



CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

REMEMBER this meeting is being audio recorded. Please speak clearly into the microphone during the meeting.

Champaign County Mental Health Board (CCMHB)

WEDNESDAY, November 20, 2019

Brookens Administrative Center, Lyle Shields Room
1776 E. Washington St. Urbana, IL
5:30 p.m.

1. Call to Order - Margaret White, President
2. Roll Call
3. Citizen Input/Public Participation
The CCMHB reserves the authority to limit individual public participation to 5 minutes and limit total time to 20 minutes.
 - CLL Student Presentation - Service Learning Project (page 4)
Brief presentation on results of Community Learning Lab project intended to identify barriers to mental health services in rural communities.
4. Approval of Agenda*
5. President's Comments
6. Executive Director's Comments
7. New Business
 - A. Family Model Recommendation* (page 5-15)
Decision Memorandum and Cunningham Children's Home presentation on recommended family model are included in the packet. Action is requested.

B. Two-Year Term Contract Extensions* (pages 16-19)
Decision Memorandum on PY20 contracts opting in to the opportunity for a one year contract extension is included in the packet. Action is requested.

C. Three Year Plan with FY2020 Objectives* (pages 20-28)
Decision Memorandum with final draft of the FY2019-2021 Three Year Plan with FY2020 Objectives is included in the packet. Action is requested.

D. CCMHB PY2021 Allocation Criteria* (pages 29-39)
Decision Memorandum to approve final draft of CCMHB PY2021 allocation priorities and decision support criteria is included in the packet. Action is requested.

E. CCDDDB PY2021 Allocation Criteria (pages 40-50)
Included in the packet for information only is the final draft of the CCDDDB PY2021 Allocation Priorities Decision Memorandum.

8. Agency Information

The CCMHB reserves the authority to limit individual public participation to 5 minutes and limit total time to 20 minutes.

9. Old Business

A. Schedules & Allocation Process Timeline (pages 51-54)
Updated copies of CCMHB and CCDDDB meeting schedules and allocation timeline are included in the packet.

10. CCDDDB Information

11. Approval of CCMHB Minutes (pages 55-60)*
Minutes from October 23rd and October 30th are included in the Board packet.

12. Staff Reports (pages 61-77)

Written staff reports from Kim Bowdry, Mark Driscoll, Stephanie Howard-Gallo, and Shandra Summerville are included in the packet.

13. Board to Board Reports

14. Financial Report* (pages 78-84)

*Copy of the Expenditure List is included in the packet.
Action is requested.*

15. Board Announcements

16. Adjournment

**Board action*

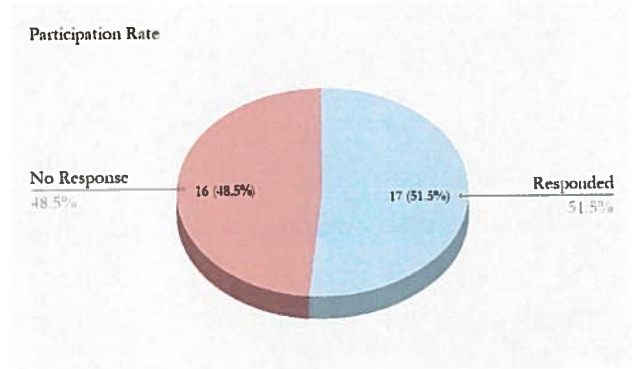
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Service Learning

Champaign County Mental Health Board

Our Project:

- Identify barriers that exist when trying to connect rural communities with mental health services.
 - Meet with organizations funded by the board to assess their needs in regards to rural services.
 - Promote relationships between agencies within Champaign County.

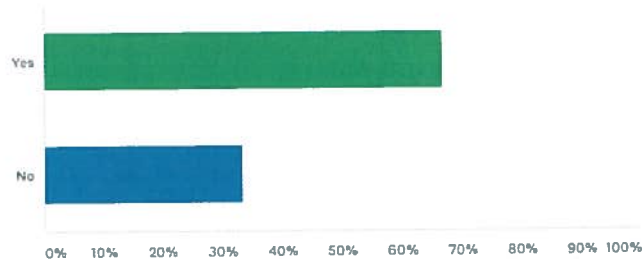


Ideas:

- Build new relationships between funded agencies
- Connect agencies looking to co-locate with sites that have already successfully done so
- Transportation Grants to be utilized for employee transportation costs
- Start forming relationships between agencies and the school districts around Champaign County

Would you be willing to co-locate your services to rural communities (i.e., providing a support group once a week at a library in a rural community)?

Answered: 18 Skipped: 1



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

DECISION MEMORANDUM

DATE: November 20, 2019
TO: Members, Champaign County Mental Health Board (CCMHB)
FROM: Mark Driscoll, Associate Director
SUBJECT: Family Model Recommendation

Background:

Last May, the CCMHB approved the Parenting Model Planning/Implementation contract with Cunningham Children's Home. The agency was charged with planning and implementation of a program model proven effective serving youth at risk of or involved in the juvenile justice system and their families. By contract, the planning process required:

- To create stakeholder's group with representatives from involved constituencies, such as but not limited to juvenile justice system, State's Attorney Office, Champaign Community Coalition, Youth and Family Peer Alliance, Youth Assessment Center, school districts representative of the county, University of Illinois, and Board representatives (member and staff) to advise on the selection and implementation of the program model.
- To make monthly reports to the Board regarding progress during the planning and implementation phases including a formal presentation on the preferred parenting model service configuration to the Board for action.

Cunningham Children's Home (CCH) was able to recruit most of the stakeholders referenced to serve on the work group. Initial meetings were used by CCH to compile briefs on potential family models and with input from the workgroup, reduce the list down to six potential models. Three of the models were fully vetted with an analysis presented by CCH to the work group. Out of the three, the ARC (Attachment, Regulation, and Competency) is being recommended to the Board as the preferred model.

A presentation will be made by Cunningham Children's Home as part of the Board's consideration of the recommendation to implement ARC. The presentation will provide an overview of the selection process and details of the model. Following the presentation and Board discussion, action on the recommendation is requested.

Budget Impact:

Cunningham Children's Home has indicated the current contract award of \$280,955 should be sufficient to cover anticipated expenses. The payment schedule was adjusted to allow for planning phase versus implementation phase costs. Projected cost of the planning phase was \$18,410 spread

over the first six month of the contract term. The balance of the contract, \$262,545, is to hire necessary staff, conduct training, and implement the ARC model.

Some reallocation of funds within the budget may be necessary to account for training costs and possibly personnel as staff are hired. Cunningham Children’s Home intends to apply through the regular allocation cycle for PY21 funding rather than request an extension to the current contract.

Decision Section:

Motion: Move to approve use of the ARC model by Cunningham Children’s Home as recommended by the stakeholder’s work group, per terms of the Parenting Model Planning/Implementation contract.

- Approved
- Denied
- Modified
- Additional Information Needed

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①

Family Model

Champaign County Mental Health Board

Juvenile Justice, Family Program Grant

November 20, 2019 Meeting

Planning Phase: Timeline / Decisions

Recommendations and Approval to begin

Full Implementation Efforts

hope begins here.

The Planning Process and Timeline

- **July - present:** Stakeholders selection and meetings, SOC principles focused: trauma-informed, family driven
- **July - October:** 30+ community members interviewed about PLL. Initial reviews of some family models began
- **September:** Long list of models narrowed to 5 with help from the stakeholders
- **September - October:** Extensive exploration of these models using the Hexagon tool
- **October:** Cunningham proposed to Stakeholders and shared with the CCMHB putting the JJ family program with our current Intensive Placement Stabilization (IPS) program which uses the Attachment, Regulation and competency (ARC) framework. ARC added to the list

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Hexagon Tool: to evaluate and select

- **Program Indicators:**

Evidence: studies, target pop, cost effective, efficacy, outcomes

Support: staffing, training, consultation, supervision, data system

② **Usability:** well defined, mature sites, replication, adaptations

- **Implementing Site Indicators:**

Capacity to implement: staff qual and retention, buy-in, data

Fit with current initiatives: align with community, family, agency structure, juvenile justice system

Need: target youth and families, services gaps

hope begins here.

November 5, 2019 Stakeholders Meeting

- 1) A specific Family Model was not selected at this time
- 2) Juvenile Justice family program was confirmed to be with our IPS program and more details were provided.
- 3) Attachment Regulation and Competency (ARC) selected as our model—rationale provided, discussion
- 4) The JJ program will be a clinically focused, trauma-informed intervention with the family and the youth
- 5) We will meet with key stakeholders for program development implementation
- 6) 5-6 Cunningham staff will attend the Logic Model training on Tuesday, November 18, 2019

Recommend Attachment, Regulation and

Competency (ARC) as the Model

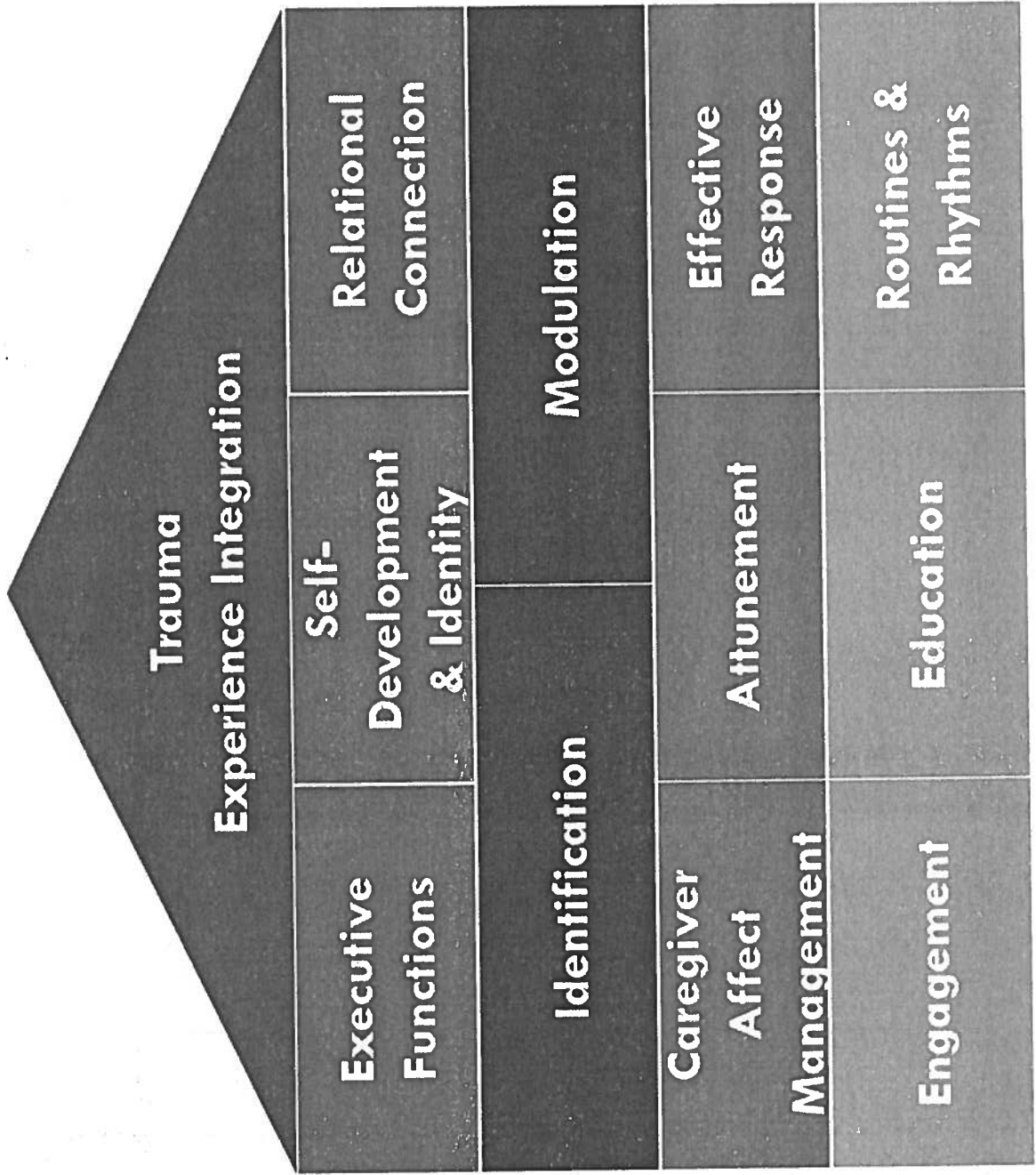
- 1) Trauma informed with strong Implementation Indicators and good potential with Program Indicators
- 2) Training and Consultation
 - Cunningham staff already trained and using
 - Lower cost and less time consuming than other models
 - 2 day training through DCFS in January and an on-site option for up to 100 people so we can train across our county juvenile justice system
 - ARC consultation specific to JJ to be provided monthly
 - Developer is working on an agency TTT option
- 3) Does not require, but does use all masters level staff as anyone across the JJ system can implement

Recommend Attachment, Regulation and Competency (ARC) as the Model

- 4) Coincides with other models / interventions we plan to add or may add in the future.
- 5) Although not a Family model, it is a family focused framework, caretaker engagement model with a parenting curriculum
- 6) Research in the juvenile justice system
- 7) The developer, Dr. Blaustein is working with us directly. She is working towards submitting for review to the Family First Prevention Standards Act clearinghouse for EBP approval
- 8) Strength based and Resilience building

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ARC Framework



⑬ **Competency**

Regulation

Attachment

As a JJ system member of Cunningham will...

- 1) Help enhance the system of care principles within our Juvenile Justice System
- 2) Coordinate a 2 day ARC training for key JJ stakeholders.
- 3) Collaborate with the YAC Advisory Board to help identify current, new and expanded services for youth and their families
- 4) Support efforts to develop a Wraparound Process
- 5) Partner within the community to utilize Peer Support
- 6) Help to identify needs and gaps and along with other organizations/programs and consider our clinical expansion
- 7) Continue to explore viable family models
- 8) Utilize the CCMHB grant funds as allocated for implementation through June 30, 2020.

IF

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**Comments,
Questions and
Memorandum for Model
Approval and Beginning
Implementation**



7.B.

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

DECISION MEMORANDUM

DATE: November 20, 2019
TO: Members, Champaign County Mental Health Board (CCMHB)
FROM: Lynn Canfield, Executive Director
SUBJECT: Two-Year Contracts

Background:

CCMHB members and staff have explored the issue of extending the terms of some agency contracts, and agencies have also expressed an interest in multi-year funding. On October 23, the CCMHB approved a process for determining agency interest in extended contract terms, for a set of programs which have been relatively consistent for a few years. The intent is to allow more time and energy during the next application review to focus on proposals for new or evolving programs. There may be value to agencies, saving time and reducing uncertainty.

The CCMHB Three Year Plan, annual Funding Priorities, and approved Funding Guidelines all support selection of contracts for two-year terms, and selection criteria were offered in the October 23 memorandum. To allow for administrative flexibility at the agency and CCMHB levels, no new program proposals awarded contracts for Program Year 2019 or Program Year 2020 were recommended for an extended term.

CCMHB staff asked agencies about the following programs. If they plan to submit applications largely similar to the currently funded program, these would be appropriate for extension. An extended term would require that the annual amounts (contract maxima) not increase, with one exception*, and that all application forms be completed during May or June of 2020.

- CCRPC - Community Services "Justice Diversion Program" \$75,308
CCRPC - Community Services "Youth Assessment Center (YAC)" \$76,350
Champaign Co. CAC "Children's Advocacy Center" \$52,754
CSCNCC "Resource Connection" \$67,596
Crisis Nursery "Beyond Blue Champaign County" \$75,000
DREAAM House "DREAAM" \$80,000
ECIRMAC (Refugee Center) "Family Support & Strengthening" \$56,440
Don Moyer Boys and Girls Club "C-U CHANGE" \$100,000
Don Moyer Boys and Girls Club "Community Coalition Summer Initiatives" \$107,000
Don Moyer Boys and Girls Club "Youth and Family Services" \$160,000
Family Service "Counseling" \$30,000
Family Service "Self-Help Center" \$28,430* (\$28,930 in the second year)
Family Service "Senior Counseling & Advocacy" \$162,350
First Followers "Peer Mentoring for Re-entry" \$95,000
Mahomet Area Youth Club "BLAST" \$15,000

Mahomet Area Youth Club "MAYC Members Matter!" \$18,000
Promise Healthcare "Mental Health Services with Promise" \$242,250
Promise Healthcare "Promise Healthcare Wellness" \$58,000
RACES "Sexual Violence Prevention Education" \$63,000
Rosecrance Central Illinois "Criminal Justice PSC" \$304,350
Rosecrance Central Illinois "Crisis, Access, & Benefits" \$203,960
Rosecrance Central Illinois "Fresh Start" \$79,310
Rosecrance Central Illinois "Prevention Services" \$60,000
Rosecrance Central Illinois "Specialty Courts" \$203,000
UP Center of Champaign Co. "Children, Youth, & Families Program" \$31,768
Urbana Neighborhood Connections "Community Study Center" \$25,500

For any PY2020 contracts extended by a second year, agencies will update program and financial forms on the online system prior to the second year of the contract. Reporting requirements and monitoring activities do not change.

Agency Interest:

Agencies responded that they would be willing to accept the terms described above, for a one-year extension of the following contracts:

CCRPC – Community Services "Justice Diversion Program" \$75,308
CCRPC – Community Services "Youth Assessment Center (YAC)" \$76,350
Champaign Co. CAC "Children's Advocacy Center" \$52,754
CSCNCC "Resource Connection" \$67,596
Crisis Nursery "Beyond Blue Champaign County" \$75,000
DREAAM House "DREAAM" \$80,000
Don Moyer Boys and Girls Club "C-U CHANGE" \$100,000
Don Moyer Boys and Girls Club "Community Coalition Summer Initiatives" \$107,000
Don Moyer Boys and Girls Club "Youth and Family Services" \$160,000
ECIRMAC (Refugee Center) "Family Support & Strengthening" \$56,440
Family Service "Counseling" \$30,000
Family Service "Self-Help Center" \$28,430 (\$28,930 in the second year, to cover the costs of the self-help conference.)*
Family Service "Senior Counseling & Advocacy" \$162,350
First Followers "Peer Mentoring for Re-entry" \$95,000
Mahomet Area Youth Club "BLAST" \$15,000
RACES "Sexual Violence Prevention Education" \$63,000
Rosecrance Central Illinois "Fresh Start" \$79,310
Rosecrance Central Illinois "Prevention Services" \$60,000
Rosecrance Central Illinois "Specialty Courts" \$203,000
Urbana Neighborhood Connections "Community Study Center" \$25,500
 These obligations total \$1,612,538.

The following programs did not request a one-year extension:

Mahomet Area Youth Club "MAYC Members Matter!" \$18,000

Promise Healthcare "Mental Health Services with Promise" \$242,250
Promise Healthcare "Promise Healthcare Wellness" \$58,000
Rosecrance Central Illinois "Criminal Justice PSC" \$304,350
Rosecrance Central Illinois "Crisis, Access, & Benefits" \$203,960
UP Center of Champaign Co. "Children, Youth, & Families Program" \$31,768
These obligations, \$858,328, along with those not selected for extension, \$2,091,785, total \$2,950,113 (includes I/DD programs totaling \$666,750).

Recommendations:

CCMHB staff recommend one-year extension of all of the contracts listed as having responded yes to the offer and the terms outlined above. We continue to plan within a very unstable funding environment, which includes uncertainty about Medicaid. Board priorities change in response to the needs of Champaign County residents who are seeking or using services. Providers respond to these and to changes in state and federal service delivery and payment systems. As a protection, all contracts allow for termination or redirection of effort when warranted by circumstances such as change in federal regulation, insufficient levy fund, or serious contract compliance issue.

Budget Impact:

Of estimated \$4,630,391 total Contributions & Grants, \$696,137 is reserved for I/DD programs per the Intergovernmental Agreement, leaving \$3,934,254. If all agencies listed above had an interest, and if the board were to approve two-year terms for the full set, the total amount of \$2,470,866 would have become unavailable for allocation in funding decisions to be made in May 2020 for July 1, 2020 to June 30, 2021, leaving \$1,463,388 for new (non I/DD) programs or continuation of relatively new programs, modified or similar.

Extension of a second one-year term for the contracts recommended above results in reduction of CCMHB funding to be allocated for PY2021 by \$1,612,538, leaving \$2,321,716 for new (non I/DD) programs, continuation of relatively new programs, whether modified or similar, or other initiatives of value to the board. (All estimates of 2020 revenue are contingent on approval by the Champaign County Board and subsequent tax collection.)

Decision Section:

Motion to approve the extension of the end dates of the terms of each contract listed above, from June 30, 2020 to June 30, 2021, and to increase each contract's maximum by an amount equal to the original contract amount, with the exception noted*, as recommended.

_____ Approved
_____ Denied
_____ Modified
_____ Additional Information Needed

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CCMHB Multi-Year Contract -OPT IN Programs								
Agency	Program	PY20 Awards	Not Eligible Programs	Programs Not Interested	Mix Yr Opt-In			
CCRPC - Community Services	Homeless Services System Coordination	\$51,906	\$51,906		\$75,308			
	Justice Diversion Program	\$75,308			\$76,350			
	Youth Assessment Center	\$76,350						
Champaign County Children's Advocacy Center	Children's Advocacy Center	\$52,754			\$52,754			
Champaign County Christian Health Center	Mental Health Care at CCCHC	\$13,000	\$13,000					
Champaign County Head Start/Early Head Start	Early Childhood Mental Health Services	\$214,668	\$214,668					
	Social Emotional Development Services	\$87,602	\$87,602					
Champaign County Health Care Consumers	CHW Outreach and Benefit Enrollment	\$59,300	\$59,300					
	Justice Involved CHW Services & Benefits	\$54,775	\$54,775					
Champaign Urbana Area Project	TRUCE	\$75,224	\$75,224					
Community Svc Center of Northern Champaign Co.	Resource Connection	\$67,596			\$67,596			
Courage Connection	Courage Connection	\$127,000	\$127,000					
Crisis Nursery	Beyond Blue Champaign County	\$75,000			\$75,000			
Cunningham Childrens Home	ECHO Housing and Employment Support	\$95,773	\$95,773					
	Parenting Model Planning/Implementation	\$280,955	\$280,955					
DREAM House	DREAM	\$80,000			\$80,000			
Developmental Services Center	Family Development	\$579,148	\$579,148					
Don Moyer Boys and Girls Club (DMBGC)	C-U CHANGE	\$100,000			\$100,000			
	CUNC	\$110,195	\$110,195					
	Community Coalition Summer Initiatives	\$107,000			\$107,000			
	Youth and Family Services	\$160,000			\$160,000			
East Central IL Refugee Mutual Assistance Center	Family Support & Strengthening	\$56,440			\$56,440			
Family Service of Champaign County	Counseling	\$30,000			\$30,000			
	Self-Help Center	\$28,430			\$28,930			
	Senior Counseling & Advocacy	\$162,350			\$162,350			
FirstFollowers	Peer Mentoring for Re-entry	\$95,000			\$95,000			
GROW in Illinois	Peer-Support	\$77,239	\$77,239					
Mahomet Area Youth Club	Bulldogs Learning and Succeeding Together	\$15,000			\$15,000			
	MAYC Members Matter!	\$18,000		\$18,000				
NAMI Champaign County Illinois	NAMI Champaign County	\$10,000	\$10,000					
Promise Healthcare	Mental Health Services with Promise	\$242,250		\$242,250				
	Promise Healthcare Wellness	\$58,000		\$58,000				
Rape Advocacy, Counseling & Education Services	Sexual Violence Prevention Education	\$63,000			\$63,000			
Rattle the Stars	Youth Suicide Prevention Education	\$55,000	\$55,000					
Rosecrance Central Illinois	Criminal Justice PSC	\$304,350		\$304,350				
	Crisis, Access, & Benefits	\$203,960		\$203,960				
	Fresh Start	\$79,310			\$79,310			
	Prevention Services	\$60,000			\$60,000			
	Recovery Home	\$200,000	\$200,000					
	Specialty Courts	\$203,000			\$203,000			
The UP Center of Champaign County	Children, Youth, & Families Program	\$31,768		\$31,768				
Urbana Neighborhood Connections	Community Study Center	\$25,500			\$25,500			
	TOTAL	\$4,562,151	\$2,091,785	\$858,328	\$1,612,538			

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7.C.

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

DECISION MEMORANDUM

DATE: November 20, 2019
TO: CCMHB Members
FROM: Mark Driscoll, Associate Director
SUBJECT: FY 2019-2021 Three-Year Plan with FY 2020 Objectives

The Three-Year Plan for Fiscal Years 2019 - 2021 (1/1/19 - 12/31/21) with Fiscal Year 2020 (1/1/20-12/31/20) Objectives has been finalized and is attached for the Board's consideration and action.

An initial draft of the Plan was included in the September Board packet. Following the release of the Plan to the Board, the draft document was distributed for public comment and posted to the Welcome Page of the online system. Discussion at the Board meeting and two study sessions resulted in some modification to the initial draft.

Modifications include the addition of new objectives on evaluation (see Objective 7 under Goal #1), workforce recruitment and retention (see Objective 7 under Goal #1, and Objective #5 under Goal #10), and increasing accessibility (see Objective 6 under Goal #3). One edit to Objective #5, Goal #1 was made, striking the proposed addition of "traditional" before therapeutic environment. These changes along with edits and additions identified in the initial draft comprise revisions to the Three-Year Plan being presented for approval by the Board.

Decision Section:

Motion: Move to approve the Three-Year Plan for Fiscal Years 2019 - 2021, with Fiscal Year 2020 Objectives.

- Approved
Denied
Modified
Additional Information Needed

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**CHAMPAIGN COUNTY MENTAL HEALTH BOARD
THREE-YEAR PLAN
FOR**

**FISCAL YEARS 2019 - 2021
(1/1/19 – 12/31/2021)**

**WITH
ONE YEAR OBJECTIVES
FOR**

**FISCAL YEAR 2020
(1/1/20 – 12/31/20)**

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CHAMPAIGN COUNTY MENTAL HEALTH BOARD

WHEREAS, the Champaign County Mental Health Board has been established under Illinois Revised Statutes (405 ILCS – 20/Section 0.1 et. seq.) in order to "construct, repair, operate, maintain and regulate community mental health facilities to provide mental health services as defined by the local community mental health board, including services for, persons with a developmental disability or substance use disorder, for residents thereof and/or to contract therefor..."

WHEREAS, the Champaign County Mental Health Board is required by the Community Mental Health Act to prepare a one- and three-year plan for a program of community mental health services and facilities;

THEREFORE, the Champaign County Mental Health Board does hereby adopt the following Mission Statement and Statement of Purposes to guide the development of the mental health plan for Champaign County:

MISSION STATEMENT

The mission of the CCMHB is the promotion of a local system of services for the prevention and treatment of mental or emotional, intellectual or developmental, and substance use disorders, in accordance with the assessed priorities of the citizens of Champaign County.

STATEMENT OF PURPOSES

1. To plan, coordinate, evaluate and allocate funds for the comprehensive local system of mental health, intellectual and developmental disabilities, and substance use disorder services for Champaign County.
2. To promote family-friendly community support networks for the at-risk, underserved and general populations of Champaign County.
3. To increase support for the local system of services from public and private sources.
4. To further develop the systematic exchange of information about local services and needs between the public/private service systems and the CCMHB.

In order to accomplish these purposes, the Champaign County Mental Health Board must collaborate with the public and private sectors in providing the resources necessary for the effective functioning of the community mental health system.

SYSTEMS OF CARE

Goal #1: Support a continuum of services to improve the quality of life experienced by individuals with mental or emotional disorders, substance use disorders, or intellectual and/or developmental disabilities and their families residing in Champaign County.

Objective #1: Expand use of evidence-informed, evidence-based, best practice, recommended, and promising practice models appropriate to the presenting need in an effort to improve outcomes for individuals across the lifespan and for their families and supporters. (Allocation Priority/Criteria Objective)

Objective #2: Promote wellness for people with mental illnesses, substance use disorders, or intellectual and/or developmental disabilities to prevent and reduce early mortality, through support services including access to services addressing basic needs, enrollment in benefit plans and coordinated access to primary care. (Allocation Priority/Criteria Objective)

Objective #3: Support development or expansion of residential and employment supports for persons with behavioral health diagnosis not covered under expansion of Medicaid or the Affordable Care Act. (Allocation Priority/Criteria Objective)

Objective #4: Support broad based community efforts to prevent opiate overdoses and expand treatment options. (Allocation Priority/Criteria Objective)

Objective #5: Build resiliency and support recovery e.g. Peer Supports, outside of a therapeutic environment. (Allocation Priority/Criteria Objective)

Objective #6: Build evaluation capacity of contracted providers utilizing expertise of evaluators from the Department of Psychology at the University of Illinois to further positive outcomes of those engaging in funded services. (Policy Objective)

Objective #7: Increase providers understanding of the value of setting internal goals for advancing program performance outcome evaluation. (Policy Objective)

Objective #8: Support targeted efforts for workforce recruitment and retention initiatives, such as scholarships, loan repayment, and assistance with professional licensure fees, with level of assistance linked to length of service commitment. (Allocation Priority/Criteria Objective)

Goal #2: Sustain commitment to addressing health disparities experienced by underrepresented and diverse populations.

Objective #1: Support culturally responsive and family driven support networks for underrepresented populations, underserved populations, and general populations of Champaign County. (Allocation Priority/Criteria Objective)

Objective #2: Provide technical assistance in support of continuous improvement of cultural and linguistic competence plans to meet the needs of the population served. (Collaboration/Coordination Objective)

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Objective #3: Encourage providers and other community-based organizations to allocate resources to provide training, seek technical assistance, provide language access and communication assistance, and pursue other professional development activities for staff and governing or advisory boards to advance cultural and linguistic competence. (Allocation Priority/Criteria Objective)

Objective #4: Use the Culturally and Linguistically Appropriate Services Standards (CLAS) as a blueprint to strengthen funded agencies' Cultural and Linguistic Competence. (Policy Objective)

Objective #5: Where families and communities are disproportionately impacted by incarceration, encourage the development of social networks and improved access to resources. (Policy Objective)

Objective #6: Address the needs of residents of rural areas and encourage greater engagement by community-based organizations. (Policy Objective)

Goal #3: Improve consumer access to and engagement in services.

Objective #1: Encourage development of collaborative agreements between providers to increase or maintain access and coordination of services for consumers throughout Champaign County. (Collaboration/Coordination Objective)

Objective #2: Participate in various coordinating councils whose missions align with the needs of the populations of interest to the Board with the intent of strengthening coordination between providers in the delivery of services. (Collaboration/Coordination Objective)

Objective #3: Explore at the Board level potential for collaboration on issues of mutual interest with the C-U Public Health District and the Champaign County Board of Health. (Collaboration/Coordination Objective)

Objective #4: Engage with CUPHD, United Way, Carle Foundation Hospital, and OSF in the collaborative planning process for the next Community Health Improvement Plan. (Collaboration/Coordination Objective)

Objective #5: Increase awareness of community services and access to information on when, where, and how to apply for services. (Collaboration/Coordination Objective)

Objective #6: Explore feasibility of co-locating services in neighborhood community centers to reach underserved and underrepresented populations, including rural areas. (Collaboration/Coordination Objective)

Goal #4: Continue the collaborative working relationship with the Champaign County Board for Care and Treatment of Persons with a Developmental Disability (CCDDB).

Objective #1: Coordinate integration, alignment, and allocation of resources with the CCDDB to ensure the efficacious use of resources within the intellectual/developmental disability (I/DD) service and support continuum. (Allocation Priority/Criteria Objective)

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Objective #2: Assess alternative service strategies that empower people with I/DD and increase access to integrated settings as exemplified by the collaborative approach to the Employment First Act. (Policy Objective)

Objective #3: With the CCDDDB, continue financial commitment to community-based housing for people with I/DD from Champaign County and as part of that sustained commitment, review the Community Integrated Living Arrangement (CILA) fund and recommend any changes. (Allocation Priority/Criteria Objective)

Objective #4: Collaborate with the Champaign County Board for the Care and Treatment of Persons with a Developmental Disability on promoting inclusion and respect for people with I/DD. (Collaboration/Coordination Objective)

MULTI-AGENCY INVOLVED YOUTH AND FAMILIES

Goal #5: Building on progress achieved through the six Year Cooperative Agreement between the Federal Substance Abuse and Mental Health Services Administration (SAMHSA), the Illinois Department of Human Services (IDHS), and the Champaign County Mental Health Board (CCMHB), sustain the SAMHSA/IDHS system of care model.

Objective #1: Support the efforts of the Champaign Community Coalition and other system of care initiatives. (Collaboration/Coordination Objective)

Objective #2: Sustain support of Champaign County family-run organizations that incorporate family-driven and youth-guided principles in use of peer support specialists, and other peer-to-peer supports to assist multi-system involved youth and their families (Allocation Priority/Criteria Objective)

Objective #3: Assess the impact of community violence on the children and youth whose families and neighborhoods are most impacted and where indicated, encourage the development of appropriate supports as prevention and early intervention strategies. (Policy Objective)

Objective #4: Promote and support those targeted interventions that specifically address historical trauma experienced by African American and other minority youth disproportionately impacted in multiple systems. (Allocation Priority/Criteria Objective)

Objective #5: Sustain commitment to building systems that are trauma-informed, family-driven, youth-guided, and culturally responsive. (Policy Objective)

Objective #6: Recognizing alignment with the work of the Community Coalition, Support the goals and objectives of the Illinois Criminal Justice Information Authority "Illinois HEALS (Helping Everyone Access Linked Systems) Action Plan" and support broad based efforts to secure funding as available through Illinois HEALS. (Collaboration/Coordination Objective)

CRIMINAL JUSTICE AND MENTAL HEALTH SYSTEM COLLABORATION

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Goal #6: Divert from the criminal justice system, as appropriate, persons with behavioral health needs or intellectual/developmental disabilities.

Objective #1: Continue involvement in the Crisis Intervention Team Steering Committee in support of increased collaboration between law enforcement and crisis service providers on implementing mobile crisis response in the community. (Collaboration/Coordination Objective)

Objective #2: Sustain efforts to engage persons with behavioral health diagnoses re-entering the community from jail or prison or with recent involvement with the criminal justice system, in treatment and other support services such as the Champaign County Problem Solving Court and reentry services. (Allocation Priority/Criteria Objective)

Objective #3: Support integrated planning and service coordination for adults involved in the criminal justice system through participation in the Champaign County Reentry Council or similar body to address needs identified in the Sequential Intercept Map gaps analysis. (Collaboration/Coordination Objective)

Objective #4: Through the National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD), in its partnership with the National Association of Counties (NACo), use and promote technical assistance and support through collaborative and mentorship opportunities aimed at improving outcomes for those with behavioral health needs and justice system involvement. (Collaboration/Coordination Objective)

Goal #7: In conjunction with the Champaign County Sheriff's Office and other community stakeholders, pursue a continuum of services as an alternative to incarceration and/or overutilization of local Emergency Departments for persons with behavioral health needs or developmental disabilities.

Objective #1: Support initiatives providing housing and employment supports for persons with a mental illness, substance use disorder, and/or intellectual and developmental disabilities through the Champaign County Continuum of Care or other local collaboration. (Allocation Priority/Criteria Objective)

Objective #2: Identify options for developing jail diversion services to provide behavioral health assessments, crisis stabilization and detoxification from alcohol and/or other substances as may be necessary to serve Champaign County. (Collaboration/Coordination Objective)

Goal #8: Support interventions for youth who have juvenile justice system involvement to reduce contact with law enforcement or prevent deeper penetration into the system.

Objective #1: Support planning process to select and implement a model with proven effectiveness engaging youth and families. (Allocation Priority/Criteria Objective)

Objective #2: Through participation on the Youth Assessment Center Advisory Board, advocate for community and education-based interventions contributing to positive youth development and decision-making. (Collaboration/Coordination Objective)

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Objective #3: Through participation and engagement in the Champaign Community Coalition and other community focused initiatives, promote and encourage multi-system collaborative approaches for prevention and reduction of youth violence. (Collaboration/Coordination Objective)

Objective #4: Utilize the principles from "Models for Change" to reduce the disproportionate minority contact with law-enforcement and involvement with the juvenile justice system. (Policy Objective)

COMMUNITY ENGAGEMENT & ADVOCACY

Goal #9: Address the need for acceptance, inclusion and respect associated with a person's or family members' mental illness, substance use disorder, intellectual and/or developmental disability through broad based community education efforts to increase community acceptance and positive self-image.

Objective #1: Continue support for and involvement in efforts to challenge stigma and discrimination, the disABILITY Resource Expo: Reaching Out for Answers, National Children's Mental Health Awareness Day, and other related community education events. (Collaboration/Coordination Objective)

Objective #2: Promote substance use disorder prevention initiatives as a community education tool targeting youth and young adults. (Collaboration/Coordination Objective)

Objective #3: Participate in behavioral health community education initiatives, such as National Depression Screening Day, to encourage individuals to be screened and seek further assistance where indicated. (Collaboration/Coordination Objective)

Objective #4: Encourage and support efforts to more fully integrate people with behavioral health disorders and/or intellectual and/or developmental disabilities into community life in Champaign County. (Allocation Priority/Criteria Objective)

Objective #5: Support Mental Health First Aid for Adults and Youth to encourage community members to provide first responder support for people that may be experiencing signs and symptoms of a crisis. (Collaboration/Coordination Objective)

Goal #10: Engage with other local, state, and federal stakeholders on emerging issues.

Objective #1: Monitor implementation of State Plan amendments, 1115 waiver pilot projects, and Managed Care by the State of Illinois, and advocate through active participation in the Association of Community Mental Health Authorities of Illinois (ACMHA) and other statewide associations and advocacy groups. (Collaboration/Coordination Objective)

Objective #2: Track state implementation of class action suit settlements involving persons with intellectual and/or developmental disabilities or mental illness, e.g. Ligas Consent Decree and Williams Consent Decree, and advocate for the allocation of state resources sufficient to meet needs of

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clients returning to home communities or seeking fuller integration in their communities. (Policy Objective)

Objective #3: Maintain active participation in the National Association of County Behavioral Health and Developmental Disability Directors (NACHBDD), National Association of Counties (NACo), and like-minded national organizations, to understand trends, best practices, and innovations and to advocate at the federal level. (Collaboration/Coordination Objective)

Objective #4: Monitor State actions to implement terms of the NB vs Norwood Consent Decree to improve access and treatment to children and youth for community based mental health and behavioral health care under the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) provisions of the Medicaid Act. (Policy Objective)

Objective #5: Advocate at the state and federal level on the issue of behavioral health and intellectual and developmental disability workforce shortages. (Policy Objective)



7.D.

DECISION MEMORANDUM

DATE: November 20, 2019
TO: Members, Champaign County Mental Health Board (CCMHB)
FROM: Lynn Canfield, Executive Director
SUBJECT: PY2021 Allocation Priorities and Decision Support Criteria

“It is no measure of health to be well adjusted to a profoundly sick society.”

– Jiddu Krishnamurti

Overview:

The purpose of this memorandum is to recommend allocation decision support criteria and funding priorities for the Champaign County Mental Health Board (CCMHB) Program Year 2021, July 1, 2020 to June 30, 2021. These are based on board discussions and our understanding of best practices and state and federal service and payment systems. Funding priorities and decision support criteria are a framework for how contracts with service providers further the mission of the Board. CCMHB members were presented an initial draft on October 23, which was then distributed to service providers, family members, advocates, and other stakeholders, with a request for comments. The present draft incorporates input from the Board, staff, and others:

- removing language about a previous ‘renewal/other’ category;
- combining secondary considerations with overarching priorities;
- emphasizing collaboration and co-funding for programs with strong public safety or public health components; and
- continuing the commitment to collaboration with the Champaign County Developmental Disabilities Board (CCDDB), through services for very young children who have developmental concerns as well supports for their families.

Statutory Authority:

The Illinois Community Mental Health Act (405 ILCS 20/ Section 0.1 et. seq.) is the basis for CCMHB funding policies. All funds shall be allocated within the intent of the controlling act, as codified in the laws of the State of Illinois. CCMHB Funding

Guidelines require that there be annual review of the decision support criteria and priorities to use in the allocation process. Upon Board approval, this memo becomes an addendum to the Funding Guidelines incorporated in standard operating procedures.

The Operating Environment:

State and federal systems, including health care coverage, mental health and addiction treatment, long-term supports, and related regulations or their enforcement are ever-changing. Systems of care, service capacity, safety net, and state and local economies hang in the balance, and some proposed changes would make it even more difficult for people who have behavioral health conditions and/or disabilities to secure services, participate in communities, and control their own service plans. The chaotic policy and funding environment is stressful for people who rely on services and contributes to “change fatigue” among providers and families, further eroding a system which already struggles to retain a qualified workforce.

Through Illinois’ 1115 waiver, pilots are testing integrated systems of behavioral and physical healthcare, as well as innovative and evidence-based approaches. Some opportunities created by the 1115 and State Plan Amendments remain under discussion, as are crisis rates, and the rollout of changes in assessment and services was not smooth.

Illinois’ Medicaid reimbursement rates remain well below the actual cost of services. The rate paid for each service is inclusive and taken as payment in full, so that providers cannot charge more for a covered service to an eligible person or accept a third-party payment. Inadequate rates and outdated rules have made it difficult for community-based providers to meet the needs of people who use Medicaid and waiver services. Medicaid Managed Care contracting continues to present challenges for community-based providers, insured persons, and other funders. In spite of Medicaid expansion, some remain uninsured, and circumstances which interrupt coverage (e.g., confusion about enrollment periods and options, incarceration) leave the cost of care to ‘someone else.’

While the federal and state issues are complicated, our hope is to identify opportunities, whether through direct CCMHB funding of agencies, helping agencies to secure other funding, promoting system redesign and innovation, coordinating across services, providing more specific assistance to individuals with qualifying conditions, increasing community awareness and education, or other. CCMHB works with advocates and providers and to identify supports and services which improve outcomes for people and promote a healthier, more inclusive community, and supports and services which are indicated and preferred but not covered by other payors.

Expectations for Minimal Responsiveness:

Applications that do not meet these expectations are “non-responsive” and will not be considered for funding. All agencies must be registered using the online system, at <http://ccmhddbrds.org>. The application must be completed using this system, with all required forms completed and submitted by the deadline. Accessible documents and

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technical assistance, limited to navigation of the online tools, are available upon request through the CCMHB office.

1. Eligible Applicant, based on completed Organization Eligibility Questionnaire.
2. Compliance with application deadline. *Late or incomplete applications will not be accepted.*
3. Proposed services or supports must relate directly to mental health, substance use disorder, or intellectual/developmental disabilities (I/DD). **How will they improve quality of life for people with behavioral health conditions or I/DD?**
4. Application must include evidence that other funding sources are not available to support this program or are maximized. Other potential sources of support should be identified and explored.
5. Coordination with providers of similar or related services must be demonstrated.

To preserve the CCMHB's emphasis on PY2021 allocation decision criteria, all applications should align with one or more of the priorities below. Applications should describe the relationship between the proposed service and mental health, substance use disorders, or intellectual/developmental disabilities. Applicants are encouraged to review the PY2020 program summaries and board discussions from April and May of 2019, as observations made in the previous review cycle may be helpful in the development of PY2021 requests for funding.

“They called me mad, and I called them mad, and damn them, they outvoted me.”

– Nathaniel Lee

Program Year 2021 CCMHB Priorities:

As an informed purchaser of service, the CCMHB considers best value and local concerns when allocating funds. The service system, which also includes programs and resources *not* funded by the CCMHB, should balance health promotion, prevention, wellness recovery supports, early intervention, effective treatments, and crisis response, and it should ensure equitable access across ages, races, and neighborhoods. Champaign County residents who participated in our community needs assessment identified some unsurprising barriers: limited provider capacity, limited ability to pay, transportation issues, services hard to figure out/not well coordinated, belief that the service or provider will not be helpful, and stigma about the condition. While these concerns are not unique to our County, they can be addressed through Board/staff activities and funded programs.

Priority – Behavioral Health Supports Which Reduce Incarceration

Community-based behavioral health supports and other resources that lead to wellness should be available to people who have mental illness, substance use disorder, or disability support needs. These should reduce contact with the criminal justice system.

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Counties bear the cost of care for people who are incarcerated, whereas care provided in the community allows for payment by state, federal, and other funding sources. More importantly, people move toward wellness and away from 'criminalization'. Supports and services should: improve health and quality of life; connect and engage the most vulnerable people; increase access to effective treatments; reduce contact with law enforcement; 'divert' to services rather than arrest, booking, or charging; eliminate inappropriate incarceration; decrease the amount of time people spend in jail; and facilitate transition to the community from jail or prison.

Current collaborations of law enforcement, local government and funders, service providers, and stakeholders emphasize: data sharing analysis; Drug Court coordination; brief screening, case management, peer support, and benefits enrollment for people in jail; and coordinated supports for those in reentry. Recommendations from a previous project funded by US Department of Justice and the CCMHB are still relevant: strengthen the system; create a coordinating council; add case management for those served by the Public Defender's office; and explore feasibility of a 24 hour 'crisis center' or alternative, such as coordinated crisis interventions across the community. In collaborations which overlap with public safety or public health interests, co-funding by appropriate entities will reflect their commitment and ensure that we are not duplicating or interfering with similar efforts

Programs offering an alternative to arrest, booking, or charging:

- intensive or targeted *case management*, Assertive Community Treatment;
- enhanced *crisis response*, including access to detox and crisis stabilization, possibly through a crisis/triage/assessment center;
- *juvenile justice diversion supports* which are evidence-based, evidence-informed, promising, recommended, or innovative; may include counseling for youth and families and *prevention/intervention* programs (*also Systems of Care priority*).

Access to treatments, for those with justice system involvement:

- *benefits enrollment*, increasing people's access to healthcare and services;
- *coordination of transition* from jail, prison, detox, or hospital to community;
- *peer mentoring and support* in jail and for those in re-entry;
- Moral Reconciliation Therapy, anger management training, or similar, for those participating in *specialty courts, court services, or in jail*.

Services disrupting the cycle of violence:

- *counseling, case management, crisis support* for survivors of violence or abuse;
- trauma-informed programming for *survivors of violence, youth* who have a risk of juvenile justice involvement or are in re-entry, and *adults* who have a risk of incarceration or are in re-entry.

Priority – Innovative Practices and Access to Behavioral Health Services

Insufficient behavioral healthcare and safety net systems not only lead to unnecessary incarcerations and hospitalizations but also to worsening of symptoms and loss of life; community awareness, system advocacy, and improved access to care and resources are

all needed. Although Champaign County Jail's frequent visitors (5 or more bookings per year) decreased 54% between 2013 and 2018, high rates of housing instability, emergency department visits, and crisis intervention contacts continue. A strengthened partnership of providers could help secure housing and other basic needs for people with behavioral health conditions.

Barriers to appropriate community care include: siloed care and outdated regulations; insufficient provider capacity; difficulty securing insurance coverage for essential services; high costs of care even with coverage; stigma; and limited transportation or resources. The US Secretary of Health and Human Services acknowledges the value of the social determinants of health/behavioral health, e.g., access to food, healthcare, and housing. Illinois is testing promising practices through a new 1115 waiver. Because social determinants have not been the traditional purview of behavioral health systems, collaboration and co-funding by other appropriate entities will add value to an application and ensure that we are not duplicating or interfering with similar efforts. Locally we can improve access to care and support innovations not otherwise funded:

Access to services which are billable to public or private insurance, through

- *wellness and recovery supports,*
- *mobile crisis response,*
- *getting people to services or bringing the services to people,*
- *intensive or specialized case management,* in some cases used as match for supportive housing, and
- *self-advocacy/self-determination,* for people to have a say in service plans;

Increased enrollment in health plans, private or public, using

- *benefits enrollment specialists, system navigators,*
- *outreach and education,* and
- *benefits counseling,* such as SSI/SSDI Outreach, Access, and Recovery (SOAR);

Behavioral healthcare for people who have severe mental illness and no insurance;

Non-billable and innovative approaches, to narrow gaps in the service system and improve outcomes for people, such as

- *peer support* networks and mentoring, including certified peer support specialists,
- *behavioral health services and supports* for those in *emergency housing,*
- *employment supports,* including job coaching, development, and paid internships,
- *community living supports,* including for housing,
- *caregiver supports,* and
- *suicide prevention education.*

Priority – Systems of Care for Children, Youth, Families

Since 2001, the CCMHB has focused on *youth* with multi-system involvement, funding evidence-based programs to reduce juvenile justice system contact among those with serious emotional disturbance. Programs have been introduced which promote positive youth development. The System of Care for Youth and Families includes the Champaign

County Community Coalition, with initiatives for summer youth programming and community crisis response to mitigate the harm caused by gun violence and other trauma. Where such community efforts overlap with public safety and public health interests, co-funding by appropriate entities will demonstrate their commitment and ensure that we are not duplicating or interfering with similar efforts.

The CCMHB has also funded programs for *young children*, including perinatal supports, early identification, prevention, and treatment. Coordination of public and private early childhood provider organizations has resulted in a Home Visitors Consortium which aims to become a “no wrong door” System of Care for very young children and their families, building resilience and self-determination, with an understanding of the negative impacts of Adverse Childhood Experiences. Programs may also serve children who have an identified developmental delay or disability (DD) or risk, as well as offering supports for the families of these children, aligned with Collaboration with CCDDDB priority below.

For best outcomes and to avoid criminalizing behavioral and developmental issues, Systems of Care should be strength-based, well-coordinated, family-driven, person-centered, trauma-informed, and culturally responsive. Early involvement has potential to improve individual and community health and disrupt poverty. Year-round, positive opportunities for all Champaign County children, from birth through young adulthood, should maximize social/emotional success and help them stay excited about learning. Success is sustainable when families and communities are resilient. Of interest are:

- *Family-driven and youth-guided organizations* which acknowledge the role of peer support, coordination, and system planning and advocacy;
- *Behavioral health supports* organized through partnerships such as the Community Coalition or the Home Visitors Consortium;
- *Evidence-based, evidence-informed, innovative, or promising programs* for children or youth who have been impacted by trauma or a mental, behavioral, or emotional disorder or who have multiple system involvement;
- *Positive programs for girls, young women, and youth of any gender*, to mirror successful programs for males, e.g., DREAM and Midnight Basketball.

Priority - Collaboration with the Champaign County Developmental Disabilities Board

The Intergovernmental Agreement (IGA) with the Champaign County Developmental Disabilities Board (CCDDDB) requires integrated planning concerning Intellectual and Developmental Disabilities (I/DD) allocation decisions and includes a specific CCMHB set-aside, which for PY2021 will likely total \$696,137 (PY2020 amount of \$666,750 plus an increase equal to increase in the property tax levy extension). In addition to funding agency programs, the Boards share a Community Integrated Living Arrangement (CILA) Expansion project, which has enabled the purchase, improvement, and maintenance of two small group homes for people with I/DD who would otherwise be unable to live in this community. This effort aligns with the Ligas consent decree and Olmstead decision.

This commitment continues for PY2021, with a particular interest in programs focused on the developmental needs of very young children and support for their families. In recent years, the CCMHB has funded such efforts as they complement an array of approaches to behavioral health support for very young children and their families, and for which service providers collaborate toward a System of Care for children and families (see above). Services and supports not covered by Early Intervention or under the School Code, for young children with developmental and social-emotional concerns, might include: coordinated, home-based services addressing all areas of development and taking into consideration the needs of the family; early identification of delays through consultation with child care providers, pre-school educators, medical professionals, and other providers of service; education, coaching, and facilitation to focus on strengthening personal and family support networks; identification and mobilization of individual and family gifts and capacities, to access community associations and learning spaces.

Applications should explain how services, across levels of intensity of support, are as family driven, self-determined, and integrated as possible, consistent with state and federal standards.

Overarching Considerations:

Underserved/Underrepresented Populations and Countywide Access

Programs should promote access for underserved /underrepresented populations as identified in the Surgeon General's Report on Mental Health: Culture, Race, and Ethnicity and according to Substance Abuse and Mental Health Services Administration (SAMHSA). A Cultural and Linguistic Competence Plan (CLCP) is required of each applicant organization, and the online system includes a CLCP form aligned with requirements of Illinois Department of Human Services. The form has been modified so that an agency may include activities consistent with the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards). Applications should address earlier, accurate identification in members of underrepresented populations and reduction of racial disparities in the utilization of services, mirrored by overrepresentation in justice and child welfare systems and a disproportionate trauma impact. Underserved groups and people living in rural areas should have access to quality services; engagement strategies should be identified.

Inclusion and Anti-Stigma

Proposals for funding should describe how the proposed service or support increases inclusion or reduces the stigma associated with behavioral health disorders or intellectual and/or developmental disabilities. Stigma limits people's participation, inhibits economic self-sufficiency, and increases vulnerability. It may even be a driver of declining State and Federal support for effective treatments. Stigma harms communities and individuals, especially those who are underserved or underrepresented due to sexuality, gender, race, ethnicity, immigrant/refugee/asylee status, preferred or first language, or disability. People are most safe when they have routine contacts with other people, whether co-workers, neighbors, members of a faith community, acquaintances at fitness or recreation

activities, or other social clubs/networks. Community involvement helps decrease stigma. Young adults are at risk due not only to brain development and pressure to perform in school but also to fear of being exposed as having a behavioral health condition. Nationally, increases in farmer suicide and opioid/other addiction require that we improve awareness and lower the stigma in communities where traditional services are lacking but networks of support could be strengthened. Recognizing that lives are lost when stigma prevents people from seeking support, the CCMHB has an interest in building resilience, community awareness, and inclusion, as well as directly challenging negative attitudes and discriminatory practices. Stigma is worsening, in spite of the American Psychiatric Association's finding that people with mental illness are more likely to be victims of gun violence than perpetrators.

Outcomes

Proposals for funding should identify measures of access for people seeking to participate in the program and of outcomes expected to result from this participation. Because defining and measuring valuable outcomes can be a challenge, the Board offers support through a research team from University of Illinois at Urbana Champaign's Department of Psychology, with training and technical assistance on 'theory of change' logic modeling, an 'outcome bank', and a template for reporting. Agencies using these resources may gain an advantage when competing for other funding, in an increasingly competitive funding environment. Applicant organizations reporting on outcomes to other funders may choose to include those outcomes, if relevant, in their application for CCMHB funding. Unlike the healthcare system, where process measures dominate (e.g., lower blood pressure), behavioral health asks if people's lives are better as a result of the service. Outcomes reflect what people want and demonstrate a program's successes.

Coordinated System

Toward a more inclusive, efficient, and effective local system, proposals should include evidence of collaboration and should acknowledge other resources and how they are linked. In recent years, the CCMHB has emphasized coordination and collaboration, not only to avoid overserving and overspending but also to reach our least connected residents. Of interest are: collaborations with other providers and stakeholders (schools, support groups, hospitals, advocates); a commitment to updating information in any resource directory databases; participation in trainings, workshops, or council meetings with providers of similar services; and partnerships which go further to make sure that all who have a need are reached. Any written agreements should include details of coordinated services, referral relationships, or partnerships between providers. Applications for funding should acknowledge these relationships. A joint application may be submitted by two or more agencies with common goals, proposing services and supports or shared infrastructure, such as office space, data systems, and professional services. Collocation of various organizations' supports through community centers (such as worksites, churches, libraries, other 'hubs') or mobile service has the potential to reach underserved people who live in rural areas or neighborhoods with low access to health, behavioral health, social services, and other resources (*see above, Underserved/Underrepresented Populations and Countywide Access*).

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Budget and Program Connectedness

Proposals require a Budget Narrative explaining the relationship between anticipated costs and program components. Clarity about what the Board is buying includes the relevance of all expenses, direct and indirect. Per Funding Guidelines, calculation and rationale should be explicit as to the relationship between each expense and the value of the program. Programs offering services billable to Medicaid should identify non-billable activities and the associated costs to be charged to the CCMHB. While CCMHB funds should not pay for service activities or supports billable to another payor, the Board has an interest in programs taking advantage of multiple resources in order to secure long-term sustainability.

Added Value and Uniqueness

Applications should identify specific, even unique, features of the approach, the staff, and the funding mix. Approach/Methods/Innovation: Cite the relevant recommended, promising, evidence-based, or evidence-informed practice and address fidelity to the model under which services are to be delivered. In the absence of such an approach to meet defined community need, clearly describe the innovative approach, including method of evaluation, to be considered. Staff Credentials: Highlight staff credentials and specialized training. Resource Leveraging: While leveraging is strictly interpreted as local match for other grant funding, describe all approaches which amplify CCMHB resources: state, federal, and local funding; volunteer or student support; community collaborations. If CCMHB funds are to be used to meet a match requirement, reference the funder requiring match and identify the match amount in the Budget Narrative. *The CCMHB itself is often not eligible to apply directly for federal or state funding but encourages and assists eligible entities in identifying and pursuing opportunities.*

Process Considerations:

Priority areas and overarching considerations will be used as discriminating factors which influence final allocation decision recommendations. The CCMHB uses an online system for agencies applying for funding. An agency must complete the one-time registration process, including an organization eligibility questionnaire, before receiving access to online application forms. Criteria described in this memorandum are to be used as guidance by the Board in assessing applications for funding. They are not the sole considerations in final funding decisions. Other considerations include the judgment of the Board and staff, evidence of the provider's ability to implement the services proposed, the soundness of the proposed methodology, and the administrative and fiscal capacity of the agency. Further, to be eligible to receive CCMHB funds, applications must reflect the Board's stated goals, objectives, operating principles, and public policy positions; downloadable versions of Board documents are on the public page of the online system, at <http://ccmhddbrds.org>. Final decisions rest with the CCMHB and their judgment concerning the most appropriate and effective use of the fund, based on assessment of community needs, equitable distribution across disability areas, and alignment with decision support criteria.

The CCMHB allocation of funding is a complex task and not a request for proposals (RFP). Applicants are not responding to a common set of specifications but rather are seeking funding to address a wide variety of support needs of people who have mental health conditions, substance use disorders, or intellectual/developmental disabilities. The nature and scope of applications may vary widely and may include prevention and early intervention models. A numerical rating methodology is not relevant or feasible. Our focus is on what constitutes a best value to the community, in the service of its most vulnerable members, and is based on a combination of cost and non-cost factors, reflecting an integrated assessment of the relative merits of applications using criteria and priorities approved by the CCMHB. In the event that applications for funding are not sufficiently responsive to the criteria and priorities described in this memorandum, the CCMHB may choose to set aside funding to support RFPs with prescriptive specifications to address the priorities. The CCMHB may also choose to identify requests, including for capital and infrastructure projects, which are appropriate for an award of funding to be issued during the Program Year 2021 but later than July 1, 2020, in the event of greater than expected Board revenue.

Caveats and Application Process Requirements:

- Submission of an application does not commit the CCMHB to award a contract, to pay any costs incurred in the preparation of an application, or to pay for any other costs incurred prior to the execution of a formal contract.
- During the application period and pending staff availability, technical assistance will be limited to process questions concerning the use of the online registration and application system, application forms, budget forms, application instructions, and CCMHB Funding Guidelines. Support is also available for CLC planning.
- Applications with excessive information beyond the scope of the application format will not be reviewed and, at staff discretion, may be disqualified from consideration.
- Letters of support are not considered in the allocation and selection process. Written working agreements with other agencies providing similar services should be referenced in the application and available for review upon request.
- The CCMHB retains the right to accept or reject any application or to refrain from making an award, when such action is deemed to be in the best interest of the CCMHB and residents of Champaign County.
- The CCMHB reserves the right to vary the provisions set forth herein at any time prior to the execution of a contract where the CCMHB deems such variances to be in the best interest of the CCMHB and residents of Champaign County.
- Submitted applications become the property of the CCMHB and, as such, are public documents that may be copied and made available upon request after allocation decisions have been made and contracts executed. Submitted materials will not be returned.
- The CCMHB reserves the right, but is under no obligation, to negotiate an extension of any contract funded under this allocation process for up to a period not to exceed two years, with or without additional procurement.
- If selected for contract negotiation, the applicant may be required to prepare and submit additional information prior to final contract execution, in order to reach

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terms for the provision of services agreeable to both parties. Failure to submit required information may result in disallowance or cancellation of contract award.

- The execution of final contracts resultant of this application process is dependent upon the availability of adequate funds and the needs of the CCMHB.
- The CCMHB reserves the right to further define and add application components as needed. Applicants selected as responsive to the intent of this online application process will be given equal opportunity to update proposals for the newly identified components.
- To be considered, proposals must be complete, received on time, and responsive to the application instructions. Late or incomplete applications will be rejected.
- If selected for funding, the contents of a successful application will be developed into a formal contract. Failure of the applicant to accept these obligations can result in cancellation of the award for contract. The CCMHB reserves the right to withdraw or reduce the amount of an award if the application has misrepresented the applicant's ability to perform.
- The CCMHB reserves the right to negotiate the final terms of any or all contracts with the selected applicant, and any such terms negotiated as a result of this process may be renegotiated and/or amended in order to meet the needs of Champaign County. The CCMHB reserves the right to require the submission of any revision to the application which results from negotiations conducted.
- The CCMHB reserves the right to contact any individual, agency, or employee listed in the application or to contact others who may have experience and/or knowledge of the applicant's relevant performance and/or qualifications.
- During and subsequent to its application review process, the CCMHB may deem some programs as appropriate for two-year contracts.

Decision Section:

Motion to approve the CCMHB Program Year 2021 Allocation Priorities and Decision Support Criteria as described in this memorandum.

- Approved
- Denied
- Modified
- Additional Information Needed

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(A.E.)

DECISION MEMORANDUM

DATE: November 20, 2019
TO: Members, Champaign County Developmental Disabilities Board (CCDDB)
FROM: Lynn Canfield, Executive Director
SUBJECT: PY2021 Allocation Priorities and Decision Support Criteria

“The theme you choose may change or simply elude you, but being your own story means you can always choose the tone. It also means that you can invent the language to say who you are and what you mean.”

— *Toni Morrison*

Overview:

The purpose of this memorandum is to recommend allocation decision support criteria and funding priorities for the Champaign County Developmental Disabilities Board (CCDDB) Program Year 2021, July 1, 2020 to June 30, 2021. These are based on Board discussions and our understanding of best practices and state and federal service and payment systems. Funding priorities and decision support criteria are a framework for how contracts with service providers further the mission and goals of the Board. Members of the CCDDB were presented with an initial draft in the packet for their September 18, 2019 meeting. That draft version was shared with service providers, family members, advocates, and other stakeholders, with a request for comments.

The current draft, presented for board consideration and approval, incorporates input from:

- agency representatives and board members, related to the service activities reported as individual claims;
- a statewide provider, regarding the strength of local family and provider networks; a family advocate, regarding the state’s reliance on institutional care;
- board and staff, to combine secondary considerations with overarching priorities and to revise some language in process items and caveats; and

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- the Champaign County Mental Health Board (CCMHB) regarding their continued commitment to people with developmental disabilities and specific interest in supports for very young children and their families.

Statutory Authority:

The Community Care for Persons with Developmental Disabilities Act (50 ILCS 835/ Sections 0.05 to14) is the basis for CCDDDB funding policies. All funds shall be allocated within the intent of the controlling act, as codified in the laws of the State of Illinois. CCDDDB Funding Guidelines require annual review of the decision support criteria and priorities to be used in the funding allocation process. Upon approval by the Board, this memorandum becomes an addendum to the Funding Guidelines incorporated in standard operating procedures.

The Operating Environment:

State and federal systems, including health care coverage, long-term supports, and related regulations and their enforcement are ever-changing. Systems of care, service capacity, safety net, and state and local economies hang in the balance, and some proposed changes would make it even more difficult for people who have intellectual/developmental disabilities (I/DD) to secure services, participate in communities, and control their own day and service plan. The chaotic policy and funding environment is stressful for people who rely on services and leads to “change fatigue” in providers and funders, further eroding a system which already struggles to retain a qualified workforce.

Illinois’ Medicaid reimbursement rates remain well below the actual cost of services; this is especially true for the I/DD services. The rate paid for each service is inclusive and taken as payment in full, so that providers cannot charge more for a covered service to an eligible person or accept a third-party payment. Inadequate rates and outdated rules have made it difficult for community-based providers to meet the needs of people who use Medicaid and waiver services. For the last two years, the federal Ligas Court Monitor and Judge have agreed that the state is out of compliance with terms of the Ligas Consent Decree, identifying low rates as one of the problems. Earlier in 2019, a 3.5% increase was approved by the state for the Medicaid waiver services offered by the Illinois Department of Human Services-Division of Developmental Disabilities, but at the time of this writing, federal Centers for Medicare and Medicaid Services has not approved the increase. Further complicating matters, the increases in Illinois minimum wage and DSP wages require a greater rate increase than the 3.5%; as of January 1, Chicago area providers will lose \$1,000 per individual as a result. Years of advocating for increases in the reimbursement rates and DSP wages have been only partly effective.

Medicaid Managed Care contracting would also present significant challenges for providers, insured persons, and other funders. Kansas and Iowa made this shift in recent years, with troubling results. Illinois does not appear ready to move the I/DD waiver services into Managed Care quite yet – one piece of great news. If the state does make this move, funders

such as the CCDDDB and CCMHB might consider different strategies for supporting people with I/DD, e.g., indirect/infrastructure funding or workforce development initiatives.

Many eligible residents of Champaign County do not yet have Medicaid waiver funding through the state. Their enrollment in the Illinois Department of Human Services – Division of Developmental Disabilities’ Prioritization of Urgency of Need for Services (PUNS) database lets the state know who is waiting and approximately what their service needs will be; PUNS enrollment also creates an opportunity to establish their eligibility, justifying the use of local funding to provide relief for those waiting.

While federal and state threats and changes are complicated, our hope is to identify opportunities, whether through direct CCDDDB funding of agencies, helping agencies to secure other funding, promoting system redesign and innovation, coordinating across services, providing more specific assistance to individuals with I/DD, increasing community awareness and education, or other.

The CCDDDB works with advocates and providers to identify supports and services which improve outcomes for people and promote a healthier, more inclusive community and supports and services which are desirable but not covered by Medicaid or the I/DD waivers. Through person-centered plans, people have more control over their plans, services, and the outcomes which are meaningful to them.

Workforce Shortages:

Nationally, the cost of turnover of Direct Support Professionals (DSPs) is at least \$2,000 per DSP. Illinois’ low reimbursement rates have exacerbated the situation here. During periods of staff absence, shifts are covered by supervisors, managers, or other staff at overtime. DSPs must complete over 40 hours of training at the beginning of their service. It is costly to lose these workers, and it becomes harder to replace them when other employment opportunities are more lucrative and less demanding.

The board’s primary strategy for fulfilling its mission is to contract with community-based organizations for services and supports. Our success relies on a stable and qualified workforce. Recruitment and retention will improve when the workforce is professionalized and rewarded with competitive wages and advancement opportunities. Systemic problems associated with the workforce shortage include:

- gaps in coverage, disruption of care, and high turnover interfere with the development of positive relationships between staff and people who use services;
- service capacity cannot be expanded without a much larger direct support staff workforce, so that even those selected from PUNS for Medicaid-waiver awards struggle to find providers;
- turnover adds significant associated costs in recruitment and hiring activities, overtime pay during shortages, and training of new staff;
- agencies and programs compete to keep direct support staff, as the need increases in other systems (e.g., care of older citizens);
- these problems have spread to other sectors of the I/DD workforce, including leadership and governance.

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The shortage of direct support professionals and respite workers across the country is acutely felt in our community. Illinois consistently ranks among the lowest in the nation in community-based I/DD care but is near the top in the use of institutional care, separating people from their families and communities and tying up the state's I/DD investments in services not eligible for federal matching funds. In addition to strategies for strengthening the workforce, the situation may be improved through system advocacy, a strength of parent and self-advocacy networks.

Expectations for Minimal Responsiveness:

Applications that do not meet these expectations are “non-responsive” and will not be considered for funding. All agencies must be registered using the online system, at <http://ccmhddbrds.org>. The application must be completed using this system, with all required forms completed and submitted by the deadline. Accessible documents and technical assistance, limited to navigation of these online tools, are available upon request through the CCDDDB office.

1. Eligible Applicant, based on completed Organization Eligibility Questionnaire.
2. Compliance with application deadline. *Late or incomplete applications will not be accepted.*
3. Proposed services or supports must relate directly to intellectual/developmental disabilities. **How will they improve the quality of life for persons with I/DD?**
4. Application must include evidence that other funding sources are not available to support this program or are maximized. Other potential sources of support should be identified and explored.
5. Coordination with providers of similar or related services must be demonstrated.

“I note the obvious differences between each sort and type, but we are more alike, my friends, than we are unlike.”

– *Maya Angelou*

To the extent that help from others is desired and effective, a well-coordinated system of services and supports can improve an individual's access, independence, self-esteem, and productivity. People who are realizing their goals and feel connected are healthier and safer and contribute meaningfully to the community's health, culture, economy, and mood.

During our 2018 community needs assessment, people with I/DD identified what is important to them and what they don't like:

“I want to work part time, hang out with my mom, and live a low-key life.”

“I do not like DHS or DCFS. They are not fair.”

“More free events, fun events, not just going to library events. If they want to do a paid trip but has no money, being treated once in a while.”

“community involvement and accessibility”
“make a way for someone else”
“advocating for myself and for others”
“I don’t care about exposure. I want to make money.”

Program Year 2021 CCDDDB Priorities:

Priority: Linkage

The CCDDDB will support advocacy efforts to connect people who have I/DD to appropriate state funding and other resources. Conflict-free Case Management (CFCM) and Person-Centered Planning (PCP) are federal standards and are required for all Home and Community Based Services. Intensive case management (different from CFCM) has value for people with I/DD as they define their own goals and how to achieve them. Intensive case management may be helpful to people with more complex support needs related to aging, co-occurring physical or behavioral health conditions, or traumatic experiences. Planning and assessment activities should have no risk of conflict of interest; advocacy, linkage, and coordination should be guided by a Person-Centered Plan.

Priority: Work

Job development and matching, job coaching, job skills training in community work settings, and innovative employment supports may help people achieve their desired outcomes. Proposed programs should incorporate recommended or innovative practices, the principles of Employment First, and a focus on people’s specific aspirations and abilities, in the most integrated community settings possible. Paid internships may produce positive results for people traditionally directed to sheltered day/habilitation programs. People may desire support for paths to self-employment/business ownership. Job matching and educating employers about the benefits of working with people who have I/DD should lead to work for people with I/DD.

Priority: Non-Work

Flexible support for people with I/DD can stabilize home and community life in person-centered, family-driven, and culturally appropriate ways, and should emphasize social and community integration for people with I/DD. Delivered in the least segregated environments and selected by the person, supports for success may include: assistive technology and accessibility supports; speech or occupational therapy; respite; personal care support; independent living skills training; social, communication, or functional academics skills development; vocational training; facilitation of social and volunteer opportunities; transportation assistance; community education and recreation, health and fitness, mentoring or other; and development of networks for people with I/DD and their families.

Priority: Young Children and their Families

Services and supports not covered by Early Intervention or under the School Code, for young children with developmental and social-emotional concerns, might include: coordinated, home-based services addressing all areas of development and taking into consideration the needs of the family; early identification of delays through consultation with child care providers, pre-school educators, medical professionals, and other providers of service; education, coaching, and facilitation to focus on strengthening personal and family

support networks; systematic identification and mobilization of individual and family gifts and capacities, to access community associations and learning spaces. Through the intergovernmental agreement, the CCMHB has funded these programs, which complement an array of CCMHB funded programs addressing behavioral health of very young children and their families, and for which service providers collaborate toward a System of Care for children and families. For PY2021, the CCMHB has a strong interest in this priority area as a demonstration of their continued commitment to people with I/DD.

Priority: Self-Advocacy

Nationally most care is provided by family, friends, and community. Parent and self-advocate support networks are critical to the system of supports, identifying new or non-traditional resources, understanding how the service system works or does not work, and raising awareness. Self-advocacy and family support organizations, especially those governed by people who have I/DD, their families, and other supporters, might focus on: improved understanding of diagnoses and conditions, resources, and rights; peer mentoring; navigating the service system; making social connections; engaging in system-level advocacy; and distributing current, accessible information to families and professionals. A strength of Champaign County is the presence of parent and self-advocate networks, small and mighty, which energize and inform the system of supports, our understanding of service preferences, and community awareness of care, accessibility, and inclusion.

Priority: Housing

People who have disabilities should have options for housing of their choice, in their own communities, with people they choose, with supports appropriate to their needs and preferences. Given the conundrum of state/federal funding for most residential options, proposals may offer creative approaches to independent community living opportunities in Champaign County.

Overarching Considerations:

Underserved/Underrepresented Populations and Countywide Access

Programs should promote access for underserved/underrepresented populations as identified in the Surgeon General's Report on Mental Health: Culture, Race, and Ethnicity and according to the federal Substance Abuse and Mental Health Services Administration (SAMHSA). A Cultural and Linguistic Competence Plan (CLCP) is required of each applicant organization, and the online application system includes a CLCP form aligned with requirements of Illinois Department of Human Services. The form has been modified so that an agency may include activities consistent with the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards.) Applications should address earlier, more accurate identification of I/DD in underrepresented populations, as well as reduction of racial disparities in the utilization of services. Members of underserved populations and people living in rural areas should have the opportunity to use quality services; engagement strategies should be identified.

Inclusion, Integration, and Anti-Stigma

Proposals for funding should promote the fullest possible community integration. People are most safe when they have routine contacts with other people, whether co-workers, neighbors, members of a faith community, acquaintances at fitness or recreation centers, or

social clubs/networks. Community involvement helps decrease stigma. Stigma limits people's participation, inhibits economic self-sufficiency, and increases vulnerability. It may even be a driver of declining State and Federal support. Stigma harms communities and individuals, especially those who are underserved or underrepresented due to sexuality, gender, race, ethnicity, immigrant/refugee/asylee status, preferred or first language, or disability. The CCDDDB has an interest in building resilience, community awareness, and inclusion, as well as directly challenging negative attitudes and discriminatory practices. Fullest inclusion aligns with standards established in Home and Community Based Services rules, Workforce Innovation and Opportunity, and Department of Justice ADA/Olmstead findings. Although complicated, the paradigm shift these represent is clear.

Outcomes

Applications for funding will identify measures of access for people seeking to participate in the program and outcomes expected to result from this participation. Because defining and measuring valuable outcomes is challenging, an 'outcome measure bank' and a reporting template are available online. A small set of programs may be selected to receive intensive support from UIUC Department of Psychology researchers in the development and use of theory of change logic modeling. Organizations reporting on outcomes to other funders may include those outcomes, if relevant, in the application for CCDDDB funding. The Council on Quality and Leadership and the National Core Indicators share a focus on:

- *Personal Outcomes* – improve people's positive **relationships**, increase personal **satisfaction**, allow them to exercise **choice** in decisions made about/for/with them, support **self-determination**, support real **work**, and increase people's **inclusion** in their community.
- *Family Outcomes* - support **involvement** of family members of people who have I/DD, offer them opportunities for **connection**, reliable resources for **information**, **planning**, **access**, and **support**, give them **choice and control**, and maximize **satisfaction**.

Coordinated System

Toward a more inclusive, efficient, and effective local system, proposals should include evidence of collaboration and should acknowledge other resources and how they are linked. In recent years, the CCDDDB has emphasized coordination and collaboration, not only to avoid overserving and overspending but also to reach our least connected residents. Of interest are: collaboration with other providers; a commitment to updating information in resource directories and databases; and participation in trainings, workshops, or council meetings with other providers of similar services. While the CCDDDB cannot pay for services which are covered under the School Code or are the responsibility of other service systems (e.g., medical, law enforcement, justice system), activities may include collaboration, linkage, training, and similar as appropriate to the proposed service and people to be served. Written working agreements should include details of coordinated services, referral relationships, and other partnerships between providers; applications for funding should acknowledge these relationships. Collaboration may also be captured in a joint application submitted by two or more agencies and proposing services and supports consistent with their shared mission. Shared infrastructure (physical, data systems, professional services, etc.) can support organizations' common goals, reducing indirect costs, reporting on shared outcomes, etc.

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Budget and Program Connectedness

Proposals require a Budget Narrative explaining the relationship between anticipated costs and program components. Clarity about what the Board is buying includes the relevance of all expenses, direct and indirect. Per Funding Guidelines, calculation and rationale should be explicit as to the relationship between each expense and the value of the program. Programs offering services billable to Medicaid should identify non-billable activities and the associated costs to be charged to the CCDDDB. While these funds should not pay for service activities or supports billable to another payor, the Board has an interest in programs taking advantage of multiple resources in order to secure long-term sustainability.

Person Centered Planning (PCP)

Every person who will participate in a proposed program should have the opportunity to direct their services and supports. The Person-Centered process seeks a balance between what is important TO a person and what is important FOR a person and includes strengths, preferences, clinical and support needs, and the person's desired outcomes. CCDDDB funding should be associated with people rather than programs. All services and supports should be documented in a plan which is directed by the person and consistent with Illinois Department of Human Services – Division of Developmental Disabilities' guidelines for PCP. In a self-determined, integrated system:

- *people control their day*, what they do and where, and with whom they interact;
- *people build connections* to their community as they choose, for work, play, learning, and more, in places other community members use and at the same times they use them;
- *people create and use networks of support* consisting of friends, family, community members with similar interests, and allies they choose; and
- *people advocate for themselves*, make informed choices, control their own service plans, and pursue their own aims.

Applications for funding will describe how specific services relate to what people have indicated that they want and need. For PY2021, funded programs will be required to report all service activities in simple categories, as full hours, to capture whether the service happens with the individual or on their behalf (in their absence) and whether the service is delivered in the community (including the person's home) or at an agency office. Benchmarks may be developed to promote fullest inclusion. Previous years' aggregate reports have demonstrated the complicated service mix and widely varying utilization patterns and costs, but lowering the time spent reporting should increase direct support.

Added Value and Uniqueness

Applications should identify specific, even unique, features of the approach, the staff, and the funding mix. Approach/Methods/Innovation: Cite the relevant recommended, promising, evidence-based, or evidence-informed practice and address fidelity to the model under which services are to be delivered. In the absence of such an approach to meet defined community need, clearly describe the innovative approach, including method of evaluation, to be considered. Staff Credentials: Highlight staff credentials and specialized training. Resource Leveraging: While leveraging is strictly interpreted as local match for other grant funding, describe all approaches which amplify CCDDDB resources: state, federal, and local funding; volunteer or student support; community collaborations. If CCDDDB funds are

to be used to meet a match requirement, reference the funder requiring match and identify the match amount in the Budget Narrative. *The CCDDDB is often not eligible to apply directly for federal or state funding but encourages and assists eligible entities in identifying and pursuing opportunities.*

Process Considerations:

Priority areas and overarching considerations will be used as discriminating factors which influence final allocation decision recommendations. The CCDDDB uses an online system for agencies applying for funding. An agency must complete the one-time registration process, including an organization eligibility questionnaire, before receiving access to online application forms. Criteria described in this memorandum are to be used as guidance by the Board in assessing applications for funding. They are not the sole considerations in final funding decisions. Other considerations include the judgment of the Board and staff, evidence of the provider's ability to implement the services proposed, the soundness of the proposed methodology, and the administrative and fiscal capacity of the agency. Further, to be eligible to receive CCDDDB funds, applications must reflect the Board's stated goals, objectives, operating principles, and public policy positions; downloadable versions of these Board documents are available on the public page of the online application system, at <http://ccmhddbrds.org>. Final decisions rest with the CCDDDB and their judgment concerning the most appropriate and effective use of the fund, based on assessment of community needs, equitable distribution across disability support areas, and alignment with decision support criteria.

The Intergovernmental Agreement between the CCDDDB and the Champaign County Mental Health Board (CCMHB) establishes that a portion of CCMHB funding be reserved for allocation to I/DD services and supports. These allocation decisions are aligned with CCDDDB priority areas as defined in this document. Recommendations will be made by the CCDDDB and staff, which are then considered and acted upon by the CCMHB, resulting in contracts between the CCMHB and I/DD service providers.

The CCDDDB allocation of funding is a complex task and not a request for proposals (RFP). Applicants are not responding to a common set of specifications but rather are seeking funding to address a wide variety of support needs for people who have intellectual and/or developmental disabilities. The nature and scope of applications may vary widely and may include treatment and early intervention models. As a result, a numerical rating/selection methodology is not relevant or feasible. Our focus is on what constitutes a best value to the community, in the service of its members who have I/DD, and is therefore based on a combination of cost and non-cost factors, reflecting an integrated assessment of the relative merits of applications using criteria and priorities approved by the CCDDDB. In the event that applications are not sufficiently responsive to the criteria and priorities described in this memorandum, the CCDDDB may choose to set aside funding to support RFPs with prescriptive specifications to address the priorities. The CCDDDB may also choose to identify requests, including for capital and infrastructure projects, which are appropriate for an award of funding to be issued during the Program Year 2021 but later than July 1, 2020, in the event of greater than expected Board revenue.

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Caveats and Application Process Requirements:

- Submission of an application does not commit the CCDDDB to award a contract or to pay any costs incurred in the preparation of an application or to pay for any other costs incurred prior to the execution of a formal contract.
- During the application period and pending staff availability, technical assistance will be limited to process questions concerning the use of the online registration and application system, application forms, budget forms, application instructions, and CCDDDB Funding Guidelines. Support is also available for CLC planning.
- Applications with excessive information beyond the scope of the application format will not be reviewed and, at the discretion of staff, may be disqualified from consideration.
- Letters of support are not considered in the allocation and selection process. Written working agreements with other agencies providing similar services should be referenced in the application and available for review upon request.
- The CCDDDB retains the right to accept or reject any application or to refrain from making an award, when such action is deemed to be in the best interest of the CCDDDB and residents of Champaign County.
- The CCDDDB reserves the right to vary the provisions set forth herein at any time prior to the execution of a contract where the CCDDDB deems such variances to be in the best interest of the CCDDDB and residents of Champaign County.
- Submitted applications become the property of the CCDDDB and, as such, are public documents that may be copied and made available upon request after allocation decisions have been made and contracts executed. Submitted materials will not be returned.
- The CCDDDB reserves the right, but is under no obligation, to negotiate an extension of any contract funded under this allocation process for up to a period not to exceed two years, with or without additional procurement.
- If selected for contract negotiations, the applicant may be required to prepare and submit additional information prior to final contract execution, in order to reach terms for the provision of services agreeable to both parties. Failure to submit required information may result in disallowance or cancellation of contract award.
- The execution of final contracts resultant of this application process is dependent upon the availability of adequate funds and the needs of the CCDDDB.
- The CCDDDB reserves the right to further define and add application components as needed. Applicants selected as responsive to the intent of this online application process will be given equal opportunity to update proposals for the newly identified components.
- To be considered, proposals must be complete, received on time, and responsive to the application instructions. Late or incomplete applications shall be rejected.
- If selected for funding, the contents of a successful application will be developed into a formal contract. Failure of the applicant to accept these obligations can result in cancellation of the award for contract. The CCDDDB reserves the right to withdraw or reduce the amount of an award if the application has misrepresented the applicant's ability to perform.
- The CCDDDB reserves the right to negotiate the final terms of any or all contracts with the selected applicant, and any such terms negotiated as a result of this

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application process may be renegotiated and/or amended in order to meet the needs of Champaign County. The CCDDDB reserves the right to require the submission of any revision to the application which results from negotiations conducted.

- The CCDDDB reserves the right to contact any individual, agency, or employee listed in the application or to contact others who may have experience and/or knowledge of the applicant's relevant performance and/or qualifications.
- During and subsequent to its application review process, the CCDDDB may deem some programs as appropriate for two-year contracts.

Decision Section: *Not Applicable to the CCMHB*

Motion to approve the CCDDDB Program Year 2021 Allocation Priorities and Decision Support Criteria as described in this memorandum.

- Approved
- Denied
- Modified
- Additional Information Needed



9.A.

CCMHB 2019-2020 Meeting Schedule

First Wednesday after the third Monday of each month--5:30 p.m.
Brookens Administrative Center
Lyle Shields Room
1776 E. Washington St., Urbana, IL (unless noted otherwise)

November 20, 2019
December 18, 2019 (tentative)
January 22, 2020
February 19, 2020
March 18, 2020
April 22, 2020
April 29, 2020 – Study Session
May 13, 2020 – Study Session
May 20, 2020
June 17, 2020

**This schedule is subject to change due to unforeseen circumstances. Please call the CCMHB-CCDDB office to confirm all meetings.*

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CCDDB 2019-2020 Meeting Schedule

Board Meetings

8:00AM except where noted

Brookens Administrative Building

1776 East Washington Street, Urbana, IL

November 20, 2019 – John Dimit Conference Room (8AM)

December 18, 2019 – John Dimit Conference Room (8AM)

January 22, 2020 – Lyle Shields Room (8AM)

February 19, 2020 – Lyle Shields Room (8AM)

March 18, 2020 – Lyle Shields Room (8AM)

April 22, 2020 – Lyle Shields Room (8AM)

May 20, 2020 – Lyle Shields Room (8AM)

June 17, 2020 – Lyle Shields Room (8AM)

This schedule is subject to change due to unforeseen circumstances.

Please call the CCMHB/CCDDB office to confirm all meetings.

DRAFT
July 2019 to June 2020 Meeting Schedule with Subject and Allocation Timeline

The schedule provides dates and subject matter of meetings of the Champaign County Mental Health Board through June 2020. The subjects are not exclusive to any given meeting, as other matters requiring Board review or action may also be addressed or may replace the subject listed. Study sessions may be scheduled with potential dates listed; topics will be based on issues raised at meetings, brought by staff, or in conjunction with the Champaign County Developmental Disabilities Board. Included with meeting dates are tentative dates for steps in the funding allocation process for Program Year 2021 (July 1, 2020 – June 30, 2021) and deadlines related to current (PY2020) agency contracts.

7/17/19	Regular Board Meeting
8/30/19	<i>Agency PY2019 Fourth Quarter and Year End Reports Due</i>
9/18/19	Regular Board Meeting Draft Three Year Plan 2019-2021 with FY20 Objectives
9/25/19	Study Session
10/23/19	Regular Board Meeting Draft Program Year 2021 (PY21) Allocation Criteria Community Coalition Summer Initiatives Report
10/25/19	<i>Agency PY2020 First Quarter Reports Due</i>
10/28/19	<i>Agency Independent Audits, Reviews, or Compilations Due</i>
10/30/19	Study Session
11/20/19	Regular Board Meeting Approve Three Year Plan with One Year Objectives Allocation Decision Support – PY21 Allocation Criteria
12/8/19	<i>Public Notice to be published on or before this date, giving at least 21-day notice of application period.</i>
12/18/19	Regular Board Meeting (tentative)
01/03/20	<i>CCMHB/CCDDB Online System opens for Agency Registration and Applications for PY21 Funding.</i>

1/22/20 **Regular Board Meeting**
Election of Officers

1/31/20 *Agency PY20 Second Quarter & CLC Progress Reports due*

2/7/20 *Agency deadline for submission of applications for PY2021 funding. Online system will not accept forms after 4:30PM.*

2/11/20 *List of Requests for PY2021 Funding assembled*

2/19/20 **Regular Board Meeting**
Assignment of Board Members to Review Proposals

3/18/20 **Regular Board Meeting**
2019 Annual Report

4/15/20 *Program summaries released to Board, copies posted online with CCMHB April 22, 2020 meeting agenda*

4/22/20 **Regular Board Meeting**
Program Summaries Review and Discussion

4/24/20 *Agency PY2020 Third Quarter Reports Due*

4/29/20 **Study Session**
Program Summaries Review and Discussion

5/6/20 *Allocation recommendations released to Board, copies posted online with CCMHB May 13, 2020 meeting agenda*

5/13/20 **Study Session**
Allocation Recommendations

5/20/20 **Regular Board Meeting**
Allocation Decisions
Authorize Contracts for PY2021

6/17/20 **Regular Board Meeting**
Approve FY2021 Draft Budget

6/24/20 *PY2021 Contracts completed/First Payment Authorized*

8/28/20 *Agency PY2020 Fourth Quarter Reports, CLC Plan Progress Reports, and Annual Performance Measures Reports due*

10/28/20 *Agency Independent Audits, Reviews, or Compilations Due*

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**CHAMPAIGN COUNTY MENTAL HEALTH BOARD
BOARD MEETING**

Minutes—October 23, 2019

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

5:30 p.m.

DRAFT

MEMBERS PRESENT: Susan Fowler, Thom Moore, Joe Omo-Osagie, Elaine Palencia, Kyle Patterson, Julian Rappaport, Jane Sprandel, Margaret White

STAFF PRESENT: Lynn Canfield, Mark Driscoll, Stephanie Howard-Gallo, Shandra Summerville

OTHERS PRESENT: Juli Kartel, Rosecrance; Danielle Mathews, DSC; Lisa Benson, Ashlee Salinefro, Regional Planning Commission (RPC); Abdulhakeem Y. Salaam, First Followers; Sara Balgoyen, Mahomet Area Youth Club (MAYC); Laura Lindsey, Courage Connection; Sam Banks, Don Moyer Boys and Girls Club (DMBGC); Marium Kureihy, Central Illinois Mosque and Islamic Center; Lisa Wilson, Refugee Center; Nancy Greenwalt, Promise Healthcare; Chris Stohr, GROW; Tracy Parsons, City Of Champaign; Pat Ege, Cunningham Children’s Home

CALL TO ORDER:

Ms. Margaret White called the meeting to order at 5:30 p.m.

ROLL CALL:

Roll call was taken and a quorum was present.

DRAFT

CITIZEN INPUT / PUBLIC PARTICIPATION:

Lisa Benson from Regional Planning Commission (RPC) provided information on the Youth Assessment Center’s (YAC) Moral Reconciliation Therapy (MRT) group.

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APPROVAL OF AGENDA:

The agenda was in the Board packet. Board members approved the document.

PRESIDENT'S COMMENTS:

None.

EXECUTIVE DIRECTOR'S COMMENTS:

None.

NEW BUSINESS:

Champaign County Community Coalition Summer Youth Initiative Presentation:

Sam Banks from Don Moyer Boys and Girls Club (DMBGC) and Tracy Parsons from the City of Champaign reported on the Summer Initiative supported with CCMHB funds. Copies of their presentation were distributed at the meeting. The \$107,000 grant is awarded to DMBGC to administer and manage subcontracts to support the work of the Summer Initiatives. The summer program includes, arts and culture; recreation, academic enrichment and leadership; and, community engagement.

CCMHB/CCDDB Travel Regulations:

A Decision Memorandum on the CCMHB and CCDDB Travel Policy and the Champaign County Travel Policy was included in the Board packet. Both travel policies were included in the packet as well.

MOTION: Dr. Fowler moved to approve the CCMHB/CCDDB Travel Regulations, pending approval by the CCDDB. Ms. Sprandel seconded the motion. All members voted aye and the motion passed.

PY2021 CCMHB Funding Priorities:

A Briefing Memorandum of draft funding priorities and allocation criteria for the Program Year 2021 was included in the packet for review and discussion.

Two-Year Term Contract Process:

A Decision Memorandum outlining the process for determining which current contracts to recommend for a one-year extension was included in the Board packet.

MOTION: Dr. Fowler moved to authorize CCMHB staff to inquire about a one-year extension of each of the PY2020 contracts identified as appropriate for two-year terms and to prepare a recommendation for the CCMHB, based on agency responses. Ms. Palencia seconded the motion. A voice vote was taken and the motion passed.



CCMHB PY2019 Utilization Data:

Program utilization reports summarizing program purpose and reported service data for the 2019 program year was included in the packet. Ms. Palencia requested more information/clarification regarding First Followers reported data. Mr. Driscoll will email the Board that information.

Agency Information:

Nancy Greenwalt, Director of Promise Healthcare provided the Board with an update on the agency and its programs. A handout was distributed. Frances Nelson will have an Open House on Tuesday, Nov.19, 2019 from 5 p.m. until 7 p.m.

Laura Bennett from DSC announced a Holiday Open House at The Crow at 110 on Saturday, Nov. 9, 2019 from 3 p.m. to 5 p.m. A handout was distributed.

OLD BUSINESS:

Family Model Planning Process:

A progress report on the work of the Family Model Planning Committee led by Cunningham Children’s Home was included in the Board packet. Pat Ege provided additional information and was available for questions.

Contract Amendment Report:

A Briefing Memorandum on contract amendments issued the past month was included in the Board packet for information.

Schedules and Allocation Process Timeline:

An updated copy of the meeting schedule and allocation timeline was distributed for information only.

APPROVAL OF MINUTES:

Minutes from the September 18, 2019 meeting were included in the Board packet for review.

Dr. Moore moved to approve the meeting minutes from September 18, 2019. Dr. Rappaport seconded the motion. A voice vote was taken and the motion passed.

EXECUTIVE DIRECTOR’S REPORT:

A written report from Lynn Canfield was included in the packet.

STAFF REPORTS:

Written reports from Kim Bowdry, Mark Driscoll, Chris Wilson, Shandra Summerville, and Stephanie Howard-Gallo were included in the packet.



BOARD TO BOARD:

No reports.

FINANCIAL REPORT:

A copy of the Expenditure List was included in the packet.

Dr. Fowler moved to approve the claims report as presented in the packet. Dr. Rappaport seconded the motion. A voice vote was taken and the motion passed unanimously.

BOARD ANNOUNCEMENTS:

Kyle Patterson announced a winter coat drive was underway at the Cunningham Township Office.

ADJOURNMENT:

The meeting adjourned at 6:48 p.m.

Respectfully

Submitted by: Stephanie Howard-Gallo
CCMHB/CCDDB Staff

*Minutes are in draft form and are subject to CCMHB approval.

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CHAMPAIGN COUNTY MENTAL HEALTH BOARD

STUDY SESSION

Minutes—October 30, 2019

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

5:30 p.m.

DRAFT

MEMBERS PRESENT: Joe Omo-Osagie, Elaine Palencia, Julian Rappaport, Elaine Palencia, Kyle Patterson, Jane Sprandel, Margaret White

MEMBERS EXCUSED: Susan Fowler, Thom Moore

STAFF PRESENT: Lynn Canfield, Mark Driscoll, Stephanie Howard-Gallo, Shandra Summerville

OTHERS PRESENT: Juli Kartel, Rosecrance; Patty Walters, DSC

CALL TO ORDER:

Margaret White called the study session to order at 5:30 p.m.

ROLL CALL:

Roll call was taken and a quorum was not yet present.

CITIZEN INPUT / PUBLIC PARTICIPATION:

None.

PRESIDENT'S COMMENTS:

Margaret White reviewed the agenda.

DRAFT

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STUDY SESSION: PY2021 Allocation Priority Criteria:

A Briefing Memorandum on our current priorities was included in the packet. Lynn Canfield provided a review. Discussion points were as follows:

- ❖ Dr. Rappaport asked for details on the developmental disability programs funded by the CCMHB. Ms. Canfield and Ms. Walters from DSC provided a review.
- ❖ There was a general discussion regarding services offered by Individual Advocacy Group (IAG).
- ❖ There was a general discussion regarding collaboration with the CCDDDB for I/DD programs.
- ❖ There was a general discussion regarding funded programs that are more of a public health issue rather than a MHB priority.
- ❖ Dr. Rappaport discussed the possibility of a formal relationship with the Board of Health/Public Health District in order to discuss services.

BOARD ANNOUNCEMENTS:

None.

ADJOURNMENT:

The meeting adjourned at 6:40 p.m.

Respectfully

Submitted by: Stephanie Howard-Gallo
CCMHB/CCDDDB Staff

**Minutes are in draft form and are subject to CCMHB approval.*

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**Kim Bowdry, Associate Director for Intellectual & Developmental Disabilities
Staff Report – November 2019**

CCDDB Contracts: On October 15, 2019 UCP's official letter of termination of services was received. On October 16, 2019, a contract amendment was mailed to UCP, changing the contract termination date from June 30, 2020 to November 15, 2019, canceling further payment, and reminding UCP of the contract requirement to repay excess revenue.

On November 4, 2019, a letter requesting the excess revenue was mailed to UCP. Since the UCP contract was a Fee for Service contract, UCP was paid 1/12 (one twelfth) of the contract maximum for July, August, September, and October. These payments were reconciled to actual billings in the online claims system to determine the amount of revenue owed to the CCDDB.

CCDDB Reporting: PY20 1st Quarter Service Activity Reports were due on October 25, 2019. Program reports for all programs were compiled and can be found in this Board packet. Service data reports were completed and can also be found in this Board packet. Programs were required to submit the names of program participants who also receive IDHS-DDD waiver funding. Claims will be entered into the online system for those participants.

CCDDB Mini-Grant: After the CCDDB meeting on October 23, 2019, Stephanie, Shandra, and Lynn helped me stuff 246 mini-grant applications into envelopes to be mailed to people registered on PUNS with no long-term supports or services funded through CCDDB, CCMHB, or the Illinois Department of Human Services.

As Mini-Grant applications began to come into the office, I created a spreadsheet to track each of the applications. The spreadsheet tracked name, address, phone number, and eligibility requirements. I then created a review form for each application. The Review Form gave each application an ID number and verified all areas of eligibility (residency, PUNS enrollment, service eligibility, and non-family member of CCDDB/CCMHB Board or staff). Each application was then anonymized and copied in preparation for distribution to the Application Review Committee. I also numbered all of the pages of each application packet for review. Original documents were kept separate from the copies to be distributed to the Review Committee and will be used after the Committee has made their decisions on awards.

MHDDAC: I participated in regular meetings of the Mental Health and Developmental Disabilities Agencies Council Meetings. The agenda of the MHDDAC meetings have been altered based on the responses from the survey. MHDDAC meetings will have more opportunities for networking, discussing emerging community needs, sharing best practices, sharing data collection and evaluation tools, etc. CCDDB and CCMHB Board meeting updates will no longer be on the MHDDAC agenda (all meeting materials and audio recordings of meetings continue to be available online). Staff will continue to be available to answer questions about the board meetings or highlight decisions of importance to the agencies.

Site Visits: I conducted a site visit with the CU Able Community Outreach program. PY19 reports were reviewed. No concerns were noted. Site visit reports for Rosecrance DD/MI,

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CCRPC Decision Support Person Centered Planning, and CU Able Community Outreach are currently in progress.

Learning Opportunities: Laura Gallagher Watkin presented a follow-up to her February 2019 presentation. Ms. Watkin will be presenting, “Social Security Disability and Returning to Work” on November 7, 2019.

Tamela Milan-Alexander, MPPA is scheduled to present, “A Mother’s Story: Her Journey in Becoming a Community Advocate,” on December 5, 2019. Ms. Milan-Alexander was the lunchtime presenter at the closing session of the Illinois Public Health Association Conference/Association of Community Mental Health Authorities of Illinois opening session in Springfield in September.

NACBHDD: I participated in monthly I/DD committee calls.

ACMHAI: I participated in the ACMHAI I/DD committee call.

Disability Resource Expo: I participated in Steering Committee meetings for the 13th Annual Disability Resource Expo. The Expo is scheduled for Saturday, March 28, 2019 at The Vineyard Church. The next Expo meeting is scheduled for December 4, 2019 at the Champaign County Chamber of Commerce.

I also participated in meeting for the Children’s Room. Some things that the committee feels are important for the Children’s Room include: Walkie Talkies for any emergencies that may arise and formal Expo signs reminding families that children must be accompanied by parents/adults.

Other activities: I participated in the following webinars: *NADD – A Family Perspective on Trauma Informed Care*, *NADD - Healing and Recovery for People with I/DD*, *NADD - Creating a Trauma Informed IDD System of Care*, *NADD - Understanding Trauma: The Workforce Perspective*, and the *Community Choices Advocacy Initiatives - Board Be the Leader of Your Healthcare Team*.

I participated in the monthly Race Relations planning meetings at the Bahai’ Center.

I also attended a planning meeting for the New American Welcome Center.

I met with two community members about possible topics for upcoming Case Management workshops.

I attended the Local Interagency Council Meeting. This goal of this meeting was to determine if this meeting should be held on a regular basis as it had previously been done. There was a general consensus amongst the attendees that this meeting is particularly beneficial for providers of Early Intervention Services. The next meeting will be held in January 2020.

Community Learning Lab: I continue to meet with the students from the Community Learning Lab. The students are working to verify the information included in resource guides for Champaign County. The students have been able to meet with Dr. Anita Chan, UIUC, staff from

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Oak Park Township Mental Health Board, and an app developer. As the end of the semester draws near, the students are preparing their final presentation.

PUNS Selection & Reports: PUNS selection letters were mailed out by DHS in late August. The Division of Developmental Disabilities mailed out 1,247 letters, with 33 letters being mailed to people in Champaign County.

1 of 33 people has received an award letter Home Based Services (HBS). 23 are in the PAS process and are requesting HBS. 4 people in the PAS process are requesting CILA. 5 people are still undecided and are working with CCRPC ISC to determine if CILA or HBS is the right fit for them.

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IAG FALL UPDATES

IAG's "A Weekly Insight into IAG's CIS Program" contains many photos of residents and refers to them by name. Below are text excerpts from two issues of the newsletter.

The Weekly Peep Oct 14th – Oct 18th, 2019:

Community Lunch: "A" really enjoys living in Champaign, Illinois. When the weather is beautiful she always wants to eat her lunch at one of the many parks in the area. She loves watching the birds fly around and interacting with other people visiting the park. Today she is having lunch with the wonderful Miss Tee...

Plants Get Thirsty Too: "B" loves to do all types of gardening and the responsibilities that come with that. He decided to take it upon himself to help water the flowers at the Englewood CILA. He said it was hot out and the flowers needed a drink. The flowers were so happy that "B" came along and gave them a drink...

Sign Language Class: Every Monday morning is Sign Language Class we work on learning different signs to help communicate our needs and wants. Today we find "B" and "D" demonstrating the correct way to sign words we are learning.

Romeoville Homecoming 2019: On Friday October 11, 2019 the Champaign Region was gracefully invited to participate in Romeoville CIS's Homecoming Party in Romeoville, IL. Everyone had such a blast and Romeoville staff and individuals were such great host. They really know how to party up north. Of course everyone loved having tacos for lunch, along with dancing and lots of fun!!!!

Ice Cream? Yes Please!: One of "G"'s favorite treats is chocolate ice cream. He loves going to the food court at Market Place Mall in Champaign to get chocolate ice cream with chocolate syrup and cool whip covering the top.

In the Kitchen: Episode 5: On today's episode "Chef P" is hard at work making some chocolate pudding from scratch. Pudding is one of his favorite snacks to eat. He decided homemade is way better than store bought pudding. He had to make some vanilla too cause everyone loves his cooking...

Monopoly Awesomeness: Down here in Champaign we will bust out the Monopoly Game and make learning fun. We know how to play a mean and competitive game of Monopoly. Just ask Jason and Bradley whom dominated the entire game. They become financial tycoons...

The Weekly Peep Oct 21st – Oct 25th, 2019:

"T" today at work with the Cheerleaders.

Bingo! Bingo!: "G" worked on learning to read numbers. What a fun way to do that? Well, by playing Bingo of course. "G" loves to play Bingo and is really good at it. This particular day, "G" managed to get 3 Bingos. Awesome job Captain Bingo!

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Sensory: Touch/Feel: Today in Sensory Class, we played a game called How Many? WE had to feel through the flour hoping to snag as many paper clips that we could in one turn. After searching through his handful, we discovered that it was a tie between "G" and "D" had grabbed 15 total paper clips. Great job!

Breakfast Is For Lunch: Master Chef's "D" and "B" are whipping up some delicious homemade pancakes. This week breakfast was on the menu for Cooking Class. There isn't anything wrong with having breakfast twice in one day, "B" says we should have breakfast for every meal lol...

In the Kitchen: Episode 6: This week's episode we find Chef G and Chef J creating and preparing delicious homemade pancakes and French Toast in Cooking Class. Breakfast is always a good choice to have for lunch. "G" loves eating pancakes and French Toast. "G" chose to have only pancakes this time around.

Let's Go Walking: Look at "A" get her walk on! Today we find "A" walking the track at the YMCA. When it's cold outside "A" will take full advantage of the indoor track at YMCA.

Water Aerobics: Water aerobics classes at the YMCA. We do Water Aerobics every Tuesday morning at the YMCA. She is also a great swimmer and loves to swim after her class has finished.

Volunteer! Every hour makes a Difference: Every week "A" volunteers at the Salvation Army. She loves to take care of the animals by cleaning out their cage and feeding them.

Get Your Game On: This week on Fun Friday, "A" went to play awesome games at Jupiter's At the Crossing in Champaign, IL. She enjoys having fun and interacting with people. She is very competitive but also loves to have fun in the process. It's even better when she is able to win a prize for her hard work.

Game Time: We had a blast playing arcade games at Jupiter's Pizza on Friday.

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Mark Driscoll

Associate Director for Mental Health & Substance Abuse Services

Staff Report – November 20, 2019 Board Meeting

Summary of Activity

CCMHB Three Year Plan with Draft PY20 Objectives: Included in the Board packet is the final draft of FY 2019 - 2021 Three-Year Plan with Objectives for FY 2020. Some new objectives were added and are referenced in the Decision Memorandum accompanying the Plan.

FY20 Contract Extensions/Multi-Year Contracts: At the October meeting the Board approved soliciting agencies interest in an extended contract term. I notified all agencies of the opportunity for a select set of contracts to be considered for a one-year extension. A spreadsheet was set up to track agency responses.

Most agencies with eligible contracts have chosen to take advantage of the opportunity. Several agencies inquired as to whether choosing to extend the existing contract precluded them from submitting applications for unrelated services. Staff response was it would not so long as the proposal was for a different program and services.

Included in the Board packet is a Decision Memorandum from Lynn Canfield requesting action on the contract extensions. Amendments would be issued extending the term through PY21 with a commensurate adjustment to the amount of the contract award.

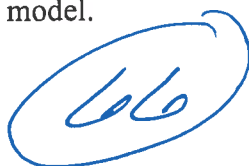
We have also started to receive requests for meetings about the upcoming PY21 application cycle from agencies wanting to discuss new program proposals or on plans to revise and expand current services.

CCMHB PY20 First Quarter Reports: Program Year 2020 (PY20) first quarter reports were due the last Friday of October. Several agencies requested and received assistance with navigating the report process or had questions about how to report specific services or clients served. A few agencies were late with reports and have been notified the reports are past due.

The reports are currently under review and if necessary, clarification or corrections requested. As part of the first quarter review process, hard files are being created for each program and the excel spreadsheet used to track service activity updated. The hard files include the program applications and as the year progresses program related notes and documents.

PY19 Audit Extensions: Eight CCMHB funded agencies requested and received extensions to file the PY19 audit. Agencies requested either another 30 or 60 days to file the audit. As part of the notice approving the extensions, agencies were informed future payments may be withheld if the audit is not received by the new deadline.

Family Model Planning Process: Cunningham Children's Home will present on the recommended family engagement model: ARC (Attachment, Regulation, and Competence). A copy of the power point presentation is included in the packet along with a Decision Memorandum requesting approval of the model.



The Family Model Planning Committee reviewed three models using the hexagon evaluation tool at its most recent meeting. Pat Ege walked the committee through the analysis and vetting process used to evaluate the three models. As a model currently being used by Cunningham Children's Home, ARC is the preferred model for quick implementation. Use of ARC may be supplemented in the future once other family engagement models are approved for use in Illinois under the federal Family First Prevention Services Act (FFPSA). Use of FFPSA approved models may enable Cunningham Children's Home to leverage other funding.

Other Activity: Recap of monthly meetings attended since my last staff report.

- Champaign County Reentry Council: Monthly meeting included presentation by Mr. Tracy Dace, on the Dreaam House juvenile re-entry day reporting center. The program is open to youth referred by the Illinois Department of Juvenile Justice. The day reporting center provides a range of supports depending on the needs of the youth.
- CIT Steering Committee: Bi-monthly meeting reviewed aggregated quarterly statistics on crisis intervention team contacts.
- Child and Adolescent Local Area Network (LAN): I facilitated the monthly meeting. Presentations made by CCRPC Workforce Development Program-Youth Services, The UP Center, and Cunningham Children's Home Runaway Homeless Youth and CCMHB funded ECHO programs.
- Continuum of Service Providers to the Homeless (CSPH): Planning for the January 30, 2020 Point in Time Survey of the homeless population, status of men and women emergency shelter services, sample of an Homeless Management Information System (homeless client services tracking system) release of information, and a presentation by First Followers on its new transitional housing program were some of the topics covered at the meeting. The First Followers program is a collaboration with the Housing Authority of Champaign County (HACC) and will serve men returning to the community from the Illinois Department of Corrections. HACC has made a five bedroom home available to First Followers.
- HACC Panel Discussion: On October 25th, I attended the Housing Authority of Champaign County (HACC) panel discussion on criminal background tenant screening. Public officials, local advocates, and local realtor groups engaged on the subject of the appropriateness of conducting criminal background checks when screening prospective tenants. The HACC session will help inform future policy decision making by the Authority.
- Human Services Council (HSC): I had not attended an HSC meeting in a very long time and was nice to be back. The November meeting included a panel presentation on emergency shelter and transitional housing services available in Champaign County. Attached is a copy of the Winter Services quick reference guide of winter housing and food resources compiled by United Way.
- United Way Community Impact Committee (CIC): The CIC had a presentation from CU at Home regarding funding for emergency shelter services. Staff also discussed plans for the upcoming United Way application cycle and review process.

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WINTER SERVICES

2019 – 2020

Compiled by United Way of Champaign County

Printed 10/28/2019

This guide has been produced as a quick reference to winter housing and food resources. It is not intended to be a comprehensive list of all services in our community. Community resources are subject to change.

For the most current information, always call 2-1-1.



United Way
of Champaign County

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Centralized Intake for Homeless (CIH) Walk-In Assessments

If you are experiencing homelessness and live in Champaign County, CIH may be able to connect you to a homeless assistance program that can help.

You are **strongly encouraged** to bring:

- Verification of your homeless situation (for example, a letter from someone like a case manager or friend stating where you are currently sleeping; it must include the date and their contact information)
- Photo ID
- Social Security card(s)
- Birth certificate of minor child(ren)
- Disability verification (if applicable)

When a homeless assistance program has a vacancy and you are the next eligible household based on the prioritization established by the Continuum of Service Providers to the Homeless, you will be referred to the homeless assistance program. Each homeless assistance program has individual and specific eligibility requirements.

CURRENT WALK-IN HOURS AND LOCATIONS

The Phoenix Drop-in Center
70 E. Washington Street, Champaign
Tuesdays 12–4pm

Illinois workNet Center
1307 N. Mattis Avenue, Champaign
Thursdays 9am–12pm

Salt & Light
1819 S. Philo Road, Urbana
Mondays 5–8pm

Community Service Center of Northern Champaign County
520 E. Wabash Ave., Ste. 1, Rantoul
Every 4th Wednesday 1–3pm

Families/Children

Emergency Shelter for Families with children:

Attend a Centralized Intake for Homeless (CIH) walk-in appointment to be assessed and registered on the CIH priority list. Information about the walk-in days, times, and locations are available by calling **217-819-4117** or United Way's **211** line.

One or more parent (or legal guardian) age 18 or over with child(ren) under the age of 18 and Champaign County residents. Family household size: max 6 people. The head of the household needs to be biologically or legally related to the child(ren). Expecting women with no current children may be housed by program (must be in last trimester of pregnancy). Guest will be allowed 3-5 day increments of stay, as long as the guests are actively participating in case management services and working toward finding more stable housing option.

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Crisis Nursery

Crisis Nursery is the only emergency-based child care facility **open 24 hours, 365 days a year serving ages birth through six**. It is open for the entire community to access with no fees or income eligibility. Besides safe shelter for children, we also provide family support and parenting education to strengthen parent skills and confidence. Tours are also available upon request-please call in advance to schedule an appointment for this. We believe that asking for help is a sign of strength. Families who may be experiencing a crisis are welcome to call (217)337-2730 to begin the process of scheduling care for their child/children.

Regional Office of Education:

Is a resource for homeless families with children and youth who are of school age. Pre-school aged children also receive services to ensure access to early childhood and preschool programs. Verification of school enrollment will be required. Services include providing school supplies, physical education clothing, transportation, alarm clocks, or special school fees such as those for field trips, pictures, and book clubs. In addition, funding is also available for tutoring and to assist with the cost of educational summer programs.
Call 217-893-3219 8:00 AM-4:30 PM Monday-Friday.

Women Only

Austin's Place – Overnight Shelter for Women

Austin's Place provides overnight emergency shelter for women during the winter months. Open from **November 1 2019 - April 15, 2020 from 7:30pm to 7am**. Screening and intake occur at Courage Connection, 504 E. Church St Champaign, from 6:00 - 7:30 each evening. Transportation to the shelter is provided by shelter volunteers. Light snacks are provide; showers and laundry are not available. Guests will be provided with bus tokens in the morning. For more information, contact Ruth Moore at 217-356-9078. Follow Austin's Place on Facebook for the latest shelter news and events and check our website at <http://shelter-austinsplace.weebly.com/>

After Business Hours and need shelter? Call the Outreach Hotline: 217-888-0329.

St. Andrews Church

909 S. Wright St, Urbana

5:45 PM Community meal (free) on Wednesday's followed by fellowship, Bible study and discussion.

Showers available for women on Tuesday and Friday from 10:30am - 2pm during the Austin's Place operating season.

Men Only

CU at Home Men's Emergency Shelter

Emergency Winter Shelter for men provided **November 1, 2019 – April 15, 2020 (8:00 PM-7:00 AM) C-U at Home (70 E. Washington, Champaign/the former TIMES Center location)**. Light snacks available, but no meals served. Showers and laundry are **not** available. Contact: Aleta Keith, 217-819-4569; or call 217-649-2200.

After Business Hours and need shelter? Call the Outreach Hotline: 217-888-0329.



Food

Daily Bread Soup Kitchen

Hot meal served seven days a week from 11-12:30 at 116 N. First Street, Champaign. Doors open at 10:30 a.m. (217) 356-7687 or visit dailybreadsoupkitchen.com

Canteen Run:

The Canteen Run is a mobile truck that offers food, drinks, blankets and human kindness to those on the streets on **Sundays 3PM-5PM and Monday, Tuesday & Thursday 6:30PM- 9PM**. Drivers are needed and require a background check. Training is provided on the spot.

Contact Barb Davies or Jason Fisher at cucanteenrun@gmail.com

Visit www.cucanteenrun.org to learn more

The Jubilee Café

Located in the basement of the Community United Church of Christ, located at 805 S. Sixth St. in Campustown. The volunteer-based café will provide fresh, home-cooked meals every Monday from 5-6:30 p.m. to college students, as well as local residents, who struggle with food insecurity.

Contact 211 (or 1-888-865-9903) for a list of food pantry and soup kitchen locations, dates and hours.

General Services

Courage Connection

Individuals fleeing domestic violence should contact Courage Connection at (217)352-7151.

The Phoenix Daytime Drop-In Center

Provides a year-round drop-in center and winter daytime warming site for those in our community that need a place to be. Hours of operation include **Tuesday-Friday from noon-5:00pm. Additional hours to be added (ranging between 7:30am-8:30pm) when daytime temperature drops below 10* and are based on volunteer manpower**. The Phoenix is located at 70 East Washington Street in Champaign (the former TIMES Center facility). For more information please contact the Phoenix at [\(217\)819-4569">\(217\) 819-4569](tel) . Visit www.cuathome.us to learn more."

The Salvation Army Stepping Stone Program and Daytime Warming Center

The Stepping Stone Program will house men, women and families who present as homeless and who commit to working the program. Capacity is limited, so agencies must contact Program Manager before referring. The Salvation Army Red Shield Center on Market St. also serves as a daytime warming center from 9 am to 4 pm, Monday through Friday.

Additional Daytime warming options include:

The Phoenix, public buildings such as libraries, municipal (city, state and federal) buildings during normal business hours are also available.



Additional resources

Call 2-1-1 or 1-888-865-9903

Community Resource Center at OSF Heart of Mary Medical Center hours 7:00 AM- 6:30 PM 337-2635

Contact Beverley@uwayhelps.org or (217)352-5151 to add resources or make changes

Emergency Management would like to be notified when emergency shelters or services are made available or the above information changes.

Contact Champaign County EMA at 384-3826 ema@co.champaign.il.us

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Stephanie Howard-Gallo

Operations and Compliance Coordinator Staff Report – November 2019 Board Meeting

SUMMARY OF ACTIVITY:

Audits:

Audits and financial reviews were due on October 31, 2019. Nine agencies submitted their audits to us. Seven agencies requested an extension (usually until 11/30 or 12/31).

John Brusveen (consultant) has again agreed to review audits. I send him copies of all audits received as well as 4th quarter financial reports for each program.

As reported last month, Promise Healthcare received an extension for their 2018 audit. Originally their audit was to be completed by June 30, 181 days after the close of the agency's fiscal year. The extension was approved by staff until September 30, 2019. They did not meet the deadline and payments have been withheld. We were informed their audit was expected October 31, 2019. We have not yet received their audit.

Compliance:

CU-Area Project (CUAP) had their payments held because they had missing and incorrect financial reports for the 4th quarter. They successfully addressed the issue and payments were released.

I made contact with seven of our funded agencies because we had not been receiving copies of their Board agendas and approved minutes as is required in their contract with us.

First Quarter financial and program reports for all funded programs were due at the end of October. Four agencies did not submit reports by the due date and were issued a non-compliance notification. Three agencies requested an extension of time to complete the reporting, which was approved by staff. Four agencies were sent notification to correct errors on their financial reports. As of this writing, no payments have been withheld.

Webinars:

I will participate in a live webinar on Thursday, November 21st. Topics include:

- Basics of Illinois' new recreational marijuana legislation
- Differences between Illinois' medical marijuana law and recreational marijuana legislation
- Implications of the recreational legislation for employers
- Q&A session

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Community Awareness/Anti-Stigma Efforts/Alliance for Inclusion and Respect (AIR):

A Facebook page promotes AIR's mission, members, artists, events, and news articles of interest. I am one of the administrators of the page.

International Galleries at Lincoln Square in Urbana continues to give AIR artists a space, free of charge, to host monthly artists. I organize the schedule and maintain a relationship with gallery personnel and the artists.

The November artists are from the Cunningham Children's Home. Their statement reads, *"Cunningham Children's Home provides the space for children to heal, learn and grow. Our students suffer from serious emotional and behavioral challenges caused by abuse, neglect, mental illness and more. Part of their healing program includes art, in an educational and therapeutic environment. The artwork on display at this show has been created by our youth, and we hope you enjoy viewing it. All sales will go directly to the students who created the pieces."*

For the month of December, the gallery will host a compilation of artists that have shown throughout the year (I'm still organizing the list). In January, local National Alliance for the Mentally Ill (NAMI) artists have been invited to sell their work. We will continue with a new artist every month for as long as International Galleries (and owner, Bill Mermelstein) will host us. The gallery does not take any percentage of the artist's sales.

Additionally, Barb Bressner is now organizing AIR artists to show at the Market IN the Square (Lincoln Square in Urbana on most Saturdays from 8 a.m. until 1 p.m.) during the winter months. The current schedule is as follows:

- Nov 9 – Patti Hand, paintings, gift cards, photography
- Nov 16 – Philo Art Crew, various
- Nov 23 – mvzonik, t shirts
- Dec 7 – Allison Boot, author
- Dec 14 – National Alliance for the Mentally Ill (NAMI), various

Site Visits:

I participated in a site visit with Kim Bowdry at CU Able (CCDDB funded) on November 7, 2019. We met with staff to talk about the program. I will forward my notes to Kim Bowdry to be added to her site visit report.

Mini-Grant Review:

Applications for the CCDDB Mini-Grant were due November 8, 2019 (mailed applications must be postmarked by this date). I assisted Kim Bowdry with a mass mailing and general organization as applications came in. Around fifty applications have been received as of this writing.

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Other:

- Preparing meeting materials for CCMHB/CCDDB regular meetings and study sessions/presentations.
- Composing minutes from the meetings.
- Attending meetings and study sessions for the CCDDB/CCMHB.
- I will attend the Association of Community Mental Health Authorities of Illinois (ACMHAI) meeting in December.

2019 November Monthly Staff Report- Shandra Summerville Cultural and Linguistic Competence Coordinator

Agency Cultural and Linguistic Competence (CLC) Technical Assistance, Monitoring, Support and Training for CCMHB/DDB Funded Agencies

CLC Compliance Check:

I am reviewing the instructions for the 2nd Quarter to Ensure that the reporting for the 2nd quarter is streamlined to learn how the organizations will need additional support for CLC Plan Development for FY21.

MAYC- (Mahomet Area Youth Club)- I was asked to do a cultural competence workshop with Jr. High and High School students on December 11, 2019.

Promise Healthcare-

I will conduct their annual CLC Training on January 16, 2020. Planning will take place to ensure that topics will cover the needs that they have identified as a cultural competence committee.

CLC Coordinator Direct Service Activities

Mental Health First Aid Training: There will be two Mental Health First Aid Trainings on

December 13 & December 20- For Adults

January 3 & January 10, 2019- For Youth

For additional information please email shandra@ccmhb.org.

Georgetown Leadership Academy Resources: I attended the webinar "Cultural Competence: What it Means for Person-Centered Thinking, Planning, & Practice on Tuesday October 29th. They have a series of webinars that is focusing on person centered planning. There are some resources that takes a deeper look at person centered planning through a culturally responsive lens. I would encourage you to visit the website to view past webinars and upcoming webinars. National Center on Advancing Person-Centered Practices and Systems <https://ncapps.acl.gov/>

Upcoming Training

November 2019 Webinar:

Trauma-Informed Person-Centered Thinking and Support
Monday November 18th, 2:30pm to 4:00pm Eastern Time

To register, visit https://zoom.us/webinar/register/WN_O2c564D5Sdm2eU9k_a03jg

To engage in person-centered practices, including person-centered planning, it is essential to see the whole person. This whole person view must include acknowledgment and consideration of a person's life experiences, which may – and often do – include experiences of trauma. Person-centered practices and trauma-informed approaches share key values, including



2019 November Monthly Staff Report- Shandra Summerville Cultural and Linguistic Competence Coordinator

collaboration, mutual trust, informed choice, and empowerment. However, we lack the tools to apply trauma-informed principles to the person-centered planning process, and to intentionally engage in trauma-informed person-centered practices. This webinar will explore the intersection of trauma and person-centered thinking, planning, and practice. It will emphasize actionable steps people can take to ensure that we consider trauma when we engage in person-centered thinking, planning, and practices.

UIUC Community Learning Lab: The CLL Students have formalized their project on the “Barriers to Providing Services in Rural Areas.” There is a summary included in the board packet of the information they found. They will provide a report to the Mental Health Board on November 20, 2019 and will give a full presentation on December 5, 2019. All organizations that completed the survey are invited to learn about the findings from their meetings and recommendations moving forward.

Anti-Stigma Activities/Community Collaborations and Partnerships

Alliance for Inclusion and Respect:

I provided information about the Winter Farmers Market to a possible new exhibitor. I connected the person with Barb B. about specific dates of availability.

Disability Resource Expo: I attended the Expo Steering Committee Meeting on October 25, 2019. There was a suggestion made about different recruiting different groups to volunteer at the Expo. I am working with the committee to complete the volunteer sign-up so that identified groups can reserve the areas that they would like to volunteer. I am working with the committee to develop a volunteer tracking system so that we can capture the number of volunteer hours spent preparing for the expo.

C-HEARTS African American Story Telling Project: I attended the Diversity Breakfast at the University Illinois. A member of our team was honored for her work on the “Physical Impact Of Community Violence.” There will also be a community work in on December 3rd at Pilgrim Baptist Church with community members about the impact of community violence and how the University of Illinois can continue to provide support to those members.

National Federation for Children’s Mental Health:

I will be attending the National Conference on November 13-17 in Phoenix, AZ. I will learn about new research and trends that are impacting the families receiving services.

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CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

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VENDOR NO	VENDOR NAME	TRN B	TR	CD	TRANS NO	PO NO	CHECK NO	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
25	CHAMPAIGN COUNTY TREASURER	11/07/19	04	VR	53- 425		600154	11/08/19	090-053-533.50-00	FACILITY/OFFICE RENTALS	NOV OFFICE RENT VENDOR TOTAL	1,841.37 1,841.37 *
*** FUND NO. 090 MENTAL HEALTH												
*** DEPT NO. 053 MENTAL HEALTH BOARD												
41	CHAMPAIGN COUNTY TREASURER	10/10/19	03	VR	620- 138		599130	10/11/19	090-053-513.06-00	EMPLOYEE HEALTH/LIFE	INS SEPT HI, LI, & ADMIN	3,805.80
		10/30/19	02	VR	620- 156		599960	10/31/19	090-053-513.06-00	EMPLOYEE HEALTH/LIFE	INS OCT HI, LI, & ADMIN VENDOR TOTAL	3,805.80 7,611.60 *
*** FUND NO. 090 MENTAL HEALTH												
*** DEPT NO. 053 MENTAL HEALTH BOARD												
88	CHAMPAIGN COUNTY TREASURER	10/11/19	01	VR	88- 40		599330	10/18/19	090-053-513.02-00	IMRF - EMPLOYER COST	IMRF 10/11 PR	902.06
		10/30/19	02	VR	88- 42		599963	10/31/19	090-053-513.02-00	IMRF - EMPLOYER COST	IMRF 10/25 PR VENDOR TOTAL	902.06 1,804.12 *
*** FUND NO. 090 MENTAL HEALTH												
*** DEPT NO. 053 MENTAL HEALTH BOARD												
104	CHAMPAIGN COUNTY TREASURER	11/07/19	04	VR	53- 402		600159	11/08/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV EARLY CHILHD M	17,889.00
		11/07/19	04	VR	53- 402		600159	11/08/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV SOC/EMOT/DEV SV VENDOR TOTAL	7,300.00 25,189.00 *
*** FUND NO. 090 MENTAL HEALTH												
*** DEPT NO. 053 MENTAL HEALTH BOARD												
161	CHAMPAIGN COUNTY TREASURER	11/07/19	04	VR	53- 403		600163	11/08/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV HOMELESS COORD	4,464.00
		11/07/19	04	VR	53- 403		600163	11/08/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV JUSTICE SYS DIV	6,275.00
		11/07/19	04	VR	53- 403		600163	11/08/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV YOUTH ASSMT CTR VENDOR TOTAL	6,362.00 17,101.00 *
*** FUND NO. 090 MENTAL HEALTH												
*** DEPT NO. 053 MENTAL HEALTH BOARD												
176	CHAMPAIGN COUNTY TREASURER	11/05/19	01	VR	119- 61		600164	11/08/19	090-053-513.04-00	WORKERS' COMPENSATION	INSW/C 10/11 & 10/25 P VENDOR TOTAL	207.44 207.44 *
*** FUND NO. 090 MENTAL HEALTH												
*** DEPT NO. 053 MENTAL HEALTH BOARD												
179	CHAMPAIGN COUNTY TREASURER	11/07/19	04	VR	53- 399		600166	11/08/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV CAC VENDOR TOTAL	4,396.00 4,396.00 *

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***	FUND NO. 090	MENTAL HEALTH										
188	CHAMPAIGN COUNTY TREASURER								SOCIAL SECUR FUND188			
	10/11/19 01 VR 188-	74			599334	10/18/19	090-053-513.01-00		SOCIAL SECURITY-EMPLOYER FICA 10/11 PR			1,165.68
	10/30/19 02 VR 188-	77			599968	10/31/19	090-053-513.01-00		SOCIAL SECURITY-EMPLOYER FICA 10/25 PR			1,165.64
									VENDOR TOTAL			2,331.32 *
543	AAE INVESTMENT, LLC								DBA ALMAZAR CONSULTI			
	10/28/19 01 VR 53-	397			599969	10/31/19	090-053-533.18-00		NON-EMPLOYEE TRAINING,SEMINV 023 10/24			2,900.00
									VENDOR TOTAL			2,900.00 *
4990	ASSN OF COMMUNITY MENTAL HLTH AUTH OF IL % BRIAN EAGAN											
	10/15/19 01 VR 53-	389			599339	10/18/19	090-053-533.93-00		DUES AND LICENSES		INV 1057 2/15 2ND P	8,000.00
											VENDOR TOTAL	8,000.00 *
15127	CHAMPAIGN COUNTY CHRISTIAN HEALTH CENTER											
	11/06/19 02 VR 53-	400			600185	11/08/19	090-053-533.92-00		CONTRIBUTIONS & GRANTS		NOV MENTAL HLTH CAR	1,083.00
											VENDOR TOTAL	1,083.00 *
15184	CHAMPAIGN COUNTY HEALTH CARE CONSUMERS								SUITE 208			
	11/06/19 02 VR 53-	401			600186	11/08/19	090-053-533.92-00		CONTRIBUTIONS & GRANTS		NOV CHW OUTRCH/BENF	4,941.00
	11/06/19 02 VR 53-	401			600186	11/08/19	090-053-533.92-00		CONTRIBUTIONS & GRANTS		NOV JUSTICE INVOLVE	4,564.00
											VENDOR TOTAL	9,505.00 *
15495	CHAMPAIGN URBANA AREA PROJECT								SUITE #702			
	10/17/19 01 VR 53-	362			599345	10/18/19	090-053-533.92-00		CONTRIBUTIONS & GRANTS		OCT TRUCE	4,166.00
	11/06/19 02 VR 53-	404			600187	11/08/19	090-053-533.92-00		CONTRIBUTIONS & GRANTS		NOV TRUCE	4,166.00
											VENDOR TOTAL	8,332.00 *
15565	CHAMPAIGN-URBANA THEATER COMPANY								% KELLY NOWLIN			
	10/15/19 01 VR 53-	391			599346	10/18/19	090-053-533.98-00		DISABILITY EXPO		INV 100 10/1 PENGUI	400.00
											VENDOR TOTAL	400.00 *
18230	COMMUNITY SERVICE CENTER OF NORTHERN CHAMPAIGN COUNTY											
	11/06/19 02 VR 53-	405			600197	11/08/19	090-053-533.92-00		CONTRIBUTIONS & GRANTS		NOV RESOURCE CONNEC	5,633.00
											VENDOR TOTAL	5,633.00 *

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18430	10/28/19	01 VR 28-93	599994	10/31/19	090-053-533.33-00	TELEPHONE SERVICE			21738437760 10/1	30.31
									VENDOR TOTAL	30.31 *
19260	11/06/19	02 VR 53-406	600205	11/08/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS			NOV COURAGE CONNECT	10,740.00
									VENDOR TOTAL	10,740.00 *
19346	11/06/19	02 VR 53-407	600206	11/08/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS			NOV BEYOND BLUE	6,250.00
									VENDOR TOTAL	6,250.00 *
20271	11/06/19	02 VR 53-408	600207	11/08/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS			NOV ECHO HOUSING/EM	7,981.00
									NOV PARENTING MODEL	23,412.00
									VENDOR TOTAL	31,393.00 *
22300	11/06/19	02 VR 53-409	600214	11/08/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS			NOV FAM DEV CENTER	48,262.00
									VENDOR TOTAL	48,262.00 *
22730	11/06/19	02 VR 53-410	600217	11/08/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS			NOV CU CHANGE	8,627.00
									NOV NGBRHD CHAMP	5,393.00
									NOV YOUTH/FAMILY SV	13,333.00
									VENDOR TOTAL	27,353.00 *
22870	11/06/19	02 VR 53-411	600219	11/08/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS			NOV DREAM	6,666.00
									VENDOR TOTAL	6,666.00 *
24215	11/06/19	02 VR 53-412	600222	11/08/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS			NOV FAM SUP/STRENGT	4,703.00
									VENDOR TOTAL	4,703.00 *

*** FUND NO. 090 MENTAL HEALTH

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26000	FAMILY SERVICE OF CHAMPAIGN COUNTY							GRANTS				
		11/06/19	02	VR	53- 413		600226	11/08/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV COUNSELING	2,500.00
		11/06/19	02	VR	53- 413		600226	11/08/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV SELF HELP CENTE	2,369.00
		11/06/19	02	VR	53- 413		600226	11/08/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV SENIOR CNSL/ADV	13,529.00
											VENDOR TOTAL	18,398.00 *
26760	FIRST FOLLOWERS											
		11/06/19	02	VR	53- 414		600229	11/08/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV PEER MNTR REENT	7,916.00
											VENDOR TOTAL	7,916.00 *
30550	GROW IN ILLINOIS											
		11/06/19	02	VR	53- 415		600236	11/08/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV PEER SUPPORT	6,436.00
											VENDOR TOTAL	6,436.00 *
34819	HUMAN SERVICES COUNCIL OF CHAMPAIGN CO											
		10/15/19	01	VR	53- 393		599353	10/18/19	090-053-533.93-00	DUES AND LICENSES	CCMHB/DDB DUES 19-2	25.00
											VENDOR TOTAL	25.00 *
35050	I3 BROADBAND - CU											
		10/15/19	01	VR	53- 395		599354	10/18/19	090-053-533.29-00	COMPUTER/INF TCH SERVICES	INVT 17174441 10/4	144.95
											VENDOR TOTAL	144.95 *
44570	MAHOMET AREA YOUTH CLUB											
		11/06/19	02	VR	53- 416		600255	11/08/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV BLAST	1,250.00
		11/06/19	02	VR	53- 416		600255	11/08/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV MEMBERS MATTER	1,500.00
											VENDOR TOTAL	2,750.00 *
49870	NATIONAL ALLIANCE ON MENTAL ILLNESS											
		11/06/19	02	VR	53- 417		600261	11/08/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV NAMI CHAMPAIGN	833.00
											VENDOR TOTAL	833.00 *
51600	NEWS-GAZETTE											
		10/15/19	01	VR	53- 390		4273	10/18/19	090-053-533.70-00	LEGAL NOTICES,ADVERTISING	7084 1416977 9/22	27.56
											VENDOR TOTAL	27.56 *

*** FUND NO. 090 MENTAL HEALTH

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***	FUND NO. 090	MENTAL HEALTH									
54650	PEPSI COLA	CHAMPAIGN-URBANA	BOTTLING								
	10/15/19	01 VR	53- 394	599360	10/18/19	090-053-522.02-00	OFFICE SUPPLIES		INV 81101476	9/23	13.12
	10/15/19	01 VR	53- 394	599360	10/18/19	090-053-522.02-00	OFFICE SUPPLIES		INV 81101726	10/7	19.68
									VENDOR TOTAL		32.80 *
58118	QUILL CORPORATION										
	10/15/19	01 VR	53- 388	599362	10/18/19	090-053-522.02-00	OFFICE SUPPLIES		INV 1422428	9/24	329.96
	10/15/19	01 VR	53- 388	599362	10/18/19	090-053-522.04-00	COPIER SUPPLIES		INV 1422428	9/24	67.98
									VENDOR TOTAL		397.94 *
59434	RAPE, ADVOCACY, COUNSELING & EDUC SRVCS	SUITE 211									
	11/06/19	02 VR	53- 419	600278	11/08/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS		NOV SEX VIOL PREV/E		5,893.00
									VENDOR TOTAL		5,893.00 *
59472	RATTLE THE STARS										
	11/06/19	02 VR	53- 420	600279	11/08/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS		NOV YTH SUIC PREV/E		4,583.00
									VENDOR TOTAL		4,583.00 *
61780	ROSECRANCE, INC.										
	11/06/19	02 VR	53- 421	600285	11/08/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS		NOV CRIMNL JUSTC PS		25,362.00
	11/06/19	02 VR	53- 421	600285	11/08/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS		NOV CRIS/ACSS/BENF		16,996.00
	11/06/19	02 VR	53- 421	600285	11/08/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS		NOV FRESH START		6,609.00
	11/06/19	02 VR	53- 421	600285	11/08/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS		NOV PREVENTION SVCS		5,000.00
	11/06/19	02 VR	53- 421	600285	11/08/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS		NOV RECOVERY HOME		16,666.00
	11/06/19	02 VR	53- 421	600285	11/08/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS		NOV SPECIALTY COURT		16,916.00
									VENDOR TOTAL		87,549.00 *
76867	UNIV OF IL SPONSORED PROG & RESEARCH ADM										
	11/06/19	02 VR	53- 424	600300	11/08/19	090-053-533.07-00	PROFESSIONAL SERVICES		NOV MHB20-039 CONSL		6,566.00
									VENDOR TOTAL		6,566.00 *
77280	UP CENTER OF CHAMPAIGN COUNTY										
	11/06/19	02 VR	53- 422	600302	11/08/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS		NOV CHLD/YTH/FAM PR		2,647.00
									VENDOR TOTAL		2,647.00 *

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*** FUND NO. 090	MENTAL HEALTH								
77615	URBANA BUSINESS ASSOCIATION								
	10/28/19 01 VR 53-	398		600065	10/31/19	090-053-533.89-00	PUBLIC RELATIONS	INV 355817 10/21	510.00
								VENDOR TOTAL	510.00 *
78120	URBANA NEIGHBORHOOD CONNECTION CENTER								
	11/06/19 02 VR 53-	423		600305	11/08/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV COMM STUDY CNTR	2,125.00
								VENDOR TOTAL	2,125.00 *
78888	VISA CARDMEMBER SERVICE - MENTAL HEALTH								
	10/23/19 06 VR 53-	396		599774	10/25/19	090-053-533.95-00	CONFERENCES & TRAINING	3930 WYNDDHAM 9/13	96.05
	10/23/19 06 VR 53-	396		599774	10/25/19	090-053-533.95-00	CONFERENCES & TRAINING	3930 WYNDDHAM 9/13	96.05
	10/23/19 06 VR 53-	396		599774	10/25/19	090-053-533.95-00	CONFERENCES & TRAINING	3930 ALLIANZ 10/1	9.00
	10/23/19 06 VR 53-	396		599774	10/25/19	090-053-533.95-00	CONFERENCES & TRAINING	3930 AMTRAK 10/1	17.00
	10/23/19 06 VR 53-	396		599774	10/25/19	090-053-533.18-00	NON-EMPLOYEE TRAINING, SEM3930	MEIJER 10/3	45.22
	10/23/19 06 VR 53-	396		599774	10/25/19	090-053-533.95-00	CONFERENCES & TRAINING	3930 UNION LGUE 10/	501.60
	10/23/19 06 VR 53-	396		599774	10/25/19	090-053-533.95-00	CONFERENCES & TRAINING	3930 AAIM 9/11	279.00
	10/23/19 06 VR 53-	396		599774	10/25/19	090-053-533.18-00	NON-EMPLOYEE TRAINING, SEM3930	CAFE LIBRY 10/	135.50
	10/23/19 06 VR 53-	396		599774	10/25/19	090-053-533.98-00	DISABILITY EXPO	3930 MEIJER 10/3	76.21
	10/23/19 06 VR 53-	396		599774	10/25/19	090-053-533.18-00	NON-EMPLOYEE TRAINING, SEM3930	CAFE LIBRY 10/	20.00
								VENDOR TOTAL	1,275.63 *
602572	BOWDRY, KIM								
	11/06/19 04 VR 53-	426		600330	11/08/19	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	172.9 MILE 9/5-10/2	100.28
	11/06/19 04 VR 53-	426		600330	11/08/19	090-053-533.95-00	CONFERENCES & TRAINING	179 MILE SPGFLD 9/1	103.82
	11/06/19 04 VR 53-	426		600330	11/08/19	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	PARKING 9/16-10/28	9.00
								VENDOR TOTAL	213.10 *
611802	DRISCOLL, MARK								
	11/06/19 04 VR 53-	427		600336	11/08/19	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	188 MILE 9/3-10/25	109.04
	11/06/19 04 VR 53-	427		600336	11/08/19	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	PARKING 9/3	.50
								VENDOR TOTAL	109.54 *

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*** FUND NO. 090 MENTAL HEALTH											
615068	GALLAGHER WATKIN, LAURA			53- 392		599386	10/18/19	090-053-533.18-00	NON-EMPLOYEE TRAINING, SEMSOCIAL SEC TRG 1/7		500.00
									VENDOR TOTAL		500.00 *
MENTAL HEALTH BOARD											
619548	HOWARD-GALLO, STEPHANIE			53- 428		600347	11/08/19	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	50.5 MILE 9/3-10/28	29.29
				53- 428		600347	11/08/19	090-053-533.95-00	CONFERENCES & TRAINING	196 MI E.PEORIA 9/1	113.68
				53- 428		600347	11/08/19	090-053-533.95-00	CONFERENCES & TRAINING	MEAL E.PEORIA 9/17	55.00
				53- 428					VENDOR TOTAL		197.97 *
										DEPARTMENT TOTAL	380,862.65 *
										FUND TOTAL	380,862.65 *

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