



**CHAMPAIGN COUNTY
DEVELOPMENTAL
DISABILITIES BOARD**
**CHAMPAIGN COUNTY
MENTAL HEALTH BOARD**

Champaign County Mental Health Board (CCMHB) Meeting Agenda

Wednesday, April 20, 2022 at 5:45PM

This meeting will be held remotely, at

<https://us02web.zoom.us/j/81393675682> 312-626-6799, Meeting ID: 813 9367 5682
with required representation in the Shields-Carter Room, Brookens Administrative Building,
1776 E. Washington Street, Urbana, IL

Pursuant to the Governor's Executive Order establishing a pandemic disaster in the State of Illinois that covers the County of Champaign, and the CCMHB President's determination that holding this meeting in person is not prudent at this time due to health concerns with COVID-19 cases and hospitalizations reported in the county, this meeting will be held remotely via zoom. Public comment also will be taken remotely. The public may watch the meeting live through this link or view it later in archived recordings at

<https://www.co.champaign.il.us/mhbddb/MeetingInfo.php>

Public Input: All are welcome to attend the Board's meetings to observe and offer thoughts during "Citizen Input/Public Participation. For support, let us know how we might help by emailing stephanie@ccmhb.org. You may also communicate with the Board by emailing stephanie@ccmhb.org any written comments you would like read into the record. The time for each person's comments may be limited to 5 minutes.

1. Call to Order
2. Roll Call
3. Zoom Instructions (**page 3**)
4. Approval of Agenda*
5. Citizen Input/Public Participation
The CCMHB reserves the authority to limit individual public participation to 5 minutes and limit total time to 20 minutes.
6. President's Comments – Joseph Omo-Osagie
7. Executive Director's Comments – Lynn Canfield
8. Approval of CCMHB Minutes (**pages 4-8**)*
Minutes from the 3/23/22 board meeting are included. Action is requested.
9. Vendor Invoice List (**pages 9-12**)*
A "Vendor Invoice List" of expenditures is included. Action is requested, to accept the list and place it on file.

10. New Business

A. Request for Application Outside of Open Period (**pages 13-16**)*

The packet includes a formal request for consideration of unsubmitted applications, accompanied by a Decision Memo with context and some options for Board action, which is requested.

B. Review of Applications for PY23 Funding (**pages 17-193**)

Organized by applicant, program summaries are included in the packet to support the Board's review of PY23 requests for funding. A tier sheet lists the applications and identifies board reviewers. No action is requested. This review will continue at the board's study session on April 27, with discussion supported by program summaries as presented in this packet.

11. Old Business

A. Schedules & Allocation Process Timeline (**pages 194-198**)

Updated copies of CCMHB and CCDDDB meeting schedules and CCMHB allocation timeline are included in the packet.

B. Acronyms and Glossary (**pages 199-210**)

A list of commonly used acronyms is included for information.

12. Agency Input

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

13. CCDDDB Input

14. Board to Board Reports (**page 211**)

15. Board Announcements

16. Adjournment

**Board action requested*

#3

Instructions for participating in Zoom Conference Bridge for CCMHB regular meeting April 20, 2022 at 5:45 p.m.

You will need a computer with a microphone and speakers to join the Zoom Conference Bridge; if you want your face broadcast you will need a webcam.

Go to Join Zoom Meeting

<https://us02web.zoom.us/j/81393675682>

Meeting ID: 813 9367 5682

One tap mobile

+13126266799,,81393675682# US (Chicago)

+13017158592,,81393675682# US (Washington D.C)

Dial by your location

+1 312 626 6799 US (Chicago)

+1 301 715 8592 US (Washington D.C)

+1 646 558 8656 US (New York)

+1 669 900 9128 US (San Jose)

+1 253 215 8782 US (Tacoma)

+1 346 248 7799 US (Houston)

Meeting ID: 813 9367 5682

Find your local number: <https://us02web.zoom.us/u/kclgvKiumy>

When the meeting opens, choose to join with or without video. (Joining without video doesn't impact your participation in the meeting, it just turns off YOUR video camera so your face is not seen. Joining without video will also use less bandwidth and will make the meeting experience smoother).

Join with computer audio.

Once you are in the meeting, click on "participants" at the bottom of the screen.

Once you've clicked on participants you should see a list of participants with an option to "Raise Hand" at the bottom of the participants screen. **If you wish to speak, click "raise hand" and the Chair will call on you to speak.**

If you are not a member of the CCMHB or a staff person, **please sign in by writing your name and any agency affiliation in the Chat area.** This, like the recording of the meeting itself, is a public document. There are agenda items for Public Participation and for Agency Input, and we will monitor the 'raised hands' during those times.

If you have called in, please speak up during these portions of the meeting if you would like to make a contribution. If you have called in and therefore do not have access to the chat, there will be an opportunity for you to share your 'sign-in' information. If your name is not displayed in the participant list, we might ask that you change it, especially if many people join the call.

Members of the public should not write questions or comments in the Chat area, unless otherwise prompted by the Board, who may choose to record questions and answers there.

#8

**CHAMPAIGN COUNTY
MENTAL HEALTH BOARD
REGULAR MEETING**

Minutes—March 23, 2022

*This meeting was held remotely and with representation
at the Brookens Administrative Center, Urbana, IL*

5:45 p.m.

MEMBERS PRESENT: Joseph Omo-Osagie, Jon Paul Youakim, Matthew Hausman, Daphne Maurer, Elaine Palencia, Kyle Patterson, Jane Sprandel

MEMBERS EXCUSED:

STAFF PRESENT: Kim Bowdry, Leon Bryson, Lynn Canfield, Stephanie Howard-Gallo, Shandra Summerville, Chris Wilson

OTHERS PRESENT: Patty Walters, Danielle Matthews, DSC; Gail Raney, Rosecrance; Katie Harmon, CCRPC; Kerrie Hacker, GROW; Laura Lindsey, Courage Connection; Jennifer Henry, Lisa Kilawee, Promise Healthcare; Darcy Sager, Head Start; Courtney Cuthbertson, Uniting Pride; Sara Balgoyen, Mahomet Area Youth Club (MAYC); Pat Ege, Cunningham Children's Home

CALL TO ORDER:

Mr. Joe Omo-Osagie called the meeting to order at 5:45 p.m. Instructions were included in the packet. Executive Director Canfield was present at the Brookens Administrative Center as per the Open Meetings Act, along with staff member Leon Bryson.

ROLL CALL:

Roll call was taken and a quorum was present.

CITIZEN INPUT / PUBLIC PARTICIPATION:

Ms. Jennifer Henry from Promise Healthcare spoke regarding the programs at Promise. She announced that Promise had missed the application deadline. She would like the CCMHB to consider accepting their late application for funding.

APPROVAL OF AGENDA:

The agenda (revised) was presented for review. The revised agenda was approved unanimously by a roll call vote.

PRESIDENT'S COMMENTS:

Mr. Omo-Osagie spoke briefly about the local teacher contract negotiations and a possible teacher's strike in the future for Unit 4 schools.

EXECUTIVE DIRECTOR'S COMMENTS:

Ms. Canfield spoke regarding inaccurate information the Board has received by email regarding late applications in the past years.

APPROVAL OF CCMHB MINUTES:

Meeting minutes from the February 23, 2022 Board meeting were included in the Board packet.

MOTION: Ms. Sprandel moved to approve the CCMHB minutes from the meetings on February 23, 2022. Dr. Youakim seconded the motion. A roll call vote was taken. The motion passed.

EXPENDITURE LIST:

The Expenditure List was included in the Board packet for consideration. Chris Wilson reviewed the new format for the report.

MOTION: Dr. Youakim moved to accept the Expenditure List as presented in the Board packet. Ms. Sprandel seconded the motion. A roll call vote was taken and the motion passed unanimously.

NEW BUSINESS:

CCMHB 2021 Annual Report:

The Draft FY2021 Annual Report was included in the board packet for review and approval.

MOTION: Mr. Patterson moved to accept the CCMHB 2021 Annual Report as presented. Ms. Palencia seconded the motion. A roll call vote was taken and the motion was unanimously approved.

Review of Applications for PY23 Funding:

The packet included a suggested board checklist and spreadsheet of applications to be reviewed, with primary and secondary reviewers.

Agency Request for Amendment of PY22 Contracts:

The packet included a Decision Memo, with attachment, requesting a change to the maximums of Cunningham Children's Home contracts.

MOTION: Ms. Sprandel moved to approve the request from Cunningham Children's Home to decrease the Families Stronger Together contract by \$13,000 and to increase the ECHO Housing and Employment Support contract by \$13,000. Dr. Youakim seconded the motion. A roll call vote was taken and the motion passed unanimously.

Staff Request for Amendment to Extend a Contract Term:

The packet included a Decision Memo requesting board action to extend the term of a contract. In May of 2021, tiered staff recommendations were approved, including twenty-one for two-year contract awards, many lower than requested unless revenue expectations changed, and others deferred for possible American Rescue Plan funding. Immediately after board approval, contracts were developed and negotiations initiated. One of those included an error, with the offer of a two-year contract to a longstanding program which had previously had a two-year contract. It is the staff belief that our error caused the agency to miss the opportunity to request PY23 funding for this program and that it is in the best interest of the CCMHB and the community to extend this contract by a one-year term.

MOTION: Dr. Youakim moved to approve a one-year extension of the term of PY2022 contract with Don Moyer Boys and Girls Club for Coalition Summer Youth Initiatives. Mr. Hausman seconded the motion. A roll call vote was taken and the motion passed unanimously.

POSTED AS ADDENDUM: Waiver of Termination of Agency Contracts:

A decision memorandum and attachments were posted as addendum, requesting action to waive for two months the termination of contracts with agencies whose audits/reviews are not expected prior to April 1. Director Canfield provided background information regarding late audits. Board members discussed the issue and will continue to review it in the future.

MOTION: Dr. Youakim moved to approve extension of the automatic termination of contracts from April 1 to June 1 for those agencies demonstrating that the continued delay in completion of audit or review is due to delays encountered by their contracted independent CPA firm. Dr. Maurer seconded the motion. A roll call vote was taken and the motion passed unanimously.

OLD BUSINESS:

CILA Update:

A decision memorandum and attachments were included in the Board packet. During 2021, the Boards selected a realtor and authorized the Executive Director to approve listing and sale of the properties. The approved resolution remains valid, so that those decisions do not need to be made again. For transparency, each Board is asked to consider the new offer of \$275,000 (with inspection contingency waived) as well as the relisting of the property at \$285,000, per the updated market analysis.

MOTION: Mr. Hausman moved to authorize the Executive Director to accept the offer on the Englewood property at \$275,000, pending CCDDDB approval. Dr. Youakim seconded the motion. A roll call vote was taken and the motion passed unanimously.

MOTION: Dr. Maurer moved to authorize relisting of the Englewood property at \$285,000, pending approval by the CCDDDB and contingent on if the sale does not happen. Ms. Sprandel seconded the motion. A roll call vote was taken and the motion passed unanimously.

Schedules & Allocation Process Timeline:

Copies of CCMHB and CCDDDB meeting schedules and CCMHB allocation timeline were included in the packet.

Acronyms and Glossary:

A list was included in the Board packet.

Agency Input:

Sara Balgoyen from Mahomet Area Youth Club (MAYC) spoke to the CCMHB about increasing audit costs and other audit challenges.

CCDDDB Information:

The CCDDDB met this morning. They had similar agenda items as the CCMHB.

STAFF REPORTS:

Staff reports from Lynn Canfield and Chris Wilson were included in the Board packet.

BOARD TO BOARD REPORTS:

None.

BOARD ANNOUNCEMENTS:

None.

ADJOURNMENT:

The meeting adjourned at 6:54 p.m.

Respectfully

Submitted by: Stephanie Howard-Gallo
CCMHB/CCDDB Staff

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



Champaign County, IL

VENDOR INVOICE LIST

INVOICE P.O. INV DATE CHECK RUN CHECK # INVOICE NET DUE DATE TYPE STS INVOICE DESCRIPTION

1 CHAMPAIGN COUNTY TREASURER

Mar	MHB21-004	03/01/2022	030422A	1435	4,325.00	03/01/2022	INV	PD	MHB21-004	Homeless Serv
Mar	MHB22-006	03/01/2022	030422A	1437	4,702.00	03/01/2022	INV	PD	MHB22-006	Children's Advo
Mar	MHB22-010	03/01/2022	030422A	1435	27,197.00	03/01/2022	INV	PD	MHB22-010	Early Childhood
Mar	MHB22-025	03/01/2022	030422A	1435	6,362.00	03/01/2022	INV	PD	MHB22-025	Youth Assessmen
Mar	MHB22-043	03/01/2022	030422A	1435	17,329.00	03/01/2022	INV	PD	MHB22-043	Justice System
Mar	Office Rent	03/01/2022	030422A	1436	1,927.03	03/01/2022	INV	PD	Lease Agreement	Between C
					61,842.03					

10076 ALLISON M BOOT

0011		03/01/2022	030422A	1417	8,000.00	03/01/2022	INV	PD	MHB22-048	Expo Consulting
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10094 C-U AUTISM NETWORK

Exhibitor Table Fee		02/23/2022	030422A	1423	40.00	02/23/2022	INV	PD	CU Autism Network	walk Ex
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10148 COMMUNITY SERVICE CENTER OF NORTHERN

Mar	MHB22-008	03/01/2022	030422A	1462	5,717.00	03/01/2022	INV	PD	MHB22-008	Resource Connec
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10163 CRISIS NURSERY

Mar	MHB22-005	03/01/2022	030422A	1470	7,500.00	03/01/2022	INV	PD	MHB22-005	Beyond Blue
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10170 DEVELOPMENTAL SERVICES CENTER OF

Mar	MHB22-012	03/01/2022	030422A	1476	49,710.00	03/01/2022	INV	PD	MHB22-012	Family Developm
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10175 DON MOYER BOYS & GIRLS CLUB

Mar	MHB22-015	03/01/2022	030422A	1478	8,333.00	03/01/2022	INV	PD	MHB22-015	C-U Change
Mar	MHB22-022	03/01/2022	030422A	1478	13,333.00	03/01/2022	INV	PD	MHB22-022	Youth and Famil
Mar	MHB22-037	03/01/2022	030422A	1478	9,166.00	03/01/2022	INV	PD	MHB22-037	CUNC
					30,832.00					

10183 ALEXANDER F CAMPBELL

520		03/01/2022	031122A	1804	2,106.50	03/31/2022	INV	PD	Q2 Online System	Support
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10185 EAST CNTRL IL REFUGEE MUTUAL ASSIST CTR

Feb	MHB22-001	02/01/2022	031822A	2327	5,167.00	02/07/2022	INV	PD	MHB22-001	Family Support
Jan	MHB22-001	01/01/2022	031822A	2327	5,167.00	01/31/2022	INV	PD	MHB22-001	Family Sup & St
Mar	MHB22-001	03/01/2022	031822A	2327	5,167.00	03/01/2022	INV	PD	MHB22-001	Family Support
					15,501.00					

10214 FIRST FOLLOWERS

Mar	MHB22-003	03/01/2022	030422A	1487	7,916.00	03/01/2022	INV	PD	MHB22-003	Peer Mentoring
Mar	MHB22-034	03/01/2022	030422A	1487	3,291.00	03/01/2022	INV	PD	MHB22-034	First Steps Res

#9

Champaign County, IL

VENDOR INVOICE LIST

INVOICE P.O. INV DATE CHECK RUN CHECK # INVOICE NET DUE DATE TYPE STS INVOICE DESCRIPTION

INVOICE	P.O.	INV DATE	CHECK RUN	CHECK #	INVOICE NET	DUE DATE	TYPE	STS	INVOICE DESCRIPTION
11,207.00									
10242	GROW IN ILLINOIS								
Feb	MHB21-011	02/01/2022	031822A	2344	6,436.00	02/07/2022	INV	PD	MHB21-011 Peer Support
Jan	MHB21-011	01/01/2022	031822A	2344	6,436.00	01/31/2022	INV	PD	MHB21-011 Peer Support
Mar	MHB21-011	03/01/2022	030422A	1501	6,436.00	03/01/2022	INV	PD	MHB21-011 Peer Support
19,308.00									
10263	I3 BROADBAND - CU								
23585421		03/04/2022	031122A	1829	144.95	04/01/2022	INV	PD	Internet service 4/4/22 -
10348	MCS OFFICE TECHNOLOGIES INC								
01-693788		02/25/2022	030422A	1541	67.50	03/25/2022	INV	PD	Ticket #26754 - Install w
01-693953		03/01/2022	031122A	1891	495.00	03/31/2022	INV	PD	Mar MHB22-040 Managed IT
562.50									
10352	MAHOMET AREA YOUTH CLUB								
Mar	MHB22-032	03/01/2022	030422A	1537	1,250.00	03/01/2022	INV	PD	MHB22-032 BLAST
Mar	MHB22-033	03/01/2022	030422A	1537	1,825.00	03/01/2022	INV	PD	MHB22-033 Members Matter
3,075.00									
10374	MINUTEMAN PRESS								
68265		03/15/2022	032522A	2664	101.73	03/31/2022	INV	PD	disABILITY Expo Flyers
10423	PEPSI COLA CHAMPAIGN-URBANA BOTTLING								
81104405		03/07/2022	031122A	1924	20.85	03/07/2022	INV	PD	water 5Gal jug
81104613		03/15/2022	032522A	2675	6.95	04/14/2022	INV	PD	5gal water jug
27.80									
10453	QUILL CORPORATION								
23457862		03/14/2022	031822A	2435	22.77	03/14/2022	INV	PD	Disposable masks
23479521		03/14/2022	031822A	2435	131.07	03/14/2022	INV	PD	calculator ribbon, water,
153.84									
10464	RAPE, ADVOCACY, COUNSELING & EDUCATION SERVICES								
Mar	MHB22-002	03/01/2022	030422A	1582	5,250.00	03/01/2022	INV	PD	MHB22-002 Sexual Violence
10488	ROSECRANCE, INC.								
Mar	MHB21-019	03/01/2022	030422A	1592	16,996.00	03/01/2022	INV	PD	MHB21-019 Crisis, Access,
Mar	MHB21-020	03/01/2022	030422A	1592	25,362.00	03/01/2022	INV	PD	MHB21-020 Criminal Justic
Mar	MHB21-023	03/01/2022	030422A	1592	16,666.00	03/01/2022	INV	PD	MHB21-023 Recovery Home
Mar	MHB22-027	03/01/2022	030422A	1592	5,000.00	03/01/2022	INV	PD	MHB22-027 Prevention Serv
Mar	MHB22-028	03/01/2022	030422A	1592	14,122.00	03/01/2022	INV	PD	MHB22-028 Speciality Court
Mar	MHB22-030	03/01/2022	030422A	1592	7,117.00	03/01/2022	INV	PD	MHB22-030 Fresh Start

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Champaign County, IL

VENDOR INVOICE LIST

INVOICE	P.O.	INV DATE	CHECK RUN CHECK #	INVOICE NET DUE DATE	TYPE	STS	INVOICE DESCRIPTION
3/2-3/11		03/15/2022	032522A	605.00 03/31/2022	INV	PD	Legal opinion - CILA and
18412	TERRAPIN STATION SOBER LIVING NFP INC						
Mar MHB22-067		03/01/2022	030422A	3,916.00 03/01/2022	INV	PD	MHB22-067 Recovery Home
18413	PROMISE HEALTHCARE						
Mar MHB21-013		03/01/2022	030422A	29,176.00 03/01/2022	INV	PD	MHB21-013 Mental Health S
Mar MHB21-041		03/01/2022	030422A	8,998.00 03/01/2022	INV	PD	MHB21-041 Wellness
18414	REGINA STEVENSON			38,174.00			
1120		02/27/2022	030422A	570.00 02/27/2022	INV	PD	Bookkeeping coaching serv
18415	MTF BUSINESS SOLUTIONS LLC						
2022-01		01/31/2022	031122A	173.25 02/15/2022	INV	PD	Nov-Jan Bookkeeping Coach
2022-12		02/28/2022	031122A	175.00 03/15/2022	INV	PD	Feb Bookkeeping Coaching
				473,059.66	63 INVOICES		

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** END OF REPORT - Generated by Chris M. Wilson **



#10.A.

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

DECISION MEMORANDUM

DATE: April 20, 2022
TO: Champaign County Mental Health Board (CCMHB)
FROM: Lynn Canfield, Executive Director
SUBJECT: Agency Request for Application Outside of Open Period

Background:

To support the Board’s mission of promoting a system of services for people with mental health or substance use disorders or intellectual/developmental disabilities, an annual allocation process occupies the greatest part of board, staff, and public attention and time. To implement this process, a timeline is defined, funding priorities and requirements are approved in advance, Notice of Funding Availability is published 21 days prior to a determined period for accepting requests for funding, and on online system ‘opened’ for submission of required application forms. The period in which applications are accepted is within the first five weeks of the calendar year. Several years ago, the Board began to require that no late applications be considered, regardless the reason.

Updates:

By March 2021, there had been a full year of discussion of and reaction to impacts of COVID-19. These impacts included greater threats to the service system and poorer outcomes for people seeking/receiving services. One agency made a formal request that the Board allow them to submit applications after the deadline. Instead of this specific exception, the Board approved opening the system for a second period to accept additional requests. Full consideration along the established timeline could not be guaranteed. A NOFA was published 21 days in advance, and the system reopened in April for any eligible organization to submit applications. Three requests were submitted by two agencies. In May, a summary of each was included in the staff decision memorandum, but they were among programs not recommended for full funding. In late July, they were funded, along with six others, through revenue awarded from the County’s ARPA fiscal recovery funds.

Our capacity to evaluate in a timely fashion was tested, and steps taken in 2021 to increase community-based service capacity were, in our new least favorite word, ‘unprecedented’. Worse, the behavioral health crisis continues.

When the 2022 open application period ended, we were aware of several agencies which had started but not completed registrations or applications. I sent letters to each, inviting their feedback on the process or what they had intended to address when they began the work. One responded to brainstorm other funding sources and exchange information on the treatment approach. Another explained to our staff on March 22, and gave Public Input to the Board on March 23, that last-minute confusion had prevented submission of some forms to complete their applications.

The agency now requests formal special consideration of ‘late applications’ on behalf of a population with no other access to these services. If the Board determines this to be in the best interest of Champaign County, they might consider the options below. The question of affordability has not been addressed due to timing of application reviews and 2023 revenue projections. Full evaluation, decisions, and subsequent contract development might not be completed by July 1, and the Board might choose to make awards contingent on additional revenue becoming available, though we have not requested ARPA funding for PY23.

Possible Actions:

The Board could authorize the Executive Director to:

- Publish, at least 21 days in advance, a new Notice of Funding Availability of the system open for applications for a brief period (the earliest possible being May 9 to 12), and later, regardless of the number of submitted requests, implement a second PY23 review and recommendation process;
- Permit the agency to submit the application forms they had prepared, without further revisions, for review and consideration at a future meeting;
- Extend one or both of the agency’s current contracts for one year with no change to service deliverables or budgets;
- Negotiate expansion of a current application from another agency, if one has an interest and the capacity, for additional funding to cover the costs of subcontracting with Promise for these services; or
- Defer discussion and decision of this matter to a later Board meeting.

Decision Section:

Motion to... [any of the above or another]

- Approved
- Denied
- Modified
- Additional Information Needed

April 7, 2022

CCMHB Board of Directors & Lynn Canfield, Executive Director
1776 E. Washington Street
Urbana, IL 61802

Dear Board of Directors and Ms. Canfield

I am writing to respectfully request permission to address the Board at the April 20, 2022 Board meeting. At the meeting, I would like to address the Board and humbly request that they consider and approve to take the necessary actions to enable Promise Healthcare to fully submit our grant applications for Mental Health Services and Healthcare Wellness services for 2023 program year funding.

I understand that this is a significant request. However, this is in the best interest of the 2,000+ patients who receive mental health services. Most of these patients are uninsured and would have few (if any) options for services. It is particularly important to preserve psychiatry services as the patient population includes many seriously mentally ill patients.

We are fortunate that the operations and financial status of Promise Healthcare is currently stable. Our Board members are volunteers, and over half are patients of ours, as required by the Health Resources and Services Administration. In 2019 the Board made significant changes in operations and leadership. Both the Executive Director and Director of Finance left the organization and were replaced by consultants with health center operations and financial management expertise. With changes in leadership came additional staff turn-over. The consultants were in place until August of 2021 when I joined the organization. Although the consultants initiated many financial management and operational changes, there remains a significant amount of work that needs to be done to ensure Promise is in compliance with Federal requirements for health centers, including ensuring that we are a financially viable health center. As an example, our current financial management software, while updated last year, still needs updating to support us as robustly as needed and all systems and processes have had to be revised.

The mission of Promise Healthcare remains and I am overjoyed to be part of it and the Champaign/Urbana Community. I am prioritizing relationships with our partners including the CCMHB, however there seem to never be enough hours in the day to get everything done. Because our patient population is so fragile, this weighs heavily on me, but I've been able to recruit talented staff and secure contractual services to assist with finance activities. Unfortunately, on February 11, 2022, when working with our finance consultants on final revisions of budget forms for our 2023 grant application, our consultants got caught up in reviewing the forms and attempted to submit them, unfortunately, just after the platform closed. We were unaware of this since we were in the platform and had the forms uploaded, therefore, we thought we could still submit and we were wrong. Several of the applications forms were successfully submitted prior to the platform closure. The budget forms were uploaded but we

were unable to submit them. Thus, 55% of the application forms are listed in the portal as pending.

In 2021 Promise served approximately 2,000 behavioral health patients with over 13,000 patient visits and over 2,4000 psychiatry visits. There are very limited services available to the uninsured in Champaign County. For this reason, I am beseeching the Board to enable their Executive Director to take the necessary steps to allow us to finalize our grant submission and to consider our application. We believe we have exhausted every possible option for alternative funding and are unable to identify any; particularly funding that can help support services as of July 1, 2022. We have inquired with Champaign County and the City of Champaign about the possibility of garnering ARPA funds. We have talked with our Congressional representatives and requested that Senator Duckworth and Senator Durbin consider our request for Congressionally directed funding (earmarks). However, staff were not very optimistic about our chances as they explained that they have been mostly successful previously in helping constituent groups procure federal funding for capital projects. Additionally, if funding were to be approved it would not be available until after the start of Federal Fiscal Year 2023 which starts October 1, 2022 at the earliest and that would be barring any federal budget delays. Thus, this would still leave Promise Healthcare without funding from July 1, 2022, to October 1, 2022 at the very least.

In closing, I want to thank the CCMHB Board and the Executive Director for the past support and current consideration of my request. I would like to thank the Executive Director for her assistance in suggestions for alternative funding sources and for writing letters of support.

I take responsibility for Promise's inability to submit all of the grant application components before the portal closed on 2/11/2022. I guarantee it will not be a mistake that is ever made again. For the sake of the over 2,000 patients who receive behavioral health services from Promise, I hope to address the Board personally and ask that our grant applications be considered for 2023 program funding. Please let me know if I can address the Board at the April 20, 2022 meeting to present my request.

Sincerely,

Jennifer Henry

Executive Director

CCMHB PY2023 (25) APPLICATIONS TO BE REVIEWED				Primary Reviewer	Secondary Reviewer	Pages
Agency	Program	Request	Selected Priority			
CCRPC - Community Services	Homeless Services System Coordination	\$54,281	Innovative/Acceptance	EP	JPY	21-28
CU at Home	Shelter Case Management	\$256,700	Crisis	KP	DM	29-34
CC Head Start/Early Head Start	Early Childhood Mental Health Services	\$347,235	SOC/DD	JPY	DM	35-42
CC Health Care Consumers	Disability Services	\$71,500	Innovative/Acceptance	JPY	JS	43-50
Courage Connection	Courage Connection	\$127,000	SOC	KP	JPY	51-58
Cunningham Children's Home	ECHO	\$127,249	Innovative/Acceptance	KP	MH	59-66
	FST	\$398,092	SOC	JPY	MH	67-74
DREAAM House	DREAAM House	\$100,000	SOC	MH	JPY	75-82
Family Service of CC	Creative Social Connectivity for Seniors	\$25,000	Innovative/Acceptance	DM	MH	83-89
FirstFollowers	FirstSteps Community Reentry House	\$39,500	Crisis	JPY	JS	90-94
	Peer Mentoring for Re-entry	\$95,000	Crisis	JPY	JOO	95-101
GROW in Illinois	Peer Support	\$129,583	Innovative/Acceptance	JOO	MH	102-109
Real Life Families	Family Coaching on the Go	\$53,167	Innovative/Acceptance	JOO	EP	110-117
Rosecrance Central Illinois	Benefits Case Management	\$80,595	Innovative/Acceptance	DM	EP	118-124
	Criminal Justice PSC	\$320,000	Crisis	MH	JS	125-131
	Crisis Co-Response Team (CCRT)	\$207,948	Crisis	MH	EP	132-138
	Prevention	\$60,000	SOC Youth	JOO	DM	139-145
	Recovery Home	\$100,000	Innovative/Acceptance	EP	KP	146-152
Terrapin Station Sober Living	Recovery Home	\$61,000	Innovative/Acceptance	EP	KP	153-157
THRIVING: Families	Project JDC	\$3,000	Innovative/Acceptance	JS	KP	158-162
	The Garden Hills Project	\$5,241	Innovative/Acceptance	JS	KP	163-167
	THRIVING: Community	\$3,730	Innovative/Acceptance	JS	DM	168-171
	THRIVING: CU	\$11,520	Innovative/Acceptance	JS	JOO	172-176
Well Experience	Well Family Care Program	\$100,000	Innovative/Acceptance	EP	JOO	177-185
WIN Recovery	Recovery and Reentry Home	\$93,283	Crisis	DM	JOO	186-193
		CCMHB only	\$2,870,624			
<i>excludes the set of multiyear contracts which continue into PY23 and total \$2,220,326 of these multi year contracts, \$596,522 is for DD services multiyear MH/SA commitments total \$1,623,804</i>						

CCMHB Application Review Template

Minimal responsiveness:	Y/N	concerns/comments
Are services or supports directly related to mental health, substance use disorder, or I/DD?		
Does the application address how this program will improve the quality of life of those with behavioral health conditions or I/DD?		
Does the application include evidence that other possible funding has been identified and explored and found not available or to have been maximized?		
Does the application provide too much information? Does the application provide enough information? Is the purpose of the funding request clearly stated?		

Priority Categories: check appropriate

Victim Services _____

Crisis Stabilization _____

Innovative Practices and Access to Behavioral Health Services _____

System of Care for Youth and Families _____

System of Care for Early Childhood and Families _____

Collaboration with CCDDDB – Young Children and their Families _____

Overarching Considerations:	Y/N	concerns/comments
Does the program plan narrative reflect CLC work, to engage underserved populations? Does the agency address whether/how rural residents may use the program (if relevant)?		
Inclusion and Anti-Stigma addressed?		
Evidence-based, evidence-informed, recommended, or promising practice/approach?		
Staff qualifications, credentials, specialized training?		
Outcomes?		
Evidence of coordination/collaboration with providers of similar or related services?		
Clear connection between budget and proposed program?		
Planning for continuation of services during pandemic or epidemic?		

Other comments:

- Is the amount of funding requested appropriate to the level and type of services to be provided?
- Are there details to be negotiated?
- Is a 2-year award reasonable?

CCMHB AGENCY PROGRAM PY2023 APPLICATION LIST		PY2022	PY2023	PY22 Contract
Agency	Program	Award	Request	Extended for PY23
CCRPC - Community Services	Homeless Services System Coordination	\$51,906	\$54,281	n/a
	Justice Diversion Program	\$207,948	\$0	n/a
	Youth Assessment Center	\$76,350	\$0	\$76,350
CU at Home	Shelter Case Management Program	\$0	\$256,700	n/a
CC Children's Advocacy Center	Children's Advocacy	\$56,425	\$0	\$56,425
CC Christian Health Center	Mental Health Care at CCCHC	\$33,000	\$0	\$33,000
CC Head Start/Early Head Start	Early Childhood MH Svcs (MH and DD)	\$326,369	\$347,235	n/a
CC Health Care Consumers	CHW Outreach and Benefit Enrollment	\$80,274	\$0	\$80,274
	Justice Involved CHW Services & Benefits	\$77,394	\$0	\$77,394
	Disability Services	\$71,500	\$71,500	n/a
Community Svc Center of Northern	Resource Connection	\$68,609	\$0	\$68,609
Courage Connection	Courage Connection	\$127,000	\$127,000	n/a
Crisis Nursery	Beyond Blue-Champaign County	\$90,000	\$0	\$90,000
Cunningham Childrens Home	ECHO Housing and Employment Support	\$101,604	\$127,249	n/a
	Families Stronger Together	\$403,107	\$398,092	n/a
DREAAM House	DREAAM House	\$100,000	\$100,000	n/a
DSC	Family Development Center (DD)	\$596,522	\$0	\$596,522
Don Moyer Boys and Girls Club	C-U CHANGE	\$100,000	\$0	\$100,000
	CUNC	\$110,000	\$0	\$110,000
	Community Coalition Summer Initiatives	\$107,000	\$0	\$107,000
	Youth and Family Services	\$160,000	\$0	\$160,000
East Central IL Refugee Mutual Assis	Family Support & Strengthening	\$62,000	\$0	\$62,000
Family Service of CC	Counseling	\$30,000	\$0	\$30,000
	Creative Social Connectivity for Seniors	\$0	\$25,000	
	Self-Help Center	\$28,430	\$0	\$28,930
	Senior Counseling & Advocacy	\$162,350	\$0	\$162,350
FirstFollowers	FirstSteps Community Reentry House	\$39,500	\$39,500	n/a
	Peer Mentoring for Reentry	\$95,000	\$95,000	n/a
GROW in Illinois	Peer-Support	\$77,239	\$129,583	n/a
Mahomet Area Youth Club	Bulldogs Learning and Succeeding Together	\$15,000	\$0	\$15,000
	MAYC Members Matter!	\$21,905	\$0	\$21,905
Promise Healthcare	Mental Health Services with Promise	\$350,117	\$0	n/a
	Promise Healthcare Wellness	\$107,987	\$0	n/a
Rape Advocacy, Counseling & Educa	Sexual Violence Prevention Education	\$63,000	\$0	\$63,000
Real Life Families	Family Coaching on the Go	\$0	\$53,167	
Rattle the Stars	Suicide Prevention Education	\$86,500	\$0	n/a

CCMHB AGENCY PROGRAM PY2023 APPLICATION LIST (continued)		PY2022	PY2023	PY22-PY23 Contract
Rosecrance Central Illinois	Benefits Case Management NEW	\$0	\$80,595	
	Criminal Justice PSC	\$304,350	\$320,000	n/a
	Crisis, Access, & Benefits	\$203,960	\$0	n/a
	Crisis Co-Response Team (CCRT) NEW	\$0	\$207,948	
	Fresh Start	\$85,409	\$0	
	Prevention	\$60,000	\$60,000	n/a
	Recovery Home	\$200,000	\$100,000	n/a
	Specialty Courts	\$169,464	\$0	\$169,464
Terrapin Station Sober Living	Recovery Home	\$47,000	\$61,000	n/a
The UP Center of CC	Children, Youth, & Families Program	\$86,603	\$0	\$86,603
The Well Experience	Well Family Care Program (was Family Services)	\$80,000	\$100,000	n/a
THRIVING: Families	Project JDC	\$0	\$3,000	
	The Garden Hills Project	\$0	\$5,241	
	THRIVING: Community	\$0	\$3,730	
	THRIVING: CU	\$0	\$11,520	
Urbana Neighborhood Connections	Community Study Center	\$25,500	\$0	\$25,500
WIN Recovery	Recovery & Re-Entry	\$69,488	\$93,283	n/a
	PY23 Requests plus 2 Yr Contracts		\$2,870,624	\$2,220,326
Total (PY22 Awards vs PY23 Requests plus 2 Yr Contracts)		\$5,415,810	\$5,090,950	
Total CCMHB (excludes ARPA amount of \$770,436)		\$4,645,374	\$5,090,950	
Total CCMHB MH/SA (excludes DD amount)		\$3,926,853	\$4,344,762	MH/SA requests
Total CCMHB DD amount		\$718,521	\$746,188	DD (no CILA \$)
				<i>(DSC FD and DD portion of HS-EHS and?)</i>
PY23 MH/SA requests are greater than PY22 MH/SA awards by \$417,909				

Agency Name: CCRPC – Community Services

Program Name: Homeless Services System Coordination

Requested Funding Amount: \$54,281

The original application forms contain more information. Attached is an analysis of specific sections of the application and prior reports on the program (if incumbent).

Why it Matters: Homeless and at risk for homeless households include survivors of domestic violence, persons with behavioral health issues, veterans, youth, families, and persons with disabilities (mental health, physical, and intellectual/ developmental). The direct recipient of services is the IL-503 Continuum of Service Providers to the Homeless (CSPH), consisting of agencies and organizations, community members, and businesses that have interest in preventing, addressing, and serving the homeless of Champaign County. System wide coordination and efforts are required to remain competitive for federal funding for homeless services but more importantly support a more effective service system. Program has allowed the CSPH to better coordinate efforts to address homelessness and meet federal mandates.

Evidence Based, Promising, or Innovative Approach:

- **HOUSING FIRST:** There is a large evidence base demonstrating that Housing First is an effective solution to homelessness. HF is a homeless assistance approach that prioritizes providing permanent housing to people experiencing homelessness, thus ending their homelessness, and serving as a platform from which they can pursue personal goals and improve their quality of life. HF is guided by the belief that people need basic necessities like food and a place to live before attending to anything less critical, such as getting a job, or attending to substance use issues. Additionally, HF emphasizes client choice as valuable in housing selection and supportive services.
<https://www.hudexchange.info/resources/documents/Housing-First-Permanent-Supportive-Housing-Brief.pdf> <https://endhomelessness.org/resource/housing-first/>
- **COORDINATED ENTRY:** HSSC program will lead and support a continuous quality improvement process focused on the IL-503 Coordinated Entry System (CES). An effective coordinated entry process is a critical component to any community's efforts to prevent and end homelessness. Coordinated entry processes help communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner.
<https://www.hudexchange.info/resources/documents/Coordinated-Entry-Policy-Brief.pdf>
- **CONTINUUM OF CARE STAFFING:** program will support the Continuum in its administrative functions including compliance with federal regulation, brokering community partnerships, representing the CoC at various statewide groups, and coordination of other critical activities. Continuums with direct leadership and staff support are rare but are critical to ensuring truly local management of the homeless system and represent stronger capacity than many other small CoCs.
https://crownschool.uchicago.edu/sites/default/files/uploads/CoC_Survey_Report.pdf

Outcomes:

1. Attend 4 consultations, webinars, and/or TA opportunities relating to the development of an alternative to the VI-SPDAT for use with the CSPH Coordinated Entry System (CES).
2. With other Continuums and organizations, develop an equitable tool for use in the CSPH.
3. Complete racial equity analyses for the CSPH CES and Continuum exit destination data.

To be Served/Completed:

TPC: 49 = 39 MOU member agencies and 10 individuals with current or recent lived homeless experience engaged in CSPH Strategic Planning efforts.

SC: 40 = persons participating in trainings coordinated by the program.

CSE: 26 = contacts to promote the program, including individual meetings with non-member entities focused on increasing membership, public presentations, consultations with community groups, school class presentations, and small group workshops.

Type and Intensity of Service:

Provide support, facilitation, and direction to the IL-503 HUD Continuum of Care, the Continuum of Service Providers to the Homeless (CSPH), to support the body's mission to end homelessness in Champaign County through a coordinated network of resources for individuals and families who are homeless or at-risk of becoming homeless.

Coordinate efforts across the CSPH membership to support the CSPH goals and the Homeless Emergency and Rapid Transition to Housing (HEARTH) Act regulations.

Build and maintain collaborative partnerships with CSPH membership and affiliates, working very closely with the CSPH Executive Committee.

Length of Engagement: Each member of the IL-503 Continuum will participate in at least 5 of 11 meetings each year.

Leveraging Other Resources: CCMHB request is for 72% of total program revenue. Other revenue is from Federal Grants \$21,099 (28%).

Agency: CCRPC – Community Services

Program: Homeless Services System Coordination

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2023 CCMHB Funding Request: \$54,281

Focus of Application: Co-Occurring and/or Multiple Conditions

Type of Contract: Grant

Priority: Innovative Practices and Access to Behavioral Health Services

Services and People Served

Target Population: IL-503 Continuum of Service Providers to the Homeless (CSPH)... agencies and organizations, community members, and businesses that have interest in preventing, addressing, and serving the homeless of Champaign County. System wide coordination and efforts are required to remain competitive for federal funding for homeless services but more importantly will support a more effective service system. The Homeless Service System Coordination (HSSC) program has allowed the CSPH to better coordinate efforts to address homelessness and meet federal mandates... supports efforts to strengthen the Coordinated Entry System (CES), improve strategic planning, and development of training opportunities for the CSPH.

Scope, Location, and Frequency of Services:

Scope:

- Support, facilitation, and direction to the IL-503 HUD Continuum of Care, the CSPH, to support the body's mission to end homelessness in Champaign County through a coordinated network of resources for individuals and families who are homeless or at-risk of becoming homeless.
- Coordinate efforts across the CSPH membership to support the CSPH goals and the Homeless Emergency and Rapid Transition to Housing (HEARTH) Act regulations.
- Build and maintain collaborative partnerships with CSPH membership and affiliates, working very closely with the CSPH Executive Committee.
- Maintain CSPH membership compliant with the HEARTH Act.
- Participate in webinars and trainings addressing CSPH business and work, debriefing membership regarding the knowledge gained and necessary action items.
- Manage all responsibilities of the annual Point in Time (PIT) and Housing Inventory (HIC) Counts.
- Coordinate and support efforts of the CSPH Monitoring Committee.
- Maintain working knowledge of services and programs for households who are homeless or at risk...
- Support efforts to maintain up to date information of homeless specific services in... 211 system.
- Coordinate trainings to enhance the work of CSPH membership and to meet CSPH mandates, including annual non-discrimination training for full CoC.
- Lead and support a continuous quality improvement process focused on the IL-503 CES.
- Responsible for completion of homeless funding applications required of the IL-503 CSPH.
- Work with CSPH member organization representatives and Homeless Management Information System (HMIS) Administrator to generate meaningful data for review and use by the IL-503 CSPH.
- Support efforts of the CSPH strategic workgroups.
- Conduct regular outreach in the community with goal of increasing membership diversity and participation.

Location/Frequency: community-based settings, M-F during regular business hours... evening and weekends.

Staff Comment: providers of various services and cross-sector partners wrestle with siloed and outdated payment and service delivery systems and imperfect implementation of new opportunities. Coordination and data collection across systems should deliver improved results for people who do not have stable housing.

Access to Services for Rural Residents:... outreach to public officials and service providers in rural areas to gain knowledge regarding the homeless issues encountered in the specific rural area, educate about the efforts of the IL-503 CSPH, and encourage participation as necessary and appropriate. This question is not fully applicable to the program as the services will focus on coordination of the organizations providing the direct services... However, the services provided by the program will be community based and include outreach throughout Champaign County.

Access to Services for Members of Historically Underinvested Populations: Traditionally underserved or underrepresented minority populations such as African Americans represent the majority of households who are identified as homeless and at risk for homelessness in Champaign County. Asians and Hispanics represent a small proportion of the persons provided homeless services. The HSCC program will serve members of underserved/ underrepresented minority populations through efforts to develop a stronger, more coordinated service system for households who are homeless and at risk for homelessness. The program will coordinate trainings to enhance the work of CoC membership organizations that serve underserved or underrepresented minority populations, including annual non-discrimination training for the full CSPH membership. The program will also conduct regular outreach in the community with goal of increasing membership diversity... services provided by the program will be community based and include outreach throughout Champaign County.

Program Performance Measures

CONSUMER ACCESS: *Eligibility:* agencies and organizations, community members, and businesses that have an interest in preventing, addressing, and serving households in Champaign County that are homeless or at risk for homelessness, participating in the IL-503 CSPH as a member or affiliate. *Meet criteria by:* review of the participation of agencies/organizations, community members, and businesses in IL-503 CSPH meetings, committees, workgroups or sponsored events will determine eligibility for program services. Agencies and organizations, community members, and businesses... will learn about this program through targeted outreach. The coordinator will attend and share information regarding the CoC efforts at various community meetings... targeted outreach in the community with goal of increasing membership and participation. Meeting schedules, meeting minutes, and reports related to the work of the IL-503 CSPH are maintained on CCRPC's website.

Within 7 days from referral, 100x% of those referred will be assessed.

Within 14 days of assessment, 100% of those assessed will engage in services.

People will engage in services, on average, for: Each member of the IL-503 CSPH will participate in at least 5 of 11 meetings each year.

Additional Demographic Data: The representation category of membership to the IL-503 CSPH (public/ governmental entity, private/ not for profit entity, business, or homeless/ formerly homeless person).

CONSUMER OUTCOMES:

1. The IL-503 CSPH will be represented in the development of an alternative to the VI-SPDAT.
Specific Outcome Goals: The Coordinator will attend no less than 4 consultations, webinars, and/or TA opportunities relating to the development of an alternative to the VI-SPDAT for use with the CSPH CES.
Description: The VI-SPDAT is used to assist with prioritizing participants for homeless-specific resources. The VI-SPDAT fulfills this role in Continuums across the country. In 2021, the VI-SPDAT's developer discontinued the product, citing concerns for racial equity. The Coordinator will work with other Continuums and organizations to develop an equitable tool for use in the CSPH.
2. A Racial Equity Assessment will be conducted within the CSPH.
Specific Outcome Goals: The Coordinator will complete racial equity analyses for the CSPH CES and Continuum exit destination data. Results from the analyses will be shared with the CSPH and other groups to solicit feedback and recommendations to improve CSPH systems.
Description: Analyses will use the HUD CoC Racial Equity Analysis Tool and other tools as necessary

including HUD's STELLA P tool. Equity analyses have been part of competitive applications in the past. As additional tools become available, more advanced analyses are possible, allowing for a more equitable Continuum.

3. The CSPH will receive feedback and recommendations from people with lived experience through a series of focus groups.

Specific Outcome Goals: The Coordinator will facilitate no less than 3 lived experience focus groups. Participants may include currently homeless persons, participants of Continuum programs, and recent participants of Continuum programs. Minutes and summaries will be provided to the CSPH.

Description: Lived experience is a crucial part of system planning. Focus groups will allow direct feedback and recommendations from lived expertise and may facilitate recruitment of additional lived experience onto the Executive Committee.

1. A new 5-year strategic plan will be created with IL-503 CSPH.

Specific Outcome Goals: The Coordinator will lead the planning process for the Continuum, complete one-on-ones with MOU agencies, facilitate groups, and make recommendations to the CSPH Boards for strategic plan goals.

Description: The last CSPH Strategic Plan expired in 2020. Through this process, a 5-year strategic plan will be produced. Strategic planning is an important piece of homeless service coordination that has been difficult in the times of COVID-19. The plan will be informed by best practices, analysis of neighboring CoCs' plans, and will receive input from TA partners.

2. A Landlord Risk Mitigation Fund will be researched and brokered.

Specific Outcome Goals: The Coordinator will research Landlord Risk Mitigation Funds (RMFs) to support CSPH clients in securing housing. The Continuum will hold one-on-ones with other communities that currently manage RMFs, funders, and CSPH voucher programs. The Coordinator will advocate for and broker creation of an RMF that benefits CSPH clients.

Description: CSPH voucher programs have experienced difficulty in housing clients due to landlord hesitancy even with incentivization. An RMF offers protection to landlords that, when paired with other incentives, could lead to quicker housing for clients of CSPH programs.

3. The Coordinator will participate in Low-Barrier Emergency Shelter planning for Champaign County.

Specific Outcome Goals: The Coordinator will participate in governing boards/advisory councils of low-barrier shelters to offer guidance, TA, and encourage deep integration into CSPH homeless services such as CES and HMIS. Trainings will be offered when needed.

Description: Champaign County has struggled with Emergency Shelter capacity. The 2021 loss of low-barrier year-round shelter creates significant barriers. Low-barrier shelters are critical to providing a safe foundation for clients in crisis. Consultancy on best practices, LGBTQ+ access, and integration with other CSPH systems is required for high-quality low barrier shelter.

Outcome gathered from all participants? Yes

Anticipate 20 total participants for the year.

Will collect outcome information: Monthly

Is there a target or benchmark level for program services? No

Estimated level of change for this outcome: to increase engagement and activity within the CSPH through the strategic planning process. 95% of CSPH MOU agencies (42 at time of writing) will contribute through either one-on-ones or group meetings. At least 10 people with lived experience will be engaged as part of the strategic planning process. The ultimate work product will be the new CSPH Strategic Plan.

Staff Comment: a technical question – the second three outcomes are listed in the section which requests information about assessment tools but stand alone as three additional outcomes, well described and valuable.

UTILIZATION:

Treatment Plan Clients (TPCs): 49 = 39 MOU member agencies and 10 individuals with current or recent lived homeless experience will be engaged in CSPH Strategic Planning efforts.

Service Contacts (SCs): 40 = persons (10) participating in quarterly trainings coordinated by the program.

Community Service Events (CSEs): 26 = contacts to promote the program (including individual meetings with non-member entities focused on increasing membership), public presentations (including mass media shows and articles), consultations with community groups, school class presentations, and small group workshops. # HSSC program coordinated trainings, # focus groups conducted to receive feedback from people with lived experience, # meetings related to the annual homeless Point in Time (PIT) count to inform the community about the event and the event results, solicit and train volunteers, and the actual event.

Staff Comments: the program exceeded all targets in PY21 and has met CSE target for PY22; maintaining the SC and CSE targets and increasing the TPC target for PY23 suggests they expect to meet/exceed PY22 as well.

PY2023 Annual Targets (per Utilization Form)

	TPC	SC	CSE
Annual Target	49	40	26

PY2022 First two quarters (per submitted Service Activity Reports)

Quarter	TPC	SC	CSE
First Quarter PY22	0	0	13
Second Quarter PY22	0	11	13
<i>Annual Target</i>	<i>20</i>	<i>40</i>	<i>26</i>

PY2021 all four quarters (per submitted Service Activity Reports)

First Quarter FY21	2	0	9
Second Quarter FY21	3	0	11
Third Quarter FY21	3	104	15
Fourth Quarter FY21	2	0	17
<i>Annual Target</i>	<i>6</i>	<i>40</i>	<i>26</i>

Financial Analysis

PY2023 CCMHB Funding Request: \$54,281

PY2023 Total Program Budget: \$75,380

Proposed Change in Funding - PY2022 to PY2023 = 4.6%

Current Year Funding (PY2022): \$51,906

CCMHB request is for 72% of total program revenue. Other revenue is from Federal Grants \$21,099 (28%). **Personnel related costs of \$39,241 are the primary expense charged to CCMHB, at 72% of requested amount.** Other expenses are: Professional Fees/Consultants \$450 (1%); General Operating \$1,500 (3%); Occupancy \$12,640 (23%); Conferences/Staff Development \$250; and Local Transportation \$200.

Total Agency Budget has a surplus of \$377,898. Total Program and CCMHB Budgets are BALANCED.

Program Staff to be funded by CCMHB: 0 Indirect and 0.60 Direct = 0.60 FTEs

Total Program Staff: 0 Indirect and 0.85 Direct = 0.85 FTEs

Staff Comments: modest increase requested; budget narrative does not describe what Professional Fees are budgeted for; GATA approval of the indirect cost allocation rate plan will be provided to CCMHB staff.

Audit Findings: *Because CCRPC – Community Services is included with the County’s combined audit, this program is not required to submit a separate year end audit, and any excess revenue due back at the end of the PY is determined through the fourth quarter reports. PY21 had \$1,506 in excess revenue.*

Priorities and Decision Support Criteria

Does the plan align with one or more of the CCMHB Priorities? Yes.

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Expectations for Minimal Responsiveness: *The agency completed a new Registration/Eligibility Questionnaire, and no concerns were identified. All required forms were submitted prior to the deadline. Proposed services/supports relate to mental health and how they will improve the quality of life for persons served. Evidence is included that other sources of funding are not available or have been maximized. Virtual services not fully applicable as this is coordination of providers and stakeholders.*

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? *Yes*

Highlights from the submitted CLC Plan: *CCPRC submitted a CLC Plan for the entire organization. The CLC Plan included all of the required benchmarks. The CLC Plan was updated to report the distribution of the 4th quarter CLC Plan to all of the program staff. In addition, CLC reflection has been incorporated into the Supervision Meetings for the intake and direct services staff. Information on how to become a member of the CLC Committee is now included in the staff orientation.*

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY2022? *Yes.*

Highlights from the submitted CLC Progress Report: *Annual training is monitored by supervisors to ensure completion. The Continuum of Service Providers MOU was updated to encourage participation of people with lived experience of being without a physical address. Barriers to services are part of the housing first conversations, as emergency shelters play a broader role in the homeless systems in our community.*

Overarching Decision Support Criteria

Underinvested Populations and Countywide Access: *Yes (see "Access" sections above.)*

Inclusion and Anti-Stigma:... bringing pertinent educational resources, training opportunities, and policies to Champaign County homeless services providers, promoting inclusion and reducing stigma and discrimination through education, experience, and exposure... improved access by leading and supporting a continuous quality improvement process focused on the IL-503 CES. Improved access will also be gained through the program's efforts to maintain up to date information... completing no less than quarterly reviews of the inclusion of homeless services in the Champaign County 211 system; prompting and encouraging organizations to maintain up to date information in the system. In 2021, this program advocated for best practices in CES Prioritization, leading to a revision of the prioritization guidelines that dictate who is referred from the homeless priority list into eligible homeless housing opportunities... focus on length of time the household has experienced homelessness, service need, and (via proxy), LGBTQ+ status... Advocacy with local Emergency Shelters to ensure access to LGBTQ+ people and in racial equity analysis for the Continuum.

Outcomes: *relevant to strengthening the collaborative and services, well-thought out; primarily process measures, not directly measuring impact on individuals served by the system.*

Virtual Service Option(s): *much of the coordination work can be accomplished through virtual meetings.*

Coordinated System: coordinates the efforts of all partnering members of the IL-503 CSPH to support the common goal... direct service providers up to date training, resources, and research related to homelessness. To date in the first three years the program has provided: New Member Orientations for all CSPH members and a focused orientation for a small group of new members, a variety of trainings including on LGBTQ+ Competency, the PIT, and fair housing. The last year of the program has involved the creation of a truly coordinated Entry System for people experiencing homelessness and the transition into an open HMIS system to strengthen community data sharing and outcomes for people experiencing homelessness. Through TA and assistance with federal grants, CSPH now experiences much more competition for its annual ESG grant opportunity and has developed formal Street Outreach services for the first time.

Budget and Program Connectedness: *budget narrative is thorough and supports the program plan.*

Evidence-based, Evidence-informed, Recommended, or Promising Practice: *Section details the Housing First solution and links evidence of its impact, describes the Coordinated Entry process for CQI and links to HUD policy brief in support, and provides rationale for the Coordinator's role with supporting research links.*

Evidence of Collaboration: *MOUs with members of the IL-503 Continuum:* American Legion Auxiliary Unit 24, Carle Health- Community Health Initiatives, Center for Youth & Family Solutions, Champaign County Emergency Management Agency, CCHCC, CCRPC, Champaign-Ford ROE, Champaign Park District, CUMTD, CUPHD, Child Care Resource Service, City of Champaign, City of Champaign Township, City of Urbana, Community Choices, CSC of Northern Champaign County, Courage Connection, Crisis Nursery, CU at Home, Cunningham Children's Home, Cunningham Township, Dept of Veterans Affairs – Illiana Health Care System, DSC, Eastern IL Foodbank, Faith United Methodist Church, FirstFollowers, Greater Community AIDS Project of East Central IL, Habitat for Humanity of CC, Hope Center of Vineyard Church, Housing Authority of CC, Land of Lincoln Legal Aid, LGBT Resource Center UIUC, LifeLinks, Merci's Refuge, OSF Community Resource Center, The Pavilion, Rosecrance, Salvation Army, United Way of CC, UIUC School of Social Work, UP Center, Village of Rantoul

Staff Credentials: Bachelor's in social service, education, or related area preferred. Combination of education and training considered: skills in public speaking, networking, and training; strong background in customer services and human services; ability to attend community meetings, provide program information at community meetings, provide formal program presentations, and collect and share relevant meeting information; knowledge of homeless service programs, including eligibility and application process; ability to understand the vision, mission, and values of the IL-503 CoC and to implement in everyday work; ability to exercise judgement in interpreting data, applying legislation, and making recommendations and decisions when limited guidance is available; knowledge and respect for diverse cultures/lifestyles and problems of poverty in the community; ability to react to change productively, communicate effectively both written and orally, function professionally in stressful situations, work individually and as a team member, implement concepts learned from training, and set work priorities and organize effectively to meet deadlines; proficient in English...

Specialized trainings will include cultural competency, Housing First practices, Homeless Emergency and Rapid Transition to Housing (HEARTH) Act, McKinney-Vento Homeless Assistance Act, Non-Discrimination and Fair Housing and other specialized trainings addressing homelessness and housing.

Resource Leveraging: *CCMHB is the primary revenue source, with HUD planning grant.* **Other Pay Sources:** HUD Continuum of Care Program-CoC Planning Grant funds. **Client Fees:** No **Sliding Scale:** No.

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2023 contract:

- *In Budget Narrative, add detail on Professional Services.*
- *Retain PY21-22 Special Provisions: use Q4 financials to determine any excess revenue owed back to the Board; if a two-year contract, excess revenue from the first year cannot be spent in the second year.*

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCMHB staff in writing of any factual errors made by CCMHB staff which should be corrected prior to completion of the award process.

Recommendation: Pending



Agency Name: C-U at Home, Inc.

Program Name: Shelter Case Management Program – a NEW program request

Requested Funding Amount: \$256,700

The original application forms contain more information. Attached is an analysis of specific sections of the application and prior reports on the program (if incumbent).

Why it Matters: This program will serve current Champaign County residents, age 18 and over, who are actively homeless. C-U at Home is currently the only low barrier, emergency shelter option within Champaign County.

Evidence Based, Promising, or Innovative Approach: C-U at Home has taken the last several months to read literature reviews, view Webinars, and research Housing First, Trauma Informed Care Housing models. Staff have also met one-on-one with experts in the field. The current proposed case management, 24/7 shelter model developed out of these informed experiences.

Outcomes:

1. Clients will participate in case management services 6-12 months
2. Clients will be entered into HMIS and linked with the Centralized Intake for the Homeless.
3. Clients receive substance abuse and/or mental health services.
4. Clients will report overall improved mental health
5. Clients will report improved independent living skills
6. Clients will report less stress
7. Clients will report less substance use
8. Clients will report an improvement of overall physical health

To be Served/Completed:

TPC: 500 - each client that participates in the 24/7 shelter component must agree to case management services. As part of the case management services the case management team will develop a client-center, trauma informed care case plan.

NTPC: 100 clients who do not choose to participate in the 24/7 model but choose to utilize the portion of the shelter that does not require case management will be provided information and resources.

SC: 50 - will engage homeless individual with our Street Outreach Team. This team will encourage homeless individuals to utilize the resources provided by C-U at Home. C-U at Home recognizes that not all clients we contact will agree to services.

CSE: 90 - community services and outreach events to raise awareness of root causes, stigma and assistance needed to serve the homeless community.

Type and Intensity of Service: *Phoenix Center, Drop-In Center:* The Phoenix Center functions as a daytime drop-in center. The Phoenix offers a place for homeless individuals to have access to basic hygiene services and provides activities and resources.

Advanced Shelter/Transitional Homes: C-U at Home operates a six bed Men's Recovery House, a two bed Women's House and a three-bed step above house and a small family house for those in recovery from drug and alcohol addiction.

C-U at Work: C-U at Work is a partnership with the Champaign Park District and exists to provide work opportunity and income to C-U at Home clients. Workers assist with Prosperity Gardens and trash abatement.

Street Outreach/Transportation: The street outreach team goes into the street to connect with homeless individuals.

Men's and Women's Sober Emergency Overnight Shelter: The shelter is open 7 days/week, 12 hours/day. The current shelter capacity is 48 beds for men and 14 for women.

Low Barrier Emergency Shelter for Men and Women: The shelters are open 7 days/week, 12 hours/day. The shelter is set to close April 15th.

Length of Engagement: 6-12 months.

Leveraging Other Resources: CCMHB would be the sole source of funding for case management services.

Agency: C-U at Home, Inc.

Program: Shelter Case Management Program – a NEW program request

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2023 CCMHB Funding Request: \$256,700

Focus of Application: Co-Occurring and/or Multiple Conditions

Type of Contract: Grant - as a NEW program, could be Special Initiative for up to 3 years

Priority: Crisis Stabilization

Services and People Served

Target Population: current Champaign County residents, age 18 and over, who are actively homeless. C-U at Home is currently the only low barrier, emergency shelter option within Champaign County.

Scope, Location, and Frequency of Services:

Scope: [services currently in place through the total agency are described]

Phoenix Center, Drop-In Center: a daytime drop-in center... for homeless individuals to have access to basic hygiene services and provides activities and resources.

Advanced Shelter/Transitional Homes: a six bed Men's Recovery House, a two bed Women's House and a three bed step above house and a small family house for those in recovery from drug and alcohol addiction.

C-U at Work: a partnership with the Champaign Park District... work opportunity and income to C-U at Home clients. Workers assist with Prosperity Gardens and trash abatement.

Street Outreach/Transportation: team goes into the street to connect with homeless individuals.

Men's & Women's Sober Emergency Overnight Shelter: 7 days/wk, 12 hrs/day, 48 beds for men, 14 for women.

Low Barrier Emergency Shelter for Men and Women: 7 days/week, 12 hours/day, set to close April 15th.

Activities [scope of proposed services]: Allows clients utilizing the shelter to have access to intense case management services... a team consisting of the Case Manager, Care Coordinator, and Executive Director. The team assists with the development and implementation of a case plan. This CM team and the intensity of services they provide will allow the shelter to operate 24/7 and move clients from crisis to stability.

Location/Frequency: 70 E. Washington St. shelter. CM Team will meet with each client as required by the phase of the shelter program the client is in... phase 1, daily-weekly; phase 2, twice/month [and as needed].

Access to Services for Rural Residents:... through C-U at Home's Outreach Program homeless individuals are identified throughout the Champaign County area. When a homeless individual is identified in a rural area, the Outreach Team will deploy to offer services and resources to that client. C-U at Home will also stay actively involved with communication with the Township office to identify homeless individuals who may need services. Rural clients can be served in their location with resources and information. If the client agrees C-U at Home can provide transportation to the shelter.

Access to Services for Members of Historically Underinvested Populations: ... by providing access to food, clothing to clients as needed. Our clients come from diverse backgrounds including race, ethnicity, socio-economic status, gender identify and sexual orientation.

No residency or demographic data – a NEW program proposal.

Program Performance Measures

CONSUMER ACCESS: 18 years or older, a current resident of Champaign County and actively unsheltered. Clients must be moderately, physically independent. Clients who enter the Shelter Case Management Program

must agree to meet with the case management team and develop a client-centered, trauma informed care case plan. Clients must provide name and date of birth to enter the program. Clients self-report must sign a document agreeing they are 18 years of age, a current resident of Champaign County and actively unsheltered. Clients must demonstrate that they are able to get in and out of bed, move through the shelter without staff assistance and eat unassisted. Clients must sign a form indicating they will agree to Case Management Services. The target population will learn of our services: 1) through referrals partner agencies 2) Street Outreach: The Street Outreach team actively engages homeless individuals while still living on the streets. They do this by visiting places homeless individuals congregate and by staffing an Outreach line. The Outreach line allows community members and/or law enforcement, community organization to provide information to the team regarding the location of Homeless Individuals. C-U at Home also actively engages social media and community events.

Within 0 days from referral, 95% of those referred will be assessed.

Within 3 days of assessment, 50% of those assessed will engage in services.

People will engage in services, on average, for: 6-12 months

Additional Demographic Data: income

CONSUMER OUTCOMES:

98% of clients will participate in case management services 6-12 months

98% of clients will be entered into HMIS and linked with the Centralized Intake for the Homeless. This will assist clients in obtaining housing.

70% of will receive substance abuse and/or mental health services.

60% of clients will report overall improved mental health

60% of clients will report improved independent living skills

60% of clients will report less stress

60% of clients will reports less substance use

60% of clients will report an improvement of overall physical health

Measured by:

Service Point/HMIS System for the purposes of data collection.

Pre and post screening to determine client reported outcomes. These assessments will be completed at intake, quarterly or upon discharge. The pre/post tests will be conducting through an interview process.

Outcome gathered from all participants? Yes

Anticipate 500 total participants for the year.

Will collect outcome information: Upon intake, quarterly and at discharge.

Is there a target or benchmark level for program services? No. C-U at Home has gathered information from literature reviews, webinars, and meetings with other agencies and organizations who offer shelter. C-U at Home has gathered the best practices and developed this pilot model. As we move forward with gathering data and statistics, we will develop benchmarks for success.

Estimated levels of change: *section repeats the outcome targets listed above, but 100% for the first two.*

UTILIZATION:

Treatment Plan Clients (TPCs): 500 - each client that participates in the 24/7 shelter component must agree to case management services. CM team will develop a client-centered, trauma informed care case plan.

Non-Treatment Plan Clients (NTPCs): 100 clients who do not choose to participate in the 24/7 model but choose to utilize the portion of the shelter that does not require CM, will be provided information and resources.

Service Contacts (SCs): 50 - will engage homeless individual with our Street Outreach Team. This team will encourage homeless individuals to utilize the resources... not all clients we contact will agree to services.

Community Service Events (CSEs): 90 - community services and outreach events to raise awareness of root causes, stigma and assistance needed to serve the homeless community.

Staff Comments: the CSE target seems very high if events are as defined in application instructions.

PY2023 Annual Targets (per Utilization Form)

	TPC	NTPC	SC	CSE
<i>Annual Target</i>	500	100	50	90

Financial Analysis

PY2023 CCMHB Funding Request: \$256,700

PY2023 Total Program Budget: \$469,625

Current Year Funding (PY2022): N/A

CCMHB request is for 55% of total program revenue. Other revenue is from United Way \$50,000 (11%) and Contributions - various \$162,925 (35%).

Personnel related costs are 100% of requested amount.

Total Agency, Total Program, and Total CCMHB Budgets are BALANCED.

Program Staff to be funded by CCMHB: 0.40 Indirect and 4.00 Direct = 4.40 FTEs

Total Program Staff: 2.40 Indirect and 4.00 Direct = 6.40 FTEs

Staff Comments: budget narrative is very detailed and thorough, identifying all agency revenues, all expenses, including rationale for those to be charged to this contract, and all personnel (with qualifications and rationale for cost of CCMHB funded case managers). Not present is a statement regarding whether other funding has been sought and maximized to cover these costs.

Audit Findings: N/A as the agency is not previously or currently funded by CCMHB.

Priorities and Decision Support Criteria

Does the plan align with one or more of the CCMHB Priorities? *Yes.*

Expectations for Minimal Responsiveness: *The agency completed a Registration/Eligibility Questionnaire, and no concerns are noted. All required forms were submitted prior to the deadline. An upload was submitted as addendum to the plan narrative, though these are not reviewed (see Application Instructions). Proposed services/supports relate to MI/SUD and how they will improve the quality of life for persons served. Evidence is not present to show that other sources of funding are not available or maximized. Virtual options not a focus.*

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? *Yes*

Highlights from the submitted CLC Plan: *Agency staff will complete the DHS Think Cultural Health Course and “partner with its Advisory Council to review and assist with the implementation of policies, practices and procedures that represent cultural and linguistic diversity.” CU At Home is a first-time applicant that included all of the required benchmarks in addition. The CLC Coordinator will provide additional support to the organization as they continue to implement CLC Values as a part of their organization.*

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY22? *N/A*

Highlights from the submitted CLC Progress Report: *N/A*

Overarching Decision Support Criteria

Underinvested Populations and Countywide Access: *addressed in “Access” sections above.*

Inclusion and Anti-Stigma: *advisory board to review policies & procedures... made up of diverse community members from local organizations and those with lived-experienced. C-U at Home does not deny services to anyone regardless of race, color, religion, sex, national origin, age, sexual orientation or gender identity.*

Outcomes: *includes several process measures along with outcomes relevant to the client experience, measured by HMIS data and pre- and post-screenings (interview based and self-reported).*

Virtual Service Option(s): *not available*

Coordinated System: *related services through:* None.

Staff Comment: *to our knowledge, there are many similar and related services available in Champaign County.*

Budget and Program Connectedness: *budget narrative offers thorough detail and supports the program plan.*

Evidence-based, Evidence-informed, Recommended, or Promising Practice: C-U at Home has taken the last several months to read literature reviews, view Webinars, and research Housing First, Trauma Informed Care Housing models. Staff have also met one-on-one with experts in the field. The current proposed case management, 24/7 shelter model developed out of these informed experiences.

Evidence of Collaboration: *written working agreement with Urbana Police Department.*

Staff Credentials: Trauma Informed Care Training, Sexual Assault Training, De-escalation Training, Harm-Reduction Training, Housing First Training and to complete the Think Cultural Health program. Staff are required to complete 12 in-service hours/year. These in-service hours must provide training on mental health, substance abuse, or are HUD approved. The Case management team is required to have an educational and professional background working with clients with mental health and substance abuse.

Resource Leveraging: *not used as match for another grant; CCMHB would be the sole source of funding for case management services.* **Other Pay Sources:** N/A. **Client Fees:** No **Sliding Scale:** No.

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY23 contract:

- *Partner with organizations serving this population, to maximize service capacity and improve outcomes.*
- *Consider a lower CSE target, with category definition as described in application instructions.*
- *Special Provisions: if available, seek other sources of funding to support the program; collaborate with Continuum of Service Providers to the Homeless and CIT Steering Committee; work with CLC Coordinator to strengthen strategies; mid-year progress report to the Board in early 2023.*

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCMHB staff in writing of any factual errors made by CCMHB staff which should be corrected prior to completion of the award process.

Recommendation: Pending

Agency Name: Champaign County Head Start/Early Head Start MHB

Program Name: Early Childhood Mental Health Svcs

Requested Funding Amount: \$347,235

The original application forms contain more information. Attached is an analysis of specific sections of the application and prior reports on the program (if incumbent).

Why it Matters: Serves low-income children. Research across disciplines has identified the importance of preschool as a prevention. Preschool plays a role in shrinking the achievement gap as well as slowing the flow of the school to prison pipeline. Participation in preschool impacts important quality of life outcomes like maintaining employment, reducing participation in the criminal justice system, and having savings accounts. These outcomes are linked to acquiring social-emotional skills such as self-regulation, emotional literacy, empathy, and interpersonal problem solving during the critical window between birth and 5 years. Best practice also identifies that children learn best within the context of safe attuned relationships with their caregivers, both teachers and parents. Therefore, our services include supporting the wellbeing of caregivers through adult-to-adult co-regulation, attunement, psychoeducation, reflective conversation, goal setting, and coaching.

Evidence Based, Promising, or Innovative Approach:

Practice-Based Coaching (PBC) is a professional development strategy that supports teachers' use of effective teaching practices that lead to positive outcomes for children.

<https://eclkc.ohs.acf.hhs.gov/professional-development/article/practice-based-coaching-pbc>.

The S-E service delivery model is based on the Illinois Model of Early Childhood Mental Health Consultation highlighted as an evidence-based practice by SAMHSA that decreases disproportionate preschool suspension and expulsion rates of Black, Indigenous, children of color. https://www.samhsa.gov/sites/default/files/programs_campaigns/IECMHC/il-approach-building-sustaining-iecmhc.pdf

The Illinois Association Infant Mental Health offers professionals an opportunity to connect with other professionals serving young children's social-emotional development.

<https://www.ilaimh.org/the-illinois-mental-health-consultant-statewide-registry/>

Harvard University's Center on the Developing Child offers researched information regarding children's development. <https://developingchild.harvard.edu/>

The Pyramid Model supports social-emotional competence in infants and young children. This model is researched and evidenced-based and can be found through the Center on the Social and Emotional Foundations for Early Learning (CSEFEL) at <http://csefel.vanderbilt.edu>. CSEFEL offers strategies, training modules, and family tools to implement the model.

All program staff utilize Conscious Discipline to develop emotional intelligence through a self-regulation program that integrates social-emotional learning and discipline. Conscious Discipline is "an evidence-based, trauma-informed approach." <https://consciousdiscipline.com>

Outcomes:

1. Children will demonstrate improvement in social skills related to resilience.
2. Head Start staff will demonstrate improvement interpersonal, stress management, and caregiving skills.
3. Head Start staff will demonstrate a reduction in Burnout/compassion fatigue.
4. Parents will demonstrate improvement in stress management and caregiving skills.
5. Classroom management will demonstrate social-emotional sensitive interactions in fidelity with the Pyramid Model.

To be Served/Completed:

TPC: 90 children, parents, or staff members

NTPC: 380 receiving screening, intermittent, one-off support and consultation

SC: 3,000 meetings and observations regarding children, Practice Based Coaching with education staff, S-E Committee Meetings

CSE: 5 community trainings and workshops that share information about our SE services

Other: 12 workshops, trainings, professional development efforts with staff and parents

Type and Intensity of Service:

1. Collaborates with parents and teachers through the S-E Committee to identify social-emotional strengths and areas of need in the children in their care, using assessments, observations (video when necessary), and reflective conversation.
2. Reviews and monitors developmental screenings for all students in HS-EHS. Consults with staff on referral process to schools or developmental pediatricians when necessary.
3. Supports staff and parents in writing individualized social-emotional goals and action plans.
4. Supports staff and parents in reflection around inter/intra-personal skills used with children to improve co-regulation, attunement, empathy, and compassionate limit setting.
5. Collaborates with staff and parents in identifying individualized goals and action plans.
6. Collaborates with stakeholders to develop Support Plans for children who engage in challenging behaviors to communicate their needs.
7. Facilitates workshops, support groups, and coaching for HS-EHS staff and parents on social-emotional development, compassionate caregiving, stress-management, functional behavior assessments, trauma-informed practices/leadership, and cultural competency.
8. Supports staff in monitoring children's progress and outcomes.
9. Offers parenting consultation and coaching through Facebook groups and Zoom meetings.
10. Reviews developmental screenings, makes recommendations on referrals, goals, services.
11. Creates unique virtual stress management and equity-related content for local Champaign residents in collaboration with CU TRI.

Length of Engagement: Between 3 months to 2 years.

Leveraging Other Resources: CCMHB request is for 100% of total program revenue. The program should seek and apply for other funding to cover these services.

Agency: Champaign County Head Start/Early Head Start MHB

Program: Early Childhood Mental Health Svcs

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2023 CCMHB Funding Request: \$347,235

Focus of Application: Mental Health

Type of Contract: Grant

Priority: System of Care for Children, Youth, and Families

Services and People Served

Target Population: low-income children enrolled in RPC Early Childhood Education Program and their caregivers (teachers and parent/guardians). Preschool plays a role in shrinking the achievement gap as well as slowing the flow of the school to prison pipeline. Participation in preschool impacts important quality of life outcomes like maintaining employment, reducing participation in the criminal justice system, and having savings accounts. These outcomes are linked to acquiring social-emotional skills such as self-regulation, emotional literacy, empathy, and interpersonal problem solving during the critical window between birth and 5 years. Best practice also identifies that children learn best within the context of safe attuned relationships with their caregivers, both teachers and parents... services include supporting the wellbeing of caregivers through adult to adult co-regulation, attunement, psycho-education, reflective conversation, goal setting, and coaching.

Scope, Location, and Frequency of Services:

Scope:

1. Collaborates with parents and teachers through the S-E Committee to identify social-emotional strengths and areas of need in the children in their care, using assessments, observations (video when necessary), and reflective conversation.
2. Reviews and monitors developmental screenings for all students enrolled in HS and EHS. Consults with staff and supports the referral process to School Districts or Developmental Pediatricians when necessary.
3. Supports staff and parents in writing individualized social-emotional goals and action plans.
4. Supports staff and parents in reflection around inter/intra-personal skills used with children to improve co-regulation, attunement, empathy, and compassionate limit setting.
5. Collaborates with staff and parents in identifying individualized inter/intra-personal goals and action plans.
6. Collaborates with stakeholders to develop Support Plans for children who engage in challenging behaviors to communicate their needs.
7. Facilitates workshops, support groups, and coaching for staff and parents on social-emotional development, compassionate caregiving, stress-management, functional behavior assessments, trauma-informed practices/leadership, and cultural competency.
8. Supports staff in monitoring children's progress and outcomes.
9. Offers parenting consultation and coaching through Facebook groups and Zoom meetings.
10. Reviews developmental screenings and makes recommendations regarding referrals, goals, services.
11. Creates unique virtual stress management and equity-related content for local Champaign residents in collaboration with CU TRI.

Location/Frequency: assigned sites or across sites... in classrooms, homes, a community setting, or virtually. Biweekly coaching supports parents and teachers relationships with children. Reflective conversations and consultation happen as often as weekly or least once a month depending on level of need of adults and children.

Access to Services for Rural Residents: recruits families throughout Champaign County at local libraries, elementary schools, door to door, grocery/convenience stores, town/village events, community agencies, and

many other locations... outreach at community events such as the annual Disability Expo, Read Across America, Week of the Young Child, and local school district early childhood program child-find activities. As per Head Start Performance Standards, [program] must maintain at least 10% of the enrollment for children with diagnosed disabilities... serves children with health conditions such as sickle cell anemia, asthma, and diabetes. SE Services are offered to children and families through center-based options strategically located in Champaign, Rantoul, Savoy, and Urbana... home-based option that provides all HS/EHS services to families in their home and particularly meets the needs of families living in rural areas who want resources that support their child's growth and development. Another option for families working and attending school is family child care. Services are also provided in libraries, churches, coffee shops. The pandemic has normalized virtual services which has allowed us to reach more families.

Access to Services for Members of Historically Underinvested Populations: recruitment throughout Champaign County at libraries, elementary schools, door to door, grocery/convenience stores, community events, community agencies, among other locations. RPC also uses its Community Assessment to focus recruitment efforts where income-eligible families reside... Staff attends and presents HS information at community meetings, a great way to reach out to providers who serve the same populations... Center-based, home-based, and family childcare home provider options to meet the needs of children and families. RPC also collaborates with Courage Connection that provides housing and supportive services to individuals and families who are victims of domestic violence. RPC has a staff member onsite to offer home-based services.

Residency of 85 People Served in PY21 and 80 in first half of PY22

Champaign	39 (45.8%) for PY21	35 (43.8%) for PY22
Urbana	20 (23.5%) for PY21	22 (27.5%) for PY22
Rantoul	15 (17.6%) for PY21	17 (21.3%) for PY22
Mahomet	0 (0%) for PY21	0 (0%) for PY22
Other	11 (12.9%) for PY21	6 (7.5%) for PY22

Demographics of 85 People Served in PY21

Age	
Ages 0-6 -----	85 (100.0%)
Race	
White -----	31 (36.4%)
Black / AA -----	48 (56.4%)
Asian / PI -----	1 (1.1%)
Other (incl. Native American and Bi-racial) -	5 (5.8%)
Gender	
Male -----	61 (71.7%)
Female -----	24 (28.2%)
Ethnicity	
Of Hispanic or Latino/a origin -----	6 (7.1%)
Not of Hispanic or Latino/a Origin -----	79 (92.9%)

Program Performance Measures

CONSUMER ACCESS: Children [who]... score above the cut-off on the ASQ-SE screening. Social-Emotional Committee may identify a child, teacher, or parent needing additional support. Adults can self-refer. Members of the site-level SE Committee... determine the need for setting an SE Goal after screening yields an ASQ-SE score indicating eligibility for services OR challenging and disruptive or age-inappropriate behavior have been documented in the classroom or reported at home. Adults meet criteria if they are a caregiver of an enrolled child and are requesting services. All staff learn about the coaching and consultation offered by the S-E

team during orientation. RPC shares information with families about the S-E services provided by the S-E Committee through parent meetings, conversations with teachers and family advocates, RPC Facebook group, brochures, and the parent handbook. Further, [staff] provide parent education training that pertains to trauma-informed care, S-E development, and strategies to reduce challenging behaviors and increase S-E skills.

Within 7 days from referral, 100% of those referred will be assessed.

Within 7 days of assessment, 100% of those assessed will engage in services.

People will engage in services, on average, for: between 3 months to 2 years.

Additional Demographic Data: data for the Office of Head Start... information about family's structure, income, language, education, employment, military status, marital status, and housing status.

CONSUMER OUTCOMES:

1. Children will demonstrate improvement in social skills related to resilience such as:
 - a. Self-Regulation
 - b. Initiative
 - c. Relationship building/Friendship skills
 - d. Emotional Literacy
 - e. Problem-Solving
2. Head Start staff will demonstrate improvement interpersonal, stress management, and caregiving skills. And a reduction in Burnout/compassion fatigue.
3. Parents will demonstrate improvement in stress management and caregiving skills.
4. Classroom management will demonstrate social-emotional sensitive interactions in fidelity with the Pyramid Model.

Measured by:

1. Pre and post resilience related social skills are assessed using the ASQ:SE and the DECA-P2 and DECA I/T. Throughout the school year, documentation is collected by teachers in teaching strategies GOLD regarding social emotional skills and evaluated during fall, winter, and spring checkpoints.
2. ProQOL Measure of Burnout, Compassion Fatigue, and Vicarious Trauma; and Adult DECA
3. Parenting Stress Index and Adult DECA
4. TPOT/TPITOS - classroom management

Outcome gathered from all participants? No. Not all services and supports that are provided are formal and intensive. We only collect outcome information on the formal/intensive services with TPC's.

Anticipate 420 total participants for the year.

Will collect outcome information: 2 to 3 times a year.

Is there a target or benchmark level for program services? Yes. Through the GOLD Outcomes Assessment ... at least 90% of children who age out of the program are developmentally, socially, emotionally and health ready for Kindergarten... at least 85% of all enrolled children will make age-appropriate progress in S-E development. For children remaining in the program... 50% of children who receive services for the full period of engagement (9 or 12 months depending on child's enrollment) will not require a continuation of services. The DECA, ProQOL, and Parenting Stress Index are all researched and normed assessments.

Estimated level of change for this outcome: Each child enters our classrooms at different developmental stages with different skills and areas of need, making rate of change estimation difficult. We evaluate changes overtime using two tools. First, data is collected for all enrolled students at three checkpoints over the course of the school year using teaching strategies GOLD, these evaluations determine if their current demonstration of skills is below, matches, or exceeds the "widely held standards" of S-E development. Second, students receiving services are evaluated using the DECA. Using a pre and post assessment schedule, we identify clinically meaningful improvement using the normed pretest-posttest comparison table.

UTILIZATION:

Treatment Plan Clients (TPCs): 90 (80 new and 10 continuing) children, parents, or staff members who receive ongoing support or consultation which requires goal setting, planning, and follow up.

Non-Treatment Plan Clients (NTPCs): 380 children, parents, or staff who receive screening, intermittent, one-off support and consultation. Recipients of psychoeducation, trainings, or professional development.
Service Contacts (SCs): 3,000 meetings and observations regarding children, Practice Based Coaching with education staff, Social-Emotional Committee Meetings. Reflective Consultation with staff and caregivers. Screenings and assessments. Other direct and indirect services with or on behalf of TPC and NTPC's.
Community Service Events (CSEs): 5 trainings and workshops that share information about services.
Other: 12 psycho-educational workshops, trainings, professional development efforts with staff and parents.
Staff Comment: in PY21, the program exceeded targets for TPC, SC, CSE, and Other but not NTPC. Some targets were increased in PY22 (TPC and NTPC met by mid-year); NTPC is adjusted for PY23, but others maintained.

PY2023 Annual Targets (per Utilization Form)

	TPC	NTPC	SC	CSE	OTHER
<i>Annual Target</i>	90	380	3000	5	12

PY2022 First two quarters (per submitted Service Activity Reports)

First Quarter PY22	88	26	590	0	5
Second Quarter PY22	44	297	631	2	4

<i>Annual Target</i>	90	400	3000	5	12
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PY2021 all four quarters (per submitted Service Activity Reports)

First Quarter FY21	35	0	171	0	501
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Second Quarter FY21	5	6	364	64	250
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Third Quarter FY21	19	30	464	2	59
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Fourth Quarter FY21	1	9	816	0	64
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<i>Annual Target</i>	50	80	1800	5	50
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Financial Analysis

PY2023 CCMHB Funding Request: \$347,235

PY2023 Total Program Budget: \$347,235

Proposed Change in Funding - PY2022 to PY2023 = 6.4%

Current Year Funding (PY2022): \$326,369

CCMHB request is for 100% of total program revenue.

Personnel related costs of \$203,257 are the primary expense charged to CCMHB, at 58% of request.

Other expenses: Professional Fees/Consultants \$72,000 (21%); Consumables \$6,000 (2%); General Operating \$2,500 (1%); Occupancy \$60,102 (17%); Conferences/Staff Development \$2,500 (1%); and Local Transportation \$878.

Total Agency Budget is balanced. Total Program and CCMHB Budgets have a \$2 deficit.

Program Staff to be funded by CCMHB: 0 Indirect and 3.22 Direct = 3.22 FTEs

Total Program Staff: 0 Indirect and 3.22 Direct = 3.22 FTEs

Staff Comments: modest increase in requested funding, not specifically addressed in the budget narrative; budget narrative is thorough; letter of GATA approval of indirect cost allocation plan will be provided.

Audit Findings: *Because CCHS/EHS is included with the County's combined audit, this program is not required to submit a separate year end audit, and any excess revenue due back at the end of the PY is determined through fourth quarter reports. There was no excess revenue owed back to MHB at the end of PY21.*

Priorities and Decision Support Criteria

Does the plan align with one or more of the CCMHB Priorities? *For PY23, better alignment with "System of Care for Early Childhood and Families" and partially as "Collaboration with CCDDDB"*

Expectations for Minimal Responsiveness: *The agency completed a new Registration/Eligibility Questionnaire; no concerns are identified. All required forms were complete and submitted prior to the deadline. Proposed services/supports relate to mental health and developmental delays and how they will improve the quality of life for persons served. Specific efforts to maximize other sources of funding are not detailed in the application, though they may have occurred and remain important to the CCMHB and CCDDDB. Virtual services have been normalized, expanding the programs' reach. Training of staff and clients in the use of online tools is not addressed in the application, though of interest to the CCDDDB.*

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? *Yes.*

Highlights from the submitted CLC Plan: *Champaign County Head Start submitted a plan that was separate from the CCRPC Social Services CLC Plan. There was partnership and collaboration with the CLC Committee for CCRPC. There was a recognition of unique areas that wanted to be addressed in a separate plan to support the Head Start Program. Head Start and Community Services Staff will organize cross trainings open to all staff about their programs.*

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY2022? *Yes.*

Highlights from the submitted CLC Progress Report: *Champaign County Head Start participated in a yearlong CLC Consultation with regular meetings with the supervisors and administrative team. Community Services and Head Start staff have an annual performance review goal to distribute satisfaction surveys to 100% of clients, a process monitored by supervisors, with data collected in Survey Monkey. Community Services received 460 surveys from clients during the first half of FY22.*

Overarching Decision Support Criteria

Underinvested Populations and Countywide Access: *Yes (see "Access" sections above.)*

Inclusion and Anti-Stigma: *actively recruits and enrolls all children who meet the eligibility requirements for the program, including children who have developmental delays and challenging behaviors... embraces the least restrictive environment and offers this model in the classrooms and family child care homes... takes seriously the need to reduce implicit bias in our staff and the impact of structural racism for our families. SE staff play an important role in developing and coordinating workshops, trainings, virtual content, and advocacy efforts that reduce stigma and support collective care within our program and community.*

Outcomes: *relevant outcomes for children, parents, and staff, with appropriate assessment tools for each; 'improvement' is the target for each, rather than a specific increase in score.*

Virtual Service Option(s): *available and 'normalized' allowing the program to reach more families.*

Coordinated System:

1. HopeSprings provides outpatient therapy that works with individual children and their families.
2. Champaign Unit 4, Rantoul City Schools, Middletown Early Childhood, Urbana Unit 116, and Spectrum Early Childhood work with at-risk preschool age children within Champaign County. These providers offer preschool education and disability services.
3. Child and Family Connections links families to early intervention services for infants and toddlers who have developmental delays.
4. Caregiver Connections provides limited brief Early Childhood Mental Health Consultation to daycares throughout the central region who do not employ social-emotional staff.

RPC collaborates with all of the community providers listed in this application to enhance social-emotional support services to enrolled children and families. The Social-Emotional Program completes referrals and seeks out additional services for those children identified as needing intervention with specialized professionals.

Budget and Program Connectedness: *budget narrative is thorough and supports the program plan.*

Evidence-based, Evidence-informed, Recommended, or Promising Practice: *section provides links to: the state trade association; Harvard collection of research on early childhood programs; details on Practice-Based*

Coaching, the Illinois Model of Early Childhood Mental Health Consultation, Pyramid Model, and Conscious Discipline, along with rationale for the use of each.

Evidence of Collaboration: *written working agreements with Champaign Unit 4, Rantoul City Schools, Mahomet Middletown Early Childhood, Urbana Unit 116, Spectrum Early Childhood, and Child and Family Connections. RPC has a Memorandum of Understanding with CU Trauma and Resilience Initiative to support collaboration on Trauma-Informed capacity building within our agency and the community; works with the CUPHD to provide health and nutrition services to children and pregnant women; and partners with the Junior League of Champaign-Urbana Bright Starts program which provides monthly academic and social-emotional skills workshops for children and their parents. CU Early is another partner that collaborates with Head Start to offer kindergarten-ready kits to families enrolled in home-based and family childcare homes.*

Staff Credentials:

1. Social Skills and Prevention Coach – hiring. Seeking someone with at least a Bachelor’s in child development, psychology, or related; 2-5 years’ experience working with children, families, or teachers.
2. Social Skills and Prevention Coach – Bachelor’s in Sociology and minor in Psychology, has worked in the human services field for over 11 years, certified in Illinois Medicaid Comprehensive Assessment of Needs and has experience completing KEMPE Assessments.
3. Social Skills and Prevention Coach – Bachelor’s in Psychology, holds a certification in TIPS (Training for Intervention Procedures). Through 100 plus volunteer hours and one year of employment, he mentored young children in crisis at a local program.
4. ECMHC - Masters in School Counseling and Doctorate in Counselor Education and Supervision. She is trained in Restorative Practices, Practice Based Coaching, and Self-Compassion Meditation Skills. A trained trainer in both the Pre-K and Infant Toddler Pyramid Model. She is working towards licensure.

Resource Leveraging: *CCMHB is the only source of revenue for the program. The program is encouraged to seek and apply for other funding to cover these services.* **Other Pay Sources:** RPC seeks assistance from community providers who accept Medicaid prior to using the MHB funds. **Client Fees:** No **Sliding Scale:** No.

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2023 contract:

- *Need estimate of the proportion of developmental services to be covered; the CCMHB could commit up to \$149,666 toward developmental services (separate from mental health services) or 43% of the total request. According to the program’s consultant, developmental needs of Champaign County children have greatly increased over the last two years, making this commitment reasonable.*
- *Select a PY23 priority.*
- *Retain PY22 Special Provisions: Q4 financial reports will determine excess revenue; inform participants of PUNS and ISC; online claims reporting; document efforts to secure other funding for these services.*
- *New in PY23: agency will contribute information which will advance the CCDDDB’s goal of enhancing independence through online technology training and access for staff and clients.*

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCMHB staff in writing of any factual errors made by CCMHB staff which should be corrected prior to completion of the award process.

Recommendation: Pending

Agency Name: Champaign County Health Care Consumers

Program Name: Disability Application Services

Requested Funding Amount: \$71,500

The original application forms contain more information. Attached is an analysis of specific sections of the application and prior reports on the program (if incumbent).

Why it Matters: This program will serve residents of Champaign County who have mental illness and/or substance use disorders, or are experiencing self-identified depression, anxiety, isolation, or other issues that affect their mental health and well-being, including individuals who have Justice Involvement, and individuals who are homeless or near homeless, and whose health conditions are disabling. It is worth noting that the disability application process is very daunting, tedious, confusing, and time-intensive, and it requires meticulous documentation and follow-up and follow-through. The people who most need disability benefits are very often the least able to get through this challenging process on their own, because their disabling conditions literally make it difficult, if not impossible, for them to manage this process on their own.

Evidence Based, Promising, or Innovative Approach: skilled and experienced advocates... can provide the "ancillary" services needed for the disability application process, including ensuring that people have access to health care in order to document their disabling conditions. Disabled individuals who have advocates help with disability applications are far more likely to get approved for disability benefits.

<https://www.disabilitybenefitscenter.org/social-security-disability-attorney/champaign> .
[Disabilities Among Prison and Jail Inmates, 2011-12 | Bureau of Justice Statistics \(ojp.gov\)](#) .
[Homelessness-in-America-Focus-on-chronic.pdf \(usich.gov\)](#)

Outcomes:

1. Number of clients for this service
2. Number of applications started and what type of application (SSI, SSDI, both)
3. How many applications are approved
4. How many appeals are filed
5. Dollar amounts for lump sum back pays and monthly checks

To be Served/Completed:

TPC: 30 - those being helped with application for disability benefits.

NTPC: 10 - clients who need a low-intensity of service, e.g., a contact for information, guidance, or direction.

SC: 700 - as a result of serving approximately 30 clients through this program.

CSE: 4 - public presentations, meetings between agencies to provide education and referral information.

Other: 7 - Rx Fund, which helps cover costs of medications for our clients, tracking clients and the number of prescriptions covered, and the cost for the prescriptions per client.

Type and Intensity of Service: Evaluations of disabling conditions and determinations of whether to apply for SSI or SSDI or both (depending on client's work history); Assistance applying for SSI [and] SSDI; Appealing adverse SSI and SSDI decisions; and Coordinating with attorneys for these clients in the event that the client needs an attorney for appealing a decision. CCHCC will also provide emotional/psychological support for individuals applying for SSI or SSDI. Often, the decision to apply for disability, and the process of doing so, can be challenging to the individual as they must come to terms with the idea that they are "disabled". Additional services to be provided in order to help facilitate approval for SSI/SSDI will include helping these clients to access the various health services that they need in order to document their disabling conditions. We will also help them with all the usual services that CCHCC provides to our other MHB clients, including applications for health insurance, prescription assistance, food stamps, etc. - however, those additional services, if needed, will be provided under CCHCC's CHW Enrollment and Outreach, or our Justice Involved program.

Length of Engagement: Months or years. This application process is intensive and time consuming, especially if someone must appeal an adverse decision.

Leveraging Other Resources: CCMHB request is for 77% of total program revenue. Other revenue is from Contributions - various \$9,000 (10%); Carle Grants \$10,000 (11%); and proportional share of agency's rental income \$2,221 (2%).

Agency: Champaign County Health Care Consumers

Program: Disability Application Services

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2023 CCMHB Funding Request: \$71,500

Focus of Application: Co-Occurring and/or Multiple Conditions

Type of Contract: Special Initiative – can use this designation for up to three years

Priority: Innovative Practices and Access to Behavioral Health Services

Services and People Served

Target Population: residents of Champaign County who have mental illness and/or substance use disorders, or are experiencing self-identified depression, anxiety, isolation, or other issues that affect their mental health and well-being, including individuals who have Justice Involvement, and individuals who are homeless or near homeless, and whose health conditions are disabling... [Serves those] whose conditions rise to the level of being disabling, for the purposes of their daily adult functioning, as well as their ability to work a job to earn enough money to live on... stressed individuals living on low incomes, no income, or low fixed incomes, who are dealing with complex and chaotic systems for benefits that are overwhelming and stressful. Many lack health literacy or have overall low-literacy or speak a different language and are underserved or underrepresented as a result... [Serves] individuals whose mental health and/or substance use disorders, along with possible physical health disorders, render them functionally disabled and unable to earn Substantial Gainful Activity (SGA) income, and therefore should qualify for one or both of the disability programs known as Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI).

Staff Comment: proposal is to continue the new PY22 program (currently funded with ARP fiscal rescue funds).

Scope, Location, and Frequency of Services:

Scope: evaluations of disabling conditions and determinations of whether to apply for SSI or SSDI or both; assistance applying; appealing adverse decisions; and coordinating with attorneys for these clients in the event that the client needs an attorney for appealing a decision... emotional/psychological support for individuals applying for SSI or SSDI. Often, the decision to apply for disability, and the process of doing so, can be challenging to the individual as they must come to terms with the idea that they are "disabled". Additional services to be provided in order to help facilitate approval for SSI/SSDI will include helping these clients to access the various health services that they need in order to document their disabling conditions.... will focus on the very intensive work of doing the SSI/SSDI applications... Services and materials in English and Spanish.

Location/Frequency: office in downtown Champaign, Rantoul's CSCNCC, Cunningham Township, Daily Bread, and other locations where the target population is served, including special events. Once connection is made with the client, much of this work can be done remotely and will be continuous throughout the year.

Access to Services for Rural Residents: outreach directly to these townships to provide information about our services. We will focus on conducting outreach to the township offices, and also to various locations within the townships, including posting flyers at post offices, groceries, laundromats, etc... earned media and social media for our outreach, and we will work with CIT and Sheriff's Office to ensure that law enforcement officers are aware of our services. Rural residents will be served in a number of different locations: our office in downtown Champaign, at other locations in C-U if the resident is going to be in C-U for some other purpose, at Rantoul's CSCNCC, and if needed, in the specific community where the rural resident(s) reside.

Access to Services for Members of Historically Underinvested Populations: ... receiving referrals, walk-ins, calls, and doing community outreach throughout the county. We are a well-established organization with an ever-increasing client base, including many in the target population who need services every year and on an

ongoing basis. [At office] in downtown Champaign... many walk-ins... stationed on certain days at Daily Bread, and in Rantoul... referral relationships with staff in Cunningham Township, Urbana and Champaign schools, CUPHD, and many other organizations... will also engage and serve individuals through social media and email once we have established contact. We take a public health approach to providing our Community Health Worker services... we aim to provide our services where the people in need of those services are.

Residency of 26 People Served in the first half of PY22:

Champaign	9 (34.6%) for PY22	9 (34.6%) for PY22
Urbana	14 (53.8%) for PY22	14 (53.8%) for PY22
Rantoul	1 (3.8%) for PY22	1 (3.8%) for PY22
Mahomet	0 (.0%) for PY22	0 (.0%) for PY22
Other	2 (7.7%) for PY22	2 (7.7%) for PY22

Demographics of 26 People Served in PY22

Age		
Ages 19-59 -----		20 (76.9%)
Ages 60-75+ -----		4 (15.4%)
Not Available Qty -----		2 (7.7%)
Race		
White -----	18 (69.2%)	
Black / AA -----	5 (19.2%)	
Other (incl. Native American and Bi-racial) -	1 (3.8%)	
Not Available Qty -----	2 (7.7%)	
Gender		
Male -----	21 (80.8%)	
Female -----	5 (19.2%)	
Ethnicity		
Not of Hispanic or Latino/a Origin -----	24 (92.3%)	
Not Available Qty -----	2 (7.7%)	

Program Performance Measures

CONSUMER ACCESS: residents of Champaign County who have MI and/or SUDs that are disabling, limited income, and limited ability to participate in gainful employment. Homeless individuals and individuals going through reentry following incarceration, who have disabling conditions will also be eligible for these services. We establish that the client resides in Champaign County and that they have mental/emotional health and/or substance use disorders that are disabling... referrals from mental and behavioral health providers and other agencies that have identified individuals who may meet the criteria... the person must be unable to work enough to meet the criteria of Substantial Gainful Activity (SGA)... will have to demonstrate that they are either very low-income (below SGA) or have no income... Outreach will begin with organizations with whom we have a referral relationship, such as Cunningham Township, Daily Bread, etc. Once we gain more experience and our new staff member is better established, we will do broader outreach to the community. People will learn about this program through our outreach and education to the general public and to agencies and organizations that are in a position to refer clients... earned media and social media to publicize our program. And when possible, we will hold community meetings and events.

Within 2 days from referral, 91% of those referred will be assessed.

Within 2 days of assessment, 70% of those assessed will engage in services.

People will engage in services, on average, for: Months or years. This application process is intensive and time consuming, especially if someone must appeal an adverse decision.

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Additional Demographic Data: language preference/need, homelessness, and criminal justice involvement. We do not collect data on immigration status, but we are frequently exposed to this information as a result of having to know what programs and benefits an individual may or may not be eligible for based on their status.

CONSUMER OUTCOMES: This program will have impact people's lives in very positive ways, bringing them regular monthly income and other benefits once they are approved for SSI/SSDI. Being deemed disabled by being approved for these programs opens the door to many other benefits, including affordable and supportive housing, health insurance, and the stability of having a monthly income. Being approved for disability benefits can literally save people's lives. Applying for the program, with a good chance of being approved, gives people hope. And once they are approved, they have resources for housing. Being housed makes it possible to live longer and healthier. This program, in its second year, will serve approximately 30 unduplicated clients. We may be able to serve more clients than that, but it is difficult to estimate numbers for this still new program. The need in our community is extensive and intensive, so this will be an important start to addressing this need. We estimate that once we have hired our Disability Specialist, and that person is trained, they will be able to take on 2 new clients each month, while continuing to work on the previous clients' cases. As cases advance, new clients' cases can be started. The outcomes that we will track will include number of clients for this service, number of applications started and what type of application (SSI, SSDI, both), how many applications are approved, how many appeals are filed, and once clients are approved, we will also track dollar amounts for lump sum back pays and monthly checks. At intake, we will use a form that helps us document whether the person qualifies for applying for SSI, or SSDI, or both. This is a form that we will create internally, specifically for this Disability Assistance Services program. The form will also help us track the parts of the applications that have been submitted, the efforts to document health conditions, and the outcomes of the applications, including approval/denial status, and what the benefits for the person will be in terms of dollar amounts of back pay lump sums, monthly incomes, and health insurance. For the clients for whom we will use the SOAR process, we will use the SOAR resources and OAT process to help track progress and outcomes on applications. Whether we use the SOAR process or a traditional process will depend on the client's circumstances and what stage of the application process they are in. But all clients will have an Disability Intake Form where we will document needs and qualifications, and track progress and outcomes

Outcome gathered from all participants? Yes

Anticipate 30 total participants for the year.

Will collect outcome information: Daily, with each client encounter. Results are compiled on a monthly basis.

Is there a target or benchmark level for program services? Yes. The main targets for program services are: 1) disability applications filed and/or appealed; and) approval for disability benefits, whether through SSI or SSDI or both. Documentation for these benchmarks will come directly from the Social Security Administration, which will notify the client of their application status, as well as disability benefit awards.

Estimated level of change for this outcome: disability status, as determined by the Social Security Administration... in 100% of the clients we serve through this program. The goal of this program to help eligible individuals successfully apply for disability benefits. However, disability applications have many steps, and many stages. Therefore, we will measure outcomes at every step and stage, until approval is secured.

UTILIZATION:

Treatment Plan Clients (TPCs): 30 - those whom we are helping apply for disability benefits. We currently have 7 clients with whom we have already begun to work on their disability cases, and we anticipate that once we hire and train the Disability Specialist, we will be able to take on two new clients per month, and ultimately serve at least 30 unduplicated clients in this year. We hope to serve more, but since this is a still new program and a new staff member will need to be hired, it is difficult to estimate how many total clients will be served.

Non-Treatment Plan Clients (NTPCs): 10 - clients who need a low-intensity of service, perhaps they simply need one contact and it is to get some information, guidance, or direction. Or they might be established clients who meet program criteria but are very self-sufficient. (*Plan Narrative indicates 5, Utilization Form 10.*)

Service Contacts (SCs): 700 – [40 contacts with each of 30 TPCs]... applications are very detailed and intensive and often require working very closely with the client. Number of contacts per client may vary depending on whether we use the SOAR process for a client or a traditional process.

Community Service Events (CSEs): 4 - public presentations, meetings between agencies where we provide education/referral information, earned media from articles/interviews, distribution of informational materials.

Other: 7 - pertain to our Rx Fund, which helps cover costs of medications for our clients. We track clients and the number of prescriptions covered, and the cost for the prescriptions per client. Many clients, even with Medicaid or Medicaid Managed Care, cannot afford the costs of co-pays. Also, when clients' Medicaid enrollment lapses or they are dropped, they need help covering the full cost of medications until they are successfully re-enrolled in Medicaid. Pharmacies require payment at the time of service, unlike health care providers who can provide services and then back-bill Medicaid for services provided in the 90 day "look back period" prior to when Medicaid enrollment was established.

Staff Comment: on track to exceed most current year targets, all but one are adjusted upward for PY23.

PY2023 Annual Targets (per Utilization Form)

	TPC	NTPC	SC	CSE	OTHER
<i>Annual Target</i>	30	10	700	4	7

PY2022 First two quarters (per submitted Service Activity Reports)

First Quarter PY22	7	4	114	0	1
Second Quarter PY22	10	5	198	1	2
<i>Annual Target</i>	20	5	640	4	5

Financial Analysis

PY2023 CCMHB Funding Request: \$71,500

PY2023 Total Program Budget: \$92,721

Proposed Change in Funding - PY2022 to PY2023 = 0.0%

Current Year Funding (PY2022): \$71,500

CCMHB request is for 77% of total program revenue. Other revenue is from Contributions - various \$9,000 (10%); Carle Grants \$10,000 (11%); and proportional share of agency's rental income \$2,221 (2%).

Expenses: Personnel related costs of \$70,560 are the primary expense charged to CCMHB, at 99% of requested amount. Other expenses are: Professional Fees/Consultants \$940 (1%).

Total Agency, Total Program, and CCMHB Budgets are BALANCED.

Program Staff to be funded by CCMHB: 0.15 Indirect and 1.30 Direct = 1.45 FTEs

Total Program Staff: 0.15 Indirect and 1.30 Direct = 1.45 FTEs

Staff Comments: no increase is requested; current program is underexpended due to low staffing; excess revenue will be returned to Champaign County's ARPA fund for re-allocation.

Audit Findings: *As a newly funded program for PY22, this program was not included in the audit submitted by the agency. That audit was submitted on November 17, 2021.*

Priorities and Decision Support Criteria

Does the plan align with one or more of the CCMHB Priorities? *Yes.*

Expectations for Minimal Responsiveness: *The agency completed a new Registration/Eligibility Questionnaire, and no concerns are identified. All required forms were submitted prior to the deadline.*

Proposed services/supports relate to mental health and how they will improve the quality of life for persons served. Evidence is included that other sources of funding are not available or have been maximized. After initial in-person contact, virtual services are an option.



Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? *Yes.*

Highlights from the submitted CLC Plan: *CCHCC will be assessing their clients for language preference and will make written materials available when language needs are established; language access can be a barrier to people seeking mental health and other services. Materials in English and Spanish on the agency website, at outreach events, and in community locations. The CLC Plan includes ways the agency will create access for their clients. "Descriptions will be added to photos and videos on our website so that visually impaired individuals will know what is being presented."*

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY2022? *Yes.*

Highlights from the submitted CLC Progress Report: *"continuously engaged with the community, tailoring outreach and education efforts to the demands of the times (currently, pandemic times), and finding ways to reach individuals and families so that they can be aware of our services." English and Spanish versions are provided, and they work with other organizations serving diverse populations. "CCHCC will continually assess outreach efforts and client services to identify needs and areas of improvement. The client intake forms capture an array of demographic data, including homelessness status."*

Overarching Decision Support Criteria

Underinvested Populations and Countywide Access: *Yes (see "Access" and CLC Plan sections above.)*

Inclusion and Anti-Stigma: promote inclusion by directing outreach efforts to individuals with mental health and/or substance use disorder needs that rise to the level of disabling conditions, and the organizations that serve them. Our approach to working with clients is an empowerment approach, which also helps reduce stigma for clients, as they have a sense of agency in the decisions that affect their lives. Helping people get approved for SSI or SSDI will bring them resources so that they have more capacity to live the life of their choosing, and to help avoid homelessness and abject poverty - being approved for disability and having a regular monthly income goes a long way towards reducing stigma and discrimination. We will provide information and education about benefits and services in a straightforward and holistic way so that people can see their mental health and behavioral health needs as just as vital and central to health as medical services. Our warm referrals will ensure that people are treated with dignity and respect, thereby reducing stigma or fear of stigma.

Outcomes: *the proposal offers a compelling narrative for justification of a single measure of 100% successful benefits enrollment, with several relevant process measures embedded.*

Virtual Service Option(s): *available after the initial contact.*

Coordinated System: Rosecrance has one staff member who can provide help applying for disability benefits. However, their assistance is limited to individuals who are established Rosecrance clients. Rosecrance does not accept referrals from other agencies for this service... Cunningham Township have some personnel who have been trained in the SOAR process, but they have not yet applied anyone for disability. CCHCC will actively coordinate with Township to receive referrals to assist qualified Township clients. Land of Lincoln and some private law firms will assist individuals with filing appeals for denial of disability applications. However, the individuals must apply on their own first and can only get services once they are denied. CCHCC's goal is to get clients approved for disability at the first application, using the SOAR process or the traditional process, and to try to avoid clients having to go through the appeals process, because this means that they will have to wait a lot longer to get their benefits. Currently, there is no agency or organizations in the Champaign County community who helps people apply for disability benefits from start to finish, and who is open to the entire community (as opposed to just serving their established clients)... CCHCC is open to the entire Champaign County community and accepts referrals and walk-ins for the target population. We have been working with many of these providers, and more, for many years. CCHCC is a well-established community resource for health care consumers... warm referral relationships with community-based organizations... outreach and education to let them know that we are available to assist individuals...

Budget and Program Connectedness: *budget narrative is thorough and supports the program plan, describing total agency revenues (and which of this can be applied to this program), the rationale for each program expenditure, and the role of all personnel associated with it.*

Evidence-based, Evidence-informed, Recommended, or Promising Practice: *offers the rationale and provides links on increased approvals resulting from this type of assistance, on relationship between homelessness and disabling conditions, including those which make the application process harder, on relationship between incarceration and disabling conditions, and on the SOAR process; notes that Champaign County total disability enrollment is far below what it should be.*

Evidence of Collaboration: *written working agreements with Rosecrance, Champaign County Jail, Cunningham Township, Schnucks Rx pharmacy, OSF Hospital Pharmacy, UIUC School of Social Work (BSW and MSW), OSF hospital, Carle, Cunningham Children's Home, CRIS, and Daily Bread*

Staff Credentials: *experience with social or health care services, on-the-job training through the SOAR program, as well as from CCHCC's Executive Director, Claudia Lennhoff, who has many years of experience working on disability applications informally, for CCHCC clients.*

Qualifications for the Disability Specialist: *prior experience in health care or social services; demonstrated ability to work with people from diverse backgrounds; bi-lingual English/Spanish (a plus, but not required); ability to write and advocate in a compelling way; and previous experience helping with disability applications will be bonus, but is not required.*

Resource Leveraging: *CCMHB is the primary source of revenue; contract is not planned as match for another source of funding.* **Other Pay Sources:** *no other payment sources for these services. These services, as provided by us, are not billable to health insurance.* **Client Fees:** *No* **Sliding Scale:** *No.*

Process Considerations and Caveats

Contracting Considerations: *If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2023 contract:*

- *Develop referral relationships with DSC and the CCRPC ISC, which both provide this service to individuals who have a qualifying I/DD. This will also allow for clarity of the use of MHB funds for MI/SUD only.*
- *This and another agency program list use of the SOAR model and should collaborate on referrals.*
- *Resolve the discrepancy in NTPC targets (revise either the Plan Narrative or the Utilization Form).*
- *Retain PY22 Special Provisions as appropriate: report any clients who have a qualifying I/DD per IDHS-DDD definition; participation in Continuum of Service Providers to the Homeless; mid-year progress report to the Board in early 2023.*

Applicant Review and Input: *Applicant is encouraged to review this document upon receipt and notify the CCMHB staff in writing of any factual errors made by CCMHB staff which should be corrected prior to completion of the award process.*

Recommendation: *Pending*

Agency Name: Courage Connection

Program Name: Courage Connection

Requested Funding Amount: \$127,000

The original application forms contain more information. Attached is an analysis of specific sections of the application and prior reports on the program (if incumbent).

Why it Matters: This program is intended for victims of domestic violence and their children. Courage Connection serves domestic violence survivors in Champaign, Douglas, Ford, and Piatt counties with priority given to residents of Champaign County. Many of these individuals, as a result of fleeing the abuse, are also homeless. Victims are defined by the Illinois Domestic Violence Act as any person abused by a family member or household member; any high-risk adult with disabilities who are abused, neglected, or exploited by a family or household member; any minor child or dependent adult in the care of such person; and any person residing or employed at a private home or public shelter which is housing an abused family or household member (750 ILCS 60/201).

Evidence Based, Promising, or Innovative Approach: Eye Movement Desensitization and Reprocessing (EMDR) is a psychotherapy treatment that was originally designed to alleviate the distress associated with traumatic memories (Shapiro, 1989a, 1989b). We began piloting EMDR in 2020. Since that time, we have offered it to all clients with very successful results. Shapiro's (2001) Adaptive Information Processing model posits that EMDR therapy facilitates the accessing and processing of traumatic memories and other adverse life experiences to bring these to an adaptive resolution. After successful treatment with EMDR therapy, affective distress is relieved, negative beliefs are reformulated, and physiological arousal is reduced. During EMDR therapy the client attends to emotionally disturbing material in brief sequential doses while simultaneously focusing on an external stimulus. EMDR therapy uses a three-pronged protocol: (1) the past events that have laid the groundwork for dysfunction are processed, forging new associative links with adaptive information; (2) the current circumstances that elicit distress are targeted, and internal and external triggers are desensitized; (3) imaginal templates of future events are incorporated, to assist the client in acquiring the skills needed for adaptive functioning. <https://www.emdr.com/what-is-emdr/> Courage Connection Counselors and Therapists began using a HIPPA-approved virtual counseling platform at the start of the first stay-at-home order in March 2020.

Outcomes:

1. Residential discharge into improved, safer environments
2. Survivor's skills and confidence to move to a more positive situation

To be Served/Completed:

TPC: 750 - residential client who has opened a new case in the quarter and/or in shelter for at least 3 days, or a non-residential client who has opened a new case in the quarter and has received at least 3 services in the quarter.

NTPC: 200 - client who has opened a new case in the operating quarter, has been in the shelter for less than 3 days in the operating quarter, had less than 3 services during the operating quarter and received less than 3 services in the quarter or a non-residential client who has opened a new case in the quarter and received less than 3 services in the quarter.

SC: 700 - phone contacts received via our 24/7 domestic violence hotline, or calls initiated/returned in response to a referral, that do NOT involve a current or former client.

CSE: 150 contacts that promote the program and serve to inform the public about domestic violence, including public presentations, consultations with community groups and/or caregivers, and school class presentations, as well as any media in which staff engage for the same purpose.

Type and Intensity of Service:

Information, referral, safety planning, crisis intervention through 24-hour hotline;

Emergency shelter for victims fleeing a domestic violence situation;

Transitional Housing for domestic violence survivors and their children;

Support and education for rapid rehousing;

Individual and family domestic violence counseling and therapy;

Advocacy-based support services;

Bilingual Services + services for all ESL clients;

Community education and engagement;

State-mandated cosmetology/nail-technician DV training; Legal advocacy;

Children's programming;

Groups (Domestic Violence Education Groups, Parenting Groups, Economic Empowerment Groups, Building Resilience, And Victim Education (B.R.A.V.E.) class).

Length of Engagement: 1 day to years.

Leveraging Other Resources: CCMHB request is for 6% of total program revenue. Other revenue is from: United Way \$75,500 (4%); Contributions - various \$336,000 (17%); Grants - IDHS ESG CV \$30,000 (2%); Grants - VAWA LEP = \$17,300 (1%); Grants - COVID ESF \$7,497; Grants - IDHS SHP \$106,180 (5%); Grants - IDHS DV = \$466,739 (24%); Grants - EFSG \$18,744 (1%); Grants - VOCA \$673,810 (34%); Grants - IDHS ETH \$60,000 (3%); Grants - VOCA LEP = \$36,520 (2%); Grants - TBRA \$4,599; Interest Income \$100; Rental Income \$5,850; and Miscellaneous \$1,500.

DRAFT PY2023 CCMHB Program Analysis

Agency: Courage Connection

Program: Courage Connection

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2023 CCMHB Funding Request: \$127,000

Focus of Application: Mental Health

Type of Contract: Grant

Priority: System of Care for Children, Youth, and Families

Services and People Served

Target Population: victims of domestic violence and their children. Many of these individuals, as a result of fleeing the abuse, are also homeless. Victims are defined by the Illinois Domestic Violence Act as any person abused by a family member or household member; any high-risk adult with disabilities who are abused, neglected, or exploited by a family or household member; any minor child or dependent adult in the care of such person; and any person residing or employed at a private home or public shelter which is housing an abused family or household member... the Champaign, Urbana, and Rantoul Police Departments report that domestic violence is their most frequent call. The Champaign Police Department averaged about 1500 calls per year in the last three years. This number represents only the domestic violence that is reported.

Scope, Location, and Frequency of Services:

Scope: Information, referral, safety planning, crisis intervention through 24-hour hotline; Emergency shelter for victims fleeing a domestic violence situation; Transitional Housing for domestic violence survivors and their children; Support and education for rapid rehousing; Individual and family domestic violence counseling and therapy; Advocacy-based support services; Bilingual Services + services for all ESL clients; Community education and engagement; State-mandated cosmetology/nail-technician DV training; Legal advocacy; Children's programming; Groups (Domestic Violence Education Groups, Parenting Groups, Economic Empowerment Groups, Building Resilience, And Victim Education (B.R.A.V.E.) class). All services offered are free and confidential. Demographic information is gathered during the intake assessment, which is completed with all clients who receive services through Courage Connection. All client information is entered into the state-wide victim service provider database, InfoNet. The majority of services funded by CCMHB are our individual and family counseling and therapy services. We provide therapeutic services to individuals who have experienced domestic violence. Our therapists are trauma-informed and have extensive knowledge of the cycle of abuse. We offer brief crisis counseling services; eye movement desensitization and reprocessing (EMDR); cognitive behavioral therapy; yoga/meditation; domestic violence support group; BRAVE (Building Resilience And Victim Education) classes; empowerment group. CCMHB also funds a portion of our hotline services, emergency, and transitional housing services, advocacy-based support services, and children's programming. All of these services are provided to our residential clients. In partnership with Client Advocates, Clients complete a service plan to identify goals they want to achieve while they work with us. This is done in accordance with Courage Connection's primary function of providing services that empower clients to regain control of their lives and live independently of abuse.

Location/Frequency: primarily at Urbana locations. 24/7 hotline is available at all times to any person who is affected by domestic violence. Emergency shelter is offered to any person fleeing domestic violence. Transitional housing is offered as needed and based on availability. Counseling, therapy, and advocacy services are available depending on the needs of the client; this can vary significantly, from multiple times per week to twice a month or less. Therapy is also offered via teletherapy on a web-based platform.

Access to Services for Rural Residents: Court Advocates provide services as requested to rural clients - legal advocacy, accompaniment of clients to court hearings, and referral of clients to appropriate agencies for necessary services. Counseling services are available at satellite Rantoul location... addition of teletherapy services has been hugely beneficial for some of our more rural clients. 24/7 domestic violence hotline... can include safety planning, crisis intervention, and information/referrals... Lyft and bus service for victims fleeing a DV situation... extra emphasis on the rural areas we serve. Community Engagement Coordinator is visiting these areas on a regular basis to build relationships and share resources; bilingual counselors are also present in these communities – at local food pantries and community meeting areas to broaden awareness of domestic violence and help victims. A Court Advocate provides on-site services for rural residents in Champaign, Douglas, Ford, and Piatt counties via on-site courthouse assistance or through Rantoul location. Referrals for all services are available through this advocate, counseling services provided at Rantoul site upon request.

Access to Services for Members of Historically Underinvested Populations: no charge to community members. Prior to COVID-19... events to build and maintain awareness... strengthened online outreach... DV disproportionately impacts people of color and low-income community members. The majority we serve live at or below the poverty line... Outreach to ESL community... Bilingual Advocates provide services to Spanish-speaking DV victims... OP information, translation, case management, safety planning, and support groups. Our staff informs law enforcement and community organizations about our services to encourage referrals in these under-served areas... Bilingual Advocates have office hours at the Rantoul office, also utilized by Court Advocates and Therapists in Rantoul. In September, we hosted a DV Summit – first in history of Champaign County – in partnership with the Community Coalition. The Summit featured three nationally-recognized speakers whose focus is on the impact of DV on racial and ethnic minority populations. Earlier this year, the Martin Luther King Celebration Committee acknowledged Courage Connection’s work in this area with an MLK Humanitarian Award. Our Court Advocates work at the Ford County Courthouse, Rantoul satellite office, or Champaign County courthouse. The Bilingual Advocates work at our agency Urbana location. Advocates work to accommodate the needs of clients, often meeting where is most convenient for the client in the community. Our Crisis Counselor offers services to residential clients who live on-site at our shelter. Our Counselors and Therapists provide counseling at our agency location... teletherapy services via web-based platforms... willing to meet in the community when the client cannot or does not want to travel to our agency.

Residency of 934 People Served in PY21 and 463 in the first half of PY22:

Champaign	448 (48.0%) for PY21	215 (46.4%) for PY22
Urbana	300 (32.1%) for PY21	174 (37.6%) for PY22
Rantoul	88 (9.4%) for PY21	33 (7.1%) for PY22
Mahomet	36 (3.9%) for PY21	12 (2.6%) for PY22
Other	62 (6.6%) for PY21	29 (6.3%) for PY22

Demographics of 934 People Served in PY21

Age

Ages 0-6 -----	85 (9.1%)
Ages 7-12 -----	99 (10.6%)
Ages 13-18 -----	42 (4.5%)
Ages 19-59 -----	684 (73.2%)
Ages 60-75+ -----	24 (2.6%)

Race

White -----	312 (33.4%)
Black / AA -----	378 (40.5%)
Asian / PI -----	29 (3.1%)
Other (incl. Native American and Bi-racial) -----	215 (23.0%)

Gender



Male -----	134 (14.3%)
Female -----	794 (85.0%)
Other (may include non-binary and gender non-conforming people)	(.6%)
Ethnicity	
Of Hispanic or Latino/a origin -----	125 (13.4%)
Not of Hispanic or Latino/a Origin -----	809 (86.6%)

Program Performance Measures

CONSUMER ACCESS: Any person who is a victim of domestic violence or fleeing from domestic violence is eligible for our services. Others who are impacted by domestic violence (such as family members) may be eligible. Services do not have a maximum length, with the exception of residential services. Emergency shelter is a maximum of 45 days, and transitional shelter is a maximum of one year, which both are always eligible for redetermination... ability to extend to ensure discharge to a safe location... no limits to how often an individual or family can utilize either shelter. Eligibility based upon self-report of domestic violence, as required by best practice and accreditation from the Illinois Coalition Against Domestic Violence (ICADV). Individuals who are interested in accessing services either walk in or [contact] 24/7 hotline [with] access to on-site DV-trained employees, interpretation services, and can receive/make calls through services for ASL individuals through Centralized Languages International. [Referrals by] partner organizations... Community education service events to increase understanding about DV and possible responses... professional training, public training with community organizations, reaching out to law enforcement and judges, and presentations in schools.

Within 0 days from referral, 100% of those referred will be assessed.

Within 0 days of assessment, 95% of those assessed will engage in services.

People will engage in services, on average, for: 1 day to years, varies by specific service and client needs.

Additional Demographic Data: Languages Spoken, to ensure translation can be provided or if Spanish-Speaking, our bilingual program can assist them... Veteran Status, Sexual Orientation, Noncash Benefits/Health Insurance, physical/mental health needs, and any other unique needs. Pregnancy Status is requested during intakes so that safety and comprehensive care can be provided. Client and service data are entered daily into InfoNet and are reviewed quarterly by IDHS and ICADV. To the degree possible, measurement will be reported on Champaign County residents only. Champaign County accounts for approximately 90% of clients served.

CONSUMER OUTCOMES:

For ensuring survivors achieve an improved sense of safety and self-empowerment, we will measure the degree to which residential clients discharge into improved, safer environments. Based on exit data, we will measure "Reason for Leaving", using the categories "Completed program", "Left for housing opportunity before completing program", and "Needs could not be met by project" as positive indicators of an improved, safer environment... expect at least exits (60%) will meet this goal.

We will also measure a survivor's skills and confidence to move to a more positive situation (or a more rapid removal from a dangerous one) by asking clients to report improvements following service provision in their understanding of items such as understanding of safety planning, community resources, legal rights, the effects of abuse, and sense of safety and knowledge that abuse is not their fault. This survey covers all programs within the agency, and we expect 90% of responses to be positive.

To measure residential discharge location, we use the exit discharge form, established by InfoNet. This is completed by staff present at the exit in collaboration with the client. (When the client leaves without notice, the form is completed to the best of our ability; outcome here typically will not fall within the "positive" definition, as we cannot confirm the accuracy of the destination)... expect at least exits (60%) will meet this goal.

To measure a survivor's skills and confidence to move to a more positive situation (or a more rapid removal from a dangerous one), we use survey responses generated by IDHS and ICADV as recorded in InfoNet. Survey



questions asked are in accordance with IDHS and ICADV standards and vary slightly depending on the service. Primary-serving staff administers the survey, which is completed by the client.

Outcome gathered from all participants? Yes

Anticipate 680 total participants for the year.

Will collect outcome information: through exit interviews and ongoing documentation during client services.

Is there a target or benchmark level for program services? No

Estimated level of change for this outcome: increased safety as it is self-defined by the client. This can be measured by the number and percentage of OPs granted or departures to “positive” locations for residents(60%). However, returning autonomy and control to victims who have had it systemically removed is the ultimate goal and only effective and ethical way to re-empower victims.

UTILIZATION:

Treatment Plan Clients (TPCs): 750 - residential client who has opened a new case in the quarter and/or in shelter for at least 3 days, or a non-residential client who has opened a new case in the quarter and has received at least 3 services in the quarter. 200 will receive services from Therapists/Counselors. (50 continuing)

Non-Treatment Plan Clients (NTPCs): 200 - client who has opened a new case in the operating quarter, has been in the shelter for less than 3 days in the operating quarter, had less than 3 services during the operating quarter and received less than 3 services in the quarter or a non-residential client who has opened a new case in the quarter and received less than 3 services in the quarter. (10 continuing)

Service Contacts (SCs): 700 phone contacts via 24/7 hotline or calls initiated/returned in response to a referral that do NOT involve a current or former client.

Community Service Events (CSEs): 150 contacts that promote the program and serve to inform the public about domestic violence, including public presentations, consultations with community groups and/or caregivers, and school class presentations, as well as any media in which our staff engage for the same purpose.

Staff Comment: Section provides clarifications of SCs related to TPCs and effort to count only Champaign County resident SCs. Based on current actual utilization, the TPC, NTPC, and SC targets will be increased for PY23.

PY2023 Annual Targets (per Utilization Form)

	TPC	NTPC	SC	CSE
<i>Annual Target</i>	750	200	700	150

PY2022 First two quarters (per submitted Service Activity Reports)

First Quarter PY22	173	38	125	113
Second Quarter PY22	214	38	193	24
<i>Annual Target</i>	425	110	600	150

PY2021 all four quarters (per submitted Service Activity Reports)

First Quarter FY21	196	45	300	51
Second Quarter FY21	181	39	245	32
Third Quarter FY21	168	48	151	37
Fourth Quarter FY21	205	52	191	46
<i>Annual Target</i>	425	110	600	150

Financial Analysis

PY2023 CCMHB Funding Request: \$127,000

PY2023 Total Program Budget: \$1,967,339

Proposed Change in Funding - PY22 to PY23 = 0.0%

Current Year Funding (PY22): \$127,000

CCMHB request is for 6% of total program revenue. Other revenue: United Way \$75,500 (4%); Contributions - various \$336,000 (17%); Grants - IDHS ESG CV \$30,000 (2%); Grants - VAWA LEP \$17,300



(1%); Grants - COVID ESF \$7,497; Grants - IDHS SHP \$106,180 (5%); Grants - IDHS DV \$466,739 (24%); Grants - EFSG \$18,744 (1%); Grants - VOCA \$673,810 (34%); Grants - IDHS ETH \$60,000 (3%); Grants - VOCA LEP \$36,520 (2%); Grants - TBRA \$4,599; Interest Income \$100; Rental Income \$5,850; Misc \$1,500. **Personnel related costs are 100% of requested amount.**

Total Agency and Total Program Budgets show a deficit of \$65,562; CCMHB Budget is BALANCED.

Program Staff to be funded by CCMHB: 0.33 Indirect and 1.80 Direct = 2.13 FTEs

Total Program Staff: 5.0 Indirect and 24.60 Direct = 29.60 FTEs

Audit Findings: agency PY21 audit was submitted January 20, 2022; no negative findings or excess revenue.

Priorities and Decision Support Criteria

Does the plan align with one or more of the CCMHB Priorities? *Yes, though a PY23 priority is not selected.*

Expectations for Minimal Responsiveness: *Agency completed a new Registration/Eligibility Questionnaire; no concerns are identified. All required forms were submitted prior to the deadline. Proposed services/supports relate to mental health and how they will improve the quality of life for persons served. Evidence is included that other sources of funding are not available or have been maximized. Virtual option for therapy services.*

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? *Yes.*

Highlights from the submitted CLC Plan: *A copy of the CLC Plan is given to all staff who are responsible for its implementation; signed upon hiring, with agreements on file. "Staff participate in external education focused on increasing diversity and ongoing access to comprehensive care. This encourages collaboration in areas outside of our expertise, helping staff to identify gaps in access to minority populations, provide better care in those areas, and provide referrals where appropriate."*

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY22? *Yes.*

Highlights from the submitted CLC Progress Report: *"Courage Connection has implemented a new resource for the clients and those seeking our services who do not speak English or use American Sign Language through Certified Languages Interactional. This service provides video remote interpreting services directly to the staff and clients. The chat box and/or telephone services can be utilized for specific written instructions, depending on our client's personal preference."*

Overarching Decision Support Criteria

Underinvested Populations and Countywide Access: *Yes (see "Access" sections above.)*

Inclusion and Anti-Stigma: to integrate understanding of complex dynamics related to discrimination and lack of access into our programs... immediate access to services for anyone who self-reports an experience of DV, while recognizing that availability does not necessarily eliminate other barriers that survivors face in receiving support... identify places of exclusion, stigma, discrimination, or inhibited access and work to change this in whatever ways we can... view each client individually... a client-driven plan that identifies unmet needs and prioritizes the safety and autonomy of the client and their family... access to multi-lingual staff that adhere to our cultural humility plan... recognizes the need for community awareness and education in working for inclusion and reducing stigma... reach out to community organizations, universities, schools, and law enforcement through presentations on the causes and dynamics of DV, potential responses, and services available. Ongoing education is critical to continually identifying where abuse is tolerated, accepted, or normalized in our communities and improving access for those who need assistance.

Outcomes: *includes relevant and measurable outcomes related to the client's experience; many measured by self-report and surveys, and an exit discharge form is completed by staff with or on behalf of the client.*

Virtual Service Option(s): *for therapy*

Coordinated System: the only certified DV program in Champaign County and surrounding area.

RACES - confidential services to anyone affected by sexual assault, abuse, and harassment.

Rosecrance – MH/SA treatment center. Many DV victims suffer from MI and/or SUD and utilize these services. U of I Women’s Resources Center – confidential advocacy and supportive counseling for sexual assault/rape or abuse, stalking, harassment, and other types of interpersonal abuse.

Headstart/Early HS - partners with parents to assist children in developing the knowledge and skills necessary for school success and lifelong well-being; we have had an embedded program for several years.

Crisis Nursery - emergency based child care facility, dedicated to the prevention of child abuse and neglect by providing 24-hour emergency care for children and support to strengthen families in crisis.

All cosmetologists and related professionals are required to complete a DV continuing education course in order to renew their license. Training these individuals to recognize the signs of DV and be able to connect survivors to resources is an important step in improved access and awareness. Courage Connection is a local, certified training site for Champaign County... All organizations work together to refer individuals for treatment, counseling, or other services in line with the expertise of a particular agency... cooperates with these providers for community education. Specifically, for participation in DV Awareness Month and Sexual Assault Awareness Month, we partner with local businesses, banks, colleges, universities, and county offices... DV education to classes in U of I College of Law, Medical School, Public Health, and campus groups... Parkland College to students in the Women’s Studies and Criminal Justice departments... middle schools and high schools about teen dating violence and healthy relationships... Education increases awareness of the services available to survivors... promoting prevention of DV and active, positive, community response.

Budget and Program Connectedness: *budget narrative provides very good detail on anticipated revenues for total program and on the personnel to be (partially) funded by this grant.*

Evidence-based, Evidence-informed, Recommended, or Promising Practice: *describes EMDR treatment and links to details; notes that virtual/hybrid services resulted in fewer cancellations and increased capacity.*

Evidence of Collaboration: ... Crisis Nursery - mutual referrals, information, and training to ensure quality and comprehensive services are delivered to all DV victims and homeless women and children in the communities we serve... RACES - mutual referrals and sharing staff trainings and resources related to sexual and domestic violence... CRIS Healthy Aging Center - DV advocate/specialist for trainings in local Victim’s Services Cross Training and assist in the development of written resources for professionals and advocates in the field.

Staff Credentials: Client Advocates: HS diploma, BSW or MSW preferred. Counselors: bachelor's, with a master's preferred, previous experience in working with DV. The therapist must have been an LCSW or on a path to LCSW, experience with client-driven therapy and services models, and SUD and MI. All staff are mandated reporters, trauma-informed, and 40-hour DV trained, with 80 hours of trauma-informed training and shadowing of experienced staff members. Sara Whalen is an MSW, LCSW, EMDR trained, and a Registered Yoga Teacher. Sisay Eisenmenger earned her MSW and is now an LSW. Arica Moss is an MSW and LSW.

Resource Leveraging: *the agency receives a variety of grants for the total program; agency requests to use this grant as match for IDHS-DV grant and/or IL Coalition Against DV grant (VOCA and VAWA) to help secure these sources of funding.* **Other Pay Sources:** n/a **Client Fees:** No **Sliding Scale:** No.

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY23 contract:

- *Select a PY23 priority; consider Victim Services.*
- *Explicitly approve use of this grant as match for those cited in the proposal.*
- *Retain PY21-22 Special Provisions: office hours in Rantoul, participate in Rantoul Service Providers Group; in Quarterly report comments, indicate # of clients engaging in therapy and # engaging in counseling; if a two year contract, excess revenue from the first year cannot be spent in the second year.*

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCMHB staff in writing of any factual errors made by CCMHB staff which should be corrected prior to completion of the award process.

Recommendation: Pending

Agency Name: Cunningham Children's Home

Program Name: ECHO Housing and Employment Support

Requested Funding Amount: \$127,249

The original application forms contain more information. Attached is an analysis of specific sections of the application and prior reports on the program (if incumbent).

Why it Matters: Serves those who are homeless or at risk of homelessness... support towards permanent housing and employment for adults or families who have the ability to live independently, with or without on-going supports. Referral from temporary/short-term housing and employment services and other sources that may identify individuals at risk of homelessness. Some participants may have needs which preclude successful participation in the program. These needs (identified prior to or during program enrollment) will be evaluated on a case-by-case basis with referrals to other programs or providers being made when appropriate. Young adults who had previously received services through DCFS transitional or independent living programs may receive ECHO services if they are at risk of or experience homelessness after aging out of the program.

Evidence Based, Promising, or Innovative Approach:

- Customized Employment – promoted by Workforce Innovation Technical Assistance Center (www.wintac.org) and Youth Technical Assistance Center (www.y-tac.org), based on determination of the individual's strengths, needs and interests, designed to consider their specific abilities and the needs of the employer while utilizing flexible strategies.
- Housing First and Employment First Approaches – prioritizes permanent housing and competitive employment as a platform from which individuals can pursue personal goals and improve quality of life (IDHS and National Alliance to End Homelessness (www.endhomelessness.org/resource/housing-first)).
- SAMHSA's SSI/SSDI Outreach, Access and Recovery (SOAR - www.samhsa.gov/homelessness-programs-resources/grant-programs-services/soar) and SAMHSA's Stepping Stones to Recovery (<https://www.hudexchange.info/resource/948/case-managers-manual-homeless-social-security-disability-benefits/>) - training and resources on applying for social security benefits.
- Financial Literacy training focuses on basic financial education to promote understanding of financial choices, planning for the future, spending wisely and managing challenges associated with significant life events (e.g., job loss, paying for education, etc.) DCFS approval to use non-DCFS specific assessments and lesson material for Financial Literacy - <https://drive.google.com/open?id=1OCSHQJ9SDGlb8vOyrwzF8W5BXt4hX-c>

Outcomes:

1. At least 65% of individuals will obtain permanent housing within 120 days of assessment.

2. At least 75% of participants who obtain permanent housing will maintain this housing for more than 90 days. Participants who request program discharge prior to 90 days will be excluded from this outcome.
3. At least 70% of individuals will obtain employment within 90 days of assessment and/or will have secured applicable social security benefits prior to discharge.
4. At least 90% of clients receiving both pre- and post- life skills assessment will show improvement in life skill mastery.
5. At least 70% of participants will complete a satisfaction survey. 90% of survey respondents agree or strongly agree with positive service quality statements.

To be Served/Completed:

TPC: 20 -Individuals accepting services, meeting with a case manager resulting in a service plan.

NTPC: 15 - Eligible individuals that enroll in program but do not engage in the assessment and service planning process; eligible individuals referred or identified through street engagement efforts who have contact with program staff (and may receive some referral or hard services) but do not enroll in the ECHO program.

SC: 510 - 24 contacts for each of 20 TPCs (weekly for 3 months, twice monthly for the next 3 months, monthly for the next 6 months). Other SCs are direct services and collateral contacts.

CSE: 25 - with temporary housing resources, food kitchens, other potential referral sources and homeless advocacy groups, police departments, human service agencies, landlord and/or tenant groups, MHDDAC, Human Services Council, Continuum of Service Providers to the Homeless, Point in Time, One Winter Night, disABILITY Resource Expo, contacts with local agencies and resources that address the needs of the homeless population. Informational program materials distributed to appropriate community agencies and departments.

Type and Intensity of Service:

Housing linkages through partnerships with local landlords offering affordable housing.

Housing assistance - help with subsidy/voucher applications, apartment seeking, navigating lease arrangements, household set up, and mediating housing conflicts.

Employment supports - career assessment, resume development, job and life skills, coaching, counseling, and linkage to occupational training. For clients who may be eligible, will access vocational programming for participants who would benefit from a subsidized job placement and more intensive on-the-job coaching.

Participants potentially eligible for social security receive application support.

A holistic approach to supportive services by resolving any barriers to housing and employment stability (e.g., basic needs, childcare, legal issues, documentation needs, physical health, substance abuse and mental health).

Length of Engagement: One year with follow-up contact one-year post-discharge

Leveraging Other Resources: CCMHB request is for 100% of total program revenue.

Agency: Cunningham Children's Home

Program: ECHO Housing and Employment Support

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2023 CCMHB Funding Request: \$127,249

Focus of Application: Mental Health

Type of Contract: Grant

Priority: Innovative Practices and Access to Behavioral Health Services

Services and People Served

Target Population: Champaign County citizens who are homeless or at risk of homelessness... adults or families who have the ability to live independently, with or without on-going supports. While our expertise is in transition age adults and families, we work with participants of any age... identified through referral from temporary/short-term housing and employment services (e.g., temporary shelters, regional planning, etc.) as well as other sources that may identify individuals at risk of homelessness (e.g., mental health centers, schools, etc.). Some participants may have needs (e.g., inpatient substance abuse treatment) which preclude their successful participation in our program. These needs... will be evaluated on a case-by-case basis with referrals to other programs or providers being made, when appropriate. At times, young adults who had previously received services through our DCFS transitional and/or independent living programs may receive services through ECHO if they are at risk of or experience homelessness after aging out of the program.

Scope, Location, and Frequency of Services:

Scope:

- Housing linkages through partnerships with local landlords offering affordable housing.
- Housing assistance - help with subsidy/voucher applications, apartment seeking, navigating lease arrangements, household set up, and mediating housing conflicts.
- Employment supports - career assessment, resume development, job and life skills, coaching, counseling, and linkage to occupational training. For clients who may be eligible, will access vocational programming for participants who would benefit from a subsidized job placement and more intensive on-the-job coaching.
- Participants potentially eligible for social security receive application support.

A holistic approach to supportive services by resolving any barriers to housing and employment stability (e.g., basic needs, childcare, legal issues, documentation needs, physical health, substance abuse and mental health). One full time case manager will provide assessment, planning, skill development, and resource connections. Supervisory staff will be available as back up when assigned staff are unavailable (e.g., crisis situations, vacations, medical leave). Flexible funds are available for expenses that often accompany a new job or move (e.g., interview clothing, uniforms, apartment application fees, basic hygiene, household items) or to provide engagement incentives. For additional assistance related to rental deposits, utilities in arrears, or furniture, we leverage community partnerships as available (e.g., churches, RPC, townships).

Location/Frequency: home, office, majority in community settings... participants receive services at a frequency and duration negotiated with each participant based on their individual needs... at least monthly contact after stable housing and employment are secured. A follow-up contact is completed for participants one year post-discharge to assure housing and employment retention.

Access to Services for Rural Residents: works with... participants to identify their social support needs and capitalizes on existing supportive relationships, when possible... developing housing and employment in any community throughout Champaign County... efforts will be made to engage and serve residents outside of Champaign, Urbana, and Savoy in order to ensure that individuals in historically underserved townships have access to services. This will include coordinating events with the CSCNCC and townships other than our

current partnerships with Champaign and Cunningham Townships... expanded services to the northern rural service area. Access... based on the individual's and/or family's needs and geographic location. The target population can be transient, so... will include active location of identified individuals and families throughout Champaign County in order to engage and maintain services... majority of services will be in community settings, including formal or informal temporary housing arrangements and on the "street" engagement efforts throughout Champaign County, including assistance with accessing emergency shelters in Champaign.

Access to Services for Members of Historically Underinvested Populations: primary population includes those of low income who are at risk of or experiencing homelessness... will access Cunningham's extensive experience with the transitional living system of care including navigating employment, housing and public benefit resources... collaborative relationship with the Up Center and the U of I LGBTQ Resource Center in order to accept referrals for this population as well as identify and provide LGBTQ supports for our participants who are disproportionately represented in the homeless population. During FY22, our staff and clients participated in the Pride Fest parade and our agency sponsored a booth to provide information about programs/services. The program has longstanding partnerships with other mental health service providers to assist with meeting the ongoing mental health needs of individuals participating in the program... Cunningham promotes culturally responsive services through staff training and linkages to diverse culturally responsive partners... majority of services will be in community environments where underserved or underrepresented groups are likely to be found.

Residency of 22 People Served in PY21 and 17 in first half of PY22:

Champaign	11 (50.0%) for PY21	11 (64.7%) for PY22
Urbana	11 (50.0%) for PY21	6 (35.3%) for PY22

Demographics of 22 People Served in PY21:

Age		
Ages 19-59 -----		17 (77.3%)
Ages 60-75+ -----		5 (22.7%)
Race		
White -----		8 (36.4%)
Black / AA -----		14 (63.6%)
Gender		
Male -----		8 (36.4%)
Female -----		14 (63.6%)
Ethnicity		
Not of Hispanic or Latino/a Origin -----		22 (100.0%)

Program Performance Measures

CONSUMER ACCESS: serves individuals and families considered homeless or at-risk of homelessness as defined as: lacking permanent housing including those with residence in a shelter or transitional housing program; living on the streets, abandoned building/vehicle, or in any other unstable/non-permanent situation; considered "doubled up," referring to a situation where individuals are unable to maintain housing and are forced to stay with a series of friends and/or extended family members; previously homeless individuals released from prison or hospital if they do not have a stable housing situation to which they can return; or individuals and families at imminent risk of becoming homeless. Eligibility... based on referral-report, self-report, and staff observation of living environments to determine if an individual or family meets the criteria above. Clients refusing to cooperate with services provided/offered may be referred to other community resources. [People] learn about the program through referral sources, staff engagement efforts within the community, outreach events, community fliers, and through the agency's website.

Within 30 days from referral, 80% of those referred will be assessed.

Within 30 days of assessment, 60% of those assessed will engage in services.



People will engage in services, on average, for: one year with follow-up contact one year post-discharge. Participants with SPC vouchers may exceed that timeframe.

Additional Demographic Data: other system involvement (e.g., DCFS, DOC, Medicaid, Social Security), grade level completed, marital status, language, religion, disability type (if applicable)... participants (with consent) are entered into HMIS (... range of demographics, social history and health history indicators.)

CONSUMER OUTCOMES:

1. **Obtain Permanent Housing:** At least 65% of individuals will obtain permanent housing within 120 days of assessment.
2. **Housing Stability:** At least 75% of participants who obtain permanent housing will maintain this housing for more than 90 days. Participants who request program discharge prior to 90 days will be excluded from this outcome.
3. **Employment or Other Stable Income:** At least 70% of individuals will obtain employment within 90 days of assessment and/or will have secured applicable social security benefits prior to discharge.
4. **Life Skills Mastery:** At least 90% of clients receiving both pre- and post- life skills assessment will show improvement in life skill mastery.
5. **Participant Surveys:** At least 70% of participants will complete a satisfaction survey. 90% of survey respondents agree or strongly agree with positive service quality statements.

Measured by:

1. Information on housing status... changes during program enrollment and applicable dates, is collected using Service Documentation System (SDS)... staff observation, self-reports, and collateral reports.
2. Information regarding changes in housing status... including relevant dates, is collected using SDS... based on staff observation, self-reports, and collateral reports.
3. ... SDS for tracking achievement of employment and any successive employment changes. Documentation of a participant's eligibility for SSI/SSDI as well as employment status is also consistently documented as part of case supervision notes in SDS... based on staff observation, self-reports, and collateral reports.
4. **Life Skills Assessment (Pre/Post- assessments),** a standardized measurement of basic life skills is administered within the first 30 days of active client engagement and every six months or upon discharge. The case manager administers this assessment collaboratively with participants and uses individual results for service planning. Data is tracked upon discharge as part of a monthly program performance dashboard.
5. Participant satisfaction surveys are developed by the agency and administered on an annual basis to all current clients (point in time). The survey consists of items rated on a 5-point Likert scale as well as open ended questions. Aggregate data is reported annually by QI staff.

Outcome gathered from all participants? No. Outcomes information will be collected for ECHO TPCs.

Anticipate 35 total participants for the year.

Will collect outcome information: Varies depending on measure as described above.

Is there a target or benchmark level for program services? Yes... based on performance data from FY20 and FY21. # clients included for each type of measure varies and is referenced below:

1. 42 of 50 (84%) of clients obtained permanent housing during program enrollment. On average, permanent housing was obtained within 64 days of enrollment.
2. 37 of 42 (88%) of clients who obtained permanent housing were successful in maintaining their housing for more than 90 days.
3. 34 of 50 (68%) of clients obtained employment or social security benefits. 29 of those 34 (85%) clients obtained employment or social security benefits within 90 days of assessment.
4. 8 of 11 (73%) of clients showed an increase on the Life Skills Assessment at discharge. Note: Several discharge clients did not complete a discharge measure.
5. 11 of 21 (52%) of discharged clients completed a satisfaction survey. Overall average was 4.89 (out of 5).

Estimated levels of change:

- 70% of TPCs will obtain permanent housing within 120 days of assessment
- 80% of TPCs served will maintain permanent housing for at least 90 days

- 75% of TPCs will achieve stable income... at the time of discharge.
- 80% of TPCs with two Life Skills Assessment measures will demonstrate improved scores
- 70% of participants will complete a satisfaction survey during program enrollment
- 90% of survey respondents will provide an overall rating of 4.0 or higher on satisfaction with services

UTILIZATION:

Treatment Plan Clients (TPCs): 20 accepting services, meeting with a CM, resulting in a service plan.

Non-Treatment Plan Clients (NTPCs): 15 that enroll in program services but do not engage in assessment and service planning process; and eligible individuals referred or identified through street engagement efforts who have contact with program staff (and may receive some referral or hard services), but do not enroll in ECHO.

Service Contacts (SCs): 510 – 24 contacts with each of 20 TPCs for a total of 480 TPC SCs... direct services and collateral contacts (e.g., landlord). Note: contact frequency is individualized to client needs (and may exceed contacts described above), but all clients will receive at least one contact per month. The SCs for 15 NTPCs will vary but are estimated at a minimum of 2 contacts each (30 contacts total).

Community Service Events (CSEs): 25 - with temporary housing resources, food kitchens, other potential referral sources and homeless advocacy groups. Informational program materials distributed to appropriate community agencies and departments... meetings with police departments, human service agencies, landlord and/or tenant groups, MHDDAC, HSC, CSPH, Point in Time, One Winter Night, disABILITY Resource Expo, and other contacts with local agencies and resources that address the needs of the homeless population.

We reduced the number of NTPCs from 24 to 15 due to the low number of NTPCs served the past two years... missed an opportunity to count individuals/families who were not enrolled in the program but received referral and linkage services... While we would like to increase the number of projected TPCs, the SPC vouchers are linked to a longer program enrollment period due to the case management services provided after clients are housed. SPC vouchers are a valuable resource but result in less turnover of TPCs which reduces the number of clients that can be served each year. Obtaining social security benefits for clients has been a significant challenge.... extensive appeals process which most often results in denial... social security offices have been closed since March 2020... as a result, we cannot meet face-to-face with social security office staff. COVID-19 continues to impact the nature of contacts by reducing our ability to meet face-to-face with clients.

PY2023 Annual Targets (per Utilization Form)

	TPC	NTPC	SC	CSE
<i>Annual Target</i>	20	15	510	25

PY2022 First two quarters (per submitted Service Activity Reports)

First Quarter PY22	17	2	220	9
Second Quarter PY22	0	1	217	10
<i>Annual Target</i>	8	0	0	0

PY2021 all four quarters (per submitted Service Activity Reports)

First Quarter FY21	17	1	261	12
Second Quarter FY21	2	1	248	12
Third Quarter FY21	2	2	183	9
Fourth Quarter FY21	1	0	232	1
<i>Annual Target</i>	20	24	568	25

Financial Analysis

PY2023 CCMHB Funding Request: \$127,249

PY2023 Total Program Budget: \$127,249

Proposed Change in Funding - PY2022 to PY2023 = 25.9%

Current Year Funding (PY2022): \$101,104

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CCMHB request is for 100% of total program revenue.

Personnel related costs of \$111,892 are the primary expense charged to CCMHB, at 88% of request.

Other expenses are: Consumables \$450; General Operating \$1,080 (1%); Occupancy \$1,900 (1%); Conferences/Staff Development \$200; Local Transportation \$1,500 (1%); Specific Assistance \$5,000 (4%); Lease/Rental \$227; and Miscellaneous \$5,000 (4%).

Total Agency Budget shows a deficit of \$3,378,922; Total Program and CCMBH Budgets BALANCED.

Program Staff to be funded by CCMHB: 0 Indirect and 1.64 Direct = 1.64 FTEs

Total Program Staff: 0 Indirect and 1.64 Direct = 1.64 FTEs

Staff Comments: the requested increase is associated with increased costs; budget narrative provides thorough details on each expense and the roles of all associated personnel, also includes a note on the plan for managing the large projected total agency deficit (borrow on line of credit or distribution from investment accounts).

Audit Findings: *The agency's PY21 audit was submitted December 30, 2021; no negative findings; excess revenue of \$1,446 for PY21 was identified and returned to the CCMHB.*

Priorities and Decision Support Criteria

Does the plan align with one or more of the CCMHB Priorities? *Yes.*

Expectations for Minimal Responsiveness: *Agency completed a new Registration/Eligibility Questionnaire; no concerns are noted. All required forms were submitted prior to the deadline. Proposed services/supports relate to mental health and how they will improve the quality of life for persons served. Evidence is included that other sources of funding are not available or have been maximized. Virtual option for therapy services.*

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? *Yes.*

Highlights from the submitted CLC Plan: *implemented overall training that will support the strengths of Cultural Diversity... and will maintain policies that prohibit discriminatory practices and provide guidance on ethical practices while on the job. Staff will receive training on CLAS practices within the first 2 weeks of hire.*

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY22? *Yes.*

Highlights from the submitted CLC Progress Report: *"The Caminos Program began serving youth in spring, 2021. It provides a unique opportunity to work with unaccompanied minors (largely Spanish speaking) with a goal of reuniting them with parents, relatives and/or other identified sponsors. The Families Stronger Together Program focuses on work with youth (and their families) who are at risk of involvement with the juvenile justice system. Approximately 30 youth and families have received services so far in FY22. We have recently been collaborating with Lift and other community-based programs. As an update to last year's report, we received an Emergency Solutions Grant in FY21 to address COVID-19 related homelessness. While this grant closed out in August 2021 (all allotted housing vouchers had been used by community providers), we worked with 17 individuals over a 9-month period. The Runaway Homeless Youth and ECHO grants continue to serve individuals who are homeless or at risk of homelessness. We served a total of 62 teens and adults between these two programs. Most clients served (76%) are people of color."*

Overarching Decision Support Criteria

Underinvested Populations and Countywide Access: *Yes (see "Access" sections above.)*

Inclusion and Anti-Stigma: promoting inclusion, reducing stigma/discrimination, and improving access. *[CLC Plan] includes several actions geared toward this goal... cultural competency training is part of new employee orientation; ongoing staff training opportunities promote cultural awareness; culturally and linguistically appropriate services and supports in the community are accessed for and recommended to our clients; and anonymous surveys are used to obtain staff and client perceptions of cultural sensitivity. In working collaboratively with other agencies and providers, we help support a community system of care in which*

services are both interconnected and comprehensive. Our goal is for homeless individuals and families in our county to receive the support they need to seamlessly access the full range of services needed.

Outcomes: *includes relevant and measurable outcomes related to the client's experience; assessment tools for each outcome, including service documentation, a standardized test, and client surveys.*

Virtual Service Option(s): *for therapy.*

Coordinated System: *related services through Austin's Place, Courage Connection, Champaign Township, CU @ Home, Phoenix Center, Cunningham Township, Daily Bread, Housing Authority of Champaign County, Local Food Pantries, CCRPC Centralized Intake, CCRPC No Limits Program, Restoration Urban Ministries, Rosecrance, and The Salvation Army. [Coordinate through] CSPH and Human Service Council as well as developing referral relationships with other provider agencies... partner with related providers to ensure a well-coordinated system of care where individuals encounter no wrong door and experience a system that can meet their needs comprehensively. We also support broader efforts to address issues within the homeless population through active engagement in homeless awareness events (e.g., Point-in-Time, One Winter's Night)...*

Budget and Program Connectedness: *budget narrative provides very good detail on anticipated revenues for total program and on the personnel to be (partially) funded by this grant.*

Evidence-based, Evidence-informed, Recommended, or Promising Practice: *describes Customized Employment and links to two Technical Assistance Center websites promoting the approach; links to information on Housing First, Employment First, the SOAR process, SAMHSA's Stepping Stones to Recovery (also regarding SSA benefit application, and Financial Literacy assessment/training.*

Evidence of Collaboration: *written working agreements with Alliance for Inclusion and Respect, Center for Youth and Family Solutions, Continuum of Care, Head Start, CUPHD, CSCNCC, Courage Connection, HACC, Rantoul City Schools, RACES, The UP Center, United Way of CC, University of Illinois Lesbian, Gay, Bisexual, Transgender (LGBT) Resource Center, UIUC Schools of Social Work, Education and Psychology, Urbana Adult Education, Urbana School District, Youth Assessment Center, Youth and Family Peer Support Alliance, Econo Lodge, and Eastland Suites. An MOU with WoodSpring Suites is currently pending.*

Staff Credentials: *case manager and supervisor - at least a Bachelor's in a human service field. The Associate Director over ECHO - a master's in a human service field. All Cunningham employees are subject to a DCFS background check. ECHO staff receive training on Trauma-Informed Care, Cultural Competency, Lifespan Development, Substance Use, Mental Health, Family/Social Support, Life Skills, Nurturing Independence, Community Resources, CPR, First Aid, De-escalation Techniques, Boundaries, Ethics, LGBTQ, Risk Management and Safety Planning. While most training is offered as part of agency orientation, additional program-specific training... may be completed on-the-job. The ECHO Coordinator has completed SOAR training. ECHO CMs encouraged to attend training on Motivational Interviewing.*

Resource Leveraging: *not used as match for another grant. Other Pay Sources:* in-kind donations of clothing, toiletries, etc. that are used to supplement client needs. In addition, participants eligible for WIOA or DORS services will access additional support through community-based organizations. Cunningham receives DHS funding for the Runaway Homeless Youth (RHY) grant... to provide more intensive housing supports (emergency shelter and transitional living) for homeless youth age 16-24. **Client Fees:** No **Sliding Scale:** No.

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY23 contract:

- *This and another application list use of the SOAR model but do not appear to collaborate on this.*
- *Retain PY21-22 Special Provisions: in Quarterly reports comments, indicate # of clients previously served through DCFS funded agency program and now re-engage through this contract; if a two-year term, any excess revenue from the first year cannot be spent in the second year.*

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCMHB staff in writing of any factual errors made by CCMHB staff which should be corrected prior to completion of the award process.

Recommendation: Pending

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Agency Name: Cunningham Children's Home

Program Name: Families Stronger Together

Requested Funding Amount: \$398,092

The original application forms contain more information. Attached is an analysis of specific sections of the application and prior reports on the program (if incumbent).

Why it Matters: This program serves youth, age 10 through age 17, who live in Champaign County and who have either become involved, or are at risk of becoming involved, in the juvenile justice system. While program eligibility is based on the youth as the primary client, services are also provided to the youth's family with a goal of promoting resiliency within the family system. Eligible youth will include both adjudicated and non-adjudicated minors. Many may have experienced behavioral and/or emotional challenges as well as multiple system involvement (e.g., legal, special education, child welfare, etc.). Youth potentially ineligible are those who have been identified as sex offenders, who have an IQ below 65, who have gang involvement, who have a murder conviction, and who experience active psychosis. However, each's youth's current level of risk, functioning, and engagement in other services intended to address these concerns will be carefully considered.

Evidence Based, Promising, or Innovative Approach: In November 2019, the CCMHB approved Cunningham's proposal to adopt ARC (<https://arcframework.org/>) as the primary treatment framework for implementation of this trauma-informed, family engagement, therapeutic program for youth who have become involved in the juvenile justice system. The ARC treatment framework continues to provide a skills-based treatment approach for addressing trauma symptoms in youth; it also provides a skills-based curriculum for caregivers so that their trauma-informed caregiving capacity can be strengthened. In May, 2021, the ARC developer, Dr. Margaret Blaustein offered two half days of training to approximately 45 community members and her team continues to provide quarterly clinical case consultation to our program staff. Two Cunningham staff started the ARC train-the-trainer process with Dr. Blaustein. Cunningham continues to evaluate utilization of other evidence-based practices such as Trauma Focused – Cognitive Behavioral Therapy (TF-CBT, <https://tfcbt.org>).

Outcomes:

1. Presenting problems of the youth decrease over time
2. Trauma-informed caregiving skills strengthened
3. Improve family's protective factors (social supports, concrete supports, family functioning, nurturing and attachment)

To be Served/Completed:

TPC: 50 clients and families who enroll in program services (i.e., complete the referral process) and engage in program services through completion of an assessment and treatment/support plan to guide program services.

NTPC: 25 clients and families who enroll in program services (i.e., complete the referral process) but do not engage in services at a level that an assessment and support/treatment plan can be developed. May also include clients that receive services (e.g., activity-based group) from FST staff members through collaboration with other community-based programs such as LIFT. Note: This latter group of clients is not enrolled in FST.

SC: 1,050 - 75 youth and families (50 TPC and 25 NTPC) per year. Each TPC is projected to receive a minimum of three service contacts per month. NTPC youth/families are anticipated to have fewer contacts. Based on these projections, a minimum of 1050* service contacts with caregivers or youth will be completed: $50 \text{ TPC} \times 3 \text{ contacts per month} \times 6 \text{ months} = 900 + 25 \text{ NTPC} \times 3 \text{ contacts per month} \times 2 \text{ month} = 150$. Additional contacts with community partners will also be completed. These contacts are not included in the service contacts above.

CSE: 10 - will promote by visiting with community partners to explain the program, invite referrals, and strengthen trauma-informed practices county wide. Community partners include, but are not limited to, the Youth Assessment Center, the State's Attorney, and Probation and Court Services.

Type and Intensity of Service:

Upon referral, the needs of each youth and family will be evaluated to identify immediate/acute needs as well as those that may be addressed with less immediacy during program enrollment.

For TPCs, an array of therapeutic services will be provided in alignment with the Attachment, Regulation, and Competency (ARC) treatment framework and include: Intensive family engagement services; Individual therapy services for the youth; Family therapy services for the youth and their family; Psychoeducation services for the youth; Psychoeducation services for the caregivers; Community support services; Referral and linkage services for the youth and caregivers; and Hard goods and services.

For NTPCs, services will focus on engagement as well as referral and linkage services to address the youth and/or family's immediate needs. Some youth may also be enrolled in other community-based programs (e.g., Lift) where Families Stronger Together staff may participate in child and family teams and provide groups and/or activity-based services, but do not engage in assessment and treatment plan development.

Length of Engagement: 6 months.

Leveraging Other Resources: CCMHB request is for 100% of total program revenue.

DRAFT PY2023 CCMHB Program Analysis

Agency: Cunningham Children's Home

Program: Families Stronger Together

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2023 CCMHB Funding Request: \$398,092

Focus of Application: Mental Health

Type of Contract: Grant

Priority: System of Care for Children, Youth, and Families (*not a PY23 priority*)

Services and People Served

Target Population: youth 10 - 17 who live in Champaign County and have either become involved, or are at risk of becoming involved, in the juvenile justice system. While program eligibility is based on the youth as the primary client, services are also provided to the youth's family with a goal of promoting resiliency within the family system. Eligible youth will include both adjudicated and non-adjudicated minors. Many youth may have experienced behavioral and/or emotional challenges as well as multiple system involvement... Youth who potentially may be considered ineligible for this program are those who have been identified as sex offenders, who have an IQ below 65, who have gang involvement, who have a murder conviction and who experience active psychosis... level of risk, functioning, and engagement in other services intended to address these concerns will be carefully considered. All referrals will be evaluated individually and the admission decision will be made based on the unique needs of that family. Some families may be referred to other services as well.

Scope, Location, and Frequency of Services:

Scope:

- For TPCs... in alignment with the Attachment, Regulation, and Competency (ARC) treatment framework: intensive family engagement services; individual therapy services for the youth; family therapy services for the youth and their family; psychoeducation services for the youth; psychoeducation services for the caregivers; community support services; referral and linkage services for the youth and caregivers; hard goods and services.
- For NTPCs... engagement, referral and linkage... to address the youth and/or family's immediate needs.
- Some youth may also be enrolled in other community-based programs (e.g., Lift) where FST staff may participate in child and family teams and provide groups and/or activity based services, but do not engage in assessment and treatment plan development. After exhausting community resources, flexible funds will be available to cover expenses related to therapeutic supplies for families that support regulation skills... to help youth and family members access community activities and/or resources that potentially serve as protective factors (e.g., helping youth build healthy interpersonal connections).

Location/Frequency: case by case, in accordance with COVID-19 protocols. When in-home services are not appropriate, Rantoul Community Service Center, Youth Assessment Center, HopeSprings, LIFT, DREAM and schools are options although availability of some locations has been limited during COVID-19. Each family is expected to participate in a minimum of 3 sessions per month. Service intensity may be increased depending on youth/family needs... staff connect with community agencies to provide advocacy and basic needs support.

Access to Services for Rural Residents: Eligible youth and their families, throughout Champaign County, are able to participate in the program through a mix of home-based and site-based services. As appropriate, some services may also be offered through Zoom or other video-based options. Barriers to accessing and engaging in services will be evaluated and addressed on a case by case basis. For example, transportation barriers may be addressed through gas cards and transportation services. Staff can also travel to rural areas to provide home-

based and community-based services that promote family engagement. While increasing clients in rural areas has been challenging during COVID-19, we have recently received referrals on some clients in more rural communities and intend to continue expanding our services to rural clients. The safety of each client and their family as well as program staff plays a significant role in determining where services will be provided. When appropriate, services may be provided in the client's home. If home-based services are contraindicated due to safety reasons or other factors, the community-based sites noted above may be utilized. In addition, other safe and private spaces within the client's community, such as public libraries and churches, will be explored if home-based services are not feasible.

Access to Services for Members of Historically Underinvested Populations: Cunningham promotes culturally responsive services through training, supervision and other initiatives. We collaborate with a wide range of community partners who serve racial and/or ethnic minorities and other underinvested populations. Cunningham has relationships with the UpCenter and the University of Illinois LGBTQ Resource Center to identify and provide LGBTQ services and supports, when appropriate. In addition, program staff may collaborate with the Youth & Family Peer Support Alliance to ensure family concerns/needs are appropriately identified and addressed. Our ability to provide services to youth and families with bilingual and translation service needs will be evaluated on a case by case basis. When possible, these needs will be met through subcontracts or available community resources. Cunningham has a comprehensive plan for Cultural and Linguistic Competence (CLC) that defines CLC and how it is supported through various policies, procedures and practices. Two primary goals of our CLC plan are to ensure that 1) our services are culturally responsive and relevant and 2) we implement strategies that address and reduce disparities in the quality of care received by our clients. The ability to effectively engage and serve underrepresented and underserved populations is key to reducing such disparities. Service location needs will be evaluated and planned for on an individualized basis. The safety of each client and family as well as program staff plays a significant role in determining where services will be provided. In addition, the youth and family must also be comfortable with the designated service location. Safe and private community spaces in the neighborhoods of the families, such as public libraries and churches, will be explored if home-based services are not feasible.

Residency of 25 People Served in PY21 and 19 in the first half of PY22:

Champaign	16 (64.0%) for PY21	12 (63.2%) for PY22
Urbana	6 (24.0%) for PY21	5 (26.3%) for PY22
Other	3 (12.0%) for PY21	2 (10.5%) for PY22

Demographics of 25 People Served in PY21:

Age	
Ages 7-12 -----	6 (24.0%)
Ages 13-18 -----	19 (76.0%)
Race	
White -----	3 (12.0%)
Black / AA -----	16 (64.0%)
Other (incl. Native American and Bi-racial) -	6 (24.0%)
Gender	
Male -----	18 (72.0%)
Female -----	7 (28.0%)
Ethnicity	
Of Hispanic or Latino/a origin -----	2 (8.0%)
Not of Hispanic or Latino/a Origin -----	21 (84.0%)
Not Available Qty -----	2 (8.0%)

Program Performance Measures

CONSUMER ACCESS: Champaign County residents aged 10 through 17 at the time of enrollment, who will have become involved, or are at risk of becoming involved, in the juvenile justice system, and who may be

experiencing Emotional/Behavioral concerns, Truancy, Domestic Violence, Residential instability, Probation, Pattern of chronic offenses, or Felony charge. Potential exclusionary criteria will be assessed based on current level of risk, functioning, and engagement in other services intended to address these concerns: substance use, IQ below 65, juvenile sex offenses, murder conviction, gang involvement, and active psychosis. The Intake & Admissions Specialist in consultation with FST supervisors will determine if referred youth meet established eligibility criteria. Potential exclusionary criteria will be considered carefully based on the training, education and experience of program staff as well as other services the family may be receiving to address these concerns. The needs of each youth and family referred to this program will also be evaluated on a case by case basis to determine if the FST program can effectively address their needs. [People] learn about the program through: community partners and referral agents; staff engagement and outreach efforts within the community and schools; program brochures distributed in public spaces throughout Champaign County; Cunningham's website. **Within 15 days from referral, 80% of those referred will be assessed.**

Within 30 days of assessment, 70% of those assessed will engage in services.

People will engage in services, on average, for: 6 months

Additional Demographic Data: other system involvement (e.g., DCFS, DJJ, Medicaid, Social Security), grade level completed, language, and religion.

CONSUMER OUTCOMES: *section includes rationale for services and outcomes, links to tools.*

1. Presenting problems of the youth decrease over time.
2. Trauma-informed caregiving skills strengthened.
3. Improve family's protective factors (social supports, concrete supports, family functioning, nurturing and attachment)

Measurement of Outcome 1:

Strengths and Difficulties Questionnaire (SDQ) for 10 year olds.

SDQ(P)4-10 – Parent Report Measure (ages 4-10) Baseline version; SDQ(P)4-10 FU – Parent Report Measure (ages 4-10) Follow up version.

SDQ for ages 11 through 17: SDQ(P)11-17 – Parent Report Measure; Baseline version; SDQ(P)11-17 FU - Parent Report Measure; Follow up version; SDQ(S)11-17 – Youth self-report measure; Baseline version; SDQ(S)11-17 FU – Youth self-report measure; Follow-up version.

Measurement of Outcome 2: Trauma-informed caregiver skills being strengthened will be measured through caregiver self-report and staff observation as well as an ARC assessment developed by FST staff. We are working to modify the existing ARC assessment to be more user-friendly and intuitive for staff members.

Measurements of Outcome 3: Protective Factors Survey, 2nd Edition (PFS-2). Program staff will help the caregiver complete the PFS-2.

Outcome gathered from all participants? No. Outcome information will be gathered only for each youth (and caregiver) who becomes a Treatment Plan Client (TPC).

Anticipate 75 total participants for the year.

Will collect outcome information: Intake and discharge. Outcome 2 information: quarterly & upon discharge.

Is there a target or benchmark level for program services? Yes

1. The Strengths and Difficulties Questionnaire (SDQ) has established norms against which client scores can be compared. Decreases in the SDQ are associated with a positive change in the youth's behaviors.
2. Strengthening of trauma-informed caregiver skills will be measured through caregiver self-report and staff observation. No normative data is available for the ARC tool which has been developed by the FST staff consultation with Dr. Blaustein and her team. Based on the tool's scoring, increased caregiver capacity within the ARC framework is associated with higher scores, but we are continuing to work on tool refinement.
3. Increased protective factors will be measured using the Protective Factors Survey, 2nd Edition (PFS-2). While the PFS-2 provides reliability and validity data, no normative data is available. Improvement will be evaluated based on increased scores on the protective factors subscales which include: Family Functioning/Resiliency; Social Support; Concrete Support; and Nurturing and Attachment.

Estimated levels of change:

1. 75% of full-service cases will demonstrate the following: SDQ; Total Difficulties Score decreased by 2 (youth rating); and Prosocial Score increased by 1 (youth rating).
2. 75% of caregivers will report and/or demonstrate improved caregiving skills.
3. 75% of TPCs will demonstrate a 10% or more increase (improvement) in at least 2 subscales of the PFS-2.

UTILIZATION:

Treatment Plan Clients (TPCs): 50 clients and families who enroll in program services (i.e., complete the referral process) and through completion of assessment and treatment/support plan to guide program services.

Non-Treatment Plan Clients (NTPCs): 25 clients and families who enroll in program services... but do not engage in services at a level that an assessment and support/treatment plan can be developed. NTPC may also include clients that receive services (e.g., activity-based group) from FST staff members through our collaboration with... programs such as LIFT. Note: This latter group of clients is not enrolled in FST.

Service Contacts (SCs): 1,050 - 75 youth and families (50 TPC and 25 NTPC) per year. Each TPC is projected to receive a minimum of 3 SCs per month. NTPC youth/families are anticipated to have fewer. Based on these projections, a minimum of 1050* service contacts with caregivers or youth will be completed: 50 TPC x 3 contacts per month x 6 months = 900 + 25 NTPC x 3 contacts per month x 2 month = 150...

Community Service Events (CSEs): 10 - with community partners to explain the program, invite referrals, and strengthen trauma-informed practices county wide - YAC, State's Attorney, Probation and Court Services.

Staff Comments: section includes information about changes in assessment tools and training offered to other providers; proposal refers to 'new' program, although this is no longer the case.

PY2023 Annual Targets (per Utilization Form)

	TPC	NTPC	SC	CSE
<i>Annual Target</i>	50	25	1050	10

PY2022 First two quarters (per submitted Service Activity Reports)

First Quarter PY22	18	3	222	2
Second Quarter PY22	1	4	170	2
<i>Annual Target</i>	50	27	1125	10

PY2021 all four quarters (per submitted Service Activity Reports)

First Quarter FY21	8	7	162	14
Second Quarter FY21	11	4	302	5
Third Quarter FY21	3	1	284	0
Fourth Quarter FY21	3	8	183	1
<i>Annual Target</i>	50	25	1125	10

Financial Analysis

PY2023 CCMHB Funding Request: \$398,092

PY2023 Total Program Budget: \$398,092

Proposed Change in Funding - PY2022 to PY2023 = -1.2%

Current Year Funding (PY2022): \$403,107

CCMHB request is for 100% of total program revenue.

Personnel related costs of \$349,980 are the primary expense charged to CCMHB, at 88% of request.

Other expenses are: Consumables \$500; General Operating \$2,000 (1%); Occupancy \$7,486 (2%); Conferences/Staff Development \$5,000 (1%); Local Transportation \$2,000 (1%); Specific Assistance \$12,000 (3%); Equipment Purchases \$250; Lease/Rental \$876; and Miscellaneous \$18,000 (5%).

Total Agency Budget shows a deficit of \$3,378,922; Total Program and CCMHB Budgets BALANCED.

Program Staff to be funded by CCMHB: 0.04 Indirect and 5.14 Direct = 5.18 FTEs

Total Program Staff: 0.04 Indirect and 5.14 Direct = 5.18 FTEs



Staff Comments: slight decrease in request; budget narrative includes a remark on the impact of COVID-19 since inception of this program, provides thorough details on each expense and the role of associated personnel, notes the plan for managing the large projected total agency deficit (borrow on line of credit or distribution from investment accounts), and does include error (appear to be last year's amounts).

Audit Findings: *The agency PY21 audit was submitted December 30, 2021; no negative findings; excess revenue of \$4,416 for PY21 was identified and returned to the CCMHB.*

Priorities and Decision Support Criteria

Does the plan align with one or more of the CCMHB Priorities? *Yes, but a PY23 priority is not selected.*

Expectations for Minimal Responsiveness: *Agency completed a new Registration/Eligibility Questionnaire – no concerns indicated. All required forms were submitted prior to the deadline. Proposed services/supports relate to mental health and how they will improve the quality of life for persons served. Evidence is included that other funding is not available or has been maximized. Virtual options available when appropriate.*

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? *Yes.*

Highlights from the submitted CLC Plan: *implemented overall training that will support the strengths of Cultural Diversity... and will maintain policies that prohibit discriminatory practices and provide guidance on ethical practices while on the job. Staff will receive training on CLAS practices within the first 2 weeks of hire.*

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY22? *Yes.*

Highlights from the submitted CLC Progress Report: *“The Caminos Program began serving youth in spring, 2021. It provides a unique opportunity to work with unaccompanied minors (largely Spanish speaking) with a goal of reuniting them with parents, relatives and/or other identified sponsors. The Families Stronger Together Program focuses on work with youth (and their families) who are at risk of involvement with the juvenile justice system. Approximately 30 youth and families have received services so far in FY22. We have recently been collaborating with Lift and other community-based programs. As an update to last year's report, we received an Emergency Solutions Grant in FY21 to address COVID-19 related homelessness. While this grant closed out in August 2021 (all allotted housing vouchers had been used by community providers), we worked with 17 individuals over a 9-month period. The Runaway Homeless Youth and ECHO grants continue to serve individuals who are homeless or at risk of homelessness. We served a total of 62 teens and adults between these two programs. Most clients served (76%) are people of color.”*

Overarching Decision Support Criteria

Underinvested Populations and Countywide Access: *Yes (see “Access” sections above.)*

Inclusion and Anti-Stigma:... promoting inclusion, reducing stigma/discrimination, and improving access... cultural competency training is part of new employee orientation; ongoing staff training opportunities promote cultural awareness; culturally and linguistically appropriate services and supports in the community are accessed for and recommended to our clients; and anonymous surveys are used to obtain staff and client perceptions of cultural sensitivity. In working collaboratively with other agencies and providers, our goal is to help expand and support a community system of care in which a full range of services is comprehensive, culturally responsive and easily accessible to all individuals.

Outcomes: *includes measurable outcomes related to youth and families, appropriate assessment tools for each, and specific targets. The proposal explains a change in tools, replacing a less reliable one.*

Virtual Service Option(s): *some services continue to be offered virtually*

Coordinated System: *related services through: Cognition Works - parenting skills classes; Center for Youth and Family Solutions - runaway and delinquency intervention services, family therapy; Cunningham Children's Home HopeSprings Counseling Services - individual and family therapy services; Cunningham Children's Home Intensive Placement Stabilization Program - placement stability therapeutic support for families involved in the child welfare system; Family Advocacy Center of Champaign County - parenting skills training and*

advocacy primarily for parents at risk or involved in the child welfare system; Leading Individuals and Families to Transformation (LIFT), Champaign Unit District 4 - offers a hotline, wraparound supports, extended-day programs and other services to students and their families; Prevention and Treatment Services (PATS) - parenting classes and after-school resources for children; Rosecrance – MH/SUD recovery services; CCRPC YAC - diversion services to youth and their parents; Youth & Family Peer Support Alliance - peer support to families raising children or youth with MH challenges. FST staff partner with referral sources and other community providers... to discuss service needs and deliver coordinated services to our shared target population... to identify and engage more families while also meeting a wider range of needs. In addition, we consult with organizations, groups and individuals who have expertise on variety of community issues (e.g., gun violence) that impact our target population. We are currently pursuing an MOU with LIFT and are in dialogue with the DREAM program, to embed our staff into those programs. We are also discussing strategies with Champaign Unit #4 school administration to serve two elementary school students and families, and plan to reach out to other key entities... Through collaborative partnerships we seek to strengthen our community's system of care and are beginning to work with other community leaders to explore ways we can impact the juvenile justice system through a DHS Redeploy planning grant received by Champaign County.

Budget and Program Connectedness: *budget narrative offers good detail and supports the program plan, does appear to include information different from revenue and expense forms.*

Evidence-based, Evidence-informed, Recommended, or Promising Practice: *section describes and links to the ARC framework and information on Trauma Focused – Cognitive Behavioral Therapy.*

Evidence of Collaboration: *written agreements with AIR, Center for Youth and Family Solutions, Continuum of Care, Head Start, CUPHD, CSCNCC, Courage Connection, Rantoul City Public Schools, RACES, UP Center, United Way, UIUC LGBT Resource Center, UIUC Schools of Social Work, Education and Psychology, Urbana Adult Ed, Urbana School District, YAC, Youth and Family Peer Support Alliance.*

Staff Credentials: Associate Director of Family Services (.5) is a master's level clinician who provides oversight to the program and supervises the Family Therapists; bachelor's level Family Services Coordinator (.5) provides direct services and supervises the Family Support Specialists; 2 master's level Family Therapists; and 2 bachelor's level Family Support Specialists. All... extensive background checks... training on Boundaries, Therapeutic Crisis Intervention (TCI), Basic Safety, Cultural Competency, Child Development, CPR, First Aid, Mandated Reporter, and Behavioral Management and Licensing Standards. TCI curriculum has been updated to include significantly more content around trauma and how to implement trauma-informed care principles when intervening with individuals in crisis. We have recently revised our Community Services Safety Manual to provide updated safety guidelines... provided to all FST staff members, and safety issues and concerns are routinely discussed during case supervision. All... trained to conduct a safety assessment as part of their first contact(s) with the client and family to determine where services will be provided initially.

Resource Leveraging: *not used as match for another grant; agency will explore other funding during this program year.* **Other Pay Sources:** None. **Client Fees:** No **Sliding Scale:** No.

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY23 contract:

- *Correct errors in the budget narrative to match other financial forms.*
- *Select a PY23 priority (SOC for Youth and Families).*
- *Retain PY21-22 Special Provisions: in Quarterly report comments, indicate # clients previously served through DCFS funded agency program and now re-engaged through this contract; if a two-year term, any excess revenue from the first year cannot be spent during the second year.*

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCMHB staff in writing of any factual errors made by CCMHB staff which should be corrected prior to completion of the award process.

Recommendation: Pending

Agency Name: DREAAM

Program Name: Dream Big!

Requested Funding Amount: \$100,000

The original application forms contain more information. Attached is an analysis of specific sections of the application and prior reports on the program (if incumbent).

Why it Matters: This program will serve boys between the ages of 7-17, girls ages 7-17 (secondary population), parents and caregivers. This target population was selected based on local needs assessment data collected over the past 6 years. Findings continue to expose problems of high rates of school suspension, violence, chronic stress, lack of coordinated services among this target population of children and parents. Dream Big! aligns with the sustainability goals of the system of care for children, youth, and families.

Evidence Based, Promising, or Innovative Approach:

1. The article, "Mentoring for Black Male Youth: A Systematic Review of the Research" states that "a cross-sectional study of African American male adolescents revealed that, controlling for age, the presence of natural mentors predicted a lower likelihood of ever using alcohol and protected participants from violence involvement and witnessing violence" (Sánchez , 2018).
2. DREAAM is partnering with University of Illinois to pilot the National CARES Mentoring Program in Champaign. CARES is a national model dedicated to alleviating intergenerational poverty and trauma among African Americans. <https://caresmentoring.org/>
3. Developmentally Appropriate Curriculum and Instruction—Dream Big! uses a variety of best practices, such as art-based education, hands-on learning, trauma-informed strategies, and draws from the national, evidence-informed Freedom School model. <https://www.childrensdefense.org/programs/cdf-freedom-schools/>
4. Wraparound Training and Certification: National Center for Innovation & Excellence <https://ncfie.org/our-expertise/wraparound/>

Outcomes:

1. Increase in mental health coping skills
2. Increase in ability to identify and apply anti-violence strategies in school and in the community
3. Increase in emotional literacy
4. Increase in self-regulation
5. Decrease in stress levels among parents
6. Increase natural, emotional and social supports among parents
7. Data collected pre, mid and post during enrollment and at the end of the program year.

To be Served/Completed:

TPC: 175 program participants who are enrolled in at least one service during the program year. Parents are included in this category and will receive services along with youth TPC.

NTPC: 150 parents, caregivers, mentors, natural supports on wraparound teams, and other youth served.

SC: 450 service activities (violence prevention, social emotional learning, mentoring, intervention sessions) screenings, school advocacy, parent workshops, support groups, parent coaching sessions, and family engagement events.

CSE: 25 outreach events, community presentations, and volunteer recruitment opportunities.

Type and Intensity of Service: These proposed services were funded in FY22 to expand the reach and impact of Dream Big!. In FY23, the goal is to continue developing and implementing proactive violence prevention services under the program model called Hope for the Future. This program model was presented to CCMHB on January 19, 2022. As part of the model, the Dream Big! program will provide a tiered, evidence-based system of services that are accessible and person-centered. By supporting participants, Dream Big! will expand and focus on wellness, mentoring, and wraparound services.

Tier 1 – Wellness for ALL: All program participants will receive two or more wellness services. These services will include conflict resolution activities, targeted social emotional interventions, physical health, self-care for parents, group-based psychotherapy (chronic stress). These services will be offered during youth and family programming. Dream Big! will develop partnerships with organizations and service providers to implement these ongoing universal supports.

Tier 2 – Group-based Mentoring: This tier is designed to engage young boys and girls with social and emotional difficulties in group-based, gender-specific mentoring services to build social emotional health. Mentoring services will involve equipping mentors to effectively mentor young children and develop pathways to trauma healing, resilience, and self-regulation.

Tier 3 – Wraparound Services: Tier three is dedicated to serving 5 families with high fidelity, wraparound services to address mental health needs. Dream Big! will work with families to create a goal-focused wraparound team and provide outcome-driven support to increase family resiliency. Tier services will include culturally relevant interventions, effective parenting, school advocacy, case management, and trauma-informed care... wraparound facilitators contracted to strengthen outcomes and increase capacity.

Length of Engagement: One year in service. Outcomes indicate participants have been engaged for 3 or more years.

Leveraging Other Resources: CCMHB request is for 38% of total program revenue. Other revenue is from Contributions - various \$2,500 (1%), IL State Board of Education Grant \$150,000 (58%), and Champaign Unit 4 \$7,500 (3%).

Agency: DREAAM

Program: Dream Big!

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2023 CCMHB Funding Request: \$100,000

Focus of Application: Mental Health

Type of Contract: Grant

Priority: System of Care for Children, Youth, and Families – *not a PY23 priority*

Services and People Served

Target Population: boys between the ages of 7-17, [secondary population of] girls ages 7-17, parents and caregivers meeting the following criteria:

1. Children who are experiencing and/or at risk of developing behavioral challenges with a moderate to high risk of system involvement.
2. Children with an incarcerated parent.
3. Parents/caregivers of children ages 7-17 experiencing and/or at-risk of developing challenging behavior and/or with a mental health disorder.
4. Parents/caregivers living with chronic stress and low emotional and social support.

This target population was selected based on local needs assessment data collected over the past 6 years. Findings continue to expose problems of high rates of school suspension, violence, chronic stress, lack of coordinated services among this target population of children and parents.

Scope, Location, and Frequency of Services:

Scope: ... to continue developing and implementing proactive violence prevention services under the program model called Hope for the Future... [includes] a tiered, evidence-based system of services that are accessible and person-centered... expand and focus on wellness, mentoring, and wraparound services.

Tier 1 – Wellness for ALL: two or more wellness services... conflict resolution activities, targeted social emotional interventions, physical health, self-care for parents, group-based psychotherapy (chronic stress)... offered during youth and family programming. Dream Big! will develop partnerships with organizations and service providers to implement these ongoing universal supports.

Tier 2 – Group-based Mentoring... to engage young boys and girls with social and emotional difficulties in group-based, gender-specific mentoring services to build social emotional health. Mentoring services will involve equipping mentors to effectively mentor young children and develop pathways to trauma healing, resilience, and self-regulation

Tier 3 – Wraparound Services... serving 5 families with high fidelity, wraparound services to address mental health needs... to create a goal-focused wraparound team and provide outcome-driven support to increase family resiliency... based on the National Center for Innovation & Excellence will be used... culturally relevant interventions, effective parenting, school advocacy, case management, and trauma-informed care.

Location/Frequency: University Place Church, 403 South Wright Street, Champaign, First Presbyterian Church, 302 West Church Street, Champaign, and Broadmeadow Elementary School, 500 Sunview Road, Rantoul... homes of families, schools, parks, libraries, community centers, and gyms. Services will occur on a regular basis at least daily during the after school program, during school hours, Saturdays, and evenings.

Access to Services for Rural Residents: DREAAM has expanded in a sustainable manner in Rantoul through the grant award of the 21st Century Learning Community Center. There continues to be an opportunity to serve residents in rural areas through visibility in Rantoul and surrounding rural areas. This program will examine strategies to engage and serve children and families living in rural areas outside of Champaign and Rantoul.



DREAAM and the Dream Big! Program values serving residents in their community and neighborhood. Rural residents could be served in their local schools, churches, and parks.

Access to Services for Members of Historically Underinvested Populations:... children and their families from underserved and underrepresented minority populations. The participant population is culturally and racially diverse with a vast majority identifying as African American. We will engage by using system of care principles to ensure services are family-driven and youth-centered... We will develop outreach materials and strategies to engage with target populations and to recruit mentors and volunteers using cultural and linguistic tools and training. The agency will continue to participate in a cultural and linguistic care to strengthen how its programs engage and serve members of our defined target population. Dream Big! participants will be served in a variety of community spaces, including schools and churches... to build the essential life skill of adaptability and to better understanding the resources that exist in their community.

Residency of 165 People Served in PY21 and 83 in the first half of PY22

Champaign	93 (56.4%) for PY21	28 (33.7%) for PY22
Urbana	47 (28.5%) for PY21	12 (14.5%) for PY22
Rantoul	21 (12.7%) for PY21	41 (49.4%) for PY22
Other	4 (2.4%) for PY21	2 (2.4%) for PY22

Demographics of 165 People Served in PY21

Age	
Ages 0-6 -----	11 (6.7%)
Ages 7-12 -----	117 (70.9%)
Ages 13-18 -----	37 (22.4%)
Race	
White -----	13 (7.9%)
Black / AA -----	117 (70.9%)
Other (incl. Native American and Bi-racial)	35 (21.2%)
Gender	
Male -----	116 (70.3%)
Female -----	49 (29.7%)
Ethnicity	
Of Hispanic or Latino/a origin -----	12 (7.3%)
Not of Hispanic or Latino/a Origin -----	153 (92.7%)

Program Performance Measures

CONSUMER ACCESS: 1) children ages 7-17 with challenging behavior, history of suspensions or discipline referrals, or suspected ADHD indicators; 2) youth ages 7-17 with an incarcerated parent or living in a single-family household; and 3) Parents of DREAAM participants living with chronic stress and low emotional and social support. Other eligibility factors include low literacy skills and lack of positive male role models. Eligibility is determined through several methods. To screen for challenging behavior, the Strength & Difficulties Questionnaire is completed by the parent and teacher... cut-off score of above 2 for behavioral difficulties and difficulties getting along with other children, above 5 for hyperactivity, and above 3 for emotional distress. Parental incarceration is self-reported. Parents participate in an interview to discuss family's needs and have voice in service planning. Parents receiving Tier 3 services will complete the Adverse Childhood Experiences questionnaire and the Duke Emotional and Social Function scale. A trauma screening for children and parents will be conducted. Dream Big! accepts most referrals during May and August of each year. [Referrals from] school personnel; media (newspaper articles, TV, social media, etc.); and community networks (parent referrals, word of mouth)... outreach events in Champaign, Urbana, and Rantoul and service



provider meetings to recruit and share information... Social media... to promote open enrollment and services. Parents will help reach a wider audience by advocating for the program and recruiting from their networks.

Within 5 days from referral, 85% of those referred will be assessed.

Within 5 days of assessment, 100% of those assessed will engage in services.

People will engage in services, on average, for: one year in service. Outcomes indicate participants have been engaged for 3 or more years.

Additional Demographic Data: During the referral/assistance-seeking phase: Income; System involvement (special education, mental health, foster care); Incarcerated parent status; and Family size.

CONSUMER OUTCOMES:

1. Increase in mental health coping skills
2. Increase in ability to identify and apply anti-violence strategies in school and in the community
3. Increase in emotional literacy
4. Increase in self-regulation
5. Decrease in stress levels among parents
6. Increase natural, emotional and social supports among parents

Assessment Plan:

1. Increase in mentoring services
 - a. # mentors recruited; b. # mentees; c. # training hours; and d. # mentoring sessions
1. Increase in conflict resolution skills and Developmental Assets
 - a. Strengths and Difficulties Questionnaire provided by teacher, staff, and parent plus a pre and post Developmental Asset scale
 - b. Observation data and case notes
2. Increase in ability to identify and apply anti-violence strategies in school and in the community -
 - a. Focus groups; b. Teacher survey; and c. Discipline data
3. Increase in emotional literacy - a. Survey; b. Observation data; and c. Case studies
4. Increase in self-regulation - Observation data
5. Decrease in stress levels among parents - Self-reports will be used and parent focus group.
6. Increase emotional and social supports among parents -
 - a. Duke Social and Emotional Support scale will be used and collected from parents.
 - b. # natural supports on wraparound teams.

Outcome gathered from all participants? Yes

Anticipate 325 total participants for the year.

Will collect outcome information: pre, mid and post during enrollment and at the end of the program year.

Is there a target or benchmark level for program services? No

Estimated level of change for this outcome: 85% of youth participants will increase in emotional literacy, social emotional skills, and Developmental Assets. For parent participants, estimated level of change is 2 point increase on the Duke Social and Emotional Support Scale with at least 85% of parents experiencing an increase.

UTILIZATION:

Treatment Plan Clients (TPCs): 175 program participants who are enrolled in at least one service during the program year. Parents are included in this category and will receive services along with youth TPC.

Non-Treatment Plan Clients (NTPCs): 150 parents, caregivers, mentors, natural supports on wraparound teams, and other youth served.

Service Contacts (SCs): 450 service activities (violence prevention, social emotional learning, mentoring, intervention sessions) screenings, school advocacy, parent workshops, support groups, parent coaching sessions, and family engagement events.

Community Service Events (CSEs): 25 outreach events, community presentations, and volunteer recruitment opportunities.

Staff Comment: all PY21 targets were exceeded, increased for PY22, for which they appear to be on track; TPC and NTPC targets are increased further in PY23. Caution that all TPCs should have a self/family directed written treatment plan, in order to be counted as a TPC; redefine TPC and NTPC use.

PY2023 Annual Targets (per Utilization Form)

	TPC	NTPC	SC	CSE
<i>Annual Target</i>	175	150	450	25

PY2022 First two quarters (per submitted Service Activity Reports)

First Quarter PY22	67	26	65	5
Second Quarter PY22	16	21	72	7
<i>Annual Target</i>	115	100	450	25

PY2021 all four quarters (per submitted Service Activity Reports)

First Quarter FY21	47	21	26	4
Second Quarter FY21	27	20	95	2
Third Quarter FY21	8	8	90	4
Fourth Quarter FY21	83	27	197	4
<i>Annual Target</i>	65	50	175	10

Financial Analysis

PY2023 CCMHB Funding Request: \$100,000

PY2023 Total Program Budget: \$260,000

Proposed Change in Funding - PY2022 to PY2023 = 0.0%

Current Year Funding (PY2022): \$100,000

CCMHB request is for 38% of total program revenue. Other revenue is from Contributions - various \$2,500 (1%), IL State Board of Education Grant \$150,000 (58%), and Champaign Unit #4 \$7,500 (3%).

Personnel related costs of \$94,620 are the primary expense charged to CCMHB, at 95% of requested amount. Other expenses are Consumables \$5,380 (5%).

Total Agency Budget has a surplus of \$149. Total Program and Total CCMHB Budgets are BALANCED.

Program Staff to be funded by CCMHB: 0 Indirect and 2.00 Direct = 2.00 FTEs

Total Program Staff: 0 Indirect and 3.50 Direct = 3.50 FTEs

Staff Comments: budget narrative is thorough, identifying all agency revenues and the specific expenses and personnel to be charged to this contract.

Audit Findings: At the time of this application review, the PY21 audit has not been submitted, and DREAAM's payments are suspended. Due to 3/23/22 Board decision, the contract will not be cancelled if the audit is submitted by May 31, 2022, and payments will be held.

Priorities and Decision Support Criteria

Does the plan align with one or more of the CCMHB Priorities? Yes. P23 priority is worded differently.

Expectations for Minimal Responsiveness: The agency completed a new Registration/Eligibility

Questionnaire; no problems were identified. All required forms were completed and submitted prior to the deadline. Proposed services/supports relate to mental health and how they will improve the quality of life for persons served. Evidence is provided that other sources of funding are not available or have been maximized. Virtual options are not a focus.

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? Yes



Highlights from the submitted CLC Plan: *DREAAM has updated their CLC Plan to include value of being Trauma-Informed. DREAAM will “assess the organization’s trauma-informed practices and systems, design a tiered system of quality care and services targeted at behavioral health, train and equip wraparound team, identify resources, adopt a model and build a coalition and stakeholder groups that will provide feedback and participation of families with lived experience.”*

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY22? Yes.

Highlights from the submitted CLC Progress Report: *DREAAM has “expanded communication systems by using pre-recorded phone messages, added Spanish-speaking staff to the Rantoul programs, and continued to use Zoom for parent meetings and family enrichment. DREAAM will continue to provide tech support to parents and DREAAMers to better participate in Google classroom. Communication procedures are often revised to strengthen communication and language assistance.”*

Overarching Decision Support Criteria

Underinvested Populations and Countywide Access: *addressed in “Access” sections above.*

Inclusion and Anti-Stigma: to increase hope and bring resources to the lives of marginalized youth and is working to reduce disparities they face in school and community settings. These efforts challenge and disrupt deficit beliefs and over time will increase inclusion and reduce discrimination across settings. As a community, stakeholders begin to see future possibilities of a non-violent community, which can reduce the stigma related to living in high-crime and high-poverty neighborhoods. Dream Big! services are aimed at cultivating mental health, academic excellence and positive citizenship. At the early intervention stage, youth can learn the importance of being a positive member of a community, importance of academic achievement, effective communication, behavioral health, and building shared goals. To this end, we are preparing Champaign County youth to function in society as non-violent, young leaders.

Outcomes: *includes four relevant measures of impact on children/youth and two on their parents, some measured with assessment tools and some through staff documentation, focus groups, surveys, and self-report; all are “increase” or “decrease” without more specific targets.*

Virtual Service Option(s): *not included.*

Coordinated System: Although other organizations provide youth development programming (DMBGC, UNCC) and wraparound services (Cunningham’s Families Stronger Together (FST)), the focus of providing and prioritizing direct violence prevention and evidence-based services to young children and high school students, primarily boys, with or at-risk of having behavioral challenges is not available through another organization. The long-term goal of Dream Big! is to build community capacity to expand and elevate proactive violence prevention and evidence-based services... will coordinate with related providers to share training, universal services, and to refer children and families... continue to refer families to other organizations and partner in other ways to meet the needs of participants and families... partnering with FST to support shared clients and will continue to partner to coordinate mental health services and supports for youth and families.

Budget and Program Connectedness: *budget narrative offers thorough detail and supports the program plan.*

Evidence-based, Evidence-informed, Recommended, or Promising Practice: *cites research supporting the mentoring model, links to a pilot partnership with UI to use CARES (national model), lists best practices in use by the agency with links to information on Freedom School and Wraparound Training/Certification.*

Evidence of Collaboration: *written agreements with Champaign Unit 4 School District, Rantoul City Schools #137, Rantoul Township High School District 193, and UIUC School of Social Work.*

Staff Credentials: CEO has training and extensive experience in system of care delivery, trauma-informed care, and cultural competency, over 20 years of experience in community-based programming, across educational settings, social service organizations, and grant management (local, state, federal). He will lead the development and implementation of program services. LA Tondra Creighton has over 20 years of experience in youth development and program management, providing youth services while understanding the importance of high quality services and program outcomes. Carolyn Johnson, LCSW, is the proposed part-time social worker – vast knowledge of culturally relevant interventions and practices in the fields of behavioral interventions, mental health, and wraparound services. All staff involved in this program have received professional

development in positive youth development, trauma, CLC, understanding and addressing challenging behavior, and effective youth engagement strategies.

Resource Leveraging: *not used as match for another grant; CCMHB would be the primary source of funding.*

Other Pay Sources: N/A. **Client Fees:** No **Sliding Scale:** No.

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY23 contract:

- *Revise the Program Plan Narrative to: select a PY23 priority (SOC for Youth and Families, though we acknowledge this new category was not intended to omit children); include specific increases and decreases in outcome targets; align utilization categories with definition of a treatment plan.*
- *PY23 contract should not be issued until/unless the PY21 audit is approved and submitted.*
- *Retain PY22 Special Provisions: collaborate with Coalition and other youth centers.*
- *PY23 Special Provision: to be counted as a TPC, a participant should have a self and family-directed written treatment plan; participants who do not have such a plan may be counted as NTPCs.*

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCMHB staff in writing of any factual errors made by CCMHB staff which should be corrected prior to completion of the award process.

Recommendation: Pending



Agency Name: Family Service of Champaign County

Program Name: Creative Social Connectivity for Seniors – a NEW program request

Requested Funding Amount: \$25,000

The original application forms contain more information. Attached is an analysis of specific sections of the application and prior reports on the program (if incumbent).

Why it Matters: Elders are the fastest growing segment of the population; in 2020, older adults made up approximately 18% of the population of Champaign County. Furthermore, many of the physical, social, mental, and emotional realities of aging are recognized risk factors for mental health problems. Social isolation, a reality that many elders faced prior to 2020, quickly became a widespread condition with Coronavirus. The negative physical and mental health effects of social isolation include depression, chronic disease, decreased cognition, and mortality.

Evidence Based, Promising, or Innovative Approach:

Utilizing the arts to process healthy aging topics, build resilience and self-worth, and increase social connectivity; bringing in artists is an exciting direction for this project that intends to bridge the gap between the social services and the arts. Through this cross-pollination, we will promote the worth and potential of older individuals as well as the many, healing benefits of the arts in both arenas. Though research continues to be somewhat fragmented, Gene Cohen's landmark creative aging study (https://hsrc.himmelfarb.gwu.edu/son_ncafapubs/2/) and a recent boom of creative aging scholarship show promising evidence for the health benefits of arts engagement. Namely, regular arts engagement has been shown to lead to improved physical and mental health, less frequent healthcare utilization, and increased involvement in activities. <https://creativeagingresource.org/resource/what-is-the-evidence-on-the-role-of-the-arts-in-improving-health-and-well-being-a-scoping-review-2019/> and <https://creativeagingresource.org/resource/the-value-of-active-arts-engagement-on-health-and-well-being-of-older-adults-a-nation-wide-participatory-study/>

Outcomes:

1. Participants will have reduced feelings of anxiety.
2. Participants will have reduced feelings of depression.
3. Participants will have reduced feelings of social isolation.
4. Participants will experience an increase in quality of life.

To be Served/Completed:

NTPC: 50 participants in the Creativity on Wheels program. Full standardized intake process, including standardized assessments: Geriatric Anxiety Scale-10, PHQ-2, UCLA Loneliness Scale-3-item, and OPQOL-brief. If the initial screening done for this program identifies issues that would appear to require more in-depth services, a referral would be made to a Family Service Senior Counseling & Advocacy caseworker (in addition to being able to participate in this

program). *Note: 50 participants represent a 60 percent increase in Champaign County participants from the 2021 pilot project sessions.

SC: 500 - completed coordinator or volunteer contacts with Creativity on Wheels clients, including: intake; reassessment of scales; and monthly volunteer calls.

CSE: 54 - 6 public presentations, presentations to target audience, or newspaper articles used to promote the program and 48 new, unique programs aired on CU Wise TV.

Type and Intensity of Service:

Creativity on Wheels- will design and deliver creativity boxes specifically for elders. Each box is designed around a theme and includes components such as art supplies, art exercises designed by local artists, introspective crafts, thought-provoking questions, inspirational quote/affirmation cards, music, movement instructions, and/or fun movement aides. The boxes are designed to inspire stress-busting, hope, self-reflection, and resilience. Boxes will be compiled and delivered monthly by Family Service volunteers. Monthly volunteer phone calls allow for further processing of the box contents and socialization. Participant artwork will be displayed in the community and online. Originally a successful pilot project in 2021, adjusted with client survey results to include aspects of person-centered planning.

CU Wise TV- collaboration between the local aging network, Parkland College TV, Urbana Public TV, and wider community to produce and air engaging, local content specifically for elders in Champaign County. Goal is to provide opportunities for local elders to move their bodies, exercise their brains, be creative, be entertained, and engage with their communities from their homes.

Length of Engagement:

Creativity on Wheels: Up to 10 months. CU Wise TV: As desired by the participant.

Leveraging Other Resources: CCMHB request is for 65% of total program revenue. Other revenue is from ECIAAA Reducing Social Isolation Grant \$8,800 (23%) and City of Urbana Arts Grant \$4,500 (12%).

Agency: Family Service of Champaign County

Program: Creative Social Connectivity for Seniors – a *NEW* program request

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2023 CCMHB Funding Request: \$25,000

Focus of Application: Mental Health

Type of Contract: Special Initiative – not previously funded, can use this designation for up to three years

Priority: Innovative Practices and Access to Behavioral Health Services

Services and People Served

Target Population: available to any Champaign County resident age 60 or older living in a domestic setting. Priority is given to those with limited resources.

Scope, Location, and Frequency of Services:

Scope: two separate components that will work together to address the social isolation of elders by bringing engagement opportunities to their living rooms and front doors:

Creativity on Wheels - will design and deliver creativity boxes specifically for elders. Each box is designed around a theme and includes components such as art supplies, art exercises designed by local artists, introspective crafts, thought-provoking questions, inspirational quote/affirmation cards, music, movement instructions, and/or fun movement aides. The boxes are designed to inspire stress-busting, hope, self-reflection, and resilience. Boxes will be compiled and delivered monthly by Family Service volunteers. Monthly volunteer phone calls allow for further processing of the box contents and socialization. Participant artwork will be displayed in the community and online. Originally run as a successful pilot project in 2021, the program has been adjusted with client survey results to include aspects of person-centered planning.

CU Wise TV - is a collaboration between the local aging network, Parkland College TV, Urbana Public TV, and the wider community to produce and air engaging, local content specifically for elders in Champaign County. The goal of CU Wise TV is to provide opportunities for local elders to move their bodies, exercise their brains, be creative, be entertained, and engage with their communities from their homes. In turn, they will experience reduced feelings of stress, anxiety, and isolation while increasing connection with their community. CU Wise TV brings community talent, knowledge, resources, and events to the living rooms of elders while also increasing accessibility to the explosive breadth of useful information online via local webinars and videos. We have found that there is significant room for growth and development of the project, which has surpassed the ability to be managed as an unfunded service.

CCMHB funding would support both of these services.

Location/Frequency: *Creativity on Wheels* - The monthly deliveries of creativity boxes and volunteer calls, as well as programmatic assessments, will be provided in the homes of program participants.

CU Wise TV - While we anticipate many people engaging with CU Wise TV to do so in their homes, because of its delivery method, there is the opportunity for CU Wise content to be aired in such places as common rooms of assisted living facilities, congregate meal sites, and adult day programs. Programming currently airs twice a week and viewers choose when they engage. Funding will enable the expansion of content and air times.

Access to Services for Rural Residents: through Outreach Plan, emphasizing the use of local newspapers, public presentations (health/senior fairs, presentations to medical providers, etc.), written materials (flyers, brochures, etc.), and community partnerships. These strong partnerships enable partners to inform their participants via written and oral communications. Further, in these rural areas, we will also conduct outreach efforts that reach high-traffic venues such as churches, convenience stores, and post offices. By utilizing these methods, we hope to reach those that are most vulnerable to physical and mental effects of social isolation. As

established in other sections of this application, there are many positive health impacts of arts engagement. During the COVID-19 pandemic, outreach continues through speaking at virtual meetings and by creating or maintaining partnerships via phone, email, or mail. The Creativity on Wheels portion of this program is available to all Champaign County residents who meet the other criteria, and program partners will make deliveries to all corners of the county. CU Wise TV's availability on TV will vary throughout Champaign County. However, all CU Wise TV content is uploaded to YouTube either at the time of airing or shortly thereafter. Family Service caseworkers are available to assist elders that do not have access to devices or the internet so that they can access CU Wise TV content.

Access to Services for Members of Historically Underinvested Populations: Outreach Plan includes, in addition to rural outreach, efforts to reach underserved or underrepresented minority populations. Being visible at community gatherings such as Jettie Rhodes Day, attending health fairs or senior potlucks where there are significant numbers of minority elders, leaving literature and giving talks at senior housing where the underserved and underrepresented often reside, connecting to churches with diverse congregations, and striving to have a diverse staff in terms of age, ethnicity, and background are all parts of our plan to reach minority populations. Again, outreach efforts continue in a modified fashion during COVID-19. Services are provided in the homes of elders, which helps reach those with mobility issues as well as those uncomfortable in office settings. In an effort to increase participation by these underserved communities, we are going to include activities in the creativity boxes that are well-rounded in their cultural representation, and are going to seek the production of content for CU Wise by diverse community members. Further, to commemorate local and multicultural traditions, we intend to gather feedback from diverse populations of elders on resonating artforms and artforms they would like to learn. We believe this will engage historically underinvested/minority communities. All elders from these communities will be served in their homes by Creativity on Wheels and may have flexibility to access CU Wise in public settings that cater to the elder population. With an eye to the digital divide (especially for underserved populations) and a desire to "meet people where they are", we chose television as the means to engage large numbers of underserved elders. However, if people are unable to engage with the content through a television at their residence, Family Service caseworkers are available to assist them in accessing solutions to the content consumption barrier.

Residency and Demographic data are not available – a NEW program proposal.

Program Performance Measures

CONSUMER ACCESS: *Creativity on Wheels* - Champaign County residents age 60 or older living in a domestic setting. *CU Wise TV* - Champaign County residents age 60 or older and their support systems, advocates, and other interested parties.

Creativity on Wheels - Staff use standardized and interview assessments along with presenting need to determine eligibility. *CU Wise TV* - Television content is open and available to Champaign County residents age 60 or older and their support systems, advocates, and other interested parties.

Champaign County elders learn about us through word of mouth; referral by Family Service staff, referral by other partner agencies; brochures and other printed materials distributed throughout the community and via home delivery programs...; at health fairs and other community events; from their faith community, doctor, banker, or first responders; and media such as newspaper articles and digital advertising & marketing.

Within 7 days from referral, 90% of those referred will be assessed.

Within 30 days of assessment, 90% of those assessed will engage in services.

People will engage in services, on average, for:

Creativity on Wheels - Up to 10 months. *CU Wise TV* - As desired by the participant.

Additional Demographic Data: *Creativity on Wheels* - Financial information on some people, living arrangement, living status (alone or with others), marital status, if limited English speaking.

CU Wise TV - Detailed participant data is not available for public television stations to gather.

CONSUMER OUTCOMES:

- 1. Participants will have reduced feelings of anxiety.
- 2. Participants will have reduced feelings of depression.
- 3. Participants will have reduced feelings of social isolation.
- 4. Participants will experience an increase in quality of life.

Measured by:

- 1. Geriatric Anxiety Scale-10
- 2. PHQ-2
- 3. UCLA Loneliness Scale- 3-item
- 4. OPQOL-brief

*For each scale, the Coordinator will conduct the assessments with participants.

Outcome gathered from all participants? No. Those participating in Creativity on Wheels will receive assessments. Those tuning in to CU Wise TV will not receive standardized assessments.

Anticipate 50 total participants for the year.

Will collect outcome information: standardized assessments at baseline, every 6 months, and closing.

Is there a target or benchmark level for program services? No

Estimated levels of change: “70% will experience some level of reduced scores.” for each outcome.

UTILIZATION:

Non-Treatment Plan Clients (NTPCs): 50 clients in the Creativity on Wheels program. Participants will complete the full standardized intake process, including the following standardized assessments: Geriatric Anxiety Scale-10, PHQ-2, UCLA Loneliness Scale- 3-item, and OPQOL-brief. If the initial screening done for this program identifies issues that would appear to require more in-depth services, a referral would be made to a Family Service Senior Counseling & Advocacy caseworker (in addition to being able to participate in this program). *Note: 50 participants represents a 60 percent increase in Champaign County participants from the 2021 pilot project sessions.

Service Contacts (SCs): 500 completed coordinator or volunteer contacts with Creativity on Wheels clients, including: intake; reassessment of scales; and monthly volunteer calls.

Community Service Events (CSEs): 54. Total of 6 public presentations, presentations to target audience, or newspaper articles used to promote the program and 48 new, unique programs aired on CU Wise TV.

PY2023 Annual Targets (per Utilization Form)

	NTPC	SC	CSE
<i>Annual Target</i>	50	500	54

Financial Analysis

PY2023 CCMHB Funding Request: \$25,000

PY2023 Total Program Budget: \$38,300

Proposed Change in Funding - PY2022 to PY2023 = N/A – a NEW request

CCMHB request is for 65% of total program revenue. Other revenue is from ECIAAA Reducing Social Isolation Grant \$8,800 (23%) and City of Urbana Arts Grant \$4,500 (12%).

Personnel related costs of \$17,065 are the primary expense charged to CCMHB, 68% of requested amount. Others: Professional Fees/Consultants \$980 (4%); Occupancy \$362 (1%); Local Transportation \$457 (2%); Miscellaneous \$490 (2%); Consumables \$5,385 (22%); General Operating \$261 (1%).

Total Agency, Total Program, and Total CCMHB Budgets are BALANCED.

Program Staff to be funded by CCMHB: 0 Indirect and 0.47 Direct = 0.47 FTEs

Total Program Staff: 0 Indirect and 0.71 Direct = 0.71 FTEs



Staff Comments: budget narrative is very detailed and thorough, identifying all agency revenues, expenses, and personnel, including rationale for those charged to this contract; other funding is pursued for total program.

Audit Findings: *this is a new proposal from an agency currently funded by the CCMHB; the agency submitted their PY21 audit on December 30, 2021, with no negative findings.*

Priorities and Decision Support Criteria

Does the plan align with one or more of the CCMHB Priorities? *Yes.*

Expectations for Minimal Responsiveness: *The agency completed a new Registration/Eligibility Questionnaire; no concerns were identified. All required forms were complete and submitted prior to the deadline. Proposed services/supports relate to mental health and how they will improve the quality of life for persons served. Evidence is provided that other sources of funding are not available or have been maximized. Virtual options are available.*

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? *Yes*

Highlights from the submitted CLC Plan: *"Family Service will develop and utilize assessment tools and treatment plans that address cultural and linguistic issues and preferences, are strength-based and trauma-informed, and that identify and utilize family and other natural support systems whenever possible. 100% of client assessments and treatment plans will address cultural and linguistic preferences, will be strength-based, trauma-informed and client driven, and will identify and utilize family and other natural support systems whenever possible... Assure that clients and/or their identified support system have a primary decision-making role in developing their treatment plan."*

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY22? *Yes.*

Highlights from the submitted CLC Progress Report: *"Employee performance reviews and interviews with prospective employees included an assessment of cultural competence knowledge. New staff members received and reviewed the agency CLC Plan during orientation... conducted annual client quality assurance surveys (that were sent to clients in the 4th quarter of FY21) - reviewed and summarized and shared with appropriate staff and board members. These surveys include questions that address whether the services were easy to access and provided in a culturally appropriate manner, and most respondents indicated that they were."*

Overarching Decision Support Criteria

Underinvested Populations and Countywide Access: *addressed in "Access" sections above.*

Inclusion and Anti-Stigma: *To create a positive community feedback loop where community members can interact with the contributions of elders, Family Service has secured locations where Creativity on Wheels participants will be able to display their artworks if they desire... Urbana Free Library, Phillips Recreation Center, and Stevick Senior Center. Additional locations may be added. Family Service will develop a page on our website to display the artwork digitally. Putting elder art on display will serve to reduce ageism and promote the positive contributions and potential of County elders. By having CU Wise programming available on commonly accessible TV channels, CU Wise TV gives members of the general public the opportunity to learn about issues and resources about and for elders... will allow those not typically in touch with these topics and this group of people to be more aware, and thus will reduce barriers to communication.*

Outcomes: *includes four measures of impact on the participant's experience, each with appropriate assessment tool and specific target.*

Virtual Service Option(s): *yes, through one of the components especially.*

Coordinated System: *Illinois Radio Reader makes content accessible and available for anyone in East-Central Illinois with a visual or physical impairment which impedes their ability to read. The program provides audio*

content to participants via a radio or online streaming. CU Wise TV will partner with Illinois Radio Reader by sharing content with each other that can be aired on both platforms- radio and TV.

Budget and Program Connectedness: *budget narrative offers thorough detail and supports the program plan.*

Evidence-based, Evidence-informed, Recommended, or Promising Practice: *describes and links to research on creativity in aging (three resources).*

Evidence of Collaboration: *written agreements with CRIS Healthy Aging Center, Care Horizon, Moultrie County Counseling Center, East Central Illinois Refugee Mutual Assistance Center, Developmental Services Center, Rosecrance, OSF Peace Meals, Office of the Coroner, Champaign County, PACE, Illinois Radio Reader, U of I Extension, University of Illinois Center on Health, Aging, and Disability, Parkland College, Champaign Public Library, Urbana Free Public Library, Parkland College TV, and Urbana Public TV.*

Staff Credentials: The new Coordinator: a Bachelor's in human services or a related field and experience working with older adults. The Program Director has an MSW (concentration in Gerontology) and LSW. The Program Director has undergone MHFA training and Motivational Interviewing training and is beginning an Expressive Arts Certificate program.

Resource Leveraging: *not used as match for another grant; CCMHB would be the primary source of funding.*

Other Pay Sources: Current funding: East Central Illinois Area Agency on Aging Reducing Social Isolation grant and Urbana Arts & Culture Grant. We have also applied for a grant from the Illinois Arts Council Agency but do not yet know if funding will be awarded. CCMHB funds will be used to supplement, not supplant, the funding listed above to increase the reach and effectiveness of the program. **Client Fees:** No **Sliding Scale:** No.

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY23 contract:

- *Special Provisions: a mid-year progress report to the Board in early 2023.*

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCMHB staff in writing of any factual errors made by CCMHB staff which should be corrected prior to completion of the award process.

Recommendation: Pending



Agency Name: First Followers

Program Name: FirstSteps Community Reentry House

Requested Funding Amount: \$39,500

The original application forms contain more information. Attached is an analysis of specific sections of the application and prior reports on the program (if incumbent).

Why it Matters: Serves men returning to the community from state or federal prisons or county jail who are in need of housing. This target group is disproportionately low income, Black, and often in need of mental health services, social work support, education, counseling as well as assistance with acquiring ID and accessing services of local agencies.

Evidence Based, Promising, or Innovative Approach: Peer mentoring, an EBP across a range of social service areas. Case manager and community navigator have experienced incarceration and been trained to provide support to people transitioning to the community.

http://www.icjia.state.il.us/assets/pdf/researchreports/slm_case_study_report_051115.pdf

Outcomes:

1. Provide a stable living situation
2. Enhance opportunities to find employment
3. Connect to social services agencies
4. Build connections to the community
5. Provide economic security
6. Provide access to long-term housing opportunities

To be Served/Completed:

TPC: 6 - people who live in the house for one day or longer

NTPC: 27 – people who apply for a place in the house but are not accepted

SC: 10 - jobs acquired by residents

CSE: 10 - drop-in center sessions and community activities attended by residents

Type and Intensity of Service: rent-free housing in 'transition house', provides furniture, appliances, some basic clothing items, food (until the person has the means to pay either through employment or Link Card), Internet, computers, kitchen equipment, basic tools for cleaning and exercise equipment. A case manager, community navigator, and co-director assist residents in transition, help them set up plans of action/goals, provide transportation to potential employment or service opportunities, and facilitate integration into the community.

Length of Engagement: 3 months to one year.

Leveraging Other Resources: CCMHB request is for 61% of total program revenue. Other revenue is from In-Kind contributions \$25,000 (39%).

DRAFT PY2023 CCMHB Program Analysis

Agency: FirstFollowers

Program: FirstSteps Community Reentry House

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2023 CCMHB Funding Request: \$39,500

Focus of Application: Mental Health

Type of Contract: Grant

Priority: Crisis Response and Intervention - not a PY23 priority

Services and People Served

Target Population: people returning to the community from state or Federal prisons or county jail who are in need of housing... this project will only service men, though our future plans include housing for women. This target group is disproportionately low income, Black, and often in need of mental health services, social work support, education, counseling as well as assistance with acquiring ID and accessing services of local agencies.

Scope, Location, and Frequency of Services:

Scope: a transition house for people returning home from men's prisons after incarceration... rent-free housing in a 5 bedroom house donated for use by the Housing Authority of Champaign County... will house 2-4 people at a time... provide furniture, appliances, some basic clothing items, food until the person has the means to pay for their own either through employment or Link Card, Internet, computers, kitchen equipment, basic tools for cleaning and exercise equipment... [C]ase manager, community navigator, and Co-Director... assist residents in transition, help them set up plans of action and goals, provide transportation to potential employment or service opportunities, and facilitate their integration into the community. MHB will fund two part-time staff and the costs of the utilities for the house. *Staff Comment: suggests that for periods of the day, no staff are present.*

Location/Frequency: transition house in Champaign (24/7); some activities at drop-in center Champaign.

Access to Services for Rural Residents: open to all returning from incarceration with a special focus on those originally from Champaign County... communications with individuals in IDOC from Champaign County whose release date is drawing near... taking applications from them... open to individuals from anywhere in the county. Like everyone else, if they are chosen for the house, services will take place at the house.

Access to Services for Members of Historically Underinvested Populations: All those coming home from prison are part of those populations... house has a great impact on their families, who are also from those populations, by relieving them from some of the burdens of trying to address the situations and shoulder the financial responsibility of individuals coming home after incarceration... [at] the house, like everyone else.

Residency of 11 People Served in PY21 and 4 in the first half of PY22

Champaign 11 (100.0%) for PY21 4 (100.0%) for PY22

Demographics of 11 People Served during PY21

Age	
Ages 19-59 -----	11 (100.0%)
Race	
White -----	2 (18.2%)
Black / AA -----	9 (81.8%)
Gender	
Male -----	11 (100.0%)
Ethnicity	
Not of Hispanic or Latino/a Origin -----	5 (100.0%)

Program Performance Measures

CONSUMER ACCESS: A demonstrated need for housing, a recent experience of incarceration, a positive disciplinary record in prison, evidence of planning post-release life and clear intentions to successfully reenter the community. They fill out an application form which we evaluate. Then we visit them, if possible, speak to them by phone and check out any references they may have. We have a metric for assessing them. [People learn about the program through]... letters into IDOC institutions to over 150 people who have been through the Champaign courts in recent years... advertised the house with local social service agencies and via our social media platforms: our website and Facebook account.

Within 180 days from referral, 40% of those referred will be assessed.

Within 100 days of assessment, 5% of those assessed will engage in services.

People will engage in services for: 3 months to one year.

Additional Demographic Data: # of children; history of employment, mental illness, and/or substance abuse.

Staff Comment: the low estimates for assessment (40%) and engagement (5%) may be an agency error, as 40 people and 5 people total would be more consistent with other statements in the proposal.

CONSUMER OUTCOMES:

1. Provide a stable living situation;
2. Enhance opportunities to find employment;
3. Connect to social services agencies;
4. Build connections to the community;
5. Provide economic security;
6. Provide access to long-term housing opportunities.

... through the notes of the case manager and the monthly reports compiled by the Co-Director... exit interview when the residents leave. We will track employment applications, number of job interviews, jobs secured, and how many of our residents secure a housing voucher through the Housing Authority when they leave. The Housing Authority has set aside vouchers for those who successfully complete our transition house program.

Outcome gathered from all participants? Yes

Anticipate 5 total participants for the year.

Will collect outcome information: Twice per month

Is there a target or benchmark level for program services? Yes. After 2 weeks, resident has ID, medical card, library card, LINK card, and access to any other services they need; resident finds employment within 2 months; resident finds alternative housing within 9 months. These targets come through our policy development process workshops. Residents avoid any violations of their rules of parole and further arrests or incarceration.

Estimated levels of change:... aim to put all residents on some road to success. This road will differ depending on the person's background, skill set, education level, degree of traumatization from incarceration, and willingness to take part fully in the program... aim for 100% non-recidivism which we have achieved so far.

UTILIZATION:

Treatment Plan Clients (TPCs): 6 - people who live in our house for one day or longer.

Non-Treatment Plan Clients (NTPCs): 27 - who apply for a place in our house but are not accepted.

Service Contacts (SCs): 10 - jobs acquired by residents

Community Service Events (CSEs): 10 - drop-in center sessions attended by residents, number of community activities attended by residents

Other: These categories don't fit very well with our program. We will be assessing the outcomes holistically, i.e. does the resident feel able to cope with life in the community? has living in FirstSteps provided them with what they need to succeed? It is difficult to easily define service contacts and CSE's for this population. Also, many of the people who apply for our house will remain in prison so we don't have many opportunities to provide services for them.

PY2023 Annual Targets (per Utilization Form)

Quarter	TPC	NTPC	SC	CSE
<i>Annual Target</i>	6	27	10	10

PY2022 First two quarters (per submitted Service Activity Reports)

First Quarter PY22	4	3	2	3
Second Quarter PY22	2	1	2	5
<i>Annual Target</i>	12	30	10	12

PY2021 all four quarters (per submitted Service Activity Reports)

First Quarter PY21	3	18	2	1
Second Quarter PY21	0	5	2	0
Third Quarter PY21	0	5	3	3
Fourth Quarter PY21	2	2	4	1
<i>Annual Target</i>	11	40	8	6

Financial Analysis

PY2023 CCMHB Funding Request: \$39,500

PY2023 Total Program Budget: \$64,500

Proposed Change in Funding - PY2022 to PY2023 = 0%

Current Year Funding (PY2022): \$39,500

CCMHB request is for 61% of total program revenue. Other revenue is from Contributions \$25,000 (39%). **Personnel related costs of \$37,000 are the primary expense charged to CCMHB, at 94% of request.** Other expenses are: Consumables \$1,000 (3%); General Operating \$1,000 (3%); and Specific Assistance \$500 (1%). **Total Agency Budget shows a Surplus of \$155,300, Total Program Budget a Deficit of \$12,800. CCMHB Budget is BALANCED.**

Program Staff to be funded by CCMHB: 0.83 Indirect and 0.40 Direct = 1.23 FTEs

Total Program Staff: 0.93 Indirect and 0.40 Direct = 1.33 FTEs

Staff Comments: while the total request is not changed from the current year, the financial forms appear to present a consistent budget plan which relates to the program plan narrative, with sufficient explanations. The large total agency surplus identified here does not match the total agency surplus in the other application, but it compensates for total program deficit. The mismatch suggests errors in expense forms.

***Audit Findings:** The FY21 Audit was submitted over 2 months late on 3/9/22. \$100 excess revenue from PY21 resulted from a difference between contracted amount and submitted request. The audit identified material weaknesses related to internal controls, financial statement preparation, and adjusting journal entries. Additionally, the audit identified a significant deficiency related to documentation of review.*

Priorities and Decision Support Criteria

Does the plan align with one or more of the CCMHB Priorities? *Yes, but PY23 priority not selected.*

Expectations for Minimal Responsiveness: *The agency completed a new Registration/Eligibility Questionnaire, raising a concern, as relatives of staff members are allowed to serve on their board. All required forms were submitted prior to the deadline. Proposed services/supports relate to behavioral health and how they will improve the quality of life for persons served. Evidence is included that other sources of funding are not available or have been maximized. Virtual services during or beyond pandemic not addressed.*

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? *Yes*

Highlights from the submitted CLC Plan: *“First Followers conducted internal workshops with staff on a variety of topics: intake, motivational interviewing, taking case notes, the importance and role of data in our*

organization. In addition, our drop-in staff have attended workshops run by CUTri, JustLeadership USA, and the Prairie Rivers Conflict Resolution Center. We have done debriefs and reviews of this training and adjusted the curriculum according to the preferences and needs of our staff."

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY2022? *Yes. Highlights from the submitted CLC Progress Report: First Followers submitted a plan that was inclusive of training for staff and board members that will cover trauma- informed principals, self-care, and critical race theory as it relates to the population that is served by First-Followers.*

Overarching Decision Support Criteria

Underinvested Populations and Countywide Access: *Yes (see "Access" sections above.)*

Inclusion and Anti-Stigma: The motto of FirstFollowers is "Building Community Through Reentry." Hence, those who live in our house will become part of the activities of our program. A key component of our overall program is reducing stigma. The residents of our house will become part of this work, plus they will benefit from the ongoing anti-stigma work done by FirstFollowers.

Outcomes: *relevant to the people using services*

Virtual Service Option(s): *not included.*

Coordinated System: Jesus is the Way in Rantoul houses people coming home from men's prisons. WIN Recovery - similar service to people returning home from women's prisons. Jesus is the Way - a faith-based initiative. Ours has no religious affiliation... coordinate and partner with other organizations and individuals in the broader social service and social justice fields... statewide and national initiatives with WIN Recovery.

Budget and Program Connectedness: *yes; budget narrative and program narrative are consistent.*

Evidence-based, Evidence-informed, Recommended, or Promising Practice: *describes the peer mentoring approach and links to ICJIA research in support of this EBP.*

Evidence of Collaboration: *written working agreements with HACC, City of Urbana, City of Champaign, Bethel AME Church, DREAAM House, and Boyz II Men.*

Staff Credentials: Case manager - 5 years case mgt experience at Prairie Center, counseling certificates. Community Navigator - trained in NA and substance abuse facilitation, 5 years as peer mentor of FirstFollowers. Co-Director - Doctor of Philosophy in Social Sciences, 20 years experience in project management, nationally recognized expert on mass incarceration.

Resource Leveraging: *CCMHB is the primary revenue source; donation of HACC property; seeking other funds. Other Pay Sources:* fundraising; state reentry grants. **Client Fees:** No. **Sliding Scale:** Yes. Once employed, they will pay 10% of their income as rent; we will also hold 10%... given to them when they leave.

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2023 contract:

- *Agency board policy should either preclude family members of staff serving on the board or conform with IRS rule of specific exemptions. Resolve any remaining issues with status filing, audit-readiness, and internal controls identified in the PY21 audit.*
- *Correct errors in financial form(s); correct possible minor errors in access measures (# people rather than %); and select a PY23 priority (Crisis Stabilization).*
- *Retain PY22 Special Provisions: participation in Continuum of Providers of Service to the Homeless and Reentry Council; document client's Champaign County residency prior to incarceration; agency is exempt from requirement that employees not have a previous felony conviction (other than financial).*
- *PY23 Special Providers: collaborate with Rosecrance Criminal Justice Program.*

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCMHB staff in writing of any factual errors made by CCMHB staff which should be corrected prior to completion of the award process.

Recommendation: Pending



Agency Name: First Followers

Program Name: Peer mentoring for Re-entry

Requested Funding Amount: \$95,000

The original application forms contain more information. Attached is an analysis of specific sections of the application and prior reports on the program (if incumbent).

Why it Matters: Nearly 400 people are on parole from the Illinois Department of Corrections (IDOC Annual Report, 2020), several hundred on adult or juvenile probation. Many in the target population are below the median in income, education level, and familiarity with technology. Over four-fifths are male and nearly half are African American. These individuals also bear imprints from incarceration, often labelled Post-Incarceration Syndrome (PICS) resulting from institutionalization, isolation, and trauma during incarceration. People with PICS resemble those with PTSD. They may be inappropriately passive or aggressive, anti-social and disoriented, and challenged in building relationships with loved ones and community members. This group faces stigma and discrimination in accessing employment, housing, and public benefits. Many employers and public housing projects ban or instantly reject people with certain offenses. The stigmatization of people with felony convictions is almost universal but especially severe for those convicted of violent or sexual crimes. Moreover, there is a high incidence of gun violence within this population.

Evidence Based, Promising, or Innovative Approach: Trauma informed care; peer mentoring; participatory action research; <https://www.witnesstomassincarceration.org/> and <https://www.pbmr.org/events#RestorativeInitiatives>

Outcomes:

1. Access to employment, education and housing (80%)
2. Access to services (80%)
3. Provide enhanced self-esteem (90%)
4. For workforce development: basic building skills, public speaking, critical thinking, basic math (80%)

To be Served/Completed:

TPC: 120 who participate in workforce development or groups

NTPC: 280 who use the drop-in center facilities

SC: 75 contacts made with employers and landlords

CSE: 15 events organized and/or attended by agency

Type and Intensity of Service:

Drop-In Center- peer mentors provide support for those wanting to find employment, secure housing or continue their education; anticipate a huge uptick in the user population for the drop-in center due to both the receding of COVID-19 and FirstFollowers' partnering with the

City of Champaign to prepare people in prison for release and the additional funding to support emerging adults who are involved in education and training courses.

Workforce Development Course- the fourth workforce development course for ten individuals from drop-in clients and community at large. 15 weeks, 20 hours per week. Content includes math, language and communication skills, team building, and workplace etiquette. 50% of class hours will focus on basic construction skills. Participants receive a stipend of \$12 per hour for attendance. CCMHB will fund facilitators. Stipends are funded by a state grant from IL Criminal Justice Information Authority. Those requiring MH supports will be referred to Ready, Set, Go which is contracted through the City of Champaign's Anti-Violence Initiative.

Anti-Stigma- using social media to educate employers and landlords about the importance of employing and renting to people with felony convictions.

Family support and Trauma-Informed Care- trauma-informed care in the community, four public education events for those impacted by incarceration and/or gun violence.

Length of Engagement: Drop-In, 3 days; Workforce Development, 5 months.

Leveraging Other Resources: CCMHB request is for 61% of total program revenue. Other revenue is from In-kind contributions - various \$9,000 (6%); City of Champaign Grant \$40,000 (26%); and Access 2 Justice Grant \$12,000 (8%).

Agency: FirstFollowers

Program: Peer Mentoring for Re-entry

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2023 CCMHB Funding Request: \$95,000

Focus of Application: Mental Health

Type of Contract: Grant

Priority: Crisis Response and Intervention - not a PY23 priority

Services and People Served

Target Population: people residing in Champaign County impacted directly by criminal justice involvement... nearly 400 people who are currently on parole from the Illinois Department of Corrections (IDOC Annual Report, 2020), several hundred on adult or juvenile probation. Our target population lies below the median in many parameters: income, education level, and familiarity with technology. Over 4/5... male and nearly half are African American. These individuals also bear imprints from incarceration, often labelled Post-Incarceration Syndrome (PICS)... from institutionalization, isolation and trauma during incarceration. People with PICS resemble those with PTSD. They may be inappropriately passive or aggressive, anti-social and disoriented. They are also frequently challenged in building relationships with loved ones and community members. This group faces stigma and discrimination in accessing employment, housing and public benefits... A small number have had access to education and training opportunities while incarcerated. They arrive typically with some specific career goals and a skill set that can enable them to transition to life in the community. A larger number come to us having had little access to education or job training during their time in prison. They often have severe mental health issues and are prone to engage in illegal or self-destructive behavior.

Scope, Location, and Frequency of Services:

Scope:

1. **Drop-In Center-** support for those wanting to find employment, secure housing or continue their education. The Peer Mentor Coordinator will oversee this work. (CCMHB funds peer mentors who are contracted, 20% of Admin Assistant, and 40% of Executive Director's salary.) We anticipate a huge uptick in the user population for the drop-in center in PY23, due to both the receding of COVID-19 and FirstFollowers' partnering with the City of Champaign to provide targeted support to prepare people in prison for release and the additional funding to support emerging adults who are involved in education and training courses.
2. **Workforce Development Course-** fourth workforce development course for ten individuals from our drop-in clients and community at large... at FirstFollowers' Center in central Champaign... for 15 weeks, 20 hours per week. Content includes: math, language and communication skills, team building, and workplace etiquette. 50% of class hours will focus on basic construction skills. Participants receive a stipend of \$12 per hour for attendance. CCMHB will fund facilitators. Stipends are funded by a state grant from IL Criminal Justice Information Authority. Those requiring mental health supports will be referred to our partners' program, Ready, Set, Go who is contracted through the City of Champaign's Anti-Violence Initiative.
3. **Anti-Stigma-** Using social media extensively, we will educate employers and landlords about importance of employing and renting to people with felony convictions. This will be overseen by the Executive Director. CCMHB will fund some hourly wages of contracted peer mentors.
4. **Family support and Trauma-Informed Care-** We will take trauma-informed care into the community and organize four public education events for those impacted by incarceration and/or gun violence. (CCMHB will fund facilitation and materials for these events).

Location/Frequency: Drop-In Center at FirstFollowers house in Champaign, Bethel AME Church as back-up.

Access to Services for Rural Residents: through social media, contact with parole officials, and word of mouth. Rural residents will be served in Champaign-Urbana since most of them need to come to the cities for parole and other appointments.

Access to Services for Members of Historically Underinvested Populations: Our constituency of people involved in the criminal justice system is overwhelmingly African American and low income. The facilities where we do our work are minority serving institutions.

Residency of 76 People Served in PY21 and 41 in the first half of PY22

Champaign	44 (57.9%) for PY21	25 (61%) for PY22
Urbana	23 (30.3%) for PY21	9 (22%) for PY22
Rantoul	3 (3.9%) for PY21	1 (2.4%) for PY22
Other	6 (7.9%) for PY21	6 (14.6%) for PY22

Demographics of 79 People Served in PY21

Age	
Ages 19-59 -----	55 (69.6%)
Ages 60-75+ -----	21 (26.6%)
Not Available Qty -----	3 (3.8%)
Race	
White -----	18 (22.8%)
Black / AA -----	61 (77.2%)
Gender	
Male -----	60 (75.9%)
Female -----	19 (24.1%)
Ethnicity	
Not of Hispanic or Latino/a Origin -----	56 (100.0%)

Program Performance Measures

CONSUMER ACCESS: Criminal justice system involvement and a stated need for the services. Personal application and interviews. [People learn about the program through] website, Facebook page, Instagram account, flyers, our resource guide and networks.

Within 5 days from referral, 80% of those referred will be assessed.

Within 7 days of assessment, 80% of those assessed will engage in services.

People will engage in services, on average, for: Drop-In, 3 days; Workforce Development, 5 months.

Additional Demographic Data: disability, housing stability, employment status, education level; criminal justice system involvement (optional).

CONSUMER OUTCOMES:

1. Access to employment, education and housing (80%)
2. Access to services (80%)
3. Provide enhanced self-esteem (90%)
4. For workforce development: basic building skills, public speaking, critical thinking, basic math (80%)

These outcomes are measured by:

1. Data collection and follow up survey by volunteers or students
2. Data collection and follow up survey by volunteers
3. Focus group interviews by professional consultant
4. Focus group interviews by professional consultant; assessment tests

Outcome gathered from all participants? Yes

Anticipate 200 total participants for the year.



Will collect outcome information: every other month

Is there a target or benchmark level for program services? Yes, for 80% of participants to graduate from workforce development course.

Estimated levels of change: the type of change we seek does not fit into a percentage metric. e.g. a person gets a job or they don't; a person finds housing or they don't; we don't test people on skills they learn in our class.

UTILIZATION:

Treatment Plan Clients (TPCs): 120 who participate in workforce development or groups

Non-Treatment Plan Clients (NTPCs): 280 who use the drop-in center facilities

Service Contacts (SCs): 75 contacts made with employers and landlords

Community Service Events (CSEs): 15 events organized and/or attended by us

Staff Comment: application notes that these categories do not apply well to the services and people served, but the categories are adapted; PY23 targets are adjusted (two upward) appropriately.

PY2023 Annual Targets (per Utilization Form)

Quarter	TPC	NTPC	SC	CSE
<i>Annual Target</i>	120	280	75	15

PY2022 First two quarters (per submitted Service Activity Reports)

First Quarter PY22	10	26	6	3
Second Quarter PY22	9	45	10	5
<i>Annual Target</i>	95	290	60	15

PY2021 all four quarters (per submitted Service Activity Reports)

First Quarter PY21	12	36	10	3
Second Quarter PY21	7	13	8	7
Third Quarter PY21	5	23	10	5
Fourth Quarter PY21	7	17	3	3
<i>Annual Target</i>	55	260	55	15

Financial Analysis

PY2023 CCMHB Funding Request: \$95,000

PY2023 Total Program Budget: \$156,000

Proposed Change in Funding - PY2022 to PY2023 = 0%

Current Year Funding (PY2022): \$95,000

CCMHB request is for 61% of total program revenue. Other revenue is from Contributions - various \$9,000 (6%); City of Champaign Grant \$40,000 (26%); and Access 2 Justice Grant \$12,000 (8%).

Personnel related costs of \$37,800 are 40% of requested amount. Other expenses: Professional Fees/Consultants \$34,418 (36%); Consumables \$4,500 (5%); General Operating \$6,000 (6%); Conferences/Staff Development \$3,000 (3%); Local Transportation \$3,000 (3%); Specific Assistance \$3,000 (3%); Equipment Purchases \$2,782 (3%); and Cost of Production \$500 (1%).

Total Agency Budget shows a Surplus of \$71,800, Total Program Budget a Deficit of \$82,140. CCMHB Budget is BALANCED.

Program Staff to be funded by CCMHB: 0.52 Indirect and 0 Direct = 0.52 FTEs

Total Program Staff: 0.66 Indirect and 1.00 Direct = 1.66 FTEs

Staff Comments: while the total request is not changed from the current year, the financial forms appear to present a consistent budget plan which relates to the program plan narrative, with sufficient explanations. The total agency surplus identified here does not match the total agency surplus in the other application, and it is

lower than the large total program deficit. The mismatch suggests errors in expense forms. If the program truly has a deficit of this magnitude, how does the agency plan to continue operating this program?

Audit Findings: *The FY2021 Audit was submitted over 2 months late on 3/9/22, The audit identified material weaknesses related to internal controls, financial statement preparation, and adjusting journal entries. Additionally, the audit identified a significant deficiency related to documentation of review.*

Priorities and Decision Support Criteria

Does the plan align with one or more of the CCMHB Priorities? *Yes, but a PY23 priority is not selected.*
Expectations for Minimal Responsiveness: *The agency completed a new Registration/Eligibility Questionnaire, acknowledging that relatives of staff are allowed to serve on their Board (which varies from CCMHB requirements and IRS standard). All required forms were complete and submitted prior to the deadline. Proposed services/supports relate to behavioral health and how they will improve the quality of life for persons served. Evidence is included that other sources of funding are not available or have been maximized. Virtual services during or beyond pandemic not addressed.*

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? *Yes*

Highlights from the submitted CLC Plan: *“First Followers conducted internal workshops with staff on a variety of topics: intake, motivational interviewing, taking case notes, the importance and role of data in our organization. In addition, our drop-in staff have attended workshops run by CUTri, JustLeadership USA, and the Prairie Rivers Conflict Resolution Center. We have done debriefs and reviews of this training and adjusted the curriculum according to the preferences and needs of our staff.”*

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY2022? *Yes.*

Highlights from the submitted CLC Progress Report: *First Followers submitted a plan that was inclusive of training for staff and board members that will cover trauma- informed principals, self-care, and critical race theory as it relates to the population that is served by First-Followers.*

Overarching Decision Support Criteria

Underinvested Populations and Countywide Access: *Yes (see “Access” sections above.)*

Inclusion and Anti-Stigma: *Yes – the Program Plan Narrative includes full discussion of stigma and discrimination particular to this target population.*

Outcomes: *measurable and relevant to the people using services.*

Virtual Service Option(s): *not included.*

Coordinated System: *Rosecrance provides one-on-one counseling for people coming home from IDOC... [but does not] operate on a peer mentoring model nor are they involved in advocacy or youth training work. The Salvation Army provides support also through referrals, food parcels and other services. We will coordinate through the Reentry Council, through CCMHB networks, the Champaign Community Coalition and through our own networking. We partner closely with the Salvation Army in providing services and referrals.*

Budget and Program Connectedness: *yes; budget narrative and program narrative are consistent, though financial forms appear to contain errors.*

Evidence-based, Evidence-informed, Recommended, or Promising Practice: *section describes trauma informed care, peer mentoring, and participatory action research, provides links to support the approaches.*

Evidence of Collaboration: *written working agreements with HACC, City of Urbana, City of Champaign, Bethel AME Church, DREAAM House, and Boyz II Men.*

Staff Credentials: *Marlon Mitchell, Ph.D. candidate U of Illinois, College of Education, James Kilgore, Ph.D., Soros Justice Fellow, James Corbin, M.A. Non-Profit Management*

Resource Leveraging: CCMHB is the primary revenue source; other grants and contributions make the balance. **Other Pay Sources:** funding organizations, fundraising activities **Client Fees:** No **Sliding Scale:** No.

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2023 contract:

- *Agency board policy should either preclude family members of staff serving on the board or conform with IRS rule of specific exemptions. Resolve any remaining issues with status filing, audit-readiness, and internal controls identified in the PY21 audit.*
- *Agreements with 'contract workers' funded by this contract should be shared with the CCMHB office, and care taken to adhere to IRS differentiation between contractors and employees.*
- *Correct errors in financial form(s) and select a PY23 priority (Crisis Stabilization).*
- *Retain PY22 Special Provisions: participation in Continuum of Providers of Service to the Homeless and Reentry Council; document client's Champaign County residency prior to incarceration; agency is exempt from requirement that employees not have a previous felony conviction (other than financial).*
- *PY23 Special Provision: collaborate with Rosecrance' Criminal Justice program.*

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCMHB staff in writing of any factual errors made by CCMHB staff which should be corrected prior to completion of the award process.

Recommendation: Pending



Agency Name: GROW in Illinois

Program Name: Peer Support

Requested Funding Amount: \$129,583

The original application forms contain more information. Attached is an analysis of specific sections of the application and prior reports on the program (if incumbent).

Why it Matters: Serves ‘mental health sufferers’ of all ages, races and gender, including those seeking prevention or personal growth. Participants are referred by group members, professional mental health caregivers, other agencies, and hospitals [new program planned]. The GROW 12-step program complements work of professional providers. It connects people in need with others in similar situations and empowers participants to do that part which they can do for themselves and with one another. A majority of participants in the program have been hospitalized with psychiatric disorders, diagnosed with mental illness, emotional problems, including misuse of drugs and alcohol. GROW continues work with the Champaign County Sherriff’s Office to organize meetings at the Champaign County Jail to serve the inmate population which began in March 2017, CCMHB priority for “Behavioral Health Supports for Adults with Justice System Involvement.”

Evidence Based, Promising, or Innovative Approach: According to peer-reviewed research – Emeritus Professor Julian Rappaport of the University of Illinois and his co-researchers reported that “Many Growers who attend meetings regularly are able to cope more effectively with stressful life events. Those who are regular attendees are more likely than other similar people to show improvement in either psychological, interpersonal or community adjustment. “A Research Evaluation of GROW, a Mutual-Help Mental Health Organization,” Psychology Department, University of Tasmania, March, 1990, pp. 91-93)

Outcomes:

1. Decreased hospitalization frequency
2. Decreased medication use [under medical supervision]
3. Increased use of social resources
4. Increased personal growth
5. Increased wellbeing
6. Increased number of participants in leadership roles
7. Satisfaction with the GROW program.

To be Served/Completed:

NTPC: 20 Continuing and up to 90 New to GROW meetings, depending upon resumption of group meetings as allowed by public health authorities.

SC: 1000 - plans to begin “Welcome to GROW” Orientations [virtual] and resume orientations at Champaign County Christian Health Center and Church of the Living God as allowed.

CSE: will hold or participate in at least 2, the Disability Expo, a public education event about GROW, mental health conference, or one article for Self-Helper Newsletter.

Type and Intensity of Service:

GROW groups and recovery support activities: Champaign Group; Rantoul Group; Male and Female County Jail Groups [2]; Videoconference Group; Christian Health Center Groups [hiatus]; Social Activities as can be arranged, Leadership Meetings [6], Organizers and Recorders Meetings [6], Bi-Monthly GROW Leadership Program Trainings.

Weekly GROW group meetings of 3 to 15 members lasting up to two hours are run by GROWers who have advanced in their recovery and volunteered to be organizers for the group. Group Organizer's duties include development of new groups, quality control all GROW Groups [adherence to program], Orientations, and Social Activities in Champaign County.

Length of Engagement: Community GROWers may participate for years.

Leveraging Other Resources: CCMHB request is for 94% of total program revenue. Other revenue is from In-Kind contributions \$8,000 (6%).

DRAFT PY2023 CCMHB Program Analysis

Agency: GROW in Illinois

Program: Peer Support

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2023 CCMHB Funding Request: \$129,583

Focus of Application: Mental Health

Type of Contract: Grant

Priority: Innovative Practices and Access to Behavioral Health Services

Services and People Served

Target Population: mental health sufferers of all ages, races and gender, including those seeking prevention or personal growth. Participants in GROW are referred by group members, professional mental health caregivers, other agencies, and hospitals [new program planned]. The GROW 12-step program complements work of professional providers. It connects people in need with others in similar situations and empowers participants to do that part which they can do for themselves and with one another. A majority of participants in the program have been hospitalized with psychiatric disorders, diagnosed with mental illness, emotional problems, including misuse of drugs and alcohol. GROW continues work with the Champaign County Sheriff's Office to organize meetings at the Champaign County Jail to serve the inmate population which began in March 2017, CCMHB priority for "Behavioral Health Supports for Adults with Justice System Involvement." Inmates, parolees and those on supervised probation fully participating in the 12-step program while incarcerated are expected to benefit personally and have an opportunity to continue their recovery and rehabilitation by attending a community group upon release. GROW is anonymous, members are required to keep confidential the personal testimonies and discussions during meetings.

Scope, Location, and Frequency of Services:

Scope: network of GROW groups and recovery support activities: Champaign Group; Rantoul Group; Male and Female County Jail Groups [2]; Videoconference Group; Christian Health Center Groups [hiatus]; Social Activities as can be arranged, Leadership Meetings [6], Organizers and Recorders Meetings [6], Bi-Monthly GROW Leadership Program Trainings.

The goal... personal recovery and mental health of individual sufferers which may include addictions. GROW is committed to community mental health including prevention, rehabilitation and restoration of the person to their families and society. The preferred outcome for individual participants is maturity (personal growth), and to effectively employ skills learned for coping with mental health problems. Weekly meetings of 3 to 15 members lasting up to two hours are run by GROWers who have advanced in their recovery and volunteered to be organizers for the group. Group Organizer's duties include the development of new groups, quality control all GROW Groups [adherence to program], Orientations, and Social Activities in Champaign County. GROW will participate in anti-stigma awareness campaigns, disability expos, and other community health fairs. GROW Organizers are GROW Seasoned Leaders most often with lived experience.

Location/Frequency: during the pandemic, videoconferences/teleconferences weekly... Teleconferences preferred by those who lack or do not want to participate using videoconferencing technology.

GROW groups meet:

Mondays, First Presbyterian Church, Champaign [teleconference] and popular GROW videoconference group; Tuesday [male] and Thursday [female], Champaign County Satellite Jail, Urbana [on hiatus]; Wednesday, Champaign County Christian Health Center [monthly, on hiatus]; Thursday, First United Methodist Church, Rantoul [videoconference]; Saturday, Church of the Living God [monthly, on hiatus]; "Welcome To GROW" orientation [videoconference, TBA]; Vineland Church [TBA]; and establish a community group for re-entry.

Access to Services for Rural Residents: ... Videoconferencing Group serves all of Champaign County... "Welcome to GROW" Orientation Group bi-monthly serving all of Champaign County. The GROW group organizers will meet with police, hospital, clinics and health care providers outside of Urbana and Champaign where rural residents seek services to introduce them to the GROW program. By its nature, the peer to peer group method relies upon meeting attendance which is hindered by transportation and distance challenges which are more problematic in rural areas. The fieldworkers will work with family members, religious and community organizations to find meeting places and ways to transport GROW participants to meetings. We are using videoconferencing to allow participation by those who are unable or otherwise cannot travel to meetings. Currently GROW has one group meeting in Rantoul meeting in the United Methodist church [weekly, currently meeting by videoconference]. Formation of additional rural groups in other areas will be explored as pandemic restrictions are fully lifted. Location of new groups to be determined...

Access to Services for Members of Historically Underinvested Populations:... working with inmates and those re-entering community after release. Many of this group are black and a few are mixed race or Hispanic. We have met with Hispanic leaders but have not yet formed a group oriented toward that demographic. Lack of a field worker whose native language is Spanish is a limitation. No outreach has been made to Asians and Africans, but we are looking toward serving that group also. GROW groups are nondenominational and are not organized by cultures, genders, or life experiences although we are encouraging Group Organizers to recruit members from underserved/underrepresented groups. Exploring developing relationships with community organizations working to reduce [gun] violence.... participates in monthly clinic at the Church of the Living God and weekly Christian Health Center [on hiatus] which serves low income and underserved communities.

Residency of 50 People Served in PY21 and 325 in the first half of PY22

Champaign	11 (22%) for PY21	89 (27.4%) for PY22
Urbana	30 (60%) for PY21	18 (5.5%) for PY22
Rantoul	6 (12%) for PY21	12 (3.7%) for PY22
Mahomet	2 (4%) for PY21	2 (0.6%) for PY22
Other	1 (2%) for PY21	204 (62.8%) for PY22

Demographics of 52 People Served in PY21

Age	
Ages 19-59 -----	44 (86.3%)
Ages 60-75+ -----	6 (11.8%)
Not Available Qty -----	1 (2.0%)
Race	
White -----	38 (73.1%)
Black / AA -----	12 (23.1%)
Other (incl. Native American and Bi-racial)	1 (1.9%)
Not Available Qty -----	1 (1.9%)
Gender	
Male -----	18 (34.6%)
Female -----	33 (63.5%)
Other (may include non-binary and gender non-conforming people)	(1.9%)
Ethnicity	
Of Hispanic or Latino/a origin -----	1 (1.9%)
Not of Hispanic or Latino/a Origin -----	50 (96.2%)
Not Available Qty -----	1 (1.9%)

Staff Comment: there is a small difference in total people reported in PY21; is there an error or did 2 people choose not to share demographic data?

Program Performance Measures

CONSUMER ACCESS: 18 years or older, while participation by anyone under 18 years old would need a parent's approval... Phone call and discussion with parent for those under 18 years of age... no other criteria needed to participate... From our annual survey in 2021 [of 12]... 18% of participants heard about GROW through professional referral, 73% through family and friends, and 9% through other means (advertisement, Champaign County Jail, hospital stay).

Within 1 day from referral, 100% of those referred will be assessed.

Within 0 days of assessment, 100% of those assessed will engage in services.

People will engage in services for: Varies. Jail inmates may only participate for a few weeks. Community GROWers may participate for years.

Additional Demographic Data: military service, hospitalizations, spirituality, diagnosed illness, how many medications, and attempted suicides.

CONSUMER OUTCOMES:

1. decreased hospitalization frequency
2. decreased medication use [under medical supervision]
3. increased use of social resources
4. increased personal growth
5. increased wellbeing
6. increased number of participants in leadership roles
7. satisfaction with the GROW program.

Participants in the GROW program recover to return to family, productive work, and community. Recoveries vary in extent, completeness, and duration. Furthermore, recovery may occur over varying lengths of time.

These outcomes are measured by:

- 1., 2., and 7. - GROW Survey - Growers
3. - Internal & GROW Survey (2-Way Social Support Scale and the NIH Toolbox Emotional Support Survey) - Growers & Fieldworker
4. - internal (using guidelines from GROW book) - Fieldworker
5. - GROW Survey (Personal Wellbeing Index) - Growers
6. - GROW survey – Growers & tabulation sheets

Outcome gathered from all participants? No. Only those who consented to the GROW survey and are present at a survey collection session. This will undercount participants.

Anticipate 70 total participants for the year.

Will collect outcome information: Once per year in the spring or summer. New members will be administered a baseline survey.

Is there a target or benchmark level for program services? Yes. We aim to compare survey responses from baseline to follow-up, but it was difficult to collect baseline data while keeping responses confidential.

1. We would like to compare incoming GROWers at baseline to 1 year follow-up to see if hospitalizations changed.
2. Because we do not have enough baseline data, for now we set a target of 1 or less hospitalizations in the past year. A 2001 report from the National Association of State Mental Health Program Directors describes some of the risks of taking multiple psychiatric medications at the same time. The target was for participants to take less than 5 medications for mental health reasons.
3. Not enough baseline data for comparison currently.
4. No benchmark
5. The average range for adults in Western nations is between 70 and 80 points (International Wellbeing Group, 2013). The benchmark was for GROWERS to score within 10 points of the international average

score of 70. The FY20-21 Wellness Index is higher than last year likely because the jail group was not surveyed and a limited number of GROW participants were surveyed using a tablet computer.

- 6. To add at least 1 leadership role per group this year.
- 7. No benchmark

Estimated levels of change for each outcome:

- 1. 100% of GROWERS did not require hospitalization.
- 2. 89% of GROWERS were taking fewer than 5 medications for mental health
- 3., 4., and 7. N/A
- 5. 70% of GROWERS
- 6. 58% of GROWers participated in leadership roles

UTILIZATION:

Non-Treatment Plan Clients (NTPCs): (*Utilization form says 115, this section totals 110.*) 20 Continuing NTPC's and up to 90 First Timers to GROW meetings depending upon resumption of group meetings as allowed by public health authorities.

Service Contacts (SCs): (*Utilization form says 1,000.*) Up to 500 SCs because of uncertainty of post-quarantine restrictions due to COVID-19 and varying policies of institutions including Champaign County Satellite Jail. Our plans are to begin "Welcome to GROW" Orientations [virtual], and resume orientations at Champaign County Christian Health Service and Church of the Living God as allowed. We are continuing 2 community groups in Champaign and Rantoul... group meeting by videoconferencing/teleconferencing.

Community Service Events (CSEs): (*Utilization form says 3, this section "at least 2"*) - one Disability Expo depending upon resumption of group meetings as allowed by public health authorities; one public education event about GROW and mental health [conference or one article for Self-Helper Newsletter; other events as time and staff permit and public health authorities and venues allow.

Other: Public health restrictions prevented routine surveys of in-person GROW groups including the Champaign County Jail during May-June 2021. Only a few GROWers were surveyed at their residence using a tablet computer and technical help from GROW Group Organizers. We anticipate larger participation in 2022 if public health restrictions permit in-person meetings and Jail groups resume.

PY2023 Annual Targets (per Utilization Form)

Quarter	NTPC	SC	CSE
<i>Annual Target</i>	115	1000	3 - these do not match the program plan narrative.

PY2022 First two quarters (per submitted Service Activity Reports)

First Quarter PY22	194	0	0
Second Quarter PY22	123	0	1
<i>Annual Target</i>	115	1000	3

PY2021 all four quarters (per submitted Service Activity Reports)

First Quarter PY21	57	202	1
Second Quarter PY21	0	146	0
Third Quarter PY21	0	192	0
Fourth Quarter PY21	7	331	9
<i>Annual Target</i>	115	1200	4

Financial Analysis

PY2023 CCMHB Funding Request: \$129,583
PY2023 Total Program Budget: \$137,733
Proposed Change in Funding - PY2022 to PY2023 = 67.8%
Current Year Funding (PY2022): \$77,239



CCMHB request is for 94% of total program revenue. Other revenue is from Contributions \$8,000 (6%). **Personnel related costs of \$98,370 are the primary expense charged to CCMHB, at 76% of request.** Other expenses are: Professional Fees/Consultants \$8,050 (6%); Consumables \$500; General Operating \$11,763 (9%); Conferences/Staff Development \$500; Local Transportation \$3,600 (3%); Lease/Rental \$1,200 (1%); Membership Dues \$3,600 (3%); and Miscellaneous \$2,000 (2%).

Total Agency and Program Budgets show Surpluses of \$2,050. Total CCMHB Budget is BALANCED.

Program Staff to be funded by CCMHB: 0 Indirect and 2.5 Direct = 2.5 FTEs

Total Program Staff: 0.25 Indirect and 2.5 Direct = 2.75 FTEs

Staff Comments: the budget narrative is highly detailed and helpful, differs slightly (\$117 more in General Operating) from expense form; could \$2050 total agency/program surplus reduce the total CCMHB request? The program surplus should be explained or forms revised.

Audit Findings: *The FY2021 Financial Review was submitted on 2/23/22, in spite of timely engagement and due to problems within the CPA firm office. The agency has responded to four CPA comments/concerns, and excess revenue of \$4,296 returned to the CCMHB.*

Priorities and Decision Support Criteria

Does the plan align with one or more of the CCMHB Priorities? *Yes.*

Expectations for Minimal Responsiveness: *The agency completed a new Registration/Eligibility Questionnaire, no problems identified. All required forms were complete and submitted prior to the deadline. Proposed services/supports relate to mental health and how they will improve the quality of life for persons served. Evidence is included that other sources of funding are not available or have been maximized. Virtual services available during and beyond the pandemic.*

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? *Yes*

Highlights from the submitted CLC Plan: *GROW submitted a CLC Plan that included their commitment to Cultural Competence and clear Grievance Procedures. The plan also states the community meeting spaces where GROW has meeting.*

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY2022? *Yes.*

Highlights from the submitted CLC Progress Report: *"The GROW program has embraced mental health sufferers and all persons who want to improve their mental health with friendship and understanding. All are welcome regardless of gender, religious practice, and ethnic background. GROW continues to work with the University of Illinois at Urbana-Champaign Psychology Department to build an anonymous database of members and staff, record demographic information while maintaining confidentiality, and develop a web-based, anonymous, confidential method to complete annual surveys. The goal is to quantify the number, ethnicity and demographics progress of participants in the GROW program with respect including age, ethnicity, gender, service in armed forces, frequency and attendance in meetings, participation in leadership roles, number of medications, employment or volunteer work, problem with substance use/abuse, current or continuing criminal behavior, self-assessment and recovery accurately and anonymously."*

Overarching Decision Support Criteria

Underinvested Populations and Countywide Access: *Yes (see "Access" sections above.)*

Inclusion and Anti-Stigma: *Yes – fully addressed in the Program Plan Narrative.*

Outcomes: *relevant to the people using services, most are measured by survey of participants.*

Virtual Service Option(s): *included.*

Coordinated System: a 12-step program that was originally based upon the Alcoholics Anonymous program. The GROW program differs in that it is oriented entirely toward mental health and maturity. GROWers who have participated in AA have remarked that they like the GROW program because the program addresses

underlying causes for unacceptable behavior i.e., undiagnosed, untreated mental and behavior health problems. GROW is a peer-to-peer support group that has some similarity with the National Alliance for Mental Illness (NAMI) program. However, GROW's peer counseling strictly adheres to the GROW 12-steps, order of meeting procedure, group method, and program reference materials. GROW is a community mental health program for those who are seeking preventative mental health and maturity. Nearly everyone suffers mental health and behavioral health problems even if transitory or temporary. The GROW program can help individuals through these crises and reduce severity or likelihood of reoccurrence.

Budget and Program Connectedness: *budget narrative is thorough and supports the program plan.*

Evidence-based, Evidence-informed, Recommended, or Promising Practice: *section cites peer-reviewed research at UIUC and University of Tasmania Psychology Department on the effectiveness of this approach.*

Evidence of Collaboration: *written working agreements with Rosecrance Health Network, Youth and Family Peer Support Alliance, Rattle the Stars, and the Reentry Council.*

Staff Credentials: GROW staff were working toward Certified Recovery Support Specialist (CRSS) certification. Preparation and completion was interrupted by the global COVID pandemic and is expected. GROW field workers have received formal and informal training in the GROW 12-step program and peer-to-peer counseling based on the program. GROW holds monthly training sessions on a variety of topics led by senior GROW leaders some of whom have professional and medical degrees. All field workers have 'lived experience' and are routinely counseled not to provide advice to GROWers, but refer to the 12-step program materials, books, training manuals and other GROWers. GROWers are asked to write their testimonies of decline and recovery citing how the GROW program helped them change thinking, behavior and relationships. Supplemental training includes workshops, lectures and programs preferably offered locally or nearby. GROWers attend and are invited to lead or participate in conferences and training events. Additional formal and informal training will be scheduled as time and resources permit.

Resource Leveraging: *CCMHB is the primary revenue source, with contributions.* **Other Pay Sources:** GROW participants are not asked to pay for attendance except for purchase of program books and sometimes to bring a snack for social to conclusion of meetings. **Client Fees:** No. **Sliding Scale:** No.

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2023 contract:

- *Correct error in financial form(s) and revise to resolve the total program budget surplus or fund at a lower amount, adjusted by the amount of program surplus.*
- *Address the risks associated with recent turnover in leadership and bookkeeper.*
- *Reconcile utilization target mismatches between Plan Forms 1 and 2; clarify and justify SC target.*
- *Retain PY21-22 Special Provisions; if a two-year contract, any excess revenue from the first year cannot be spent during the second year; contract for bookkeeping services to ensure compliance with reporting requirements and audit-readiness.*

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCMHB staff in writing of any factual errors made by CCMHB staff which should be corrected prior to completion of the award process.

Recommendation: Pending

Agency Name: Real Life Families

Program Name: Family Coaching on the Go – a NEW program request

Requested Funding Amount: \$53,167

The original application forms contain more information. Attached is an analysis of specific sections of the application and prior reports on the program (if incumbent).

Why it Matters: Assists any parent who feels they are in need of help and support. FCOTG requires no appointment or insurance and has no cost to those receiving the service, a great resource for families in need--those with financial difficulties or those with restrictive insurance impeding access to similar help. Program does not target any race, ethnicity, or specific demographic, only those who need parenting support. Primary theoretical framework for focusing solely on supporting parents is an understanding of the importance of secure attachments between parents/caregivers and their children and the lifelong impact it has on child development. Child abuse and neglect, mental illness, aggression, teen pregnancy, teen suicide, and even crime can decrease as parenting support increases.

Evidence Based, Promising, or Innovative Approach:

Strong Communities for Children was the first multi-year community-wide initiative to answer the call from the U.S. Advisory Board on Child Abuse and Neglect that declared in 1993 that child protection was a national emergency. A neighbor-helping-neighbor approach with education and support opportunities where parenting was at the forefront of conversations and child well-being was the overall goal, their efforts did change parenting practices: parenting stress decreased, positive parenting increased, and child abuse and neglect declined. McDonnell, J. R., Ben-Arieh, A., Melton, G. B. (2015). Strong Communities for Children: Results of a multi-year community-based initiative to protect children from harm. *Child Abuse & Neglect*. 41 (79-96). <https://doi.org/10.1016/j.chiabu.2014.11.016>

Triple P is an evidence-based program of comprehensive and easily adaptable tools available online. Similar to the program's culturally adaptable tools (The Teamwork Parenting Approach) to teach to parents allowing them to pick, choose, and adapt to their personality, their circumstances, their values, and their child. <https://www.triplep-parenting.com/us/triple-p/>

Outcomes: Individualize coaching sessions

To be Served/Completed:

TPC: 10 any referred or non-referred coaching clients who request to use our scholarship services for 6 free coaching sessions. Assessments to monitor progress and report on outcomes based on their parent-child relationship if that's the coaching area they desire.

NTPC: 500 parents who show up at the FCOTG mobile unit. It is difficult to estimate a number on this new program based on the various degrees of contact. NTPC are also any educational class or training that RLF's holds in the community.

SC: 5 parents who request coaching services but the scope of their needs or their child's behavioral needs are beyond the program's scope and therefore they are referred to other organizations and services best suited to the needs of their child and family.

CSE: 12 - FCOTG will partner with a variety of community organizations and attend community events to increase awareness of our programs, services and resources.

Type and Intensity of Service:

Easily accessible prevention, education, and support services to meet the needs of diverse parents; in-person, online, group, phone, and one-on-one mentor-based parenting support.

Mobile Unit (a community-donated repurposed minivan)—eliminates any time, transportation, cost, insurance, or childcare barriers parents may face by bringing peer-to-peer mentorship services and free parenting support and resources (parenting materials, children's social/emotional books, etc.) to any neighborhood in Champaign County.

Free Online and In-Person Live Sessions—giving parents an opportunity to engage in group learning and parent-to-parent discussions where relevant parenting topics are addressed. Led by community experts and peers/mentors.

Free Online Recorded Sessions—giving parents an opportunity to engage in private viewings of relevant parenting topics removing any culturally related stigmas for seeking parenting help and eliminating any financial, transportation, childcare, or privacy concerns parents may have.

One-on-One Coaching—providing parents with individualized parenting coaching to address parent-led concerns and set and create a parent-coach collaborative plan to achieve parenting goals. Coaching sessions are available to any budget based on a sliding scale.

Free One-on-One Coaching Scholarship - providing parents in financial or traumatic situations with 6 free individualized coaching sessions. Referrals from local organizations such as WIN Recovery and Crisis Nursery. Scholarship program increased 80% since 2020 with 92% of parents seeking one-on-one coaching being single moms. Funding is needed to keep from limiting the number of scholarships available and growing the program's coaching staff.

Non-Emergency Parenting Support Line- any parent can call or text this line with questions or concerns.

Length of Engagement: 1-1 Coaching for a minimum of 3 months (6 sessions, 2 per month) with personal follow-up for a year.

Leveraging Other Resources: CCMHB request is for 78% of total program revenue. Other revenue is from Contributions - various \$7,800 (11%), Grants \$5,000 (7%), and Sales of Goods and Services \$2,000 (3%).

Agency: Real Life Families

Program: Family Coaching on the Go – a NEW program request

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2023 CCMHB Funding Request: \$53,167

Focus of Application: Mental Health

Type of Contract: Grant - as a NEW program, could be Special Initiative for up to 3 years

Priority: Innovative Practices and Access to Behavioral Health Services

Services and People Served

Target Population: parents from Champaign County and rural areas... any parent who feels they are in need of help and support. FCOTG requires no appointment or insurance and has no cost to those receiving the service. Therefore, FCOTG is a great resource for families in need--those with financial difficulties or those with restrictive insurance impeding access to similar help. The FCOTG program does not target any single race, ethnicity, or any specific demographic... primary theoretical framework for focusing solely on supporting parents is our understanding of the importance of secure attachments between parents/caregivers and their children and the lifelong impact it has on child development. Child abuse and neglect, mental illness, aggression, teen pregnancy, teen suicide, and even crime can decrease as parenting support increases... FCOTG would fill a need to parents in our community by making non-traditional support services (i.e. mentorship, coaching, etc.) more accessible compared to other costly private services.

Scope, Location, and Frequency of Services:

Scope: easily accessible prevention, education, and support services to meet the needs of the diverse parents in Champaign County with in-person, online, group, phone, and one-on-one mentor-based parenting support...

- **Mobile Unit** (a community-donated repurposed minivan) - eliminates any time, transportation, cost, insurance, or childcare barriers parents may face by bringing peer-to-peer mentorship services and free parenting support and resources (parenting materials, children's social/emotional books, etc.) to any neighborhood in Champaign County. CCMHB funding for Program Coordinator salary, vehicle maintenance, equipment (canopies, weights, etc.), an incentivized mentorship program, and additional books and resources.
- **Free Online and In-Person Live Sessions** - opportunity to engage in group learning and parent-to-parent discussions where relevant parenting topics are addressed. Led by community experts and peers/mentors.
- **Free Online Recorded Sessions** - opportunity to engage in private viewings of relevant parenting topics removing any culturally related stigmas for seeking parenting help and eliminating any financial, transportation, childcare, or privacy concerns parents may have.
- **One-on-One Coaching** - individualized parenting coaching to address parent-led concerns and set and create a parent-coach collaborative plan to achieve parenting goals. Coaching sessions are available to any budget based on a sliding scale.
- **Free One-on-One Coaching Scholarship** - providing parents in financial or traumatic situations with 6 free individualized coaching sessions. (Referrals are from local organizations such as WIN Recovery and Crisis Nursery.) CCMHB funding - our scholarship program increased 80% since 2020 with 92% of parents seeking one-on-one coaching being single moms. Funding is needed to keep from limiting the number of scholarships available and growing our coaching staff.
- **Non-Emergency Parenting Support Line** - any parent can call or text this line with questions or concerns.

Location/Frequency: mobile unit can travel to parents throughout Champaign County and rural areas... set up with Carle Mobile Clinic 3-5 times per week, attend community outreach events, provide outreach resources

with community partners and offer our own community events. One-on-one coaching services would occur over the phone or on Zoom as needed (coaching sessions are usually once a week or every other week per client).

Access to Services for Rural Residents: Utilizing both mobile and online services, this program will engage with parents from all areas across Champaign County. In addition, the mobile unit can attend existing rural community events and provide opportunities for parent and child engagement. Rural residents can be served through our mobile unit right in their neighborhood. They can be served through our one-on-one coaching or online services on the phone or electronic device at their convenience.

Access to Services for Members of Historically Underinvested Populations: Some studies have shown that some minorities, especially among the African American community, have developed a stigma for receiving professional mental health support, but our FCOTG mobile unit can break down that barrier by bringing non-traditional mental health support through our peer-to-peer mentorship model with diverse parent mentors who can create a more safe and welcoming space to engage, ask questions, build relationships, and talk about parenting. In addition, with our mobile unit's ability to go to any neighborhood, we remove further barriers like time, transportation, cost, insurance, or childcare. With our one-on-one coaching, we offer families of any income level the opportunity for free or sliding scale sessions. Sessions can be done over the phone or on Zoom—again removing barriers of time, transportation, cost, insurance, or childcare. Already Real Life Families programs and services have connected with African American, Asian, Muslim, and Latino families in Champaign County which led to parents from these minority groups serving as board members, mentors, and advocates for our work. People from underserved/underrepresented groups will be served right in their neighborhood, over the phone, on Zoom, or any other online option.

Residency and Demographic data are not available – a NEW program proposal.

Program Performance Measures

CONSUMER ACCESS: parents from Champaign County with evidence of a need for service and limited financial resources. Any parent (... caregiver who takes care of children---grandparent, foster parent, caregiver, etc) can visit our mobile unit, attend an online training, or receive one-on-one coaching regardless of age, race, ethnicity, religion, or income level. No one will be turned away from our services funded through CCMHB unless they are not a resident of Champaign County which will be gathered from the one-on-one coaching intake. Parents in our community are informed about FCOTG program by: outreach events---at least pre-COVID-- (Mommy & Me, Carle Safety Fair, Early Childhood Family Engagement, Momology, etc.); community events (One Week Boutique, Prairie Farms, etc.); online media (Facebook & Instagram—coming soon); Chambanamoms; news media (radio and TV); community organization partnerships; and Real Life Families email list. Word of mouth from parents who have benefitted from our programs and services has also been an effective way to help more parents learn about Real Life Families and our programs and services.

Within 1 days from referral, 100% of those referred will be assessed.

Within 7 days of assessment, 90% of those assessed will engage in services.

People will engage in services, on average, for:

1-1 Coaching would be a minimum of 3 months (6 sessions, 2 per month) with personal follow-up for a year

Additional Demographic Data: marital status, number of children, and ages of children for clients seeking one-on-one coaching.

CONSUMER OUTCOMES: ... to create a movement in our community through our FCOTG services that reduce child abuse and neglect and allows every parent and community organization to collaborate to provide more parents with the support they need to improve parent-child relationships and therefore, improve our children's lives. To measure the impact of the FCOTG mobile unit, we want to be careful that it doesn't feel too "clinical" as the innovative idea for this program is to create a non-clinical, non-traditional, comfortable way for parents to talk to other parents, gather resources, and ask questions in a relaxed environment. However, we are

open to working with the U of I Department of Psychology to create a theory of change logic model that won't feel too invasive. We could provide an opportunity for parents to enter a raffle for a relevant prize if they fill out a brief survey with just a few questions using a simple Likert Scale with the opportunity to follow up and seek further impact data. For our FCOTG one-on-one coaching sessions in order to collect quantitative data on measuring parent-child relationship improvement, we can use a variety of self-reporting assessments depending on the parent's personal parenting goals and family needs pre and post coaching including--the Triple P Parenting and Family Adjustment Scales, the Triple P Strengths and Difficulties Questionnaire (3 versions: 2-4 year olds, 4-10 year olds, 11-17 year olds), and the Parent-Child Relationship Inventory...

Outcome gathered from all participants? No. For the FCOTG mobile unit, both the initial and follow-up survey would be optional. For the FCOTG one-on-one coaching sessions, the assessment would be individualized to their parenting and family goals. Most parents will choose to take an assessment, but it is not required for coaching services. We tailor each coaching to the parent's needs. We will be able to gather data points during the brief intake and exit survey for program effectiveness.

Anticipate 500 total participants for the year.

Will collect outcome information: At least quarterly from FCOTG participants. 1-1 coaching will be after sessions are complete with quarterly follow-up.

Is there a target or benchmark level for program services? No

Estimated level of change: The needs of our parents seeking one-on-one coaching vary from parent to parent and the assessments used to measure growth will differ according to their parenting and family goals. Overall, our goal is that 100% of parents who attend any of our FCOTG programs see a positive difference in their relationship with their child. Realistically speaking, we know that parent-child relationships are complexly impacted by multidimensional factors which make the level of change difficult to measure. We plan to work with the U of I Department of Psychology to create a theory of change logic model.

UTILIZATION:

Treatment Plan Clients (TPCs): 10 any referred or non-referred coaching clients who request to use our scholarship services for 6 free coaching sessions... assessments to monitor their progress and report on their outcomes particularly based on their parent-child relationship if that's the coaching area they desire. The number of clients we can currently take are low as we only have one coach at this time.

Non-Treatment Plan Clients (NTPCs): 500 parents who show up at the FCOTG mobile unit. It is difficult to estimate a number on this new program based on the various degrees of contact. NTPC are also any educational class or training that RLF's holds in the community.

Service Contacts (SCs): 5 parents who request our coaching services but the scope of their needs or their child's behavioral needs are beyond our areas of expertise and training that therefore, they are referred to other organizations and services in our community best suited to the needs of their child and family.

Community Service Events (CSEs): 12 - partner with a variety of community organizations and attend community events to increase awareness of our programs, services and resources. We have already partnered with Salt & Light and One Week Boutique and plan to partner with Carle Mobile Health Clinic, Crisis Nursery, Parent Wonders, Family Advocacy in Champaign County, Prairie Farms, etc.

Staff Comments: as it doesn't appear to be covered, the # of calls/texts made and answered (two different totals) by the parent support line could be reported as Other.

PY2023 Annual Targets (per Utilization Form)

	TPC	NTPC	SC	CSE
<i>Annual Target</i>	10	500	5	12

Financial Analysis

PY2023 CCMHB Funding Request: \$53,167

PY2023 Total Program Budget: \$67,967



Proposed Change in Funding - PY2022 to PY2023 = N/A

CCMHB request is for 78% of total program revenue. Other revenue is from Contributions - various \$7,800 (11%), Grants \$5,000 (7%), and Sales of Goods and Services \$2,000 (3%).

Personnel related costs of \$58,917 are the primary expense charged to CCMHB but exceed the requested amount. Other expenses are: Conferences/Staff Development \$2,500 (4%); Local Transportation \$3,050 (4%); Equipment Purchases \$3,500 (5%).

Total Agency Budget shows a Surplus of \$867, Total Program Budget Balanced, and Total CCMHB Budget shows a deficit of \$14,800.

Program Staff to be funded by CCMHB: 0 Indirect and 1.00 Direct = 1.00 FTEs

Total Program Staff: 0 Indirect and 1.00 Direct = 1.00 FTEs

Staff Comments: the deficit in CCMHB budget is equal to the difference between CCMHB amount and total program, indicating the need for revision of the expense form; with no amount budgeted for Professional Fees, the agency will not be able to meet the requirement for an independent audit (financial review in this case); in addition, the agency does not currently use the required method of accounting, which may also require consultant support to correct. The budget narrative is very detailed and thorough, identifying all agency revenues, all expenses, including rationale for those to be charged to this contract, and all personnel; some other funding is pursued to help cover costs. Personnel form indicates there is no indirect work done at the agency. Grants must be listed individually on the revenue report.

Audit Findings: N/A - this is a new proposal from an agency not currently funded by the CCMHB.

Priorities and Decision Support Criteria

Does the plan align with one or more of the CCMHB Priorities? *Yes.*

Expectations for Minimal Responsiveness: *The agency completed a Registration/Eligibility Questionnaire, indicating that the agency will need Standard Operating Procedures, an independent audit/review/compilation, implementation of accrual accounting, and a CLC plan. All required forms were complete and submitted prior to the deadline. Proposed services/supports relate to mental health and how they will improve the quality of life for persons served. Does not include specific evidence to show that other sources of funding are not available or have been maximized. Virtual options are available.*

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? *Yes*

Highlights from the submitted CLC Plan: *Real Families is a new organization that submitted a CLC to support the development of the CLC Plan. Real Families will recruit mentors for our parenting support team from a variety of races, backgrounds, income levels, and languages.*

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY22? *N/A*

Highlights from the submitted CLC Progress Report: *N/A*

Overarching Decision Support Criteria

Underinvested Populations and Countywide Access: *addressed in "Access" sections above.*

Inclusion and Anti-Stigma:... open to ALL parents already reduces a stigma. This program is not just for parents in crisis or for parents within the welfare system or for parents experiencing financial difficulties... ANY parent regardless of race, income level, or circumstance can visit our mobile unit, attend an online training, or receive one-on-one coaching. This open-to-all model creates a sense of "we're all in this together" and "we all have parenting struggles" so "let's all help each other and share ideas and do what is developmentally best for children in our community!" Our mobile unit as well as easily accessible and convenient coaching options, improves access to parenting support... peer-based approach improves access as well because more parents will be open and willing to listen and learn when peers represent the "helpers."



Outcomes: *in place of numbered outcomes, a narrative provides justification for this service and delivery method, along with suggestions and cautions regarding outcome measurements; agency offers to be a pilot of UIUC evaluation capacity building project in order to develop specific measures of program impact.*

Virtual Service Option(s): *yes*

Coordinated System: Parent Wonders - home-visit support for families in need prioritizing children experiencing homelessness, children involved in the child welfare system, children with developmental delays, and children from families in deep poverty. Crisis Nursery - parenting support groups, family services, and emergency-based crisis services for children ages 0-6 with no income eligibility or crisis definition. Family Advocacy in Champaign County - advocacy, mentoring, mediation, workshops, alternative counseling, and parenting and life skills training primarily for families in crisis or already in the welfare system (DCFS). These are phenomenal organizations in our community addressing crisis needs along with some prevention and education programs that are valuable to our community. However, to our knowledge, Real Life Families is the only nonprofit, non-crisis, proactive organization focusing primarily on prevention and education mentor-based services with 100% of our focus on parenting support. Carle Mobile Clinic - full medical care to infants, children, and adults at no or low cost. To our knowledge, RLF would be the only mobile unit bringing mentors, resources, and parenting support to neighborhoods throughout CU at no cost. The FCOTG programs and services will be a “next step” or an additional resource and support system for parents that Parent Wonders, Crisis Nursery, and Family Advocacy of Champaign County serve. In fact, we have already partnered with Crisis Nursery providing one-on-one coaching when a parent’s child “ages out” of their programs and services. The FCOTG mobile unit staff and mentors could also collaborate with their staff to provide a fun activity for parents and kids to do together along with having our mentors, resources, and books available... to bring families together to have fun and recognize the vast amount of support that our CU community provides as well as emphasize the importance of families looking out for one another for the sake of our children. The Carle Mobile Clinic and the FCOTG mobile unit will go to underserved neighborhoods together to create a one-stop-shop opportunity for families in CU to have medical health, non-traditional mental health, and parenting support available. Our goal is to partner with as many community organizations as possible to make supporting parents a community priority for the sake of the developmental health and wellness of children in Champaign County.

Budget and Program Connectedness: *budget narrative offers thorough detail and supports the program plan.*

Evidence-based, Evidence-informed, Recommended, or Promising Practice: *describes and links to information on a similar initiative response to U.S. Advisory Board on Child Abuse and Neglect declaration that child protection was a national emergency; describes Triple P and links to tools; notes no other mobile units of this nature and provides rationale.*

Evidence of Collaboration: no written agreements at this time... verbal agreements with Kelly Parker, Nurse Manager, from the Carle Mobile Clinic to partner with them with our FCOTG mobile unit. We also have verbal agreements with WIN Recovery for referrals for our FCOTG One-On-One Coaching Scholarship services.

Staff Credentials: Christine Leeb is a mom of 3 who struggled to parent her own children effectively. She spanked, yelled, and felt that she could fall into an abusive situation. She was embarrassed to ask for help at a crisis center and couldn’t find anything that didn’t have a cost online so she started Real Life Families—a peer support and training organization available to all parents. Now, she is the Executive Director and Parenting Coach. For 8 years, Christine has become an advocate for healthy child development and dedicated her time and expertise to coaching parents and teaching hundreds of parenting classes to hundreds of parents in Champaign County. BS in Education, MS in Psychology in Child & Adolescent Development (in progress), Parenting and Child Discipline Coach, Marriage and Family Coach, Life Purpose Coach. She has special training— Bullying Prevention, Childhood Trauma and Epigenetics (in progress), and Curriculum Development.

Resource Leveraging: *not used as match for another grant; CCMHB would be the primary source of funding.*

Other Pay Sources: grant from the Community Foundation of East Central Illinois, Walmart Community Grant, quarterly support from Windsor Road Christian Church, and individual donors... seeking funding from the Junior League and CC United Way as well as other grants and private donations from local businesses who care about supporting parents. **Client Fees:** No **Sliding Scale:** No.



Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY23 contract:

- *Organize outcomes section by numbered outcomes and associated assessment tools, with specific targets. If this is not done prior to contracting, it should be done within the first quarter, using the Consultation Bank or other support, if available.*
- *Correct errors in the financial forms and include an amount for Professional Fees to cover costs of independent CPA financial review.*
- *Add a utilization target for "Other" to track # of calls/texts made to support line, plus # of responses.*
- *Because the agency currently uses the cash method of accounting, a contract award should not be issued until transition to accrual is completed. A fee for service contract may be most appropriate for the first year of a contract, and until an audit, financial review, or compilation is submitted to demonstrate sound financial practices and good standing.*
- *Special Provisions: work with CLC Coordinator to strengthen strategies; mid-year progress report to the Board early in 2023; in quarterly report comments or in "Other" category, include # of calls/texts made and answered (two different totals) by the parent support line; develop and submit Standard Operating Procedures (agency board policy).*

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCMHB staff in writing of any factual errors made by CCMHB staff which should be corrected prior to completion of the award process.

Recommendation: Pending

Agency Name: Rosecrance Central Illinois

Program Name: Benefits Case Management

Requested Funding Amount: \$80,595

The original application forms contain more information. Attached is an analysis of specific sections of the application and prior reports on the program (if incumbent).

Why it Matters: This program serves anyone from Champaign County requesting behavioral health services but who is not linked with benefits such as Medicaid/Managed Care Organizations, Medicare, Social Security Income (SSI), Social Security Disability Insurance (SSDI), SNAP/Link Card, pharmacy assistance, and other public programs. Individuals who have recently been incarcerated are included, as benefits often cease while a person is incarcerated. Many formerly incarcerated individuals find they need assistance to get their benefits reinstated following release. Benefits-acquisition services are critical for individuals with behavioral health needs, for whom Rosecrance staff may be the first link to treatment and recovery.

Evidence Based, Promising, or Innovative Approach: Motivational Interviewing is used to engage clients in the process, and to encourage them to take action to complete activities needed to apply for benefits. <https://www.integration.samhsa.gov/clinical-practice/motivational-interviewing>

Outcomes:

1. It is estimated that 100% of those seeking information, assistance with applications, or referral will receive an appointment for services.
2. It is estimated that clients seeking services will be offered an appointment within 5 business days of referral, call, or walk-in.
3. It is estimated that 100% of eligible clients will be assisted with benefits acquisition.
4. It is estimated that 625 contacts to assist clients with benefits acquisition will be completed annually.

To be Served/Completed:

NTPC: 250 Champaign County residents receiving Benefits Case Management services.

SC: 625 phone calls, applications submitted, letters written, and any other communications made on behalf of a client to access benefits.

Type and Intensity of Service: Assists with applications, submissions, and appeal processes involved in obtaining the benefits necessary to receive coverage for behavioral health and medical services, as well as other public benefit programs. Navigating the application process for various entitlements can be complicated, confusing, and stressful (Pollitz, Tolbert, Hamel, Kearney, 2020; <https://www.kff.org/report-section/consumer-assistance-in-health-insurance-evidence-of-impact-and-unmet-need-issue-brief/>). This can lead people to not seek help or not

engage in behavioral health and/or medical treatment, thereby exacerbating their condition. Benefits CM helps reduce barriers to treatment by assisting those without access to dental, vision and healthcare resources as well as other public programs... also helps clients obtain additional information about their benefits when clients have questions about any current benefits they are receiving.

Length of Engagement: 3-6 months

Leveraging Other Resources: CCMHB request is for 14% of total program revenue. Other revenue: Client Service Fees (Net) \$3,610; Medicaid Fees \$477,912 (83%); Interest Income \$1,508; Rental Income \$3,850; Miscellaneous \$7,712 (1%).

DRAFT PY2023 CCMHB Program Analysis

Agency: Rosecrance Central Illinois

Program: Benefits Case Management

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2023 CCMHB Funding Request: \$80,595

Focus of Application: Co-Occurring and/or Multiple Conditions

Type of Contract: Grant

Priority: Innovative Practices and Access to Behavioral Health Services

Services and People Served

Target Population: Anyone from Champaign County requesting behavioral health services, but who are not linked with benefits... Individuals who have recently been incarcerated are included, as benefits often cease while a person is incarcerated. Many formerly incarcerated individuals find they need assistance to get their benefits reinstated following release. Benefits-acquisition services are critical for individuals with behavioral health needs, for whom Rosecrance staff may be the first link to treatment and recovery.

Scope, Location, and Frequency of Services:

Scope: assists with applications, submissions, and appeal processes involved in obtaining the benefits necessary to receive coverage for behavioral health and medical services, as well as other public benefit programs.

Navigating the application process for various entitlements can be complicated, confusing, and stressful... can lead people to not seek help or not engage in behavioral health and/or medical treatment, thereby exacerbating their condition. Benefits CM helps reduce barriers to treatment by assisting those without access to dental, vision and healthcare resources as well as other public programs... also helps clients obtain additional

information about their benefits when clients have questions about any current benefits they are receiving. Once benefits are established, persons with mental illness or substance use disorders, who often have co-occurring physical health concerns, are more easily able to get needed care, avoiding more expensive care in local hospital emergency departments. Often, clients seeking benefits have other case management needs, as well... also assists clients with accessing other resources such as food, clothing, shelter, transportation, and legal services... coordinates these services with the client's primary treatment provider.

These services are mostly funded through CCMHB, previously part of Crisis, Access, and Benefits funding...

Due to changes in how the State will be funding Crisis and Access services, this request is only for the Benefits CM services, as there are no other funding sources for these services.

Location/Frequency: in homes, other settings in the community, in the office. Benefits CM meets with clients to assist with the application process, as well as providing updates as their applications progress... M-F 9A-5:30P and by appointment if other times better meet the client's schedule.

Access to Services for Rural Residents: services in homes and other settings in the community, traveling throughout the county. Assistance with transportation or linkage to other providers/resources is provided based on individual client need. As much as possible the rural residents will be served in their geographic region.

Access to Services for Members of Historically Underinvested Populations: By reaching out to people across Champaign County, Rosecrance serves a high percentage of underserved/underrepresented persons. For example, in a recent 12-month period, 30% of the people Rosecrance served in Champaign County were Black or African American clients, whereas the estimated percentage of Black or African American people with SMI or SUD was 9% and 12%, respectively, and the percentage of Black or African American people in the county's general population was 14%. Additionally, over 95% of those served by Rosecrance in Champaign County have a financial situation that is characterized by the State of Illinois as low income or very low income. Healthcare disparities for low-income people with chronic and behavioral health problems compared to higher-income

people with similar health conditions are well documented. For the health of our communities, Rosecrance believes it is important to not only continue services, but also to expand services, for persons in this demographic. BCM services are crucial to ensuring clients are able to access services... [provided] in the community, client home, or office based.

Staff Comments: the numbers reported below are not fully comparable, as PY21 and PY22 contracts have included the larger set of Crisis, Access, and Benefits services, and data were for Crisis clients.

Residency of 145 People Served in PY21 and 275 in the first half of PY22:

Champaign	112 for PY21	126 for PY22
Urbana	59 for PY21	86 for PY22
Rantoul	7 for PY21	20 for PY22
Mahomet	12 for PY21	16 for PY22
Other	19 for PY21	27 for PY22

Demographics of 145 People Served in PY21:

Age	
Ages 7-12 -----	1
Ages 13-18 -----	3
Ages 19-59 -----	183
Ages 60-75+-----	23
Race	
White -----	139
Black / AA -----	58
Other (incl. Native American and Bi-racial)	3
Data not available-----	1
Gender	
Male -----	121
Female -----	89
Ethnicity	
Of Hispanic or Latino/a origin -----	6
Not of Hispanic or Latino/a Origin -----	204

Program Performance Measures

CONSUMER ACCESS: 1. Any individuals seeking and in need of behavioral health services who are interested in assistance with applying for benefits are eligible for services. 2. Through direct referrals, phone referrals, and walk-ins, individuals will be screened and assessed by a clinician to determine current benefits case management needs and to provide assistance and/or linkage to appropriate services. All Rosecrance clients meet criteria by being referred for the service. No one is turned away from receiving BCM services. Even if the client has benefits but has a question about their current benefits, BCM will assist them. [People learn about program] internally, through Rosecrance staff (counselors, case managers, client account representatives, and others), and externally through counselors, hospitals, case workers, or other service providers.

Within 5 days from referral, 100% of those referred will be assessed.

Within 1 days of assessment, 100% of those assessed will engage in services.

People will engage in services, on average, for: 3-6 months

Additional Demographic Data: income level, education level, living arrangement, # of dependents, contact information, primary language, religion, veteran status, marital status, employment status, and legal status.

CONSUMER OUTCOMES:

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1. It is estimated that 100% of those seeking information, assistance with applications, or referral will receive an appointment for services.
2. It is estimated that clients seeking services will be offered an appointment within 5 business days of referral, call, or walk-in.
3. It is estimated that 100% of eligible clients will be assisted with benefits acquisition.
4. It is estimated that 625 contacts to assist clients with benefits acquisition will be completed annually.

Outcomes 1 -4 are measured in the Rosecrance electronic health record. The Benefits CM will enter the data into the electronic record... also completes a Benefits Referral and Tracking Worksheet on each client, which tracks progress of the application(s) submitted.

Outcome gathered from all participants? Yes

Anticipate 250 total participants for the year.

Will collect outcome information: quarterly

Is there a target or benchmark level for program services? No

Estimated level of change for this outcome: 100% of clients will receive assistance accessing benefits.

UTILIZATION:

Non-Treatment Plan Clients (NTPCs): 250 - Champaign County residents receiving BCM services.

Service Contacts (SCs): 625 - contacts (phone calls, applications submitted, letters written, any other communications) made on behalf of a client to access benefits.

Staff Comments: # reported below are not fully comparable, as current and previous year contracts have included the larger set of Crisis, Access, and Benefits services. PY22 and PY21 utilization category of interest is "Other" where Benefits CM clients have been reported. PY22 target continues as the NTPC target. It is appropriate for the agency to shift to Benefits only, in response to changes in State/Federal funding and focus.

PY2023 Annual Targets (per Utilization Form) – Benefits Case Management Only

	NTPC	SC	CSE	OTHER
<i>Annual Target</i>	250	625	0	0
PY2022 First two quarters (per submitted Service Activity Reports) – Crisis, Access, & Benefits				
First Quarter PY22	190	896	0	63
Second Quarter PY22	177	951	2	54
<i>Annual Target</i>	1000	3000	15	250 (BCM clients)
PY2021 all four quarters (per submitted Service Activity Reports) – Crisis, Access, & Benefits				
First Quarter FY21	246	826	0	0
Second Quarter FY21	227	843	0	0
Third Quarter FY21	194	823	0	0
Fourth Quarter FY21	186	825	0	58
<i>Annual Target</i>	1400	2300	15	200 (BCM clients)

Financial Analysis

PY2023 CCMHB Funding Request: \$80,595

PY2023 Total Program Budget: \$575,187

Proposed Change in Funding - PY2022 to PY2023 = not easily compared, as the PY22 contract includes other services, with total cost \$203,960; decreased request relates to new state funding for other services.

CCMHB request is for 14% of total program revenue. Other revenue: Client Service Fees (Net) \$3,610; Medicaid Fees \$477,912 (83%); Interest Income \$1,508; Rental Income \$3,850; Miscellaneous \$7,712 (1%). **Personnel related costs of \$61,487 are the primary expense charged to CCMHB, at 77% of requested amount.** Other expenses are: Professional Fees/Consultants \$8,750 (11%); Consumables \$475 (1%); General Operating \$6,137 (8%); Occupancy \$2,613 (3%); and Local Transportation \$1,133 (1%).

Total Agency Budget shows a deficit of \$617,727; Total Program and CCMHB Budgets BALANCED.

Program Staff to be funded by CCMHB: 0.07 Indirect and 1.00 Direct = 1.07 FTEs

Total Program Staff: 0.79 Indirect and 6.00 Direct = 6.79 FTEs

Staff Comments: personnel form assigns 3% of Mental Health Director, 4% of ES Technician, and 100% of Case Manager salaries to this contract; budget narrative provides sufficient detail on total program revenues, along with rationale and details for each expenditure associated with the proposed contract.

Audit Findings: Agency PY21 audit was submitted October 28, 2021; no negative findings or excess revenue.

Priorities and Decision Support Criteria

Does the plan align with one or more of the CCMHB Priorities? *Yes.*

Expectations for Minimal Responsiveness: *The agency completed a new Registration/Eligibility Questionnaire; no concerns are raised. All required forms were complete and submitted prior to the deadline. Proposed services/supports relate to mental health and how they will improve the quality of life for persons served. Evidence is included that other sources of funding are not available or have been maximized. Virtual options not identified.*

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? *Yes.*

Highlights from the submitted CLC Plan: *Rosecrance submitted a comprehensive plan that covered all of the CLAS Standards. Staff demographics to mirror as closely as possible the population being served, including staff with lived experience while remaining compliant with EEO regulations. One report submitted to federal authorities annually. Rosecrance provides paid leave for cultural and religious needs of the staff. Director/Administrators will work with Rosecrance Communication staff to develop print materials (in any language other than English) for which more than 2% of total clients have identified a need for interpreters for that same language.*

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY22? *Yes.*

Highlights from the submitted CLC Progress Report: *“Outreach and engagement activities have focused on individual meetings with referral sources and through presentations to all Carle behavioral health staff, Champaign County Continuum of Service Providers to the Homeless (CSPH), NAMI Illinois, C-U @ Home, GROW, and at CCMHB board meeting. Rosecrance also offers “On Your Radar” Podcasts on the website... Multiple working agreements are in place. Services are provided in the office, virtually, in the community and non-traditional hours are offered in many programs. Client satisfaction surveys are completed twice per year. Due to COVID-19 pandemic, 12-step support group meetings are held virtually currently, but volunteers from 12-step community do virtual presentations to residential clients to help bridge the gap between treatment and recovery support groups.”*

Overarching Decision Support Criteria

Underinvested Populations and Countywide Access: *Yes (see “Access” sections above.)*

Inclusion and Anti-Stigma: *One way to ensure expansion of services for those who are members of historically underinvested and racial or ethnic minority populations is to continue to provide Benefits Case Management services which are person-centered, strengths-based, culturally appropriate, and include immediate access to a wide variety of behavioral health services. Access to medical and behavioral health services is improved by offering these services anywhere in Champaign County and by assisting clients to obtain the benefits necessary to receive coverage for behavioral health and medical services, as well as other public benefit programs.*

Outcomes: *includes four process measures, related to the program’s performance, with specific targets, measured through data collected by staff.*

Virtual Service Option(s): *not identified – possible, given the nature of the services.*

Coordinated System: Champaign County Health Care Consumers (CCHCC) also provides benefit case management to persons in Champaign County. Rosecrance coordinates with CCHCC case managers to coordinate services as needed. Rosecrance clients already engaged in services with CCHCC may continue to coordinate services with CCHCC if needed. CCHCC will also refer clients to Rosecrance. Staff from both organizations are in communication with one another on a regular basis to coordinate services.

Budget and Program Connectedness: *budget narrative provides good detail and supports the program plan.*

Evidence-based, Evidence-informed, Recommended, or Promising Practice: *describes and links to details on Motivational Interviewing and recovery-oriented Strengths Based Case Management model.*

Evidence of Collaboration: *written working agreements with Carle, Land of Lincoln Legal Assistance Foundation, CCHCC, OSF Hospital Urbana, Promise Healthcare, Eastern IL Foodbank, Courage Connection, Crisis Nursery, CCRPC, and CUPHD.*

Staff Credentials: Master's-level licensed clinician specially trained in state and federal benefits acquisition guidelines and processes. This clinician has SAMHSA SSI/SSDI Outreach, Access, and Recovery (SOAR) training... specific to assisting individuals who are at risk of homelessness and have a serious mental illness, medical impairment, and/or a co-occurring SUD to apply for SSI and SSDI. The clinician also has training in Motivational Interviewing, annual training in cultural competence and diversity, and trauma-informed care.

Resource Leveraging: *not used as match for another grant; total program has other sources of revenue.* **Other**

Pay Sources: None. **Client Fees:** No **Sliding Scale:** No.

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY23 contract:

- *Retain PY21-22 Special Provisions: if a two-year contract, any excess revenue from the first year cannot be spent during the second*
- *PY23 Special Provision: collaborate with similar providers, esp those using SOAR process.*

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCMHB staff in writing of any factual errors made by CCMHB staff which should be corrected prior to completion of the award process.

Recommendation: Pending



Agency Name: Rosecrance Central Illinois

Program Name: Criminal Justice PSC

Requested Funding Amount: \$320,000

The original application forms contain more information. Attached is an analysis of specific sections of the application and prior reports on the program (if incumbent).

Why it Matters: Assists individuals who have behavioral health disorders and involvement in the Champaign County criminal justice system. This includes adults who: are presently, or within the past 6 months have been, charged with a crime; are on some type of community supervision; have been found unfit to stand trial; are on conditional release because they were found not guilty by reason of insanity; or are presently incarcerated. The rationale for working with the justice-involved population with behavioral health needs comes from multiple sources: according to SAMHSA, the criminal justice system is the single largest source of referral to the public substance abuse treatment system, with probation and parole treatment admissions representing the highest proportion of these referrals.

Evidence Based, Promising, or Innovative Approach: Motivational Interviewing is a goal-directed, client-centered counseling style for eliciting behavioral change by helping clients to explore and resolve ambivalence. Strengths-based case management is grounded in the principles that all individuals have the capacity to change and grow. The focus is on individual strengths, not pathology. The client is the director of their care. Case managers work with those who want assistance with linkage to treatment services and resources including obtaining a state ID, finding employment, securing health insurance or obtaining a medical provider, and, to the extent possible, locating affordable housing. MRT groups offered in the jail and community. The term "moral" refers to moral reasoning based on Kohlberg's levels of cognitive reasoning... "reconciliation" comes from the psychological terms "conative" and "conation," both of which refer to the process of making conscious decisions. MRT is evidence-based and seeks to decrease recidivism among criminal offenders by enhancing moral reasoning, better decision making, and more appropriate behavior. Its cognitive-behavioral approach combines elements from a variety of clinical approaches to progressively address ego, social, moral, and positive behavioral growth. Coping with Anger group is offered at the probation office and the curriculum comes from the developers of MRT... a cognitive behavioral approach that addresses negative thinking patterns and allows participants to learn to express their anger in a healthier, more productive manner.

<https://motivationalinterviewing.org/understanding-motivational-interviewing>

<https://work.cibhs.org/strengths-model-case-management>

<http://www.moral-reconciliation-therapy.com/>

https://www.ccimrt.com/mrt_programs/anger-management/

Outcomes:

1. Increase clients' access to resources.

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2. Data on the length of stay in the jail for people with MI/COD; by collecting the date of booking into the jail and the date of release for each client who engages in the program from the jail, length of stay data for the Mental Illness/Co-occurring Disorders population.

To be Served/Completed:

TPC: 60 in case management. Can fluctuate greatly depending upon whether COVID precautions at the jail restrict Rosecrance staff from being on-site and whether group services at the jail are allowed.

NTPC: 100 who receive screening and referral information but choose not to engage in CM.

SC: 500 Request Slips completed. Inmates use Request Slips to communicate to our case manager for assistance, messages, and questions regarding mental health and substance abuse services. When COVID precautions at the jail restrict staff from being on-site, requests are received via email. Not all are formal inmate "request slips," so have not been tracked as such, resulting in a lower # than during times when the case manager is in the jail full time. .

Type and Intensity of Service:

Screenings for eligibility are completed on all referred or requesting services while in the jail.

Motivational Interviewing (MI) is a goal-directed, client-centered counseling style for eliciting behavioral change by helping clients to explore and resolve ambivalence.

Assessments completed for persons seeking CM services in the community.

Strengths-based case management grounded in the principles that all individuals have the capacity to change and grow; focus on individual strengths, not pathology. The client is the director of their care. Case managers work with those who want assistance with linkage to treatment services and resources including obtaining a state ID, finding employment, securing health insurance or obtaining a medical provider, and locating affordable housing.

Group therapy Moral Reconciliation Therapy (MRT) and Coping with Anger groups. MRT groups are offered in the jail and in the community.

Coping with Anger group at the probation office, curriculum from the developers of MRT, utilizes a cognitive behavioral approach that addresses negative thinking patterns and allows for participants to learn how to express their anger in a healthier, more productive manner.

Length of Engagement: 5 months.

Leveraging Other Resources: CCMHB is the primary source of revenue. Medicaid will be billed for some of the clients for some of the case management services. Transportation is not a Medicaid billable service.

Agency: Rosecrance Central Illinois

Program: Criminal Justice PSC

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2023 CCMHB Funding Request: \$320,000

Focus of Application: Co-Occurring and/or Multiple Conditions

Type of Contract: Grant

Priority: Crisis Stabilization

Services and People Served

Target Population: individuals with behavioral health disorders and involvement in the Champaign County criminal justice system. This includes adults who are presently, or within the past six months have been, charged with a crime; are on some type of community supervision (probation, parole, conditional discharge, or court supervision); have been found unfit to stand trial; are on conditional release because they were found not guilty by reason of insanity; or are presently incarcerated at the Champaign County Correctional Center (jail).

Scope, Location, and Frequency of Services:

Scope:

Screenings for eligibility are completed on all individuals referred or requesting services while in the jail.

Motivational Interviewing (MI) is used to engage individuals in services. MI is a goal-directed, client-centered counseling style for eliciting behavioral change by helping clients to explore and resolve ambivalence.

Assessments are completed for persons seeking case management services in the community.

Strengths-based case management grounded in the principle that all individuals have the capacity to change and grow. The focus is on individual strengths, not pathology. The client is the director of their care. CMs work with those who want assistance with linkage to treatment services and resources including obtaining a state ID, finding employment, securing health insurance or obtaining a medical provider, locating affordable housing.

Group therapy includes Moral Reconciliation Therapy (MRT) and Coping with Anger groups. MRT groups are offered in the jail and in the community... MRT is evidence-based and seeks to decrease recidivism among criminal offenders by enhancing moral reasoning, better decision making, and more appropriate behavior. Its cognitive-behavioral approach combines elements from a variety of clinical approaches to progressively address ego, social, moral, and positive behavioral growth. Coping with Anger group is offered at the probation office and the curriculum comes from the developers of MRT. The curriculum utilizes a cognitive behavioral approach that addresses negative thinking patterns and allows for participants to learn how to express their anger in a healthier, more productive manner. (All to be funded by the CCMHB.)

Location/Frequency: MH/SUD treatment at Rosecrance facilities if the person chooses Rosecrance as their provider following release from the jail. CMs will assist clients to link to the treatment provider of their choice. CM services are provided in the community, jail, or person's home. Groups are also provided in the jail or probation. Service frequency is variable and determined based on client needs.

Access to Services for Rural Residents: All employees are required to have a car to be eligible for employment which enhances our ability to serve people in the community. The agency also provides vehicles for staff use. Staff will travel wherever needed and when clinically appropriate, to meet with the client and assist with linkages to treatment and resources... served in the same locations as mentioned above for treatment and CM services... work with all participants to address barriers to accessing services including providing transportation whenever possible.

Access to Services for Members of Historically Underinvested Populations: Referrals primarily come from the Champaign County jail. This population is over-represented by people of color and people who are low

income and often have had little to no access to quality healthcare. Staff... engage all clients referred and assist them in accessing services, obtaining IDs, applying for health benefits or locating housing... served in the same locations as all other participants for treatment and CM services... in their homes or other locations within their community that are appropriate for the service being provided.

Residency of 23 People Served in PY21 and 28 in the first half of PY22

Champaign	12 (52.2%) for PY21	14 (50.0%) for PY22
Urbana	5 (21.7%) for PY21	10 (35.7%) for PY22
Rantoul	2 (8.7%) for PY21	1 (3.6%) for PY22
Mahomet	2 (8.7%) for PY21	1 (3.6%) for PY22
Other	2 (8.7%) for PY21	2 (7.1%) for PY22

Demographics of 23 People Served in PY21

Age	
Ages 19-59 -----	23 (100.0%)
Race	
White -----	11 (47.8%)
Black / AA -----	11 (47.8%)
Other (incl. Native American and Bi-racial) -	1 (4.3%)
Gender	
Male -----	13 (56.5%)
Female -----	10 (43.5%)
Ethnicity	
Of Hispanic or Latino/a origin -----	3 (15.8%)
Not of Hispanic or Latino/a Origin -----	15 (78.9%)
Not Available Qty -----	1 (5.3%)

Program Performance Measures

CONSUMER ACCESS: Adults ages 18 years and older who have criminal justice involvement within the past six months and completed screening/assessment(s) indicating a mental health and/or substance use disorder are eligible for these services. Jail staff completes an initial screening using the Brief Jail Mental Screening Tool (BJMHS) and the Texas University Drug Screening tool (TCUDS) for all intakes into the jail. Positive screenings from the BJHMS and/or TCUDS prompt referrals from the jail staff to this program. Rosecrance staff completes a more thorough secondary screening interview to determine the need for mental health and/or substance abuse services. Once a client determines they want to participant in treatment they are scheduled for a full mental health or substance abuse assessment. People in the target population are given information on the program by the correctional staff in the jail and by word of mouth from inmates. Fliers that detail the services we offer are available for corrections staff to give to potential clients or they will talk to them about the linkage services that are provided in the jail.

Within 15 days from referral, 70% of those referred will be assessed.

Within 20 days of assessment, 70% of those assessed will engage in services.

People will engage in services, on average, for: 5 months

Additional Demographic Data: None

CONSUMER OUTCOMES:

1. Increase clients' access to resources.
2. Data on the length of stay in the jail for people with MI/COD; by collecting the date of booking into the jail and the date of release for each client who engages in the program from the jail, length of stay data for the Mental Illness/Co-occurring Disorders population.

Measured by:

128



1. Case managers enter linkage data into a spreadsheet that the U of I Evaluation team helped design. This data will be pulled by a Rosecrance employee.
2. Length of stay data will be obtained by program staff as they have access to the jail data. Staff will enter booking and release data into the excel spreadsheet for analysis by a Rosecrance Employee.

Outcome gathered from all participants? Yes

Anticipate 150 total participants for the year.

Will collect outcome information: Quarterly and annually

Is there a target or benchmark level for program services? Yes. Based upon the data collected in 2018 by the University of Illinois Evaluation Team, the highest percentage of linkages made were participants involved in MRT with 84.6% of linkages to identified needs. In addition to linkages made to MRT, at least 30% of linkages were successful. Thus, participants in MRT were more likely have their needs met compared to those who were not linked to MRT. It was also shown in the data collected that 23.5% of participants with stable housing were more likely to have linkages met than those (18.2%) do not have stable housing.

Estimated levels of change: increasing # of linkages with participants in MRT to 87% to an identified need... increasing our other successful linkages to 35%.

UTILIZATION:

Treatment Plan Clients (TPCs): 60 clients engaged in CM services. This number can fluctuate greatly depending upon whether COVID precautions at the jail restrict Rosecrance staff from being on-site and whether group services at the jail are allowed. This past year, services have taken place at the jail at times and sometimes Rosecrance staff have been restricted from the jail, depending upon the jail's precautions.

Non-Treatment Plan Clients (NTPCs): 100 - everyone who receives screening and referral information but chooses not to engage in CM services.

Service Contacts (SCs): 500 Request Slips completed. Inmates use Request Slips to communicate to our case manager for assistance, messages, and questions regarding mental health and substance abuse services. When COVID precautions at the jail restrict Rosecrance staff from being on-site at the jail, the requests are received via email. Not all are formal inmate "request slips," so have not been tracked as such, resulting in a lower # than during times when the case manager is in the jail full time. We project completing 500 in FY23 if COVID restrictions at the jail continue to fluctuate.

PY2023 Annual Targets (per Utilization Form)

	TPC	NTPC	SC
<i>Annual Target</i>	60	100	500

PY2022 First two quarters (per submitted Service Activity Reports)

First Quarter PY22	6	18	99
Second Quarter PY22	13	25	66
<i>Annual Target</i>	90	125	600

PY2021 all four quarters (per submitted Service Activity Reports)

First Quarter PY21	47	38	99
Second Quarter PY21	4	10	22
Third Quarter PY21	3	7	19
Fourth Quarter PY21	3	22	61
<i>Annual Target</i>	145	235	760

Financial Analysis

PY2023 CCMHB Funding Request: \$320,000

PY2023 Total Program Budget: \$470,517

Proposed Change in Funding - PY2022 to PY2023 = 5.1%

Current Year Funding (PY2022): \$304,350

CCMHB request is for 68% of total program revenue. Other revenue is from Champaign County Re-Entry Program Grant \$100,000 (21%), Medicaid Fees \$48,450 (10%), Rental Income \$1,529, Miscellaneous \$538. **Personnel related costs of \$237,520 are the primary expense charged to CCMHB, at 75% of requested amount.** Other expenses are: Professional Fees/Consultants \$62,672 (20%); General Operating \$8,757 (3%); Occupancy \$8,306 (3%); Conferences/Staff Development \$774; and Local Transportation \$1,971 (1%). **Total Agency Budget shows a deficit of \$617,727, Total Program \$2,812, CCMHB Budget BALANCED.** **Program Staff to be funded by CCMHB: 0.18 Indirect and 3.85 Direct = 4.03 FTEs**

Total Program Staff: 0.79 Indirect and 5.00 Direct = 5.79 FTEs

Staff Comments: personnel form assigns 5% of Mental Health Director, 6% of ES Technician, 3% of Medical Records Clerk, 4% of Executive Director, 95% of two Case Managers and the Team Leader, and 100% of Case Manager salaries to this contract; budget narrative provides sufficient detail on total program revenues, along with details and rationale for each expenditure associated with the proposed contract.

Audit Findings: Agency PY21 audit was submitted October 28, 2021; no negative findings or excess revenue.

Priorities and Decision Support Criteria

Does the plan align with one or more of the CCMHB Priorities? Yes.

Expectations for Minimal Responsiveness: *The agency completed a new Registration/Eligibility*

Questionnaire; no concerns are raised. All required forms were complete and submitted prior to the deadline. Proposed services/supports relate to mental health and SUD recovery and how they will improve the quality of life for persons served. Evidence is included that other sources of funding are not available or have been maximized. Virtual options not a focus.

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? Yes.

Highlights from the submitted CLC Plan: *Rosecrance submitted a comprehensive plan that covered all of the CLAS Standards. Staff demographics to mirror as closely as possible the population being served, including staff with lived experience while remaining compliant with EEO regulations. One report submitted to federal authorities annually. Rosecrance provides paid leave for cultural and religious needs of the staff.*

Director/Administrators will work with Rosecrance Communication staff to develop print materials (in any language other than English) for which more than 2% of total clients have identified a need for interpreters for that same language.

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY22? Yes.

Highlights from the submitted CLC Progress Report: *“Outreach and engagement activities have focused on individual meetings with referral sources and through presentations to all Carle behavioral health staff, Champaign County Continuum of Service Providers to the Homeless (CSPH), NAMI Illinois, C-U @ Home, GROW, and at CCMHB board meeting. Rosecrance also offers “On Your Radar” Podcasts on the website...*

Multiple working agreements are in place. Services are provided in the office, virtually, in the community and non-traditional hours are offered in many programs. Client satisfaction surveys are completed twice per year. Due to COVID-19 pandemic, 12-step support group meetings are held virtually currently, but volunteers from 12-step community do virtual presentations to residential clients to help bridge the gap between treatment and recovery support groups.”

Overarching Decision Support Criteria

Underinvested Populations and Countywide Access: *Yes (see “Access” sections above.)*

Inclusion and Anti-Stigma: All of Rosecrance services are based on the principles of recovery. We believe in the power of fellowship, hope and the desire of every human spirit to heal. Through assertive engagement efforts, utilizing a spirit of hope and non-judgement, clients experience staff that care about them as people who are not defined by their diagnosis or life events. In using strengths-based case management, staff help clients identify strengths and use them to achieve their goals. Staff educate about the disease concept and the impact of

trauma to help reduce shame and stigma. Staff promote that recovery includes physical, emotional and spiritual aspects and that healing in the context of groups helps build natural supports and reduce isolation.

Outcomes: *includes outcomes for linkage to services and length of jail stay, both important to participants and the systems; measured through staff documentation. Specific targets listed for linkage. Section includes comments on previous data which show positive relationship between linkage and participation in MRT.*

Virtual Service Option(s): *not a focus – when pandemic restrictions have kept staff from in-person meetings at the jail, telephone contacts were used.*

Coordinated System: No other provider offers these services in the Champaign County Jail. CCRPC was awarded a federal grant to work with reentry individuals (18-24 y/o) on vocational/job training opportunities. FirstFollowers provides case management and a drop-in center to assist individuals coming out of IDOC... our standard practice that any time someone we serve is engaged with or could benefit from working with another service provider, we request a release of information from the individual so that we may collaborate and coordinate their care. Staff attend re-entry meetings monthly to continue to collaborate and coordinate services.

Budget and Program Connectedness: *budget narrative provides good detail and supports the program plan.*

Evidence-based, Evidence-informed, Recommended, or Promising Practice: *describes and links to information on Motivational Interviewing, Strengths Based Case Management, Moral Reconation Therapy, and Coping with Anger model.*

Evidence of Collaboration: *written working agreements with Carle Foundation Hospital, CCHCC, Champaign County Probation, CCRPC, CCSO, Champaign Police Dept, CUPHD, GROW, Land of Lincoln Legal Assistance Foundation, Mahomet Police Dept, OSF Heart of Mary Medical Center, Rantoul Police Dept, The Pavilion, and Urbana Adult Education.*

Staff Credentials: Case Managers: Bachelor's in counseling or related field, experience working with severe MI, valid driver's license. Team Leader: Master's in counseling or related field, 3 years clinical experience, LCSW/LCPC or pursuing either, valid driver's license. Current staff credentials/specialized training: Jared Warnbeir - MHP, Bachelor's in Psychology (Social Psychology concentration) with minor in Criminology, Law, and Society, certified in IM+CANS, and MRT; Aditi Bhagat - QMHP, Master's in Psychology, certified in IM+CANS and MRT; Anna Flodstrom - MHP, BSW, has been working in Human Services for 3 years, certified in IM+CANS and MRT; Caren Cohen-Heath, LPC, QMHP - Team Leader, Master's in Psychology, over 3 years experience at Rosecrance, certified in IM+CANS and MRT. Staff have completed all required Rosecrance trainings plus Motivational Interviewing, MRT, Coping with Anger, and Trauma Informed Care.

Resource Leveraging: *not used as match for another grant; CCMHB is the primary source of revenue. Other*

Pay Sources: Medicaid will be billed for some of the clients for some of the case management services. To bill to Medicaid the client must first have Medicaid, complete a full assessment and, have a qualifying mental health diagnosis (if substance abuse, we cannot bill case management services to Medicaid). Transportation is not a Medicaid billable service. **Client Fees:** No **Sliding Scale:** No.

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY23 contract:

- *Consider adding two process measures, in collaboration with CCSO staff: # of those screened at the jail compared with # of those then referred to this program for assessment; # of those assessed compared to those then found eligible for services. (These data would aid understanding of the larger system.)*
- *Retain PY21-22 Special Provisions: if a two-year contract, any excess revenue from the first year cannot be spent during the second; CCMHB staff input from Problem Solving Court partners and from justice system partners.*
- *PY23 Special Provision: collaborate with FirstFollowers.*

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCMHB staff in writing of any factual errors made by CCMHB staff which should be corrected prior to completion of the award process.

Recommendation: Pending

Agency Name: Rosecrance Central Illinois

Program Name: Crisis Co-Response Team – a NEW program request

Requested Funding Amount: \$207,948

The original application forms contain more information. Attached is an analysis of specific sections of the application and prior reports on the program (if incumbent).

Why it Matters: This population has been served by the CCRPC's Justice Diversion Program, focused on individuals and families in Rantoul and those in the Champaign County Sheriff's Office (CCSO) coverage area who have had Crisis Intervention Team (CIT) or domestic offense police contact, whether initiated by the family or due to a police response. Fulfills an identified need for behavioral health support that goes beyond the scope and expertise of patrol officers. The majority of persons involved are hard-to-reach individuals from underserved populations including lower income and ethnic minority households. However, no parameters are placed on the target population regarding gender, age, income, or race/ethnicity by the program beyond the individual/family having had a CIT or domestic disturbance contact with the Rantoul Police Department (RPD) or Champaign County Sheriff's Office (CCSO). The CCRT Case Manager will continue to encourage Officers to complete CIT forms according to the CIT Steering Committee guidelines.

Evidence Based, Promising, or Innovative Approach:

Adult Needs and Strengths (ANSA) to support decision making and planning related need for treatment, urgency of the need, and level of care; will also be used to measure outcomes by determining change in level of social emotional behavioral needs following engagement in treatment. The 2015 Journal of Addiction Research & Therapy reports that, "evidence suggests that the ANSA is a valid tool of measurement, and that it does reflect the client's perspective accurately, thus strengthening confidence in its use as a standardized screening instrument."

<https://praedfoundation.org/tools/the-adult-needs-and-strengths-assessment-ansa/>

Outcomes:

1. Increase individual's capacity to engage in treatment.
2. Decrease level of need for social emotional behavioral treatment. At least 20% of treatment plan clients with initial ratings of 2 or 3 will move to ratings of 1 or 0.
3. Reduce # of repeat calls to law enforcement for social emotional behavioral needs. No more than 25% of the requests for law enforcement assistance for behavioral needs during program year will be repeat requests.

To be Served/Completed:

TPC: 50 Individuals enrolled in short-term care planning, coordination and monitoring based on entry assessment results. Coordination and monitoring may continue for up to 3 months to ensure engagement. When service connection is not readily available, the coordinator will

provide support until individual is accepted into services or needs have been met. Exit assessments will be completed to determine change in level of SEB needs.

NTPC: 140 Individuals whose initial screening indicates that crisis can be resolved without further action from CCRT or RPD and no plan for treatment is necessary. Staff will offer information and/or resources to address the issue that precipitated the police involvement.

SC: 250 - attempts to contact and engage individuals and families who have had Crisis Intervention Team (CIT) or domestic related police contact, whether initiated by the family or due to a police response.

CSE: 20 staff presentations; service provider facilitation meetings, including Rantoul Service Providers meeting; meetings with providers, schools, community members, public officials to provide information and education about the CCRT program; and community meetings/events.

Type and Intensity of Service: Responding to need for behavioral health support in Rantoul and Champaign County outside of C-U (which is covered by other funding), the CCRT aims to reduce the number of repeat calls to law enforcement for social emotional behavioral (SEB) needs by increasing available services, eliminating barriers to existing services and increasing individual's capacity to engage in treatment, while offering law enforcement an alternative to formal processing. CCRT service referrals are accepted from RPD and CCSO following CIT or domestic related calls, or as recommended by CCRT staff after reviewing daily police logs. Staff may be available for immediate response on location with police after safety has been ensured. CCRT attempts to contact all individuals referred. Following contact, appointments are scheduled to complete the Adult Needs and Strengths Assessment (ANSA). The ANSA helps determine level of SEB needs, if crisis can be resolved without further action or if resolution requires a treatment plan.

Length of Engagement: 1-3 months

Leveraging Other Resources: CCMHB request is for 99% of total program revenue. Other revenue - Interest Income \$781 and Misc \$289.

Agency: Rosecrance Central Illinois

Program: Crisis Co-Response Team – a *NEW* program request

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2023 CCMHB Funding Request: \$207,948

Focus of Application: Co-Occurring and/or Multiple Conditions

Type of Contract: Grant – *could also be Special Initiative and use this designation for up to three years*

Priority: Crisis Stabilization

Services and People Served

Target Population: same population previously served by the CCRPC’s Justice Diversion Program (JDP). Serving individuals and families in Rantoul and those in the Champaign County Sheriff’s Office (CCSO) coverage area, who have had Crisis Intervention Team (CIT) or domestic offense police contact, whether initiated by the family or due to a police response... majority of persons involved are hard-to-reach individuals from underserved populations including lower income and ethnic minority households. However, no parameters... regarding gender, age, income, or race/ethnicity by the program beyond the individual/family having had a CIT or domestic disturbance contact with the Rantoul Police Department (RPD) or CCSO.

Scope, Location, and Frequency of Services:

Scope: Responding to need for behavioral health support in Rantoul and Champaign County outside of C-U (which is covered by other funding), the CCRT aims to reduce the number of repeat calls to law enforcement for social emotional behavioral (SEB) needs by increasing available services, eliminating barriers to existing services and increasing individual’s capacity to engage in treatment, while offering law enforcement an alternative to formal processing.

- Referrals are accepted from RPD and CCSO following CIT or domestic related calls, or as recommended by CCRT staff after reviewing daily police logs.
- Staff may be available for immediate response on location with police after safety has been ensured. CCRT attempts to contact all individuals referred.
- Following contact, appointments are scheduled to complete the Adult Needs and Strengths Assessment (ANSA). The ANSA helps determine level of SEB needs, if crisis can be resolved without further action or if resolution requires a treatment plan. When no plan for treatment is necessary, staff will offer information and/or resources to address the issue that precipitated police involvement. When a plan is required, CCRT provides short-term care planning, coordination and monitoring... linkages with: housing, MH/SUD services, counseling, education and vocational training, financial education, employment, and peer support.
- Coordination and monitoring may continue for up to 3 months to ensure engagement. When service connection is not readily available, the program staff provide support until the individual is accepted into services, or the needs are met. Exit assessments are completed to determine change in level of SEB needs.

Location/Frequency: through outreach and community based. CCRT Case Managers work along-side officers and in the field. The CM assigned to the RPD will have office hours at both RPD and the CSCNCC. Outreach services may be provided in clients’ home and community environments, allowing for sensitivity to the specific needs and concerns of the clients’ unique cultural backgrounds. CMs primarily work M-F between 10 am and 6:30 pm, appointments available outside of traditional business hours to accommodate clients’ schedules.

Access to Services for Rural Residents: direct client services will be provided to residents of the rural areas, including the medically underserved Townships - Ayers, Colfax, Crittenden, Pesotum, Philo, Raymond, Sadorus, Sidney, South Homer, and Tolono, because these are in the coverage area for CCSO. Services will be

available to rural residents in various locations. CCRT staff have space to host client meetings in Urbana, Champaign, and in Rantoul. Staff also travel to clients to meet in community locations or to the clients' homes. **Access to Services for Members of Historically Underinvested Populations:** Rosecrance promotes culturally responsive services through staff training and program development, with special attention to meeting National Culturally and Linguistically Appropriate Services (CLAS) standards. It is expected that a good number of referrals will be generated for members of underserved or underrepresented minority populations. For example, according to data provided by CCRPC, approximately 50% of clients served annually from Rantoul were of a minority race as compared to the 34% minority representation in the total population in Rantoul. As services develop in Rantoul, the Rantoul Community Service Providers meeting agenda will include efforts to identify and reduce barriers for residents from northern county rural areas. All program participants will be served in spaces where they feel most comfortable and are also safe for both the client and the staff. Staff have space to host client meetings in Urbana, Champaign, and Rantoul... [at] RPD, CCSO, Rosecrance in Champaign, Community Services Center of Northern Champaign County, client's homes, or community locations.

Residency and Demographic data— *although this is a NEW program proposal from Rosecrance, it is a current program of the CCRPC, making these data are available:*

- *In PY21, 80 participants were from Rantoul (96%), 1 from Champaign, 1 Urbana, and 1 Other.*
- *In PY22, the program was expanded to include CCSO calls, and 129 were from Rantoul (75%), 8 Urbana (5%), 6 Champaign (3%), 8 Savoy (5%), 4 Mahomet (2%), and 18 from Other Champaign County (10%).*
- *In PY21, 11 were youth, 57 were aged 19-59, and 6 were over 60; 41 were White, 36 Black, and 2 Other; 5 were of Hispanic or Latino/a origin; 61 were female and 22 male.*
- *In PY22, 1 was 6 years old or younger, 1 aged between 7 and 12, 28 were 13-18, 120 were 19-59, and 30 were over 60; 103 were White, 68 Black, 1 Asian/PI, and 1 Other; 10 were of Hispanic or Latino/a origin; 102 were female, and 79 male.*

Program Performance Measures

CONSUMER ACCESS: Individuals and families in Rantoul, Illinois and in the areas served by the CCSO who have had CIT or domestic related police contact, no parameters are placed on the target population regarding gender, age, income, or race/ethnicity by the program. Participant will be referred by CCSO or Rantoul Police or have a police contact record.

Within 7 days from referral, 65% of those referred will be assessed.

Within 0 days of assessment, 100% of those assessed will engage in services.

People will engage in services, on average, for: 1-3 months

Additional Demographic Data: No additional demographic will be collected.

CONSUMER OUTCOMES:

1. Increase individual's capacity to engage in treatment.
2. Decrease level of need for social emotional behavioral treatment. At least 20% of treatment plan clients with initial ratings of 2 or 3 will move to ratings of 1 or 0.
3. Reduce # of repeat calls to law enforcement for social emotional behavioral needs. No more than 25% of the requests for law enforcement assistance for behavioral needs during program year will be repeat requests.

Measured by:

1. Following client enrollment, staff will enter service plan client data into the Rosecrance's electronic medical record. Data reports will be pulled and monitored for accuracy on a quarterly basis.
2. Entry and exit ANSAs will be completed for all treatment plan clients. Staff will enter scores into Rosecrance's electronic medical record. Reports indicating number and percent of clients with decreased level of needs will be pulled quarterly.

3. Number of repeat requests to RPD and CCSO for social emotional behavioral needs will be tracked and reported quarterly by the CCRT Team Leader.

Outcome gathered from all participants? No. Only TPCs (those with a service plan) will have an exit assessment to compare change in level of need.

Anticipate 190 total participants for the year.

Will collect outcome information: quarterly

Is there a target or benchmark level for program services? No

Estimated levels of change for these outcomes:

1. Decrease level of need for social emotional behavioral treatment. At least 20% of treatment plan clients with initial ratings of 2 or 3 will move to ratings of 1 or 0.
2. Reduce repeat calls to law enforcement for social emotional behavioral needs. No more than 25% of requests for law enforcement assistance for behavioral needs during the PY will be repeat requests.

UTILIZATION:

Treatment Plan Clients (TPCs): 50 individuals enrolled in short-term care planning, coordination and monitoring based on entry assessment results. Coordination and monitoring may continue for up to 3 months to ensure engagement. When service connection is not readily available, the Coordinator will provide support until individual is accepted into services, or needs have been met. Exit assessments will be completed to determine change in level of social emotional behavioral needs.

Non-Treatment Plan Clients (NTPCs): 140 individuals whose initial screening indicates that crisis can be resolved without further action from CCRT or RPD and no plan for treatment is necessary. Staff will offer information and/ or resources to address the issue that precipitated the police involvement.

Service Contacts (SCs): 250 - attempts to contact and engage individuals and families who have had CIT or domestic related police contact, whether initiated by the family or due to a police response.

Community Service Events (CSEs): 20 staff presentations; service provider facilitation meetings, including the Rantoul Service Providers meeting; meetings with providers, schools, community members, public officials to provide information and education about the CCRT program; and community meetings/events.

Staff Comments: the CCRPC Justice Diversion Program served residents of Rantoul and northern Champaign County during PY21 (and prior) and was expanded for PY22 to include all served by the CCSO. PY21 targets were for 12 CSEs (with 44 actual for the year), 200 SCs (137 actual), 70 NTPCs (72 actual), and 42 TPCs (14 actual). For PY22, the targets are 20 CSEs (with 51 actual by mid-year), 250 SCs (54), 140 NTPCs (56) and 52 TPCs (24). Maintaining these targets is proposed for PY23, as the program retains much of the current character but to be run by Rosecrance, which will provide crisis services to C-U through other funding.

PY2023 Annual Targets (per Utilization Form)

	TPC	NTPC	SC	CSE
<i>Annual Target</i>	50	140	250	20

Financial Analysis

PY2023 CCMHB Funding Request: \$207,948

PY2023 Total Program Budget: \$209,018

Proposed Change in Funding - PY22 to PY23 = N/A – a new request (currently this program is funded through CCRPC at the same funding level.)

CCMHB request is for 99% of total program revenue. Other revenue - Interest Income \$781 and Misc \$289. **Personnel related costs of \$104,087 are the primary expense charged to CCMHB, at 67% of requested amount.** Other expenses are: Professional Fees/Consultants \$42,283 (20%); Consumables \$803; General Operating \$9,028 (4%); Occupancy \$8,051 (4%); Conferences/Staff Development \$247; and Local Transportation \$7,449 (4%).



Total Agency Budget shows a deficit of \$617,727, Total Program \$8,123, CCMHB Budget BALANCED.

Program Staff to be funded by CCMHB: 0.10 Indirect and 2.00 Direct = 2.10 FTEs

Total Program Staff: 0.19 Indirect and 2.00 Direct = 2.19 FTEs

Staff Comments: personnel form assigns to this contract portions of the salaries of - 2% of Executive Director, 4% of Office Support Supervisor, 4% of Medical Records Clerk, and 100% of two case managers; budget narrative provides sufficient detail on total program revenues, along with details and rationale for each expenditure (including indirect costs) associated with the proposed contract.

Audit Findings: *agency PY21 audit was submitted October 28, 2021; this was not a funded/audited Rosecrance program during PY21.*

Priorities and Decision Support Criteria

Does the plan align with one or more of the CCMHB Priorities? *Yes.*

Expectations for Minimal Responsiveness: *The agency completed a new Registration/Eligibility Questionnaire; no concerns are raised. All required forms were complete and submitted prior to the deadline. Proposed services/supports relate to mental health and how they will improve the quality of life for persons served. Evidence is included that other sources of funding are not available or have been maximized. Virtual options not a focus.*

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? *Yes.*

Highlights from the submitted CLC Plan: *Rosecrance submitted a comprehensive plan that covered all of the CLAS Standards. Staff demographics to mirror as closely as possible the population being served, including staff with lived experience while remaining compliant with EEO regulations. One report submitted to federal authorities annually. Rosecrance provides paid leave for cultural and religious needs of the staff. Director/Administrators will work with Rosecrance Communication staff to develop print materials (in any language other than English) for which more than 2% of total clients have identified a need for interpreters for that same language.*

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY22? *Yes.*

Highlights from the submitted CLC Progress Report: *“Outreach and engagement activities have focused on individual meetings with referral sources and through presentations to all Carle behavioral health staff, Champaign County Continuum of Service Providers to the Homeless (CSPH), NAMI Illinois, C-U @ Home, GROW, and at CCMHB board meeting. Rosecrance also offers “On Your Radar” Podcasts on the website... Multiple working agreements are in place. Services are provided in the office, virtually, in the community and non-traditional hours are offered in many programs. Client satisfaction surveys are completed twice per year. Due to COVID-19 pandemic, 12-step support group meetings are held virtually currently, but volunteers from 12-step community do virtual presentations to residential clients to help bridge the gap between treatment and recovery support groups.”*

Overarching Decision Support Criteria

Underinvested Populations and Countywide Access: *Yes (see “Access” sections above.)*

Inclusion and Anti-Stigma: *Participants will have the opportunity to address issues in a restorative manner, as an alternative to working with law enforcement. CCRT will provide support from staff that are trauma informed with a strong understating of cultural competency, which will help to reduce stigma and improve access to community resources. Once enrolled, staff promote inclusion in services, working with participants to identify personalized goals and develop individual service plans. CCRT services are provided specifically in Rantoul and throughout Champaign County. The program offers community/home-based appointments and appointment times most convenient for participants. These factors support improved access to the community. Input from*

clients, service providers, and law enforcement gathered from client satisfaction surveys, during provider meetings, and feedback from community members, will continue to drive ongoing program improvements.

Outcomes: *includes two outcomes specific to the client experience (service engagement and need for service) and another regarding impact on the person and systems (repeat law enforcement calls); two have specific targets; measured through ANSA and data collected by staff.*

Virtual Service Option(s): *not a focus*

Coordinated System: CCRPC's Youth Assessment Center provides similar services for youth at the YAC in Champaign. Rosecrance offers Crisis Intervention services county-wide. However, CCRT is responding to an identified need specifically in Rantoul and Champaign County areas outside of C-U to assist officers with a variety of situations and populations. While many agencies attempt to work together to service clients in Rantoul, CCRT facilitates lasting, working collaborations between agencies, law enforcement, and Rantoul community members and providing outreach and community-based services for individuals and families in the service area of the CCSO. CCRT Case Managers are supervised by a Team Leader that participates in various coordination meetings across Champaign County, including the Community Coalition and YAC Advisory meetings, both focused on enhancing service delivery and coordination. The Team Leader is also tasked with participating in community efforts to advance increased awareness and training on topics related to equity, unconscious bias and other areas of social justice in policing. The CCRT CM working with RPD facilitates the monthly Rantoul Community Service Providers meeting with goals of: developing a uniform referral form, sharing release of information forms, establishing MOUs between providers, promoting increased services in Rantoul, identifying and addressing barriers to access to services in northern county rural areas, and providing an opportunity to brainstorm solutions to challenging situations.

Budget and Program Connectedness: *budget narrative provides good detail and supports the program plan.*

Evidence-based, Evidence-informed, Recommended, or Promising Practice: *describes and links to information about the Adult Needs and Strengths (ANSA).*

Evidence of Collaboration: *written working agreements with Carle Foundation Hospital, CCHCC, Champaign County Probation, CCRPC, CCSO, CUPHD, Courage Connection, Crisis Nursery, CRIS Healthy Aging, Eastern IL Food Bank, Family Service, GROW, Land of Lincoln Legal Assistance Foundation, Mahomet Police Department, OSF Heart of Mary Medical Center, Rantoul Police Department, RACES, The Pavilion, The Uniting Pride (UP) Center of Champaign County, Urbana Adult Education.*

Staff Credentials: Bachelor's in human or social services or related field and minimum of three years of direct client service experience; a combination of education and experience in the field may be considered; Master's degrees preferred; training in cultural competency, motivational interviewing, Crisis Prevention Institute (CPI) and trauma informed service delivery; weekly supervision; and professional development trainings encouraged.

Resource Leveraging: *not used as match for another grant; CCMHB is the primary source of revenue.*

Other Pay Sources: currently no other payment sources available for this service/support for Rantoul Police Department nor for the Champaign County Sheriff's Office. Rosecrance has received SAMHSA grant funding to implement CCRT services to Champaign and Urbana. **Client Fees:** No. **Sliding Scale:** No.

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY23 contract:

- *Special Provisions from the CCRPC JDP PY22 contract: CCMHB staff input from justice system partners; response to RPD using CIT forms; if it becomes available, seek other funding.*

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCMHB staff in writing of any factual errors made by CCMHB staff which should be corrected prior to completion of the award process.

Recommendation: Pending

Agency Name: Rosecrance Central Illinois

Program Name: Prevention Services

Requested Funding Amount: \$60,000

The original application forms contain more information. Attached is an analysis of specific sections of the application and prior reports on the program (if incumbent).

Why it Matters: Substance Abuse Prevention programming is essential for youth, parents, and the community. The need for these services has been identified on the Champaign County IPLAN. Serves three groups:

1) Youth, determined through student prevalence/at risk identification, requests from school personnel, and youth-serving organizations. Programming focuses on 4th-9th grades but is not limited to this age group.

2) Parents of students receiving substance abuse prevention education. Parent education information is distributed to students receiving prevention education to increase parents' knowledge of alcohol and drugs, to encourage communication between parents and their children, and to provide additional resources for parents.

3) Community - collaboration is an important factor in educating youth and adults in the area of substance abuse and prevention. Prevention staff has strong relationships with community partners, youth-based agencies, multiple coalitions/committees, including the Walk as One Community Coalition. Communication campaigns focus on a county-wide basis, encouraging community members to engage in multiple prevention strategies, such as prescription drug take back days and other special events.

Evidence Based, Promising, or Innovative Approach:

The Mendez Foundation's Too Good for Drugs (TGFD) and Too Good for Violence (TGFV), recognized as Substance Abuse and Mental Health Services Administration (SAMHSA) Model Programs and evaluated by the National Registry of Evidence-Based Programs and Practices. The U.S. Department of Ed, Institute of Education Science has also found TGFD/TGFV to show positive effects on behavior & knowledge, attitudes & values. <https://toogoodprograms.org>

Outcome:

Improve Champaign County youth knowledge and attitudes about alcohol, drugs and/or violence.

To be Served/Completed: CSE: 975 classroom sessions and/or community presentations

Type and Intensity of Service: Curricula currently implemented are TGFD/TGFV, encompassing facts about alcohol, tobacco, and other drugs, life skills, and violence/bullying prevention. Programs are grade specific and use interactive teaching methods to encourage students to bond with peers. They engage students through role plays, cooperative learning games, small group activities, and discussions, and they meet requirements established by the Illinois State

Standards required for Health Education. TGFV/TGFD have family components used in each grade level, utilizing "home workouts" which reinforce skills taught in TGFV/TGFD, provide information about harm/risk of drug use, tips for parents and information about prevention.

Length of Engagement: 9-10 weeks

Leveraging Other Resources: CCMHB request is for 12% of total program revenue. Other revenue is from United Way \$10,000 (2%), Ford County Mental Health Board Grant \$11,996 (2%), DHS Prevention Grant \$374,081 (77%), Interest Income \$1,628, Rental Income \$26,950 (6%), and Miscellaneous \$573.

DRAFT PY2023 CCMHB Program Analysis

Agency: Rosecrance Central Illinois

Program: Prevention Services

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2023 CCMHB Funding Request: \$60,000

Focus of Application: Substance Use Disorder

Type of Contract: Grant

Priority: Systems of Care for Youth and Families

Services and People Served

Target Populations: 1) Youth: determined through student prevalence/at risk identification (primary source is Illinois Youth Survey), requests from school personnel, and youth-serving organizations. Programming focuses on 4th-9th grades but is not limited to this age group. 2) Parents: of students receiving substance abuse prevention education. Parent education information is distributed to students receiving prevention education to increase parents' knowledge of alcohol and drugs, to encourage communication between parents and their children, and to provide additional resources for parents. 3) Community: collaboration is an important factor in educating youth and adults in the area of substance abuse and prevention.

Scope, Location, and Frequency of Services:

Scope: Substance Abuse Prevention programming is essential for youth, parents, and the community. Locally, the need for these services has been identified on the Champaign County IPLAN. Curricula currently being implemented are Too Good for Drugs (TGFD) and Too Good for Violence (TGFV). They encompass facts about alcohol, tobacco, and other drugs, life skills, and violence/bullying prevention. Both programs are recognized by SAMHSA as Model Programs and were found to have a positive effect on students' behavior & knowledge, attitudes & values by the U.S. Department of Education. Programs are grade specific and use interactive teaching methods to encourage students to bond with peers. They engage students through role plays, cooperative learning games, small group activities, and discussions. TGFD/TGFV meet requirements established by the Illinois State Standards required for Health Education. TGFD/TGFV also involve family components used in each grade level, utilizing "home workouts." The activities reinforce the skills taught in TGFD/TGFV, provide information about harm/risk of drug use, tips for parents and information about prevention. Parents exposed to this will be more likely to reinforce prevention skills, norms of non-use, more likely to support and participate in school-related activities and more likely to communicate a clear message regarding drug use. In addition, Prevention Specialists also provide special presentations to parents and teachers upon request. A member from the Prevention Department serves as an active member on the Walk as One Community Coalition. The prevention department provides specialized services for community members and organizations upon request. These include presenting about signs of use and abuse as well as the importance of prevention at the Urbana School District 116 professional development day... Team reaches out to schools to offer an opportunity to talk to PTA members about substance use and prevention tools they can use at home.

Location/Frequency: weekly to Edison Middle School, Jefferson Middle School, Franklin Middle School, Fisher Junior High School, Unity East Elementary School, Dr. King Elementary School, Dr. Williams Elementary School, Leal Elementary School, Centennial High School, Central High School, Mahomet-Seymour High School, and Urbana Middle School. All persons seeking resources from Prevention will receive [them]... staff work directly with schools, youth-serving organizations, parents, and communities to provide the requested services. Services will be provided as planned in conjunction with schools and community partners.

Access to Services for Rural Residents: currently serving a number of these townships virtually and in person. We are continuously aiming to recruit schools from medically underserved areas. Rural residents will be served

at public schools or community organization in the townships that have agreed to participate in the prevention programming. Virtual programming is also available to schools or community organizations upon request. **Access to Services for Members of Historically Underinvested Populations:** to ensure that prevention programs are age appropriate for diverse populations, the Too Good for Drugs and Too Good for Violence curriculums were chosen. Both are SAMHSA approved and are recognized as having been proven effective with African Americans, Asian Americans, Hispanic/Latinos and White students in rural, urban and suburban areas. We will serve students and all schools who wish to enroll students in our programs. All participants will be served in person or virtually at a public school or community organization in Champaign County who have agreed to participate in the prevention programming.

Residency of 3873 People Served in PY21 and 2275 in first half of PY22:

Champaign	2,665 (68.8%) for PY21	1,278 (56.2%) for PY22
Urbana	615 (15.9%) for PY21	598 (26.3%) for PY22
Mahomet	346 (8.9%) for PY21	151 (6.6%) for PY22
Other	247 (6.4%) for PY21	248 (10.9%) for PY22

Demographics of 3873 People Served in PY21:

Age	
Ages 0-6 -----	85 (2.2%)
Ages 7-12 -----	1,796 (46.4%)
Ages 13-18 -----	1,992 (51.4%)
Race	
White -----	1,547 (39.9%)
Black / AA -----	1,145 (29.6%)
Asian / PI -----	343 (8.9%)
Other (incl. Native American and Bi-racial) -	838 (21.6%)
Gender	
Male -----	1,912 (49.4%)
Female -----	1,961 (50.6%)
Ethnicity	
Of Hispanic or Latino/a origin -----	558 (14.4%)
Not of Hispanic or Latino/a Origin -----	3,315 (85.6%)

Program Performance Measures

CONSUMER ACCESS: Youth at schools throughout the county are eligible to participate. Sessions are based on the request of the school/youth-based organization making the request and may include sessions on life skills, substance abuse education and violence prevention. Parents and communities in Champaign County interested in Prevention services or resources may also request special presentations... Unless there is a scheduling conflict, all persons seeking resources from our Prevention Department will receive prevention services... Every effort is made to find an available Prevention Team member to cover requests for presentations and other services. Outreach to schools, youth-serving organizations, parents, and communities is ongoing... face-to-face interactions, correspondence, community events, and communication campaigns... Team continues to increase involvement... to help our program reach more students, parents, and community members.

- Within 0 days from referral, 100% of those referred will be assessed.**
- Within 15 days of assessment, 100% of those assessed will engage in services.**
- People will engage in services, on average, for: 9-10 weeks**
- Additional Demographic Data:** no other demographic data collected.

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CONSUMER OUTCOMES:

It is the intent of the Prevention services offered to youth, parents, and communities to improve Champaign County youth knowledge and attitudes about alcohol, drugs and/or violence.

Measured by:

TGFD/TGFV pre/post tests. Additional data collected every two years on the Illinois Youth Survey (IYS), a validated tool created by the U of I Center for Prevention Research & Development.

Outcome gathered from all participants? Yes

Anticipate 4150 total participants for the year.

Will collect outcome information: Pre/post test data once a quarter. IYS data every two years.

Is there a target or benchmark level for program services? No

Estimated levels of change: For TGFD/TGFV, an increase of 10% from pre to post-test is estimated. For those schools participating multiple years in a row, we intend to observe an increase in retention rates from each subsequent year the program is implemented, i.e., 7th grade Pre-Tests are higher than 6th grade Pre-Test scores. Prevention staff continues to grow the number of schools in Champaign County participating in the Illinois Youth Survey in attempt to receive more accurate Champaign County results.

UTILIZATION:

Community Service Events (CSEs): 975 classroom sessions and/or community presentations.

Staff Comment: maintains the target of last two program years.

PY2023 Annual Targets (per Utilization Form)

Quarter CSE

Annual Target 975

PY2022 First two quarters (per submitted Service Activity Reports)

First Quarter PY22 248

Second Quarter PY22 416

Annual Target 975

PY2021 all four quarters (per submitted Service Activity Reports)

First Quarter PY21 178

Second Quarter PY21 436

Third Quarter PY21 423

Fourth Quarter PY21 307

Annual Target 975

Financial Analysis

PY2023 CCMHB Funding Request: \$60,000

PY2023 Total Program Budget: \$485,228

Proposed Change in Funding - PY2022 to PY2023 = 0%

Current Year Funding (PY2022): \$60,000

CCMHB request is for 12% of total program revenue. Other revenue is from United Way \$10,000 (2%), Ford County Mental Health Board Grant \$11,996 (2%), DHS Prevention Grant \$374,081 (77%), Interest Income \$1,628, Rental Income \$26,950 (6%), and Miscellaneous \$573.

Personnel related costs of \$46,549 are the primary expense charged to CCMHB, at 78% of requested amount. Other expenses are: Professional Fees/Consultants \$8,599 (14%); Consumables \$550 (1%); General Operating \$3,650 (6%); and Local Transportation \$652 (1%).

Total Agency Budget shows a deficit of \$617,727, Total Program \$3,752, CCMHB Budget BALANCED.

Program Staff to be funded by CCMHB: 0.03 Indirect and 0.80 Direct = 0.83 FTEs

Total Program Staff: 0.80 Indirect and 5.50 Direct = 6.30 FTEs

Staff Comments: personnel form assigns 1% of Grants Manager, 2% of Executive Director, 80% of Prevention Specialist salaries to this contract; budget narrative provides sufficient detail on total program revenues, along with details and rationale for each expenditure associated with the proposed contract.

Audit Findings: Agency PY21 audit was submitted October 28, 2021; no negative findings or excess revenue.

Priorities and Decision Support Criteria

Does the plan align with one or more of the CCMHB Priorities? *Yes.*

Expectations for Minimal Responsiveness: *The agency completed a new Registration/Eligibility Questionnaire; no concerns are raised. All required forms were complete and submitted prior to the deadline. Proposed services/supports relate to mental health and how they will improve the quality of life for persons served. Evidence is included that other sources of funding are not available or have been maximized. Virtual options available upon request.*

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? *Yes.*

Highlights from the submitted CLC Plan: *Rosecrance submitted a comprehensive plan that covered all of the CLAS Standards. Staff demographics to mirror as closely as possible the population being served, including staff with lived experience while remaining compliant with EEO regulations. One report submitted to federal authorities annually. Rosecrance provides paid leave for cultural and religious needs of the staff. Director/Administrators will work with Rosecrance Communication staff to develop print materials (in any language other than English) for which more than 2% of total clients have identified a need for interpreters for that same language.*

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY22? *Yes.*

Highlights from the submitted CLC Progress Report: *“Outreach and engagement activities have focused on individual meetings with referral sources and through presentations to all Carle behavioral health staff, Champaign County Continuum of Service Providers to the Homeless (CSPH), NAMI Illinois, C-U @ Home, GROW, and at CCMHB board meeting. Rosecrance also offers “On Your Radar” Podcasts on the website... Multiple working agreements are in place. Services are provided in the office, virtually, in the community and non-traditional hours are offered in many programs. Client satisfaction surveys are completed twice per year. Due to COVID-19 pandemic, 12-step support group meetings are held virtually currently, but volunteers from 12-step community do virtual presentations to residential clients to help bridge the gap between treatment and recovery support groups.”*

Overarching Decision Support Criteria

Underinvested Populations and Countywide Access: *Yes (see “Access” sections above.)*

Inclusion and Anti-Stigma: *To ensure that prevention programs are age appropriate for diverse populations, the TGFD/TGFV curriculums were chosen. Both are SAMHSA approved and have been proved effective with African Americans, Asian Americans, Hispanic/Latinos and White students in rural, urban, and suburban areas. We will serve any and all students enrolled in our programs.*

Outcomes: *includes an outcome for increased knowledge of SUD and prevention among youth, with a specific target and appropriate assessment tools.*

Virtual Service Option(s): *yes*

Coordinated System: *no other organizations in Champaign County of which we are aware offer these services.*

Budget and Program Connectedness: *budget narrative provides good detail and supports the program plan.*

Evidence-based, Evidence-informed, Recommended, or Promising Practice: *describes and links to information on the Mendez Foundation's TGFD/TGFV Programs, listed with SAMHSA, evaluated by National Registry of Evidence-Based Programs and Practices and the US Dept of Ed, Institute of Education Science.*

Evidence of Collaboration: *written working agreements with Jefferson Middle School, Edison Middle School Franklin Middle School (Franklin Steam Academy), Urbana Middle School, Central HS, Centennial HS, Unity East Elementary, Ludlow Elementary, Fisher Jr/sr HS, Mahomet-Seymour HS, CUPHD, and 21st Century Community Learning Center.*

Staff Credentials: Bachelor's Degrees... [required] specialized trainings through Prevention First, the leading organization in Illinois for knowledge building and the dissemination of evidence-based prevention strategies... [required] annual cultural competency and self-awareness as well as trauma-informed care trainings.

Resource Leveraging: *not used as match for another grant; state funding is the primary source of revenue.*

Other Pay Sources: also funded by the State of Illinois. However, with funding from CCMHB, the Prevention Team has the ability to spread the prevention message more broadly by serving a larger population (youth and adults) through a wider variety of services. The state funding is limited to only serving specific age groups, 6-8th grades, and only allows for the provision of prescriptive prevention activities. CCMHB funding allows Rosecrance to be able to reach out and respond to school, parent, and community needs outside of the parameters set by the State of Illinois funding. **Client Fees:** No **Sliding Scale:** No.

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY23 contract:

- *Retain PY22 Special Provisions: if it becomes available, seek other sources of funding; collaborate with Coalition and related programs.*
- *New Special Provision: in quarterly report comments, report on successful and unsuccessful attempts to engage with schools and increase participation in IYS.*

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCMHB staff in writing of any factual errors made by CCMHB staff which should be corrected prior to completion of the award process.

Recommendation: Pending



Agency Name: Rosecrance Central Illinois

Program Name: Recovery Home

Requested Funding Amount: \$100,000

The original application forms contain more information. Attached is an analysis of specific sections of the application and prior reports on the program (if incumbent).

Why it Matters: Accredited by Joint Commission and licensed by the State of Illinois, an alcohol and drug free environment designed to help adults with substance use disorders. These individuals do not already have a safe, supportive living environment in which to learn how to successfully implement a peer support recovery program while developing independent living skills in a community setting. The recovery home model demonstrates efficacy in mitigating risk of relapse and decreasing psychiatric symptoms when involved in 12-Step recovery and developing social supports (Pocin, Korcha, Bond, Galloway, 2010). Clients are referred from multiple referral sources, including Champaign County Drug Court, counselors, members of the recovery community, and substance use disorder treatment providers. Many are homeless and/or financially below the poverty rate. Traditionally, this population has had limited/no third-party fund source. Neither Medicaid nor Medicaid MCO's fund Recovery Home or the case management services which are connected to higher treatment engagement and completion rates. (Case Management for Substance Abuse Treatment. Treatment Improvement Protocol (TIP) # 27, US Dept. of Health and Human Services, 2004.)

Evidence Based, Promising, or Innovative Approach:

Engaging in support help groups contributes to better substance use outcomes by providing support, goal direction, and structure; exposure to abstinent role models; reward for substance-free activities; and a focus for building self-confidence and coping skills. (Moos & Timko, 2008; <https://psycnet.apa.org/record/2008-05675-036>);

Utilizing a hierarchical model helps residents to gradually adjust to community living, while increasing sustainability of recovery efforts (Polcin & Henderson, 2008

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2556949/>); and

Studies support utilization of case management-based services in the engagement and retention of treatment and ancillary services (Rapp, Van Den Noortgate, Broekaert, & Vanderplasschen, 2014, <https://biblio.ugent.be/publication/5889906/file/5889907>).

Outcomes:

1. Successful linkage to items in individualized plan such as: affordable housing, vocational/educational resources, medical, dental, psychiatric/counseling services; engagement in 12-step support groups
2. Step down to less intensive services
3. Secured housing
4. Secured employment or engagement in education program

To be Served/Completed:

TPC: 22 unduplicated clients admitted to the program who have a recovery services plan.

SC: 65 unduplicated individuals interviewed for access to Recovery Home services.

Type and Intensity of Service:

Traditionally a “step down” from inpatient treatment services, the Recovery Home requires clients receive substance abuse treatment services. While not limited to treatment services at Rosecrance, most clients receive services through Rosecrance’s continuum of services, including Intensive Outpatient and Outpatient Programs. The treatment needs of clients are assessed using the Diagnostic Statistical Manual and The American Society of Addiction Medicine Criteria. Illinois Administrative Code Title 77, Part 2060 requires that recovery homes provide individualized services within a recovery-oriented system of care environment.

Therapeutic interventions facilitating: removal of barriers for safe/supportive housing, 12-Step support involvement, independent living skills, education/vocational skills, identification and use of natural supports, use of community resources, and peer support.

Length of Engagement: 3-6 months.

Leveraging Other Resources:

CCMHB request is for 22% of total program revenue. Other revenue is from IL SUPR Fees \$348,018 (77%), Interest Income \$1,128, and Miscellaneous \$394.

Agency: Rosecrance Central Illinois

Program: Recovery Home

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2023 CCMHB Funding Request: \$100,000

Focus of Application: Substance Use Disorder

Type of Contract: Grant

Priority: Innovative Practices and Access to Behavioral Health Services

Services and People Served

Target Population:... accredited by Joint Commission and licensed by the State of Illinois... alcohol and drug free environment designed to help adults (ages 18 and older) with SUDs. These individuals do not already have a safe, supportive living environment in which to learn how to successfully implement a peer support recovery program while developing independent living skills in a community setting... [referred] from multiple referral sources, including Drug Court, counselors, members of the recovery community, and SUD treatment providers. Many of the clients are homeless and/or financially are below the poverty rate. Traditionally, this population has had limited/no third-party fund source. In addition, neither Medicaid nor Medicaid MCOs fund Recovery Home or the accompanying CM services which are connected to higher treatment engagement and completion rates.

Scope, Location, and Frequency of Services:

Scope: Traditionally a “step down” from inpatient treatment services, the Recovery Home requires clients receive substance abuse treatment services. While not limited to treatment services at Rosecrance, most clients receive services through Rosecrance’s continuum of services, including Intensive Outpatient and Outpatient Programs. The treatment needs of clients are assessed using the DSM-5 and The Criteria. The program requirements are mandated by Illinois Administrative Code Title 77, Part 2060, which state that recovery homes provide individualized services within a recovery-oriented system of care environment.

The services consist of therapeutic interventions facilitating: removal of barriers for safe/supportive housing; 12-Step support involvement; independent living skills; education/vocational skills; identification and use of natural supports; use of community resources; and peer support.

Evidence based practices include:

- 12-Step model and peer support: Engaging in support groups contributes to better substance use outcomes by providing support, goal direction, and structure; exposure to abstinent role models; reward for substance-free activities; and a focus for building self-confidence and coping skills. (Moos & Timko, 2008);
- Level system: Utilizing a hierarchical model helps residents to gradually adjust to community living, while increasing sustainability of recovery efforts (Polcin & McAllister, 2008); and
- Case Management: Studies support utilization of CM-based services in the engagement and retention of treatment and ancillary services (Rapp, Van Den Noortgate, Broekaert, & Vanderplasschen, 2014).

CCMHB funds: intensive CM based on individualized service plans to address social determinants of health, support activities for daily living and relapse prevention skills; access to vocational/educational programs; assistance linking clients to medical, psychiatric, counseling, dental, and other ancillary services in the community; education on money management/budgeting; accessing peer or community supports and activities (i.e. church, AA/NA meetings, recreational activities); provision of service work/volunteer/work opportunities. Location/Frequency: in Champaign, 24 hours/day, 7 days/week, 365 days/year, staff in the facility at all times to ensure a safe, recovery-oriented living environment. CM throughout the County, with recovery home staff assisting clients when transportation is a barrier to clients engaging in services to which they have been linked.

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Access to Services for Rural Residents: clients in this program may be from any location. Prior to discharge from the Recovery Home, residents originating from rural parts of the county will be assisted in locating housing, jobs/education, and other resources in their area. Transportation to/from these services will be provided by RH Specialists for those whom transportation would be a barrier to successfully transitioning back into their home community.

Access to Services for Members of Historically Underinvested Populations: As a “step down” from inpatient, clients are referred to the recovery home from inpatient substance use disorder treatment programs which serve underserved or underrepresented populations. Rosecrance reaches out to treatment programs and their clients in a variety of ways including, but not limited to, face-to-face meetings, brochures, giving tours of our facility, behavioral health conferences, health fairs, newsletters, and social media. Recovery Home staff provides consumer-driven, strength-based, trauma-informed services with sensitivity to culture, race, ethnicity, age, gender, sexual orientation, and disability. As part of the referral and intake process, clients are asked questions which include cultural inventory questions about the whole person including: social (family and other relationships), education and vocation, language, spirituality, financial, legal, medical, mental health (including trauma history), substance use disorder treatment, and recovery support. This informs the individualized service plan as well as helping staff learn how best to help and support the individual. Staff also recognizes that natural supports for persons with substance use disorders are important to their recovery and help clients to identify and connect with natural supports, as well as traditional services and supports. While the Recovery Home is located in Champaign, CM and transportation to/from locations within Champaign County will be provided by the RH Specialists for those whom transportation would be a barrier to connect with other services/supports.

Residency of 20 People Served in PY21 and 13 in first half of PY22:

Champaign	5 (25.0%) for PY21	7 (53.8%) for PY22
Urbana	4 (20.0%) for PY21	2 (15.4%) for PY22
Rantoul	1 (5.0%) for PY21	0 (.0%) for PY22
Mahomet	1 (5.0%) for PY21	0 (.0%) for PY22
Other	9 (45.0%) for PY21	4 (30.8%) for PY22

Demographics of 20 People Served in PY21:

Age	
Ages 13-18 -----	1 (5.0%)
Ages 19-59 -----	18 (90.0%)
Ages 60-75+ -----	1 (5.0%)
Race	
White -----	16 (80.0%)
Black / AA -----	3 (15.0%)
Other (incl. Native American and Bi-racial) -	1 (5.0%)
Gender	
Male -----	15 (75.0%)
Female -----	5 (25.0%)
Ethnicity	
Of Hispanic or Latino/a origin -----	1 (6.7%)
Not of Hispanic or Latino/a Origin -----	14 (93.3%)

Program Performance Measures

CONSUMER ACCESS: The licensed recovery home is an alcohol and drug free housing component whose rules, peer-led groups, staff activities and other structured operations are directed toward maintenance of sobriety for adults ages 18 and older who exhibit treatment resistance, relapse potential and/or lack of suitable recovery living environments or who recently have completed substance abuse treatment services or who may

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be receiving such treatment services at another licensed facility. Persons interested in participating in Recovery Home services must complete an application for services. They must meet the American Society for Addiction Medicine (ASAM) criteria for Level II (intensive outpatient) or Level I (outpatient) care, and exhibit treatment resistance, relapse potential and/or lack of suitable recovery living environment. Often a “step down” from residential (ASAM Level III) services, clients are referred to Recovery Home services from Rosecrance residential and/or other residential service providers. Other clients may be referred by outpatient counselors, spiritual leaders, persons in the recovery community, family members, or other service providers.

Within 3 days from referral, 100% of those referred will be assessed.

Within 2 days of assessment, 70% of those assessed will engage in services.

People will engage in services, on average, for: 3-6 months.

Additional Demographic Data: income level, education level, living arrangement, # of dependents, contact information, primary language, religion, veteran status, marital status, employment status, and legal status.

CONSUMER OUTCOMES:

1. Successful linkage to items in individualized plan such as: affordable housing, vocational/educational resources, medical, dental, psychiatric/counseling services; engagement in 12-step support groups;
2. Step down to less intensive services;
3. Secured housing;
4. Secured employment or engagement in education program.

The Rosecrance electronic health record (Avatar) will be used to track clients’ accomplishments in the above areas, which are also identified by SAMHSA as National Outcome Measures (NOMS).

Outcome gathered from all participants? Yes

Anticipate 22 total participants for the year.

Will collect outcome information: Client status in the above listed NOMS will be entered into client record at intake and at discharge.

Is there a target or benchmark level for program services? No

Estimated levels of change for these outcomes: 45% of all discharges from the Recovery Home will have accomplished the items listed in #1 above.

UTILIZATION:

Treatment Plan Clients (TPCs): 22 unduplicated clients admitted... who have a recovery services plan.

Service Contacts (SCs): 65 unduplicated individuals interviewed for access to Recovery Home services.

PY2023 Annual Targets (per Utilization Form)

	TPC	SC
<i>Annual Target</i>	22	65

PY2022 First two quarters (per submitted Service Activity Reports)

First Quarter PY22	9	15
Second Quarter PY22	4	14

Annual Target 22 70

PY2021 all four quarters (per submitted Service Activity Reports)

First Quarter FY21	11	24
Second Quarter FY21	4	6
Third Quarter FY21	3	11
Fourth Quarter FY21	2	11
<i>Annual Target</i>	31	95

Financial Analysis

PY2023 CCMHB Funding Request: \$100,000

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PY2023 Total Program Budget: \$449,540
Proposed Change in Funding - PY2022 to PY2023 = -50.0%
Current Year Funding (PY2022): \$200,000

CCMHB request is for 22% of total program revenue. Other revenue is from IL SUPR Fees \$348,018 (77%), Interest Income \$1,128, and Miscellaneous \$394.

Personnel related costs of \$73,051 are the primary expense charged to CCMHB, at 73% of requested amount. Other expenses are Professional Fees/Consultants \$26,949 (27%).

Total Agency Budget shows a deficit of \$617,727, Total Program \$3,051, CCMHB Budget BALANCED.

Program Staff to be funded by CCMHB: 0 Indirect and 1.40 Direct = 1.40 FTEs

Total Program Staff: 0.19 Indirect and 4.00 Direct = 4.19 FTEs

Staff Comments: decrease in funding request results from additional revenue from other sources; personnel form assigns 30% of a Team Leader, 30% of Recovery Specialist, and 40% of two Recovery Home Specialists' salaries to this contract; budget narrative provides sufficient detail on total program revenues, along with details and rationale for each expenditure associated with the proposed contract.

Audit Findings: Agency PY21 audit was submitted October 28, 2021; no negative findings or excess revenue.

Priorities and Decision Support Criteria

Does the plan align with one or more of the CCMHB Priorities? *Yes.*

Expectations for Minimal Responsiveness: *The agency completed a new Registration/Eligibility Questionnaire; no concerns are raised. All required forms were complete and submitted prior to the deadline. Proposed services/supports relate to SUD and how they will improve the quality of life for persons served. Evidence is included that other sources of funding are sought and maximized. Virtual options not included.*

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? *Yes.*

Highlights from the submitted CLC Plan: *Rosecrance submitted a comprehensive plan that covered all of the CLAS Standards. Staff demographics to mirror as closely as possible the population being served, including staff with lived experience while remaining compliant with EEO regulations. One report submitted to federal authorities annually. Rosecrance provides paid leave for cultural and religious needs of the staff. Director/Administrators will work with Rosecrance Communication staff to develop print materials (in any language other than English) for which more than 2% of total clients have identified a need for interpreters for that same language.*

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY22? *Yes.*

Highlights from the submitted CLC Progress Report: *“Outreach and engagement activities have focused on individual meetings with referral sources and through presentations to all Carle behavioral health staff, Champaign County Continuum of Service Providers to the Homeless (CSPH), NAMI Illinois, C-U @ Home, GROW, and at CCMHB board meeting. Rosecrance also offers “On Your Radar” Podcasts on the website... Multiple working agreements are in place. Services are provided in the office, virtually, in the community and non-traditional hours are offered in many programs. Client satisfaction surveys are completed twice per year. Due to COVID-19 pandemic, 12-step support group meetings are held virtually currently, but volunteers from 12-step community do virtual presentations to residential clients to help bridge the gap between treatment and recovery support groups.”*

Overarching Decision Support Criteria

Underinvested Populations and Countywide Access: *Yes (see “Access” sections above.)*

Inclusion and Anti-Stigma:... to ensure that all participants receive quality care in a diverse, therapeutic environment and have access to community resources designed to improve their lives... help clients plan and

support special monthly events celebrating client successes and also celebrating a variety of cultural holidays... communal environment is new for many of the clients... RH staff assist clients with learning more about one another's backgrounds and cultures in order to create a safe emotional space. RH Specialists assist clients with access to housing, employment, medical care, education or vocational training, legal assistance, and behavioral health services. Through providing transportation, assisting clients in completing paperwork, helping clients sign up for health care through the ACA, advocating for clients to landlords and employers, and taking clients to food banks, vocational assistance programs, church, and other resources noted as individual client needs, RH Specialists provide advocacy, support... help clients overcome barriers to living a life of sustained recovery.

Outcomes: *four related to client experience, measured by staff documentation, one specific target for all four.*

Virtual Service Option(s): *not a focus*

Coordinated System: no other accredited Recovery Homes in Champaign County. RH case managers help to connect clients to related services/supports such as 12-step recovery support groups (NA, AA, Celebrate Recovery, CODA, NAMI, etc.); educational/vocational skills (Urbana Adult Education and Parkland College); food sources (Eastern Illinois Food Bank) and clothing; counseling services (Rosecrance, Family Services, Carle or other provider of client's choice); psychiatric and medical services (Promise Healthcare, OSF, Carle, CUPHD); dental services (Familial Dental, Promise); money management/budgeting education (U of I Extension); legal services (Land of Lincoln); food/nutrition education (U of I Extension); and permanent housing (CCRPC, Shelter Plus Care)... intensive CM (which includes multiple contacts with other provider organizations as well as transportation to/from other services). Coordination is based on individualized service plans, support activities for daily living and each client's own relapse prevention skills. This involves staff advocating for and helping clients to gain access to vocational/educational programs; assistance in linking clients to medical, psychiatric, counseling, and dental services in the community; education on money management/budgeting; education on accessing peer or community supports and activities (i.e. church, AA/NA meetings, recreational activities); and provision of service work/volunteer/work opportunities.

Budget and Program Connectedness: *budget narrative provides good detail and supports the program plan.*

Evidence-based, Evidence-informed, Recommended, or Promising Practice: *describes and links to 12-Step model and peer support, level system model, and case management-based services.*

Evidence of Collaboration: *specific to this program are written working agreements with Urbana Adult Education, Eastern Illinois Food Bank, Family Service, Courage Connection, Crisis Nursery, RACES, Promise Healthcare, OSF, Carle, University of Illinois Extension, Land of Lincoln Legal Assistance Foundation, CCRPC, Shelter Plus Care, CUPHD, The Pavilion, The Uniting Pride (UP) Center of Champaign County*

Staff Credentials: on-site at all times to provide optimal supervision and therapeutic assistance... House manager (Bachelor's required; Master's preferred; CADC required) with training and experience in SUD, and RH Specialists (HS diploma required; Bachelor's preferred) with special training in facilitating recovery groups, trauma-informed care, suicide risk assessment, knowledge of drugs of abuse and recovery concepts, and basic knowledge of dual diagnosis issues. Several RH Specialists are also persons with lived experience who are able to provide structure and accountability with empathy and personal insight regarding the recovery journey.

Resource Leveraging: *not used as match for another grant; state funding is the primary source of revenue.*

Other Pay Sources: IL DHS SUPR pays a daily rate based on bed census; client self-pay. **Client Fees:** Yes (*detail not provided*) **Sliding Scale:** No.

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY23 contract:

- *Retain PY21-22 Special Provisions: if a two-year contract, any excess revenue from the first year cannot be spent during the second; report quarterly the # clients who were Champaign County residents prior.*

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCMHB staff in writing of any factual errors made by CCMHB staff which should be corrected prior to completion of the award process.

Recommendation: Pending

Agency Name: Terrapin Station Sober Living

Program Name: Recovery Home

Requested Funding Amount: \$61,000

The original application forms contain more information. Attached is an analysis of specific sections of the application and prior reports on the program (if incumbent).

Why it Matters: Individuals with substance use disorders, mental illness, physical disabilities, and homelessness... in need of the following: structured sober/recovery-based living, step down from substance use residential treatment services, the military or transitioning from the criminal justice system such as jail, prison, probation/parole. The program assists with gradually adjusting to community living, while increasing sustainability of recovery efforts.

Evidence Based, Promising, or Innovative Approach:

Peer Based Recovery Services - <https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers>

Strength Based Case Management - <https://positivepsychology.com/strengths-based-interventions/>

Outcomes:

1. Decrease the likelihood of relapse
2. Decrease the likelihood of homelessness
3. Decrease recidivism and gradually adjust to community living
4. Increase sustainability of recovery efforts

To be Served/Completed: NTPC: 13

Type and Intensity of Service: Strengths-based case management, grounded in the principles that all individuals have the capacity to change and grow. Focus on individual strengths, not pathology. The individual is the director of their care and their recovery. Weekly group services and house meetings, intensive case management based on individualized needs, support activities for daily living and relapse prevention skills, access to vocational/educational programs, assistance in linking clients to medical, psychiatric, counseling, and dental services in the community, education on money management/budgeting, education on accessing peer or community supports and activities such as church, AA/NA meetings, other sobriety based/mental health support groups, recreational activities, transportation services, and provision of service work/volunteer/work opportunities.

Length of Engagement: 3 months.

Leveraging Other Resources: CCMHB request is for 73% of total program revenue. Other revenue is from Sales of Goods and Services \$12,000 (14%) and rental income \$10,000 (12%).

DRAFT PY2023 CCMHB Program Analysis

Agency: Terrapin Station Sober Living

Program: Recovery Home

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2023 CCMHB Funding Request: \$61,000

Focus of Application: Co-Occurring and/or Multiple Conditions

Type of Contract: Special Initiative – first funded in PY22, can use this designation for up to three years

Priority: Innovative Practices and Access to Behavioral Health Services

Services and People Served

Target Population: individuals with SUD, MI, physical disabilities, and homelessness... in need of the following: structured sober/recovery based living, step down from substance use residential treatment services, the military or transitioning from the criminal justice system such as jail, prison, probation/parole. The program intends to assist the target population with gradually adjusting to community living, while increasing sustainability of recovery efforts.

Scope, Location, and Frequency of Services:

Scope: [Dual Diagnosis Recovery Home] strengths-based case management, grounded in the principles that all individuals have the capacity to change and grow. The focus is on individual strengths, not pathology. The individual is the director of their care and their recovery. Staff provides: weekly group services and house meetings; intensive case management based on individualized needs; support activities for daily living and relapse prevention skills; access to vocational/educational programs; assistance in linking clients to medical, psychiatric, counseling, and dental services in the community; education on money management/budgeting; education on accessing peer or community supports and activities such as church, AA/NA meetings, other sobriety based/mental health support groups, recreational activities, transportation services, and provision of service work/volunteer/work opportunities. Upon request staff can also provide: Animal Therapy, Aroma Therapy, Transcendental Meditation Sessions, Red Light Therapy, Group Music Sessions, Music Lessons, Drum Circles, Education on how to turn Street Smarts into legitimate entrepreneurial enterprises, Health Coaching for those Suffering from eating disorders, Vitamin Deficiency and or Obesity, and cultural impact of drugs over the past Century. Individuals are drug tested on a random basis. Staff and resources needed for these these individualized assistance and support services would be funded by CCMHB.

Location/Frequency: within the recovery home as well as in the community, on a daily basis.

Access to Services for Rural Residents: Anyone that meets eligibility criteria would be able to engage in the program. All individuals in the program will be provided services at the Recovery Home and will be offered the same services as non-rural residents.

Access to Services for Members of Historically Underinvested Populations: Anyone that meets eligibility criteria would be able to engage in the program. All individuals in the program will be provided services at the Recovery Home and all participants will be offered the same services.

Residency and Demographics of 7 People Served in the first half of PY22

Residency - 7 (100%) from Urbana

Age - 7 (100%) 19-59

Race – 3 White, 1 Asian/PI, 1 Black, 1 Other

Gender – 7 (100%) Male

Ethnicity – 3 Of Hispanic/Latino Origin



Program Performance Measures

CONSUMER ACCESS: for adults with SUD, MI, homelessness, and/or physical disabilities. An initial intake interview is conducted over the phone then if the individual is interested in the program an in person interview is scheduled. Once the in-person interview is completed, the Board of Directors decides within 24 hours if admission is granted. Basic criteria: 30 days of sobriety; employment within 2 weeks or if the individual receives disability benefits; pass initial urine screen; no history of convicted sex offenses. The target population learn about program via residential treatment centers, other halfway houses, social media, and internet search.

Within 3 days from referral, 100% of those referred will be assessed.

Within 1 day of assessment, 100% of those assessed will engage in services.

People will engage in services, on average, for: 3 months.

Additional Demographic Data: n/a

CONSUMER OUTCOMES:

The program's intended impact is to assist the target population with decreasing the likelihood of relapse, homelessness, recidivism and gradually adjusting to community living, while increasing sustainability of recovery efforts. We estimate that 1 out of 5 individuals will successfully complete the program.

The House Manager will collect the follow from the individual participating in the program:

Successful Completion; Recidivism Rates; Permanent housing; and Length of sobriety.

Outcome gathered from all participants? Yes

Anticipate 20 total participants for the year.

Will collect outcome information: Quarterly

Is there a target or benchmark level for program services? No

Estimated level of change for this outcome: 50% of individuals participating will complete the program successfully and transition to community living, while increasing sustainability of recovery efforts and sobriety.

UTILIZATION:

Non-Treatment Plan Clients (NTPCs): 13 individuals that participate in the program.

PY2023 Annual Targets (per Utilization Form)

Quarter	TPC	NTPC
<i>Annual Target</i>	0	13

PY2022 First Two Quarters (per submitted Service Activity Reports)

First Quarter PY22	3	3
Second Quarter PY22	0	3
<i>Annual Target</i>	0	13

Financial Analysis

PY2023 CCMHB Funding Request: \$61,000

PY2023 Total Program Budget: \$83,000

Proposed Change in Funding - PY2022 to PY2023 = 29.8%

Current Year Funding (PY2022): \$47,000

CCMHB request is for 73% of total program revenue. Other revenue is from Sales of Goods and Services \$12,000 (14%) and rental income \$10,000 (12%).

Personnel related costs of \$35,000 are the primary expense charged to CCMHB, at 57% of requested amount. Other expenses are: Professional Fees/Consultants \$5,000 (15%); Consumables \$1,000 (3%); General Operating \$5,000 (15%); Conferences/Staff Development \$500 (2%); Local Transportation \$1,500 (5%); Specific Assistance \$4,000 (12%); Equipment Purchases \$6,000 (18%); and Miscellaneous \$3,000 (9%).

Total Agency Budget shows a Surplus of \$1500, Total Program \$29,590, and CCMHB \$28,090.

Staff Comments: the personnel form attributes the only salary (director) to total agency only; without any portion of that assigned to Total Program and CCMHB contract, the expenses are not accurately represented. The apparent surplus is equal to the salary, so that the CCMHB budget would be balanced if the salary were distributed correctly. The increase in requested funding would cover slightly increased salary and other costs, but the financial forms are somewhat mismatched to the budget narrative, which clearly explains all planned expenses and their relationship to the program, along with other revenues (and lower rental amounts if the request is approved at this amount).

Audit Findings: *As an agency newly funded by the CCMHB, no audit/review/compilation has yet been required. The agency is one of four pilot agencies in the CCMHB bookkeeping support project in 2022.*

Priorities and Decision Support Criteria

Does the plan align with one or more of the CCMHB Priorities? *Yes.*

Expectations for Minimal Responsiveness: *The Registration/Eligibility Questionnaire submitted in a prior year indicated some issues since resolved or being addressed. All required forms were complete and submitted prior to the deadline. Proposed services/supports relate to behavioral health and how they will improve the quality of life for persons served. Evidence of some other funding is provided. As a residential program, virtual service options are not a focus.*

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? *No*

Highlights from the submitted CLC Plan: *The CLC Plan that was submitted in the system was incomplete this year. Terrapin Station has received consultation from the CLC on completing reports. A completed CLC Plan will need to be submitted.*

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY2022? *Yes.*

Highlights from the submitted CLC Progress Report: *“Terrapin Station asks over 100 questions during our intake process, over the course of 3 interviews. Through this we ensure that we understand any differences in language and culture between staff and other members of the house. The staff will work directly with drug rehabilitation programs, promote the value of good communication between members of the house and staff, and align with other organizations to further strengthen our engagement. Everyone in our house is treated equally regardless of their ethnicity, race, religion...etc. There is a variety of tools and services to members of the house who may be struggling with language barriers. We respectfully allow others to practice their culture and religion, free of scrutiny. It is our goal to educate and rehabilitate addicts from all walks of life without altering who they truly are, or what they identify as.”*

Overarching Decision Support Criteria

Underinvested Populations and Countywide Access: *As a very small program, broad access is described only as being open to all regardless of residency or demographics. (see “Access” sections above.)*

Inclusion and Anti-Stigma: *a fresh take and expansion on what we have come to learn over the years through previous and current Halfway Houses, Sober Living Homes and all other well intended and well recognized forms of recovery programs for addicts and the mentally ill. This program is intended for those who are just getting out of Prison, Rehab or the Military as well as the homeless or people with physical disabilities. We are a Dual Diagnosis Recovery Home but welcome Addicts of any kind. Any House in our name is run as Democratically as humanly possible with the house Manager being near equal parts president and housemate.*

Outcomes: *relevant to the people using services; while measurable, targets are not specific.*

Virtual Service Option(s): *not a focus (residential program)*

Coordinated System: similar or related services are available through: Community Outreach Intervention Project, CU Public Health District, Jesus House, Restoration Urban Ministries, CU at Home, Courage Connection, Recovery Options, Oxford House, and Rosecrance Sober Living.

Budget and Program Connectedness: *budget narrative is thorough and supports the program plan.*

Evidence-based, Evidence-informed, Recommended, or Promising Practice: *links to SAMHSA's Peer Based Recovery Services guide and information on Strength Based Case Management.*

Evidence of Collaboration: no formal written collaborative agreements, coordinates with the CU PHD for Narcan services and clean needle exchange. If an individual were to not be able to complete the program successfully or were not a good fit they would potentially be referred to Jesus House, Restoration Urban Ministries, CU at Home, Courage Connection, Recovery Options, or Rosecrance.

Staff Credentials: House Manager is a peer mentor and is in recovery due to heroin induced compartment syndrome which resulted in an above knee amputation of the left leg and has driven his passion for helping others; trained in Narcan administration; Harm Reduction. The program also works with a Licensed Clinical Social Worker that volunteers to work with individuals as needed as well as for professional consultation.

Resource Leveraging: *CCMHB is the primary revenue source, and this contract is not used as match for another source of revenue.* **Other Pay Sources:** Small donations. **Fees:** Yes **Sliding Scale:** Yes... based on the individual's income. The individual is not asked to pay initially if there is no income and will begin once an income is obtained. The sliding scale is done on a case by case basis. Staff and resources needed for individualized assistance and support services would be funded by CCMHB.

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2023 contract:

- *Resolve the apparent errors across financial forms.*
- *Prior to contracting, a new CLC Plan should be submitted, and any accounting or status issues identified through the bookkeeping support pilot should be resolved.*
- *Due to the agency size, a formal agreement should be developed with a relevant organization for continuation of services if the program were to stop while individuals were participating.*
- *Retain PY22 Special Provision: develop outcomes, possibly with UIUC ECB project.*
- *PY23 Special Provision: Develop and provide copies of agency board policy.*

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCMHB staff in writing of any factual errors made by CCMHB staff which should be corrected prior to completion of the award process.

Recommendation: Pending

Agency Name: THRIVING: Families

Program Name: Project JDC – a NEW program request

Requested Funding Amount: \$3,000

The original application forms contain more information. Attached is an analysis of specific sections of the application and prior reports on the program (if incumbent).

Why it Matters: This program will benefit youth age 12 and older who are detained or who have been detained at the Champaign County Juvenile Detention Center (JDC) and are experiencing traumatic symptoms, including traumatic grief.

Evidence Based, Promising, or Innovative Approach: TGCTA Treatment Guide will be used to structure weekly meetings. The Guide is adaptable to needs of specific groups and has proven effective amongst incarcerated youth. Project JDC moves beyond crisis assessment and stabilization services typically offered to detainees and addresses the underlying problem of trauma and grief.

https://www.nctsn.org/sites/default/files/interventions/tgcta_fact_sheet.pdf

Outcomes:

1. Participants will experience a reduction in problematic trauma/grief symptoms.
2. Participants will improve ability to effectively manage symptoms of trauma/grief.
3. Participants will demonstrate reduction in aggressive and self-harming behaviors.
4. Youth who previously experienced barriers to mental health services will engage in TGCTA group.

To be Served/Completed:

SC: 48. Opportunity for 8-10 contacts with each participant; projected target that at least 80% of detained youth will attend at least 8 weekly sessions (youth who remain detained for the duration of the group). Also projects that at least 50% of youth will attend at least 6 sessions. Youth who begin the group while detained will be counted in the “detained youth” category until released and then counted in the “released youth” data category after their release.

Type and Intensity of Service: 8-10 week therapeutic group opportunity for youth to address trauma and grief. CCMHB is asked to provide funds to allow for 3 concurrent groups, which will be offered 3 times in PY23. Each group will meet weekly. Two groups will meet within the JDC facility and be limited to 4 participants each. A third group will be offered in the community with a maximum of 8 participants. Group sessions structured using the Trauma and Grief Component Therapy for Adolescents (TGCTA) Treatment Guide.

Length of Engagement: 8-10 weeks.

Leveraging Other Resources: CCMHB request is for 100% of total program revenue.

Agency: THRIVING: Families

Program: Project JDC – a *NEW* program request

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2023 CCMHB Funding Request: \$3,000

Focus of Application: Mental Health

Type of Contract: Grant - as a *NEW* program, could be *Special Initiative* for up to 3 years

Priority: Innovative Practices and Access to Behavioral Health Services

Services and People Served

Target Population: youth age 12 and older who are detained or who have been detained at the Champaign County Juvenile Detention Center (JDC) and are experiencing traumatic symptoms, including traumatic grief.

Scope, Location, and Frequency of Services:

Scope: 8-10 week therapeutic group opportunity for youth to address trauma and grief. CCMHB is asked to provide funds to allow for 3 concurrent groups, which will be offered 3 times in PY23. Each group will meet weekly. Two groups will meet within the JDC facility and be limited to 4 participants each. A third group will be offered in the community with a maximum of 8 participants. Group sessions will be structured using the Trauma and Grief Component Therapy for Adolescents (TGCTA) Treatment Guide.

Location/Frequency: 2 groups are held at the JDC, and the 3rd is to be held at a location within the community. Evergreen Coaching and Counseling has offered use of their conference room, but more accessible locations are being explored. Group meetings will occur weekly for 8-10 weeks. 3 cycles of groups will be offered in PY23.

Access to Services for Rural Residents: available to ALL youth who are or have been detained at the CCJDC. Participants who are no longer detained may participate in the community-based group either in person or virtually. Project JDC serves rural residents within the CCJDC facility, within the community (likely Champaign or Urbana), or virtually.

Access to Services for Members of Historically Underinvested Populations: serves youth who are or have been detained at the CCJDC. The youth who have contact with the CCJDC primarily identify as Black or African-American. Nearly all of the detained youth come from disadvantaged socioeconomic backgrounds and utilize public health programs, such as Medicaid. Generally, the youth detained at CCJDC have difficulty accessing mental health supports in the community. Youth who are considered underserved/underinvested are served within the CCJDC facility, in the community, or virtually. Accessibility of services is always a consideration when determining location of services.

Residency and Demographic data are not available – a *NEW* program proposal.

Program Performance Measures

CONSUMER ACCESS: Age 12 or older, is or has been detained at CCJDC, and is experiencing vocational or social impairment due to symptoms of trauma or grief. Referrals come from professionals within the juvenile justice system, such as State’s Attorney, Probation, CCJDC staff. Referral sources are asked to verify youth’s involvement with JDC and provide some information about the youth’s presenting problems. Information about Project JDC is shared with youth upon meeting with the mental health worker at the JDC. Judges, attorneys, probation officers, etc are also able to share information about the program with eligible youth.

Within 30 days from referral, 90% of those referred will be assessed.



Within 14 days of assessment, 85% of those assessed will engage in services.

People will engage in services, on average, for: 8-10 weeks

Additional Demographic Data: Medicaid status/insurance coverage to track trends in coverage, which will inform future advocacy efforts.

CONSUMER OUTCOMES:

1. Participants will experience a reduction in problematic trauma/grief symptoms.
2. Participants will improve ability to effectively manage symptoms of trauma/grief.
3. Participants will demonstrate reduction in aggressive and self-harming behaviors.
4. Youth who previously experienced barriers to mental health services will engage in TGCTA group.

Measured by:

1. Trauma/grief symptoms and severity of symptoms will be assessed using the Trauma Checklist Youth/Child Version (<https://depts.washington.edu/uwhatc/PDF/TF-%20CBT/pages/1%20Assessment/PTSD%20Measures/Trauma%20scale%20child%20version%20.pdf>) and the Brief Grief Questionnaire (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3279351/>). Youth will provide information about symptoms and severity of symptoms during pre- and post-assessments. Anecdotal review of improvements in symptoms will be discussed in weekly meetings, but that data will not be used for program evaluation.
2. Data from the Trauma Checklist Youth/Child Version will be used in conjunction with data provided by CCJDC on frequency of mental health crises.
3. CCJDC staff will provide data on disciplinary infractions for participants as collected via CCJDC standard reporting procedures. Participants will also self-report on the Modified Overt Aggression Scale at initiation and termination of services.
4. Youth will be surveyed as to current and prior mental health needs, engagement in services, and barriers to engagement. The self-report survey has been developed by THRIVING: Families and is administered during the first group session.

Outcome gathered from all participants? Yes

Anticipate 48 total participants for the year.

Will collect outcome information: at the beginning and ending of each group cycle (first and last week).

Is there a target or benchmark level for program services? Yes. In the article cited... adolescents in a school setting demonstrated a 61% reduction in traumatic symptoms. Given the limited access to supports such as peers, parents, etc. while detained, symptom reduction in participants is expected to be slightly lower than 61%.

Estimated levels of change:

1. At least 75% of participants will report at least a 50% reduction in trauma/grief symptoms/severity of symptoms.
2. At least 75% of participants will report at least 70% reduction in mental health crises.
3. At least 75% of participants will demonstrate at least 50% reduction in disciplinary infractions.
4. At least 85% of youth who seek mental health care will access mental health supports (not including mental health assessments/supports already provided by JDC).

UTILIZATION:

Service Contacts (SCs): 48 service contacts with participants. Given that each has the opportunity for 8-10 service contacts, the projected target is that at least 80% of detained youth will attend at least 8 weekly sessions (youth who remain detained for the duration of the group). Additionally, it is projected that at least 50% of youth will attend at least 6 sessions. Youth who begin the group while detained will be counted in the “detained youth” category until released and then counted in the “released youth” data category after their release.

Staff Comment: are clients counted twice if they recidivate?

PY2023 Annual Targets (per Utilization Form)

	SC
<i>Annual Target</i>	48

160

Financial Analysis

PY2023 CCMHB Funding Request: \$3,000

PY2023 Total Program Budget: \$3,000

Proposed Change in Funding - PY2022 to PY2023 = N/A – a NEW request

CCMHB request is for 100% of total program revenue.

Personnel related costs are not included in the request. Expenses are: Professional Fees/Consultants \$50 (2%); Consumables \$1,090 (36%); General Operating \$1,500 (50%); Conferences/Staff Development \$150 (5%); Fund Raising Activities \$60 (2%); and Miscellaneous \$150 (5%).

Total Agency Budget shows a Surplus of \$925, Total Program and CCMHB Budgets are BALANCED.

Program Staff to be funded by CCMHB: 0 FTEs. Total Program Staff: 0 FTEs

Staff Comments: budget narrative is comprehensive, especially for a first time and relatively small request; no other revenue for this program; each expected expense is detailed, with rationale. "Staff" is the founder/director, as a volunteer.

Audit Findings: agency is not currently funded by the CCMHB, so audit information is not available.

Priorities and Decision Support Criteria

Does the plan align with one or more of the CCMHB Priorities? Yes.

Expectations for Minimal Responsiveness: *The agency completed a Registration/Eligibility Questionnaire, identifying the likely need to change accounting method and clarify/revise their board policies (i.e., staff not serving on the board); a previous independent financial review has not been completed. All required forms were complete and submitted prior to the deadline. Proposed services/supports relate to mental health and how they will improve the quality of life for persons served. Seeking other funding, not yet found. Virtual service options are not included.*

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? Yes

Highlights from the submitted CLC Plan: *THRIVING submitted a CLC Plan that includes the planning and implementation of their CLC Policies and Practices. Thriving will survey clients about the organization's responsiveness to cultural and language needs to ensure that the needs of the families are met.*

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY22? N/A

Highlights from the submitted CLC Progress Report: N/A

Overarching Decision Support Criteria

Underinvested Populations and Countywide Access: *addressed in "Access" sections above.*

Inclusion and Anti-Stigma: Youth in the target population frequently are not able to access mental health services due to lack of funding/insurance, lack of providers who accept Medicaid, lack of knowledge about mental health services, inadequate transportation, stigma, and lack of providers willing to serve youth involved with the juvenile justice system. Project JDC removes all of those barriers by bringing trauma-informed services to the JDC and community and creating an environment that promotes mental health and wellness.

Outcomes: *includes an outcome for access and three for positive impact of the service, with appropriate measures including self-report and specific targets (identified under estimated levels of change).*

Virtual Service Option(s): *not included.*

Coordinated System: *No similar or related services are listed, N/A for coordination with them.*

Budget and Program Connectedness: *budget narrative offers thorough detail and supports the program plan.*

Evidence-based, Evidence-informed, Recommended, or Promising Practice: *describes the TGCTA Treatment Guide and rationale and provides a link to the fact sheet.*

Evidence of Collaboration: N/A

Staff Credentials: Project JDC groups will be facilitated by Brittney Homann, MS Ed., MSW, LCSW, Certified Trauma Professional. Brittney has experience working with detained youth, youth in the child welfare system, and youth in crisis. In the event that additional staff and/or interns are hired to facilitate groups, Brittney will train and supervise group leaders.

Resource Leveraging: *not used as match for another grant; CCMHB would be the sole source of funding.*

Other Pay Sources: fundraising... no other payment sources have been located for Project JDC. **Client Fees:**

No Sliding Scale: No... requesting a one-time grant in the amount of \$3000 to fund Project JDC. This grant will cover general operating expenses for the program and cost of consumable materials.

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY23 contract:

- *Include an amount for Professional Fees to cover independent CPA financial review (total agency revenue is greater than \$30,000).*
- *Co-facilitators may be necessary for service delivery, as may case management follow-up.*
- *Coordination with similar providers would strengthen the effort and maximize outcomes. Possibilities include the Youth Assessment Center, Families Stronger Together, various collaboratives.*
- *Because the agency may not be using accrual accounting at this time, a contract award should be held until transition is completed.*
- *Special Provisions: work with CLC Coordinator to strengthen strategies; mid-year progress update to the Board in early 2023; share program information with 211; coordination with similar providers.*

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCMHB staff in writing of any factual errors made by CCMHB staff which should be corrected prior to completion of the award process.

Recommendation: Pending

Agency Name: THRIVING: Families

Program Name: The Garden Hills Project– a NEW program request

Requested Funding Amount: \$5,241

The original application forms contain more information. Attached is an analysis of specific sections of the application and prior reports on the program (if incumbent).

Why it Matters: Garden Hills Elementary School has a current enrollment of 376 students, and many of those students are struggling with behavioral and mental health. The Garden Hills Project will focus on students in grades 3-5 who demonstrate significant impairment due to traumatic symptoms, including traumatic grief.

Evidence Based, Promising, or Innovative Approach: The BOUNCE BACK PROGRAM Treatment Guide will be used to structure weekly meetings... designed to be adaptable to the needs of specific groups and has proven to be effective amongst elementary age students. The Garden Hills Project is innovative because it moves away from the traditional mental health treatment model and brings evidence based mental health services to the students with the most need.

<https://bouncebackprogram.org/learn-more>

Outcomes:

1. Participants will experience a reduction in problematic trauma/grief symptoms.
2. Participants will improve ability to effectively manage symptoms of trauma/grief.
3. Participants will experience fewer disciplinary/mental health referrals during the school day.
4. Youth who previously experienced barriers to mental health services will engage in BOUNCE BACK PROGRAM group.

To be Served/Completed:

SC: 192 service contacts with participants. With opportunity for 10 service contacts each, the projected target is that at least 80% of referred students will attend at least 8 weekly sessions.

Type and Intensity of Service: A 10-week therapeutic group opportunity for students (and their parents) to address trauma and grief symptoms. CCMHB is asked to provide funds to allow for 4 separate groups, 2 of which will be offered in the fall/winter semester and 2 offered in the winter/spring semester of the 2022-2023 school year. Each group will meet weekly and will have a maximum of 6 participants. BOUNCE BACK PROGRAM Treatment Guide. The sessions will take place within the Garden Hills Elementary building. A specific room has been designated for provision of mental health services.

Length of Engagement: 10 weeks.

Leveraging Other Resources: CCMHB request is for 100% of total program revenue.

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Agency: THRIVING: Families

Program: The Garden Hills Project– a *NEW* program request

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2023 CCMHB Funding Request: \$5,241

Focus of Application: Mental Health

Type of Contract: Grant - as a *NEW* program, could be Special Initiative for up to 3 years

Priority: Innovative Practices and Access to Behavioral Health Services

Services and People Served

Target Population: Garden Hills Elementary School has a current enrollment of 376 students and many of those students are struggling with behavioral and mental health. The Garden Hills Project will focus on students in grades 3-5 who demonstrate significant impairment due to traumatic symptoms, including traumatic grief.

Scope, Location, and Frequency of Services:

Scope: a 10 week therapeutic group opportunity for students (and their parents) to address trauma and grief symptoms. CCMHB is asked to provide funds to allow for 4 separate groups, 2 of which will be offered in the fall/winter semester and 2 offered in the winter/spring semester of the 2022-2023 school year. Each group will meet weekly and will have a maximum of 6 participants. BOUNCE BACK PROGRAM Treatment Guide.

Location/Frequency: within the Garden Hills Elementary building.

Access to Services for Rural Residents: limited to Garden Hills Elementary School.

Access to Services for Members of Historically Underinvested Populations: open to all students in need of treatment for trauma/grief symptoms. However, selection criteria for participants will favor students of color and students with economically disadvantaged backgrounds. All group meetings will be held within the Garden Hills Elementary building. A specific room has been designated for provision of mental health services.

Residency and Demographic data are not available – a *NEW* program proposal.

Program Performance Measures

CONSUMER ACCESS: Garden Hills student in grade 3, 4, or 5, experiencing symptoms of trauma/grief, and referred by School Social Worker or School Administrator. Referrals come from professionals within Garden Hills Elementary. Referral sources are asked to provide some information about the referred youth's presenting problems. School Social Workers and Administrators will inform students (and their parents) about program.

Within 14 days from referral, 90% of those referred will be assessed.

Within 21 days of assessment, 85% of those assessed will engage in services.

People will engage in services, on average, for: 10 weeks

Additional Demographic Data: Medicaid status/insurance coverage to track trends in coverage, which will inform future advocacy efforts.

CONSUMER OUTCOMES:

1. Participants will experience a reduction in problematic trauma/grief symptoms.
2. Participants will improve ability to effectively manage symptoms of trauma/grief.
3. Participants will experience fewer disciplinary/mental health referrals during the school day.



- Youth who previously experienced barriers to mental health services will engage in BOUNCE BACK PROGRAM group.

Measured by:

- Trauma/grief symptoms and severity of symptoms will be assessed using the Trauma Checklist Youth/Child Version and the Brief Grief Questionnaire. Youth will provide information about symptoms and severity of symptoms during pre- and post-assessments. Anecdotal review of improvements in symptoms will be discussed in weekly meetings, but that data will not be used for program evaluation.
- Data from the Trauma Checklist Youth/Child Version will be used in conjunction with data provided by school staff on frequency of unplanned contacts with School Social Workers or other supportive staff.
- Garden Hills Elementary will provide data on disciplinary and mental health/social work referrals for participants as collected via standard reporting procedures.
- Students and their parents/caregivers will be surveyed as to current and prior mental health needs, engagement in services, and barriers to engagement. The self-report survey has been developed by THRIVING: Families and is administered during the first group session with students and first meeting with parents/caregivers.

Outcome gathered from all participants? Yes.

Anticipate 24 total participants for the year.

Will collect outcome information: at the beginning and ending of each group cycle (first and last week).

Is there a target or benchmark level for program services? Yes. Is there a comparative target or benchmark level? In the article cited below, students in a school setting demonstrated a 49-53% reduction in traumatic symptoms. Langley AK, Gonzalez A, Sugar CA, Solis D, Jaycox L. Bounce back: Effectiveness of an elementary school-based intervention for multicultural children exposed to traumatic events. J Consult Clin Psychol. 2015 Oct;83(5):853-65. doi: 10.1037/ccp0000051. Epub 2015 Aug 24. PMID: 26302251; PMCID: PMC4573344.

Estimated levels of change:

- At least 75% of participants will report at least a 50% reduction in trauma/grief symptoms/severity of symptoms.
- At least 75% of participants will report at least a 50% reduction in severity of symptoms.
- At least 75% of participants will demonstrate at least 50% reduction in disciplinary/mental health referrals.
- At least 85% of youth who seek mental health care will access desired mental health supports.

UTILIZATION:

Service Contacts (SCs): 192 service contacts with participants. Given that each has the opportunity for 10 service contacts, the projected target is that at least 80% of referred students will attend at least 8 weekly sessions.

PY2023 Annual Targets (per Utilization Form)

	SC
<i>Annual Target</i>	192

Financial Analysis

PY2023 CCMHB Funding Request: \$5,241

PY2023 Total Program Budget: \$5,241

Proposed Change in Funding - PY2022 to PY2023 = N/A – a NEW request

CCMHB request is for 100% of total program revenue.

Personnel related costs (Payroll Taxes and Benefits) of \$1,331 are 25% of requested amount. Other expenses are: Professional Fees/Consultants \$50 (1%); Conferences/Staff Development \$150 (3%); Fund Raising Activities \$60 (1%); Miscellaneous \$150 (3%); Consumables \$2,000 (38%); and General

Operating \$1,500 (29%).

Total Agency Budget shows a Surplus of \$925, Total Program and CCMHB Budgets are BALANCED.

Program Staff to be funded by CCMHB: 0 FTEs. Total Program Staff: 0 FTEs

Staff Comments: budget narrative is comprehensive, especially for a first time and relatively small request, describing each expected expense, with rationale; there does appear to be a mismatch between the budget narrative and other financial forms, in that salaries/wages were to be included (totalling \$1,200, which appears on the expense form as Payroll Taxes); personnel and expense form would need to be revised to capture.

Audit Findings: *agency is not currently funded by the CCMHB, so audit information is not available.*

Priorities and Decision Support Criteria

Does the plan align with one or more of the CCMHB Priorities? *Yes.*

Expectations for Minimal Responsiveness: *The agency completed a Registration/Eligibility Questionnaire, identifying the likely need to change accounting method and clarify/revise their board policies (i.e., staff not serving on the board); a previous independent financial review has not been completed. All required forms were complete and submitted prior to the deadline. Proposed services/supports relate to mental health and how they will improve the quality of life for persons served. Seeking other funding, not yet found. Virtual service options are not included.*

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? *Yes*

Highlights from the submitted CLC Plan: *THRIVING submitted a CLC Plan that includes the planning and implementation of their CLC Policies and Practices. Thriving will survey clients about the organization's responsiveness to cultural and language needs to ensure that the needs of the families are met.*

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY22? *N/A*

Highlights from the submitted CLC Progress Report: *N/A*

Overarching Decision Support Criteria

Underinvested Populations and Countywide Access: *addressed in "Access" sections above.*

Inclusion and Anti-Stigma: *Youth in the target population frequently are not able to access mental health services due to lack of funding/insurance, lack of providers who accept Medicaid, lack of knowledge about mental health services, inadequate transportation, stigma, and other factors. The Garden Hills Project removes all of those barriers by bringing trauma-informed services to the students and contributes to an environment within Garden Hills that promotes mental health and wellness.*

Outcomes: *includes an outcome for access and three for positive impact of the service, with appropriate measures including self-report and specific targets (identified in estimated levels of change).*

Virtual Service Option(s): *not included.*

Coordinated System: *No similar or related services are listed, N/A for coordination with them.*

Budget and Program Connectedness: *budget narrative offers thorough detail and supports the program plan.*

Evidence-based, Evidence-informed, Recommended, or Promising Practice: *describes The BOUNCE BACK PROGRAM Treatment Guide/approach and links to further information.*

Evidence of Collaboration: *N/A*

Staff Credentials: *Brittney Homann, MS Ed., MSW, LCSW, Certified Trauma Professional, experience as an educator, as well as experience in community mental health and child welfare. In the event that additional staff and/or interns are hired to facilitate groups, Brittney will train and supervise group leaders.*

Resource Leveraging: *not used as match for another grant; CCMHB would be the sole source of funding.*

Other Pay Sources: *fundraising... no other payment sources have been located for The Garden Hills Project.*

Client Fees: No. **Sliding Scale:** No... requesting a one-time grant in the amount of \$5241.04 to fund The Garden Hills Project...[to] cover general operating expenses for the program and cost of consumable materials.

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY23 contract:

- *Include an amount for Professional Fees to cover independent CPA financial review (total agency revenue is greater than \$30,000).*
- *Reconcile discrepancies across financial forms.*
- *Because the agency may not be using accrual accounting at this time, a contract award should be held until transition is completed.*
- *Partnership with the CU Trauma and Resilience Initiative could strengthen the model.*
- *Special Provisions: work with CLC Coordinator to strengthen strategies; mid-year progress update to the Board in early 2023; share program information with 211; coordination with similar providers.*

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCMHB staff in writing of any factual errors made by CCMHB staff which should be corrected prior to completion of the award process.

Recommendation: Pending

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Agency Name: THRIVING: Families

Program Name: THRIVING: Community – a NEW program request

Requested Funding Amount: \$3,730

The original application forms contain more information. Attached is an analysis of specific sections of the application and prior reports on the program (if incumbent).

Why it Matters: According to the CCMHB/CCDDB's 2021 Community Needs Assessment Report, free/affordable walk-in mental health care is a need in Champaign County. THRIVING: Community mental health clinics are designed to meet the mental health needs of individuals who typically have difficulty accessing mental health supports. All community members are welcome... special emphasis on individuals in the categories of uninsured/underinsured, economically disadvantaged, and racial and ethnic minorities.

Evidence Based, Promising, or Innovative Approach: In a study in Calgary, Alberta, Canada, 60% of youth who attended a mental health walk-in clinic accessed follow up mental health support, compared to 38% of youth who utilized traditional methods of accessing mental health services, demonstrating that walk-in clinics improve accessibility of mental health services. Barwisk, M., Urajnik, D., Sumner, L., Cohen, S., Reid, G., Engel, K., & Moore, J.E. (2013). Profiles and Service Utilization for Children Accessing a Mental Health Walk-In Clinic versus Usual Care. *Journal of Evidence-Based Social Work*, 10(4), 338-352.

<https://doi.org/10.1080/15433714.2012.663676>

Outcomes:

1. Individuals who previously experienced barriers to mental health services will access mental health supports.
2. Attendees will report a reduction in mental health symptoms.

To be Served/Completed:

SC: 120 contacts with new attendees and # total service contacts across clinics.

Type and Intensity of Service: Community mental health clinics will serve as an access point for MH services. Individuals who attend the clinics receive a brief trauma-informed MH assessment and individual psychotherapy by a licensed clinician, a list of community resources, and an opportunity to request assistance with linkage to ongoing MH supports. Individuals in crisis will immediately be linked with crisis supports and given an opportunity to request a follow-up phone call for assistance with linkage to follow up supports.

Length of Engagement: 1 session, plus possible follow up care.

Leveraging Other Resources: CCMHB request is for 76% of total program revenue. Other revenue is from Contributions \$1,200 (24%).

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DRAFT PY2023 CCMHB Program Analysis

Agency: THRIVING: Families

Program: THRIVING: Community – a NEW program request

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2023 CCMHB Funding Request: \$3,730

Focus of Application: Mental Health

Type of Contract: Grant - as a NEW program, could be Special Initiative for up to 3 years

Priority: Innovative Practices and Access to Behavioral Health Services

Services and People Served

Target Population: ... free/affordable walk-in mental health... clinics are designed to meet the mental health needs of individuals who typically have difficulty accessing mental health supports. All community members are welcome to attend, but we place a special emphasis on serving individuals in the categories of uninsured/underinsured, economically disadvantaged, and racial and ethnic minorities.

Scope, Location, and Frequency of Services:

Scope: Community mental health clinics will serve as an access point for mental health services. Individuals who attend the clinics can expect to receive a brief trauma-informed mental health assessment and individual psychotherapy by a licensed clinician, a list of community resources, and an opportunity to request assistance with linkage to ongoing MH supports. Individuals in crisis will immediately be linked with crisis supports and be given an opportunity to request a follow-up phone call for assistance with linkage to follow up supports.

Location/Frequency: various locations within the community... at least once per month.

Access to Services for Rural Residents: will hold at least 3 clinics in rural areas within Champaign County... currently seeking locations to offer clinics in rural areas.

Access to Services for Members of Historically Underinvested Populations: All community members are welcome to attend, but we place a special emphasis on serving individuals in the categories of uninsured/underinsured, economically disadvantaged, and racial and ethnic minorities. Walk-in clinics will occur at various locations within the community. The first clinic on February 26, 2022, is being held at Evergreen Coaching and Counseling (411 E Park St, Champaign), which is easily accessible by bus.

Residency and Demographic data are not available – a NEW program proposal.

Program Performance Measures

CONSUMER ACCESS: All individuals who seek care at a community walk-in clinic are eligible to receive services. Individuals who are determined to be in crisis (suicidal, homicidal, active psychosis) will be immediately linked with crisis services and offered a follow-up phone call for assistance accessing ongoing mental health care... Individuals who are determined to be in crisis (suicidal, homicidal, active psychosis) will be immediately linked with crisis services and offered a follow-up phone call for assistance accessing ongoing mental health care. Information about the walk-in clinics has been shared with a variety of community service providers. Information has also been shared on social media.

Within 0 days from referral, 100% of those referred will be assessed.

Within 0 days of assessment, 100% of those assessed will engage in services.

People will engage in services, on average, for: 1 session, plus possible follow up care.

Additional Demographic Data: Medicaid status/insurance coverage to track trends in coverage, which will inform future advocacy efforts.

CONSUMER OUTCOMES:

- 1. Individuals who previously experienced barriers to mental health services will access mental health supports.
- 2. Attendees will report a reduction in mental health symptoms.

Measured by:

- 1. Attendees will be surveyed as to current and prior mental health needs, engagement in services, and barriers to engagement. The self-report survey has been developed by THRIVING: Families and is administered after the attendee meets with a licensed clinician.
- 2. Questions about severity of mental health symptoms before and after meeting with a licensed clinician are included on self-report survey.

Outcome gathered from all participants? Yes

Anticipate 120 total participants for the year.

Will collect outcome information: at the end of each session.

Is there a target or benchmark level for program services? Yes. The article... reports that 60% of walk-in clinic attendees were able to access follow-up mental health services in the 3 months following the clinic.

Estimated levels of change for these outcomes:

- 1. At least 65% of attendees will access desired mental health supports.
- 2. At least 80% of participants will report some reduction in mental health symptoms before leaving the clinic.

UTILIZATION:

Service Contacts (SCs): 120 service contacts with new attendees and # total service contacts across clinics.

PY2023 Annual Targets (per Utilization Form)

	SC
<i>Annual Target</i>	<i>120</i>

Financial Analysis

PY2023 CCMHB Funding Request: \$3,730

PY2023 Total Program Budget: \$4,930

Proposed Change in Funding - PY2022 to PY2023 = N/A – a NEW request

CCMHB request is for 76% of total program revenue. Other revenue is from Contributions \$1,200 (24%).

No personnel related costs are to be charged to the CCMHB. Expenses are: Professional Fees/Consultants \$50 (1%); Consumables \$1,200 (32%); General Operating \$1,500 (40%); Conferences/Staff Development \$150 (4%); Specific Assistance \$120 (3%); Lease/Rental \$500 (13%); Fund Raising Activities \$60 (2%); and Miscellaneous \$150 (4%).

Total Agency Budget shows a Surplus of \$925, Total Program and CCMHB Budgets are BALANCED.

Program Staff to be funded by CCMHB: 0 FTEs. Total Program Staff: 0 FTEs

Staff Comments: budget narrative is comprehensive, especially for a first time and relatively small request; other revenues are described, and each expected expense is details, with rationale; no staff are charged to the contract, as clinics are staffed by volunteer licensed clinicians.

Audit Findings: N/A – as a new proposal from an agency not currently funded by the CCMHB.

Priorities and Decision Support Criteria

Does the plan align with one or more of the CCMHB Priorities? Yes.

Expectations for Minimal Responsiveness: *The agency completed a Registration/Eligibility Questionnaire, identifying the likely need to change accounting method and clarify/revise their board policies (i.e., staff not serving on the board); a previous independent financial review has not been completed. All required forms*



were complete and submitted prior to the deadline. Proposed services/supports relate to mental health and how they will improve the quality of life for persons served. Evidence is provided that other sources of funding are being sought or have been maximized. Virtual options are not a focus.

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? *Yes*

Highlights from the submitted CLC Plan: *THRIVING submitted a CLC Plan that includes the planning and implementation of their CLC Policies and Practices. Thriving will survey clients about the organization's responsiveness to cultural and language needs to ensure that the needs of the families are met.*

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY22? *N/A*

Highlights from the submitted CLC Progress Report: *N/A*

Overarching Decision Support Criteria

Underinvested Populations and Countywide Access: *addressed in "Access" sections above.*

Inclusion and Anti-Stigma: ... target population frequently are not able to access MH services due to lack of funding/insurance, lack of providers who accept Medicaid, lack of knowledge about MH services, inadequate transportation, stigma, and other factors. Walk-in clinics remove all of those barriers by bringing free, trauma-informed services to the community.

Outcomes: *includes an outcome for access and one for positive impact of the service, with appropriate measures including self-report and specific targets (identified under 'estimated levels of change').*

Virtual Service Option(s): *not included.*

Coordinated System: *No similar or related services are listed, N/A for coordination with them.*

Budget and Program Connectedness: *budget narrative offers thorough detail and supports the program plan.*

Evidence-based, Evidence-informed, Recommended, or Promising Practice: *describes and links to research on youth making greater use of MH walk-in clinics than traditional settings.*

Evidence of Collaboration: *N/A*

Staff Credentials: *THRIVING: Communities walk-in clinics are staffed by licensed clinicians (LCPC, LCSW) who currently practice in Champaign County and volunteer their services for the benefit of the community.*

Resource Leveraging: *not used as match for another grant; CCMHB would be the primary source of funding.*

Other Pay Sources: *fundraising... no other payment sources have been located to fund THRIVING:*

Communities mental health clinics. In-kind donations of use of space or other consumable materials is

expected. Client Fees: No Sliding Scale: No... requesting a one-time grant in the amount of \$3730 to fund

THRIVING: Communities' general operating expenses and cost of consumable materials.

Process Considerations and Caveats

Contracting Considerations: *If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY23 contract:*

- *Include an amount for Professional Fees to cover independent CPA financial review (total agency revenue is greater than \$30,000).*
- *Coordination with similar providers would strengthen the effort and maximize outcomes. Possibilities include the free clinics, core mental health services providers, various collaboratives.*
- *Because the agency may not be using accrual accounting at this time, a contract award should be held until transition is completed.*
- *Special Provisions: work with CLC Coordinator to strengthen strategies; mid-year progress update to the Board in early 2023; share program information with 211; coordination with similar providers.*

Applicant Review and Input: *Applicant is encouraged to review this document upon receipt and notify the CCMHB staff in writing of any factual errors made by CCMHB staff which should be corrected prior to completion of the award process.*

Recommendation: *Pending*

Agency Name: THRIVING: Families

Program Name: THRIVING: CU – a NEW program request

Requested Funding Amount: \$11,520

The original application forms contain more information. Attached is an analysis of specific sections of the application and prior reports on the program (if incumbent).

Why it Matters: According to the CCMHB/CCDDDB's 2021 Community Needs Assessment Report, free/affordable mental health care is a need in Champaign County. THRIVING: CU is designed to meet the mental health needs of individuals who typically have difficulty accessing mental health supports due to financial constraints, including lack of insurance coverage. THRIVING: CU places a special emphasis on serving individuals in the categories of uninsured/underinsured, economically disadvantaged, and racial and ethnic minorities.

Evidence Based, Promising, or Innovative Approach: One evidence-based practice used for trauma counseling is Trauma Focused Cognitive Behavioral Therapy (TF-CBT). TF-CBT has been shown to have a 60% success rate in reducing traumatic symptoms. Cohen, J. A., Mannarino, A. P., Kliethermes, M., & Murray, L. A. (2012). Trauma-focused CBT for youth with complex trauma. *Child abuse & neglect*, 36(6), 528–541. (<https://doi.org/10.1016/j.chiabu.2012.03.007>) Another evidence-based practice used for trauma counseling is Attachment, Regulation, and Competency (ARC), widely researched and used in the treatment of children/youth with significant impairment due trauma symptoms. (<https://arcframework.org/what-is-arc/>)

Outcomes:

1. Individuals who previously experienced barriers to mental health services will access mental health supports.
2. Attendees will report a reduction in mental health symptoms.

To be Served/Completed:

SC: 1,196 referrals and service contacts with new clients + service contacts across clinics.

Type and Intensity of Service: Free mental health services to individuals otherwise unable to access them due to financial constraints, including lack of insurance coverage, or lack of providers willing to accept available funding sources. THRIVING: CU aims to improve access to MH supports, so services may be offered at various locations within the community, such as schools, detention centers, or other accessible locations. Clients may receive up to 6 months of trauma-informed MH services that may include individual and/or family counseling.

Length of Engagement: up to 6 months.

Leveraging Other Resources: CCMHB request is for 61% of total program revenue. Other revenue is from Contributions \$7,500 (39%).

DRAFT PY2023 CCMHB Program Analysis

Agency: THRIVING: Families

Program: THRIVING: CU – a NEW program request

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2023 CCMHB Funding Request: \$11,520

Focus of Application: Mental Health

Type of Contract: Grant - as a NEW program, could be Special Initiative for up to 3 years (the program plan narrative requests a Fee for Service contract)

Priority: Innovative Practices and Access to Behavioral Health Services

Services and People Served

Target Population: ... individuals who typically have difficulty accessing mental health supports due to financial constraints, including lack of insurance coverage... special emphasis on serving individuals in the categories of uninsured/underinsured, economically disadvantaged, and racial and ethnic minorities.

Scope, Location, and Frequency of Services:

Scope: free mental health services to individuals otherwise unable to access mental health supports due to financial constraints, including lack of insurance coverage, or lack of providers willing to accept available funding sources... to improve access to mental health supports, so services may be offered at various locations within the community, such as schools, detention centers, or other accessible locations. Clients may receive up to 6 months of trauma-informed mental health services that may include individual and/or family counseling.

Location/Frequency: various locations within the community, such as schools, detention centers, or other accessible locations. Clients may attend weekly sessions for up to 6 months.

Access to Services for Rural Residents: virtual services for individuals unable to access services otherwise.

Access to Services for Members of Historically Underinvested Populations: special emphasis on... uninsured/underinsured, economically disadvantaged, and racial and ethnic minorities who experience barriers to accessing MH services... improve access to MH supports, so services may be offered at... schools, detention centers, or other accessible locations... virtual services for individuals unable to access services otherwise.

Residency and Demographic data are not available – a NEW program proposal.

Program Performance Measures

CONSUMER ACCESS: Resident of Champaign County; experiencing barriers to mental health services (lack of transportation, uninsured/underinsured, lack of providers accepting funding source, etc). Require proof of address, referral by another service provider in the community that provides information regarding barriers to services. Information about THRIVING: CU has been shared with a variety of community service providers. Information has also been shared on social media.

Within 14 days from referral, 90% of those referred will be assessed.

Within 14 days of assessment, 80% of those assessed will engage in services.

People will engage in services, on average, for: up to 6 months

Additional Demographic Data: Medicaid status/insurance coverage to track trends in coverage, which will inform future advocacy efforts.

CONSUMER OUTCOMES:

- 1. Individuals who previously experienced barriers to mental health services will access mental health supports.
- 2. Attendees will report a reduction in mental health symptoms.

Measured by:

- 1. Attendees will be surveyed as to current and prior mental health needs, engagement in services, and barriers to engagement. The self-report survey has been developed by THRIVING: CU and is administered after the attendee meets with a licensed clinician.
- 2. Questions about severity of mental health symptoms before and after meeting with a licensed clinician are included on self-report survey.

Outcome gathered from all participants? Yes

Anticipate 50 total participants for the year.

Will collect outcome information: at initiation and termination of services.

Is there a target or benchmark level for program services? Yes. TF-CBT has been shown to have a 60% success rate in reducing traumatic symptoms.

Estimated levels of change for these outcomes:

- 1. At least 80% of referred clients will access desired mental health supports.
- 2. At least 80% of participants will report at least 50% reduction in mental health symptoms.

UTILIZATION:

Service Contacts (SCs): 1,196 referrals and service contacts with new clients + service contacts across clinics.

PY2023 Annual Targets (per Utilization Form)

	SC
<i>Annual Target</i>	1,196

Financial Analysis

PY2023 CCMHB Funding Request: \$11,520

PY2023 Total Program Budget: \$19,020

Proposed Change in Funding - PY2022 to PY2023 = N/A – a NEW request

CCMHB request is for 61% of total program revenue. Other revenue is from Contributions \$7,500 (39%). **Personnel related costs (Payroll Taxes and Benefits) of \$8,065 are the primary expense charged to CCMHB, at 70% of requested amount.** Other expenses are: Professional Fees/Consultants \$50; Consumables \$645 (6%); General Operating \$1,500 (13%); Conferences/Staff Development \$1,000 (9%); Specific Assistance \$50; Fund Raising Activities \$60 (1%); and Miscellaneous \$150 (1%).

Total Agency Budget shows a Surplus of \$925, Total Program and CCMHB Budgets are BALANCED.

Program Staff to be funded by CCMHB: 0 FTEs. Total Program Staff: 0 FTEs

Staff Comments: budget narrative is comprehensive, especially for a first time and relatively small request, describing other revenues and each expected expense, with rationale; there does appear to be a mismatch between the budget narrative and other financial forms, in that salaries/wages were to be included (totalling \$6,840, which appears on the expense form as Payroll Taxes); personnel and expense form would need to be revised to capture. Another error in the expense form is \$1,800 too little in Payroll Taxes, which contributes to the apparent total agency budget surplus. Revenue is listed as a Fee For Service (FFS) program.

Audit Findings: agency is not currently funded by the CCMHB, so audit information is not available.

Priorities and Decision Support Criteria

Does the plan align with one or more of the CCMHB Priorities? *Yes.*

Expectations for Minimal Responsiveness: *The agency completed a Registration/Eligibility Questionnaire, identifying the likely need to change accounting method and clarify/revise their board policies (i.e., staff not serving on the board); a previous independent financial review has not been completed. All required forms were complete and submitted prior to the deadline. Proposed services/supports relate to mental health and how they will improve the quality of life for persons served. Evidence is provided that other sources of funding are being sought or have been maximized. Virtual service options are available.*

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? *Yes*

Highlights from the submitted CLC Plan: *THRIVING submitted a CLC Plan that includes the planning and implementation of their CLC Policies and Practices. Thriving will survey clients about the organization's responsiveness to cultural and language needs to ensure that the needs of the families are met.*

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY22? *N/A*

Highlights from the submitted CLC Progress Report: *N/A*

Overarching Decision Support Criteria

Underinvested Populations and Countywide Access: *addressed in "Access" sections above.*

Inclusion and Anti-Stigma: *Individuals in the target population frequently are not able to access mental health services due to lack of funding/insurance, lack of providers who accept Medicaid, lack of knowledge about mental health services, inadequate transportation, stigma, and other factors. THRIVING: CU removes all of those barriers by bringing free, trauma-informed services to the community.*

Outcomes: *includes an outcome for access and one for positive impact of the service, with appropriate measures including self-report and specific targets (identified in "estimated levels of change").*

Virtual Service Option(s): *available.*

Coordinated System: *No similar or related services are listed, N/A for coordination with them.*

Budget and Program Connectedness: *budget narrative offers thorough detail and supports the program plan.*

Evidence-based, Evidence-informed, Recommended, or Promising Practice: *describes Trauma Focused Cognitive Behavioral Therapy (TF-CBT) and Attachment, Regulation, and Competency (ARC) and provides links to further information/research supporting their use.*

Evidence of Collaboration: *N/A*

Staff Credentials: *licensed clinicians (LCPC, LCSW) who currently practice in Champaign County and either volunteer their services or accept a reduced rate for the benefit of the community.*

Resource Leveraging: *not used as match for another grant; CCMHB would be the primary source of funding.*

Other Pay Sources: *fundraising... no other payment sources have been located to fund THRIVING: CU mental health clinics. In-kind donations of use of space or other consumable materials is expected.*

Client Fees: *No*
No Sliding Scale: *No... requesting fee for service reimbursement of \$65 per session. Funds will cover general operating expenses for the program, including staff wages and cost of consumable materials.*

Process Considerations and Caveats

Contracting Considerations: *If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY23 contract:*

- *Include an amount for Professional Fees to cover independent CPA financial review (total agency revenue is greater than \$30,000).*
- *Coordination with similar providers would strengthen the effort and maximize outcomes. Possibilities include the free clinics, core mental health services providers, various collaboratives.*

- *Because the agency may not be using accrual accounting at this time, a contract award should be held until transition is completed.*
- *Reconcile discrepancies across financial forms.*
- *Special Provisions: work with CLC Coordinator to strengthen strategies; mid-year progress update to the Board in early 2023; share program information with 211; coordination with similar providers.*

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCMHB staff in writing of any factual errors made by CCMHB staff which should be corrected prior to completion of the award process.

Recommendation: Pending



Agency Name: The Well Experience

Program Name: Well Family Care Program

Requested Funding Amount: \$100,000

The original application forms contain more information. Attached is an analysis of specific sections of the application and prior reports on the program (if incumbent).

Why it Matters: Addresses generational poverty, systemic racism, and generational trauma and provides context for the Well Family Care Program. Families have faced too many obstacles to receiving support and stability, and this program is designed to create a family-based system of support for youth and families. The target population is Black women and youth of all ages, with a focus on the family. Program meets the needs by involving families in the planning and implementation of the systems of care.

Evidence Based, Promising, or Innovative Approach: Although Black adults express a great need for mental health services, 1 in 3 receive them. "Additionally, negative sociopolitical experiences including racism, discrimination, and sexism put African American women at risk for low-income jobs, multiple role strain, and health problems, all of which are associated with the onset of mental illness (Schneider, Hitlan, & Radhakrishnan, 2000)". Young girls have the same experiences in their homes, schools, and environments. The Well Experience has built a safe space for young girls to grow and develop surrounded by staff and volunteers who are dedicated to creating healing spaces. "We are inspired to think about the multiple ways in which racial, gender, and socioeconomic inequities converge to marginalize Black girls in their learning environments-relegating many to an inferior quality of education because they are perceived as defiant, delinquent, aggressive, too sexy, too proud, and too loud to be treated with dignity in their schools" (Monique W. Morris, 2015).

Multi-tiered, evidence-based system of service and support that provides care based on the specific needs and desires presented by our clients and those who refer clients (Brown-Chidsey & Brickford, 2015). <https://www.nami.org/Your-Journey/Identity-and-Cultural-Dimensions/Black-African-American>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2854624/>

https://www.iirp.edu/images/conf_downloads/OAQIEm_The_Future_of_Healing_Shifting_From_Trauma_Informed_Care_to_Healing_Centered_Engagement_Ginwright_2018.pdf

Outcomes:

1. Increase # individuals and families we serve by 25%
2. Increase the number of girls enrolled in social-emotional learning programs by 25%.
3. Increase # families attending culturally relevant and competent family programs by 25%.
4. Increase # Black women attending in-person or virtual racial healing circles by 25%.
5. Increase # Black girls enrolled in Girls to Life programs and working to develop a positive home, school, and community identity by 25%.

6. Increase # families receiving our newsletter, connected to our social media platforms, and aware of the programs offered at TWE by 100%.
7. Increase # underserved children enrolled in safe summer and afterschool programs at TWE by 50%.
8. Increase # teens attending TEEN Night and receiving teen services by 100%.

To be Served/Completed:

TPC: 25

NTPC: 200

SC: 300

Other: Mothering While Black

Type and Intensity of Service:

Wraparound Support – case/crisis management, therapeutic support, healing-centered.

Well Educated Family Learning - Group learning sessions open to the community.

RENEW Her - healing and restoring women and girls after justice-involvement. Preventive support for middle and high school girls. Focus on victims of DV and how the family heals.

WELL Mentoring - Intensive mentoring for women, youth, and families.

Girls To Life - A culturally responsive intervention for K-12th grade girls that provides social-emotional learning, academic support, identity and self-confidence building, and therapeutic supports, including skills for psychological recovery, etc.

The SET - motivational, educational, healing, and restorative activities.

Moms GROW - for pregnant and parenting teenage and young adult mothers: wraparound services, parenting groups, case management, psychotherapy, advocacy, and resources, support for Black mothers to learn, teach, share challenges and positive moments with their children, discuss issues our children face, and discuss racial and systemic issues that affect their children and how we can be part of the healing solution.

HERE For The Girl - Racial Healing Circles for Black Women and Girls that promote conversations and activities in a trauma-informed, healing-centered environment.

TEEN Talk - healthy conversations and psychotherapy with trained professionals.

Family Game Night - builds family relationships with the goal of enhancing family connectedness and resilience.

Well Women and Children Fitness

After School Program and Summer Program - academic support for students of underserved families who experienced inequitable outcomes due to school closures, therapeutic support, Social-emotional learning, STEM, etc.

Length of Engagement: 6 months to 1 year. Universal supports may continue long after the program is completed.

Leveraging Other Resources: CCMHB request is for 55% of total program revenue. Other revenue is from Contributions - various \$5,500 (3%) and Legislative Grant \$75,000 (41%).

DRAFT PY2023 CCMHB Program Analysis

Agency: The Well Experience

Program: Well Family Care Program

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2023 CCMHB Funding Request: \$100,000

Focus of Application: Mental Health

Type of Contract: Grant – *as the second year of funding, could be Special Initiative*

Priority: Innovative Practices and Access to Behavioral Health Services

Services and People Served

Target Population: Issues of generational poverty, systemic racism, and generational trauma create the context for the need for the Well Family Care Program. Families have faced too many obstacles to receiving support and stability, and this program is designed to create a family-based system of support for youth and families. The target population on Black women and youth of all ages, with a focus on the family.

Scope, Location, and Frequency of Services:

Scope: Wraparound Support - Support the family's needs by implementing case & crisis management, therapeutic support, and healing-centered engagement.

Well Educated Family Learning - Group learning sessions (workforce readiness, career development, building healthy relationships etc.) open to the community.

RENEW Her - Focuses on healing and restoring Women and Girls after involvement in the justice system.

Preventive support for middle and high school girls. This program also focuses on women who have been victims of domestic violence and how the family heals.

WELL Mentoring - Intensive mentoring for women, youth, and families.

Girls To Life - A culturally responsive intervention for K-12th grade girls that provides social-emotional learning, academic support, identity and self-confidence building, and therapeutic supports, including skills for psychological recovery, etc.

The SET - A safe space for women to participate in motivational, educational, healing, and restorative activities.

Moms GROW – 1. A safe space for pregnant and parenting teenage and young adult mothers. Wraparound Services, parenting groups, case management, psychotherapy, advocacy, and resources. 2. Support for Black mothers to learn, teach, share challenges and positive moments with their children, discuss issues our children face, and discuss racial and systemic issues that affect their children and how we can be part of the healing solution.

HERE For The Girl - Racial Healing Circles for Black Women and Girls that promote conversations and activities in a trauma-informed, healing-centered environment.

TEEN Talk - A safe space for adolescence to have healthy conversations and psychotherapy with trained professionals.

Family Game Night - Builds family relationships with the goal of enhancing family connectedness and resilience.

Well Women and Children Fitness

After School Program and Summer Program: a safe space for youth and teens, Academic support for students of underserved families who experienced inequitable outcomes due to school closures. Academic Support, therapeutic support, Social-emotional learning, STEM, etc.

Location/Frequency: office in Urbana; Zoom. Summer Program, After School Program, Mentoring, Counseling, and other Therapeutic Supports, and Girls to Life – M-F. Family Learning and Teen Talk evenings, biweekly.

Mental health, Wraparound services, crisis management, mentoring, family nights, and other services are ongoing with daily appointments, and by referral. Case management and check-ins weekly.

Access to Services for Rural Residents: social media platforms to advertise our programs and services. TWE will gladly support families in the Townships listed above who meet the criteria to receive services. We will also connect with community health centers and service providers to share brochures and flyers of upcoming events... virtual programs and services that allow participants to engage who are not able to enter the building [in Urbana.] TWE will assist with transportation to allow clients and program participants access the services offered at our facility.

Access to Services for Members of Historically Underinvested Populations: programs specifically designed to provide healing-centered engagement for underserved and oppressed populations. Engagement will include, and is not limited to, providing childcare to support families who attend our programs, providing safe meals for families when they attend program sessions, creating a culturally responsive and non-judgmental environment where participants feel safe, connecting families with MH professionals who look like them and make their holistic care a priority. Our staff and organization have built relationships with partners who serve our target populations and we frequently receive referrals. We have also built relationships with families who receive services from us and refer our clients to TWE [Urbana.] TWE will assist with transportation to allow clients and program participants access the services offered at our facility.

Residency of 169 People Served in first half of PY22

Champaign	47 (27.8%) for PY22
Urbana	98 (58%) for PY22
Rantoul	16 (9.5%) for PY22
Other	8 (4.7%) for PY22

Demographics of 169 People Served in first half of PY22

Age	
Ages 0-6 -----	32 (18.9%)
Ages 7-12 -----	57 (33.7%)
Ages 13-18 -----	42 (24.8%)
Ages 19-59 -----	34 (20.1%)
Ages 60-75+ -----	4 (2.4%)
Race	
White -----	4 (2.4%)
Black / AA -----	156 (92.3%)
Other (incl. Native American and Bi-racial) -----	9 (5.3%)
Gender	
Male -----	51 (30.2%)
Female -----	115 (68%)
Other (may include non-binary and gender non-conforming people)	3 (1.8%)
Ethnicity	
Of Hispanic or Latino/a origin -----	4 (2.4%)
Not of Hispanic or Latino/a Origin -----	43 (25.4%)

Program Performance Measures

CONSUMER ACCESS: Black women and girls impacted by racial trauma, youth in crisis; Marginalized and underserved populations; Referral from partnering agencies that fit criteria. Youth, women, and teens from households equal to or below the poverty line; or the family is potentially eligible for public assistance; Women and girls who have experienced incarceration; Black Girls who identify as needing support to prevent incarceration. Women and girls who have experienced domestic violence. Youth and teens living in



communities where violence is present (even if not directly connected). TWE reviews and updates our eligibility policies frequently to ensure that underrepresented families have equitable access to our services and supports. Individuals will be given an initial survey to complete that lists the eligibility criteria to determine if they qualify for services. Staff will follow up with families in-person or virtually to conduct an intake interview and collect any additional information or supplemental material that will assist in determining eligibility. The Well Experience will continue to utilize various marketing and advertising strategies to reach its intended audience, including social media platforms, networking through other organizations who serve similar populations, traditional methods such as brochures, and newsletters, and word of mouth. However, the primary way people in the target population will learn about this program is through social media as, "Black social media users have been particularly likely to say that these sites are personally important to them for getting involved with issues they care about or finding like-minded people" (Auxier, 2020).

Within 14 days from referral, 80% of those referred will be assessed.

Within 14 days of assessment, 75% of those assessed will engage in services.

People will engage in services, on average, for: 6 months to 1 year. Universal supports may continue long after the program is completed.

Additional Demographic Data: marital status, income, education, employment, # children in the and home

CONSUMER OUTCOMES:

Hire 2 additional trained staff to assist us in increasing the mental health services we provide for families.

Increase # individuals and families we serve by 25%

Increase # girls enrolled in social-emotional learning programs by 25%.

Increase # families attending culturally relevant and competent family programs by 25%.

Increase # Black women attending in-person or virtual racial healing circles by 25%.

Increase # Black girls enrolled in Girls to Life programs and working to develop a positive home, school, and community identity by 25%.

Increase # families receiving our newsletter, connected to our social media platforms, and aware of the programs offered at TWE by 100%.

Increase # underserved children enrolled in safe summer and afterschool programs at TWE by 50%.

Increase # teens attending TEEN Night and receiving teen services by 100%.

Measured by:

...mixed-method design, which incorporates both formative and summative evaluation. This design allows a more in-depth and contextual understanding of the progress of the participants or identification of areas in need of improvement. The rationale for the goals and objectives of TWE's programs and services have been developed in collaboration with input from stakeholders, feedback from families, and a review of evidence-based models regarding effective systems of support. TWE has built a relationship with Lead for Equity and Engagement LLC, a local educational consulting organization that specializes in program evaluation and issues of equity and justice. TWE will quantify its progress by collecting data related but not limited to these goals:

Program Participation - Track participants through a data collection system which includes demographic information, types of services, and services received; Collect semi-annual survey and interview data from participants about services, supports, and needs; Track and monitor the number of participants who sign up and participate in programs offered each month; Track the number of participants receiving therapeutic services; Recruit and monitor youth outcomes; Number of participants (youth, teens, adults, and families) engaging in programs, events, and sessions.

Educational outcomes (attendance, GPA, high school diploma, GED, vocational interest or college).

Social-Emotional Learning Outcomes.

Home and community engagement.

Resilience Outcomes.

Provide high fidelity wraparound services to families. Collect demographic data about families who receive wraparound support. Conduct surveys and interviews with families engaged in wraparound support to determine impact of services and goal achievement.

Conduct assessments of functioning, severity, strengths, and difficulties, and outcomes rating scales... related to MH and functioning for family members participating in wraparound support. Work with participants to create measurable indicators of success... more authentic if created in collaboration with the families served.

Outcome gathered from all participants? Yes

Anticipate 200 total participants for the year.

Will collect outcome information: We assess at intake, half-way through, and at the end of the program.

Is there a target or benchmark level for program services? No... use outcome and survey data to improve our service delivery and program offerings for youth and families... plan to evaluate the effectiveness of our programming through family-reported data related to school attendance, school behavior, and grades. We also will collect regular feedback from participants via survey and focus group conversations.

Estimated levels of change:

Families build greater connections with each other. 50%

Families involved in wraparound support meet the goals and begin utilizing their community resources and supports. 50%

Recidivism reduced for teens involved in the justice system. 50%

Women and girls feel empowered to advocate for racial justice and begin to heal from racial trauma. 75%

Reduction in community violence for youth who are involved in the program.

Increase in school and community program attendance.

Girls and teens develop a positive home, school, and community identity. 50%

Increase in community partnerships to support families.

Increase in positive home, community, and school identity.

Participants recognize the tools they have to build resilience. 75%

UTILIZATION:

Treatment Plan Clients (TPCs): 25 Wraparound Support: Goals reached, outcomes; Crisis Management Outcomes; Case Management with goal setting; Learn Strategies To for self-regulation; Learn tools for psychological recovery; Learn tools and factors for building resilience and sustainability. Provide Psychoeducation for traumatic experiences and healing from trauma.

Non-Treatment Plan Clients (NTPCs): 200 -Building resiliency and sustaibability through programs, support groups, job training, financial healing, peer support, and other direct and indirect services. Social-Emotional Learning - Outcomes at home and school. Racial-Healing Circles – Outcomes.

Service Contacts (SCs): 300 - All persons who reach out to TWE will be contacted in a timely manner, assess, and offered support either in-house or through referrals.

Community Service Events (CSEs): programs are open and shared within the community to allow families the opportunity to connect and build circles of support while learning and teaching through goal-oriented activities designed to build safety, awareness, foster change for the home and community, and build the family structure.

Other: Mothering While Black - Moms report feeling more supported, learn new strategies to support children.

Staff Comments: in PY22, the first year of MHB funding for this program, targets will likely be met, and some are increased for PY23. Relationship between targets and the proposed category definitions should be clarified. The total number of people served in the PY22 service activity reports is greater than the total number reported in residency and demographic reports (see above).

PY2023 Annual Targets (per Utilization Form)

	TPC	NTPC	SC	CSE	OTHER
<i>Annual Target</i>	25	200	300		

PY2022 First two quarters (per submitted Service Activity Reports)

First Quarter PY22	62	124	76	1	22
Second Quarter PY22	5	9	42	2	14
<i>Annual Target</i>	50	150	300	4	

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Financial Analysis

PY2023 CCMHB Funding Request: \$100,000

PY2023 Total Program Budget: \$181,000

Proposed Change in Funding - PY2022 to PY2023 = 25%

Current Year Funding (PY2022): \$80,000

CCMHB request is for 55% of total program revenue. Other revenue is from Contributions - various \$5,500 (3%) and Legislative Grant \$75,000 (41%).

Personnel related costs (Payroll Taxes only) of \$12,000 are 38% of requested amount. Other expenses are: Professional Fees/Consultants \$10,000 (31%); Consumables \$3,000 (9%); and Lease/Rental \$7,000 (22%).

Total Agency Budget shows a SURPLUS of \$67,312, Total Program \$79,800, and Total CCMHB \$68,000.

Program Staff to be funded by CCMHB: 0 FTEs Total Program Staff: 0 FTEs

Staff Comments: the Personnel form does not allocate salaries to Total Program or CCMHB, although the Budget Narrative clarifies which staff are to be supported by the requested funds and offers rationale for each. The surpluses in each budget column further suggest that the root error in financial presentation is with the Personnel form. The budget narrative references other grants but does not detail all of those listed in the revenue form; there are mismatches among the expenses listed and those on the expense form. The 25% increase is based on projected costs determined from reviewing actuals for the first half of PY22. Budget narrative references client support but nothing is budgeted in the Specific Assistance category.

Audit Findings: *As an agency newly funded by the CCMHB in PY22, no audit/review/compilation has yet been required. The agency is one of four pilot agencies in the CCMHB bookkeeping support project in 2022.*

Priorities and Decision Support Criteria

Does the plan align with one or more of the CCMHB Priorities? Yes.

Expectations for Minimal Responsiveness: *The agency was not required to complete a new Registration/Eligibility Questionnaire, as they were a new registrant last year; identified last year were the need to transition to accrual accounting and no previous audit/review/compilation. All required forms were complete and submitted prior to the deadline. Proposed services/supports relate to mental health and how they will improve the quality of life for persons served. Evidence is provided that other sources of funding are not available or have been maximized. Virtual service options are available.*

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? Yes

Highlights from the submitted CLC Plan: *"... Youth Staff, Practitioners and Case Managers will assess individual clients and refer to culturally appropriate providers, organizations, and other community supports as appropriate. TWE inspires clients to assist with educating the community, funders, policy makers, and prospective clients about the youth and adult programs, services, engagement, outreach at The Well Experience. Client forums will be conducted this year to gain feedback and input to improve TWE's youth and adult programs, services, engagement, and outreach."*

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY22? Yes

Highlights from the submitted CLC Progress Report: *"Executive Director and Director of Operations conduct research on implementation to share with the Board of Directors. When recruiting staff, intentional efforts are made to recruit the populations served within the organization. This is to increase the recruitment of culturally and linguistically diverse individuals. All staff and volunteers are trained to provide support to families with cultural sensitivity, awareness, and understanding of our mission. Updated information is*

provided to staff through our internal communication software to keep our team well abreast and updated on CLC implementation and data.”

Overarching Decision Support Criteria

Underinvested Populations and Countywide Access: *addressed in “Access” sections above.*

Inclusion and Anti-Stigma: creating a safe space for Black/ African American families and specifically women and girls by providing trauma-informed and shifting families to healing-centered engagement, providing social-emotional learning and mental health services that focus for the specific experiences and needs of Black families, building programs that focus on the prevention of community violence, decreasing teen pregnancy and infant mortality, creating spaces to facilitate racial healing, and providing training to increase the presence and sustainability of Black women and teen girls in the workforce. build an environment that is educated in and sensitive to the generational, racial, and systemic needs of Black/African American families and individuals. We seek out training within our community and abroad to strengthen our competencies in all areas and build a safe, healing-centered environment for our families.

Outcomes: *along with detailed narrative for context, the section includes 8 specific process measures, along with tools for tracking data; many are specific measures of program performance, and some relevant to the positive impact on individuals participating in services (not all of these have specific targets); 10 benchmarks are also listed, 6 with specific targets, capturing positive impact on participants, families, and community.*

Virtual Service Option(s): *included.*

Coordinated System: DREAAM and DMBGC provide an educational and social-emotional learning environment for Black children. We are connecting to children who are not involved in programs in this community, those with traumatic experiences that require more in-depth support, and families who need a holistic system of care, which is what TWE has been able to provide... Win4Recovery provides housing and support for women who have experienced diversion due to incarceration. Although we target a similar audience, we provide different services and TWE collaborates with community partners and utilizes many services and supports in our community. We are not aware of any organizations creating racial healing circles with a trauma-informed focus for Black women and girls in the C-U community at this time. We are not aware of any organization providing coordinated services with a specific focus on the mental health support and holistic care of Black women and girls and their families. We believe The Well Experience has the advantage to pioneer a system of care that will enhance the mental health, growth, and development of Black women and girls in Champaign County. TWE has already built connections with service providers and organizations in the area. TWE offers crisis support, mentoring, and wraparound services to families through a collaboration with Families Stronger Together (Cunningham), Head Start, Urbana School District 116. TWE is collaborating with Win4Recovery to provide healing-centered engagement for their participants and their daughters. Through the ReNEW HER program, TWE also provides preventive support services for at-risk teen girls to prevent incarceration and has connected with Urbana School District for referrals. Champaign County Jail has agreed to allow TWE to provide restorative sessions for women. We established a relationship with the Home Visiting Consortium to provide additional support to the teen moms they serve and their families. CU-Early has agreed to refer pregnant and parenting teens... TWE was recently added to the Champaign County Reentry Council and will share, partner, collaborate and utilize the resources provided through this collaborative relationship.

Budget and Program Connectedness: *budget narrative offers relevant detail and supports program plan, although there are errors which should be resolved in order to justify and clarify the request.*

Evidence-based, Evidence-informed, Recommended, or Promising Practice: *references and links to research articles on mental health/health risks unique to Black women and girls and on shifting from trauma informed care to healing centered engagement.*

Evidence of Collaboration: *written working agreements with - CU Early: MOU to serve and support pregnant and parenting teens enrolled in their program. University of Illinois: Women in Engineering - to provide STEM education to girls and to present STEM activities that connect to the participants' life and culture. United Way: Contracted through a grant to facilitate Racial Healing Circles for Black Women and Girls, support early learning success for children from birth to 5th grade, provide MH support to families in the community.*

Staff Credentials: Executive Director has worked in family and individual support services for more than 15 years. The TWE team has provided academic tutoring, mental health awareness and support from a healing-centered lens, training in trauma-informed care racial equity and cultural competency, and family support with intensive wraparound; healing-centered engagement to more than 150 families. Bachelor of Science, MSW, Master of Ed, MHFA, Healing Solutions Training, Trauma-Informed Cognitive Behavior Therapy training, Psychotherapy for Adolescents, Cultural Competency, Positive Behavior Interventions, Case Management, Paraprofessional, Child Development Associate, Financial Literacy Coaching, and more.

Resource Leveraging: *not used as match for another grant; CCMHB is the primary source of funding.* **Other Pay Sources:** Most services are offered to families at no cost. Families are offered the opportunity to volunteer or donate goods and time within TWE. For Well Kids Summer Program, parents are asked to pay \$20 a month for one child and \$30 for 2 or more children. We provide scholarships if parents cannot afford this cost. Adults are assessed a \$10 fee if appointments are missed without notification. **Client Fees:** No **Sliding Scale:** NA.

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY23 contract:

- *If the agency is not using accrual accounting, contract award should be held until transition is complete.*
- *Resolve errors in personnel form and discrepancies across financial forms, justifying the request.*
- *Clarify the utilization targets and categories, possibly adding from standard definitions.*
- *If the UIUC Evaluation Capacity Building project continues in PY23, this organization may benefit from support to streamline identified outcomes.*
- *Retain PY22 Special Provisions: collaborate with the Coalition and youth centers; develop outcomes.*

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCMHB staff in writing of any factual errors made by CCMHB staff which should be corrected prior to completion of the award process.

Recommendation: Pending



Agency Name: WIN Recovery

Program Name: Re-Entry & Recovery Home

Requested Funding Amount: \$93,283

The original application forms contain more information. Attached is an analysis of specific sections of the application and prior reports on the program (if incumbent).

Why it Matters: The women's incarceration population in the United States has been growing at a dramatic rate for decades. According to The Sentencing Project's most recent report (November 2020), between 1980 and 2019, the number of incarcerated women in Illinois has been increasing at a rate 50% higher than the male incarcerated population. Prison Policy Initiative (2019) shows that there are over 2,000 women incarcerated in prison in Illinois. Justice-impacted women and LGBTQ2+ individuals who struggle with Substance Use Disorder or Co-Occurring diagnoses are reentering the community. Criteria for funded services include that they (a) have been directly released from prison/jail; (b) have been discharged from a treatment center; (c) currently live in a halfway/transitional/recovery house; (d) are from Champaign County as shown by their address; (e) have evidence of a need for services based on an assessment; and (f) have limited financial resources to meet the cost of care.

Evidence Based, Promising, or Innovative Approach: Based on the A New Way of Life (ANWOL) Reentry Project created by Susan Burton. A replication study by UCLA on the benefits of ANWOL's model (Leap & Benson, 2018) goes into great length about how ANWOL, in practice since 1998, has seen significant success with its innovative approach. WIN Recovery has the unique advantage of being the first IL organization to replicate the model. Those in the network pride themselves on the fact that the approach works because of the first-hand lived experience of peer leaders. https://anewwayoflife.org/wp-content/uploads/2018/10/case_study_a_new_way_of_life_replication_study.pdf

Outcomes:

- | | |
|--|---|
| 1. Housing stability | 7. No re-incarceration |
| 2. Acquiring personal identification | 8. Ability to access benefits or assistance |
| 3. Maintenance of sobriety | 9. Regular attendance at recovery meetings |
| 4. Development of self-identified goals | 10. Enrollment in school |
| 5. Progress toward achieving self-identified goals | 11. Access resources to employment |
| 6. Compliance with conditions of probation or parole | 12. Sought employment |
| | 13. Family reunification |

To be Served/Completed:

TPC: 40 who meet eligibility and are accepted into the program. TPCs reside in WIN homes and have a recovery support plan when entering the program. Rate of participating individuals completing their TPC plans recommendations is reported. For case management, WIN will

monitor inpatient discharge plans, behavioral health therapy goals and objectives for clients, outpatient substance-use treatment plans, mandatory parole requirements, drug court plan, and DCFS service plans.

NTPC: any family member that the client reunites with during service engagement. Difficult to put a target number on NTPC as family reunification looks different for each TPC. Will track and report # of mothers who regain custody from DCFS.

SC: 50 individuals contacting the program but not eligible. Referrals are made to other similar organizations within their community. Also hard to target, based on potential clients eligibility, parole dates and bed availability.

CSE: 10 reentry summits, educational opportunities, panel discussions, civic engagement events.

Type and Intensity of Service: Gender-responsive, trauma-informed health-promoting services for women as an alternative to incarceration upon reentry... service navigation and assistance to meet individualized self-identified needs that may include but are not limited to:

- (a) housing,
- (b) case management,
- (c) WIN Recovery Support Plan contains self-identified goals and assessments of progress,
- (d) physical/mental/emotional health care services,
- (e) substance misuse/trauma recovery,
- (f) education,
- (g) employment,
- (h) legal assistance,
- (i) leadership training,
- (j) peer-facilitated support groups,
- (k) civic participation/community outreach,
- (l) family therapy/reunification,
- (m) compliance with parole/probation/DCFS/other agencies, and
- (n) recovery-based programming.

Length of Engagement: Residents live in transitional housing from 275-365 days. Completion depends on each individual's mental and economic stability.

Leveraging Other Resources: CCMHB request is for 43% of total program revenue. Other revenue is from: CC United Way DEI Grant \$10,000 (5%); Walmart Community Grant (Champaign Location) \$1,000; Walmart Community Grant (Sams) \$1,500 (1%); R3 Grant \$75,000 (35%); IDOC Program Service Fees \$10,000 (5%); and Pritzker Foundation Grant \$25,000 (12%).

Agency: WIN Recovery

Program: Re-Entry & Recovery Home

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2023 CCMHB Funding Request: \$93,283

Focus of Application: Mental Health

Type of Contract: Grant – *as the second year of funding, could be Special Initiative*

Priority: Crisis Response and Intervention – *not a PY23 priority*

Services and People Served

Target Population: justice impacted women and LGBTQ2+ individuals who struggle with SUD or Co-Occurring diagnoses and are reentering the community. Criteria: (a) have been directly released from prison/jail; (b) have been discharged from a treatment center; (c) currently live in a halfway/transitional/recovery house; (d) are from Champaign County as shown by their address; (e) have evidence of a need for services based on an assessment; and (f) have limited financial resources to meet the cost of care.

Scope, Location, and Frequency of Services:

Scope: gender-responsive, trauma-informed health-promoting services for women as an alternative to incarceration upon reentry... service navigation and assistance to meet individualized self-identified needs that may include but are not limited to:

- (a) housing, (b) case management, (c) WIN Recovery Support Plan contains self-identified goals and assessments of progress, (d) physical/mental/emotional health care services, (e) substance misuse/trauma recovery, (f) education, (g) employment, (h) legal assistance, (i) leadership training, (j) peer-facilitated support groups, (k) civic participation/community outreach, (l) family therapy/reunification, (m) compliance with parole/probation/DCFS/other agencies, and (n) recovery-based programming.

When residents first come to our home, we provide food, bedding, laundry supplies, and other necessities, allowing them to focus on their recovery. We provide all our residents with the curriculum books for our trauma, parenting, and recovery classes. Funding would also help our residents with fees they accumulated while incarcerated, DCFS, probation or drug court. As each resident's needs are different from the next, our program is designed to support residents' individual recovery goals.

Location/Frequency: in transitional housing, a continuum of services based on each client's individual recovery... all services within our 3 homes, will outsource services that require professional credentials. Once clients complete the onsite living phase, they always will have assistance and support provided as needed.

Access to Services for Rural Residents:... serve residents in rural areas through various wrap-around programs... outreach to connect residents who seek additional support with local health organizations and social services. The HACC vouchers that the clients receive upon graduation are valid in all of Champaign County, including the rural areas & Townships. As there is a lack of Mental Health services and transitional housing for the homeless, we prioritize all individuals that seek assistance from WIN Recovery. Before residents complete our program and are ready to move on, they have a list of services they may need according to their address. Residents also leave us understanding that they can contact us for support if they need assistance in the future. WIN Recovery will serve its rural residents, just like the rest of our residents, in Champaign. They will begin phase one by being served in the transitional house. Once they have built a strong recovery path and leadership is in agreement over that fact, they will move onto phase two, where they will be moved to our independent house. Once they graduate and move onto phase three, they can live entirely independently, knowing that we will never stop serving and supporting them.



Access to Services for Members of Historically Underinvested Populations: serves justice-involved women and the LGBTQ2+ community who struggle with substance misuse and have a history of trauma. Historically, every person we engage and serve are underserved and underrepresented minority populations. Reentry programs for our residents are few and far between, inside and out of jails and prisons. Our services bridge the gap to ensure our residents have a lifelong recovery and do not re-offend. We provide services to residents referred to us through relationships we have built with local probation, parole, and treatment facilities. In the past, we have visited jails and prisons to spread awareness of our program. Our online presence allows us to boost client success and show that our program works. We also attend and host community events to get the word out there about WIN Recovery. Lastly, we require our residents to volunteer within the community to inspire others to follow the path to recovery. We serve our residents in three homes, all in Champaign. Our residents first come to live in our transitional house. In this house, they begin their recovery process, find a job and live among their peers. Once leadership feels a resident has established roots and on a healthy recovery path, we move them over to our independent house. In this house, residents live among each other where they live with less supervision but still active in their recovery and the program.

Residency of 30 People Served in the first half of PY22:

Champaign 18 (60%) for PY22
Urbana 11 (36.7%) for PY22
Other 1 (3.33%) for PY22

Demographic Data of 30 People Served in the first half of PY22:

Age
 Ages 19-59 ----- 30 (100%)
Race
 White ----- 26 (86.7%)
 Black / AA ----- 3 (10.0%)
 Other (incl. Native American and Bi-racial) ----- 1 (3.33%)
Gender
 Female ----- 26 (86.7%)
 Other (may include non-binary, gender non-conforming people) 2 (6.67%)
Ethnicity
 Not of Hispanic or Latino/a Origin ----- 30 (100.0%)

Program Performance Measures

CONSUMER ACCESS: women or individuals of the LGBTQ2+ community who come straight from jail, prison, halfway house, transitional house, recovery home, or treatment center. Additional criteria... on parole, probation or pretrial services, have DCFS involvement, MH Issues/Diagnosis, SUD, history of trauma, Homeless under the State and Federal Poverty Level, from Champaign County as shown by address, evidence of a need for services based on an assessment and limited financial resources to meet the cost of care... [B]rief eligibility questionnaire is filled out... one-on-one assessment with the individual for a later date. During this assessment, the Client Resource Coordinator will ask the individual questions from the individual intake assessment form. Leadership reviews client eligibility and decides as a whole if the individual is accepted... [R]eferrals from treatment centers, the Illinois DOC, Court Services, Illinois Parole Reentry Group, and other State agencies. Pre-COVID, leadership would go out into local jails and prisons to let women know that there is a safe place to go to once released. We also rely on our residents to spread the word about us.

Within 2 days from referral, 100% of those referred will be assessed.

Within 2 days of assessment, 100% of those assessed will engage in services.

People will engage in services for: Residents live in transitional housing from 275-365 days. Completion depends on each individual's mental and economic stability.

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Additional Demographic Data: (a) obtaining Identification Documents, (b) Family Reunification, (c) Criminal History, (d) treatment completion, (e) Social Economic Status, (f) Income, (g) Employment Status, (h) Education, (i) Recovery Milestones, (j) Formerly incarcerated (h) number of children.

CONSUMER OUTCOMES: Our program is based on A New Way of Life's Safe House Replication model. This model has identified 12 evidence-based "benchmarks" as critical building blocks for successful long-term recovery and community reentry. WIN treats these 12 benchmarks as shorter- and longer-term individual outcomes. In addition... track family reunification outcomes for all relevant cases (i.e., women with children). These outcomes are 1) housing stability, (2) acquiring personal identification, (3) maintenance of sobriety, (4) development of self-identified goals, (5) progress toward achieving self-identified goals, (6) compliance with conditions of probation or parole, (7) no re-incarceration, (8) ability to access benefits or assistance, (9) regular attendance at recovery meetings, (10) enrollment in school, (11) access resources to employment, (12) sought employment, and (13) family reunification (if applicable).

Importantly, our program's theory of change asserts the importance of a stable, supportive environment for contributing to successful recovery outcomes... important to understand whether women in our program are experiencing the program environment as intended. Thus, in addition to tracking the individual shorter- and longer-term outcomes described previously, we are working with the ECB team to develop an evaluation of program climate... will assess the extent to which women experience our program as gender-responsive, trauma-informed, and supportive of their identity (using existing frameworks from scholarly literature).

All outcomes are tracked in MissionTracker; data collection frequency/time frame varies depending on what is most relevant to a given outcome and is generally provided from casenotes by a caseworker unless otherwise noted. 1) housing stability: referral and utilization of housing voucher ; (2) acquiring personal identification (tracked as current need or successfully acquired), (3) maintenance of sobriety (successful completion of relevant AA and/or NA sobriety milestones as reported by the individual) ; (4) development of self-identified goals (assessed after probationary period; i.e., 30-60 days; reported by the client and tracked by caseworker) (5) progress toward achieving self-identified goals (assessed at 3, 6, 9, and 12 months; reported by the client and tracked by caseworker); (6) successful completion of probation or parole (assessed continually and tracked once completed); (7) no re-incarceration (given the early stage of our program, we are still developing an appropriate timeframe for which to track this outcome). (8) ability to access benefits or assistance (tracked as current need or successfully acquired), (9) regular attendance at recovery meetings; (10) enrollment in school,(if applicable; tracked upon enrollment); (11) access resources for employment (assessed on an individual basis; generally 3-6 months mark); (12) sought employment, and (13) family reunification (if applicable).

Outcome gathered from all participants? Yes

Anticipate 40 total participants for the year.

Will collect outcome information: when the clients enter the program, between phases, completion of the program, and periodically after.

Is there a target or benchmark level for program services? No. So far, WIN Recovery only has one year of collecting individual outcome benchmark data, and it is difficult to identify appropriate benchmarks given the diversity of our clients' presenting needs. In the future, we hope to use aggregated data to determine if and what benchmarks may be appropriate for these outcomes.

Estimated levels of change: 100% of presenting needs... Previously, our data management processes did not allow for compiling and tracking this data in an aggregate fashion... [with] MissionTracker data management tool we will be able to track this... [and] identify appropriate targets/benchmarks for tracked outcomes.

UTILIZATION:

Treatment Plan Clients (TPCs): 40... TPCs reside in our homes and have a recovery support plan when entering the program.

Non-Treatment Plan Clients (NTPCs): 0 - any family member that the client reunites with during their engagement in our services. It is difficult to put a target number on our NTPC as family reunification looks different for each TPC. However we do keep track of mothers that regain custody from DCFS.

Service Contacts (SCs): 50 individuals that contact program but are not eligible. We make referrals to other similar organizations... hard to target based on potential clients eligibility, parole dates and our bed availability.
Community Service Events (CSEs): 10 – total of Reentry Summits, Educational opportunities, Panel discussions and Civic engagement Events that we will participate in.

PY2023 Annual Targets (per Utilization Form)

	TPC	NTPC	SC	CSE
<i>Annual Target</i>	40	0	50	10

PY2022 First two quarters (per submitted Service Activity Reports)

	TPC	NTPC	SC	CSE
First Quarter PY22	16	0	7	6
Second Quarter PY22	14	5	24	1
<i>Annual Target</i>	30	0	20	7

Financial Analysis

PY2023 CCMHB Funding Request: \$93,283

PY2023 Total Program Budget: \$215,783

Proposed Change in Funding - PY2022 to PY2023 = 34.2%

Current Year Funding (PY2022): \$69,488

CCMHB request is for 43% of total program revenue. Other revenue is from: CC United Way DEI Grant \$10,000 (5%); Walmart Community Grant (Champaign Location) \$1,000; Walmart Community Grant (Sams) \$1,500 (1%); R3 Grant \$75,000 (35%); IDOC Program Service Fees \$10,000 (5%); and Pritzker Foundation Grant \$25,000 (12%).

Personnel costs of \$35,700 are the primary expense to CCMHB, at 38% of request. Other expenses: Consumables \$7,500 (8%); General Operating \$9,453 (10%); Occupancy \$9,415 (10%); Conferences/Staff Development \$1,500 (2%); Local Transportation \$1,500 (2%); Specific Assistance \$4,725 (5%); Equipment Purchases \$5,000 (5%); Lease/Rental \$16,000 (17%); Professional Fees/Consultants \$2,500 (3%).

Total Agency and Total Program Budgets have deficits of \$8,222 and \$8,382. CCMHB Budget has a deficit of \$10.

Program Staff to be funded by CCMHB: 0 Indirect and 1.00 Direct = 1.00 FTEs

Total Program Staff: 0 Indirect and 3.00 Direct = 3.00 FTEs

Staff Comments: the \$10 deficit in total CCMHB may suggest an error; budget narrative describes total agency revenues and specific expenses and personnel to be charged to this contract; the requested 25% increase is explained as expenses associated with adding a third house and more clients for PY23, along with increased Professional Fees, Conferences/Staff Development, and Transportation costs. Amount of payroll taxes and benefits charged to the program does not align with the salaries charged.

Audit Findings: *As an agency newly funded by the CCMHB, no audit/review/compilation has yet been required. The agency is one of four pilot agencies in the CCMHB bookkeeping support project in 2022 and has contracted for appropriate support moving forward.*

Priorities and Decision Support Criteria

Does the plan align with one or more of the CCMHB Priorities? *Yes, but PY23 priority not selected.*

Expectations for Minimal Responsiveness: *The agency completed a new Registration/Eligibility Questionnaire, indicating that no previous year audit/review/compilation, not specifying accrual accounting, and budget documents not listed as current. All required forms were complete and submitted prior to the deadline. Proposed services/supports relate to mental health and how they will improve the quality of life for persons served. Evidence of other sources of funding pursued or maximized. Virtual options are not a focus.*



Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? *Yes*

Highlights from the submitted CLC Plan: *WIN Recovery submitted a CLC Plan to incorporate additional assessment and the appointment of a CLC Champion on the Board of Directors. The staff and volunteers are required to attend training annually and read and sign the CLC Plan Annually.*

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY22? *Yes*

Highlights from the submitted CLC Progress Report: *"WIN is working on creating a new policy handbook and making sure our policies are gender responsive and support our trauma informed care. Also, we are including gender neutral language in all our policies... We use forms that contain inclusive, gender-neutral language that allows for self-identification. We use neutral and inclusive language in interviews and when talking with clients... We connect our clients with gender responsive resources within our community. We will continue to look at policies and assess our program to provide the best care for our clients. WIN is working on a directory of local providers, organizations and other community supports in English and Spanish to put in our office and at each home. Also, we are creating a digital map of these resources to put on our website that is interactive, bilingual and auditable."*

Overarching Decision Support Criteria

Underinvested Populations and Countywide Access: *addressed in "Access" sections above.*

Inclusion and Anti-Stigma: diversity, equity, and inclusivity as core values that advance our mission. We understand the importance of individuals, regardless of their lived experience. Implementing these core values drives the work of WIN Recovery leaders. Our leadership team is diverse and made up of returning citizens, individuals in the LGBTQ2+ community, graduates of WIN Recovery, and individuals directly impacted by the criminal justice system's injustices. Our inclusivity gives us the ability to openly share views and perspectives that shape, blend, and influence how to advance our mission and solve problems in potentially more innovative and inclusive ways. Our diverse leadership focuses on all aspects of our work to understand and address the nation's critical injustices to gain mobility and strength to continue to close disparities and oppression. Our leadership program is imperative to redefine formerly incarcerated individuals' narrative, breaking the stigmas and discrimination our women face. We encourage our women to share their experience, strength, and hope with the community to change the stigma about formerly incarcerated women and LGBTQ2+ individuals.

Outcomes: *includes 12 benchmarks from the evidence-based model, plus an outcome for family reunification, each with a specific method of assessment; benchmarks are relevant to the people served and are tracked through a new database; some targets are not specific; agency plans to develop, with support of the UIUC evaluation capacity building team, measures of how participants experience the services.*

Virtual Service Option(s): *not included.*

Coordinated System: the only non-profit charitable organization that focuses on our target population.

However, some organizations offer similar/related support: (a) Rosecrance - in-patient treatment/transitional housing/out-patient treatment, (b) Pavilion Behavioral Health - MI/SUD in-patient treatment, (c) CU at Home - emergency women's shelter/transitional housing which only supports two women, (d) First Followers - reentry program for men only, (e) Carle Addiction - SUD outpatient treatment/counseling services, (f) Housing Authority - housing assistance to Champaign county residents, and (g) CCRPC Justice Diversion - primary connection point for crisis intervention, advocacy, community outreach and social services for persons who have interactions with Rantoul Police Department... [WIN] coordinates and partners with a variety of providers in Champaign County... strong relationships with Rosecrance, Pavilion, Carle Addiction, Drug Court, Champaign Probation, and the local Parole Reentry Group to get referrals into our program. Through our partnership with HACC, we developed the Move to Work voucher program. Upon completing our program, clients receive an MTW voucher to secure housing anywhere in Champaign County. To maintain their 8-year maximum eligibility for the voucher, they must keep a full-time job or full-time education. They will also receive additional services that include developing five personal goals with cash incentives once achieved to

secure homeownership. WIN Recovery partners with the U of I through education and internship opportunities. Our clients have the opportunity to enroll in the Odyssey program to work towards their educational goals.

Organizationally, WIN Recovery utilizes different intern programs to assist with various organizational needs.

Budget and Program Connectedness: *budget narrative offers thorough detail and supports the program plan.*

Evidence-based, Evidence-informed, Recommended, or Promising Practice: *describes A New Way of Life (ANWOL) Reentry Project and links to a study on its effectiveness, describes/cites research on trauma-informed approach for women with co-occurring disorders; links to evidence of women's greater barriers to care.*

Evidence of Collaboration: MOU with Housing Authority of Champaign County [which] provides us with one of their homes where our clients begin phase two of our program, living independently still receiving WIN's services. Once clients finish this phase, they graduate from our program and move to phase three. In this phase, they become eligible for a Move To Work Voucher from HACC. Part of this agreement is that HACC will waive the criminal background requirements that are usual barriers for our population. Additionally, we provide our graduated clients with 12 vouchers a year for the clients that complete our program that want to reside in Champaign County. The clients then receive additional case management through HACC that includes the SHIFT program. The clients also still receive case management through WIN Recovery. In 2020 & 2021 we provide 5 of our graduates with vouchers and reside in Champaign County. Due to the success of our program, the HACC ED and Board of Commissioners approved giving WIN an additional house to run our program out of for 2022. WIN Recovery has a contract with the Illinois Department of Corrections for region #3. We are the only approved IDOC site in this region for women and LGBTQ2+ individuals. We receive referrals from the site coordinators from the prisons to women paroling into Champaign County and rural areas.

Staff Credentials: Bethany Little MSW, QMHP, Executive Director and Founder, obtained a Bachelors in Communications and MSW with a concentration in Mental Health from the U of I. She receives specialized training, continued support, and mentoring through the SAFE House Network.

Jenny Paul obtained Bachelors's in Special Education K-12 with an Early Childhood Special Education certification from Eastern Illinois University. As a justice-impacted graduate of the WIN program, she uses her life experience and journey to lead and support women that are just like her.

Melorene Grantham Client Resource Coordinator has an immense amount of knowledge about substance abuse and addiction due to having family members who are in recovery or in active addiction. This knowledge gives her insight to better help our clients. Our formerly incarcerated leadership redefines the narrative, which is imperative to breaking free of the stigmas... people that have lived through disparities are the ones who can best solve them, so we uniquely place our graduated residents in leadership positions to use their expertise. In contrast to many reentry programs, our peer-led approach emphasizes creating successful recovery and reentry outcomes through an environment centered on compassion, accountability, understanding, and empathy.

Resource Leveraging: *not used as match for other funds; CCMHB the largest single source of funding for the program, supported by several other grants.* **Other Pay Sources:** N/A. **Client Fees:** No **Sliding Scale:** No.

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY23 contract:

- *Select a PY23 priority (Crisis Stabilization is aligned.)*
- *If the \$10 deficit is not an error, consider increasing the funding request by \$10.*
- *Retain PY22 Special Provisions: participation in Continuum of Providers of Service to the Homeless and Reentry Council; document client's Champaign County residency prior to incarceration; agency is exempt from requirement that employees not have a felony conviction (other than financial).*
- *PY23 Special Provision: comment in quarterly reports # of people in the home for more than 3 months.*

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCMHB staff in writing of any factual errors made by CCMHB staff which should be corrected prior to completion of the award process.

Recommendation: Pending

CCMHB 2022 Meeting Schedule

5:45PM Wednesday after the third Monday of each month

Brookens Administrative Building, 1776 East Washington Street, Urbana, IL

<https://us02web.zoom.us/j/81393675682> 312-626-6799 Meeting ID: 813 9367 5682

January 19, 2022 – Shields-Carter Room

January 26, 2022 – *study session* - Shields-Carter Room

February 16, 2022 – *study session* - Shields-Carter Room

February 23, 2022 – Shields-Carter Room

March 23, 2022 – Shields-Carter Room

April 20, 2022 – Shields-Carter Room

April 27, 2022 – *study session* - Shields-Carter Room

May 18, 2022 – *study session* - Shields-Carter Room

May 25, 2022 – Shields-Carter Room

June 22, 2022 – Shields-Carter Room

July 20, 2022 – Shields-Carter Room

September 21, 2022 – Shields-Carter Room

September 28, 2022 – *study session* - Shields-Carter Room

October 19, 2022 – Shields-Carter Room

October 26, 5:45PM – *study session with CCMHB* - Shields-Carter

November 16, 2022 – Shields-Carter Room (*off cycle*)

December 21, 2022 – Shields-Carter Room (*off cycle*) - *tentative*

This schedule is subject to change due to unforeseen circumstances.

Please email stephanie@ccmhb.org to confirm meetings or to request alternative format documents, language access, or other accommodation needed to participate.
Meetings are archived at <http://www.co.champaign.il.us/mhbddb/MHBMeetingDocs.php>

Public Input: All meetings and study sessions include time for members of the public to address the Board. All are welcome to attend meetings, using the Zoom options or in person, in order to observe and to offer thoughts during "Public Participation". For support to participate, let us know how we might help by emailing stephanie@ccmhb.org.

If the time of the meeting is not convenient, you may still communicate with the Board by emailing stephanie@ccmhb.org any written comments which you would like us to read to the Board during the meeting. Your feedback is appreciated but be aware that the time for each person's comments may be limited to five minutes.



CCDDB 2022 Meeting Schedule

9:00AM Wednesday after the third Monday of each month

Brookens Administrative Building, 1776 East Washington Street, Urbana, IL

<https://us02web.zoom.us/j/81559124557> 312-626-6799, Meeting ID: 815 5912 4557

January 19, 2022 – Shields-Carter Room

February 23, 2022 – Shields-Carter Room

March 23, 2022 – Shields-Carter Room

April 20, 2022 – Shields-Carter Room

May 18, 2022 – Shields-Carter Room

June 22, 2022 – Shields-Carter Room

July 20, 2022 – Shields-Carter Room

August 17, 2022 – Shields-Carter Room - *tentative*

September 21, 2022 – Shields-Carter Room

October 19, 2022 – Shields-Carter Room

October 26, 2022 5:45PM – Shields-Carter Room – study session with CCMHB

November 16, 2022 - Shields-Carter Room

December 21, 2022 – Shields-Carter Room

This schedule is subject to change due to unforeseen circumstances.

Please email stephanie@ccmhb.org to confirm meetings or to request alternative format documents, language access, or other accommodation needed to participate.

All meetings and study sessions include time for members of the public to address the Board.

Meetings are posted in advance and recorded and archived at

<http://www.co.champaign.il.us/mhbddb/DDBMeetingDocs.php>

Public Input: All are welcome to attend the Board's meetings, using the Zoom options or in person, in order to observe and to offer thoughts during the "Public Participation" period of the meeting. For support to participate in a meeting, let us know how we might help by emailing stephanie@ccmhb.org.

If the time of the meeting is not convenient, you may still communicate with the Board by emailing stephanie@ccmhb.org any written comments which you would like us to read to the Board during the meeting. Your feedback is appreciated but be aware that the time for each person's comments may be limited to five minutes.

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IMPORTANT DATES - 2022 Meeting Schedule with Subjects, Agency and Staff Deadlines, and Allocation Timeline for PY23

The schedule offers dates and subject matter of meetings of the Champaign County Mental Health Board. Subjects are not exclusive to any given meeting, as other matters requiring Board review or action may also be addressed. Study sessions may be scheduled on topics raised at meetings, brought by staff, or in conjunction with the CCDDDB. Included are tentative dates for steps in the funding allocation process for PY23 and deadlines related to PY22 agency contracts. **Meetings and study sessions are scheduled to begin at 5:45PM; these may be confirmed by Board staff.**

- 1/3/22 *Online system open for applications for PY23 funding*
- 1/19/22 **Regular Board Meeting**
- 1/26/22 **Study Session: Mid-Year Program Presentations**
- 1/28/22 *Agency PY22 2nd Quarter and CLC progress reports due*
- 1/31/22 *Deadline for updated agency eligibility questionnaires*
- 2/11/22 *Deadline for submission of applications for PY23 funding
(Online system will not accept any forms after 4:30PM.)*
- 2/16/22 **Study Session: Mid-Year Program Presentations**
- 2/16/22 *List of Requests for PY2023 Funding assembled*
- 2/23/22 **Regular Board Meeting**
Discussion of Board Members' Review of Proposals;
Mid-year updates on new agency programs
- 3/23/22 **Regular Board Meeting: FY2021 Annual Report**
- 4/13/22 *Program summaries released to Board, posted
online with CCMHB April 20, 2022 meeting agenda*
- 4/20/22 **Regular Board Meeting**
Program Summaries Review and Discussion

4/27/22 **Study Session**
Program Summaries Review and Discussion

4/29/22 *Agency PY2022 3rd Quarter Reports due*

5/11/22 *Allocation recommendations released to Board, posted
online with CCMHB study session agenda*

5/18/22 **Study Session: Allocation Recommendations**

5/25/22 **Regular Board Meeting**
Allocation Decisions; Authorize Contracts for PY2023

6/22/22 **Regular Board Meeting**
Draft FY2023 Budget, Election of Officers

6/24/22 *Deadline for agency application/contract revisions
Deadline for agency letters of engagement w/ CPA firms
PY2023 agency contracts completed*

6/30/22 *Agency Independent Audits, Reviews, or Compilations due
(only applies to those with calendar FY, check contract)*

7/20/22 **Regular Board Meeting**

8/26/22 *Agency PY2022 4th Quarter reports, CLC progress
reports, and Annual Performance Measure Reports due*

9/21/22 **Regular Board Meeting**
Draft Three Year Plan 2022-2024 with 2023 Objectives

9/28/22 **Study Session**

10/19/22 **Regular Board Meeting**
Release Draft Program Year 2024 Allocation Criteria

10/26/22 **Joint Study Session with CCDDDB at 5:45PM**

10/28/22 *Agency PY2023 First Quarter Reports due*

11/16/22 **Regular Board Meeting (off cycle)**

Approve Three Year Plan with One Year Objectives
Allocation Decision Support – PY24 Allocation Criteria

- 12/11/22 *Public Notice of Funding Availability to be published by date, giving at least 21-day notice of application period.*
- 12/21/22 **Regular Board Meeting** (off cycle) – tentative
- 12/31/22 *Agency Independent Audits, Reviews, Compilations due*
- 1/2/23 *Online system opens for applications for PY24 funding*

#11. B.

Agency and Program Acronyms

BLAST – Bulldogs Learning and Succeeding Together, a program of Mahomet Area Youth Club

CC – Community Choices

CCCAC or CAC – (Champaign County) Children’s Advocacy Center

CCCHC – Champaign County Christian Health Center

CCDDB or DDB – Champaign County Developmental Disabilities Board

CCHCC – Champaign County Health Care Consumers

CCHS – Champaign County Head Start, a department of the Regional Planning Commission (also CCHS-EHS, for Head Start-Early Head Start)

CCMHB or MHB – Champaign County Mental Health Board

CCRPC or RPC – Champaign County Regional Planning Commission

CN - Crisis Nursery

CSCNCC - Community Service Center of Northern Champaign County, may also appear as CSC

CU TRI – CU Trauma & Resiliency Initiative, affiliated with the Champaign Community Coalition and CUNC, funded through Don Moyer Boys & Girls Club

Courage Connection – previously The Center for Women in Transition

DMBGC - Don Moyer Boys & Girls Club

DREAAM – Driven to Reach Excellence and Academic Achievement for Males

DSC - Developmental Services Center

ECHO – a Housing and Employment Support program of Cunningham Children’s Home

ECIRMAC or RAC – East Central Illinois Refugee Mutual Assistance Center, also The Refugee Center

ECMHS - Early Childhood Mental Health Services, a program of Champaign County Regional Planning Commission Head Start Department

FD – Family Development, previously Family Development Center, a DSC program

FS - Family Service of Champaign County

FST – Families Stronger Together, a program of Cunningham Children's Home

GAP – Girls Advocacy Program, a program component of the Psychological Service Center.

IAG – Individual Advocacy Group, Inc., a provider of I/DD services

JDP – Justice Diversion Program, a Regional Planning Commission program

MAYC - Mahomet Area Youth Club

MRT – Moral Reconciliation Therapy, a systematic treatment strategy that seeks to decrease recidivism among juvenile and adult criminal offenders by increasing moral reasoning.

NAMI – National Alliance on Mental Illness

PATH – regional provider of 211 information/call services

PEARLS - Program to Encourage Active Rewarding Lives

PHC – Promise Healthcare

PSC - Psychological Services Center (University of Illinois)

RAC or ECIRMAC – East Central Illinois Refugee Mutual Assistance Center

RACES – Rape Advocacy, Counseling, and Education Services

RCI – Rosecrance Central Illinois

RPC or CCRPC – Champaign County Regional Planning Commission

UNCC – Urbana Neighborhood Community Connections Center

UP Center – Uniting Pride

UW or UWCC – United Way of Champaign County

WIN Recovery – Women in Need Recovery

CBCL – Child Behavior Checklist

CC – Champaign County

CCBoH – Champaign County Board of Health

CCMHDDAC or MHDDAC – Champaign County Mental Health and Developmental Disabilities Agencies Council

CDC – federal Centers for Disease Control and Prevention

CDS – Community Day Services, day programming for adults with I/DD, previously Developmental Training

C-GAF – Children’s Global Assessment of Functioning

CHW – Community Health Worker

CILA – Community Integrated Living Arrangement, Medicaid-waiver funded residential services for people with I/DD

CIT – Crisis Intervention Team; law enforcement officer trained to respond to calls involving an individual exhibiting behaviors associated with mental illness.

CLC – Cultural and Linguistic Competence

CLST – Casey Life Skills Tool

CMS – federal Centers for Medicare and Medicaid Services

CQL – Council on Quality and Leadership

CRT – Co-Responder Team; mobile crisis response intervention coupling a CIT trained law enforcement officer with a mental health crisis worker.

CSEs - Community Service Events. Is a category of service measurement on the Part II utilization form and the actual activity to be performed should also be described in the Part I Program Performance Measures-Utilization section of the application/program plan. It relates to the number of public events (including mass media and articles), consultations with community groups and/or caregivers, classroom presentations, and small group workshops to promote a program or educate the community. Activity (meetings) directly related to planning such events may also be counted here. Actual direct service to clientele is counted elsewhere.

CSPH – Continuum of Service Providers to the Homeless

CSPI – Childhood Severity of Psychiatric Illness. A mental health assessment instrument

CY – Contract Year, runs from July to following June. For example CY08 is July 1, 2007 to June 30, 2008. (Also referred to as Program Year – PY). Most contract agency Fiscal Years are also from July 1 to June 30 and may be interpreted as such when referenced in a Program Summary e.g. FY23

CYFS – Center for Youth and Family Solutions (formerly Catholic Charities)

DASA – Division of Alcoholism and Substance Abuse in the Illinois Department of Human Services, renamed as IDSUPR or SUPR

DCFS – Illinois Department of Children and Family Services.

Detox – abbreviated reference to detoxification. It is a general reference to drug and alcohol detoxification program or services, e.g. Detox Program.

DD – Developmental Disability

DDD or IDHS DDD – Illinois Department of Human Services - Division of Developmental Disabilities

DFI – Donated Funds Initiative, source of matching funds for some CCMHB funded contracts. The Illinois Department of Human Services administers the DFI Program funded with federal Title XX Social Services Block Grant. The DFI is a “match” program meaning community based agencies must match the DFI funding with locally generated funds. The required local match is 25 percent of the total DFI award.

DHFS – Illinois Department of Healthcare and Family Services. Previously known as IDPA (Illinois Department of Public Aid)

DHS – Illinois Department of Human Services

DMH or IDHS DMH – Illinois Department of Human Services - Division of Mental Health

DSM – Diagnostic Statistical Manual

DSP – Direct Support Professional, a certification required for those serving people with I/DD

DT – Developmental Therapy (children), or Developmental Training (adults), now Community Day Services

EI – Early Intervention

EPDS – Edinburgh Postnatal Depression Scale – Screening tool used to identify mothers with newborn children who may be at risk for prenatal depression.

EPSDT – Early Periodic Screening Diagnosis and Treatment. Intended to provide comprehensive and preventative health care services for children under age 21 who are enrolled in Medicaid.

ER – Emergency Room

FACES – Family Adaptability and Cohesion Evaluation Scale

FAST – Family Assessment Tool

FFS – Fee for Service. Type of contract that uses performance-based billings as the method of payment.

FOIA – Freedom of Information Act

FQHC – Federally Qualified Health Center

FTE – Full Time Equivalent is the aggregated number of employees supported by the program. Can include employees providing direct services (Direct FTE) to clients and indirect employees such as supervisors or management (Indirect FTE).

FY – Fiscal Year, for the county runs from December to following November. Changing in 2015 to January through December.

GAF – Global Assessment of Functioning. A subjective rating scale used by clinicians to rate a client's level of social, occupational and psychological functioning. The scale included in the DSM-IV has been replaced in the DSM-V by another instrument.

GAIN-Q - Global Appraisal of Individual Needs-Quick. Is the most basic form of the assessment tool taking about 30 minutes to complete and consists of nine items that identify and estimate the severity of problems of the youth or adult.

GAIN Short Screen - Global Appraisal of Individual Needs, is made up of 20 items (four five-item subscales). The GAIN-SS subscales identify: internalizing disorders, externalizing disorders, substance use disorders, crime/violence.

HBS – Home Based Support, a Medicaid-waiver program for people with I/DD

HCBS – Home and Community Based Supports, a federal Medicaid program

HFS or IDHFS – Illinois Department of Healthcare and Family Services

HRSA – Health Resources and Services Administration. The agency is housed within the federal Department of Health and Human Resources and has responsibility for Federally Qualified Health Centers.

I&R – Information and Referral

ICADV – Illinois Coalition Against Domestic Violence

ICASA – Illinois Coalition Against Sexual Assault

ICDVP - Illinois Certified Domestic Violence Professional

ICFDD – Intermediate Care Facility for the Developmentally Disabled

ICJIA - Illinois Criminal Justice Authority

ID or I/DD – Intellectual Disability or Intellectual/Developmental Disability

IDHFS or HFS – Illinois Department of Healthcare and Family Services

IDHS DDD or DDD – Illinois Department of Human Services - Division of Developmental Disabilities

IDHS DMH or DMH – Illinois Department of Human Services - Division of Mental Health

IDOC – Illinois Department of Corrections

IDSUPR or SUPR – Illinois Division of Substance Use Prevention & Recovery

IM+CANS – The Illinois Medicaid Comprehensive Assessment of Needs and Strengths

IPLAN - Illinois Project for Local Assessment of Needs. The Illinois Project for Local Assessment of Needs (IPLAN) is a community health assessment and planning process that is conducted every five years by local health jurisdictions in Illinois. Based on the *Assessment Protocol for Excellence in Public Health* (APEX-PH) model, IPLAN is grounded in the core functions of public health and addresses public health practice standards. The completion of IPLAN fulfills most of the requirements for Local Health Department certification under Illinois Administrative Code Section 600.400: Certified Local Health Department Code Public Health Practice Standards. The essential elements of IPLAN are:

1. an organizational capacity assessment;

2. a community health needs assessment; and
3. a community health plan, focusing on a minimum of three priority health problems.

ISC – Independent Service Coordination

ISP – Individual Service Plan

ISSA – Independent Service & Support Advocacy

JDC – Juvenile Detention Center

JJ – Juvenile Justice

JJPD – Juvenile Justice Post Detention

LAN – Local Area Network

LCPC – Licensed Clinical Professional Counselor

LCSW – Licensed Clinical Social Worker

LGTBQ – Lesbian, Gay, Bi-Sexual, Transgender, Queer

LPC – Licensed Professional Counselor

MCO – Managed Care Organization. Entity under contract with the state to manage healthcare services for persons enrolled in Medicaid.

MCR – Mobile Crisis Response. Previously known as SASS. It is a state program that provides crisis intervention for children and youth on Medicaid.

MDT – Multi-Disciplinary Team

MH – Mental Health

MHDDAC or CCMHDDAC – Mental Health and Developmental Disabilities Agencies Council

MHP - Mental Health Professional. Rule 132 term, typically referring to a bachelors level staff providing services under the supervision of a QMHP.

MI – Mental Illness

MIDD – A dual diagnosis of Mental Illness and Developmental Disability.

MISA – A dual diagnosis condition of Mental Illness and Substance Abuse

NACBHDD – National Association of County Behavioral Health and Developmental Disability Directors

NACO – National Association of Counties

NMT – Neurodevelopmental Model of Therapeutics

NOFA – Notice of Funding Availability

NTPC – NON - Treatment Plan Clients – This is a new client engaged in a given quarter with case records but no treatment plan - includes: recipients of material assistance, non-responsive outreach cases, cases closed before a plan was written because the client did not want further service beyond first few contacts or cases assessed for another agency. It is a category of service measurement providing an actual number of those served in the prior program year and a projection for the coming program year on the Part II utilization form application/program plan and the actual activity to be performed should also be described in the Part I Program Performance Measures-Utilization section of the application. Similar to TPCs, they may be divided into two groups – Continuing NTPCs - clients without treatment plans served before the first day of July and actively receiving services within the first quarter of the new program year. The first quarter of the program year is the only quarter in which this data is reported. Essentially it is a case carried from one program year into the next. The other is New TPCs, the number of new clients in a given quarter of the program year.

NREPP – National Registry of Evidence-based Programs and Practices maintained by Substance Abuse Mental Health Services Administration (SAMHSA)

OMA – Open Meetings Act

OUD/SUD – Opioid Use Disorder/Substance Use Disorder

PAS – Pre-Admission Screening

PCI – Parent Child Interaction groups.

PCP – Person Centered Planning

PLAY – Play and Language for Autistic Youngsters. PLAY is an early intervention approach that teaches parents ways to interact with their child who has autism that promotes developmental progress.

PLL – Parenting with Love and Limits. Evidenced based program providing group and family therapy targeting youth/families involved in juvenile justice system.

PPSP – Parent Peer Support Partner

PSR – Patient Service Representative; staff position providing support services to patients and medical staff.

PTSD – Post-Traumatic Stress Disorder

PUNS – Prioritization of Urgency of Need for Services. PUNS is a database implemented by the Illinois Department of Human Services to assist with planning and prioritization of services for individuals with disabilities based on level of need. An individuals' classification of need may be emergency, critical or planning.

PWI – Personal Well-being Index

PY – Program Year, runs from July 1 to following June 30. (Also referred to as Contract Year – CY - and often the Agency Fiscal Year)

QCPS – Quarter Cent for Public Safety. The funding source for the Juvenile Justice Post Detention programming. May also be referred to as Quarter Cent.

QIDP – Qualified Intellectual Disabilities Professional

QMHP – Qualified Mental Health Professional. Rule 132 term, that simply stated refers to a Master's level clinician with field experience that has been licensed.

RFI – Request for Information

RFP – Request for Proposals

SA – Substance Abuse

SAMHSA – Substance Abuse and Mental Health Services Administration, a division of the federal Department of Health and Human Services

SASS – Screening Assessment and Support Services is a state program that provides crisis intervention for children and youth on Medicaid.

SBIRT – Screening, Brief Intervention, Referral to Treatment. SAMHSA defines SBIRT as a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders.

SCs - Service Contacts/Screening Contacts. This is the number of phone and face-to-face contacts with consumers who may or may not have open cases in the program. It can include information and referral contacts or initial screenings/assessments or crisis services. May sometimes be referred to as a service encounter (SE). It is a category of service measurement providing a picture of the volume of activity in the prior program year and a projection for the coming program year on the Part II utilization form of the application/program plan and the actual activity to be performed should also be described in the Part I Program Performance Measures-Utilization section of the application.

SDOH – Social Determinants of Health

Seeking Safety - a present-focused treatment for clients with a history of trauma and substance abuse.

SEDS – Social Emotional Development Specialist.

SEL – Social Emotional Learning

SIM – Sequential Intercept Mapping, a model developed by SAMHSA

SOAR - SSI/SSDI Outreach, Access, and Recovery. Assistance with completing applications for Social Security Disability and Supplemental Income, provided to homeless population

SSI – Supplemental Security Income, a program of Social Security

SSDI – Social Security Disability Insurance, a program of Social Security

SSPC - Social Skills and Prevention Coaches.

SUD – Substance Use Disorder

SUPR or IDSUPR – (Illinois Division of) Substance Use Prevention & Recovery

TPCs - Treatment Plan Clients – This is the number of service recipients with case records and treatment plans. It is a category of service measurement providing an actual number of those served in the prior program year and a projection for the coming program year on the Part II utilization form of the application/program plan and the actual activity to be performed should also be described in the Part I Program Performance Measures-Utilization section of the application. Treatment Plan Clients may be divided into two groups – Continuing TPCs - clients with treatment plans written prior to the first day of July and actively receiving services within the first quarter of the new program year. The first quarter of the program year is the only quarter in which this data is reported.

Essentially it is a case carried from one program year into the next. The other is New TPCs that is the number of new clients with treatment plans written in a given quarter of the program year.

TPITOS - The Pyramid Infant-Toddler Observation Scale. Used by Champaign County Head Start.

TPOT - Teaching Pyramid Observation Tool. Used by Champaign County Head Start.

WHODAS – World Health Organization Disability Assessment Schedule. It is a generic assessment instrument for health and disability and can be used across all diseases, including mental and addictive disorders. The instrument covers 6 domains: Cognition, Mobility; Self-care; Getting along; Life activities; and Participation. Replaces the Global Assessment of Functioning in the DSM-V.

WRAP – Wellness Recovery Action Plan, is a manualized group intervention for adults that guides participants through the process of identifying and understanding their personal wellness resources and then helps them develop an individualized plan to use these resources on a daily basis to manage their mental illness.

YASI – Youth Assessment and Screening Instrument. Instrument assesses risks, needs, and protective factors in youth. Instrument is used in Champaign County by the Youth Assessment Center, Juvenile Detention Center.

CCMHB Liaison Choices 2022

	Jane Sprandel	Daphne Maurer	Matthew Hausman	Elaine Palencia	Kyle Patterson	Jon Paul Youakim	Joe Omo-Osagie	New Member #1	New Member #2
Courage Connection (4th Mon., 5:30pm)									
CCRPC (Head Start and Community Services)									
Cunningham Children's Home(meets qtrly)									
**Children's Advocacy Ctr (4th Thurs., 9 am)									
CC Health Care Consumers(4th Thurs., 6 p.m.)									
Christian Health Center (last Sat., 10 a.m.)									
Community Service Ctr (3rd Thurs., 4:30 pm)									
Crisis Nursery (2nd Wed., 5:30 pm)									
Don Moyer (3rd Tues., 7 am)									
DSC (4th Thurs., 5:30 pm)									
DREAM House (2nd Thurs., 9 am)									
ECIRMAC (Refugee Ctr (2nd Tues., 4 pm)									
Family Service (2nd Mon., noon)									
First Followers (generally 3rd Fri., 5 pm)									
GROW in IL (last Mon., 7 pm)									
Mahomet Area Youth Club (2nd Tues., 7 am)									
Promise Healthcare (4th Tues., 6 pm)									
RACES (3rd Thurs., 6 pm)									
Rosecrance (last Tues, 4:30 pm)		X							
Terrapin Station Sober Living									
UP Center (3rd Thurs., 6 pm)									
Urbana Neighborhood Conn.(2nd Thurs., 6 pm)									
Well Experience (4th Sat at noon)									
WIN Recovery (2nd Monday, 5:30 p.m.)									
Crisis Intervention Team (bi-monthly Wed 9am)									
Community Coalition (2nd Wed., 3:30pm)									
Expo Committees (various)									X

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