



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

Champaign County Mental Health Board (CCMHB) Meeting Agenda

Wednesday, May 25, 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.*

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 4-9**)*
Minutes from the 4/20/2022 board meeting and 4/27/2022 study session are included. Action is requested.
9. Vendor Invoice List (**pages 10-13**)*
A "Vendor Invoice List" of expenditures is included. Action is requested, to accept the list and place it on file.
10. New Business

- A. Recommendations for PY23 Allocation of Funds (**pages 14-44**) *
Included in the packet is a decision memo with staff recommendations for allocation of PY23 funding to agencies. Tier sheets are attached. Board action is requested.
- B. Financial Management Coaching Project Update (**pages 45-46**)
Included in the packet for information only is an update on the pilot project funded from November to June. No action is requested.
- 11. Old Business
 - A. 211 Quarterly Update (**pages 47-59**)
Included for information is a quarterly update from PATH, Inc on the 211 services provided to Champaign County. No action is requested.
 - B. Schedules & Allocation Process Timeline (**pages 60-64**)
Updated copies of CCMHB and CCDDDB meeting schedules and CCMHB allocation timeline are included in the packet.
 - C. Acronyms and Glossary (**pages 65-76**)
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. Staff Reports (**pages 77-97**)
Included for information are reports from Kim Bowdry, Leon Bryson, Stephanie Howard-Gallo, Shandra Summerville, and Chris Wilson.
- 15. Board to Board Reports (**page 98**)
- 16. Board Announcements
- 17. Adjournment

**Board action requested*

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Instructions for participating in Zoom Conference Bridge for CCMHB Regular Board Meeting May 25, 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.

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#8

**CHAMPAIGN COUNTY
MENTAL HEALTH BOARD
REGULAR MEETING**

Minutes—April 20, 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, Alexa McCoy, Elaine Palencia, Kyle Patterson, Jane Sprandel
- STAFF PRESENT:** Kim Bowdry, Leon Bryson, Lynn Canfield, Stephanie Howard-Gallo, Chris Wilson
- OTHERS PRESENT:** Danielle Matthews, Nicole Smith, DSC; Gail Raney, Rosecrance; Brenda Eakins, Kerrie Hacker, GROW; Jennifer Henry, Jim Hamilton, Promise Healthcare; Darcy Sager, Jodi McGee, Head Start; Angie Pierce, Paige Garrison, Cunningham Children's Home; Julie Schubach, Family Service; Claudia Lenhoff, Champaign County Healthcare Consumers; Nicole Frydman, Uniting Pride; Bethany Little, WIN Recovery; James Kilgore, First Followers; Tracy Dace, DREAM House; Stephanie Cockrell, WELL Experience; Andy Kulczycki, Community Service Center of Northern Champaign County (CSCNCC); Melissa Courtright, C-U At 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:

APPROVAL OF AGENDA:

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

PRESIDENT'S COMMENTS:

Mr. Omo-Osagie spoke briefly about trauma and mental health.

EXECUTIVE DIRECTOR'S COMMENTS:

Ms. Canfield briefly reviewed the night's agenda and process.

APPROVAL OF CCMHB MINUTES:

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

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

VENDOR INVOICE LIST:

The Vendor Invoice List was included in the Board packet for consideration.

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

NEW BUSINESS:

Request for Application Outside of Open Period:

The packet included a formal request for consideration of unsubmitted applications from Promise Healthcare, accompanied by a Decision Memo with context and some options for Board action.

The agency 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.

There was an extensive Board discussion regarding possible actions.

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.

MOTION: Ms. Palencia moved to permit Promise Healthcare to submit the application forms they had prepared, without further revisions, for review and consideration at a future CCMHB meeting. Dr. Youakim seconded the motion. All members voted aye and the motion passed.

Review of Applications for PY23 Funding:

Organized by applicant, program summaries were included in the packet to support the Board's review of PY23 requests for funding. A tier sheet listed the applications and identified board reviewers. Board members reviewed the program summaries. Agency representatives were present to answer questions from Board members. This review will continue at the board's study session on April 27th, 2022.

OLD BUSINESS:

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:

None.

CCDDDB Information:

The CCDDDB met this morning. Director Canfield provided a brief review of that meeting. The CILA house will be sold later in the week.

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STAFF REPORTS:

No reports.

BOARD TO BOARD REPORTS:

None.

BOARD ANNOUNCEMENTS:

None.

ADJOURNMENT:

The meeting adjourned at 7:15 p.m.

Respectfully

Submitted by: Stephanie Howard-Gallo
CCMHB/CCDDB Staff

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

**CHAMPAIGN COUNTY
MENTAL HEALTH BOARD
STUDY SESSION**

Minutes—April 27, 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, Alexa McCoy, Elaine Palencia, Kyle Patterson, Jane Sprandel

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

OTHERS PRESENT: Danielle Matthews, Nicole Smith, DSC; Gail Raney, Melissa Pappas, Rosecrance; Brenda Eakins, Kerrie Hacker, GROW; Pat Ege, Cunningham Children's Home; Nicole Frydman, Uniting Pride; Bethany Little, WIN Recovery; Marlon Mitchell, James Kilgore, First Followers; Stephanie Cockrell, WELL Experience

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:

Gail Raney from Rosecrance introduced Melissa Pappas as the new director at Rosecrance.

APPROVAL OF AGENDA:

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



PRESIDENT’S COMMENTS:

Mr. Omo-Osagie spoke briefly about health and mental health being intertwined.

EXECUTIVE DIRECTOR’S COMMENTS:

Ms. Canfield briefly reviewed the night’s agenda and process.

STUDY SESSION:

Review of Applications for PY23 Funding:

Organized by applicant, program summaries were included in the packet to support the Board’s review of PY23 requests for funding. A tier sheet listed the applications and identified board reviewers. Board members reviewed the program summaries. Agency representatives were present to answer questions from Board members.

BOARD ANNOUNCEMENTS:

None.

ADJOURNMENT:

The meeting adjourned at 8:00 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

| | | | | | | | | | |
|-----------|---|------------|---------|------|-----------|------------|-----|----|---------------------------|
| Apr | MHB21-004 | 04/01/2022 | 040122A | 2835 | 4,325.00 | 04/01/2022 | INV | PD | MHB21-004 Homeless Serv |
| Apr | MHB22-006 | 04/01/2022 | 040122A | 2837 | 4,702.00 | 04/01/2022 | INV | PD | MHB22-006 Children's Advo |
| Apr | MHB22-010 | 04/01/2022 | 040122A | 2835 | 27,197.00 | 04/01/2022 | INV | PD | MHB22-010 Early Childhood |
| Apr | MHB22-025 | 04/01/2022 | 040122A | 2835 | 6,362.00 | 04/01/2022 | INV | PD | MHB22-025 Youth Assessmen |
| Apr | MHB22-043 | 04/01/2022 | 040122A | 2835 | 17,329.00 | 04/01/2022 | INV | PD | MHB22-043 Justice System |
| Apr | Office Rent | 04/01/2022 | 040122A | 2836 | 2,023.38 | 04/01/2022 | INV | PD | Apr Office Rent |
| | | | | | 61,938.38 | | | | |
| | 10003 AAIMEA TRAINING & CONSULTING LLC | | | | | | | | |
| 00032356 | | 03/28/2022 | 040822A | 3060 | 750.00 | 04/27/2022 | INV | PD | Compensation Market Analy |
| | 10148 COMMUNITY SERVICE CENTER OF NORTHERN | | | | | | | | |
| Apr | MHB22-008 | 04/01/2022 | 040122A | 2859 | 5,717.00 | 04/01/2022 | INV | PD | MHB22-008 Resource Connec |
| | 10163 CRISIS NURSERY | | | | | | | | |
| Apr | MHB22-005 | 04/01/2022 | 040122A | 2864 | 7,500.00 | 04/01/2022 | INV | PD | MHB22-005 Beyond Blue |
| | 10170 DEVELOPMENTAL SERVICES CENTER OF | | | | | | | | |
| Apr | MHB22-012 | 04/01/2022 | 040122A | 2871 | 49,710.00 | 04/01/2022 | INV | PD | MHB22-012 Family Developm |
| | 10175 DON MOYER BOYS & GIRLS CLUB | | | | | | | | |
| Apr | MHB22-015 | 04/01/2022 | 040122A | 2872 | 8,333.00 | 04/01/2022 | INV | PD | MHB22-015 C-U Change |
| Apr | MHB22-022 | 04/01/2022 | 040122A | 2872 | 13,333.00 | 04/01/2022 | INV | PD | MHB22-022 Youth and Fami |
| Apr | MHB22-037 | 04/01/2022 | 040122A | 2872 | 9,166.00 | 04/01/2022 | INV | PD | MHB22-037 CUNC |
| | | | | | 30,832.00 | | | | |
| | 10185 EAST CNTRL IL REFUGEE MUTUAL ASSIST CTR | | | | | | | | |
| Apr | MHB22-001 | 04/01/2022 | 040122A | 2875 | 5,167.00 | 04/01/2022 | INV | PD | MHB22-001 Family Support |
| | 10214 FIRST FOLLOWERS | | | | | | | | |
| Apr | MHB22-003 | 04/01/2022 | 040122A | 2884 | 7,916.00 | 04/01/2022 | INV | PD | MHB22-003 Peer Mentoring |
| Apr | MHB22-034 | 04/01/2022 | 040122A | 2884 | 3,291.00 | 04/01/2022 | INV | PD | MHB22-034 First Steps Ree |
| | | | | | 11,207.00 | | | | |
| | 10242 GROW IN ILLINOIS | | | | | | | | |
| Apr | MHB21-011 | 04/01/2022 | 040122A | 2891 | 6,436.00 | 04/01/2022 | INV | PD | MHB21-011 Peer Support |
| | 10263 I3 BROADBAND - CU | | | | | | | | |
| 23884561 | | 04/04/2022 | 040822A | 3159 | 144.95 | 05/02/2022 | INV | PD | Internet service 5/4/22-6 |
| | 10348 MCS OFFICE TECHNOLOGIES INC | | | | | | | | |
| 01-694458 | | 04/01/2022 | 040822A | 3192 | 495.00 | 05/01/2022 | INV | PD | MHB22-040 Managed IT Serv |

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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

| | | | | | | | | | | |
|---|-----------|------------|---------|------|-----------|------------|-----|----|----------------------------|--|
| 10352 MAHOMET AREA YOUTH CLUB | | | | | | | | | | |
| Apr | MHB22-032 | 04/01/2022 | 040122A | 2924 | 1,250.00 | 04/01/2022 | INV | PD | MHB22-032 Bulldogs Learn | |
| Apr | MHB22-033 | 04/01/2022 | 040122A | 2924 | 1,825.00 | 04/01/2022 | INV | PD | MHB22-033 Members Matter | |
| | | | | | 3,075.00 | | | | | |
| 10423 PEPSI COLA CHAMPAIGN-URBANA BOTTLING | | | | | | | | | | |
| 81104827 | | 03/29/2022 | 040822A | 3214 | 6.95 | 04/27/2022 | INV | PD | water 5gal jug | |
| 10453 QUILL CORPORATION | | | | | | | | | | |
| 24274627 | | 04/05/2022 | 042222A | 3828 | 99.98 | 05/05/2022 | INV | PD | Binding element, spring w | |
| 10464 RAPE, ADVOCACY, COUNSELING & EDUCATION SERVICES | | | | | | | | | | |
| Apr | MHB22-002 | 04/01/2022 | 040122A | 2957 | 5,250.00 | 04/01/2022 | INV | PD | MHB22-002 Sexual Violence | |
| 10488 ROSECRANCE, INC. | | | | | | | | | | |
| Apr | MHB21-019 | 04/01/2022 | 040122A | 2965 | 16,996.00 | 04/01/2022 | INV | PD | MHB21-019 Crisis, Access, | |
| Apr | MHB21-020 | 04/01/2022 | 040122A | 2965 | 25,362.00 | 04/01/2022 | INV | PD | MHB21-020 Criminal Justice | |
| Apr | MHB21-023 | 04/01/2022 | 040122A | 2965 | 16,666.00 | 04/01/2022 | INV | PD | MHB21-023 Recovery Home | |
| Apr | MHB22-027 | 04/01/2022 | 040122A | 2965 | 5,000.00 | 04/01/2022 | INV | PD | MHB22-027 Prevention Serv | |
| Apr | MHB22-028 | 04/01/2022 | 040122A | 2965 | 14,122.00 | 04/01/2022 | INV | PD | MHB22-028 Specialty Court | |
| Apr | MHB22-030 | 04/01/2022 | 040122A | 2965 | 7,117.00 | 04/01/2022 | INV | PD | MHB22-030 Fresh Start | |
| | | | | | 85,263.00 | | | | | |
| 10563 TROPHYTIME, INC. | | | | | | | | | | |
| 133452 | | 04/19/2022 | 042922A | 4051 | 9.65 | 05/19/2022 | INV | PD | Plastic signage | |
| 10583 UNIVERSITY OF ILLINOIS | | | | | | | | | | |
| Apr | MHB22-039 | 04/01/2022 | 040122A | 2988 | 6,968.75 | 04/01/2022 | INV | PD | MHB22-039 Build Eval Capa | |
| 10595 UP CENTER OF CHAMPAIGN COUNTY | | | | | | | | | | |
| Apr | MHB22-009 | 04/01/2022 | 040122A | 2990 | 7,217.00 | 04/01/2022 | INV | PD | MHB22-009 Children, Youth | |
| 10599 URBANA NEIGHBORHOOD CONNECTION CENTER | | | | | | | | | | |
| Apr | MHB22-024 | 04/01/2022 | 040122A | 2993 | 2,125.00 | 04/01/2022 | INV | PD | MHB22-024 Community Study | |
| Dec | MHB22-024 | 12/01/2021 | 040822A | 3267 | 2,125.00 | 12/01/2021 | INV | PD | MHB22-024 Community Study | |
| Feb | MHB22-024 | 02/01/2022 | 040122A | 2993 | 2,125.00 | 02/07/2022 | INV | PD | MHB22-024 Community Study | |
| Jan | MHB22-024 | 01/01/2022 | 040122A | 2993 | 2,125.00 | 01/31/2022 | INV | PD | MHB22-024 Community Study | |
| Mar | MHB22-024 | 03/01/2022 | 040122A | 2993 | 2,125.00 | 03/01/2022 | INV | PD | MHB22-024 Community Study | |
| Nov | MHB22-024 | 11/01/2021 | 040822A | 3267 | 2,125.00 | 11/01/2021 | INV | PD | MHB22-024 Community Study | |
| Oct | MHB22-024 | 10/01/2021 | 040822A | 3267 | 2,125.00 | 10/01/2021 | INV | PD | MHB22-024 Community Study | |
| Sep | MHB22-024 | 09/01/2021 | 040822A | 3267 | 2,125.00 | 09/01/2021 | INV | PD | MHB22-024 Community Study | |
| | | | | | 17,000.00 | | | | | |
| 10638 VISA CARDMEMBER SERVICE | | | | | | | | | | |

Champaign County, IL



VENDOR INVOICE LIST

| INVOICE | P.O. | INV DATE | CHECK RUN CHECK # | INVOICE NET DUE DATE | TYPE STS | INVOICE DESCRIPTION |
|--|------|------------|-------------------|----------------------|----------|---------------------------|
| 3930 Statement 4/11 | | 04/11/2022 | 042222A | 1,523.08 05/07/2022 | INV PD | 3930 Statement 4/11 |
| 10683 WIN RECOVERY INC | | | | | | |
| Apr MHB22-069 | | 04/01/2022 | 040122A | 5,790.00 04/01/2022 | INV PD | MHB22-069 WIN Recovery |
| 10687 XEROX CORPORATION | | | | | | |
| 230453519 | | 04/01/2022 | 041522A | 199.06 05/01/2022 | INV PD | Mar Copier Service |
| 10703 BARBARA J. BRESSNER | | | | | | |
| Q2 MHB22-046 | | 04/01/2022 | 041522A | 2,250.00 05/01/2022 | INV PD | disABILITY Resource Expo |
| 17859 EZ LOCK SELF STORAGE | | | | | | |
| 004 3936 | | 04/12/2022 | 042222A | 2,040.00 05/01/2022 | INV PD | Rent Unit A16 5/1/22-4/30 |
| 18092 COURAGE CONNECTION | | | | | | |
| Apr MHB21-007 | | 04/01/2022 | 040122A | 10,583.00 04/01/2022 | INV PD | MHB21-007 Courage Connect |
| 18148 THE WELL EXPERIENCE | | | | | | |
| Apr MHB22-068 | | 04/01/2022 | 040122A | 6,666.00 04/01/2022 | INV PD | MHB22-068 Family Services |
| 18259 CHAMPAIGN COUNTY HEALTH CARE CONSUMERS | | | | | | |
| Apr MHB22-044 | | 04/01/2022 | 040122A | 6,690.00 04/01/2022 | INV PD | MHB22-044 CHW Outreach an |
| Apr MHB22-045 | | 04/01/2022 | 040122A | 6,450.00 04/01/2022 | INV PD | MHB22-045 Justice Involve |
| Apr MHB22-066 | | 04/01/2022 | 040122A | 5,958.00 04/01/2022 | INV PD | MHB22-066 Disability Serv |
| 18305 CUNNINGHAM CHILDRENS HOME | | | | 19,098.00 | | |
| Apr MHB21-018 | | 04/01/2022 | 040122A | 8,467.00 04/01/2022 | INV PD | MHB21-018 ECHO Housing an |
| Apr MHB21-036 | | 04/01/2022 | 040122A | 33,592.00 04/01/2022 | INV PD | MHB21-036 Families Strong |
| 18323 DIMOND BROS. INSURANCE LLC | | | | 42,059.00 | | |
| 398595 | | 04/01/2022 | 040822A | 925.00 05/11/2022 | INV PD | Policy #EPP0577739 5/11/2 |
| 399690 | | 04/05/2022 | 041522A | 2,226.00 05/05/2022 | INV PD | Property and General Liab |
| 18343 FAMILY SERVICE OF CHAMPAIGN COUNTY | | | | 3,151.00 | | |
| Apr MHB22-014 | | 04/01/2022 | 040122A | 2,500.00 04/01/2022 | INV PD | MHB22-014 Counseling |
| Apr MHB22-016 | | 04/01/2022 | 040122A | 2,369.00 04/01/2022 | INV PD | MHB22-016 Self-Help Cente |
| Apr MHB22-017 | | 04/01/2022 | 040122A | 13,529.00 04/01/2022 | INV PD | MHB22-017 Senior Counseli |
| 18356 FREDERICK & HAGLE | | | | 18,398.00 | | |
| Mar/Apr Billing | | 04/22/2022 | 042922A | 672.00 04/29/2022 | INV PD | Legal services 3/27/22 - |

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Champaign County, IL



VENDOR INVOICE LIST

| INVOICE | P.O. | INV DATE | CHECK RUN CHECK # | INVOICE NET DUE DATE | TYPE | SITS | INVOICE DESCRIPTION |
|---------------|---------------------------------------|----------|-------------------|----------------------|------------|------|------------------------------|
| 18412 | TERRAPIN STATION SOBER LIVING NFP INC | | | | | | |
| Apr MHB22-067 | 04/01/2022 | 040122A | 2982 | 3,916.00 | 04/01/2022 | INV | PD MHB22-067 Recovery Home |
| 18413 | PROMISE HEALTHCARE | | | | | | |
| Apr MHB21-013 | 04/01/2022 | 040122A | 2952 | 29,176.00 | 04/01/2022 | INV | PD MHB21-013 Mental Health S |
| Apr MHB21-041 | 04/01/2022 | 040122A | 2952 | 8,998.00 | 04/01/2022 | INV | PD MHB21-041 wellness |
| | | | | 38,174.00 | | | |
| 18415 | MTF BUSINESS SOLUTIONS LLC | | | | | | |
| 2022-17 | 03/31/2022 | 040822A | 3198 | 165.00 | 04/15/2022 | INV | PD MHB21-061 Accounting Supp |
| 18467 | PATRICIA MAYER | | | | | | |
| 1 | 03/25/2022 | 040122A | 2927 | 750.00 | 04/01/2022 | INV | PD MHB22-047 disability Expo |
| | | | | 750.00 | | | |
| | | | | 460,221.80 | | | |
| | | | | 64 INVOICES | | | |

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

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#10.A.



DECISION MEMORANDUM

DATE: May 25, 2022
TO: Members, Champaign County Mental Health Board (CCMHB)
FROM: Lynn Canfield, Executive Director
SUBJECT: Recommendations for Allocation of PY2023 Funding

Purpose:

For consideration by the Champaign County Mental Health Board (CCMHB), this memorandum presents staff recommendations for funding for the Program Year (PY) 2023 (July 1, 2022 through June 30, 2023). Staff recommendations were reviewed during a May 18 study session of the Board. Some recommendations presented in this memorandum were modified as a result of that discussion and in consideration of information provided and actions taken by applicants since the time of writing of the initial draft. In this final draft, each recommendation is followed by a suggested action the Board may take. Decision authority rests with the CCMHB and their sole discretion and judgment concerning the most appropriate use of available dollars based on assessment of community needs, best value, alignment with decision support criteria, pricing and affordability, and reasonable distribution of funds across disability type and service intensity.

Statutory Authority:

Champaign County Mental Health Board (CCMHB) funding policies are predicated on the requirements of the Illinois Community Mental Health Act (405 ILCS 20 / Section 0.1 et. seq.) All funds are allocated within the intent of the controlling act as codified in the laws of the State of Illinois. Recommendations described in this memorandum are based on staff assessment of how closely applications align with statute, CCMHB funding policies, approved decision support criteria and priorities, and Board discussion. Best and Final Offers may be sought as part of the contract negotiation process.

Background and Other Considerations:

The text of the “PY2023 Allocation Priorities and Decision Support Criteria” document, as approved by the CCMHB on December 15, 2021, describes formal agreements, collaborations, and related Board actions which commit funding for specific purposes within the priorities. In addition to these, community input shapes the requests under consideration and the staff recommendations for PY23 funding.

Justice System and Behavioral Health (adult and juvenile justice diversion, victim supports): to better serve people who have justice system involvement and behavioral health needs and/or intellectual/developmental disabilities (I/DD). Community-based care has dramatic cross-system cost-shift impacts (every \$1 spent saves \$2-\$10 in other systems) and improves the quality of life of individuals and families. The Board's commitment to services and supports which reduce justice system and law enforcement involvement is appropriately continued given local data on placement rates, child abuse, domestic and community violence, and disparities in access and care.

The Champaign County Community Coalition shares the Board's interest in building resilience through trauma-informed and culturally responsive practices. This large collaboration includes leadership from local government, community-based organizations, neighborhoods, schools, and the faith community. The Coalition sustains System of Care values with youth programming and addresses the impacts of violence. Early childhood providers are active in this network along with their own collaborations on behalf of young children and their families.

Commitment to I/DD Services and Supports. The Board's Intergovernmental Agreement with the CCDDDB requires integrated planning of I/DD supports and includes a CCMHB set-aside commitment; CCMHB funding for I/DD services changes by the rate change of the property tax levy extension. The PY2022 total was \$768,521, with \$718,521 for agency contracts and \$50,000 'credit' for the Boards' shared Community Integrated Living Arrangement (CILA) project. Applying the 2022 rate increase of 3.6% results in PY2023 total of \$796,188, with \$50,000 CILA 'credit' leaving \$746,188 to be allocated to agency contracts. For the coming program year, the CCMHB maintains its interest in services for very young children and their families, also a priority of the CCDDDB.

Two-year Contracts approved for PY22 and PY23. The Board extended twenty-three PY2022 contracts to terms ending June 30, 2023. These commitments total \$2,220,326. With one exception, annual contract amounts do not increase during the second year, and application forms are updated in May, with technical assistance available as during the open application period.

- CCRPC - Youth Assessment Center \$76,350
- CCCAC - Children's Advocacy Center \$56,425
- CC Christian Health Center – Mental Health Care at CCCHC \$33,000
- CC Health Care Consumers - CHW Outreach and Benefit Enrollment \$80,274
- CC Health Care Consumers - Justice Involved CHW Services & Benefits \$77,394
- Community Services Center of Northern CC - Resource Connection \$68,609
- Crisis Nursery – Beyond Blue \$90,000
- DSC – Family Development \$596,522
- Don Moyer Boys & Girls Club - CU Change \$100,000
- Don Moyer Boys & Girls Club – CUNC \$110,000
- Don Moyer Boys & Girls Club – Summer Coalition Youth Initiatives \$107,000
- Don Moyer Boys & Girls Club - Youth and Family Services \$160,000
- East Central Illinois Refugee Mutual Assistance Center – Family Support & Strengthening \$62,000

Family Service – Counseling \$30,000
Family Service – Self Help Center \$28,430 (and \$28,930 during PY23)
Family Service – Senior Counseling & Advocacy \$162,350
MAYC – BLAST \$15,000
MAYC – Members Matter! \$21,905
RACES – Sexual Violence Prevention Education \$63,000
Rosecrance – Specialty Courts \$169,464
UP Center (Uniting Pride) – Children, Youth, & Families Program \$86,603
Urbana Neighborhood Connections -Community Study Center \$25,500

Flexibilities for recovery from the COVID-19 pandemic. Introduced in all PY21 agency contracts, and continued in PY22, was a provision allowing agencies to request a change in scope of services and budget during the contract year if related to COVID-19. The global pandemic continues to have profound impacts on people with behavioral health conditions or I/DD, as well as on the workforce providing care. The need for services has exploded, while capacity to meet these needs has not. The systems’ vulnerabilities have been magnified, and solutions will take substantial resources and time.

Advocacy and Service Data. Last year, Board staff completed a community needs assessment report with input from self-advocates, families, service providers, and community members. This report guided the new strategic plan and funding priorities and is available at:

https://www.co.champaign.il.us/mhbddb/PDFS/Full_2021_Community_Needs_Report_ENGLISH.pdf and

https://www.co.champaign.il.us/mhbddb/PDFS/Full_2021_Community_Needs_Report_SPANOL.pdf.

Also informative are the PY21 funded programs’ performance outcomes reports:

<https://www.co.champaign.il.us/mhbddb/PDFS/CCDDB%20PY21%20Performance%20Measure%20Outcome%20Report.pdf>

(The following is copied from the funding priorities and decision support criteria memorandum, approved on December 15, 2021.)

Expectations for Minimal Responsiveness:

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

1. Applicant is an eligible organization, demonstrated by responses to the Organization Eligibility Questionnaire.
2. All required application forms must be submitted by the deadline. *Late or incomplete applications will not be accepted.*

3. Proposed services or supports must relate directly to mental health, substance use disorder, or intellectual/developmental disabilities. **How will they improve quality of life for people with behavioral health conditions or I/DD?**
4. Application must include evidence that other funding sources are not available to support this program or have been maximized. Other potential sources of support should be identified and explored. This will be especially important in 2022, as federal and state opportunities may apply to projects supported by local funding.
5. Application must demonstrate coordination with providers of similar or related services. Interagency agreements should be referenced. Evidence of interagency referral process is preferred, as this expands the service system's reach, respects client choice, and reduces risk of overservice to a few.
6. Application must describe planning for continuation of services during a public health pandemic or epidemic. Programs should build on their successes with technology and virtual platforms, increasing training and access for direct staff and people served.

To preserve the CCMHB's emphasis on PY2023 allocation decision criteria, applications should align with one or more of the priorities below. Applications should describe the relationship between the proposed service and mental health, substance use disorders, or intellectual/developmental disabilities. Applicants are encouraged to review the PY2022 program summaries and board discussions from April and May of 2021, as observations made during the previous review cycle may inform PY2023 requests for funding.

Program Year 2023 CCMHB Priorities:

As an informed purchaser of service, the CCMHB considers best value and local needs and strengths when allocating funds. The service system, which includes programs and resources *not* funded by the CCMHB, should balance health promotion, prevention, wellness recovery supports, early intervention, effective treatments, and crisis response, and it should ensure equitable access across ages, races, and neighborhoods.

Priority – Crisis Stabilization

Community-based behavioral health supports can reduce unnecessary institutional care (hospitals, prisons, jails, e.g.) and counterproductive encounters with law enforcement or other systems not designed to address serious mental illness or addiction issues. The safety of individuals in crisis, their families, and members of their community are all important. Qualified professionals, including certified peer supporters, should engage people where they are and connect them to care and away from criminalization or containment. Without a functional crisis response system and effective interventions, individuals suffer, and other public systems are stressed. Local efforts to fill these safety net gaps may be expanded during PY2023 as a result of new state and federal rules and funding opportunities; efforts should be made to connect any new programs to existing efforts for maximum impact and for sustainability beyond local funding. Various crisis response, co-response, and follow-up approaches are being tested in collaboration with law enforcement agencies. Where there is overlap with public safety or public health interests, co-funding by appropriate entities will amplify these efforts and ensure we are not duplicating or interfering with similar work.

Supports and services should: improve health and quality of life; increase access to appropriate treatments; reduce contact with law enforcement and incarceration; reduce unnecessary hospitalization; decrease length of stay in jails and hospitals; and facilitate successful, healthy transition to the community. These may include:

- programs offering an alternative to hospitalization, arrest, booking, or charging, such as intensive case management, Assertive Community Treatment;
- enhanced crisis response (detox/stabilization, triage center, or assessment leading to care), counseling, and other supports; and
- connection to treatment for those with justice system involvement, history of crisis or hospitalization, or chronic homelessness/houselessness as a result of mental illness or substance use disorder, through benefit enrollment, Specialty Court services, coordination of reentry and transition to community, peer mentoring and support, or other group work (Moral Reconciliation Therapy and anger management, e.g.).

Priority- Victim Services

Previously under the Crisis/Reduce Incarceration priority were services which focus on victims/survivors of domestic violence, sexual assault, or child abuse/neglect. These programs improve health outcomes for survivors, respond to the crisis when the person is ready, reduce the stigma and isolation associated with such experiences, and disrupt the cycle of violence. To ensure trauma-informed care and crisis response for people who have experienced interpersonal or community violence, programs may amplify state-funded services and supports, address increased needs, or fill gaps where other funding does not exist, such as for violence prevention education or linkage to other resources as preferred by the individual.

Priority – Innovative Practices and Access to Behavioral Health Services

Insufficient safety net systems can also lead to worsened symptoms and loss of life. During the global COVID-19 pandemic, gaps and disparities in the systems have been exaggerated. Community awareness, system advocacy and coordination, and better access to resources are needed. *Problems of living* include untreated conditions which may be compounded by financial and housing insecurity and even by the stress of attempting to find and access resources. The social determinants of health (housing, employment, healthy food, etc.) impact behavioral health but have not been the traditional purview of behavioral health systems. Collaboration and co-funding by other entities, e.g., those addressing the social determinants of health, will add value to an application and ensure that we are not duplicating or interfering with similar efforts.

Stigma, inflexible regulations, low provider capacity, difficulty securing insurance and other benefits, high cost of care even with coverage, limited transportation and language can all be barriers to effective treatment. To connect people to appropriate services which can be billed to other payors or to support innovations which are not otherwise funded, applications may propose:

- wellness and recovery supports, home visits, transportation, language services, specialized case management (in some cases used as match for supportive housing), and self-advocacy/self-determination;
- enrollment in well-matched health plans and other benefits, by enrollment specialists and system navigators, outreach and education, and benefits counseling, such as SSI/SSDI Outreach, Access, and Recovery (SOAR);
- treatment for people with severe mental illness and no insurance;
- assistance for caregivers, social connections for seniors, employment services, community living support, suicide prevention education;
- building empathy, resilience, recovery, and a greater sense of collective wellness through peer support and mentoring, groups which foster creativity and sharing of creative efforts, and stress management through physical activity, music, etc.; and
- educational or treatment programs specifically addressing racism and racial trauma, to reduce their negative mental health impacts.

Priority – System of Care for Youth and Families

Priority – System of Care for Very Young Children and Families

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

- family-driven and youth-guided organizations which acknowledge the role of peer support and mentoring, coordination, and system planning and advocacy;
- behavioral health supports organized through partnerships such as the Community Coalition (youth) or the Home Visitors Consortium (young children);
- evidence-based, evidence-informed, innovative, or promising programs for those who have been impacted by trauma or mental, behavioral, or emotional disorder;
- positive programs for girls, young women, and youth of any gender, mirroring those long-standing programs which focus on males; and
- expansion of trauma-informed systems efforts, to facilitate the community’s recovery from the worst impacts of the global pandemic, focusing on children and families who experienced disproportionate losses of health and security.

For youth with multi-system involvement and serious emotional disturbance, evidence-based programs may reduce encounters with law enforcement and increase engagement with appropriate, positive supports. Programs may also focus on prevention education, positive youth development, summer or after-school programming, and targeted support to mitigate the harm caused by community violence and trauma. Where these community responses overlap with public safety and public health interests, co-funding by appropriate entities will strengthen and sustain programs and ensure that CCMHB funding is not duplicating or interfering with similar efforts.

The CCMHB has funded programs for very young children and their families, including perinatal supports, early identification, prevention, and treatment. Coordination of early childhood provider organizations through a Home Visitors Consortium has led to a “no wrong door” approach for very young children and their families, building self-determination and resilience, with consideration of the negative impacts of Adverse Childhood Experiences. Programs may also serve children who have an identified developmental delay or disability (DD) or risk and may offer support to their families. These programs align with “Collaboration with the Champaign County Developmental Disabilities Board (CCDDB)” priority category below.

Priority - Collaboration with Champaign County Developmental Disabilities Board

The Intergovernmental Agreement with the Champaign County Developmental Disabilities Board (CCDDB) requires integrated planning concerning Intellectual and Developmental Disabilities (I/DD) allocations and includes a specific CCMHB set-aside, which for PY2023 will likely total \$746,341 (PY2022 amount of \$718,521 plus an increase equal to the increase in property tax levy extension, adjusted by previous CILA contribution of \$50,000 per year).

The commitment to very young children and their families continues for PY2023, with a focus on their social-emotional and developmental needs and with involvement from and support for their families. The CCMHB has funded programs which complement those addressing the behavioral health needs of very young children and their families, and for which providers collaborate toward a System of Care for children and families. Services and supports not covered by Early Intervention, for young children with developmental and social-emotional concerns, may include:

- coordinated, home-based services addressing all areas of development and taking into consideration the needs of the family;
- early identification of delays through consultation with childcare providers, pre-school educators, medical professionals, and other service providers;
- education, coaching, and facilitation to focus on strengthening personal and family support networks; and
- identification and mobilization of individual and family gifts and capacities, to access community associations and learning spaces.

Another opportunity for Collaboration with the CCDDB is through their new priority category for strengthening the I/DD workforce. To address this long-standing, deepening existential threat to the I/DD system, agencies may propose strategies to strengthen and stabilize the workforce, with an immediate focus on those direct support professionals performing “essential” services. Such strategies would maintain current service capacity and allow it to grow to meet the needs of all eligible residents of Champaign County.

In addition to contracts for agency programs, the Boards have shared a Community Integrated Living Arrangement (CILA) project, for the operation of small group homes for people with I/DD and complex support needs. Due to the critical workforce shortage, other appropriate uses of the fund are being explored.

Overarching Considerations:

Underinvested Populations and Countywide Access

Applications (proposals for funding) should describe how the program will promote access for historically underinvested populations as identified in the “2001 Surgeon General’s Report on Mental Health: Culture, Race, and Ethnicity” and by the Substance Abuse and Mental Health Services Administration. This overarching consideration further emphasizes the theme, across priority areas and service types, of connecting people to care appropriate to their needs and strengths. Correcting disparities associated with race, ethnicity, culture, and language is critically important, as the global public health pandemic has had especially harmful direct and indirect impacts on members of racial and ethnic minorities, deepening the existing disparities. Applications should address early identification and treatment for members of underinvested populations, reduction of racial disparities in justice and child welfare systems, and the impacts of historical and community trauma. Members of these groups, people living in rural areas, and those with limited English language proficiency should have access to quality services; engagement strategies should be identified which overcome barriers related to stigma and infrastructure and reach even those who are seeking support for the first time. A Cultural and Linguistic Competence Plan (CLCP) is required of each organization applying for funding, and the online system includes a CLCP form which is consistent with requirements of Illinois Department of Human Services and which applies the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards).

Inclusion and Anti-Stigma

Applications should describe how the proposed service or support increases inclusion or reduces the stigma associated with behavioral health disorders or intellectual and/or developmental disabilities. Stigma limits people’s participation, inhibits economic self-sufficiency, and increases vulnerability. It may even be a driver of declining State and Federal support for effective treatments. Stigma harms communities and individuals, especially those who are historically underinvested due to sexuality, gender, race, ethnicity, immigrant/refugee/asylee status, preferred or first language, or disability. People are most safe when they have routine contacts with other people, whether co-workers, neighbors, members of a faith community, acquaintances at fitness or recreation activities, or other social clubs/networks. Community involvement helps build empathy, redefine our sense of group identity and “other”, reduce stress, and decrease stigma. Young adults are at risk due not only to brain development and pressure to perform in school but also to fear of being exposed as having a behavioral health condition. Nationally, increases in suicide and substance use disorders among farmers and members of farming communities require that we improve awareness wherever traditional services are lacking but networks of support can be strengthened. Recognizing that lives are lost when stigma prevents people from receiving support, the CCMHB has an interest in building resilience, community awareness, and inclusion, as well as directly challenging negative attitudes and discriminatory practices. In spite of the American Psychiatric Association’s finding that people with serious mental illness are more likely to be the

victims of gun violence than perpetrators, increasing violence has also increased the stigma associated with mental illness and substance use disorders.

Outcomes

Applications should identify measures of access for people seeking to participate in the program and outcomes expected to result from this participation. For defining and measuring outcomes, the Board offers support through a research team from University of Illinois at Urbana Champaign's Department of Psychology, with training and technical assistance on 'theory of change' logic modeling, a consultation 'bank', workshops on reporting, and a template for year-end reports. Agencies using these resources may gain an advantage when competing for other funding. A 'theory of change' logic model is the preferred framework for defining outcomes of value in applications submitted to the CCMHB. Applicant organizations already reporting on outcomes to other funders may choose to include those outcomes, if relevant, in their application for CCMHB funding. Unlike the healthcare system, where process measures dominate (e.g., lower blood pressure), behavioral health care asks if people's lives are better as a result of the service. Outcomes reflect what people want and demonstrate a program's successes. Applicants may offer insights into how COVID-19 has impacted the services they provide and the people they serve; if awarded funding for PY2023, accounting for continued or long-term impacts may be done through quarterly program reports or year-end outcome reports.

Coordinated System

Toward a more inclusive, efficient, and effective local system, applications should include evidence of collaboration and should acknowledge other resources and how they are linked. The CCMHB values partnership and collaboration, not only to avoid overserving and overspending but also to reach our least connected residents. Of interest are: combined efforts of providers and schools, support groups, hospitals, advocates, etc.; a commitment to updating information in any resource directories and databases; participation in trainings, workshops, or council meetings with providers of similar services; and partnerships which go further to make sure that all who have a need are reached and that those needs are met. Written working agreements should include details of coordinated services, referral relationships, and other partnerships. Applications for funding should acknowledge these relationships.

A joint application may be submitted by two or more agencies with common goals, proposing services and supports or shared infrastructure, such as office space, data systems, and professional services. Collocation of various organizations' supports through community centers (such as worksites, churches, libraries, other 'hubs') or mobile service may benefit people who live in rural areas or neighborhoods with low access to health, behavioral health, social services, and other resources.

Budget and Program Connectedness

Applications include a Budget Narrative which should explain the relationship between anticipated costs and program components. Clarity about what the Board is buying includes the relevance of all expenses, direct and indirect. Per Funding Guidelines, calculation and rationale should be explicit as to the relationship between each expense and the value of the program. Programs offering services billable to Medicaid or other

insurance should identify non-billable activities for which the costs may be charged to the CCMHB. While CCMHB funds should not pay for activities or supports billable to another payor, the Board has an interest in programs taking advantage of multiple resources in order to secure long-term sustainability and to ensure that CCMHB funding does not supplant other public funding.

Added Value and Uniqueness

Applications should identify specific, even unique, features of the approach, the staff, and the funding mix.

- Approach/Methods/Innovation: Cite the recommended, promising, evidence-based, or evidence-informed practice and address fidelity to the model under which services are to be delivered. In the absence of such an approach to meet defined community need, clearly describe the innovative approach, including method of evaluation, to be considered.
- Staff Credentials: Highlight staff credentials and specialized training.
- Resource Leveraging: While ‘leveraging’ is interpreted as local match for other funding, describe all approaches which amplify CCMHB resources: state, federal, and local funding; volunteer or student support; community collaborations. If CCMHB funds are to be used to meet a match requirement, reference the funder requiring match and identify the match amount in the Budget Narrative.

Process Considerations:

Priority areas and overarching considerations will be used as discriminating factors which influence final allocation decision recommendations. The CCMHB uses an online system for agencies applying for funding. An agency must complete the one-time registration process, including an organizational eligibility questionnaire, before receiving access to online application forms. *Note: During 2021, agencies who registered several years earlier are required to submit a new organizational eligibility questionnaire prior to the application deadline.*

Criteria described in this memorandum are to be used as guidance by the Board in assessing applications for funding. They are not the sole considerations in final funding decisions. Other considerations include the judgment of the Board and staff, evidence of the provider’s ability to implement the services proposed, the soundness of the proposed methodology, and the administrative and fiscal capacity of the agency. Further, to be eligible to receive CCMHB funds, applications must reflect the Board’s stated goals, objectives, operating principles, and public policy positions; downloadable versions of Board documents are on the public page of the online application and reporting system, at <http://ccmhddbrds.org>. Final decisions rest with the CCMHB and their judgment concerning the most appropriate and effective use of the fund, based on assessment of community needs, equitable distribution across service and support needs, and alignment with decision support criteria.

The CCMHB allocation of funding is a complex task and not a request for proposals (RFP). Applicants are not responding to a common set of specifications but rather are

seeking funding to address a wide variety of support needs of people who have mental health conditions, substance use disorders, or intellectual/developmental disabilities. The nature and scope of applications may vary widely and may include prevention and early intervention models. A numerical rating/selection methodology is not relevant or feasible. Our focus is on what constitutes a best value to the community, in the service of those who have the above qualifying conditions and is therefore based on a combination of cost and non-cost factors, reflecting an integrated assessment of the relative merits of applications using criteria and priorities approved by the CCMHB. If applications for funding are not sufficiently responsive to the criteria and priorities described in this memorandum, the CCMHB may choose to set aside funding to support RFPs with prescriptive specifications to address the priorities. The CCMHB may also choose to identify requests, including for capital and infrastructure projects, which are appropriate for an award of funding to be issued during the Program Year 2023 but later than July 1, 2022, in the event of greater than expected Board revenue.

Caveats and Application Process Requirements:

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

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

(end of funding priorities memo, approved December 15, 2021)

Requests for Funding and Budget Impact:

Approved CCMHB funding rose from \$3,189,290 in PY12 to \$4,562,151 in PY20. For four years, increased allocations had resulted from property tax revenue growth plus reductions in administrative costs. Among the surprises of 2020 was actual revenue lower than budgeted, due to a lower rate of collection of property taxes. For PY21 allocations, the CCMHB made an informed decision to award contracts greater than budgeted. Due to unspent funds being returned and some payments suspended, 'overfunding' did not result in a deficit in 2020. Suspended payments were released during 2021, reducing the amount available for allocations, and the level of awards was not sustainable. Because behavioral health needs had surged and agencies had applied to provide new and expanded services, the County provided one-time American Rescue Plan fiscal relief funds, increasing PY22 awards by \$770,436. For PY23, allocations will be based on projected property taxes for 2022 and 2023, without substantial other revenue.

Following submission of proposals, eligibility questionnaires were reviewed. Two newly registered agencies do not appear to use the required accounting method; others identified potential issues. All proposals were reviewed by board and staff, with draft staff program summaries to support Board discussion during public meetings and study session.

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Twenty-seven submitted proposals relate to **mental health or substance use disorders (MH/SUD)**. One was withdrawn on April 22. The remaining requests total \$3,125,895, and one adds \$149,666 for developmental services, to \$3,275,561. As described above, the twenty-two previously approved multi-year contracts include one for I/DD services at \$596,522 and the rest for MH/SUD at \$1,623,804. By priority, the total amounts of funding proposed plus those previously committed are:

Crisis Stabilization, Victim Services

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|--|--------------------|
| PY2023 Proposed | \$1,012,431 |
| Multi-Year commitments under this priority | \$409,633 |
| <i>total multi-year + proposed =</i> | <i>\$1,422,064</i> |

Innovative Practices & Access to Behavioral Health Services

| | |
|--|--------------------|
| PY2023 Proposed | \$1,230,803 |
| Multi-Year commitments under this priority | \$498,163 |
| <i>total multi-year + proposed =</i> | <i>\$1,728,966</i> |

SOC for Youth and Families, SOC for Very Young Children and Families

| | |
|---|--------------------|
| PY2023 Proposed | \$882,661 |
| Multi-Year commitments under this priority | \$716,008 |
| Subtotal | \$1,598,669 |
| (within this category is Collaboration with CCDDDB, adding another \$746,188) | |
| <i>total multi-year + proposed =</i> | <i>\$2,344,857</i> |

Taken together, the **MH/SUD** amounts total **\$4,749,699**, exceeding last year's MH/SUD awards of \$4,697,289 by \$52,410. As noted, PY22 awards were supported by additional ARPA funds to address the increased and new demand. Based on an early projection of 2023 revenue, the total available for PY23 allocations is \$5,437,551, with \$4,691,363 for MH/SUD and \$746,188 for I/DD. This is an increase of \$21,741 over PY22 total awards of \$5,415,810. Total funds requested are greater than the projected available by \$58,336.

Fifteen applications related to **I/DD** were submitted for consideration by the CCDDDB or CCMHB. These total \$4,424,962 and were evaluated by the CCDDDB and staff. One which aligned with the CCMHB focus on Young Children was reviewed by both Boards. Another is funded through a two-year contract with the CCMHB.

If final awards exceed available funds, it may be necessary to balance with: delayed effective dates with prorated contract award amounts (as contract compliance issues are resolved); prorated contracts where staff remain to be hired; deferral of some proposals for later consideration in the event of additional funding; fee for service or purchase of service contracts; use of fund balance; and commitment to lower total awards next year.

DECISION SECTIONS:

Contract Negotiations and Special Notifications

Some recommendations are for awards contingent on completion of contract negotiations, application form revisions, resolution of compliance issues, and hiring of program staff. Awards may be adjusted by the cost of a staff vacancy and amended when that vacancy is filled. An applicant may be required to revise program or financial forms to align with CCMHB planning, budget, and policy specifications. An applicant may be asked for more information prior to contract execution, to reach terms agreeable to both parties. If requirements are not met prior to completion of the contract, a later contract start date will be established and the award reduced commensurate with the shorter term. Failure to submit required information shall result in cancellation of the contract award.

Motion to authorize the executive director to conduct contract negotiations as specified in this memorandum:

_____ Approved
_____ Denied
_____ Modified
_____ Additional Information needed

Recommendations are based on revenue estimates not finalized until the Champaign County Board approves budgets in November or December of 2022. For this reason, all PY2023 CCMHB contract maximums will be subject to reductions necessary to compensate for any CCMHB revenue shortfall. These reductions will be documented by contract amendment at the discretion of the CCMHB Executive Director, with every effort made to maintain the viability and integrity of prioritized contracts. All PY2023 contracts will include the following provision:

Obligations of the Board will cease immediately without penalty or further payment being required if, in any fiscal year, the tax that is levied, collected, and paid into the "Community Mental Health Fund" is judged by the CCMHB executive director not to be sufficient for payment as delineated in the terms and conditions under this Contract.

Motion to authorize the executive director to implement contract maximum reductions as described in this memorandum:

_____ Approved
_____ Denied
_____ Modified
_____ Additional Information needed

Language was added to PY2021 contracts to support agencies' mid-contract year responses to impacts of COVID-19. As these evolve, and as state and federal funding and

service delivery systems may respond with opportunities, all PY2023 contracts will include the following provision:

This contract shall be subject to realignment, reconfiguration, or redirection in scope of services, financial presentation, and/or contract maximum, as deemed necessary by the Board to respond to the COVID-19 pandemic or other declared natural or man-made disasters.

Motion to include in all contracts the COVID-19 Provision described in this memorandum:

- Approved
- Denied
- Modified
- Additional Information needed

A new provision is recommended, to clarify that the terms of an agency's contract may supersede a specific provision of the funding guidelines, if the particular exception is deemed to be in the best interest of the CCMHB and Champaign County.

The CCMHB Requirements and Guidelines for Allocation of Funds is attached hereto and incorporated into this contract by reference, except this contract will control should there be an inconsistent/contrary provision in the aforesaid Requirements and Guidelines. If the contract and funding guidelines are not in agreement, the contract shall prevail. For example, if the provider will incur higher cost for an audit, review, or compilation than allowed per the Funding Requirements and Guidelines, a formal written request may be made for the greater amount to be allowed.

Motion to include in all contracts the provision referencing specific exceptions to Funding Requirements and Guidelines, as described in this memorandum:

- Approved
- Denied
- Modified
- Additional Information needed

Staff Recommendations for Agency Allocations

To support Board consideration, staff recommendations are organized in roughly the order in which they were reviewed. Some recommendations are to defer a decision until additional information is available for board review and discussion. Some programs are not recommended for funding due to concerns about service capacity. Many are recommended with special conditions prior to contracting or during the contract year. In each case there are prerequisites to contracting which, if not completed before June 24 (and for some, July 1), could result in delayed payments or lower contract maximum.

- “*” indicates involvement with the Champaign County Community Coalition.
All are welcome to participate in the large collaborative.
- “^” indicates that a Special Initiative/mid-year report is required.
The Board may request updates from other funded programs during the year.
- “+” indicates to Pro-rate award and amend contract upon filling vacant or new positions or other prerequisite.

CCRPC-Community Services – Homeless Services System Coordination

- *Request: \$54,281, 72% of total program revenue*
- *Priority: Innovative Practices/Access*
- **Required prior to contract:** *revise the budget narrative to describe the anticipated professional services expenditure(s).*
- **Special Provisions** *(to address during contract year): excess revenue based on Q4 report; if a two-year term, excess revenue cannot be spent in 2nd year; share the 5-year CSPH strategic plan for CCMHB contract file when it is completed.*
- **Recommendation:** *fund at requested annual level; offer a two-year term. \$54,281*

Motion to approve CCMHB funding as recommended for **CCRPC – Community Services – Homeless Services System Coordination**, subject to the caveats as presented in this memorandum:

- _____ Approved
- _____ Denied
- _____ Modified
- _____ Additional Information Needed

C-U at Home – Shelter Case Management Program^{^+}

- *NEW Program Request: \$256,700, 55% of total program revenue*
- *Priority: Crisis Stabilization*
- **Required prior to contract and during the term:** *for any staff vacancies, pro-rate the contract, amend when they are filled, necessitating financial form revisions.*
- **Special Provisions** *(to address during the contract year): partner with other organizations serving this population; participate in CSPH and CIT Steering Committee; demonstrate efforts to seek other funding for the program; work with CLC Coordinator to strengthen strategies; mid-year progress report to the Board.*
- **Recommendation:** *fund at the requested level reduced for any staff vacancies and adjust contract maximum as they are filled. \$256,700*

Motion to approve CCMHB funding as recommended for **C-U at Home – Shelter Case Management Program**, subject to the caveats as presented in this memorandum:

- _____ Approved
- _____ Denied
- _____ Modified
- _____ Additional Information Needed

CC Head Start/Early Head Start - Early Childhood Mental Health Svcs*

- *Request: \$347,235, 100% of total program revenue (possibly an error)*
- *Priorities: System of Care (\$197,569); Collaboration with CCDDDB (\$149,666)*
- **Required prior to contract:** *revise financial forms (to reflect ISBE-funded Social Skills and Prevention Coach, demonstrating that the total program IS supported by other revenue) and Plan Narrative, to justify 43% for developmental supports.*
- **Special Provisions** *(to address during the contract year): excess revenue based on Q4 report; if a two-year term, any 1st year excess revenue cannot be spent in 2nd year; inform families of PUNS and CCRPC ISC; online service claims reports; report on other funding sought; share information on technology training and access for staff and clients.*
- **Recommendation:** *fund at requested level; \$149,666 for DD and \$197,569 for MH; offer two-year term.* **\$347,235**

Motion to approve CCMHB funding as recommended for **Champaign County Head Start/Early Head Start – Early Childhood Mental Health Svcs**, subject to the caveats as presented in this memorandum:

- _____ Approved
- _____ Denied
- _____ Modified
- _____ Additional Information Needed

Champaign County Health Care Consumers – Disability Application Services^{^+}

- *Request: \$71,500, 77% of total program revenue*
- *Priority: Innovative Practices/Access*
- **Required prior to contract:** *letter of engagement with CPA for PY22 audit; revisions to Plan Narrative or Utilization form so that NTPC targets match.*
- **Special Provisions** *(to address during the contract year): if a two-year term, excess revenue from the 1st year cannot be spent in the 2nd year of the contract term; report disability type, including any clients with a qualifying I/DD per IDHS-DDD; partner with DSC and CCRPC ISC to refer such individuals for benefits enrollment; collaborate with other organizations using SOAR; participate in CSPH; mid-year progress report to the Board.*
- **Recommendation:** *fund at requested annual level; offer two-year term.* **\$71,500**

Motion to approve CCMHB funding as recommended for **Champaign County Health Care Consumers – Disability Application Services**, subject to the caveats as presented in this memorandum:

- _____ Approved
- _____ Denied
- _____ Modified
- _____ Additional Information Needed

Courage Connection-Courage Connection

- *Request: \$127,000, 6% of total program revenue*
- *Priority: System of Care*
- **Required prior to contract:** *revise program plan narrative to select a PY23 priority category.*
- **Special Provisions** *(to address during the contract year): office hours in Rantoul, participate in Rantoul Service Providers Group; in quarterly report comments, indicate # of clients engaging in therapy and # in counseling; if a two-year term, excess revenue from the 1st year cannot be spent in the 2nd year; avoid use of this contract to serve non-residents and demonstrate revenue specific to them which could not be used to offset the cost of this service to Champaign County residents.*
- **Recommendation:** *fund at requested annual level; offer a two-year term; approve use of this grant as match for those cited in the request.* **\$127,000**

Motion to approve CCMHB funding as recommended for **Courage Connection – Courage Connection**, subject to the caveats as presented in this memorandum:

- _____ Approved
- _____ Denied
- _____ Modified
- _____ Additional Information Needed

Motion to approve use of these funds as match for other funding as described in the proposal:

- _____ Approved
- _____ Denied
- _____ Modified
- _____ Additional Information Needed

Cunningham Children’s Home – ECHO Housing and Employment Support

- *Request: \$127,249, 100% of total program revenue*
- *Priority: Innovative Practices/Access*
- **Required prior to contract:** *letter of engagement with CPA firm for PY22 audit.*
- **Special Provisions** *(to address during the contract year): if a two-year term, excess revenue from 1st year cannot be spent in 2nd year; in quarterly reports comments, indicate # of clients previously served through DCFS funded agency program and now re-engaged through this contract; collaborate with other organizations which use SOAR.*
- **Recommendation:** *fund at requested annual level; offer two-year term.* **\$127,249**

Motion to approve CCMHB funding as recommended for **Cunningham Children’s Home – ECHO Housing and Employment Support**, subject to the caveats as presented in this memorandum:

- _____ Approved
- _____ Denied
- _____ Modified

_____ Additional Information Needed

Cunningham Children’s Home – Families Stronger Together*

- *Request: \$398,092, 100% of total program revenue*
- *Priority: System of Care*
- **Required prior to contract:** *letter of engagement with CPA firm for PY22 audit; revise Budget Narrative to match other financial forms; select PY23 priority.*
- **Special Provisions** *(to address during the contract year): participate with Coalition; if a two-year term, any 1st year excess revenue cannot be spent in the 2nd year.*
- **Recommendation:** *fund at requested annual level; offer two-year term. \$398,092*

Motion to approve CCMHB funding as recommended for **Cunningham Children’s Home – Families Stronger Together**, subject to the caveats as presented in this memorandum:

- _____ Approved
- _____ Denied
- _____ Modified
- _____ Additional Information Needed

DREAAM - Dream Big!*

- *Request: \$100,000, 38% of total program revenue*
- *Priority: System of Care*
- **Required prior to contract:** *submit approved PY21 audit and resolve any issues it identifies; letter of engagement with CPA firm for PY22 audit; revise Program Plan Narrative to include specific increases and decreases in outcome targets and align the Utilization categories with standard definition of a treatment plan (which may require changing the targets).*
- **Special Provisions** *(to address during the contract year): collaborate with other youth centers and with Coalition; TPCs should have a self- and family-directed and approved, written treatment plan (those without may be counted as NTPCs).*
- **Recommendation:** *fund at the requested level. \$100,000*

Motion to approve CCMHB funding as recommended for **DREAAM – Dream Big!**, subject to the caveats as presented in this memorandum:

- _____ Approved
- _____ Denied
- _____ Modified
- _____ Additional Information Needed

Family Service of Champaign County – Creative Social Connectivity for Seniors^

- *NEW Program Request: \$25,000, 65% of total program revenue*
- **Required prior to contract:** *completed.*

- **Special Provisions** (to address during the contract year): mid-year progress report to the Board; consider combining with other Senior program if applying for PY24 funding for both.
- **Recommendation:** fund at requested level. **\$25,000**

Motion to approve CCMHB funding as recommended for **Family Service of Champaign County – Creative Social Connectivity for Seniors**, subject to the caveats as presented in this memorandum:

_____ Approved
 _____ Denied
 _____ Modified
 _____ Additional Information Needed

FirstFollowers - FirstSteps Community Reentry House

- **Request:** \$39,500, 61% of total program revenue
- **Priority:** Crisis Stabilization
- **Required prior to contract:** letter of engagement with CPA firm for PY22 audit; financial form revisions; select PY23 priority; resolve any remaining audit issues.
- **Special Provisions** (to address during the contract year): retain SPs for participation in Continuum and Reentry Council, documentation of client residency pre-incarceration, and exception to C27j; collaborate with Rosecrance Criminal Justice program (if it is also funded); if a two-year term, excess revenue from 1st year cannot be spent in 2nd year.
- **Recommendation:** fund at requested annual level; offer two-year term. **\$39,500**

Motion to approve CCMHB funding as recommended for **FirstFollowers – FirstSteps Community Reentry House**, subject to the caveats as presented in this memorandum:

_____ Approved
 _____ Denied
 _____ Modified
 _____ Additional Information Needed

FirstFollowers – Peer Mentoring for Re-entry

- **Request:** \$95,000, 61% of total program revenue
- **Priority:** Crisis Stabilization
- **Required prior to contract:** share subcontracts with CCMHB office; letter of engagement with CPA firm for PY22 audit; financial form revisions; select PY23 priority; resolve any remaining audit issues.
- **Special Provisions** (to address during the contract year): retain SPs for participation in Continuum and Reentry Council, documentation of client residency pre-incarceration, and exception to C27j; collaborate with Rosecrance Criminal Justice program (if it is also funded); if a two-year term, excess revenue from 1st year cannot be spent in 2nd year.

- **Recommendation:** fund at requested annual level; offer two-year term. **\$95,000**

Motion to approve CCMHB funding as recommended for **First Followers – Peer Mentoring for Re-entry**, subject to the caveats as presented in this memorandum:

_____ Approved
 _____ Denied
 _____ Modified
 _____ Additional Information Needed

GROW in Illinois – Peer-Support+

- *Request: \$129,583, 94% of total program revenue*
- *Priority: Innovative Practices/Access*
- **Required prior to contract:** letter of engagement with CPA firm for PY22 audit; resolve mismatches in utilization targets, clarify and justify SC target, and identify the national outcome benchmarks; financial form revisions; if staff vacancies, pro-rate the contract and amend when these are filled (during the contract term), necessitating financial form revisions.
- **Special Provisions** (to address during the contract year): participation in Continuum, CIT Steering Committee, and Reentry Council; avoid use of this contract to serve non-residents and demonstrate revenue specific to them which could not be used to offset the cost of this service to Champaign County residents; if a two-year term, excess revenue from 1st year cannot be spent in 2nd year.
- **Recommendation:** fund at requested annual level; offer two-year term. **\$129,583**

Motion to approve CCMHB funding as recommended for **GROW in Illinois – Peer-Support**, subject to the caveats as presented in this memorandum:

_____ Approved
 _____ Denied
 _____ Modified
 _____ Additional Information Needed

Promise Healthcare – Mental Health Services with Promise

- *Request: \$350,117, 12% of total program revenue*
- *Priority: Innovative Practices/Access*
- **Required prior to contract:** revise financial forms to balance proposed CCMHB contract budget, resolve discrepancies, demonstrate the agency position accurately, and justify this or a lower amount of funding request; include statement warranting no supplementation; revise utilization and program plan forms so that targets match; in program plan narrative, delete reference to Pediatric Residency.
- **NOTE:** payments will be held from July 1 until submission of approved 2021 audit report and resolution of any relevant findings, or September 30, 2022,

whichever is earlier; letter of engagement for 2022 audit will be submitted when 2021 audit is finished.

- **Special Provisions** (to address during the contract year): retain SPs for details on financial statements for calendar year Jan 1-Dec 31; collaborate with CC Christian Health Center.
- **Recommendation:** fund at the requested level. **\$350,117**

Motion to approve CCMHB funding as recommended for **Promise Healthcare-Mental Health Services at Promise**, subject to the caveats as presented in this memorandum:

_____ Approved
_____ Denied
_____ Modified
_____ Additional Information Needed

Promise Healthcare – Promise Healthcare Wellness

- **Request:** \$107,987, 33% of total program revenue
- **Priority:** Innovative Practices/Access
- **Required prior to contract:** revise financial forms to balance proposed CCMHB contract budget, resolve discrepancies, demonstrate the agency position accurately, and justify this or a lower amount of funding request; include statement warranting no supplementation; revise utilization and program plan forms so that targets match; in program plan narrative, delete reference to Pediatric Residency and clarify whether other funding could support some or all of these services, decreasing the need for local funding to support them.
- **NOTE:** payments will be held from July 1 until submission of approved 2021 audit report and resolution of any relevant findings, or September 30, 2022, whichever is earlier; determination of any excess revenue will be made and letter of engagement for 2022 audit will be submitted when the 2021 audit is finished.
- **Special Provisions** (to address during the contract year): retain SPs for details on financial statements for calendar year Jan 1-Dec 31; collaborate with CC Christian Health Center and CC Healthcare Consumers; prorate total amount of contract if there are any vacancies at July 1 and amend as filled.
- **Recommendation:** fund at the requested level. **\$107,987**

Motion to approve CCMHB funding as recommended for **Promise Healthcare – Promise Healthcare Wellness**, subject to the caveats as presented in this memorandum:

_____ Approved
_____ Denied
_____ Modified
_____ Additional Information Needed

Rosecrance Central Illinois – Benefits Case Management

- *Request: \$80,595, 14% of total program revenue*
- *Priority: Innovative Practices/Access*
- **Required prior to contract:** *letter of engagement with CPA firm for PY22 audit*
- **Special Provisions** *(to address during the contract year): collaborate with providers of similar services, especially those using SOAR; continue to maximize other sources of funding.*
- **Recommendation:** *fund at requested annual level. \$80,595*

Motion to approve CCMHB funding as recommended for **Rosecrance Central Illinois – Benefits Case Management**, subject to the caveats as presented in this memorandum:

_____ Approved
_____ Denied
_____ Modified
_____ Additional Information Needed

Rosecrance Central Illinois – Criminal Justice PSC

- *Request: \$320,000, 68% of total program revenue*
- *Priority: Crisis Stabilization*
- **Required prior to contract:** *letter of engagement with CPA firm for PY22 audit; select PY22 priority; add long term outcome for connection to supports.*
- **Special Provisions** *(to address during the contract year): retain SPs for input from justice system partners to CCMHB staff, maximizing other funding; collaborate with First Followers; as feasible and with CCSO, report on # screened at jail, # referred for assessment, and # found eligible for services.*
- **Recommendation:** *fund at requested annual level. \$320,000*

Motion to approve CCMHB funding as recommended for **Rosecrance Central Illinois – Criminal Justice PSC**, subject to the caveats as presented in this memorandum:

_____ Approved
_____ Denied
_____ Modified
_____ Additional Information Needed

Rosecrance Central Illinois – Crisis Co-Response Team (CCRT)^

- *NEW Program Request: \$207,948, 99% of total program revenue*
- *Although new to this agency, this is not a new program for the CCMHB but rather continuation of a program established by a different provider, taken on by Rosecrance as it is complemented by new services funded through a federal grant.*
- *Priority: Crisis Stabilization*
- **Required prior to contract:** *letter of engagement with CPA firm for PY22 audit.*

- **Special Provisions** (to address during the contract year): input from justice system partners to CCMHB staff; response to RPD using CIT forms; maximize other funding; participate in CIT Steering Committee; mid-year progress report.
- **Recommendation:** fund at requested annual level. **\$207,948**

Motion to approve CCMHB funding as recommended for **Rosecrance Central Illinois – Crisis Co-Response Team**, subject to the caveats as presented in this memorandum:

_____ Approved
 _____ Denied
 _____ Modified
 _____ Additional Information Needed

Rosecrance Central Illinois – Prevention Services*

- **Request:** \$60,000, 12% of total program revenue
- **Priority:** System of Care
- **Required prior to contract:** letter of engagement with CPA firm for PY22 audit. Develop a different approach targeting youth SUD, either to use this funding for an additional counselor, possibly at JDC, or toward a model similar to Snowball.
- **Special Provisions** (to address during the contract year): retain SPs for collaboration with Coalition and related programs and maximizing other funding; report on successful and unsuccessful attempts to engage with schools and increase Illinois Youth Survey participation.
- **Recommendation:** deny request as presented but reserve this funding amount in the event an acceptable alternative can be developed for within PY23, for an additional counselor or toward a more intensive approach. **\$60,000 DEFER**

Motion to deny the request as presented and DEFER a decision on an alternative proposal for CCMHB funding for **Rosecrance Central Illinois – Prevention Services:**

_____ Approved
 _____ Denied
 _____ Modified
 _____ Additional Information Needed

Rosecrance Central Illinois – Recovery Home

- **Request:** \$100,000, 22% of total program revenue
- **Priority:** Innovative Practices/Access
- **Required prior to contract:** letter of engagement with CPA firm for PY22 audit.
- **Special Provisions** (to address during the contract year): retain SPs for Board input from Problem Solving Court partners, maximizing other funding, and if a two-year term, 1st year excess revenue cannot carry over; report each quarter the # of clients who were Champaign County residents prior.
- **Recommendation:** fund at requested level. **\$100,000**

Motion to approve CCMHB funding as recommended for **Rosecrance Central Illinois – Recovery Home**, subject to the caveats as presented in this memorandum:

- _____ Approved
- _____ Denied
- _____ Modified
- _____ Additional Information Needed

Terrapin Station Sober Living NFP - Recovery Home

- *Request: \$61,000, 73% of total program revenue*
- *Priority: Innovative Practices/Access*
- ***Required prior to contract:** letter of engagement with CPA firm for 2022 audit; submit CLC Plan; revise financial forms; resolve any accounting issues; corrective action plan for board composition.*
- ***Special Provisions** (to address during the contract year): develop/revise consumer outcomes; develop and provide copy of agency board policy and staffing backup plan (i.e., collaboration with another provider); details on schedule of expenses and revenues for fiscal year Jan 1-Dec 31.*
- ***Recommendation:** fund at requested level. **\$61,000***

Motion to approve CCMHB funding as recommended for **Terrapin Station Sober Living NFP – Recovery Home**, subject to the caveats as presented in this memorandum:

- _____ Approved
- _____ Denied
- _____ Modified
- _____ Additional Information Needed

THRIVING: Families – Project JDC*^+

- *NEW Program Request: \$3,000, 100% of total program revenue*
- *Priority: Innovative Practices/Access*
- ***Required prior to contract:** financial form revisions; contract should be held if accrual accounting is not in place; if issued later, adjust contract maximum.*
- ***Special Provisions** (to address during the contract year): collaborate with Coalition and providers of related services; work with CLCC to strengthen strategies; share program information to 211; mid-year progress report.*
- ***Recommendation:** deny funding due to concerns about eligibility and readiness; assist the agency to partner with a larger agency and/or develop infrastructure.*

Motion to deny CCMHB funding for **THRIVING: Families – Project JDC:**

- _____ Approved
- _____ Denied
- _____ Modified

_____Additional Information Needed

THRIVING: Families – The Garden Hills Project*^+

- *NEW Program Request: \$5,421, 100% of total program revenue*
- *Priority: Innovative Practices/Access*
- **Required prior to contract:** *financial form revisions; contract should be held if accrual accounting is not in place; if issued later, adjust contract maximum.*
- **Special Provisions** *(to address during the contract year): collaborate with Coalition, CU TRI, and providers of related services; work with CLCC to strengthen strategies; share program information to 211; mid-year progress report to the Board.*
- **Recommendation:** *deny funding due to concerns about eligibility and readiness; assist the agency to partner with a larger agency and/or develop infrastructure.*

Motion to deny CCMHB funding for **THRIVING: Families – The Garden Hills Project:**

- _____Approved
- _____Denied
- _____Modified
- _____Additional Information Needed

THRIVING: Families – THRIVING: Community^+

- *NEW Program Request: \$3,730, 76% of total program revenue*
- *Priority: Innovative Practices/Access*
- **Required prior to contract:** *financial form revisions; contract should be held if accrual accounting is not in place; if issued later, adjust contract maximum.*
- **Special Provisions** *(to address during the contract year): collaborate with providers of related services; work with CLC Coordinator to strengthen strategies; share program information to 211; mid-year progress report.*
- **Recommendation:** *deny funding due to concerns about eligibility and readiness; assist the agency to partner with a larger agency and/or develop infrastructure.*

Motion to deny CCMHB funding for **THRIVING: Families – THRIVING: Community:**

- _____Approved
- _____Denied
- _____Modified
- _____Additional Information Needed

THRIVING: Families – THRIVING: CU^+

- *NEW Program Request: \$11,520, 61% of total program revenue*
- *Priority: Innovative Practices/Access*
- **Required prior to contract:** *financial form revisions; contract should be held if accrual accounting is not in place; if issued later, adjust contract maximum.*

- **Special Provisions** (to address during the contract year): collaborate with providers of related services; work with CLC Coordinator to strengthen strategies; share program information to 211; mid-year progress report.
- **Recommendation:** deny funding due to concerns about eligibility and readiness; assist the agency to partner with a larger agency and/or develop infrastructure.

Motion to deny CCMHB funding for **THRIVING: Families – THRIVING: CU:**

_____ Approved
 _____ Denied
 _____ Modified
 _____ Additional Information Needed

The Well Experience – Well Family Care Program*

- **Request:** \$100,000, 55% of total program revenue
- **Priority:** Innovative Practices/Access
- **Required prior to contract:** letter of engagement with CPA firm for PY22 audit; revise financial forms to justify or lower the request; clarify utilization targets and categories.
- **Special provisions:** continue participation with Coalition and youth centers; develop and revise consumer outcomes.
- **Recommendation:** fund at requested level. **\$100,000**

Motion to approve CCMHB funding as recommended for **The Well Experience – Well Family Care Program**, subject to the caveats as presented in this memorandum:

_____ Approved
 _____ Denied
 _____ Modified
 _____ Additional Information Needed

WIN Recovery – Re-Entry & Recovery Home

- **Request:** \$93,283, 43% of total program revenue
- **Priority:** Crisis Stabilization
- **Required prior to contract:** letter of engagement with CPA firm for PY22 audit; select PY23 priority; revisions to financial forms, including shifts from personnel/salaries to professional fees.
- **Special Provisions** (to address during the contract year): participate in Reentry Council and Continuum; exception to C27j (staff with felony within 5 years); document client residency pre-incarceration; report quarterly on # of people in the home for greater than three months.
- **Recommendation:** fund at requested level. **\$93,283**

Motion to approve CCMHB funding as recommended for **WIN Recovery – Re-Entry & Recovery Home**, subject to the caveats as presented in this memorandum:

- _____ Approved
- _____ Denied
- _____ Modified
- _____ Additional Information Needed

“*” indicates involvement with the Champaign County Community Coalition.

All are welcome to participate in the large collaborative.

“^” indicates that a Special Initiative/mid-year report is required.

The Board may request updates from other funded programs during the year.

“+” indicates to Pro-rate award and amend contract upon filling any vacant or new position or other prerequisite.

Total PY23 Funding Recommended - \$2,733,966

Total PY23 Requests Recommended for Deferral (later decision) - \$518,104

Total PY23 Requests Recommended for Denial - \$23,491

Exceeds Allocation Parameters, Any Priority

Combining the total \$2,220,326 of PY22 obligations which continue for PY23 (see two year contracts listed above) with the total PY23 requests recommended for funding at this time is lower than the projected amount available. Adding those recommended for deferral results in a total amount which exceeds the projected available by \$34,845.

I/DD applications (not listed) are subject to integrated planning with the Champaign CCDDDB. I/DD requests not recommended for funding by the CCMHB total \$4,275,296, are not included in the above total, and were considered for CCDDDB funding at their May 18th meeting. The CCDDDB recommends for CCMHB funding an award of \$149,666 (listed above), which combined with the current CCMHB multi-year contract for DSC Family Development totals \$746,188, fulfilling the intergovernmental agreement.

CCMHB PY2023 (26) APPLICATIONS

| Agency | Program | Request | Selected Priority |
|---|--|--------------------|-------------------|
| CCRPC - Community Services | Homeless Services System Coordination | \$54,281 | Innovative/Access |
| CU at Home | Shelter Case Management | \$256,700 | Crisis |
| CC Head Start/Early Head Start | Early Childhood Mental Health Services | \$347,235 | SOC/DD |
| CC Health Care Consumers | Disability Services | \$71,500 | Innovative/Access |
| Courage Connection | Courage Connection | \$127,000 | SOC |
| Cunningham Children's Home | ECHO | \$127,249 | Innovative/Access |
| | FST | \$398,092 | SOC |
| DREAAM House | DREAAM House | \$100,000 | SOC |
| Family Service of CC | Creative Social Connectivity for Seniors | \$25,000 | Innovative/Access |
| FirstFollowers | FirstSteps Community Reentry House | \$39,500 | Crisis |
| | Peer Mentoring for Re-entry | \$95,000 | Crisis |
| GROW in Illinois | Peer Support | \$129,583 | Innovative/Access |
| Promise Health Care | Mental Health Svcs | \$350,117 | Innovative/Access |
| | Wellness | \$107,987 | Innovative/Access |
| Rosecrance Central Illinois | Benefits Case Management | \$80,595 | Innovative/Access |
| | Criminal Justice PSC | \$320,000 | Crisis |
| | Crisis Co-Response Team (CCRT) | \$207,948 | Crisis |
| | Prevention | \$60,000 | SOC Youth |
| | Recovery Home | \$100,000 | Innovative/Access |
| Terrapin Station Sober Living | Recovery Home | \$61,000 | Innovative/Access |
| THRIVING: Families | Project JDC | \$3,000 | Innovative/Access |
| | The Garden Hills Project | \$5,241 | Innovative/Access |
| | THRIVING: Community | \$3,730 | Innovative/Access |
| | THRIVING: CU | \$11,520 | Innovative/Access |
| Well Experience | Well Family Care Program | \$100,000 | Innovative/Access |
| WIN Recovery | Recovery and Reentry Home | \$93,283 | Crisis |
| | CCMHB only | \$3,275,561 | |
| <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 Funding Requests and Recommendations for PY2023

| Agency | Program | Priority Crisis/Victim | Priority Innovation | Priority SOC | Priority I/DD | Recommendations | |
|------------------------------------|-------------------------------------|---------------------------|------------------------|------------------|------------------|----------------------|-------------------------|
| | | | | | | MHB PY23 ONE YEAR | MHB PY23-24 TWO YEAR |
| CCRPC - Community Services | Homeless Svcs Coord | | \$54,281 | | | | \$54,281 |
| CU at Home | Shelter CM - NEW | \$256,700 | | | | \$256,700 | |
| CC Head Start/Early Head Start | Early Childhood Mental Health Svcs | | | \$197,569 | \$149,666 | | \$347,235 |
| CC Health Care Consumers | Disability Services | | \$71,500 | | | | \$71,500 |
| Courage Connection | Courage Connection | | | \$127,000 | | | \$127,000 |
| Cunningham Childrens Home | ECHO Housing and Employment Support | | \$127,249 | | | | \$127,249 |
| DREAAM | Parenting Model Implementation | | | \$398,092 | | | \$398,092 |
| Family Service of Champaign County | Dream Big! | | | \$100,000 | | \$100,000 | |
| FirstFollowers | Creative Social - NEW | | \$25,000 | | | \$25,000 | |
| GROW in Illinois | First Steps Reentry House | \$39,500 | | | | | \$39,500 |
| | Peer Mentoring for Re-entry | \$95,000 | | | | | \$95,000 |
| Promise Healthcare | Peer-Support | | \$129,583 | | | | \$129,583 |
| | Mental Health Services with Promise | | \$350,117 | | | \$350,117 | |
| Rosecrance Central Illinois | Promise Healthcare Wellness | | \$107,987 | | | \$107,987 | |
| | Benefits Case Management | | \$80,595 | | | \$80,595 | |
| Terrapin Station Sober Living | Criminal Justice PSC | \$320,000 | | | | \$320,000 | |
| | Crisis Co Response (CCRT) - NEW | \$207,948 | | | | \$207,948 | |
| THRIVING: Families | Prevention Services | | | \$60,000 | | \$60,000 | |
| | Recovery Home | | \$100,000 | | | \$100,000 | |
| THRIVING: Community - NEW | Recovery Home | | \$61,000 | | | \$61,000 | |
| | Project JDC - NEW | | \$3,000 | | | | |
| THRIVING: CU - NEW | The Garden Hills Project -NEW | | \$5,241 | | | | |
| | THRIVING: Community - NEW | | \$3,730 | | | | |
| The Well Experience | THRIVING: CU - NEW | | \$11,520 | | | | |
| | Well Family Care Program | | \$100,000 | | | \$100,000 | |
| WIN Recovery | Re-Entry & Recovery Home | \$93,283 | | | | \$93,283 | |
| TOTAL | | \$1,012,431 | \$1,230,803 | \$882,661 | \$149,666 | \$1,862,630 | \$1,389,440 |

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| CCMHB Allocation PY22-23 Multi Year Awards | | | | | | | | | | | | |
|--|--|-----------------|------------------------|--------------|---------------|----------------------|--|--|--|--|--|--|
| Agency | Program | Priority Crisis | Priority Innovation/Ac | Priority SOC | Priority I/DD | PY22-23 Two Yr Award | | | | | | |
| CCRPC Community Svcs | Youth Assessment Center | \$76,350 | | | | \$76,350 | | | | | | |
| CC Children's Advocacy Center | Children's Advocacy Center | \$56,425 | | | | \$56,425 | | | | | | |
| CC Christian Health Center | Mental Health Care at CCHC | | \$33,000 | | | \$33,000 | | | | | | |
| CC Health Care Consumers | CHW | | \$80,274 | | | \$80,274 | | | | | | |
| | Justice Involved CHW | \$77,394 | | | | \$77,394 | | | | | | |
| Community Svc Center of Northern Ch | Resource Connection | | \$68,609 | | | \$68,609 | | | | | | |
| Crisis Nursery | Beyond Blue Champaign County | | | \$90,000 | | \$90,000 | | | | | | |
| DSC | Family Development | | | | \$596,522 | \$596,522 | | | | | | |
| Don Moyer Boys and Girls Club (DMBG) | CU Change | | | \$100,000 | | \$100,000 | | | | | | |
| | CUNC | | | \$110,000 | | \$110,000 | | | | | | |
| | Community Coalition Summer Initiatives | | | \$107,000 | | \$107,000 | | | | | | |
| | Youth and Family Services | | | \$160,000 | | \$160,000 | | | | | | |
| East Central IL Refugee Mutual Assista | Family Support & Strengthening | | \$62,000 | | | \$62,000 | | | | | | |
| Family Service of Champaign County | Counseling | \$30,000 | | | | \$30,000 | | | | | | |
| | Self-Help Center | | \$28,930 | | | \$28,930 | | | | | | |
| | Senior Counseling & Advocacy | | \$162,350 | | | \$162,350 | | | | | | |
| Mahomet Area Youth Club | Bulldogs Learning and Succeeding | | | \$15,000 | | \$15,000 | | | | | | |
| | MAYC Members Matter! | | | \$21,905 | | \$21,905 | | | | | | |
| Rape Advocacy, Counseling & Educatio | Sexual Violence Prevention Education | | \$63,000 | | | \$63,000 | | | | | | |
| Rosecrance | Specialty Courts | \$169,464 | | | | \$169,464 | | | | | | |
| The UP Center of Champaign County | Children, Youth, & Families Program | | | \$86,603 | | \$86,603 | | | | | | |
| Urbana Neighborhood Connections | Community Study Center | | | \$25,500 | | \$25,500 | | | | | | |
| | | \$409,633 | \$498,163 | \$716,008 | \$596,522 | \$2,220,326 | | | | | | |
| | | | | CCMHB TOTAL | | \$5,472,396 | | | | | | |

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#10.B.



BRIEFING MEMORANDUM

DATE: May 25, 2022
TO: Members, Champaign County Mental Health Board (CCMHB)
FROM: Chris Wilson, Financial Manager
SUBJECT: Financial Management Coaching Pilot Project Update

Background:

At the October 20, 2021 regular meeting of the Champaign County Mental Health Board, a pilot project for Financial Management Coaching was presented and approved by the Board. The rationale for the pilot project is as follows:

Short term goals: Consultants will coach agencies on developing and implementing good internal controls, best practices, and general bookkeeping training/support. Agencies will improve financial accountability, with timely and accurate quarterly financial reports to the Board, 'audit-ready' internal records, timely filing of other required forms, correction of any negative audit findings, and timely approved audits/financial reviews/compilations.

Long term goals: Agencies will become self-sufficient with bookkeeping/accounting and see the value in having a trained professional, either on staff or as an independent contractor, to ensure the organization's long-term sustainability and allow for potential growth. Our evaluation of the pilot phase, with consultant and agency input, will determine if similar ongoing support is appropriate and may also inform how agencies might share bookkeeping/accounting services.

Two consultants submitted detailed proposals: Mary Fortune of MTF Business Solutions LLC, and Regina Stevenson of Allaso Performance Solutions, Inc. Both consultants' proposals were accepted, and contracts issued for the period of Nov 1, 2021, through May 31, 2022. Each consultant was assigned to two different agencies. UP Center and Terrapin station were served by Mary Fortune (MTF Business Solutions LLC) and The Well Experience and WIN Recovery were served by Regina Stevenson (Allaso Performance Solutions, Inc.).

Participant Feedback:

Of the four agencies that participated in this pilot project, I was able to interview three of them for feedback regarding this project. The fourth agency failed to respond to my request for a meeting. Additionally, I was able to meet with both consultants for their feedback. Important highlights from those interviews below:

- All three agencies and both consultants unanimously agreed that this project should continue.
- Both consultants feel this project was successful in accomplishing the short-term goals.
- Both consultants also agreed that this project has helped the participating agencies realize the value and importance of quality financial management.
- One consultant stated her desire to help expand this program.
- All three agencies felt this program met their expectations and answered all of their questions.
- All three agencies would recommend this program to other organizations.
- One agency feels confident that they no longer need any financial management support as a result of participating in this project.
- Two agencies would like to see the length of the program extended from 6 months to 9 months.
- One agency felt they would have been better served by a consultant with non-profit accounting experience.
- That same agency also wished they could have met with the consultant more frequently.
- One agency was not in a position to fully leverage the knowledge and skills of the consultant; however still found value in participating in the project.
- The agency that I was unable to interview appears to not have progressed beyond the initial meeting with the consultant.

Summary:

Mid-project feedback above encourages us that financial management support through independent consultants can accomplish the long and short term goals, though probably structured differently. As the pilot phase ends May 31, the consultants will provide CCMHB staff with final reports and recommendations, which may contribute to phase two. Staff seek direction from the CCMHB as to whether a modified continuation of this project should be developed.

From the Executive Director

Greetings Stakeholders!!

I hope you are doing well, and I hope you had a fantastic 211 day this past February!! Please contact me (cworkman@pathcrisis.org) if there is anything specific you would like to see me address in future quarterly letters. I have provided some general updates below that may be of interest to everyone.

Updates:

- I think everyone has heard by now, but just in case you haven't: PATH Inc. was awarded the State of Illinois contract to operate the 988 mental health and suicide crisis hotline for those areas in Illinois that do not have a current federally certified crisis call center and to act as backup for the other five (5) certified crisis call centers in Illinois. You may be asking why this is relevant to 211, so let me explain:
 - PATH Inc. 211 will be making some changes effective July 1, 2022. PATH Inc. began as a mental health crisis line, so when we developed our 211-service model it made complete sense to blend Information and Referral (I&R) services with crisis services. It has worked well for us over the past ten (10) years, however, times change, and improvements are being made to strengthen our ability to help others. One of these improvements is the new federal 988 number. Illinois will be implementing the new 988 mental health/crisis line effective July 1, 2022. Therefore, PATH Inc. will separate our 211 and crisis call center model to just provide 211 services to our 211 stakeholders.
 - We are using the 211 data systems as part of 988 for making mental health referrals, but we are also using the resources developed as part of 988 to be used as part of 211. This will assist in the future development of 211 in the State of Illinois as outlined in the Illinois 211 Board proposal for expansion.
 - This data blending of 211 and 988 systems has also allowed PATH Inc. to educate those in the government about 211 resources and what 211 offers to its citizens. I believe we have developed many supporters in IDHS who I hope will foster support for the Illinois 211 Board and the proposed statewide expansion.

Updates Cont. From the Executive Director

- Ride United Last Mile Delivery partnership between UWW and Doordash is seeking grant applications. Using the same DoorDash technology that brings burritos, groceries, and pet toys to your home, Ride United's Last Mile Delivery delivers food pantry boxes, prepared meals, hygiene items, school supplies, and much more directly to neighbors' homes for free!
<https://app.smartsheet.com/b/form/52051ab466c14c2f9db7a8263e02161a>
 - Note that the deadline was March 23, 2022, but we know that in past years they have accepted late applications.
- We would like to welcome Henderson and Mercer Counties to PATH Inc. 211. And we also are welcoming Will County to PATH Inc. 211 effective June 1, 2022.

Best Regards,



Chris Workman
Executive Director/CEO PATH Inc.



Champaign County

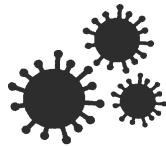
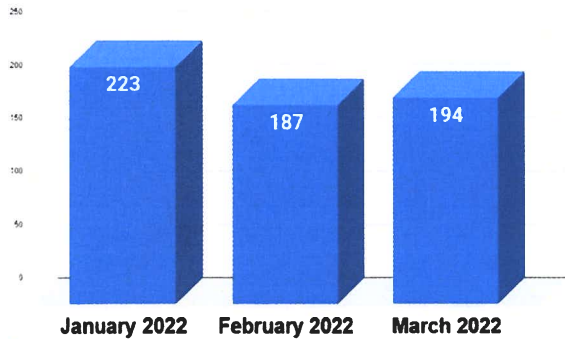


Overview

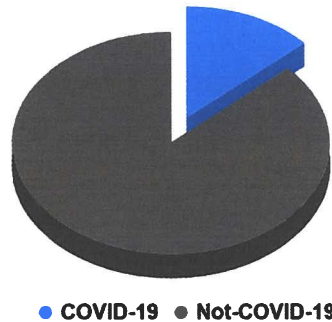
- ✓ Total Calls
- ✓ COVID-19
- ✓ Total Texts
- ✓ Time Stats
- ✓ Service Level
- ✓ Contact Needs
- ✓ Who's Calling
- ✓ Follow-Ups
- ✓ Referral Source
- ✓ PATH Page
- ✓ Links/Resources



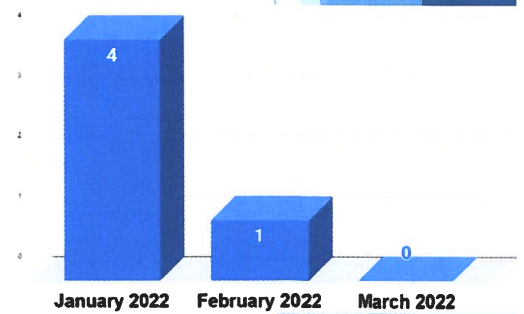
211 Calls



COVID-19 Contacts



211 Texts



604
Total Calls
Champaign County

80
Contacts
related to
COVID-19

5
Total Texts
Champaign
County

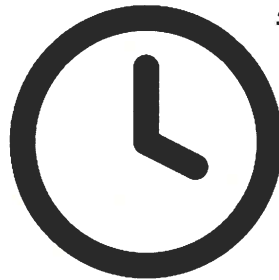
United Way 211 Report
1st Quarter
January 1st - March 31st, 2022

Time stats, Service Level

Average Handle Time

8:02

United Way 211 Calls

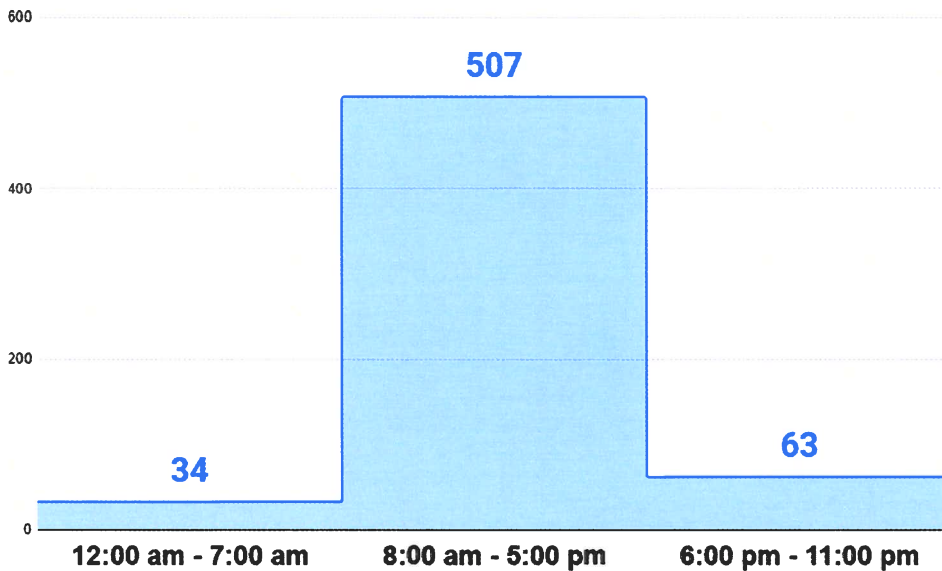


Average InQueue Time

71 Sec

United Way 211 Calls

Call Time



Note: Chart describes the distribution of calls received during 3 different time periods: early morning hours (12am-7am), business hours (8am-5pm), and after hours (6pm-11pm).

Service Level

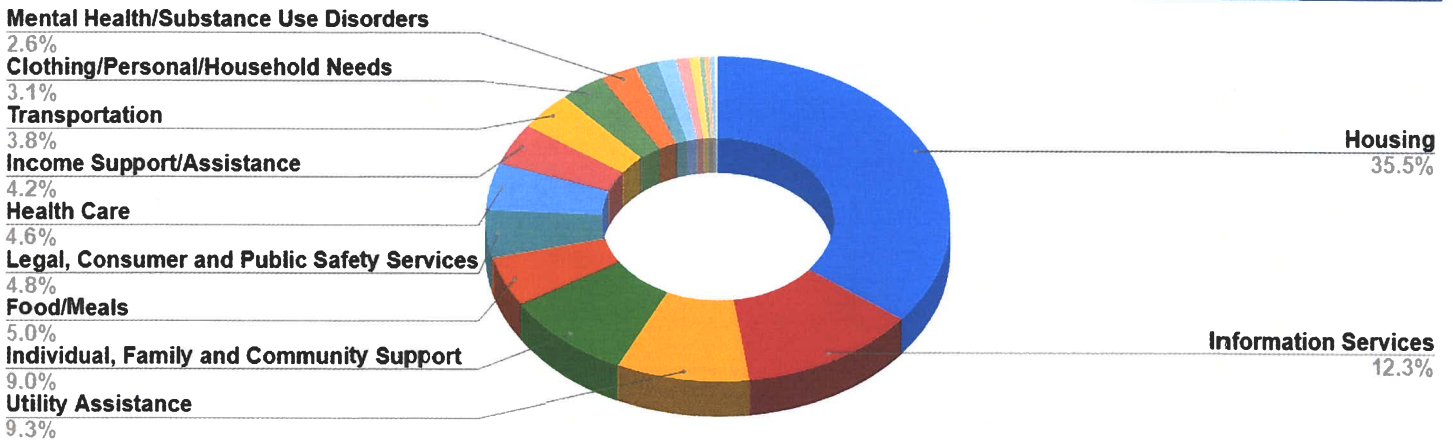
✓ 72.60 % (United Way 211)



Service Level % = Percentage of calls answered within 90 seconds. Goal 80%

Contact Needs

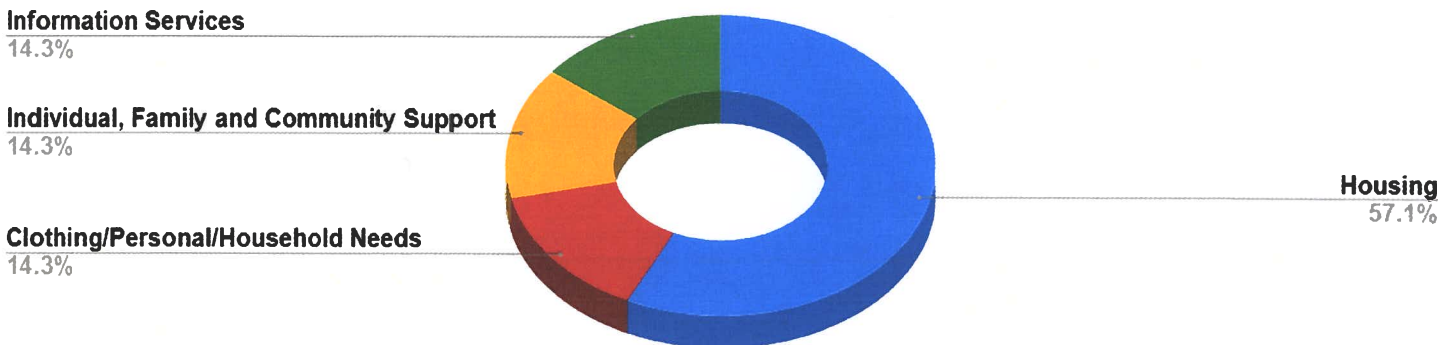
AIRS Problem Needs - Call



Note:

- AIRS - The Alliance of Information and Referral Systems. “AIRS is the driving force behind the delivery of quality I&R services and the sole source for standards, program accreditation and practitioner certification for the I&R sector.” ([AIRS home page](#))
- AIRS Problem Needs - AIRS list of national categories for I&R problem/needs is a means to organize the incredibly wide range of inquiries handled by I&R services and to provide for the consistent and credible reporting of community needs across jurisdictions.

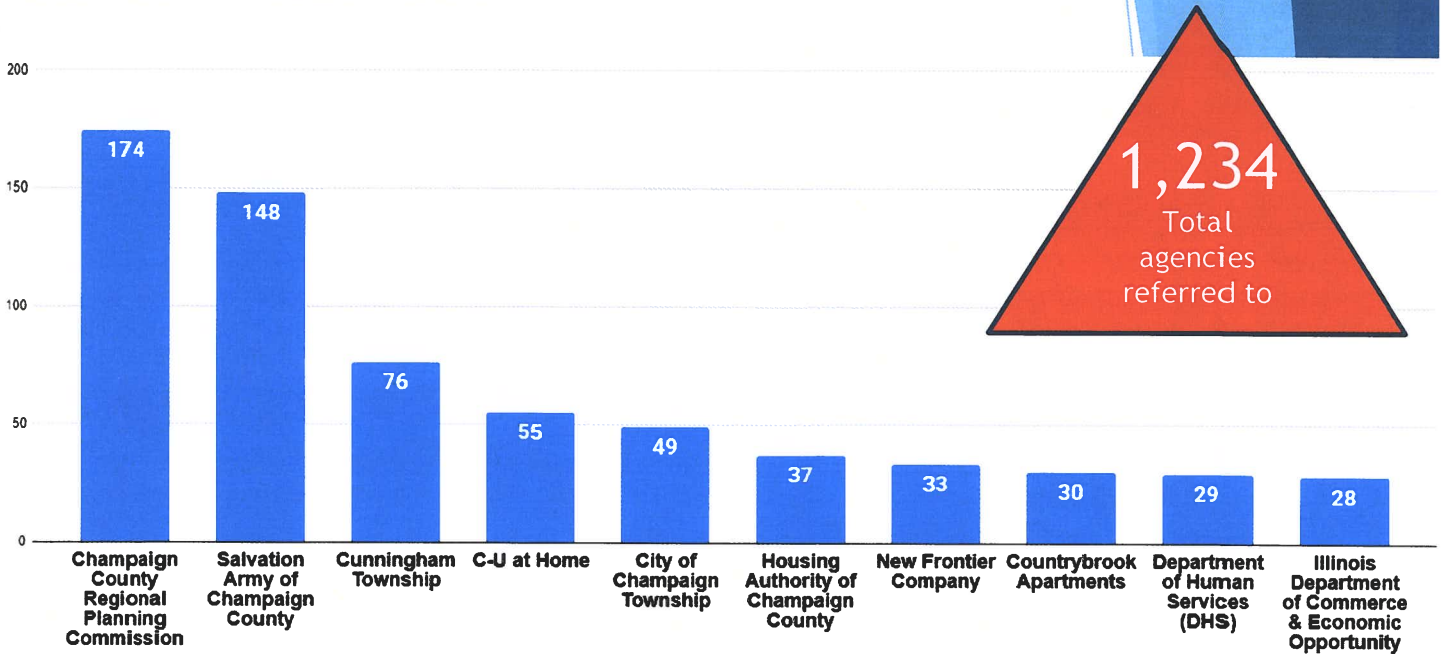
AIRS Problem Needs - Text



Note: Champaign County received 5 total 211 texts. This chart describes the percentage of AIRS Problem Needs recorded on the 211 text-line.

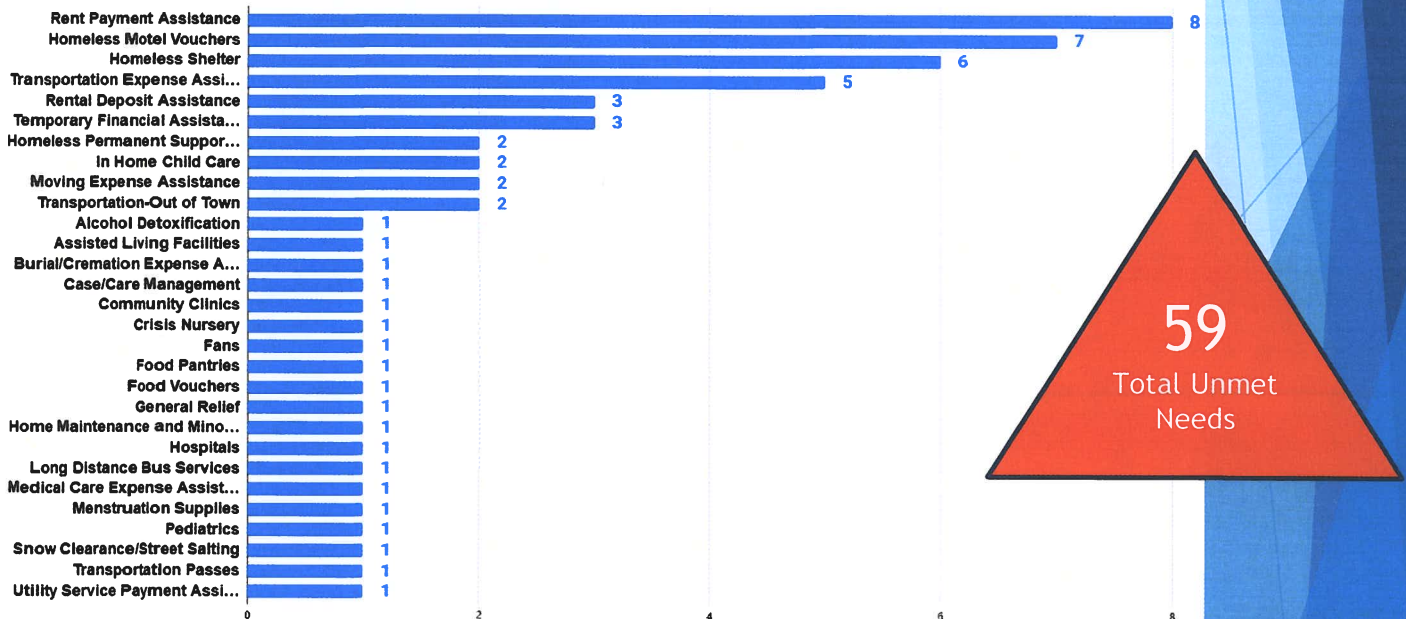
Contact Needs Cont.

Top 10 Agency Referrals



Note: 1,234 total agencies were referred to in Champaign County. This chart displays the top ten agencies referred to with exact referral numbers in data labels.

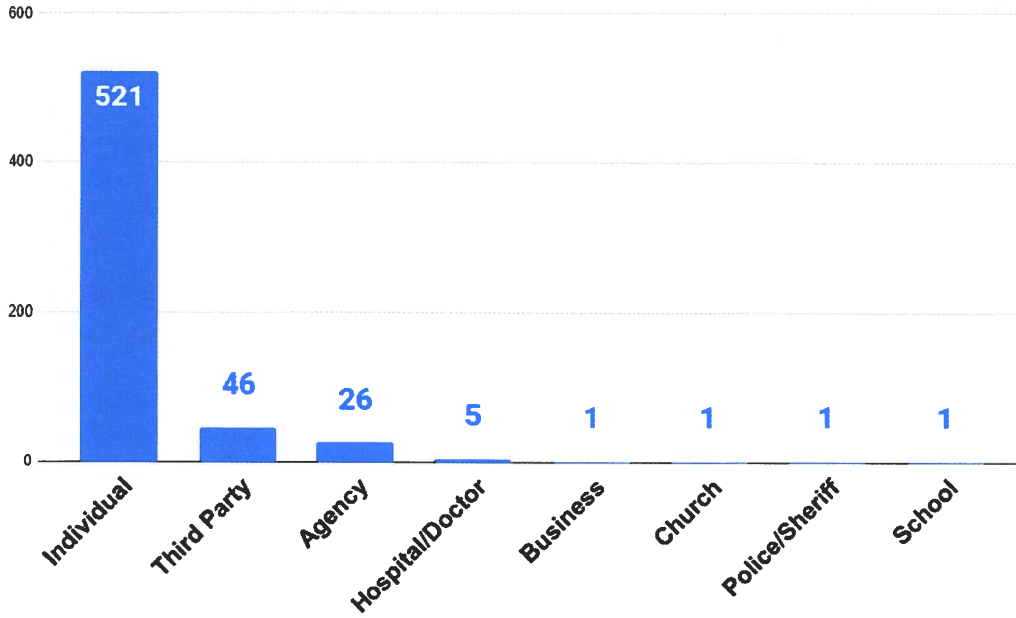
Unmet Needs



Note: 59 total unmet needs were recorded in Champaign County. The number one unmet need was *Rent Payment Assistance*.

Who's Calling

Contact Person Type



Note: Contact Person Type describes the 211 caller and their role in contacting I&R services.



67.2%
Female



30.7%
Male



2.1%
Unknown



4
Spanish 211 calls



0.2%
Young Adult
<18



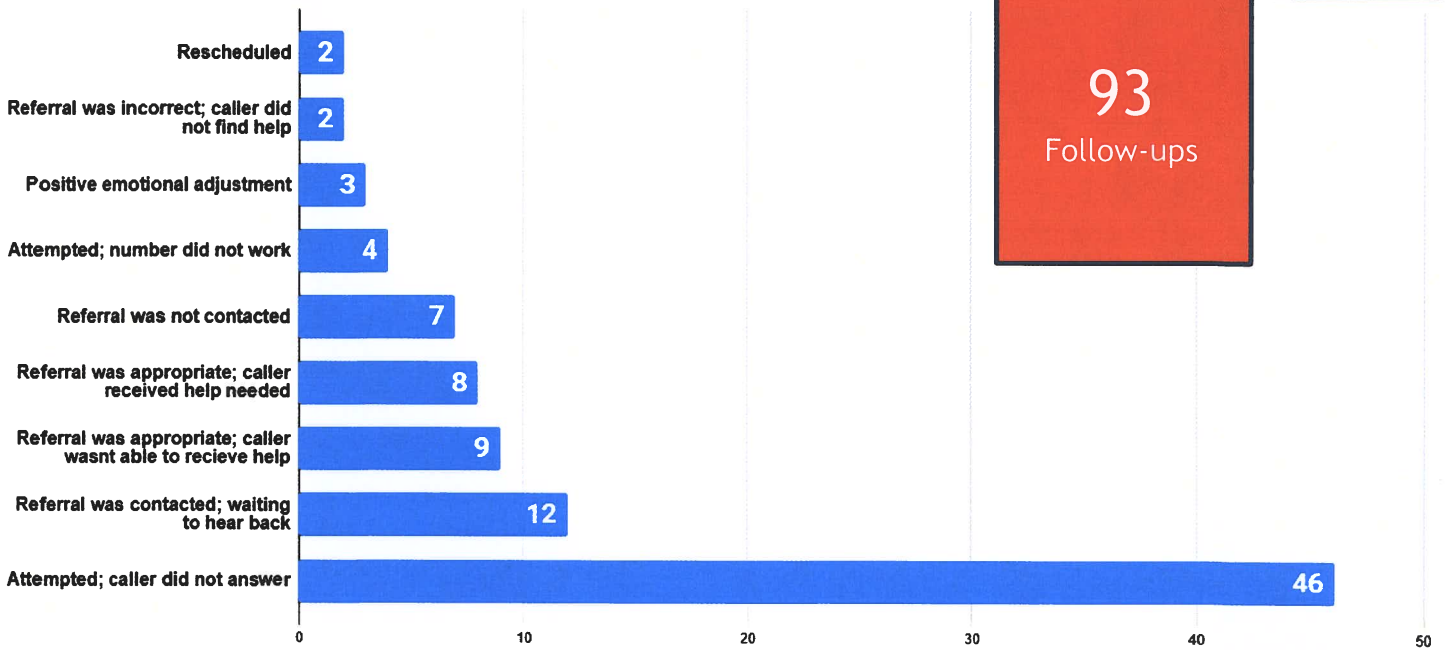
75.3%
Adult
18-54



24.5%
Older Adult
55+

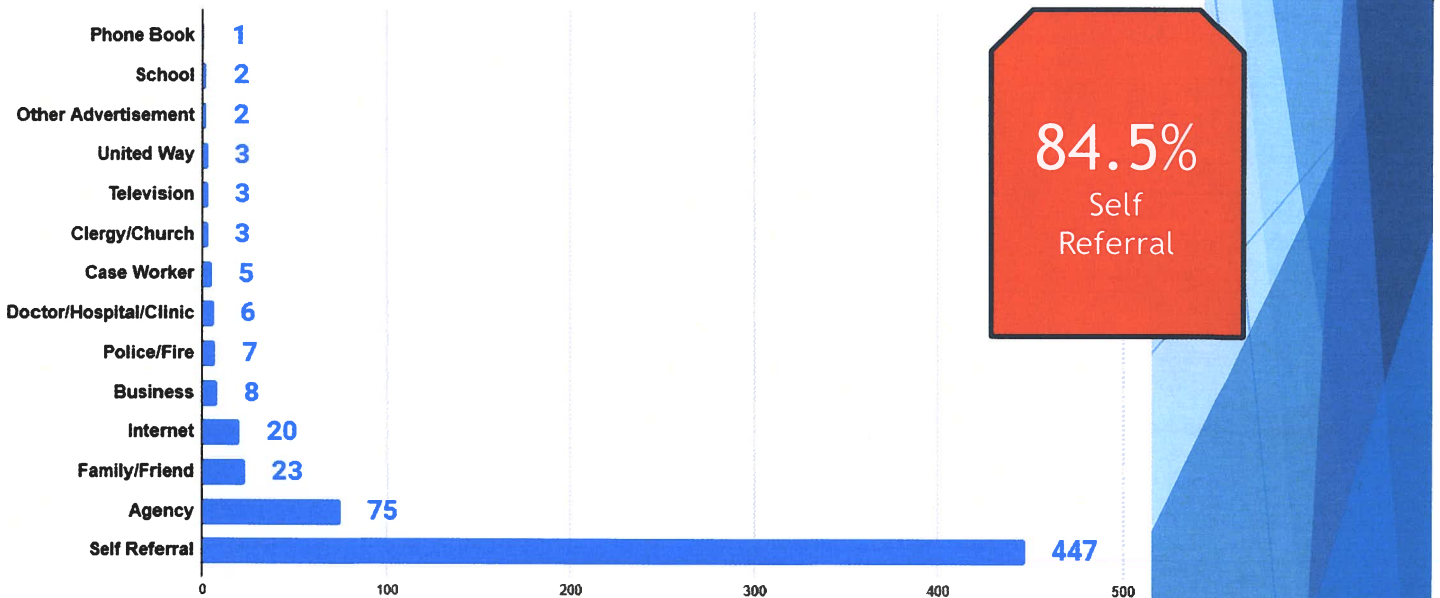
Follow-Ups, Referral Source

Follow-Ups



Note: 93 total follow-ups were performed. This chart describes the breakdown of each follow-up result.

Referral Source



Note: Referral source refers to what motivated the 211 contact to reach out to 211 services.



All Calls Answered by PATH Inc.

- ✓ 10,107 calls handled (United Way 211)
- ✓ 314 calls handled (Spanish 211)

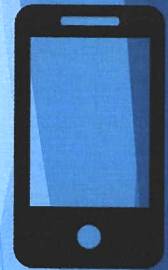
10,107
Total Calls

65

Total
Texts

All Text Messages Handled by PATH Inc.

- ✓ 65 texts
- ✓ Text your zip-code to 898-211 to get started!



Abandons

- 1,538 (United Way 211)
- 193 (Spanish 211)

Average Abandon Time

- 1 min:42 sec (United Way 211)
- 57 sec (Spanish 211)

% Abandons

- 14.51% (United Way 211)
- 38.07% (Spanish 211)

% Abandon Goal = 9%



PATH Page Cont.



Average Handle Time

- ✓ 8:02 (United Way 211)
- ✓ 7:47 (Spanish 211)

Average InQueue Time

- ✓ 71 sec (United Way 211)
- ✓ 68 sec (Spanish 211)

Service Level

- ✓ 72.60 % (United Way 211)
- ✓ 64.64 % (Spanish 211)



Service Level % = Percentage of calls answered within 90 seconds. Goal 80%

PATH Success Stories (1st Quarter 2022)

The following are real 211 callers and their stories. Certain details have been changed to preserve their anonymity.



Story 1



The hospital told the caller to reach out to the 211 hotline if she needed someone to talk to.

She struggles with PTSD and phobias. Her main phobia is the dentist. She went to the dentist last Wednesday and it has been really hard for her since then.

She does not feel suicidal, but she is just scared of reaching that point. She thinks that she has a fear of the dentist because it makes her feel like she has a lack of control, and it reminds her of her sexual assault that happened 18 years ago.

She also has an eating disorder, which has really damaged her teeth, making her need to go to the dentist more often. This has been giving her a lot of anxiety, and she is spending a lot of time googling what to do.

We then talked about her husband. He gets mad at her when she talks about her mental health and has said that he will leave her. She does not think he does it to be mean, but he just has his own problems and just wants her to be happy.

We talked about what she can do tonight to help take her mind off everything. She is going to go to Walgreens, call her dad, and then watch a comfort show that she knows will make her happy. We also talked about trying to stay off her phone tonight so she won't Google things that will trigger her more. We scheduled a follow up call for Monday.

Story 2

Caller is doing taxes for herself and her father. She is trying to find help with getting their taxes done without it costing an arm and a leg.

Her father is elderly and disabled. I gave her resources that would be able to help her father file taxes for free. She is only 40 and was interested in the online free tax preparation resource that would be able to help her with her specific needs.

The caller did not know we existed and was excited to hear about all our resources! She said that she will be calling back some other time to utilize our services, and she thanked us for all our hard work.



Links/Resources

PATH Inc. Website

- <https://www.pathcrisis.org/>

211 Counts

- <https://uwaypath.211counts.org/>

PATH Inc. Online Database

- <https://www.navigateresources.net/path/>

AIRS

- <https://www.airs.org/i4a/pages/index.cfm?pageid=1>

Raw Data

- https://docs.google.com/spreadsheets/d/17m0q0YjSVo1CjyJ1aAS40oGWsyk4W_KS_Hqxl7pN45ds/edit?usp=sharing

Submitted by:
Violet Pavlik

Director of Database Services
vpavlik@pathcrisis.org
309-834-0580





#11.B.

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.

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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.

cel

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.**

- | | |
|----------------|--|
| <i>1/3/22</i> | <i>Online system open for applications for PY23 funding</i> |
| 1/19/22 | Regular Board Meeting |
| 1/26/22 | Study Session: Mid-Year Program Presentations |
| <i>1/28/22</i> | <i>Agency PY22 2nd Quarter and CLC progress reports due</i> |
| <i>1/31/22</i> | <i>Deadline for updated agency eligibility questionnaires</i> |
| <i>2/11/22</i> | <i>Deadline for submission of applications for PY23 funding (Online system will not accept any forms after 4:30PM.)</i> |
| 2/16/22 | Study Session: Mid-Year Program Presentations |
| <i>2/16/22</i> | <i>List of Requests for PY2023 Funding assembled</i> |
| 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 |
| <i>4/13/22</i> | <i>Program summaries released to Board, posted online with CCMHB April 20, 2022 meeting agenda</i> |
| 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.C.

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

YAC – Youth Assessment Center. Screening and Assessment Center developed by the Champaign County Regional Planning Commission-Social Services Division with Quarter Cent funding.

Glossary of Other Terms and Acronyms

211 – Similar to 411 or 911. Provides telephone access to information and referral services.

ABA – Applied Behavioral Analysis. An intensive behavioral intervention targeted to autistic children and youth and others with associated behaviors.

ACA – Affordable Care Act

ACEs – Adverse Childhood Experiences

ACMHAI – Association of Community Mental Health Authorities of Illinois

ANSA – Adult Needs and Strengths Assessment

APN – Advance Practice Nurse

ARMS – Automated Records Management System. Information management system used by law enforcement.

ASAM – American Society of Addiction Medicine. May be referred to in regards to assessment and criteria for patient placement in level of treatment/care.

ASD – Autism Spectrum Disorder

ASQ – Ages and Stages Questionnaire. Screening tool used to evaluate a child's developmental and social emotional growth.

ATOD – Alcohol, Tobacco and Other Drugs

CADC – Certified Alcohol and Drug Counselor, substance abuse professional providing clinical services that has met the certification requirements of the Illinois Alcoholism and Other Drug Abuse Professional Certification Association.

CALAN or LAN – Child and Adolescent Local Area Network

CANS – Child and Adolescent Needs and Strengths. The CANS is a multi-purpose tool developed to support decision making, including level of care, service planning, and monitoring of outcomes of services.

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

LGBTQ – 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

ODU/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.

#14

Kim Bowdry, Associate Director for Intellectual & Developmental Disabilities Staff Report – May 2022

CCDDDB: I cloned the PY22 3rd Quarter programs to create the 4th Quarter programs for data entry into the Online Claims system for CCDDDB funded programs with claims requirements. I supported one agency with their 3rd Quarter claims upload after the Online System showed an error message.

I created PY2022 3rd Quarter Service Data Reports and Program Reports for CCDDDB and CCMHB I/DD funded programs. 3rd Quarter Service Data and Program Reports for CCDDDB and CCMHB I/DD funded programs were printed for the CCDDDB packet. I am currently reviewing 3rd Quarter reports.

March and April consisted of reviewing PY23 applications and working on Program Summaries with other CCDDDB/CCMHB team members. I spent time with Executive Director Canfield reviewing the Decision Memorandum for PY23 Funding Recommendations. I also started the process of developing special provisions to be included in PY23 contracts. The CCDDDB Program Year 2023 Contract was reviewed and updated. I have started developing contracts for PY23.

I attended PACE's virtual Financial Site Visit with the Financial Manager and other CCMHB staff members. A Program Site Visit is scheduled with Community Choices for May 19, 2022. I have also contacted PACE staff to schedule a Program Site Visit for late May or early June.

I met with Board members and contacted agency representatives related to the DSP shortage and ARPA Premium Pay for essential workers.

CCDDDB/CCMHB will be supporting a summer intern, from UIUC, through the Humanities without Walls project. A meeting was held with the intern, CCMHB Executive Director, Associate Director for MH/SUD, and me to meet her and discuss potential projects.

CCDDDB Contract Amendments: A prorated PY22 contract was issued for the Community Choices Community Living program due to two newly funded staff positions. One of the positions was filled in August 2021. In April, Community Choices filled the Community Support Specialist position, requiring an adjustment to the contract maximum. The Community Living contract maximum was adjusted to \$164,069.

CU Autism Network requested a contract amendment, in early May, to reallocate funds from the General Operating and Miscellaneous lines to increase the Professional Fees line to pay for fees associated with the financial review.

Learning Opportunities: I hosted a Case Managers Roundtable on March 31, 2022. This was an opportunity for local case managers to hear from provider agencies in Champaign County about their CCDDDB and state waiver funded programs. Each provider agency gave an overview of their

different programs and the type of funding that a person would need to enroll in those programs. I am planning to provide another opportunity for case managers to come together to complete a case study.

On April 28, 2022, Donna Tanner-Harold & Joe Omo-Osagie presented “Mental Health and the Black Community.” The presentation provided an overview of the increase in mental health issues in the Black community, a historical perspective of the obstacles and barriers to treatment, and recommendations for positive health and wellness.

MHDDAC: I participated in the March and April meetings of the MHDDAC. “Mental Health and the Black Community” was presented during the April meeting, the presenters included Donna Tanner-Harold, Joycelyn Landrum-Brown, and Joe Omo-Osagie.

ACMHAI: I participated in the March and May meetings of the ACMHAI I/DD Committee. I also participated in the ACMHAI Membership Best Practice Training.

NACBHDD: I participated in the April and May NACBHDD I/DD Committee meetings.

Disability Resource Expo and Alliance for Inclusion and Respect: I participated in the Expo Steering Committee meeting in April. I met two other Steering Committee members at the Expo storage facility, in March, to inventory sensory items to be used in Children’s Activity Bags. The next Disability Resource Expo Steering Committee meeting is scheduled for June 2, 2022.

During Ebertfest, I shopped at the Alliance for Inclusion and Respect (AIR) Art Show, before seeing “Krisha,” the Ebertfest movie sponsored by AIR. After the movie, I viewed the panel discussion. The panel included Eric Pierson, Professor of Communication Studies at the University of San Diego; Nell Minow, Critic; Joe Omo-Osagie, panelist; and Krisha Fairchild, actor.

Community Coalition Race Relations Subcommittee: I participated in weekly meetings with the Race Relations Subcommittee meeting. These meetings were spent organizing the showing of the “Open Wounds” documentary, as well as organizing the “Mental Health and the Black Community” presentations. The next presentation of “Mental Health and The Black Community” will be held on May 17, 2022, from 11 a.m. – 1 p.m., at the Parkland College Union Building.

Transition Planning Committee: I participated in the March and May meetings of the TPC. During March, Stephen M. Kwiatek, Ph.D. from University of Illinois Urbana-Champaign-Illinois Center for Transition and Work, presented to the group. Jon Rutter, Community Choices Employment Specialist, presented the Workforce Empowerment Program during the May meeting.

Other activities: I participated in the March and May meetings of the Transition Planning Committee. I participated in the March meeting of the Champaign County LIC. I participated in over 30 webinars during March, April, and early May.

I also participated in the March, April, and May Human Services Council meetings. During March there was a panel presentation about local law enforcement departments' efforts to further integrate social workers and behavioral health services as a crisis response. April featured a panel presentation from agency representatives from Refugee, Immigrant, and Migrant Service Organizations. Family Service presented on their services during the May meeting.

Leon Bryson, Associate Director for Mental Health & Substance Use Disorders

Staff Report- May 2022

Summary of Activity

During March, April and May, much of my time was devoted to working on Program Summaries, funding recommendations, and creating special provisions for contracts.

Emails were sent out to CCMHB PY23 multi-year contract recipients about the online application system being open during May to make minor revisions to their application forms and a request that they send a copy of the letter of engagement with the CPA firm which will be performing the agency's PY2022 audit or financial review. The PY22 applications were cloned into PY23 applications to save agencies time and frustration with having to redo applications from the beginning.

PY22 3rd Quarter Service Data and Program Reports for CCMHB and CCDDDB were due April 29th at midnight. The reports are being reviewed for clarifications or corrections. The excel spreadsheets are used to track each program's service activity. Several agencies requested an extension for their reports, which required us to open the system and for them to fill out the Request for Extension Deadline report form.

- Terrapin Station Sober Living for PY22 3rd Quarter submit financial reports.
- Eastern Central Illinois Refugee Mutual Assistance Center to submit their 3rd Quarter Demographic data.
- Urbana Neighborhood Connection Center requested an extension for 3rd Quarter to submit financial reports

I have been providing support to agencies on updating their information in the system and continuing to review those reports.

Contract Amendments: A contract amendment was approved by the Board for Terrapin Station Sober Living in May. The Agency Director requested the amendment to adjust budget funds cover accountant fees and general operating and professional fees.

A contract amendment approved by the Board for Urbana Neighborhood Community Center. UNCC requested to make changes in their PY22 Expense and Personnel forms.

Two contract amendments were approved by the Board for Cunningham Children's Home for a decrease in the FST contract and an increase in the ECHO Housing and Employment Support contract at the same amounts.

A contract amendment was approved by the Board for the Uniting Pride to reflect changes in their budget and Expense forms, and Personnel changes.

Audit Delays/Suspension of Funding: Three CCMHB agencies, Uniting Pride, Christian Health Center, and Dream anticipate their audit should be completed by the extended May 31st date per their CPA firms.

Criminal Justice-Mental Health: Crisis Intervention Team (CIT) Steering Committee Plus Some. In April, I participated a discussion with Cloud 9 and key stakeholders to regarding a potential pilot project (offered by NACBHDD) in Champaign County. Cloud 9 delivers telehealth strategies and software for community healthcare and local government agencies. The focus was sharing information and streamlining communication for different populations.

Reentry Council: March and May meetings. In the March meeting, we discussed locating a contact person at the MTD to submit a letter on behalf of people reentering the community with little to no income for discounted passes. Also, there were updates on housing discrimination /evictions and criminal justice reform. In addition, Caren Cohen-Heath has been nominated for the court facilitator position and she accepted the position. A second co-chair is needed and there has only been one nomination which is Caren Cohen-Heath. The May Reentry Council Meeting was cancelled, and the next Reentry Council meeting is scheduled for Wednesday, June 1, 2022 at 12pm. CST. Via Zoom.

CCMHDDAC: March and April Meetings. Ms. Obuchowski presented to the Council whether we should continuing Zoom meetings or go in person. The Council preferred zoom for now. Agencies and stakeholders provided updates. In the April meeting, we listen to a presentation on Black Mental Health in the Community. The presenters were CCMHB Board President, Joe Omo-Osagie, U of I Professor Joycelyn Landrum-Brown and Parkland College Counselor Donna Tanner-Harold.

Continuum of Service Providers to the Homeless (CSPH): I attended the monthly CSPH Full Board Meetings. In April, the group took a vote on FY23 Draft Emergency Solutions Grants (ESG) Prioritization Guidelines for project rankings. Also, the group will also vote on submission of the IDHS Homeless Prevention CoC application. In May, The Point-in-Time and Housing Inventory Counts were submitted on Friday, 4/29/2022. The full report book for the PIT or spreadsheet for the HIC are available from Thomas Bates. Results will be publicized via press release.

ACMHAI: I attended ACMHAI Conference via zoom: Membership Meeting - Best Practice Training and Business Meeting along with the regular committee meetings.

Rantoul Service Provider's Meeting: I attended the Provider's meeting for the months of March and April. The next meeting scheduled for Monday, May 9th was cancelled and rescheduled for Monday, May 23rd at 9:00 AM via Zoom.

Other Activities:

CCMHDD: I attended the Expo Subcommittee Accessibility and Entertainment & Steering Committee meetings.

In March, CCMHB staff met with Promise Healthcare staff and discussed agency deadlines and allocation timelines and alternative funding opportunities.

Lynn and I met with CU at Home Shelter and discussed their case management pilot program, which allows them to track data and outcomes.

Lynn and I had an introductory meeting with Katie Difanis, a Community Outreach Worker for Carle Addiction Recovery Center Carle. Essentially, Ms. Difanis wanted to establish/maintain contact with community stakeholders. She was encouraged to attend the CCMHDDAC Meetings to learn the stakeholders and services provided by them.

In April, Lynn and I met with Gail Raney and the new Executive Director, Melissa Pappas of Rosecrance. Lynn explained CCMHB responsibilities/roles and expectations of funded agencies.

In April, CCMHB staff with financial consultants Mary Fortune and Regina Stevenson for updates on the accounting support project. We also met with three of four of the participating agencies for their updates on how the project is going. Both consultants and agency participants think the project is extremely beneficial to smaller and new agencies for the next project.

CCMHB staff met with Don Moyer Boys & Girls Club to review program service quarters 1st-3rd.

Chris Wilson and I met with RACES at their office to discuss reallocation of funds.

I participated in a zoom meeting with GROW staff. The purpose of the meeting was to clarify their Quarterly Program Activity/Consumer Service data. GROW staff report that they have better understanding of their *service contacts*.

I participated in a meeting with United Way. We discussed ideas of how to support new and seasoned agencies with little to no financial infrastructure through a grant incubation process.

Invited to the Champaign County Drug Court Graduation on Monday, May 9, 2022 at 2pm CST via ZOOM.

Learning Opportunities (Trainings and Webinars) :

- Portraits of Diversity, Equity, and Inclusion Efforts in Behavioral Health Nationwide
- NACBHDD:"A Year Ahead in Behavioral Health Policy"
- NaCo Jail Reentry for People with Substance Use Disorders Part 1: Meeting Immediate Needs.
- Briefing on Biden-Harris Administration Strategy to Address Our National Mental Health Crisis.
- Jail Reentry for People with Substance Use Disorders Part 2: Creating a Continuum of Care.

Stephanie Howard-Gallo

**Operations and Compliance Coordinator Staff Report –
May 2022 Board Meeting**

SUMMARY OF ACTIVITY:

Audits:

No updates.

Quarterly Reporting:

Third Quarter PY2022 Financial and Program Reports, including Service Activity, Utilization, Zip Code, and Demographic were due Friday, April 29, 2022. An email reminder was sent to all agency directors on April 5th. Several agencies requested an extension, which was approved by staff.

Other Compliance:

Nothing to report.

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

I coordinated the Ebertfest AIR art show and sale. Thirteen artists/groups sold their work (soaps, original paintings, books, garden art, greeting cards, T shirts, jewelry) outside of Ebertfest on Saturday, April 23. We provided artists with face masks, hand sanitizer, easels, beverages, and a lunch. The event was promoted here

<https://www.facebook.com/allianceforAIR>

and <https://champaigncountyair.com/>.

Foot traffic in and out of the tent was steady throughout the day and most artists were really pleased with the turnout. Thank you to Nancy Carter (NAMI), Vicki Tolf (DSC), and Lynn Canfield who all staffed the art show, as I was out of state on a planned vacation.

I viewed two movies, “Passing” and “Krisha” prior to Ebertfest, in order to make a recommendation for a proper anti-stigma film to the Ebertfest organizers. “Krisha” was chosen.

Funding Applications for 2023:

Lynn, Leon, Chris, and I met with Promise Healthcare staff on March 22 regarding their failure to submit a funding application by the deadline.

Program Summaries:

I participated in creating/editing program summaries, along with other staff members.

Contract File Maintenance:

I contacted the Illinois State Archives regarding local records disposal. It is a formal process to destroy any of our files. I have requested to dispose of our files from 2012 and earlier.

2021 Annual Report:

The 2021 CCMHB Annual Report that the Board approved in March has been posted on the County website.

<https://www.co.champaign.il.us/mhbddb/reports/21annualreport.pdf>

Paper copies are available upon request.

Site Visits:

Kim Bowdry and I participated in a financial site visit led by Chris Wilson for PACE (CCDDB funded) on May 5th.

Other:

- Preparing meeting materials for CCMHB/CCDDB regular meetings, special meetings, and study sessions/presentations.
- Composing minutes from the meetings.
- Attending meetings and study sessions for the CCDDB/CCMHB.
- I completed a Champaign County Employee required Sexual Harassment Prevention Training.
- I met with employees at the State's Attorney Office regarding record retention.
- I met with Alex Campbell regarding our online compliance dashboard.

May 2022 Staff Report- Shandra Summerville Cultural and Linguistic Competence Coordinator

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

Agency Support and Technical Assistance:

Community Choices- Reviewed Self Advocacy Presentation

Cultural Competence Training/Support

Community Choices- May 26, 2022- Support with organizations to become more inclusive with people living with Disabilities

CLC Coordinator Direct Service Activities

Mental Health First Aid-

Reviewed updated information and new training. Scheduled MHFA for June 15, 2022

Anti-Stigma Activities/Community Collaborations and Partnerships

C-HEARTS African American Storytelling Project:

The ASPIRE Program received funding from the University of Illinois Call to Action to Address Racism & Social Injustice Research Program. The ASPIRE program is a youth-centered intervention that is co-created between trusted adult facilitators and middle school youth that facilitates psychological health. This team meets bi-weekly as a research team. We have started the program with a partnership with DREAAM and will complete the sessions on June 13, 2022.

Community Research Cooperative - ADVISORY BOARD

This is a partnership with the Community Data Clinic. This is a project that is funded by the University of Illinois, Urbana-Champaign, for Community Media, Data and Technology (CMDT) fellowships to provide annual funding and technical support to community organizations in Champaign County looking to advance promising ideas to change local communities and systems. I presented a workshop on May 4, 2022, on Trauma, Healing, Resilience and Recovery for the first Cohort Team.

ACHMAHI

I submitted information for the ACHMAHI Newsletter for Children's Mental Health Acceptance Month.

Short Reading List to continue the conversation about Racism and Trauma as a decision maker.

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May 2022 Staff Report- Shandra Summerville
Cultural and Linguistic Competence Coordinator
Eliminate Racism – Five Year Impact

“The Grand Challenges for Social Work released a 5-year impact report on January 22, 2021. “Progress and Plans for the Grand Challenges: An Impact Report at Year 5 of the 10-Year Initiative” highlights the many accomplishments throughout the initiative and across the country in its first five years. The report acknowledges progress to date and outlines goals for the remaining five years. Below is the section of the report as it relates to the Grand Challenge to Eliminate Racism”

<https://grandchallengesforsocialwork.org/resources/eliminate-racism-five-year-impact/>

MENTAL HEALTH: Culture, Race, and Ethnicity

A SUPPLEMENT TO MENTAL HEALTH: A REPORT OF THE SURGEON GENERAL

<https://drum.lib.umd.edu/bitstream/handle/1903/22834/sma-01-3613.pdf?sequence=1&isAllowed=y>

National CLAS Standards Fact Sheet

<https://thinkculturalhealth.hhs.gov/pdfs/NationalCLASStandardsFactSheet.pdf>

National Federation of Families for Children’s Mental Health

<https://www.ffcmh.org/acceptanceweek>

Mental illness is nothing to be ashamed of. It is a medical problem, just like heart disease or diabetes. Mental illnesses are health conditions involving changes in emotion, thinking or behavior (or a combination of these). **Mental illnesses** are associated with distress and/or problems functioning in social, work or family activities - and they are often accompanied by **substance use**. It's critical that we talk about these challenges and that we do so in the **right way**.

REFRAMING LANGUAGE



WHY CHANGING OUR THINKING, OUR ACTIONS AND OUR LANGUAGE MATTERS

The terms we use to describe mental illness matter. We have all heard derogatory terms used to describe someone who has a mental illness. Here are a few to jog your memory: Cuckoo; Mad as a hatter; Screw - having a screw loose; Bananas; Loopy; Crackers; Wacko (whacko); Loony; Nuts; Freak; Crazy; Weirdo. Can you imagine mocking someone with an illness such as cancer or heart disease? Here's how we can do better.

| ✓ UPDATED LANGUAGE | ✗ OUTDATED LANGUAGE | ! WHY IT MATTERS |
|---|--|---|
| Prejudice and Discrimination | Stigma | Prejudice refers to thinking, discrimination refers to action - both can be changed. |
| Acceptance | Awareness | Being aware doesn't call for action, change in behavior or thinking. |
| Experiencing or Living with a Mental Illness | Suffering from a Mental Illness | People who experience mental health conditions can and do live healthy, fulfilling lives. Suffering implies one is unwell, unhappy or can't recover. |
| Experiences/has been treated for Emotional, Mental and/or Behavioral Health Challenges | Emotionally Disturbed | Being diagnosed, experiencing symptoms of or having been treated for a mental illness is a common part of the human experience. The term disturbed perpetuates prejudice and creates a barrier to treatment. |
| Person Experiencing /Living with or Diagnosed with a Mental Illness | Mentally Ill Person; referring to someone with a diagnosis as schizophrenic, autistic, bipolar, OCD, etc. | Certain language exaggerates mental illness and reinforces prejudice. Always use person-first language. |
| Person who Experiences Substance Use Challenges | Drug Abuser; Alcoholic; Addict. Substance Abuse | Avoid words that suggest a lack of quality of life for people with substance use concerns. Terms like addict reduce a person's identity, deny dignity/humanity and imply powerlessness or the inability to recover. |

The importance of using person-first language when talking about mental illness and substance use cannot be overstated. This is true for members of the media, support and treatment professionals, family members, friends and the community at large. Person-first language separates the individual from the symptoms they experience - maintaining their identity as people with strengths who have the power to recover. Here are a few examples.

Person-first phrases

- A person living with a mental health condition
- A person with substance use challenges
- My son diagnosed with bipolar disorder
- My daughter with schizophrenia
- My neighbor who has autism
- The client I'm treating for depression
- My father who has alcoholism

Phrases that hinder recovery

- The mentally ill; psycho, crazy, lunatic
- Addict; meth head, tweaker, burnout, druggie, junkie
- My son is bipolar
- My schizo daughter
- The autistic boy down the street
- My depressed client
- My alcoholic father

| ✓ | ✗ | ! |
|--|---|--|
| Experiencing Mental Health Symptoms that Interfere with Daily Life/Activities | Emotional breakdown; Nervous breakdown | Using terms that don't acknowledge an individual's symptoms perpetuates avoidance of needed support and treatment that promote recovery. |
| Died by Suicide | Committed Suicide; Completed Suicide | The term committed is associated with a crime. The term completed suggests an accomplishment. |
| Person in Recovery | Former Addict; Former Alcoholic; Drunk | Emphasize strengths and the ability to recover, not limitations. |
| The Family Support Workforce family support peers, clinicians, and others who support families | Professionals and Family Peer Specialists separates family peer support professionals from others | The Family Peer workforce should be thought of as professional and a respected career choice as much as clinicians, care managers, etc. |
| Family Peer Support | Peer Support applies to adult peer support alone | There are specific differences between adult peers and family peers. They have different lived and systems navigation experience. |

Think before you act. Think twice before you speak. Your words matter.

Children's Mental Health Acceptance Week

The meaning and importance of the shift from **Awareness** to **Acceptance**

Why? Awareness is passive. **Acceptance inspires action!**
(asking for help, seeking treatment, offering support)



- Awareness means you know it exists
- **Acceptance** means you make a personal connection and **take steps** to learn more



- Awareness means you acknowledge the issue
- **Acceptance** means you **work to understand** and offer compassion and sensitivity to others



- Awareness means you share concern
- **Acceptance** means you **offer help and support** without judgment



- Awareness means you are informed about the issue
- **Acceptance** means you **embrace** it and are invested and committed to **inspiring** and **building support** in your own community

Awareness Is Not Enough!



It's Time to Step into Action.



- **Acceptance** is the next step towards building an inclusive, supportive society that celebrates all children and youth
- **Acceptance** moves us to advocate for equitable support and family-driven treatment options
- **Acceptance** supports social justice for children who experience mental health challenges - and their families

Show others that **children's mental health matters.**
Take action during Children's Mental Health Acceptance Week - and **every day of the year!**

Mental Health Acceptance



Because awareness ISN'T ENOUGH.

In 2022, the National Children's Mental Health Week campaign was redefined to emphasize the need to move beyond awareness.



Acceptance means recognizing that our mental health is **as important** as all other health issues.

It means acknowledging that we all have mental health needs that **require care**, just like brushing our teeth.

It means responding to mental health conditions with **treatment and support** like any other disease.

Acceptance would mean my child **feels safe** to say she is going to see her therapist, just as freely as she says she is going to the doctor or dentist.



It means a more **empathetic approach** towards children who struggle with mental health issues and recognizing it's not something they can turn on and off.

Acceptance means understanding that a mental health diagnosis is **not the end** - that coping skills and support are available.

It means understanding when someone has an emotional disability and is symptomatic, they need **support, not punishment.**

We asked children, youth and families - "What does acceptance of mental health challenges mean to you?"



Acceptance means my child **isn't embarrassed or afraid** to ask for help.

It means children with mental health challenges are accepted, supported, and **feel wanted and worthy.**

It means **being held** in the caring hands of everyone in the community.

It means being treated with the same **dignity and respect** as others.

It means being brought **into the fold** - into the group. It feels like protection.

It means my kids are happier and **feel understood.**

Acceptance means I am loved and cared for **as I am.**

It means having patience and making the effort to **try to understand** what someone is going through.

Acceptance means having the right to be unique - to express your feelings, thoughts, and opinions **without judgment.**

It means **feeling free** to discuss your challenges without feeling like others are judging or discrediting your experiences.

It means seeing **people first** - acknowledging their strengths, not just their challenges or diagnosis.



Acceptance means educators and community members would understand my child's behavior, and that is a reflection of trauma that she experienced - not her personality or our parenting skills.

Acceptance means respecting that I am the expert on my child and trusting that I know what's best for him/her.



Acceptance means the world!

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Social Justice

NATIONAL FEDERATION OF FAMILIES
Bringing Lived Experience to Family Support



For Youth Who Experience
Mental Health and/or
Substance Use Challenges

We asked parents and caregivers, "What **access and opportunities** would your child gain if their mental health challenges were supported and **ACCEPTED** in your community?" Here's what they said.

Supportive Community



- Easier to make friends
- Access to a school psychologist or counselor
- Relationships/connections with supportive adults & peers
- A meaningful role in the community

“Support and resources would be devoted to ensuring my child can be as successful as any other child in the community.”

Appropriate Education



- Inclusion rather than isolation
- Well-established accommodations for I.E.P.s & 504 plans
- Participation in prosocial sports, clubs & school activities
- Support, rather than discipline, for difficult behaviors

“With appropriate support, youth could achieve a higher level of education, leading to expanded employment choices, financial growth, independence and stability for their future.”

Improved Treatment



- More likely to seek help; less reluctant to ask
- Having skilled providers in every community
- Families/youth would guide treatment planning
- Effective treatment is available - *when it's needed*

“Access to skilled providers and referral services would be a relief. Coordinated efforts between schools, families and support agencies is imperative.”

Increased Funding



- For research on mental health challenges
- For schools, camps and other programming
- Equitable insurance reimbursement for treatment
- To support families balancing work and care needs

“Our children need resources, support, and the chance to learn, grow, and - most of all - thrive as they are.
We need equity!”

The Heart of Acceptance

NATIONAL FEDERATION OF FAMILIES
Bringing Lived Experience to Family Support



What Acceptance of Mental Health Needs Means for Youth and Young Adults

Getting to the heart of the matter, young people shared how acceptance would change the way they think and feel about themselves.

They said:

- I would feel more confident
- I would believe in myself
- I would love and accept myself
- I would be true to myself
- I would be able to find my value
- I would not feel like a bad kid
- I would feel wanted
- I would feel accepted, supported, and worthy
- I would feel welcomed and supported
- I would feel happier and understood
- I would feel I am loved and cared for as I am
- I would not feel shameful
- I would feel empowered
- I would feel the right to be unique
- I would have the ability to live and thrive
- I would smile again
- I would feel free to share my feelings
- I would feel important and valued
- I would have a stronger, more positive sense of self
- I would feel like I have a place in my community
- I would better understand myself and the world I live in
- I would have a happier, healthier lifestyle
- I would be more willing to share
- I would feel better about myself
- I would feel self-love
- I would feel more positive
- I would feel good about myself
- I would learn, grow and thrive
- I would have a healthier mind set
- I would have a healthier self-image
- I would feel successful
- I would be more comfortable being a part of my community
- I would feel encouraged and empowered
- I would feel successful in my goals
- I would have some fun along the way
- I would feel I can achieve independence and stability
- I would have self-acceptance
- I would strive to contribute to my community
- I would have self-esteem
- I would have normalcy
- I would have a successful, normal, and cultivated life
- I would be able to enjoy things other children enjoy
- I would be confident and wouldn't isolate myself

"I would feel like the sky's the limit!"

#youthvoice

#acceptance

www.ffcmh.org



YEAR-TO-DATE BUDGET REPORT

FOR 2022 03

| ACCOUNTS FOR: | ORIGINAL ESTIM REV | ESTIM REV ADJUSTMNTS | REVISED EST REV | ACTUAL YTD REVENUE | REMAINING REVENUE | PCT USE/COL |
|---------------------------------|--------------------|----------------------|-----------------|--------------------|-------------------|-------------|
| 2090 MENTAL HEALTH | | | | | | |
| 20000072 MENTAL HEALTH | | | | | | |
| 20000072 400101 PROPERTY TAXES | -5,498,918 | 0 | -5,498,918 | .00 | -5,498,918.00 | .0%* |
| 20000072 400103 PROPERTY TAXES | -1,000 | 0 | -1,000 | .00 | -1,000.00 | .0%* |
| 20000072 400104 PAYMENT IN LIEU | -2,000 | 0 | -2,000 | .00 | -2,000.00 | .0%* |
| TOTAL MENTAL HEALTH | -5,501,918 | 0 | -5,501,918 | .00 | -5,501,918.00 | .0% |
| 20000080 MENTAL HEALTH | | | | | | |
| 20000080 400301 HOTEL / MOTEL T | -4,000 | 0 | -4,000 | .00 | -4,000.00 | .0%* |
| TOTAL MENTAL HEALTH | -4,000 | 0 | -4,000 | .00 | -4,000.00 | .0% |
| 20000105 MENTAL HEALTH | | | | | | |
| 20000105 400476 OTHER INTERGOVE | -395,426 | 0 | -395,426 | -65,904.00 | -329,522.00 | 16.7%* |
| TOTAL MENTAL HEALTH | -395,426 | 0 | -395,426 | -65,904.00 | -329,522.00 | 16.7% |
| 20000132 MENTAL HEALTH | | | | | | |
| 20000132 400801 INVESTMENT INTE | -2,000 | 0 | -2,000 | .00 | -2,000.00 | .0%* |
| TOTAL MENTAL HEALTH | -2,000 | 0 | -2,000 | .00 | -2,000.00 | .0% |
| 20000137 MENTAL HEALTH | | | | | | |
| 20000137 400901 GIFTS AND DONAT | -3,000 | 0 | -3,000 | .00 | -3,000.00 | .0%* |
| 20000137 400902 OTHER MISCELLAN | -45,000 | 0 | -45,000 | -38,671.00 | -6,329.00 | 85.9%* |
| TOTAL MENTAL HEALTH | -48,000 | 0 | -48,000 | -38,671.00 | -9,329.00 | 80.6% |
| 20000154 MENTAL HEALTH | | | | | | |
| 20000154 501001 STATIONERY AND | 1,500 | 0 | 1,500 | .00 | 1,500.00 | .0% |

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YEAR-TO-DATE BUDGET REPORT

FOR 2022 03

| ACCOUNTS FOR: | MENTAL HEALTH | ORIGINAL ESTIM REV | ESTIM REV ADJUSTMNTS | REVISED EST REV | ACTUAL YTD REVENUE | REMAINING REVENUE | PCT USE/COL |
|------------------------|-----------------|--------------------|----------------------|-----------------|--------------------|-------------------|-------------|
| 20000154 501002 | OFFICE SUPPLIES | 3,700 | 0 | 3,700 | 327.49 | 3,372.51 | 8.9% |
| 20000154 501003 | BOOKS, PERIODIC | 300 | 0 | 300 | .00 | 300.00 | .0% |
| 20000154 501004 | POSTAGE, UPS, F | 2,000 | 0 | 2,000 | .00 | 2,000.00 | .0% |
| 20000154 501005 | MEALS | 150 | 0 | 150 | .00 | 150.00 | .0% |
| 20000154 501017 | EQUIPMENT LESS | 7,000 | 0 | 7,000 | .00 | 7,000.00 | .0% |
| 20000154 502001 | PROFESSIONAL SE | 162,000 | 0 | 162,000 | 46,568.11 | 115,431.89 | 28.7% |
| 20000154 502002 | OUTSIDE SERVICE | 11,000 | 10,000 | 21,000 | 13,193.64 | 7,806.36 | 62.8% |
| 20000154 502003 | TRAVEL | 1,500 | 0 | 1,500 | .00 | 1,500.00 | .0% |
| 20000154 502004 | CONFERENCES AND | 16,000 | 0 | 16,000 | .00 | 16,000.00 | .0% |
| 20000154 502007 | INSURANCE | 18,000 | 0 | 18,000 | 5,823.00 | 12,177.00 | 32.4% |
| 20000154 502011 | UTILITIES | 1,000 | 0 | 1,000 | 163.79 | 836.21 | 16.4% |
| 20000154 502012 | REPAIRS AND MAI | 1,600 | 0 | 1,600 | .00 | 600.00 | .0% |
| 20000154 502013 | RENTAL | 24,800 | 0 | 24,800 | 7,804.47 | 16,995.53 | 31.5% |
| 20000154 502014 | FINANCE CHARGES | 30 | 0 | 30 | .00 | 30.00 | .0% |
| 20000154 502019 | LEGAL NOTICES, | 500 | 0 | 500 | .00 | 500.00 | .0% |
| 20000154 502021 | DUES LICENSE PE | 20,000 | 0 | 20,000 | 8,000.00 | 12,000.00 | 40.0% |
| 20000154 502022 | OPERATIONAL SER | 58,300 | 0 | 58,300 | 3,536.58 | 54,763.42 | 6.1% |
| 20000154 502024 | PUBLIC RELATION | 13,000 | 0 | 13,000 | 8,040.00 | 4,960.00 | 61.8% |
| 20000154 502025 | CONTRIBUTIONS & | 5,391,621 | 0 | 5,391,621 | 1,696,392.00 | 3,695,229.00 | 31.5% |
| TOTAL MENTAL HEALTH | | 5,733,001 | 10,000 | 5,743,001 | 1,789,849.08 | 3,953,151.92 | 31.2% |
| 20000198 MENTAL HEALTH | | | | | | | |
| 20000198 600101 | TRANSFERS IN | 0 | 0 | 0 | -32,952.00 | 32,952.00 | 100.0% |
| 20000198 700101 | TRANSFERS OUT | 19,800 | -10,000 | 9,800 | .00 | 9,800.00 | .0% |
| TOTAL MENTAL HEALTH | | 19,800 | -10,000 | 9,800 | -32,952.00 | 42,752.00 | -336.2% |
| TOTAL MENTAL HEALTH | | -198,543 | 0 | -198,543 | 1,652,322.08 | -1,850,865.08 | -832.2% |
| TOTAL REVENUES | | -5,951,344 | 0 | -5,951,344 | -137,527.00 | -5,813,817.00 | |
| TOTAL EXPENSES | | 5,752,801 | 0 | 5,752,801 | 1,789,849.08 | 3,962,951.92 | |

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YEAR-TO-DATE BUDGET REPORT

FOR 2022 03

| | ORIGINAL ESTIM REV | ESTIM REV ADJUSTMNTS | REVISED EST REV | ACTUAL YTD REVENUE | REMAINING REVENUE | PCT USE/COL |
|-------------|-----------------------|-------------------------|--------------------|-----------------------|----------------------|----------------|
| GRAND TOTAL | -198,543 | 0 | -198,543 | 1,652,322.08 | -1,850,865.08 | -832.2% |

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

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YEAR-TO-DATE BUDGET REPORT

FOR 2022 03

| ACCOUNTS FOR: | ORIGINAL ESTIM REV | ESTIM REV ADJUSTMNTS | REVISED EST REV | ACTUAL YTD REVENUE | REMAINING REVENUE | PCT USE/COL |
|----------------------------------|--------------------|----------------------|-----------------|--------------------|-------------------|-------------|
| 2101 MHB/DDB CILA FACILITIES | | | | | | |
| 21000070 MHB/DDB CILA FACILITIES | | | | | | |
| 21000070 400801 INVESTMENT INTE | -200 | 0 | -200 | .00 | -200.00 | .0%* |
| TOTAL MHB/DDB CILA FACILITIES | -200 | 0 | -200 | .00 | -200.00 | .0% |
| 21000095 MHB/DDB CILA FACILITIES | | | | | | |
| 21000095 502017 WASTE DISPOSAL | 2 | 0 | 2 | .00 | 2.00 | .0% |
| TOTAL MHB/DDB CILA FACILITIES | 2 | 0 | 2 | .00 | 2.00 | .0% |
| 21000096 MHB/DDB CILA FACILITIES | | | | | | |
| 21000096 501017 EQUIPMENT LESS | 6,176 | 0 | 6,176 | .00 | 6,176.00 | .0% |
| 21000096 502001 PROFESSIONAL SE | 9,000 | -8,000 | 1,000 | .00 | 1,000.00 | .0% |
| 21000096 502002 OUTSIDE SERVICE | 5,800 | 0 | 5,800 | .00 | 5,800.00 | .0% |
| 21000096 502011 UTILITIES | 4,603 | 0 | 4,603 | .00 | 4,603.00 | .0% |
| 21000096 502012 REPAIRS AND MAI | 10,000 | 8,000 | 18,000 | 12,562.00 | 5,438.00 | 69.8% |
| 21000096 502014 FINANCE CHARGES | 69 | 0 | 69 | .00 | 69.00 | .0% |
| 21000096 502021 DUES LICENSE PE | 350 | 0 | 350 | .00 | 350.00 | .0% |
| TOTAL MHB/DDB CILA FACILITIES | 35,998 | 0 | 35,998 | 12,562.00 | 23,436.00 | 34.9% |
| 21000102 MHB/DDB CILA FACILITIES | | | | | | |
| 21000102 502007 INSURANCE | 4,200 | 0 | 4,200 | .00 | 4,200.00 | .0% |
| TOTAL MHB/DDB CILA FACILITIES | 4,200 | 0 | 4,200 | .00 | 4,200.00 | .0% |
| 21000115 MHB/DDB CILA FACILITIES | | | | | | |
| 21000115 600101 TRANSFERS IN | -50,000 | 0 | -50,000 | -50,000.00 | .00 | 100.0% |
| TOTAL MHB/DDB CILA FACILITIES | -50,000 | 0 | -50,000 | -50,000.00 | .00 | 100.0% |

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YEAR-TO-DATE BUDGET REPORT

FOR 2022 03

| ACCOUNTS FOR: | ORIGINAL ESTIM REV | ESTIM REV ADJUSTMNTS | REVISED EST REV | ACTUAL YTD REVENUE | REMAINING REVENUE | PCT USE/COL |
|---|--------------------|----------------------|-----------------|--------------------|-------------------|-------------|
| 2101 MHB/DDB CILA FACILITIES | | | | | | |
| 21000123 MHB/DDB CILA FACILITIES | | | | | | |
| 21000123 800501 BUILDINGS | 10,000 | 0 | 10,000 | .00 | 10,000.00 | .0% |
| TOTAL MHB/DDB CILA FACILITIES | 10,000 | 0 | 10,000 | .00 | 10,000.00 | .0% |
| TOTAL MHB/DDB CILA FACILITIES | 0 | 0 | 0 | -37,438.00 | 37,438.00 | 100.0% |
| TOTAL REVENUES | -50,200 | 0 | -50,200 | -50,000.00 | -200.00 | |
| TOTAL EXPENSES | 50,200 | 0 | 50,200 | 12,562.00 | 37,638.00 | |

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YEAR-TO-DATE BUDGET REPORT

FOR 2022 03

| | ORIGINAL ESTIM REV | ESTIM REV ADJUSTMTS | REVISED EST REV | ACTUAL YTD REVENUE | REMAINING REVENUE | PCT USE/COL |
|-------------|-----------------------|------------------------|--------------------|-----------------------|----------------------|----------------|
| GRAND TOTAL | 0 | 0 | 0 | -37,438.00 | 37,438.00 | 100.0% |

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

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CCMHB Liaison Choices 2022

| | Jane Sprandel | Daphne Maurer | Matthew Hausman | Elaine Palencia | Kyle Patterson | Jon Paul Youakim | Joe Orm-Osagie | Alexa McCoy | Molly McLaughlin |
|---|---------------|---------------|-----------------|-----------------|----------------|------------------|----------------|-------------|------------------|
| 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., 5:15 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 |