANGES IN THIS PROGRAM FROM LAST YEAR:

Not applicable

Q. WHAT ARE THE CLIENT ELIGIBILITY REQUIREMENTS (IF ANY) FOR YOUR SERVICES?

Potential clients must:

- Have a diagnosed mental disorder
- Be between the ages of 10-21
- Reside in McLean County
- Low income and not have adequate insurance (high deductible, services not covered) at time of admission

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

Not applicable

IF THE PROGRAM CHARGES A FEE, INDICATE THE DOLLAR AMOUNT AND REASON FOR THE FEE:
No fee charged due to low income status

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

U. WHAT PERCENTAGE OF THE FUNDS FOR THIS PROGRAM IS PROVIDED BY THE STATE?

Zero

V. WHAT IMPACT HAVE STATE FUNDING CUTS HAD ON THIS PROGRAM?

There have been no additional state funding cuts this fiscal year (FY 14) that have influenced programming. State cuts incurred in prior years have resulted in significant decreases in community mental health resources particularly to the uninsured and the underinsured of our community. Local funding continues to serve as the last safety net to this high risk and vulnerable population. Health Department funding continues to provide critical care to prevent unnecessary and inappropriate incarceration, hospitalization and/or mental health deterioration for those individuals with the greatest needs and fewest resources in our community.

II. COLLABORATIONS

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

☒ Yes ☐ No

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

- Bloomington High School
- Bloomington Junior High School
- Normal West High School
- Normal Community High School
- Chiddix Junior High School
- Kingsley Junior High School
- Evans Junior High School
- Olympia Senior High School
- Olympia Junior High School

The above listed schools have worked collaboratively with CHS to identify youth in the schools that require mental health services. All of the schools listed have also allowed service provision within the school buildings as needed.

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. OUTCOME OBJECTIVES

A. IF FUNDED DURING FY 2014 (July 2013-June 2014), PLEASE RESTATE PROGRAM OBJECTIVES STATED IN THE FY 2014 APPLICATION AND NOTE YEAR-END ACHIEVEMENTS.

Not Applicable

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

Not Applicable

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

Not Applicable

D. LIST AT LEAST THREE MAJOR OBJECTIVES FOR THIS PROGRAM FOR FY 2015.

1) Youth in the program will be able to minimally acknowledge that they have a behavioral/emotional issue or problem
2) Youth that remain in the program for at least three months will maintain or improve their functional level.
3) Youth that remain in the program for at least three months will maintain or improve the strengths level.

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

Two primary Evidence Practices (CBT & MI) will be used in the program to assist youth. Both of these strategies have been proven to benefit youth in dealing with mental health issues.

Cognitive Behavioral Therapy (CBT) for Adolescent Depression is a developmental adaptation of the classic cognitive therapy model developed by Aaron Beck and colleagues. CBT emphasizes collaborative empiricism, the importance of socializing patients to the cognitive therapy model, and the monitoring and modification of automatic thoughts, assumptions, and beliefs. To adapt CBT for adolescents, more emphasis is placed on (1) the use of concrete examples to illustrate points, (2) education about the nature of psychotherapy and socialization to the treatment model, (3) active exploration autonomy and trust issues, (4) focus on cognitive distortions and affective shifts that occur during sessions, and (5) acquisition of problem-solving, affect-regulation, and social skills. As teens frequently do not complete detailed thought logs, internal experiences such as monitoring cognitions associated with in-session affective shifts are used to illustrate the cognitive model. To match the more concrete cognitive style of younger adolescents, therapists summarize session content frequently.

Motivational Interviewing (MI) is a goal-directed, client-centered counseling style for eliciting behavioral change by helping clients to explore and resolve ambivalence. The operational assumption in MI is that ambivalent attitudes or lack of resolve is the primary obstacle to behavioral change, so that the examination and resolution of ambivalence becomes its key goal. Another tenet of MI is the Stages of Change Model. In general, this model proposes five phases of changes that individuals progress through when resolving ambivalence. These phases include:

- **Pre-Contemplation:** Avoidance. That is, not seeing a problem behavior or not considering change.
- **Contemplation:** Acknowledging that there is a problem but struggling with ambivalence. Weighing pros and cons and the benefits and barriers to change.
- **Preparation/Determination:** Taking steps and getting ready to change.
- **Action/Willpower:** Making the change and living the new behaviors, which is an all-consuming activity.
- **Maintenance:** Maintaining the behavior change that is now integrated into the person's life.

Both CBT and MI are recognized by SAMSHA (Substance Abuse and Mental Health Services Administration) as standard clinical practices. Much of the above descriptions of these techniques was provided by SAMHSA.

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

1) 90% of youth that remain in the program for at least three months will be able to minimally acknowledge that they have a behavioral/emotional issue or problem. Measured by the percentage of persons in the program that has reached or progressed beyond the contemplation stage of change as outlined above. Obtainment of a stage is determined by clinician assessment and will be documented and tracked via internal reports in order to obtain a percentage of clients who obtained this level of change.
2) 80% of youth that remain in the program for at least three months will maintain or improve their functional level. Measured by evaluation of scores on the functioning domain of the Child and Adolescent Needs and Strengths (CANS-MH) Assessment obtained via internal database reports.
3) 80% of youth that remain in the program for at least three months will maintain or improve the strengths level. Measured by evaluation of scores on the strengths domain of the Child and Adolescent Needs and Strengths (CANS-MH) Assessment obtained via internal database reports.

The CANS- MH (CHILD & ADOLESCENT NEEDS & STRENGTHS) which is an information integration tool for children and adolescents with mental health challenges. It is administered at the onset of service provision and then every three months after that date, as well as at time of exit of the program. The copyright of the assessment is held by the Buddin-Praed Foundation. The CANS- MH can perform several functions. It will be used as a prospective assessment tool which will be a foundation for treatment planning for the course of service provision to the youth and their family. It is structured in strengths-based terms. The tool will also be used as a retrospective assessment tool to determine current functioning in relationship to the needs and strengths of the youth and family. Thirdly this assessment will be used as a quality assurance/monitoring device.

The tool examines the following areas and scores are assigned:

- Problem Presentation: Psychosis, Attention Deficit/Impulse Control, Depression/Anxiety, Oppositional Behavior, Antisocial Behavior, Substance Abuse, Adjustment to Trauma, Attachment, Situational Consistency of Problems ,Temporal Consistency of Problems
- Risk Behaviors: Danger to Self, Danger to Others, Runaway, Sexually Abusive Behavior, Social Behavior, Crime/Delinquency
- Functioning: Intellectual/Developmental, Physical/Medical, Family, School Achievement, School Behavior, School Attendance, Sexual Development
- Care Intensity & Organization: Monitoring, Treatment, Transportation, Service Permanence
- Family/Caregiver Needs and Strengths: Physical, Supervision, Involvement with Care, Knowledge, Organization, Residential Stability, Resources, Safety
- Strengths: Family, Interpersonal, Relationship Permanence, Education, Vocational, Well-being, Optimism, Spiritual/Religious, Talents/Interest, Inclusion

IV. *Proposed* Service Profile

AGENCY:			
ROGRAM:			
Projected Individuals:			
GENDER:			
Male	20		
Female	20		
Total Individuals Served:	40		
AGE GROUP:			
Infants (0-3)			
Youth (4-13)	15		
Teens (14-18)	25		
Adults (19-59)			
Seniors (60 & up)			
RESIDENCE			
Bloomington	20		
Normal	10		
Other	10		
*SERVICE HOURS PROJECTED:			
CLIENT HOURS	900		
STAFF HOURS	2,080		
HD/377 FUNDING	49,919		
FUNDING FROM OTHER SOURCES	0		
TOTAL COST OF PROGRAM	49,919		

*Client Hours: Total number of client hours projected to be provided in FY'15.
*Staff Hours: Total number of funded staff hours in FY'15.

McLean County Health Department
Budget Worksheet

Grantee Name:	McLean County Center for Human Services, Inc.	Grant Amount Requested	$49,919
Program Name	Child / Adolescent Outreach Counseling	Preparer	Kathy Sallee
		Preparer's Email	sallee@mcchs.oorg
		Preparer's Phone	309-827-5351

Line Item	Original Sub Total by Line Item
Personal Services (Salary & Wages)	$36,000
Fringe Benefits	$11,119
Contractual Services	$0
Travel	$2,800
Commodities	$0
Printing	$0
Equipment	$0
Telecommunications	$0
Supplies	$0
Patient/Client Care	$0
Administrative Costs (if allowable)	$0
Grant Total	$49,919

Justification

Authorized Grantee Official

Date

McLean County Health Department
Budget Detail Template

Grantee Name: McLean County Center for 0 0

Program Name Child / Adolescent Outreach

Salary and Wages $36,000

Position Title	Projected Monthly Salary	Percentage of Time on Grant	Number of Months in Year	Amount Requested
Outreach Therapist	$3,000	100%	12	$36,000
			12	$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0

Justification: Salaries and Wages

McLean County Health Department
Budget Detail Template

Grantee Name: McLean County Center for 0 0

Program Name Child / Adolescent Outreach

Fringe Benefits $11,119

Fringe Benefit	Salaries	Rate	Amount Requested
Retirement	$36,000	0.0000%	$0
Social Security	$36,000	7.6500%	$2,754
Group Insurance	$36,000	18.4295%	$6,635
Other: Disability & Life	$36,000	1.2019%	$433
Other: Worker's Compensation	$36,000	2.0032%	$721
Other: Unemployment	$36,000	0.2003%	$72
Other: Parking	$36,000	1.4022%	$505
Other:	$36,000	0.0000%	$0

Justification: Fringe Benefits

McLean County Health Department
Budget Detail Template

Grantee Name: McLean County Center for 0 0

Program Name Child / Adolescent Outreach

Contractual Costs	$0

Contractor Name	Contracted Service	Amount Requested
		$0
		$0
		$0
		$0
		$0
		$0
		$0
		$0
		$0
		$0
		$0
		$0
		$0
		$0

Justification: Contractual

McLean County Health Department
Budget Detail Template

Grantee Name: McLean County Center for 0 0

Program Name Child / Adolescent Outreach

Travel	$2,800.00
In-State Travel	$2,800.00

Trips	Purpose of Travel	Mode of Transportation	Amount Requested
	Client Counseling	Vehicle	$2,800
			$0
			$0
			$0
			$0
			$0
			$0

Justification: In-State Travel

Out-of-State Travel	$0.00

Trips	Purpose of Travel	Mode of Transportation	Amount Requested
			$0
			$0
			$0
			$0

Justification: Out-of-State Travel

All Out of State travel must be pre approved by IDPH. Justification for Out-of-State Travel must be very detailed.

McLean County Health Department
Budget Detail Template

Grantee Name: McLean County Center for 0 0

Program Name Child / Adolescent Outreach

Commodities	$0.00

Item(s) Requested	Amount Requested
	$0
	$0
	$0
	$0

Justification: Commodities

Printing	$0.00

Item(s) Requested	Unit(s)	Amount Requested
		$0
		$0
		$0
		$0

Justification: Printing

McLean County Health Department
Budget Detail Template

Grantee Name: McLean County Center for 0 0

Program Name Child / Adolescent Outreach

Equipment	$0.00

Item(s) Requested	Unit(s)	Amount Requested
		$0
		$0
		$0
		$0
		$0

Justification: Equipment

Telecommunications	$0

Item(s) Requested	Rate	Months	Amount Requested
			$0
			$0
			$0
			$0

Justification: Telecommunications

McLean County Health Department
Budget Detail Template

Grantee Name: McLean County Center for 0 0

Program Name Child / Adolescent Outreach

Supplies $0

Item(s) Requested	Rate	Months	Amount Requested
			$0
			$0
			$0
			$0

Justification: Supplies

McLean County Health Department
Budget Detail Template

Grantee Name: McLean County Center for 0 0

Program Name Child / Adolescent Outreach

Patient/Client Care $0

Description	Number of Patients or Clients	Rate per Patient or Client	Months	Amount Requested
				$0
				$0
				$0
				$0

Justification: Patient/Client Care

McLean County Health Department
Budget Detail Template

Grantee Name: McLean County Center for 0 0

Program Name Child / Adolescent Outreach

Administrative Costs (if applicable) $0

Item(s) Requested	Rate	Months	Amount Requested
			$0
			$0
			$0
			$0

Justification: Administrative Costs

FY 2015

McLean County Board of Health

Persons with a Developmental Disability & Mental Health Funding Application

ɔction 1: CONTACT INFORMATION

Agency Name:	McLean County Center for Human Services			
Street Address:	108 West Market Street	City: Bloomington	State: IL	Zip: 61701
Agency Phone:	309-827-5351	Fax: 309-829-6808	Website: www.mcchs.org	
Executive Director:	Tom Barr	E-mail: tbarr@mcchs.org		
Contact Person:	Kevin Mulloy	Title: Compliance Manager	E-mail: mulloy@mcchs.org	

Section 2: AGENCY DESCRIPTION

I. GENERAL INFORMATION

A. Please give a brief description of your agency, including your Mission Statement.

The Center for Human Services is the County's community mental health center that provides behavioral healthcare services to McLean County residents. Services include on-call 24/7 mobile crisis services, counseling and therapy services to youth and adults with mental illness, recovery services which include an array of treatments for mentally ill adults and psychiatric services to high risk referrals.

The Center employs qualified staff with diverse yet complementary backgrounds. The staff includes trained professionals in psychology, social work and psychiatric nursing. The Center also retains a licensed psychiatrist and advance practice nurse. The Center safeguards client rights by treating all individuals with dignity and respect by protecting confidentiality as defined by law.

Center's mission: The Center exists to assist persons in McLean County who are in need of mental health services. The Center for Human Services provides recovery oriented, community based mental health services in the least restrictive setting. To this end, the Center offers quality care that is characterized by both clinically appropriate and cost effective treatment.

II. GOVERNING BODY – BOARD OF DIRECTORS INFORMATION

A. HOW OFTEN DOES THE BOARD OF DIRECTORS MEET?

Monthly__X__ Quarterly_____ Other_____

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

- *PRESIDENT:* Kristin Adams, 1701 N. Towanda Ave, PO Box 2020, Bloomington, IL 61702-2020 (term expiration: 12/31/16)
- *VICE-PRESIDENT:* Lewis Pryor, State Farm Insurance, One State Farm Plaza, Bloomington, IL 61709, (term expiration: 12/31/14)
- *SECRETARY:* Laura Leaver, [redacted], (term expiration: 01/31/15)
- *TREASURER:* Jeff Clark, [redacted] (term expiration: 04/30/15)
- *AT LARGE:* Keith Gehrand, [redacted] erm expiration: 3/31/15)
- *PAST PRESIDENT:* Jeff Black [redacted] (term expiration: 12/31/14)
- *Board Member:* Charles Titus Boudreaux, [redacted] (term expiration: 12/31/14)
- *Board Member:* Ben Moore, [redacted] (term expiration: 12/31/14)
- *Board Member:* DeLisa Rodney, [redacted] (term expiration: 12/31/15)
- *Board Member:* Ron Bell, [redacted] erm expiration: 04/30/15)
- *Board Member:* William (Bill) Mullin, Jr., Commerce Bank, 1339 E. Empire St., Bloomington, IL 61701, (term expiration: 12/31/15)
- *Board Member:* Bob Keller, [redacted] (term expiration: 12/31/16)
- *Board Member:* Joe Gibson, [redacted], (term expiration: 12/31/16)

III. ORGANIZATIONAL FINANCIAL MANAGEMENT

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

No

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

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

No

IF YES, PLEASE EXPLAIN?

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

No

PLEASE EXPLAIN?

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

I. GENERAL INFORMATION

A. PROGRAM NAME: Psychiatric

B. AMOUNT OF FUNDS BEING EQUESTED: 414,806

C. PROGRAM DIRECTOR'S NAME: Ann Janes

D. PROGRAM DIRECTOR'S E-MAIL: janes@mcchs.org

E. TELEPHONE: 309-827-5351 FAX: 309-829-6808

F. IF THE PROGRAM TAKES PLACE IN A SCHOOL, PLEASE LIST THE SPECIFIC SCHOOL(S):

Not Applicable

G. DISABILITY GROUP(S) SERVED BY FUNDED PROGRAM

- ☐ Developmental Disabilities
- ☐ Substance Abuse
- ☒ Emotional Disability
- ☐ Other:

H. IDENTIFY SERVICE FUNCTION PROVIDED BY THE PROGRAM

- ☐ Prevention
- ☒ Emergency & Assessment
- ☒ Treatment Habilitation
- ☐ Sustaining Care
- ☐ Case Coordination
- ☐ Other

I. GIVE A BRIEF DESCRIPTION OF THE PRGRAM FOR WHICH FUNDS ARE BEING REQUESTED, INLCUDING SPECIFIC SERVICES PROVIDED ALONG WITH THE DESIRED CLIENT OUTCOME:

This program provides psychiatric services to diminish or eliminate the symptoms of mental illness with the ultimate goal of improving an individual's emotional status and functional ability, as well as preventing unnecessary hospitalizations. The psychiatric services include evaluating, prescribing, managing, and administering medication to individuals open to the program. Training on medication effects and usage is also provided. Staff providing these services are primarily licensed psychiatrists, advanced practice nurses, and nurses. Specific services provided include:

- Psychiatric assessment, diagnosis and treatment
- Linkage to free psychotropic medication through samples or the indigent medication program
- Referral to other medical specialists as needed
- Referral and linkage to an insurance program through the Affordable Care Act
- Daily medication administration to individuals who are non-compliant with meds unless observed
- Distribution of medications packaged a week at a time to insure compliance and monitor symptoms
- Administration of injectable psychotropic medications
- Monitoring for adverse reactions to medications
- Education about mental illness and the medications prescribed to address the symptoms

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

MD – 20%

Two APN's – 40% each

Four RN's – 40% each

Case Mgr. – 40%

Two receptionists – 32% each

Transcriptionist – 20%

Medical Records – 40%

Program Mgr. – 40%

Clinical Director – 20%

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

The target population is individuals with a severe mental illness who are at high risk of either hospitalization or potential harm to themselves or others. Typically this includes, but is not limited to individuals who suffer severe functional deficits due to Schizophrenia, Bipolar Disorder, Major Depressive Disorder, or Schizoaffective Disorder. Additionally, these individuals' are low income and are uninsured or underinsured.

L. WHAT IS THE GEOGRAPHIC ARE THAT WILL BE SERVED BY THE PROGRAM?

McLean County

M. INDICATE THE NUMBER OF INDIVIDUALS PLANNED TO BE SERVED FOR THE YEAR FOR WHICH YOU ARE REQUESTING FUNDS: 400 unduplicated

N. PROVIDE A STATEMENT OF THE NEED YOU WISH TO ADDRESS THROUGH THIS PROGRAM:

Availability of psychiatric services for low income people of McLean County has been identified as a critical need for the community by various social service agencies, community groups, and government entities. Unfortunately, the demand for such services greatly exceeds the availability of such services in this community. This is due to the fact that individuals can simply not afford this treatment, and the number of providers of psychiatric services for any individual (regardless of socioeconomic/insurance status) in the county continues to decline, particularly providers who are willing to accept and treat low income individuals. To illustrate this point, since December 1, 2013, 174 persons sought psychiatric services at the Center for Human Services. Of these individuals, 59 (34%) were able to receive services, 94 (54%) were denied services due to lack of prescriber availability and not meeting risk level thresholds, and 21 (12%) were placed on a waiting list for psychiatric services.

The Center for Human Services is the only mental health provider specializing in psychiatric services for the aforementioned population. The psychiatric program served over 1,006 unduplicated individuals during FY 2013. Positive outcomes, including decreasing psychiatric hospitalizations and the stability and/or improvement of functional status of persons served, were achieved. 100% of surveyed participants in the program rated the quality of services as excellent or above average, while 100% of surveyed individuals agreed with the statement that they had made progress since service initiation.

While services to individuals who receive Medicaid are generally funded by state resources, services to those without Medicaid are not. This agency serves both populations. 49% of new individuals admitted to the psychiatric program for the first half of FY 2014 did not have Medicaid at the time of admission. Without continued funding from local providers, it is unlikely that services to this Non-Medicaid population could continue at current levels, resulting in such individuals being unable to access needed services.

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

This program has operated for over 30 years.

P. LIST ANY SIGNIFICANT CHANGES IN THIS PROGRAM FROM LAST YEAR:

Resignations of our advanced practice nurse (APN) in February 2013 and one of our psychiatrists in September 2013 had a large impact on the program. In February 2013, our other psychiatrist, Dr. Abelita, volunteered to work additional hours and reallocate some of his time from his private practice in order to make sure all clients continued to receive services in the public clinic. Melinda Roth, APN began work in September 2013. Our clients report excellent satisfaction with the services of Melinda!

As the demand for psychiatric services continued to escalate, the following changes were made:

- A Symptom Severity Scale which provides an objective assessment of risk, severity and need was developed and implemented in January 2014. It assists in prioritizing the individuals in need of psychiatric services.
- Due to the number of high risk individuals in need of services and lack of availability of appointment times, a waiting list was implemented on January 1, 2014 to assist in ensuring that high risk individuals will obtain an appointment.

Q. WHAT ARE THE CLIENT ELIGIBILITY REQUIREMENTS (IF ANY) FOR YOUR SERVICES?

The individual must be a resident of McLean County and at least 12 years of age with a diagnosable mental illness and a functional impairment due to that mental illness. Individuals who have a primary Alzheimer's, dementia, or Autism Spectrum Disorder diagnosis are ineligible for services. An Individual's symptoms and psychiatric treatment history are rated and prioritized based on the Symptom Severity Scale. The individual must be willing to take medications.

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

EXPLAIN:

Traditionally, the agency has not maintained a waiting list for this program; however, due to increasing demand for services from high risk individuals, a waiting list was established on January 1, 2014. Individuals must be deemed as high risk via the Symptom Severity Scale in order to be placed on the waiting list. The general goal is that an individual on the waiting list would be able to obtain a prescriber appointment within two months or less. .

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

The Center has a nominal sliding fee schedule.

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

Services are not denied due to inability to pay the fee.

U. WHAT PERCENTAGE OF THE FUNDS FOR THIS PROGRAM IS PROVIDED BY THE STATE?

Zero

V. WHAT IMPACT HAVE STATE FUNDING CUTS HAD ON THIS PROGRAM?

There have been no additional state funding cuts this fiscal year (FY 14) that have influenced programming. State cuts incurred in prior years have resulted in significant decreases in community mental health resources particularly to the uninsured and the underinsured of our community. Local funding continues to serve as the last safety net to this high risk and vulnerable population. Health Department funding continues to provide critical care to prevent unnecessary and inappropriate incarceration, hospitalization and/or mental health deterioration for those individuals with the greatest needs and fewest resources in our community.

II. COLLABORATIONS

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

☒ Yes ☐ No

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

The agency has been active in several mental health community needs assessments and has working agreements with a variety of social service agencies. The agency works with the McLean County Health Department, United Way, Scott Commission, Bloomington Township, McLean County Court Services, McLean County Detention Center, Advocate BroMenn, OSF St. Joseph, as well as the Community Health Care Clinic in coordinating and expanding services whenever possible. We work cooperatively with the local office of the Department of Human Services to facilitate our clients' access to assistance.

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. OUTCOME OBJECTIVES

A. IF FUNDED DURING FY 2014 (July 2013-June 2014), PLEASE RESTATE PROGRAM OBJECTIVES STATED IN THE FY 2014 APPLICATION AND NOTE YEAR-END ACHIEVEMENTS.

1) Reduce the number of non-forensic days that McLean County citizens spend in state-operated facilities to 3,000 or fewer days per year.
   FY 2014 Mid-Year Result: Residents have spent 949 non-forensic days in a state-operated facility.
2) To improve or maintain the emotional and functional ability of 70% of the clients who are given medications by the agency
   FY 2014 Mid-Year Result: 90% of clients have improved or maintained their emotional/functional ability
3) 85% of individuals receiving psychiatric services for at least six months will not require psychiatric hospitalization.
   FY2014 Mid-Year Result: 95% of individuals meeting this criteria have not required hospitalization during

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

None

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

No program changes were made based upon objective achievement.

D. **LIST AT LEAST THREE MAJOR OBJECTIVES FOR THIS PROGRAM FOR FY 2015.**

1) Secure and link individuals without income or without the means to secure prescriptions with free medications
2) Reduce hospitalizations for persons served in the program.
3) Maintain or improve the functional status of those served in the program

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

The psychiatric program follows the Texas Medication Algorithm Project (TMAP) as the overall standard of practice for prescribing psychotropic medication. Prescribers are given the leeway to deviate from the TMAP when they believe it is in the client's best interest. Additionally, the medication practices of the psychiatric program were reviewed during the accreditation survey by CARF International (formerly known as the Commission on Accreditation of Rehabilitation Facilities). Accreditation is generally considered a demonstration of accountability and conformance to internationally accepted standards that promote excellence in services. The agency's various programs received the highest level of accreditation possible.

On an ongoing basis, staff in the psychiatric program keep abreast of which psychotropic medications have pharmaceutical assistance available for individuals with low or no income.

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

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. A record of all medications obtained and dispensed via such programs is maintained by agency staff. Analysis of this data will be used to determine objective achievement.
2) 85% of all persons seen in the program will not require psychiatric hospitalization after receiving at least six continuous months of services in the program. Measured by comparison and evaluation of number of clients who have been seen in the program for six months and list of clients who have been hospitalized by the CHS crisis team via internal reports.
3) 75% of individuals seen in the program for at least six contiguous months will maintain or increase their functional ability. Functional ability is determined using a score from one of the dimensions of the Level of Care Utilization System (LOCUS) assessment. The LOCUS is a tool developed by the American Association of Community Psychiatrists and is used nationally. Functional ability is considered to be the degree to which a person is able to fulfill social responsibilities, interact with others, maintain physical functioning, and their capacity for self-care. This assessment is completed upon admission and discharge from the program as well as at six month intervals during treatment. Scores are tracked via an internal database and analyzed to determine objective achievement. .

IV. Proposed Service Profile

AGENCY:			
ROGRAM:			
Projected Individuals:			
GENDER:			
Male	140		
Female	260		
Total Individuals Served:	400		
AGE GROUP:			
Infants (0-3)			
Youth (4-13)			
Teens (14-18)	30		
Adults (19-59)	330		
Seniors (60 & up)	40		
RESIDENCE			
Bloomington	280		
Normal	80		
Other	40		
*SERVICE HOURS PROJECTED:			
CLIENT HOURS	2,400		
STAFF HOURS	10,067		
HD/377 FUNDING	414,806		
FUNDING FROM OTHER SOURCES	0		
TOTAL COST OF PROGRAM	414,806		

*Client Hours: Total number of client hours projected to be provided in FY'15.
*Staff Hours: Total number of funded staff hours in FY'15.

McLean County Health Department
Budget Worksheet

Grantee Name:	McLean County Center for Human Services, Inc.	Grant Amount Requested	$414,806
Program Name	Psychiatric	Preparer	Kathy Sallee
		Preparer's Email	sallee@mcchs.oorg
		Preparer's Phone	309-827-5351

Line Item	Original Sub Total by Line Item
Personal Services (Salary & Wages)	$321,593
Fringe Benefits	$78,213
Contractual Services	$0
Travel	$0
mmodities	$10,200
Printing	$0
Equipment	$0
Telecommunications	$1,200
Supplies	$3,600
Patient/Client Care	$0
Administrative Costs (if allowable)	$0
Grant Total	$414,806

Justification

Authorized Grantee Official

Date

McLean County Health Department
Budget Detail Template

Grantee Name: McLean County Center for 0 0

Program Name Psychiatric

Salary and Wages $321,593

Position Title	Projected Monthly Salary	Percentage of Time on Grant	Number of Months in Year	Amount Requested
APN	$9,700	40%	12	$46,560
APN	$8,500	40%	12	$40,800
MD	$15,417	20%	12	$37,001
RN	$4,100	40%	12	$19,680
RN	$5,900	40%	12	$28,320
RN	$4,100	40%	12	$19,680
RN	$3,400	40%	12	$16,320
Case Manger	$3,200	40%	12	$15,360
Receptionist	$3,000	32%	12	$11,520
Receptionist	$2,800	32%	12	$10,752
Transcriptionist	$3,300	20%	12	$7,920
Medical Records	$3,200	40%	12	$15,360
Program Manager	$6,900	40%	12	$33,120
Clinical Director	$8,000	20%	12	$19,200
				$0
				$0
				$0
				$0
				$0

Justification: Salaries and Wages

McLean County Health Department
Budget Detail Template

Grantee Name: McLean County Center for 0 0

Program Name Psychiatric

Fringe Benefits $78,213

Fringe Benefit	Salaries	Rate	Amount Requested
Retirement	$321,593	0.0000%	$0
Social Security	$321,593	7.6500%	$24,602
Group Insurance	$321,593	12.9933%	$41,785
Other: Disability & Life	$321,593	1.1277%	$3,627
Other: Worker's Compensation	$321,593	1.3729%	$4,415
Other: Unemployment	$321,593	0.1471%	$473
Other: Parking	$321,593	1.0297%	$3,311
Other:	$321,593	0.0000%	$0

Justification: Fringe Benefits

McLean County Health Department
Budget Detail Template

Grantee Name: McLean County Center for 0 0

Program Name Psychiatric

Contractual Costs	$0

Contractor Name	Contracted Service	Amount Requested
		$0
		$0
		$0
		$0
		$0
		$0
		$0
		$0
		$0
		$0
		$0
		$0
		$0

Justification: Contractual

McLean County Health Department
Budget Detail Template

Grantee Name: McLean County Center for 0 0

Program Name Psychiatric

Travel	$0.00

In-State Travel	$0.00

Trips	Purpose of Travel	Mode of Transportation	Amount Requested
			$0
			$0
			$0
			$0
			$0
			$0
			$0

Justification: In-State Travel

Out-of-State Travel	$0.00

Trips	Purpose of Travel	Mode of Transportation	Amount Requested
			$0
			$0
			$0
			$0

Justification: Out-of-State Travel

All Out of State travel must be pre approved by IDPH. Justification for Out-of-State Travel must be very detailed.

McLean County Health Department
Budget Detail Template

Grantee Name: McLean County Center for 0 0

Program Name Psychiatric

Commodities	$10,200.00

Item(s) Requested	Amount Requested
Training	$4,000
Liability Insurance	$5,200
Licenses	$1,000

Justification: Commodities

Printing	$0.00

Item(s) Requested	Unit(s)	Amount Requested
		$0
		$0
		$0
		$0

Justification: Printing

McLean County Health Department
Budget Detail Template

Grantee Name: McLean County Center for 0 0

Program Name Psychiatric

Equipment $0.00

Item(s) Requested	Unit(s)	Amount Requested
		$0
		$0
		$0
		$0

Justification: Equipment

Telecommunications $1,200

Item(s) Requested	Rate	Months	Amount Requested
Phone & Internet	$100.00	12	$1,200
			$0
			$0
			$0

Justification: Telecommunications

McLean County Health Department
Budget Detail Template

Grantee Name: McLean County Center for 0 0

Program Name Psychiatric

Supplies $3,600

Item(s) Requested	Rate	Months	Amount Requested
Medical & Office	$300.00	12	$3,600
			$0
			$0
			$0

Justification: Supplies

McLean County Health Department
Budget Detail Template

Grantee Name: McLean County Center for 0 0

Program Name Psychiatric

Patient/Client Care $0

Description	Number of Patients or Clients	Rate per Patient or Client	Months	Amount Requested
				$0
				$0
				$0
				$0

Justification: Patient/Client Care

McLean County Health Department
Budget Detail Template

Grantee Name: McLean County Center for 0 0

Program Name Psychiatric

Administrative Costs (if applicable) $0

Item(s) Requested	Rate	Months	Amount Requested
			$0
			$0
			$0
			$0

Justification: Administrative Costs

FY 2015

McLean County Board of Health

Persons with a Developmental Disability & Mental Health Funding Application

Section 1: CONTACT INFORMATION

Agency Name:	McLean County Center for Human Services			
Street Address:	108 West Market Street	City: Bloomington	State: IL	Zip: 61701
Agency Phone:	309-827-5351	Fax: 309-829-6808	Website: www.mcchs.org	
Executive Director:	Tom Barr	E-mail: tbarr@mcchs.org		
Contact Person:	Kevin Mulloy	Title: Compliance Manager	E-mail: mulloy@mcchs.org	

Section 2: AGENCY DESCRIPTION

I. GENERAL INFORMATION

A. Please give a brief description of your agency, including your Mission Statement.

The Center for Human Services is the County's community mental health center that provides behavioral healthcare services to McLean County residents. Services include on-call 24/7 mobile crisis services, counseling and therapy services to youth and adults with mental illness, recovery services which include an array of treatments for mentally ill adults and psychiatric services to high risk referrals.

The Center employs qualified staff with diverse yet complementary backgrounds. The staff includes trained professionals in psychology, social work and psychiatric nursing. The Center also retains a licensed psychiatrist and advance practice nurse. The Center safeguards client rights by treating all individuals with dignity and respect by protecting confidentiality as defined by law.

Center's mission: The Center exists to assist persons in McLean County who are in need of mental health services. The Center for Human Services provides recovery oriented, community based mental health services in the least restrictive setting. To this end, the Center offers quality care that is characterized by both clinically appropriate and cost effective treatment.

II. GOVERNING BODY – BOARD OF DIRECTORS INFORMATION

A. HOW OFTEN DOES THE BOARD OF DIRECTORS MEET?

Monthly__X__ Quarterly_____ Other_____

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

- *PRESIDENT:* Kristin Adams, 1701 N. Towanda Ave, PO Box 2020, Bloomington, IL 61702-2020 (term expiration: 12/31/16)
- *VICE-PRESIDENT:* Lewis Pryor, State Farm Insurance, One State Farm Plaza, Bloomington, IL 61709, (term expiration: 12/31/14)
- *SECRETARY:* Laura Leaver, [redacted] (term expiration: 01/31/15)
- *TREASURER:* Jeff Clark, [redacted] (term expiration: 04/30/15)
- *AT LARGE:* Keith Gehrand, [redacted] erm expiration: 3/31/15)
- *PAST PRESIDENT:* Jeff Black, [redacted] (term expiration: 12/31/14)
- *Board Member:* Charles Titus Boudreaux, [redacted] (term expiration: 12/31/14)
- *Board Member:* Ben Moore, [redacted] term expiration: 12/31/14)
- *Board Member:* DeLisa Rodney, [redacted] (term expiration: 12/31/15)
- *Board Member:* Ron Bell, [redacted], (term expiration: 04/30/15)
- *Board Member:* William (Bill) Mullin, Jr., Commerce Bank, 1339 E. Empire St., Bloomington, IL 61701, (term expiration: 12/31/15)
- *Board Member:* Bob Keller, [redacted] term expiration: 12/31/16)
- *Board Member:* Joe Gibson, [redacted] (term expiration: 12/31/16)

III. ORGANIZATIONAL FINANCIAL MANAGEMENT

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

No

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

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

No

IF YES, PLEASE EXPLAIN?

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

No

PLEASE EXPLAIN?

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

I. GENERAL INFORMATION

A. **PROGRAM NAME:** Transitional Housing

B. **AMOUNT OF FUNDS BEING EQUESTED: 28,870**

C. **PROGRAM DIRECTOR'S NAME:** Ann Janes

D. **PROGRAM DIRECTOR'S E-MAIL:** janes@mcchs.org

E. **TELEPHONE:** 309-827-5351 **FAX:** 309-829-6808

F. IF THE PROGRAM TAKES PLACE IN A SCHOOL, PLEASE LIST THE SPECIFIC SCHOOL(S):

Not Applicable

G. DISABILITY GROUP(S) SERVED BY FUNDED PROGRAM

☐ Developmental Disabilities ☐ Substance Abuse ☒ Emotional Disability
☐ Other:

H. IDENTIFY SERVICE FUNCTION PROVIDED BY THE PROGRAM

☐ Prevention ☐ Emergency & Assessment
☒ Treatment Habilitation ☐ Sustaining Care
☒ Case Coordination ☐ Other

I. GIVE A BRIEF DESCRIPTION OF THE PRGRAM FOR WHICH FUNDS ARE BEING REQUESTED, INLCUDING SPECIFIC SERVICES PROVIDED ALONG WITH THE DESIRED CLIENT OUTCOME:

This program is designed to provide temporary housing and supportive services to high risk individuals transitioning from institutional settings, are homeless or at high risk of being homeless or unable to secure community housing. Support within a subsidized apartment setting and linkage and emergency case management services are provided. This is a voluntary program and individuals are free to leave the program at any time. The program provides the following benefits for participants:

- Avoid and/or exit a state of homelessness and having a temporary housing arrangement provided to them
- Participants have an increased level of staff support/monitoring that can provide rapid referral and entry to a prescriber to address symptoms
- Individual/family/community resources and support systems are mobilized for the participant thereby assisting them in obtaining a community residence.

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

Minimum requirement is Bachelor's degree and MHP (Mental Health Professional) status – 25%

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

This program serves adults with a severe mental illness who are homeless and in need of intensive psychiatric treatment.

WHAT IS THE GEOGRAPHIC ARE THAT WILL BE SERVED BY THE PROGRAM?

McLean County

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

Approximately 6-10 individuals will be served depending upon duration of participant occupancy in the apartment.

N. PROVIDE A STATEMENT OF THE NEED YOU WISH TO ADDRESS THROUGH THIS PROGRAM:

The expansion of housing for mentally ill individuals has been identified as a need by several community entities, including, but not limited to: PATH, Chestnut Health Systems, Home Sweet Home Ministries, Salvation Army, Mclean County Detention Facility, and the Mclean County Recovery Court. This prevents certain individuals from living in homeless shelters or other transient living situations and thus promotes stability. Expansion of the transitional housing program will partially address this identified community need. By providing temporary (up to six months) housing, medication compliance monitoring, and linkage to entitlements, the psychiatric needs of severely chronically mentally ill who are homeless can be more adequately addressed with the ultimate goal of moving the individual into permanent housing, obtaining stability, and reducing the likelihood that the individual will be re-hospitalized or re-incarcerated. If approved, the current transitional apartment program will be expanded from five to eight apartments.

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

The agency has operated a five bed transitional apartment program for more than 10 years. This is a proposed expansion of that program.

P. LIST ANY SIGNIFICANT CHANGES IN THIS PROGRAM FROM LAST YEAR:

None noted.

Q. WHAT ARE THE CLIENT ELIGIBILITY REQUIREMENTS (IF ANY) FOR YOUR SERVICES?

Potential clients must:

- Be an Adult (over age 18) with a serious mental illness and be eligible and participate in other agency services.
- Be willing to participate in treatment, including: taking medication, obtaining medical insurance coverage as per the Affordable Care Act, and applying for Social Security Disability (SSD) or Supplemental Security Income (SSI)
- Be compliant with lease/rent agreement
- Be capable of self-preservation in emergency and not at risk of self harm or dangerous to others.
- Not have a record of previous egregious property damage

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

The program does not have a formal waiting list; however, at any given time, there are several individuals identified as being able to benefit from this program.

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

There is no fee for program services; however, if the individual is receiving SSI or SSD benefits, the agency requires that one half of the funds received each month be put in the agency's possession. These funds are returned at the time of the client's discharge from the program. The intent of this requirement is to encourage the client to set aside and save monies to be able to pay the first and last month's rent for a permanent apartment.

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

Not applicable

U. WHAT PERCENTAGE OF THE FUNDS FOR THIS PROGRAM IS PROVIDED BY THE STATE?

Zero

V. WHAT IMPACT HAVE STATE FUNDING CUTS HAD ON THIS PROGRAM?

N/A

II. COLLABORATIONS

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

☐ Yes ☒ No

IF YES, PROVIDE THE NAMES OF YOUR COLLABORATING 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. OUTCOME OBJECTIVES

A. IF FUNDED DURING FY 2014 (July 2013-June 2014), PLEASE RESTATE PROGRAM OBJECTIVES STATED IN THE FY 2014 APPLICATION AND NOTE YEAR-END ACHIEVEMENTS.

Not Applicable

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

Not Applicable

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

Not Applicable

D. LIST AT LEAST THREE MAJOR OBJECTIVES FOR THIS PROGRAM FOR FY 2015.

1) Program participants (excluding those who refuse) will apply for all applicable entitlements.
2) The majority of program participants will be able to avoid incarceration while in the program.
3) The majority of program participants will avoid psychiatric hospitalizations while in the program.
4) A substantial number of program participants will be successfully transitioned to permanent housing situations.

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

These individuals will be assigned professional experienced case managers who are familiar with available entitlement programs and available community housing, as well as working with severely mentally ill individuals. CHS staff will also closely monitor medication compliance and provide rapid referral to a prescriber when the individual becomes symptomatic.

Most of these individuals have experienced homelessness in the past and they are very motivated to obtain permanent housing. This is a program that will provide a long term solution for each individual who successfully completes the program. Many will continue to receive case management support after their discharge.

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

1) 100% of program participants (excluding those who refuse) will apply for all applicable entitlements from the Social Security Administration, Illinois Department of Human Services, and the Scott Commission/local township. Measured by the percentage of participants who have completed this activity. Applications will be tracked by agency staff via internal reports.
2) 70% of program participants will not be incarcerated at the Mclean County Detention Center during their tenure in the program. Measured by comparison and evaluation of number of clients who are in the program and listing of clients who have been incarcerated by reports generated via ongoing communications with MCDC staff and the DataLink system.
3) 70% of program participants will not be hospitalized by the CHS crisis team for psychiatric reasons during their tenure in the program. Measured by comparison and evaluation of number of clients who are open to the program and listing of clients who have been hospitalized via internal reports
4) 50% of program participants will be successfully transitioned to permanent housing situations. The individual's housing situation will be documented via internal reports at the time of discharge. Evaluation of this report will be used to determine the percentage of participants that achieved this objective.

IV. Proposed Service Profile

AGENCY:			
ROGRAM:			
Projected Individuals:			
GENDER:			
Male	5		
Female	5		
Total Individuals Served:	10		
AGE GROUP:			
Infants (0-3)			
Youth (4-13)			
Teens (14-18)			
Adults (19-59)	10		
Seniors (60 & up)			
RESIDENCE			
Bloomington	7		
Normal	2		
Other	1		
*SERVICE HOURS PROJECTED:			
CLIENT HOURS	1,095 nights of care		
STAFF HOURS	520		
HD/377 FUNDING	28,870		
FUNDING FROM OTHER SOURCES	0		
TOTAL COST OF PROGRAM	28,870		

*Client Hours: Total number of client hours projected to be provided in FY'15.
*Staff Hours: Total number of funded staff hours in FY'15.

McLean County Health Department
Budget Worksheet

Grantee Name:	McLean County Center for Human Services, Inc.	Grant Amount Requested	$28,870
Program Name	Transitional Housing	Preparer	Kathy Sallee
		Preparer's Email	sallee@mcchs.oorg
		Preparer's Phone	309-827-5351

Line Item	Original Sub Total by Line Item
Personal Services (Salary & Wages)	$7,500
Fringe Benefits	$2,470
Contractual Services	$18,900
Travel	$0
Commodities	$0
Printing	$0
Equipment	$0
Telecommunications	$0
Supplies	$0
Patient/Client Care	$0
Administrative Costs (if allowable)	$0
Grant Total	$28,870

Justification

Authorized Grantee Official

Date

McLean County Health Department
Budget Detail Template

Grantee Name: McLean County Center for 0 0

Program Name Transitional Housing

Salary and Wages $7,500

Position Title	Projected Monthly Salary	Percentage of Time on Grant	Number of Months in Year	Amount Requested
Case Manager	$2,500	25%	12	$7,500
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0

Justification: Salaries and Wages

McLean County Health Department
Budget Detail Template

Grantee Name: McLean County Center for 0 0

Program Name Transitional Housing

Fringe Benefits $2,470

Fringe Benefit	Salaries	Rate	Amount Requested
Retirement	$7,500	0.0000%	$0
Social Security	$7,500	7.6500%	$574
Group Insurance	$7,500	21.3889%	$1,604
Other: Disability & Life	$7,500	1.3889%	$104
Other: Worker's Compensation	$7,500	2.2222%	$167
Other: Unemployment	$7,500	0.2778%	$21
Other:	$7,500	0.0000%	$0
Other:	$7,500	0.0000%	$0

Justification: Fringe Benefits

McLean County Health Department
Budget Detail Template

Grantee Name: McLean County Center for 0 0

Program Name Transitional Housing

Contractual Costs	$18,900

Contractor Name	Contracted Service	Amount Requested
	Housing Rental	$18,000
	Utilities	$900
		$0
		$0
		$0
		$0
		$0
		$0
		$0
		$0
		$0
		$0
		$0
		$0

Justification: Contractual

McLean County Health Department
Budget Detail Template

Grantee Name: McLean County Center for 0 0

Program Name Transitional Housing

Travel	$0.00
In-State Travel	$0.00

Trips	Purpose of Travel	Mode of Transportation	Amount Requested
			$0
			$0
			$0
			$0
			$0
			$0

Justification: In-State Travel

Out-of-State Travel	$0.00

Trips	Purpose of Travel	Mode of Transportation	Amount Requested
			$0
			$0
			$0
			$0

Justification: Out-of-State Travel

All Out of State travel must be pre approved by IDPH. Justification for Out-of-State Travel must be very detailed.

McLean County Health Department
Budget Detail Template

Grantee Name: McLean County Center for 0 0

Program Name Transitional Housing

Commodities	$0.00

Item(s) Requested	Amount Requested
	$0
	$0
	$0

Justification: Commodities

Printing	$0.00

Item(s) Requested	Unit(s)	Amount Requested
		$0
		$0
		$0
		$0

Justification: Printing

McLean County Health Department
Budget Detail Template

Grantee Name: McLean County Center for 0 0

Program Name Transitional Housing

Equipment	$0.00

Item(s) Requested	Unit(s)	Amount Requested
		$0
		$0
		$0
		$0
		$0

Justification: Equipment

Telecommunications	$0

Item(s) Requested	Rate	Months	Amount Requested
			$0
			$0
			$0
			$0

Justification: Telecommunications

McLean County Health Department
Budget Detail Template

Grantee Name: McLean County Center for 0 0

Program Name Transitional Housing

Supplies $0

Item(s) Requested	Rate	Months	Amount Requested
		12	$0
			$0
			$0
			$0

Justification: Supplies

McLean County Health Department
Budget Detail Template

Grantee Name: McLean County Center for 0 0

Program Name Transitional Housing

Patient/Client Care				$0
Description	**Number of Patients or Clients**	**Rate per Patient or Client**	**Months**	**Amount Requested**
				$0
				$0
				$0
				$0

Justification: Patient/Client Care

McLean County Health Department
Budget Detail Template

Grantee Name: McLean County Center for 0 0

Program Name Transitional Housing

Administrative Costs (if applicable) $0

Item(s) Requested	Rate	Months	Amount Requested
			$0
			$0
			$0
			$0

Justification: Administrative Costs