



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

Champaign County Mental Health Board (CCMHB) Meeting Agenda

Wednesday, September 21, 2022 at 5:45PM

Held remotely, at <https://us02web.zoom.us/j/81393675682> 312-626-6799, Meeting ID: 813 9367 5682
with representation in the Shields-Carter Room, Brookens Admin Bldg, 1776 E. Washington, 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 4**)
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 – Dr. Youakim
7. Executive Director's Comments – Lynn Canfield
8. Approval of CCMHB Minutes (**pages 5-7**)*
Minutes from the 7/20/2022 board meeting are included. Action is requested.
9. Vendor Invoice Lists (**pages 8-14**)*
"Vendor Invoice Lists" of expenditures are included. Action is requested, to accept the lists and place them on file.
10. New Business
 - A. Presentation: UIUC Evaluation Capacity Building Project (**pages 15-41**)
Included in the packet is a copy of the evaluation report to be presented by the UIUC research team. Appendices are posted as an addendum. No action is requested.

- B. Youth and Staff Participant Survey (**pages 42-44**)
For information only, the packet contains a briefing memo with results of surveys completed by participants and staff of youth programs.
- C. Three Year Plan with DRAFT 2023 Objectives (**pages 45-58**)
For information only, the packet includes the CCMHB Three Year Plan for 2022-2024 with draft Objectives for FY2023.
- D. Agency Proposal for PY2023 Funding (**pages 59-65**)*
At the CCMHB's direction, Rosecrance submitted an alternative proposal to take the place of Prevention Services. A Program Summary is included in the packet, with recommendations related to funding for PY2023 out of cycle. Action is requested.
- E. Agency Request for Extension of Audit Deadline (**page 66**)*
Included in the packet is a request from an agency for extension of the deadline for their independent CPA audit. Action is requested.
- 11. Old Business
 - A. 2023 Budgets (**pages 67-100**)*
A Decision Memorandum details revisions to the 2023 CCMHB and CILA (now I/DD Special Initiatives) budgets approved on July 20; approval is requested for the updated versions. Attachments include background information, CCDDDB budget details, and IGA between the boards.
 - B. 211 Second Quarter Update (**pages 101-114**)
For information only are reports from PATH on overview of services and regarding Champaign County call activity from April 1 to June 30.
 - C. Expo Update (**pages 115 and 116**)
For information are a briefing memorandum and save-the-date flyer.
- 12. Schedules & Allocation Process Timelines (**pages 117-124**)
Updated copies of CCMHB and CCDDDB meeting schedules and CCMHB allocation timelines are included in the packet.
- 13. Acronyms and Glossary (**pages 125-137**)
A list of commonly used acronyms is included for information.
- 14. Agency Input
The CCMHB reserves the authority to limit individual agency representative participation to 5 minutes and total time to 20 minutes.
- 15. CCDDDB Input
- 16. Staff Reports (**pages 138-147**)
For information are reports from Kim Bowdry, Leon Bryson, Stephanie Howard-Gallo, and Shandra Summerville.

17. Board to Board Reports (page 148)

18. Board Announcements

19. Other Business – Review of Closed Session Minutes*

Board staff and attorneys request that the Board continue to maintain as closed the minutes of previous closed session, which have been distributed for review. If discussion is needed, the Board may move to “move the Board to an executive session, exception 5 ILCS 120/2(c)(11) of the Open Meetings Act, to review status of minutes of prior closed session meetings, and that the following individuals remain present: members of the Champaign County Mental Health Board; CCMHB Executive Director Canfield, and Operations and Compliance Coordinator Howard-Gallo.” When the closed session discussion finishes, a motion to return to Open Session and roll call will be needed, followed by this recommended action: “motion to accept the closed session minutes as presented (or as revised) and to continue maintaining them as closed.”

20. Adjournment

**Board action requested*

#4

Instructions for participating in Zoom Conference Bridge for CCMHB Regular Board Meeting September 21, 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/j/81393675682>

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

Join with computer audio.

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

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

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

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

#8

**CHAMPAIGN COUNTY
MENTAL HEALTH BOARD
REGULAR MEETING**

Minutes—July 20, 2022

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

5:45 p.m.

MEMBERS PRESENT: Matt Hausman, Joseph Omo-Osagie, Jon Paul Youakim, Alexa McCoy, Elaine Palencia, Kyle Patterson, Jane Sprandel

MEMBERS EXCUSED: Daphne Maurer, Molly McLay

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

OTHERS PRESENT: Patty Walters, DSC; Gail Raney, Rosecrance; Kerrie Hacker, Brenda Eakins, GROW; Jennifer Henry, Jim Hamilton, Promise Healthcare; Pat Ege Cunningham Children's Home; Nicole Frydman, Uniting Pride; Cindy Crawford, Community Services Center of Northern Champaign County (CSCNCC); Laura Lindsay, Courage Connection; Nelson Novak, Terrapin Station Sober Living; Melissa Courtwright, C-U at Home

CALL TO ORDER:

Dr. Jon Paul Youakim called the meeting to order at 5:47 p.m. Instructions were included in the packet. Executive Director Canfield and Mr. Omo-Osagie was present at the Brookens Administrative Center as per the Open Meetings Act.

ROLL CALL:

Roll call was taken and a quorum was present.

CITIZEN INPUT / PUBLIC PARTICIPATION:

None.

APPROVAL OF AGENDA:

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

PRESIDENT'S COMMENTS:

Dr. Youakim made some comments regarding community needs and resources, as well as the state of the economy.

EXECUTIVE DIRECTOR'S COMMENTS:

Ms. Canfield reviewed the agenda.

APPROVAL OF CCMHB MINUTES:

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

MOTION: Ms. Palencia moved to approve the CCMHB minutes from the meeting on June 23, 2022. Mr. Omo-Osagie 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. Dr. Youakim requested an explanation for a paid consultant and the new office technology that was purchased. Director Canfield reviewed the purchases.

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

NEW BUSINESS:

Setting the Stage for FY2023 and PY2024:

A Briefing Memorandum was included in the packet and provided an overview of planning activities.

Summaries of PY2023 Funded Programs:

Summaries of funded programs were included in the Board packet.

2023 CILA Fund Priorities and Timelines:

A Briefing Memorandum was included in the Board packet.

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 of commonly used acronyms was included in the Board packet.

Agency Input:

None.

CCDDDB Information:

None.

STAFF REPORTS:

Reports from Kim Bowdry, Leon Bryson, Stephanie Howard-Gallo, and Chris Wilson were included in the Board packet.

BOARD TO BOARD REPORTS:

Ms. Sprandel provided an update on the Expo that is planned for this fall.

BOARD ANNOUNCEMENTS:

None.

ADJOURNMENT:

The meeting adjourned at 6:37 p.m.

Respectfully

Submitted by: Stephanie Howard-Gallo
CCMHB/CCDDDB Staff

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

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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

1 CHAMPAIGN COUNTY TREASURER

Ju1 '22 Office Rent	06/27/2022	070122A	6242	2,023.38	06/27/2022	INV	PD	MHB Office Rent
Ju1 MHB22-006	06/27/2022	070122A	6244	4,702.00	06/27/2022	INV	PD	MHB22-006 Children's Advo
Ju1 MHB22-025	06/27/2022	070122A	6240	6,362.00	06/27/2022	INV	PD	MHB22-025 Youth Assessment
Ju1 MHB23-004	06/27/2022	070122A	6239	4,523.00	06/27/2022	INV	PD	MHB23-004 Homeless Servic
Ju1 MHB23-026	06/27/2022	070122A	6238	28,936.00	06/27/2022	INV	PD	MHB23-026 Early Childhood
				46,546.38				

100 EMPLOYEE VENDOR

Gallo 412022-6302022	06/28/2022	072222A	7579	13.62	07/28/2022	INV	PD	travel reimbursement 4120
May-Jun Travel Reim	06/27/2022	070122A	6462	19.77	06/27/2022	INV	PD	May-Jun Travel Reim
				33.39				

10148 COMMUNITY SERVICE CENTER OF NORTHERN

Ju1 MHB22-008	06/27/2022	070122A	6269	5,717.00	06/27/2022	INV	PD	MHB22-008 Resource Connec
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10163 CRISIS NURSERY

Ju1 MHB22-005	06/27/2022	070122A	6275	7,500.00	06/27/2022	INV	PD	MHB22-005 Beyond Blue
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2

10170 DEVELOPMENTAL SERVICES CENTER OF

Ju1 MHB22-012	06/27/2022	070122A	6284	49,710.00	06/27/2022	INV	PD	MHB22-012 Family DeveTopm
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10175 DON MOYER BOYS & GIRLS CLUB

Ju1 MHB22-015	06/27/2022	070122A	6286	8,333.00	06/27/2022	INV	PD	MHB22-015 C-U Change
Ju1 MHB22-022	06/27/2022	070122A	6286	13,333.00	06/27/2022	INV	PD	MHB22-022 Youth and Famli
Ju1 MHB22-031	06/27/2022	070122A	6286	64,200.00	06/27/2022	INV	PD	MHB22-031 Community Coali
Ju1 MHB22-037	06/27/2022	070122A	6286	9,166.00	06/27/2022	INV	PD	MHB22-037 CUNC
				95,032.00				

10185 EAST CNTRL IL REFUGEE MUTUAL ASSIST CTR

Ju1 MHB22-001	06/27/2022	070122A	6289	5,166.00	06/27/2022	INV	PD	MHB22-001 Family Sup & st
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10214 FIRST FOLLOWERS

Ju1 MHB23-003	06/27/2022	070122A	6298	7,916.00	06/27/2022	INV	PD	MHB23-003 Peer Mentoring
Ju1 MHB23-034	06/27/2022	070122A	6298	3,291.00	06/27/2022	INV	PD	MHB23-034 First Steps Re-
				11,207.00				

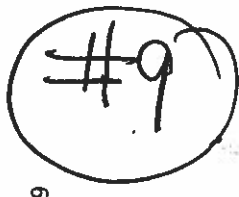
10242 GROW IN ILLINOIS

Ju1 MHB23-011	06/27/2022	070122A	6305	10,798.00	06/27/2022	INV	PD	MHB23-011 Peer Support
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10263 I3 BROADBAND - CU

2481360-1	07/04/2022	071522A	6996	144.95	08/01/2022	INV	PD	Internet service 8/4/22-9
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10348 MCS OFFICE TECHNOLOGIES INC



Champaign County, IL

VENDOR INVOICE LIST

INVOICE	P.O.	INV. DATE	CHECK RUN CHECK #	INVOICE NET DUE DATE	TYPE	STS	INVOICE DESCRIPTION
01-695498		06/27/2022	070122A	742.50	06/27/2022	INV	PD Service ticket # 29604 Of
01-695546		06/29/2022	070822A	1,046.25	07/29/2022	INV	PD Service ticket # 29170 On
01-695781		07/01/2022	071522A	495.00	07/31/2022	INV	PD MHB22-040 Managed IT serv
01-695832		07/12/2022	072222A	67.50	08/11/2022	INV	PD service ticket #30032 pas
01-695893		07/15/2022	072222A	101.25	08/14/2022	INV	PD service ticket #30096 sof
				2,452.50			
10352 MAHOMET AREA YOUTH CLUB							
Ju1 MHB22-032		06/27/2022	070122A	1,250.00	06/27/2022	INV	PD MHB22-032 Bulldogs Learn
Ju1 MHB22-033		06/27/2022	070122A	1,825.00	06/27/2022	INV	PD MHB22-033 Members Matter
				3,075.00			
10423 PEPSI COLA CHAMPAIGN-URBANA BOTTLING							
81105997		06/27/2022	070122A	13.90	06/27/2022	INV	PD water 5Gal Jug
81106364		07/19/2022	072922A	7.05	08/18/2022	INV	PD water 5gal jug
				20.95			
10453 QUILL CORPORATION							
26041533		06/28/2022	070822A	312.90	07/28/2022	INV	PD water, copier paper
10464 RAPE, ADVOCACY, COUNSELING & EDUCATION SERVICES							
Ju1 MHB22-002		06/27/2022	070122A	5,250.00	06/27/2022	INV	PD MHB22-002 Sex Violence Pr
10488 ROSECRANCE, INC.							
Ju1 MHB22-028		06/27/2022	070122A	14,122.00	06/27/2022	INV	PD MHB22-028 Specialty Court
Ju1 MHB23-019		06/27/2022	070122A	6,716.00	06/27/2022	INV	PD MHB23-019 Benefits Case M
Ju1 MHB23-020		06/27/2022	070122A	26,666.00	06/27/2022	INV	PD MHB23-020 Criminal Justic
Ju1 MHB23-023		06/27/2022	070122A	8,333.00	06/27/2022	INV	PD MHB23-023 Recovery Home
Ju1 MHB23-030		06/27/2022	070122A	17,329.00	06/27/2022	INV	PD MHB23-030 Crisis Co-Respo
				73,166.00			
10563 TROPHYTIME, INC.							
133891		06/28/2022	072222A	9.65	07/28/2022	INV	PD plastic signage
10595 UP CENTER OF CHAMPAIGN COUNTY							
Ju1 MHB22-009		06/27/2022	070122A	7,217.00	06/27/2022	INV	PD MHB22-009 Children Youth
10683 WIN RECOVERY INC							
Ju1 MHB23-069		06/27/2022	070122A	7,773.00	06/27/2022	INV	PD MHB23-069 Re-Entry and Re
10687 XEROX CORPORATION							
230476722		07/01/2022	071522A	199.06	07/31/2022	INV	PD June Copier Service
10703 BARBARA J. BRESSNER							



Champaign County, IL



VENDOR INVOICE LIST

INVOICE	P.O.	INV DATE	CHECK RUN CHECK #	INVOICE NET DUE DATE	TYPE	SIS	INVOICE DESCRIPTION
Q3 MHB22-046	06/27/2022	070122A	6228	2,250.00	06/27/2022	INV	Q3 2022 Expo Coordinator
18254 CHAMPAIGN COUNTY CHRISTIAN HEALTH CENTER							
Ju1 MHB22-029	06/27/2022	070122A	6249	2,750.00	06/27/2022	INV	MHB22-029 Mental Health C
18259 CHAMPAIGN COUNTY HEALTH CARE CONSUMERS							
Ju1 MHB22-044	06/27/2022	070122A	6254	6,689.00	06/27/2022	INV	MHB22-044 CHW Outreach an
Ju1 MHB22-045	06/27/2022	070122A	6254	6,449.00	06/27/2022	INV	MHB22-045 Justice, Involve
Ju1 MHB23-066	06/27/2022	070122A	6254	5,958.00	06/27/2022	INV	MHB23-066 Disability Appl
				19,096.00			
18305 CUNNINGHAM CHILDRENS HOME							
Ju1 MHB23-018	06/27/2022	070122A	6277	10,604.00	06/27/2022	INV	MHB23-018 ECHO Housing an
Ju1 MHB23-036	06/27/2022	070122A	6277	33,174.00	06/27/2022	INV	MHB23-036 Families Strong
				43,778.00			
18343 FAMILY SERVICE OF CHAMPAIGN COUNTY							
Ju1 MHB22-014	06/27/2022	070122A	6293	2,500.00	06/27/2022	INV	MHB22-014 Counseling
Ju1 MHB22-016	06/27/2022	070122A	6293	2,410.00	06/27/2022	INV	MHB22-016 Self-Help Cente
Ju1 MHB22-017	06/27/2022	070122A	6293	13,529.00	06/27/2022	INV	MHB22-017 Senior Counseli
Ju1 MHB23-010	06/27/2022	070122A	6293	2,083.00	06/27/2022	INV	MHB23-010 Creative Social
				20,522.00			
18412 TERRAPIN STATION SOBER LIVING NFP INC							
Ju1 MHB23-067	06/27/2022	070122A	6375	5,083.00	06/27/2022	INV	MHB23-067 Recovery Home
18467 PATRICIA MAYER							
2							
18805 C-U AT HOME							
Ju1 MHB23-021	06/27/2022	070122A	6337	750.00	06/27/2022	INV	Q2 disABILITY Expo Consul
Ju1 MHB23-021	06/27/2022	070122A	6230	21,391.00	06/27/2022	INV	MHB23-021 Shelter CM
				21,391.00			
				446,950.78			

53 INVOICES

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

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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

1 CHAMPAIGN COUNTY TREASURER

AUG MHB22-006	08/01/2022	7995	080522A	7995	4,702.00	08/01/2022	INV	PD	MHB22-006 Children's Advo
AUG MHB22-025	08/01/2022	7991	080522A	7991	6,362.00	08/01/2022	INV	PD	MHB22-025 Youth Assessmen
AUG MHB23-004	08/01/2022	7990	080522A	7990	4,523.00	08/01/2022	INV	PD	MHB23-004 Homeless Servic
AUG MHB23-026	08/01/2022	7989	080522A	7989	28,936.00	08/01/2022	INV	PD	MHB23-026 Early Childhood
AUG'22 OFFICE RENT	08/01/2022	7993	080522A	7993	2,023.38	08/01/2022	INV	PD	MHB Office Rent Pod 200
					46,546.38				

100 EMPLOYEE VENDOR

Bryson 7/27-8/19	08/19/2022	8971	082622A	8971	15.63	08/26/2022	INV	PD	Bryson Travel Reimburseme
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10148 COMMUNITY SERVICE CENTER OF NORTHERN

AUG MHB22-008	08/01/2022	8017	080522A	8017	5,717.00	08/01/2022	INV	PD	MHB22-008 Resource Connec
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10163 CRISIS NURSERY

AUG MHB22-005	08/01/2022	8020	080522A	8020	7,500.00	08/01/2022	INV	PD	MHB22-005 Beyond Blue
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10170 DEVELOPMENTAL SERVICES CENTER OF

Aug MHB22-012	08/01/2022	8026	080522A	8026	49,710.00	08/01/2022	INV	PD	MHB22-012 Family Developm
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10175 DON MOYER BOYS & GIRLS CLUB

AUG MHB22-015	08/01/2022	8028	080522A	8028	8,333.00	08/01/2022	INV	PD	MHB22-015 C-U Change
AUG MHB22-022	08/01/2022	8028	080522A	8028	13,333.00	08/01/2022	INV	PD	MHB22-022 Youth and Fami
AUG MHB22-037	08/01/2022	8028	080522A	8028	9,166.00	08/01/2022	INV	PD	MHB22-037 CUNC
					30,832.00				

10183 ALEXANDER F CAMPBELL

559	08/10/2022	8561	081922A	8561	4,072.50	09/01/2022	INV	PD	Upgrade agency user inter
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10185 EAST CNTRL IL REFUGEE MUTUAL ASSIST CTR

AUG MHB22-001	08/01/2022	8030	080522A	8030	5,166.00	08/01/2022	INV	PD	MHB22-001 Family Sup & st
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10214 FIRST FOLLOWERS

AUG MHB23-003	08/01/2022	8037	080522A	8037	7,916.00	08/01/2022	INV	PD	MHB23-003 Peer Mentoring
AUG MHB23-034	08/01/2022	8037	080522A	8037	3,291.00	08/01/2022	INV	PD	MHB23-034 First Steps Re-
					11,207.00				

10242 GROW IN ILLINOIS

AUG MHB23-011	08/01/2022	8047	080522A	8047	10,798.00	08/01/2022	INV	PD	MHB23-011 Peer Support
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10263 I3 BROADBAND - CU

2513590-1	08/04/2022	8322	081222A	8322	144.95	09/01/2022	INV	PD	Internet service 9/4/22-1
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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

10348 MCS OFFICE TECHNOLOGIES INC

01-695070	05/24/2022	081222A	8352	2,936.25	06/23/2022	INV	PD	Service ticket #27724 M36
01-696282	08/11/2022	081922A	8599	33.75	09/10/2022	INV	PD	Service ticket #30766 Son
Invoice 01-696170	08/01/2022	080522A	8092	495.00	08/01/2022	INV	PD	MHB22-040 Managed IT Serv
				3,465.00				

10352 MAHOMET AREA YOUTH CLUB

AUG MHB22-032	08/01/2022	080522A	8088	1,250.00	08/01/2022	INV	PD	MHB22-032 Bulldogs Learn
AUG MHB22-033	08/01/2022	080522A	8088	1,825.00	08/01/2022	INV	PD	MHB22-033 Members Matter
				3,075.00				

10423 PEPSI COLA CHAMPAIGN-URBANA BOTTLING

81106571	08/02/2022	081222A	8370	7.05	09/01/2022	INV	PD	5gal water jug
81106769	08/16/2022	082622A	500042	14.10	09/15/2022	INV	PD	5gal water jug
				21.15				

10453 QUILL CORPORATION

27060470	08/16/2022	082622A	500043	70.99	09/15/2022	INV	PD	Lockbox
27078128	08/16/2022	082622A	500043	107.26	09/15/2022	INV	PD	Batteries, water, paper t
				178.25				

10464 RAPE, ADVOCACY, COUNSELING & EDUCATION SERVICES

AUG MHB22-002	08/01/2022	080522A	8110	5,250.00	08/01/2022	INV	PD	MHB22-002 Sex Violence Pr
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10488 ROSECRANCE, INC.

AUG MHB-030	08/01/2022	080522A	8117	17,329.00	08/01/2022	INV	PD	MHB23-030 Crisis Co-Respo
AUG MHB22-028	08/01/2022	080522A	8117	14,122.00	08/01/2022	INV	PD	MHB22-028 Specialty Court
AUG MHB23-019	08/01/2022	080522A	8117	6,716.00	08/01/2022	INV	PD	MHB23-019 Benefits Case M
AUG MHB23-020	08/01/2022	080522A	8117	26,666.00	08/01/2022	INV	PD	MHB23-020 Criminal Justic
AUG MHB23-023	08/01/2022	080522A	8117	8,333.00	08/01/2022	INV	PD	MHB23-023 Recovery Home
				73,166.00				

10563 TROPHYTIME, INC.

134193	08/19/2022	082622A	8938	9.65	09/18/2022	INV	PD	Plastic signage
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10595 UP CENTER OF CHAMPAIGN COUNTY

AUG MHB22-009	08/01/2022	080522A	8152	7,217.00	08/01/2022	INV	PD	MHB22-009 Children Youth
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10638 VISA CARDMEMBER SERVICE

3930 Statement 8/10	08/10/2022	081922A	8648	1,049.69	09/07/2022	INV	PD	walmart supplies, Zoom Su
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10683 WIN RECOVERY INC

AUG MHB23-069	08/01/2022	080522A	8174	7,773.00	08/01/2022	INV	PD	MHB23-069 Re-Entry and Re
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10687 XEROX CORPORATION

19

Champaign County, IL

VENDOR INVOICE LIST

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

INVOICE #	P.O.	INV. DATE	CHECK RUN CHECK #	INVOICE NET DUE DATE	TYPE	STS	INVOICE DESCRIPTION
230480593		08/01/2022	081222A	199.06 08/31/2022	INV	PD	July Copier Service
10705 JOHN M. BRUSVEEN							
2021 Quality Audit		08/03/2022	081222A	3,562.50 09/01/2022	INV	PD	2021 Quality Audit
18092 COURAGE CONNECTION							
AUG MHB23-007		08/01/2022	080522A	10,583.00 08/01/2022	INV	PD	MHB23-007 Courage Connect
JUL MHB23-007		08/01/2022	080522A	10,583.00 08/01/2022	INV	PD	MHB23-007 Courage Connect
18148 THE WELL EXPERIENCE				21,166.00			
AUG MHB23-068		08/01/2022	080522A	8,333.00 08/01/2022	INV	PD	MHB23-068 Family Services
JUL MHB23-068		08/01/2022	080522A	8,333.00 08/01/2022	INV	PD	MHB23-068 Family Services
18223 ASSOC OF COMMUNITY MENTAL HEALTH AUTHORITIES OF IL				16,666.00			
1150-2		08/08/2022	081222A	8,000.00 08/08/2022	INV	PD	2nd half 2022 ACMHAI Annu
18254 CHAMPAIGN COUNTY CHRISTIAN HEALTH CENTER							
AUG MHB22-029		08/01/2022	080522A	2,750.00 08/01/2022	INV	PD	MHB22-029 Mental Health C
18259 CHAMPAIGN COUNTY HEALTH CARE CONSUMERS							
AUG MHB22-044		08/01/2022	080522A	6,689.00 08/01/2022	INV	PD	MHB22-044 CHW Outreach an
AUG MHB22-045		08/01/2022	080522A	6,449.00 08/01/2022	INV	PD	MHB22-045 Justice Involve
AUG MHB23-066		08/01/2022	080522A	5,958.00 08/01/2022	INV	PD	MHB23-066 Disability Appl
18305 CUNNINGHAM CHILDRENS HOME				19,096.00			
AUG MHB23-018		08/01/2022	080522A	10,604.00 08/01/2022	INV	PD	MHB23-018 ECHO Housing an
AUG MHB23-036		08/01/2022	080522A	33,174.00 08/01/2022	INV	PD	MHB23-036 Families Strong
18343 FAMILY SERVICE OF CHAMPAIGN COUNTY				43,778.00			
AUG MHB22-014		08/01/2022	080522A	2,500.00 08/01/2022	INV	PD	MHB22-014 Counseling
AUG MHB22-016		08/01/2022	080522A	2,410.00 08/01/2022	INV	PD	MHB22-016 Self-Help Cente
AUG MHB22-017		08/01/2022	080522A	13,529.00 08/01/2022	INV	PD	MHB22-017 Senior Counseli
AUG MHB23-010		08/01/2022	080522A	2,083.00 08/01/2022	INV	PD	MHB23-010 Creative Social
18356 FREDERICK & HAGLE				20,522.00			
JUL '22 Billing		08/03/2022	081222A	145.00 09/01/2022	INV	PD	Legal work 7/3-8/1
18412 TERRAPIN STATION SOBER LIVING NFP INC							
AUG MHB23-067		08/01/2022	080522A	5,083.00 08/01/2022	INV	PD	MHB23-067 Recovery Home



Champaign County, IL

VENDOR INVOICE LIST

INVOICE	P.O.	INV DATE	CHECK RUN CHECK #	INVOICE NET DUE DATE	TYPE	STS	INVOICE DESCRIPTION
18805	C-U AT HOME						
AUG	MHB23-021	08/01/2022	080522A	7983	21,391.00	08/01/2022	INV PD MHB23-021 shelter CM
19249	SIGNATURE EVENT RENTAL						
20222		08/02/2022	081922A	8625	2,018.75	08/19/2022	INV PD 25% Deposit - 2022 disABI
					2,018.75		
					437,291.51		

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

#10.A.

*A Final Report on Building Evaluation Capacity for Programs
Funded by the Champaign County Community Mental Health and Developmental
Disabilities Boards (CCMHDDDB) Year 7*

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September 9, 2022

*A Final Report on Building Evaluation Capacity for Programs Funded by the Champaign County Community Mental Health and Developmental Disabilities Boards (CCMHDDDB)
Year 7*

Statement of Purpose:

The aim of this effort was to continue to build evaluation capacity for programs funded by the Champaign County Mental Health Board (CCMHB) and the Champaign County Developmental Disabilities Board (CCDDB). In Year 7, we proposed to continue to implement the recommendations and specific plans identified via Year 1 assessment of current evaluation activities and priorities and to build upon our previous efforts over the last few years. Specifically, we proposed the following activities and deliverables.

1. Continue to create a learning organization among funded agencies and the CCMHB and the CCDDB.

- a. Prepare new “targeted” agencies to share information at MHDDAC meetings once/year by end of summer, 2022 (as schedules allow). The actual presentation will occur in the August or September following the end of the fiscal year at the MHDDAC meeting.*

Together with the CCMHB and CCDDB staff, we targeted six programs for more intensive evaluation capacity building partnership. Six programs worked closely with evaluation consultants who were doctoral students supervised by Drs. Aber and Todd. These programs developed and engaged in targeted strategies for building evaluation capacity and received sustained individual support over the course of the year from their consultant throughout the process. The processes and outcomes from these partnerships are explained in detail in Sections II through VII of this report. Each section summarizes the effort engaged with each partner agency.

These relationships were created to foster a culture of learning, first within each program and then across CCMHDDDB-funded agencies as a larger system. Consultants took an intensive approach that emphasized developing a learning organization, or one that is “skilled at creating, acquiring, and transferring knowledge, and at modifying its behavior to reflect new knowledge and insights” (pp. 79; Garvin, 1993). As one example, we hoped to position these target programs as ‘peer experts’ that could then report back and serve as resources to other CCMHB-funded programs. While the targeted programs are not at a point where they would be able to function as independent supports for other agencies building evaluation capacity, their experiences are valuable learning opportunities for their peers. During the Mental Health Agency Council (MHAC)

meetings from years two through six, representatives from each of the targeted programs presented to their peers about their experiences building evaluation capacity. Programs briefly shared about challenges they encountered and lessons learned, as well the general processes they engaged in. This feedback appeared to elicit some excitement among other programs, leading a few to express their desire to participate in this evaluation effort. Much of the research on learning organizations focuses on individual actors (e.g. employees) within an organization (e.g. a specific business). In addition to engaging at the individual and organizational levels, our process also engaged programs and agencies within a larger system (CCMHDDDB). While ongoing effort will further advance these goals, the targeted partnerships begin the process of fostering a culture of i) valuing evaluation, ii) desiring evaluation to be meaningful, and iii) experimenting with evaluation.

2. Continue to Support the Development of Theory of Change Logic Models.

- a. *Offer 2 logic modeling workshops to support funded programs in model development in Fall 2021*
- b. *Schedule and announce logic model training dates with 30 days advance notice*
- c. *Provide follow-up support to targeted agencies who submit a model to the team for review (and to agencies who choose to develop the model using "hours" from the consultation bank)*

We held two (virtual) logic model workshops for funded programs. One workshop was offered in October of 2021 and was attended by four groups: Driven to Reach Excellence and Academic Achievement for Males (DREAAM), the Well Experience, First Followers, and Rape Advocacy, Counseling, and Education Services (RACES). The second workshop was offered in March 2022 and was attend by staff from the Refugee Center. During the workshops all programs engaged in hands-on theory of change logic model creation with the support of an Evaluation Capacity Building team member. All programs in attendance were provided with PowerPoint slides containing their logic models following the workshop.

3. Choose three Programs for Targeted Evaluation Development in Consultation (up to two CCMHB and one CCDDDB)

- a. *Work in collaboration with up to three funded programs to develop evaluation plans and support them in the implementation of those plans (e.g., instrument development, data gathering, data reporting)*
- b. *The goal would be to guide an evaluation plan and process that can be implemented and sustained by the program in subsequent years*

We worked with three programs as new targeted partners for evaluation capacity building support in year 7, one funded by the CCDDDB and two funded by the CCMHB. The new CCDDDB program was the Champaign County Regional Planning Commission Decision Support Person-Centered Planning Program (CCRPC-DSPCP). The two new CCMHB

funded programs were the Well Experience and Women in Need Recovery (WIN Recovery). Individual meetings and customized efforts were provided to each of these three programs. Reports that elaborate on the specific activities engaged to build evaluation capacity and to create specific evaluation plans are provided in the following sections II, III and IV.

4. Choose three Programs for Targeted Evaluation Data Usage in Consultation (up to two CCMHB and one CCDDDB)

- a. *Work in collaboration with up to three funded programs to support ongoing evaluation implementation (e.g., data collection, data usage, data translation).*
- b. *The goal would be to emphasize translating evaluation findings to inform program activities and facilitate usage of evaluation data to make informed programmatic decisions.*

We worked with three programs as continuing targeted partners, all funded by the CCMHB, for evaluation capacity building support targeted to data usage in year 7. Given the challenges associated with continuing to provide high quality services during the COVID-19 pandemic, no CCDDDB funded programs were able to devote the necessary time and effort to participate in continuing partnerships in year 7. The continuing CCMHB programs included: Community Choices – Community Living program (CC-CL); Rape Advocacy, Counseling and Education Services – Sexual Violence Prevention Education program (RACES-SVPE); and Uniting Pride – Children, Youth, & Families program (UP-CYF). Individual meetings and customized efforts were provided to each of these four programs. Reports that elaborate on the specific activities engaged to build evaluation capacity and to create specific evaluation plans are provided in the following sections IV, V, VI, and VII.

5. Invite follow-up with all previously targeted agencies via the Consultation Bank. This could include (depending on agency need):

- a. *Reviewing evaluation implementation progress*
- b. *Revising and refining logic models*
- c. *Reviewing gathered data and developing processes to analyze and present data internally and externally*

We received two requests for consultation bank support from previously targeted agencies – DREAAM and the Community Service Center of Northern Champaign County (CSC-NCC). DREAAM interns met a couple of times with evaluation staff to clarify anticipated short-term outcomes and to operationalize program components. Progress was limited due to interns switching out for the semester as well as needing to clarify program scope with leadership more before creating a logic model. The new director of CSC-NCC sought consultation regarding the evaluation capacity building work done during previous fiscal years. We helped them build institutional knowledge about their evaluation strategy amid staff changes, and assisted them in using and updating an Excel spreadsheet we created for them

previously to analyze satisfaction data. To promote sustainability of these skills moving forward, we also provided resources on Excel from our data workshops which address the most common questions the staff were encountering.

6. Continue the Evaluation Consultation Bank with Agencies Who Have not Had Targeted Partnerships

- a. *Offer a bank of consultation hours for use by funded programs*
- b. *Funded programs would request hours based on specific tasks*
 - i. *Developing an evaluation focus*
 - ii. *Completing a logic model*
 - iii. *Developing and sustaining evaluation activities (particularly in targeted agencies)*
 - iv. *Reporting data*

This year we received no requests for consultation bank support from agencies who had not previously had a targeted partnership.

7. Continue to Build a “Buffet” of Tools

- a. *Maintain and expand a Google drive or other web-based repository for measures developed with and/or for funded programs*

The web-based repository of measures developed with and for funded programs continues to be maintained, however, this year all new measures that were developed were highly specific to the individual programs involved, and thus were not appropriate for use by other programs. Consequently, in year 7, no new measures were added to the repository of measures.

8. Offer up to three workshops with CCMHB/CCDDB funded agencies regarding data usage fundamentals including, for example:

- a. *Data storage (setting up excel, confidential storage, identity keys)*
- b. *Basic analysis (shareware, means, standard deviations, change over time)*
- c. *Conceptualizing process and outcome evaluation questions based on the theory of change logic model*
- d. *Applying evaluation findings to inform programmatic decision-making*

In summer of 2022, we offered two data workshops to all CCMHB/CCDDB funded agencies. The workshops focused on the use of Excel for working with outcome data and were sequenced to build on each other, with the first workshop being more basic and the second more advanced. The first workshop, *Introduction to Excel for Outcomes Analysis – Part 1*, provided an basic introduction to Excel. It addressed the following topics: creating a workbook and adding new sheets; renaming, moving and deleting sheets; creating a current client worksheet; creating a workbook reference sheet; adding evaluation details to a reference sheet; creating response option dropdowns; tracking and organizing outcomes data; adding outcomes tracking content to a current client worksheet; creating a measure scoring worksheet; linking dropdown responses and

numerical values; using Xlookup to automate measure scoring; converting relative cell references to absolute cell references; producing a total measure score; and, generating counts using the “subtotals” dropdown. The second workshop, *Introduction to Excel for Outcomes Analysis – Part 2*, provided a practical demonstration of how to use Excel for PMO reporting. As was true for the year 7 logic modeling workshops, the data workshops were delivered online via zoom. Resources from the workshops (e.g., video examples of topics covered in the workshops as well as sample Excel workbooks) were stored for future access by present and future CCMHDDDB funded programs in a Google Drive. The workshops were attended by staff from RACES, First Followers, the Refugee Center, DSC and GROW.

- 9. Meet with CCMHB/CCDDB members as requested to provide information on, for example:**
- a. The varied uses of evaluation
 - b. Logic modeling process
 - c. CCMHB/CCDDB goals and priorities with regard to evaluation
 - d. Instantiating evaluation practices for the CCMHB and the boards’ funded programs

The evaluation capacity building team provided consultation to CCMHDDDB staff regarding continued evaluation related supports that the board and staff might provide to funded agencies as the contract with the University of Illinois Department of Psychology Evaluation Capacity Building team was coming to an end due to the retirement of Dr. Aber and the relocation of Dr. Allen to Vanderbilt University.

Champaign County Regional Planning Commission – Decision Support Person-Centered Planning Program (CCRPC- DSPCP)

Program Overview

The Decision Support Person-Centered Planning Program at CCRPC is designed to support individuals living with intellectual and developmental disabilities (I/DD) in Champaign County who are not yet eligible for state-funded services. The Decision Support Program has three components: 1) support and provide transition planning for high school students with I/DD ages 14 and older, 2) provide person-centered planning case management services to adults, and 3) assist individuals in Champaign County with registering for the PUNS list and with organizing documentation required for state funding. From September 2021 to June 2022, one consultant from the University of Illinois worked with two staff members of CCRPC to build the program’s capacity to evaluate and improve their program.

Goals for Targeted Partnership:

1. Update Preference Assessment survey to improve the richness of county-level needs assessment provided to DDB annually
2. Examine Preference Assessment results by various demographic variables to identify themes and opportunities to tailor services more closely to client needs
3. Update PMO consumer outcomes to align with program activities and long-term goals
4. Improve ability to analyze consumer outcome data efficiently, reproducibly, and more frequently

Executing Goals

1. **Update Preference Assessment survey to improve the richness of county-level needs assessment provided to DDB annually**

We began by reviewing the Preference Assessment, which is a needs survey administered to each person in the county when they update or initiate their PUNS list registration. Because every client seeking DDB-funded services must first be registered for the PUNS list and everyone on the PUNS list must meet with the case manager annually to update their registration, the Preference Assessment produces a rich dataset covering a large proportion of DDB-eligible citizens in Champaign County. These data are reported annually to the DDB and may at times be used to inform funding decisions and board priorities. For example, responses to the survey question “Where would you like to live?”

may be useful for planning where in the county there may be an increased need for services in the near future.

CCRPC staff noted previous attempts to use the Preference Assessment to answer important questions about county-wide needs but that the survey was missing critical questions that would allow them to answer these questions. We therefore worked together to add missing items as well as improve the existing items. Informant type (i.e., is the client filling out the assessment or a support person) and length of time on the PUNS list were added to enable parsing the data by these important variables. Further, we added demographic variables to allow CCRPC and DDB staff to look at differences in needs by client age, race and ethnicity, gender, income bracket, and zip code. The questions and response options were updated throughout, and additional items were added based on staff input (e.g., “On a scale from 1 to 10, how comfortable are you in navigating the DD system and/advocating for yourself or your loved one?”). The survey items were reviewed by CCRPC staff (including those who administer the Preference Assessment), the full Evaluation Capacity Building Team at the University of Illinois, and members of the DDB, and changes were implemented on a rolling basis. The final updated Preference Assessment was approved by DDB staff, and CCRPC began using the updated Preference Assessment in January 2022.

2. Examine Preference Assessment results by various demographic variables to identify themes and opportunities to tailor services more closely to client needs

After the revised Preference Assessment was implemented, we assisted CCRPC in conducting initial analyses of the data so they could begin to identify how to compare results for different types of participants. CCRPC staff worked to analyze the data in SurveyMonkey (where the survey is hosted), and we helped with reviewing and interpreting the results. For example, we alerted CCRPC staff to the result that over a quarter of respondents were for clients under 18. This highlighted the importance of breaking out all future analyses by age, given that children under 18 are not eligible for PUNS selection and also may have very different needs from adults with I/DD. These initial analyses were preliminary in nature but assisted the staff in practicing analyzing and interpreting survey results and in developing general guidelines for how to work with the updated survey.

3. Update PMO consumer outcomes to align with program activities and long-term goals

We assisted CCRPC in revisiting the consumer outcomes described in their FY23 DDB application and in their FY22 PMO and in updating these outcomes to better align with

the tasks they were currently completing as an organization. For example, due to the COVID-19 pandemic, the transition consultants have been working to reestablish in-person connections with schools and students. Thus, their previous consumer outcome relating to a targeted number of transition plans developed for students was not an accurate reflection of the outreach efforts that transition consultants were needing to engage in to increase referrals to their services.

Overall, we worked together to identify areas of the previous year's PMO and the most recent application where the evaluation strategy could be strengthened, and to implement those improvements in the upcoming FY23 PMO.

4. Improve ability to analyze consumer outcome data efficiently, reproducibly, and more frequently

Finally, CCRPC expressed they would like to be able to evaluate their consumer outcomes more easily. We therefore worked to improve their ability to analyze the consumer outcomes listed in their application on an ongoing basis. We used the upcoming FY23 PMO to anchor this activity and engaged CCRPC in analyzing their existing data to evaluate their updated consumer outcomes described in Goal #3 above. We worked to ensure that all analyses were thoroughly understood by CCRPC staff and were readily reproducible. Together, we developed a draft PMO report detailing CCRPC's progress with all consumer outcomes, including transition consultants' outreach efforts, satisfaction survey results, and comparing time from PUNS selection to state funding for individuals with and without a Decision Support Program case manager.

These results were used to inform programming in real-time; for example, the time-to-funding metric was monitored weekly and used to identify areas' cases in need of attention. Ultimately, we completed the partnership with a strong start to the FY23 PMO and, more importantly, with the CCRPC staff understanding the rationale behind their evaluation procedures and feeling comfortable with how to measure their program's success at achieving their consumer outcome goals.

Next Steps and Future Directions:

1. Develop process for summarizing open-ended data on the Preference Assessment and on the Satisfaction Survey
2. Increase internal knowledge sharing to allow cross-pollination of learning between county- and state-funded person-centered-planning case managers

Appendix Items:

Section II A: Revised Preference Assessment

Section II B: Performance Outcome Report (DRAFT)

The Well Experience New Targeted Partnership FY 22-23

Program Overview

The Well Experience “has created a conduit by which individuals that have been traditionally marginalized, underestimated and undervalued have an opportunity to receive trauma-informed care by means of evidence-based practices.”

In service of their mission, The Well Experience (TWE) offers an expansive breadth of services (crisis management, age specific groups, family nights) dedicated to serving “Black/African American girls, women, teens, and families” in Champaign County. The organization advocates for a wraparound approach to service engagement, and the majority of clients are involved in multiple service programs. CCMHB funds support these services broadly, as opposed to being earmarked for a specific program.

Identifying Goals

The Well Experience (TWE) is both a new targeted partner and newly funded by the CCMHB. Early work involved discussion and informal modeling of the connections between program mission, activities, short-term and long-term goals, and underlying values. Discussion of these connections and organizational strengths and needs resulted in identifying multiple potential avenues for the partnership. After discussing the potential utility of each aim, the following three major goals were prioritized:

- 1) Develop an organizational theory of change logic model.
- 2) Develop an overarching and cohesive evaluation process.
- 3) Develop a structured intake tool to use across programs.

Executing Goals

1) Develop an organizational theory of change logic model.

As this agency’s CCMHB funding is not allocated for one specific organizational program but instead may be used across organizational services, the early partnership focused on understanding the breadth of the services offered by TWE, including participant overlap between services, the influence of organizational values on program services, and general goals for improving evaluation. The breadth of interrelated potential services offered by TWE initially proved challenging for developing a parsimonious model. Additionally, TWE’s work is highly informed by values of healing-centered engagement, community support, holistic care, and cultural identity; thus, understanding these values and frameworks was critical for accurately articulating the organization’s theory of change. This level of values articulation may not be critical for every evaluation capacity building effort. However, given how influential these values are for both how

and why TWE operates, informal articulation of these values and concepts was critical for developing a culturally-reflective, empirically-useful evaluation process.

Ultimately, two models were developed through this partnership: one overarching agency model (Well Family Care model) and one programming-specific model (Girls2Life).

2) Develop a systematized, cohesive evaluation process

Because of the expansive nature of program activities and potential impacts, TWE's early articulations of evaluation goals were extensive and potential measurement strategies were vague. Challenges at this stage included identifying an evaluation strategy that both captured the breadth and interrelated nature of service activities and that was feasible and sustainable. Thus, a critical part of building organizational evaluation capacity involved bounding the shorter-term outcome domains to be prioritized during the rest of the partnership. This prioritization occurred through consultation of scholarly literature, consideration of current organizational data collection processes and potential measurement strategies, and concerns related to feasibility and sustainability. The outcome domains prioritized in the evaluation partnership are related to i) psychological health and ii) academic functioning.

Operationalizing the domains of psychological health and academic functioning helped to facilitate greater specificity in the agency's anticipated shorter-term outcomes, which were then used to identify specific measurement tools and relevant analytic strategy. Ultimately, the process of bounding and operationalizing anticipated shorter-term outcomes contributed to the development of an evaluation strategy that is both more specific and more feasible.

Validated and/or evidence-based measurement tools and analytic strategies were identified for the following shorter-term outcomes:

- 1) Participants will experience a reduction in symptoms of psychological impairment and distress.
 - a) Youth
 - b) Caregiver
- 2) (When applicable) Participants will experience a reduction in trauma symptoms and associated behaviors.
 - a) Youth
 - b) Caregiver
- 3) (When applicable) School-aged participants will maintain or improve their grades.
- 4) (When applicable) School-aged participants will maintain or improve their school attendance.

After specific measurement tools were identified, efforts moved towards developing a reproducible data analytic process. Challenges at this stage included identifying an analytic strategy that was both parsimonious and context-sensitive. For example, it was challenging to identify one analytic method that would satisfactorily capture attendance

related outcomes for youth with no or few absences and youth demonstrating significant truancy. We had similar discussions around capturing psychological functioning over time. Reporting the average across clients may disguise meaningful change occurring in, for example, clients experiencing particularly frequent absences, whereas this nuance may get “washed out” when averaged with clients who are infrequently absent. In response to these concerns, we hypothesized about any particularly significant potential clusters that may be relevant to the shorter-term outcomes indicated above. We then specified the criteria for each group (e.g., GPA of 3.0 or higher, GPA of 2.9 or lower). Finally, a data analysis workbook was created to directly reflect the measurement and analytic strategies identified during the partnership.

3) Develop a structured intake tool to use across programs

Early in the partnership, TWE described feeling both limited and overwhelmed by existing organizational data collection processes where forms and measurement tools were created and adapted as-needed, with completely different forms used for different programming. This practice is not uncommon among nonprofit organizations, though it is generally an inefficient use of agency time and an impediment to observing outcomes over time. Throughout the partnership, TWE expressed a desire for a cohesive intake tool that could be used to collect data from clients across programming areas. The agency also expressed their desire for an evaluation process that was strengths-based, captured individualized outcomes, and was consistent across families, individual clients, and programs.

A cohesive intake assessment was developed to collect i) baseline outcome data from multiple informants, ii) demographic data, and iii) client context, presenting needs, and goals. We anticipate that integrating the collection of baseline outcome data directly into the intake process will simplify the process and result in this information being collected with greater consistency.

The cohesive intake assessment was developed to reflect agency preferences and is available for use as a “hardcopy” to be printed and filled out. After the intake appointment, data must be entered from the hardcopy into the electronic data analytic file. To streamline the process, the hardcopy includes specific scoring data that is also reflected in the data analytic file.

Next Steps and Future Directions

- 1) Implement and maintain the evaluation strategy for one quarter, and at that time assess consistency, barriers (including feasibility), etc.
- 2) Consider including qualitative data from individual family goals into the narrative section of the PMO end of year report.

- 3) Consider developing a structured progress report template for families based on individual progress.

Appendix Items:

Section III A: Well Family Care Logic Model

Section III B: Girls 2 Life Logic Model

Section III C: Overview of Data Workbook

Section III D: Cohesive Intake Assessment

Women in Need Recovery New Targeted Partnership FY 22-23

Program Overview

WIN Recovery serves justice-involved women and the LGBTQ2+ community who struggle with substance misuse and have a history of trauma. They offer a continuum of services based on each client's individual recovery to help bridge the gap from incarceration to reentry. These comprehensive support services occur within the transitional living environment and includes programming designed to address and interrupt the source of trauma that leads to continuous cycles of incarceration.

Identifying Goals

Women in Need Recovery (WIN) is both a new targeted partner and newly funded by the CCMHB.

- 1) Develop an organizational theory of change logic model.
- 2) Increase capability to track and measure organizational effectiveness over time.
- 3) Develop a reproducible and feasible data analytic strategy that is relevant to agency vision and framework.

Executing Goals

- 1) **Develop an organizational theory of change logic model.**

WIN Recovery is emphatic that they do not simply provide a “recovery house.” Instead, they provide a range of scaffolded supports from peer-leaders that occur in the context of stable, safe housing. Given this holistic perspective, early partnership focused on understanding the nature of the services offered by WIN, including models or frameworks that inform program services, existing data collection and reporting practices, and general goals for evaluation and data processes.

Early stages of the partnership involved modeling the connection between program activities, anticipated shorter- and longer-term outcomes, and theoretical underpinning for the articulated connections. At this stage, a significant review of the literature was conducted to understand the frameworks articulated by WIN (e.g., gender-responsive, trauma-informed), their meaning in a substance use recovery context, and potentially-relevant evidence-based tools.

A second step involved linking current collected data to stages in the theory of change. As an example, the agency consistently collects information on 12 “benchmarks” that may be achieved by women while they are engaged in services with WIN. These

benchmarks were specifically included in the model because WIN treats them as very proximal short-term outcomes that are important to the foundation of sustainable recovery. These benchmarks have been really useful for WIN in understanding some of the concrete ways that they have been able to support participants (e.g., accessing identification documents) as well as identify the individual-level successes of women in the program (e.g., maintain sobriety for 3 months). However, the binary yes-no nature of these 12 benchmarks somewhat limits their utility as an outcome tool. WIN was motivated to identify other assessments that may capture organizational effectiveness in more complexity.

2) Increase capability to track and measure organizational effectiveness over time.

Once the organizational theory of change model was articulated, multiple potential avenues for measuring agency effectiveness were discussed. At this time, WIN expressed a desire for the capacity to measure i) individual-level outcomes that would ii) be directly relevant to programming and agency vision and iii) resonate with multiple types of stakeholders. With this in mind, we decided to pursue an evaluation plan that measured program impact on individual's trauma symptoms.

At this point, a targeted search of the scholarly literature was conducted to identify a high quality, accessible measure. After considering the sample appropriateness and feasibility of different measures, the Posttraumatic Check List- 5th Edition Civilian Version (PCL-5) was selected. In order to further improve applicability of the measure to WIN's participant context, the instructions of the PCL-5 were adapted to include examples of potentially-traumatic events that may be particular relevant to the context of women who have experienced incarceration and/or substance abuse.

3) Develop a reproducible and feasible data analytic strategy that is relevant to agency vision and framework.

In order to integrate future evaluation practices with existing agency routines, significant time was spent understanding the nature of and ways in which data is already collected and used. As a result, the current data strategy is significantly influenced by existing programming components and accessible resources, with the specific intention to streamline and systematize the data collection and analysis process. In particular, it was really important to the agency to develop a process that would be consistent across different caseworkers, locations, and time frames.

The analytic strategy was specified in an Excel workbook. However, it is important to note that WIN's existing data software was expected to be upgraded in August 2022. The agency anticipated building the developed analytic strategy (as outlined in the Excel workbook) into this upgraded software program.

Next Steps and Future Directions

- 1) Building the outlined analytic strategy into the software.
- 2) Train caseworkers on the process and implement the data collection practice.
- 3) After analysis, document observed group differences and make decisions about whether to analyze/report outcomes by group characteristics or overall.

Appendix Items:

Section IV A: WIN Recovery Theory of Change Logic Model

Section IV B: PCL-5 Measure

Section IV C: Overview of Analytic Strategy

Community Choices: Community Living Program

Program Overview

Community Choices is a human services cooperative and service provider for adults with developmental disabilities. They have three main philosophies: people need people, we are not afraid to try, and success is a shared responsibility. The Community Choices Community Living Program aims to help people build the lives they want to build by providing assistance to people in finding somewhere to live, taking care of their homes, getting from place to place, and having people to support them. By engaging in weekly meetings, they support people in moving out, in acquiring the skills and confidence to maintain their homes, in managing the support they need to make that happen, in building connections, and in achieving their self-determined goals. From September 2021 to July 2022, one consultant from the University of Illinois worked with two primary staff members of Community Choices to build the program's capacity to evaluate and improve their program.

Goals for Targeted Continuing Partnership:

1. Clarify objectives of the new iteration of Community Living Program, including how to assess progress in the context of ongoing needs for support
2. Develop an overarching strategy for data collection and evaluation across all facets of the Community Living Program, including streamlining the data collection timeline and various data sources
3. Develop tools to analyze and report data reproducibly and on an ongoing basis to support data-informed programming decisions

Executing Goals

1. **Clarify objectives of the new iteration of Community Living Program, including how to assess progress in the context of ongoing needs for support**

The Community Living Program was initially designed to be a transitional program in which Community Choices would help clients get housing and get connected to resources to maintain their housing, and then clients would transition out of the program. In our previous partnerships with Community Choices, we helped them to develop ways to evaluate this program, with a particular focus on clients' transition out of the program as a key metric of the program's success. Over the past few years, Community Choices has learned from their internal evaluations that clients were often experiencing unanticipated issues after obtaining housing (e.g., breaking a leg, losing a job, needing to move) that required reengagement with the Community Living Program. These insights led

Community Choices to reconsider whether a transitional program could adequately address the often cyclical nature of their clients' needs, and ultimately to restructuring the program to focus more on sustained progress in domains relating to independent living rather than targeting discontinuation of services.

To support Community Choices in implementing these data-informed changes to the Community Living Program, we worked to help them articulate clear and measurable objectives for the new iteration of their program. We began this work by discussing with Community Choices staff how they might define success in the context of ongoing engagement with a client. In other words, if transitioning out of the program is no longer the explicit goal, then what *are* the goals? We supplemented these partner discussions with a literature review on evaluating sustained progress in human services, particularly in agencies serving individuals with intellectual and developmental disabilities.

To help distill the learning from these discussions into clear and measurable objectives, we revisited the program's original logic model and identified short- and long-term outcomes that still applied to the newest iteration of the Community Living Program. We then transported those outcomes to a modified indicators worksheet where we asked Community Choices staff to identify what they would expect to see in their clients' lives if each outcome were being met. The purpose of this activity was twofold: 1) to transform staff's intuitive understanding of what success looked like into written objectives that could guide evaluation, and 2) to develop language for updated short-term outcomes which aligned with the long-term outcomes of the program. Through these activities, we developed the Outcomes Mapping Document, available in the appendices.

2. Develop an overarching strategy for data collection and evaluation across all facets of the Community Living Program, including streamlining the data collection timeline and various data sources

In addition to clarifying the objectives of the new iteration of the Community Living Program, Community Choices expressed a desire to simplify and consolidate their data collection processes. At the beginning of this year's partnership, Community Choices was largely relying on annual client surveys for their consumer outcomes data, and these surveys were being sent to everyone at the same time of the year even though clients could be in very different stages of the program. The staff were therefore eager to find ways to tie data collection to clients' timelines in the program so that, for example, an "annual" data collection could reflect clients' progress one year into the program. Additionally, Community Choices were finding it difficult to track their internal data collection needs while also tracking data required for their accreditors and local and state funders. We therefore aimed to help connect their data collection processes more closely

to their program operations, to reduce redundancy in data collection, and to maximize the usefulness of the data sources required for accreditors and funders.

We used three main tools to consolidate and refine Community Choices' data collection processes. First, we took the Outcomes Mapping Document and added columns to identify the data source(s) for each objective (*"How would we know that was happening"*) and the time when data on each objective would be collected (e.g., at intake, quarterly, or during annual planning meeting). We worked to reduce any redundancies where multiple data sources were not needed for a particular outcome. We then developed a list of data sources that related to an outcome in the Outcomes Mapping Document and identified any gaps between the data they were collecting and the data they needed to evaluate their program objectives.

This practice allowed Community Choices to realize they wanted to evaluate outcomes related to clients' families (e.g., Families spending less time on care duties and enjoying more quality time with their loved one I/DD), but they were not actively collecting data from family members about these outcomes. We thus worked together to develop and implement the Family Feedback Form to administer to family members at intake and during the annual planning process.

We then transformed the list of data sources and their timings into a Data Collection and Evaluation Timeline that illustrated the data collection process from a client's intake to their annual planning meeting one year into the program (available in appendices). We used this timeline to refine the collection procedures, to inform the timings for data analysis, and to produce a visual aid to provide to staff responsible for collecting the data. The timeline also assisted with increasing the frequency with which progress on self-determined goals was being documented.

In reviewing the Data Collection and Evaluation Timeline, Community Choices staff realized that progress on self-reported goals was typically being updated only once a quarter, and without documenting goal progress more frequently, quarterly reports had become onerous tasks for staff. Staff were, however, already entering data weekly into the county and state claims spreadsheets which documented their contacts with each client. Thus, to make quarterly reports less onerous and facilitate more consistent updates on goal progress, we added columns to the claims spreadsheets for staff to enter brief contact notes and to denote which self-determined goal was being addressed in each client contact. Overall, this is one example of how the timeline tool helped Community Choices to see opportunities to consolidate existing evaluation processes to increase the efficiency and impact of their procedures.

3. Develop tools to analyze and report data reproducibly and on an ongoing basis to support data-informed programming decisions

Finally, we worked to translate the clarified program objectives into enumerated outcomes that could be evaluated quantitatively and reported to the CCDDDB. We used the CCMHB/CCDDDB Performance Outcomes Report (i.e., PMO) to anchor this activity, allowing Community Choices to practice evaluating and reporting their outcomes while we were available for support, and also giving them a head start on their annual reporting. These efforts resulted in the Performance Outcomes Report Instructions (Appendix D) which assigns a number to each outcome from the Outcomes Mapping Document and describes in detail how each outcome will be evaluated. These instructions include the data source for each outcome, which clients to include for each outcome, and how each outcome should be calculated.

To facilitate consistency in data analyses and reporting moving forward, Community Choices staff then largely worked amongst themselves to develop a spreadsheet to calculate all the enumerated outcomes in one place. We provided input on this document to maximize efficiency and minimize the potential for human error. This Data Tracking Spreadsheet is available in appendices.

Overall, we truly must commend the staff at Community Choices for their stellar progress during the partner year. They consistently worked between meetings to implement the ideas we discussed, and the tremendous gains they have made are a testament to their commitment to achieving high-quality services for the clients they serve.

Future Directions and Next Steps

1. Expand more frequent evaluation processes to other departments
2. Monitor data completion rates and how they compare to previous response rates for satisfaction surveys to identify potential areas for improvement
3. Monitor sustainability of new processes and responsively modify processes to improve long-term success
4. Share information about the evaluation process and why it exists with members of the organization co-op (comprising clients, their families, and community members) and improve engagement of co-op members in reciprocal feedback on programming and evaluation.

Appendix Items:

Section V A: Outcomes Mapping Document

Section V B: Family Feedback Form

Section V C: Data Collection and Evaluation Timeline

Section V D: Performance Outcomes Report Instructions

Section V E: Data Tracking Spreadsheet

Rape Advocacy, Counseling, & Education Services (RACES)

Program Overview:

RACES is an organization whose mission is to create a world that is free of sexual violence in our lifetime, starting with Champaign County. RACES offers a Child Assault Prevention Education Program that provides age-appropriate education to elementary-aged students and provides prevention education programs to public and private schools in Champaign County and beyond, focusing on topics including consent and fostering healthy relationships. They also provide confidential, compassionate, comprehensive support to those affected by sexual trauma through counseling, legal and medical advocacy, a 24-hour Crisis Line, and publication education and training. From September 2021 to July 2022, one consultant from the University of Illinois worked with staff members of RACES to build the program's capacity to evaluate and improve their program.

Identifying Goals:

1. Identify existing RACES education topics that map onto empirically established risk and protective factors for sexual violence and hone the evaluation of these topics.
2. Develop an efficient and reproducible process for analyzing in-person pre- and post-surveys to promote data-informed prevention education in K-12 schools.

Executing Goals:

- 1. Identify existing RACES education topics that map onto empirically established risk and protective factors for sexual violence and hone the evaluation of these topics.**

At the onset of the partnership, RACES expressed a desire to evaluate the effectiveness of their prevention education at reducing sexual violence. They expressed satisfaction with their existing pre- and post-surveys at documenting increased knowledge among the students they serve, and they hoped to be able to move beyond increased knowledge to speak to whether the increased knowledge was resulting in lower rates of sexual violence. We discussed potential challenges with this goal, including considerations when evaluating brief interventions within larger systems (i.e., "how do you account for all of the variables that influence the desired outcome beyond the brief intervention?") and the complexity of evaluating prevention in general (i.e., "how do you measure something that doesn't happen?"). We then brainstormed ways that RACES could move toward their goal of measuring their programs' impact on rates of sexual violence in a methodologically feasible way.

We decided to identify the areas of RACES's education curricula that are empirically linked to known risk and protective factors for sexual violence, which would then help us determine if students were reporting shifts in attitudes or behaviors known to be

associated with sexual violence prevention or perpetration. We used the CDC's Center for Violence Prevention list of risk and protective factors for sexual violence perpetration to guide this activity (Appendix A).

RACES staff began reviewing their elementary, middle, and high school curricula for topics relating to these risk and protective factors. We then planned to hone the pre- and post-survey to adequately capture changes in the most relevant risk and protective factors for each curriculum. However, due to unforeseen circumstances (e.g., staff illness) and competing agency demands, RACES staff were not able to progress further in this process beyond the curriculum review.

2. Develop an efficient and reproducible process for analyzing in-person pre- and post-surveys to promote data-informed prevention education in K-12 schools.

Our next goal was to assist RACES with building capacity to analyze their pre- and post-surveys internally. During the previous partnership year, RACES had to switch to a virtual platform for their education efforts due to the COVID-19 pandemic. This brought challenges but also provided opportunities to collect data more efficiently through the online portal, which enabled more sophisticated data analyses. This year, however, RACES was able to return to in-person instruction, which was accompanied by a return to administering surveys by hand. With this return to hand-written surveys, RACES expressed a desire to maintain some of the benefits they saw with virtual data collection and analysis, including the ability to break out results easily by curriculum and by school and to create color-coded "hotspot" graphs that visually identified questions where students struggled most.

We therefore worked with RACES to develop an Excel workbook that would allow them to filter results easily by school and by grade. We also worked with RACES staff to build a calculations tab that recreated the color-coded "hotspot" graphs that they found helpful during the previous year. Given that this was a continuing partnership, we emphasized RACES's existing capacity in these areas and aimed to have RACES staff creating these resources themselves, with our team available to support them when needed. Ultimately, RACES was able to enter data from over 5,000 students into this workbook and to identify quickly areas of their programming that could be tweaked for next year. This workbook is available below under Appendix B.

RACES staff also attended both of the Data Workshops that our team offered in Spring 2022, and we were able to leverage the skills gained in these workshops during our one-on-one meetings with RACES staff following the workshops.

Finally, we worked with RACES staff to re-order the questions on the post-surveys to reduce test-retest effects and maximize the likelihood that improvements on the post-test reflected gained knowledge.

Next Steps and Future Directions:

1. Implement reordered post-survey questions and explore using automated scoring (e.g., Scantron) to make data collection more efficient and less prone to human error.
2. Review prevention education curricula for areas targeting evidence-based risk and protective factors and update survey items to ensure assessment of key drivers hypothesized to reduce sexual violence perpetration.

Appendix Items:

Section VI A: CDC List of Risk and Protective Factors for Sexual Violence Perpetration
Section VI B: RACES Data Workbook

References:

Center for Violence Prevention. *Risk and protective factors*. Centers for Disease Control and Prevention.

<https://www.cdc.gov/violenceprevention/sexualviolence/riskprotectivefactors.html>

Uniting Pride

Program Overview

Uniting Pride is an organization whose mission is to create a Champaign County where all who identify as gender and/or sexual minorities can live full, healthy, and vibrant lives. The Youth and Families Division of Uniting Pride is specifically focused on empowering LGBTQIA2S+ youth, their families, and adults who work with youth in professional settings to build community with and better support LGBTQIA2S+ youth. Uniting Pride hosts support groups for youth and parents, community social events, workshops for professional settings such as churches and schools, and connect others to LGBTQIA2S+ resources.

Identifying Goals

Uniting Pride (UP) is a continuing evaluation capacity building partner.

As an initial step to determine goals for FY22, UP's most recent logic model and FY21 evaluation capacity work was reviewed with the goal of identifying potential evaluation capacity goals. These discussions allowed multiple potential goals to emerge. Given UP's status as a continuing evaluation partner, efforts to move towards implementation and data usage were emphasized as particularly fruitful opportunities.

- 1) Streamline workshop evaluation content.
- 2) Develop a consistent and reproducible analytic plan.

Executing Goals

- 1) Streamline evaluation content.

As part of their long-term goal to make Champaign County a more inclusive and affirming place for LGBTQIA2S+ community member, over the years UP has developed and offered numerous cultural competence trainings to support community organizations' effective engagement with LGBTQIA2S+ community needs. Due in part to increasing community concerns (e.g., public testimonials from LGBTQIA2S+ folks about mistreatment from local healthcare organizations) and changes in organizational capacity (e.g., staff hiring), UP intended to provide even more of these cultural competence workshops during FY22. Additionally, although UP was able to collect some evaluation data from previous workshops, the lack of consistency in both training and evaluation content limited the utility of data usage. Thus, streamlining and systematizing data collected from participants attending UP facilitated workshops was identified as a priority for the FY22 evaluation capacity building partnership.

A first step to streamlining the process involved taking stock of the multiple trainings and objectives previously offered by UP in order to identify opportunities for parsimony and shared objectives. After we brainstormed the types of workshop audiences together, UP staff and volunteers independently identified shared workshop objectives and streamlined workshop content accordingly. This led to a “core” workshop training. From here, we worked to develop clear and relevant “core” evaluation items based on workshop content. A series of potential supplemental workshop items was also developed for relevant situations.

2) Developing a consistent and reproducible analytic plan

At this stage, the uses and potential implications of the workshop evaluation data were discussed. A data analytic plan was developed based on the ways the agency hoped to use the data (e.g., to be able to see improvements in individual participants; to improve or update workshop content when needed; to share with stakeholders interested in booking a workshop). This data analytic workbook was developed with consideration of current agency resources and created in Excel.

Next Steps and Future Directions

- 1) Continue using the data workbook.
- 2) Very early work in the partnership considered cataloguing all current evaluation processes with the aims of a) reducing the reliance/burden on any one individual/position to maintain memory all of the organization’s processes, and relatedly, b) to build and maintain institutional knowledge less susceptible to turnover. As UP systematizes individual evaluation processes (e.g., evaluation of cultural competence workshops; evaluation of PrideFest programming), they may benefit from documenting this information in one electronic document that is updated at regular, specific occurrences (e.g., The first two weeks of a new FY).

Appendix Items:

Section VII A: Core Workshop Items

Section VII B: Evaluated Outcomes

Section VII C: Overview of Data Workbook

#10.B



BRIEFING MEMORANDUM

DATE: September 21, 2022
TO: Members, Champaign County Mental Health Board (CCMHB)
FROM: Leon Bryson, Associate Director for MHB & Suzanne Valentine, Humanities Without Walls Summer Intern
SUBJECT: CCMHB Participant Survey

Background:

These surveys were conducted by the Champaign County Mental Health Board (CCMHB) Staff with support from a Humanities without Walls Intern, with the goal to generate valid feedback from youth and staff who participate and work in CCMHB funded programs. The focus is on youth programs, specifically summer programs, although each organization also holds various after-school programs during the school year. Two surveys were composed, one for the youth participants and one for the staff, who are often older teens or young adults. The short surveys consisted of 11 and 15 multiple choice and open-ended questions.

This summary shows the results of surveys conducted at Mahomet Area Youth Club, Don Moyer Boys & Girls Club, Urbana Neighborhood Connections, The WELL Experience, and DREAM. The surveys were administered in person and online to youth ranging in age from 11-18. We had a total of 54 youth responses. Half the respondents were females, and half males. 78% of the respondents identified as African American, 13% as White, and 9% as Mixed/Bi-Racial.

The overall impression from the survey results is positive, for example, all youth answered that they felt either happy (68.5%) or excited (20.4%) to come to summer programming each day. When asked, "what do you spend most of your time doing when here," 29.6% of youth report learning, 85.5% report playing/hanging out with friends, 25.9% report playing games, and 16.7% report being on the internet/phone.

Youth Key Takeaways:

- The youth feel comfortable and appear to get along well.
- All respondents noted that it was either easy to make friends during programming or they were already friends with everybody.
- The youth enjoy the day-to-day activities, but especially field trips, swimming, and sports. The activities mentioned ranged from games they play every day to learning new things. Results indicate that the programs are succeeding in the goals of creating a safe, comfortable space, as well as building social emotional skills. Each respondent had a recent example of helping somebody with something, ranging from helping a youth being picked on or helping a sibling with homework to helping the homeless with food or money.

Staff surveys were primarily administered online due to the need for staff to facilitate programming for the youth. Nonetheless, we had a total of 33 staff responses from Mahomet Area Youth Club, Don Moyer Boys & Girls Club, Urbana Neighborhood Connections, The WELL Experience, and DREAAM. The staff age ranged from 18-68. 53% were between 18 and 24 years old, 44% were between 25 and 64 years old and 3% were over 65. 59.3% of staff identified as African American, 28.1% identified as White, 9.13% as Mixed/Bi-racial, and 3.1% as Hispanic. One respondent chose not to list their age, gender, and time with the organization. 56% of staff respondents worked for their organization from 1 mos-1 year/1 summer. 16% of staff respondents worked at their organization for 2 years/2 summers. 19% worked at their organization for 3 years/3 summers. 9% worked at their organization for four or more years. Most staff, whether working for the organization for a few months, few summers or a few years reported seeing themselves as leaders, mentors, or youth developer.

When asked about coming to work and overall satisfaction:

How do you feel when you come to work?
33 responses



How would you rate your overall satisfaction with this job?
32 responses



Staff Key Takeaways:

- The responses from the staff show that their work allows for personal growth. Each respondent believed they had what is necessary to succeed in their job, which some identified as patience and determination, while others mentioned training or having a good team.
- Staff identified as comfortable dealing with demanding situations and asking supervisors for help. Each respondent had an example of impactful advice they had received from a supervisor ranging from “respect the kids and they will respect you” to encouragement to just be a kid. Many of the responses indicate that supervisors regularly communicate with the staff about how to deal with different situations, and that the staff are comfortable coming to supervisors for help.
- There is a lot of overlap with what the staff say they enjoy and what the youth enjoy, indicating an overall positive experience. For example, one staff said their best day was seeing some of the youth defend a child being picked on at the pool, a situation also mentioned by a youth as a day they helped somebody. Additionally, many staff mentioned pool days and field trips that the youth also mentioned as their best days.

What’s Next:

CCMHB staff will share the results of the initial survey with each of the participating agencies. Specific details related to youth programs and staff satisfaction will shape some of the CCMHB PY2024 Allocation Priorities.

#/o.c.



BRIEFING MEMORANDUM

DATE: September 21, 2022
TO: Champaign County Mental Health Board Members (CCMHB)
FROM: Leon Bryson, Associate Director
SUBJECT: Three Year Plan with DRAFT FY2023 Objectives

Background:

In 2021, the CCMHB implemented a new Three-Year Plan for Fiscal Years 2022- 2024. A community needs assessment survey was administered, which helped to identify the strengths and resources available in Champaign County to meet the needs of people with mental health or substance use disorders or intellectual/developmental disabilities. The English/Spanish surveys were offered in-person and online. Also administered was an online provider survey designed to obtain information about the relevant service systems. Staff and Board members met with the University of Illinois Evaluation Capacity Building team in 2021 to develop a Logic Model, which is also incorporated in the Plan.

In the Summer of 2022, a Youth and Staff Satisfaction Survey was created by CCMHB/CCDDDB staff and a University of Illinois intern with the goal to find out what youth think about the services they received and how employees perceive their work environment. In addition, staff is collaborating with the new coordinator of the Regional IPlan group, which completes a shared community health needs assessment and health improvement plan every three years.

The Three-Year Plan for Fiscal Years 2022-2024 builds on existing mental health and criminal justice initiatives and collaboration with the Champaign County Developmental Disabilities Board (CCDDDB) for planning and coordination of services to individuals with intellectual and developmental disabilities. The Plan with DRAFT Objectives for Fiscal Year 2023 is attached with recommended changes *italicized* and underlined, and ~~strike-throughs~~ on deletions. The document will be distributed for public comment. Feedback from this process and from the Board will be discussed amongst staff, and a revised version presented to the Board for approval at a later meeting.

CHAMPAIGN COUNTY MENTAL HEALTH BOARD

THREE-YEAR PLAN

FOR

FISCAL YEARS 2022-2024

(1/1/2022 – 12/31/2024)

WITH

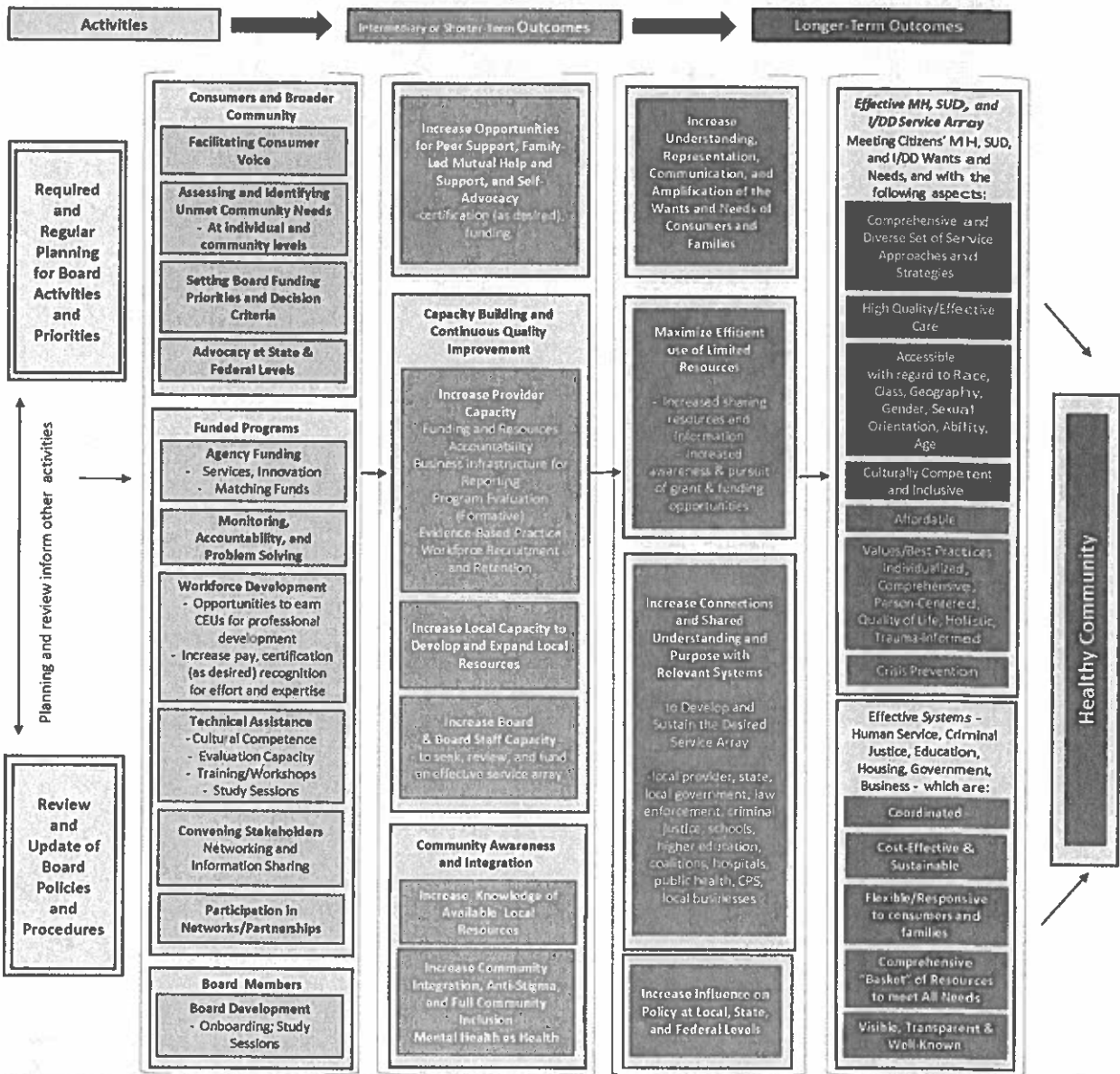
ONE YEAR OBJECTIVES

FOR

FISCAL YEAR 2023

(1/1/2023 – 12/31/2023)

Purpose:
To promote health and wellbeing in the community through the promotion of a local system of services for the prevention and treatment of mental or emotional, intellectual or developmental, and substance use disorders, in accordance with the assessed priorities of the citizens of Champaign County.



**Champaign County Mental Health Board
 Three Year Plan for 2022-2024 with One Year Objectives**

Logic Model Developed by Board and Staff with the UIUC Evaluation Capacity Building Project Team during Spring 2021

CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

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

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

MISSION STATEMENT

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

STATEMENT OF PURPOSES

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

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

COORDINATED SYSTEMS OF CARE

Comprehensive and
Diverse Set of Service
Approaches and
Strategies

High Quality/Effective
Care

Goal #1:

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

Objective 1.1: ~~Expand use of evidence-informed, evidence-based, best practice, recommended, and promising practice models appropriate to the presenting need to improve outcomes for individuals across the lifespan and for their families and supporters.~~ With clear connection between the model and best outcomes for people served, encourage use of appropriate evidence-based, evidence-informed, recommended, innovative, or promising practice models. (Allocation Priority/Criteria Objective)

Objective 1.2: Promote wellness for people with mental illnesses, substance use disorders, or intellectual and/or developmental disabilities to prevent and reduce early mortality, through support services including access to services addressing basic needs, enrollment in benefit plans and coordinated access to primary care. (Allocation Priority/Criteria Objective)

Objective 1.3: Support development or expansion of residential and employment supports for persons with behavioral health diagnoses and no other payor source. (Allocation Priority/Criteria Objective)

Objective 1.4: ~~Support broad based~~ Encourage and participate in community efforts to prevent overdose deaths and expand substance use disorder prevention and treatment options for substance use disorders and addictions. (Allocation Priority/Criteria and Collaboration/Coordination Objective)

Objective 1.5: Build resiliency and support recovery e.g. peer supports, outside of a clinical setting. Peer-run/operated, mutual help groups support professional medical therapy for recovery, maintenance of recovery, and familial support. (Allocation Priority/Criteria Objective)

Objective 1.6: Utilizing expertise of consultant(s) selected through RFP2022-010, build evaluation capacity of contracted providers ~~utilizing expertise of evaluators from the Department of Psychology at the University of Illinois~~ in order to improve positive outcomes of for those engaging in funded services. (Policy Objective)

Objective 1.7: Increase Engage with consultant(s) selected through RFP2022-010 to improve providers' ability to set internal goals for advancing program performance outcome evaluation. (Policy Objective)

Objective 1.8: Support targeted efforts for workforce recruitment and retention initiatives, with level of assistance linked to length of service commitment. (Allocation Priority/Criteria Objective)

Objective 1.9: Enable providers to implement flexible responses to operations during the COVID-19 pandemic, such as supporting service options, such as telehealth or other virtual means, service options, to maintain access and engagement with clients and community. (Collaboration/Coordination Objective)



Goal #2:

Sustain commitment to addressing health disparities experienced by historically underinvested populations.

Objective 2.1: Support an inclusive network of culturally and linguistically responsive and family driven support groups. networks for underrepresented populations, underserved populations, and general populations of Champaign County. (Allocation Priority/Criteria Objective)

Objective 2.2: Provide technical assistance for in support of continuous improvement of funded agency providers' cultural and linguistic competence plans to meet the needs of the population all people served. (Collaboration/Coordination Objective)

Objective 2.3: Encourage providers and other community-based organizations to allocate resources to provide training, seek technical

assistance, provide language access and communication assistance, and pursue other professional development activities for all staff and governing or advisory boards to advance cultural and linguistic competence. (Allocation Priority/Criteria Objective)

Objective 2.4: Where families and communities are disproportionately impacted by incarceration, encourage the development of social networks and improved access to resources. (Allocation Priority/Criteria and Policy Objective)

Objective 2.5: Assess and address the needs of residents of rural areas and farm communities, with assistance from the Regional Health Plan Collaboration. (Collaboration/Coordination and Policy Objective)

Objective 2.6: ~~Review data on the impact of COVID-19 on Champaign County residents with particular attention to underinvested populations and promote provider response to mitigate the adverse impact, as resources allow.~~ With assistance from the Regional Health Plan Collaboration, assess the impact of public health threats on racial and ethnic minority groups in Champaign County. Encourage providers to improve health and behavioral health outcomes for all residents. (Collaboration/Coordination and Allocation Priority/Criteria Objective)

Maximize Efficient use of Limited Resources

Convening Stakeholders Networking and Information Sharing

Participation in Networks/Partnerships

Goal #3:

On behalf of all eligible Champaign County residents, improve access to the supports, services, and resources currently available and beneficial to some.

Objective 3.1: Participate in and report on various coordinating councils whose missions align with the needs of the populations of interest to the Board with the intent of strengthening coordination between providers in the delivery of services. (Collaboration/Coordination Objective)

Objective 3.2: ~~Explore at the Board level potential for collaboration~~ Communicate on issues of mutual interest with the C-U Public Health District and the Champaign County Board of Health. (Collaboration/Coordination Objective)

Objective 3.3: Engage with CUPHD, United Way, Carle Foundation Hospital, and OSF in the Regional Health Plan Collaboration toward collaborative planning process for the next Community Health Improvement Plan. (Collaboration/Coordination Objective)

Objective 3.4: Increase awareness of community services and access to information on when, where, and how to apply for services, including through system navigators and expanded language access. (Collaboration/Coordination Objective)

Objective 3.5: ~~Explore feasibility of co-locating~~ Encourage providers to offer services in neighborhood community centers to reach all areas and people of Champaign County. ~~underinvested populations, including in rural areas.~~ (Collaboration/Coordination Objective)

Board Development
Onboarding; Study Sessions

Increase Board
& Board Staff Capacity
- to seek, review, and fund
an effective service array

Goal #4:

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

Objective 4.1: Coordinate integration, alignment, and allocation of resources with the CCDDB to ensure the efficacious use of resources within the intellectual/developmental disability (I/DD) service and support continuum. (Allocation Priority/Criteria Objective)

Objective 4.2: Assess alternative service strategies that empower people with I/DD and increase access to integrated community settings as ~~exemplified by the collaborative approach to the Employment First Act.~~ (Policy Objective)

Objective 4.3: ~~With the CCDDB, continue financial commitment to community based housing for people with I/DD from Champaign County.~~ (Allocation Priority/Criteria Objective)

Objective 4.4 4.3: Collaborate with the CCDDB on promoting inclusion and respect for people with I/DD. (Allocation Priority/Criteria and Collaboration/Coordination Objective)

Objective 4.5 4.4: Collaborate with the CCDDDB for use of the funds from the sale of the CILA homes to meet the needs of Champaign County residents with I/DD with significant support needs. (Policy and Allocation Priority/Criteria Objective)

CHILDREN AND FAMILY FOCUSED PROGRAMS AND SERVICES

Increase Understanding, Representation, Communication, and Amplification of the Wants and Needs of Consumers and Families

Flexible/Responsive to consumers and families

Goal #5:

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

Objective 5.1: ~~Support the efforts of~~ Participate in the Champaign County Community Coalition and other system of care initiatives. (Collaboration/Coordination Objective)

Objective 5.2: Sustain and build on the successes of Champaign County family-run organizations that incorporate family-driven and youth-guided principles in use of peer support specialists, and other peer-to-peer supports to assist multi-system involved youth and their families (Allocation Priority/Criteria Objective)

Objective 5.3: Support development of a coordinated response to community violence, including gun violence, that leverages existing investments by the Board in prevention and early intervention services for children, youth, and families, with funds from other funders to mitigate the public health crisis associated with community violence and in particular gun violence. (Collaborative/Coordination and Policy Objective)

Objective 5.4: Promote and support those targeted interventions that specifically address historical trauma experienced by African American and other minority youth. (Allocation Priority/Criteria Objective)

Objective 5.5: Sustain commitment to building systems that are trauma-informed, family-driven, youth-guided, and culturally responsive. (Policy Objective)

Objective 5.6: Acknowledging racial trauma as a mental health issue, develop or identify an appropriate response. (Policy Objective)

Objective 5.7: Identify or create opportunities to advocate at local, state, and national levels for full implementation and funding of safety net, screening, and crisis response for all children and families, including those with multi-system involvement or encountering multiple barriers to success and health. (Collaboration/Coordination Objective/Policy Objective)

CRIMINAL JUSTICE AND MENTAL HEALTH SYSTEM COLLABORATION

Crisis Prevention

Values/Best Practices
Individualized,
Comprehensive,
Person-Centered,
Quality of Life, Holistic,
Trauma-informed

Goal #6:

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

Objective 6.1: Continue involvement in the Crisis Intervention Team Steering Committee in support of increased collaboration between law enforcement and crisis service providers toward positive health and behavioral health outcomes for all Champaign County residents. ~~on implementing mobile crisis response in the community.~~
(Collaboration/Coordination Objective)

Objective 6.2: Sustain efforts to engage persons with behavioral health diagnoses re-entering the community from jail or prison or with recent involvement with the criminal justice system, in treatment and other support services such as the Champaign County Problem Solving Court and reentry services. (Allocation Priority/Criteria Objective)

Objective 6.3: Support integrated planning and service coordination for adults involved in the criminal justice system through participation in the Champaign County Reentry Council or similar body to address identified needs. (Collaboration/Coordination Objective)

Objective 6.4: Through the National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD), in its partnership with the National Association of Counties (NACo), use and promote technical assistance and support through collaborative and mentorship opportunities aimed at improving outcomes for those with behavioral health needs and justice system involvement. (Collaboration/Coordination Objective)

Increase Connections and Shared Understanding and Purpose with Relevant Systems
to Develop and Sustain the Desired Service Array
Comprehensive "Basket" of Resources to meet All Needs
Visible, Transparent & Well-Known

Goal #7:

In conjunction with the Champaign County Sheriff's Office, other law enforcement, and community stakeholders, pursue a continuum of services as an alternative to incarceration and/or overutilization of local emergency departments for persons with behavioral health needs or developmental disabilities.

Objective 7.1: Support ~~initiatives providing~~ local collaborations to increase housing and employment supports for persons with a mental illness, substance use disorder, and/or intellectual and developmental disabilities through ~~local collaborations~~. (Allocation Priority/Criteria and Collaboration/Coordination Objective)

Objective 7.2: Identify supports and services which reduce unnecessary incarceration and institutionalization, including behavioral health assessments, crisis stabilization, and treatment for addictions. (Collaboration/Coordination Objective)

Objective 7.3: Collaborate in the planning and implementation of 988, mobile crisis response, and other crisis supports. (Allocation Priority/Criteria Objective, Collaboration/Coordination Objective)

Comprehensive and
Diverse Set of Service
Approaches and
Strategies

High Quality/Effective
Care

Goal #8:

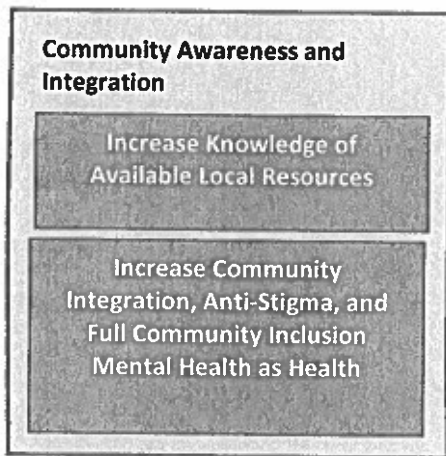
Support interventions for youth who have juvenile justice system involvement.

Objective 8.1: Through participation on the Youth Assessment Center Advisory Committee or other similar collaboratives, advocate for community and education-based interventions contributing to positive youth development and decision-making. (Collaboration/ Coordination Objective)

Objective 8.2: Through participation in the Champaign County Community Coalition and other community focused initiatives, encourage multi-system collaborative approaches for improving outcomes for youth and families and communities. (Collaboration/Coordination Objective)

~~**Objective 8.3:** Utilize the principles from "Models for Change" to reduce the disproportionate minority contact with law enforcement and involvement with the juvenile justice system. (Policy Objective)~~

COMMUNITY ENGAGEMENT & ADVOCACY



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

Objective 9.1: Continue support for and involvement in efforts to promote inclusion and challenge stigma and discrimination, such as the disABILITY Resource Expo: ~~Reaching Out for Answers~~, Ebertfest, National Children's Mental Health Awareness Day, and other related community education events. (Collaboration/Coordination Objective)

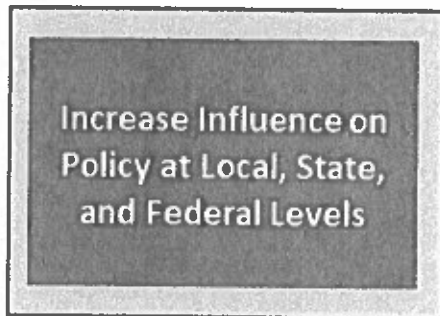
Objective 9.2: Promote substance use disorder prevention initiatives as a community education tool targeting youth and young adults.
(Collaboration/Coordination Objective)

Objective 9.3: ~~Participate in~~ Promote behavioral health community education initiatives, such as National Depression Screening Day, to encourage individuals to be screened and seek further assistance where indicated. (Collaboration/Coordination Objective)

Objective 9.4: Encourage and support efforts to more fully integrate people with behavioral health disorders and/or intellectual and/or developmental disabilities into community life in Champaign County.
(Allocation Priority/Criteria Objective)

Objective 9.5: Support Mental Health First Aid for Adults, Youth, and Teens, to encourage community members to provide first responder support for people that may be experiencing signs and symptoms of a crisis. (Collaboration/Coordination Objective)

Objective 9.6: Support development of web-based resources to make information on community services more accessible and user-friendly.
(Collaboration/Coordination Objective)



Goal #10:

Engage with other local, state, and national stakeholders on emerging issues.

Objective 10.1: ~~Monitor implementation of State Plan amendments, 1115 waiver pilot projects, and Managed Care by the State of Illinois, the local impacts of changes in Medicaid and Managed Care and advocate through active participation in the Association of Community Mental Health Authorities of Illinois (ACMHAI) and other statewide associations and advocacy groups.~~ (Collaboration/Coordination Objective)

Objective 10.2: Track state implementation of class action suit settlements involving persons with intellectual and/or developmental

disabilities or mental illness, e.g. Ligas Consent Decree and Williams Consent Decree, and advocate for the allocation of state resources sufficient to meet needs of clients returning to home communities or seeking fuller integration in their communities. (Policy Objective)

Objective 10.3: Maintain active participation in the National Association of County Behavioral Health and Developmental Disability Directors (NACHBDD), National Association of Counties (NACo), and like-minded national organizations, to understand trends, best practices, and innovations and to advocate at the national level. (Collaboration/Coordination Objective)

Objective 10.4: Monitor State actions to implement terms of the NB vs Norwood Consent Decree (through the Pathways to Success program) to improve access and treatment to children and youth for community based mental health and behavioral health care under the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) provisions of the Medicaid Act. (Policy Objective)

Objective 10.5: Advocate at the state and national levels on the issue of behavioral health and intellectual and developmental disability workforce shortages. (Policy Objective)

#10.D.



DECISION MEMORANDUM

DATE: September 21, 2022
TO: Champaign County Mental Health Board (CCMHB)
FROM: Lynn Canfield, Executive Director
SUBJECT: PY23 Agency Funding Request

Background:

Among allocation actions taken during the May 25, 2022 meeting of the Champaign County Mental Health Board was a decision “to deny the request as presented and defer a decision on an alternative proposal for CCMHB funding for Rosecrance Central Illinois - Prevention Services.” Earlier board concerns related to the need for more intensive services for youth.

On August 27 and 29, 2022, the agency submitted application forms for a proposal to improve access to the agency’s behavioral health services for youth and their families through nursing and care coordination. CCMHB staff have reviewed this proposal using the Program Analysis template developed for all PY23 requests. Comments from Board members were incorporated in the review, and some questions answered by the agency. *See attached.*

Staff Suggestions:

The CCMHB staff opinion is that this proposal meets the Board’s standards, aligns with the Systems of Care priority category, and represents a good value for Champaign County. Though addressed in the application, the contract should include special provisions to collaborate with related programs and to seek other funding, if available. The agency is also encouraged to share, in quarterly service activity report comments, any observations on the impact of telehealth services delivered to this population.

Budget Impact:

The PY23 allocations included “reserving” \$60,000 for a program which would address youth behavioral health needs and replace the CCMHB-funded portion of the agency’s Prevention Services. As a result, the request has a neutral impact on CCMHB 2022 and 2023 budgets. If a subsequent application is submitted to continue funding this in PY24, a larger amount would be needed to annualize the costs as presented; such an allocation decision would not be made until May or June of 2023 and would be included in future budget considerations.

Decision Section:

Motion to approve funding in the amount of \$59,682 for Rosecrance Central Illinois’ Child and Family Services, as presented in this memorandum.

- Approved
- Denied
- Modified
- Additional Information Needed

DRAFT PY2023 CCMHB Program Analysis

Agency: Rosecrance Central Illinois

Program: Children & Family Services

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

PY2023 CCMHB Funding Request: \$79,576

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

Type of Contract: Grant

Priority: Systems of Care for Youth and Families

Services and People Served

Target Population: youth (ages 5 to 17) with MH disorder and possible co-occurring SUD, and their families. ... counseling, psychiatry, and/or case management... are critical for youth and families with behavioral health needs, as Rosecrance staff may be the first link to treatment while the youth are in their formative years. Many of these clients have lived through trauma and adverse experiences such as exposure to violence, bullying, living in poverty, or dealing with the mental illness of a parent or other caregiver. These individuals are at a unique and important time in their development. Navigating the healthcare system for behavioral health services can be difficult due to the nature of MH disorders and varying degrees of the family's familiarity with mental health services. Addressing mental disorders for youth and adolescents early in their lives can lead to not only improved functioning at home, in school, and in the community but also positively impact their physical health.

Scope, Location, and Frequency of Services:

Scope: ... mental health counseling, transportation, case management, wellness, and psychiatric services... Referrals may be made by other providers, schools, hospitals, physicians, youth-serving organizations, families, and the Rosecrance mobile crisis response team. Services... [for] family members of the youth as appropriate. Care is provided by a multi-disciplinary team comprised of a mental health counselor, psychiatrist, and nurse. Mental Health Counseling and case management services are provided by a Master's-level licensed clinician... in the office, home, or other setting to create a family-driven, person-centered, trauma-informed, and culturally responsive treatment plan based on the clinical assessment. Counseling sessions are guided by the strengths-based treatment plan and may include individual, group, and/or family sessions... utilize skill-building, psychoeducation, and... Cognitive Behavior Therapy and Play Therapy... The MH clinician may coordinate services with the psychiatrist when there is an assessed need. The board certified, licensed psychiatrist provides psychopharmacological treatment and monitors for any adverse effects of medications... [and] is supported by a licensed nurse, who provides medication education, health and wellness promotion, and care coordination assistance for the youth or family members. The multiple care coordination activities, travel/transportation, and the services provided by the nurse are not funded by any other fund source.

Location/Frequency: 801 N. Walnut, Champaign, schools throughout the county, client homes, or any other safe, private location that is appropriate for the youth and their family. Rosecrance also rents space at CSCNCC in Rantoul... for counseling or case management sessions. The frequency of services provided is individualized in accordance with the person and family-centered treatment plan, which is based on assessed needs.

Access to Services for Rural Residents: Outreach to schools serving the rural areas of the county will take place throughout the year. Counseling services may take place at the office, in client homes, school, or other location within the county as appropriate to client/family need. Telehealth for counseling services may be used if needed and if the child's developmental/cognitive ability allows for it to be effective. Transportation may also be provided if it is an assessed need. Case management services and care coordination... throughout the county as needed. Psychiatric services... at 801 N. Walnut, Champaign office. Counseling services may take place [there... or] in client homes, school, or other location within the county as appropriate to client/family

need. Telehealth for counseling services may be used if needed and child's developmental/cognitive ability allows for it to be effective. Transportation... if it is an assessed need.

Access to Services for Members of Historically Underinvested Populations: By reaching out to people across Champaign County, Rosecrance serves a high percentage of underserved/underrepresented persons. In the past twelve months, 90% of the youth served at Rosecrance's 801 N. Walnut location are from a family having a financial situation that is characterized by the State of Illinois as low income or very low income. Additionally, 36% of the youth served were of a race other than Caucasian, closely aligning with 2020 population estimates for Champaign County where 34% of the population were from minority racial or ethnic groups. Healthcare disparities for low-income people with chronic and behavioral health problems compared to higher-income people with similar health conditions are well documented. For the health of our communities, Rosecrance believes it is important to not only continue services, but also to expand services, for youth and families in this demographic. The majority of the services will take place at Rosecrance's 801 N. Walnut, Champaign location. This site is centrally located within Champaign, on a bus line, and within walking distance of schools and the homes of some of the underserved groups in Champaign County. Counseling services may take place at the Walnut location, but also in client homes, school, or other safe location within the community as appropriate to client/family need. Transportation... if it is an assessed need. Case management services and care coordination will take place throughout the county as needed.

Program Performance Measures

CONSUMER ACCESS: Any child or adolescent (ages 5-17) in Champaign County assessed as having a mental health diagnosis. The Masters-level clinician performs an IM-CANS mental health assessment (required by the State of Illinois) to determine whether a child or adolescent meets criteria for mental health counseling services. The Ohio and Columbia Scales are also completed as part of the assessment. This assessment also helps to identify whether a person is in need of psychiatric or case management services. Internally, through Rosecrance staff (mobile crisis team, counselors, case managers, and others), and externally through parent organizations, pediatricians, school social workers, hospitals, case workers, or other service providers.

Within 14 days from referral, 100% of those referred will be assessed.

Within 7 days of assessment, 75% of those assessed will engage in services.

People will engage in services, on average, for: 120 days

Additional Demographic Data: Date of birth. Rosecrance also collects income level, education level, living arrangement, # of dependents, contact information, primary language, religion, veteran status, marital status, employment status, and legal status.

CONSUMER OUTCOMES: ... aims to help clients decrease emotional and behavioral issues and functional impairment. Treatment also aims to help the client improve in social adjustment and school performance.

- 1) Clients will show improvement in overall functioning level.
- 2) Clients will show improvement common problems reported by the client.
- 3) Clients will show improvement in level of functioning in a variety of areas of daily activity (for example, interpersonal relationships, recreation, self-direction, and motivation).
- 4) Clients will show improvement or no decrease in the severity and immediacy of suicide risk.

Measured by:

- 1) Clients will show improvement in Children's Global Assessment Score (CGAS). This is the clinician's rating of a child's overall functioning level.
- 2) Clients will show improvement in Ohio Scale Problem/symptom severity. This scale is comprised of items covering common problems reported by youth who receive behavioral health services. Each item is rated for severity/frequency.
- 3) Clients will show improvement in Ohio Scale Functioning scale. This scale rates the youth's level of

functioning in a variety of areas of daily activity (for example, interpersonal relationships, recreation, self-direction, and motivation).

4) Clients will show improvement or no decrease in Columbia Scale. This scale is used by the clinician to assess the severity and immediacy of suicide risk.

Outcome gathered from all participants? Yes

Anticipate 25 total participants for the year.

Will collect outcome information: At program admission and every six-months thereafter and at time of discharge, if client is available.

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

Estimated level of change for this outcome:

- 1) 60% of clients will show improvement in Children's Global Assessment Score (CGAS)
- 2) 50% of clients will show improvement in Ohio Scale Problem/symptom severity
- 3) 45% of clients will show improvement in Ohio Scale Functioning
- 4) 50% of clients will show improvement in Columbia Scale

UTILIZATION:

Treatment Plan Clients (TPCs): 20 youth and families who complete an assessment and treatment plan for services. This is the first year for this program and all Utilization numbers are estimates.

Non-Treatment Plan Clients (NTPCs): 5 youth and families who enroll in services but do not engage in an assessment or treatment plan. This is the first year for this program and all Utilization numbers are estimates.

Service Contacts (SCs): 210 contacts with youth and families, to include sessions with youth and/or family as well as transportation, case management, or care coordination activities with the youth and/or family. This is the first year for this program and all Utilization numbers are estimates.

Community Service Events (CSEs): 5 visits with community partners or other events to explain the program, invite referrals, and educate the community and/or referral sources about services for youth and families.

Financial Analysis

PY2023 CCMHB Funding Request: \$79,576

PY2023 Total Program Budget: \$167,632

Proposed Change in Funding - PY2022 to PY2023 = N/A

CCMHB request is for 47% of total program revenue. Other revenue is from: Client Fees \$1200; Medicaid payments \$84,556 (50%); Interest Income \$1740; and Misc \$560.

Personnel related costs of \$40,896 are the primary expense charged to CCMHB, at 51% of requested amount. Other expenses are: Professional Fees/Consultants \$32,620 (41%); Consumables \$353; General Operating \$2,927(4%); Occupancy \$1,330 (2%); and Local Transportation \$1,450(2%).

Total Agency Budget shows a Deficit of \$598,151. Total Program and CCMHB Budgets are BALANCED.

Board Question/Agency Response: during review of the application, the agency was asked whether the projected total agency budget deficit is a concern; their reply, "Due to how the portal is set-up, the total agency budget in the proposal is the same budget as that used for the other applications submitted back in February 2022 for Rosecrance Central Illinois (RCI). Rosecrance, Inc. continues to remain invested in bringing services and programs to Central Illinois to ensure persons in our communities have a full continuum of care available no matter their ability to cover the costs of their services."

Program Staff to be funded by CCMHB: 0.13 Indirect and 0.40 Direct = 0.53 FTEs

Total Program Staff: 0.25 indirect and 0.40 Direct = 0.65 FTEs

Staff Comments: The budget narrative combines Medicaid and Client Fees to one amount, as estimated Medicaid billings, just over half the program's total revenue. The Personnel form shows the following portions of DIRECT staff salaries to be charged to this contract: 20% of one Counselor and 20% of a Nurse (to be hired). INDIRECT staff salaries to be charged to this contract are 2% of Mental Health Director, 5% of Receptionist and Office Supervisor, and 1% of Executive Director; this cost allocation is explained in the Budget Narrative (an alternative to charging far smaller percentages of the full set of indirect staff).

Audit Findings: Agency PY21 audit was submitted October 28, 2021; no negative findings or excess revenue.

Priorities and Decision Support Criteria

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

Expectations for Minimal Responsiveness: *The agency completed a new Registration/Eligibility Questionnaire prior to original application deadline. All required forms were complete and submitted within the timeframe for September board and staff review. Proposed services/supports relate to mental health/substance use disorders and how the program may improve the quality of life for persons served. Evidence is included that other sources of funding are maximized. Telehealth for counseling, if appropriate.*

Agency Cultural and Linguistic Competence Plan

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

Highlights from the submitted CLC Plan: *Rosecrance submitted a comprehensive plan that covered all of the CLAS Standards. Staff demographics to mirror as closely as possible the population being served, including staff with lived experience while remaining compliant with EEO regulations. One report submitted to federal authorities annually. Rosecrance provides paid leave for cultural and religious needs of the staff. Director/Administrators will work with Rosecrance Communication staff to develop print materials (in any language other than English) for which more than 2% of total clients have identified a need for interpreters for that same language.*

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY22? *Yes. In addition, because this is a mid-year application, the PY22 year end CLC report has also been submitted.*

Highlights from the submitted CLC Progress Report: *"Outreach and engagement activities have focused on individual meetings with referral sources and through presentations to all Carle behavioral health staff, Champaign County Continuum of Service Providers to the Homeless (CSPH), NAMI Illinois, C-U @ Home, GROW, and at CCMHB board meeting. Rosecrance also offers "On Your Radar" Podcasts on the website... Multiple working agreements are in place. Services are provided in the office, virtually, in the community and non-traditional hours are offered in many programs. Client satisfaction surveys are completed twice per year. Due to COVID-19 pandemic, 12-step support group meetings are held virtually currently, but volunteers from 12-step community do virtual presentations to residential clients to help bridge the gap between treatment and recovery support groups."*

Overarching Decision Support Criteria

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

Inclusion and Anti-Stigma: *... person-centered, strengths-based, culturally appropriate, and include immediate access to a wide variety of behavioral health services. Rosecrance promotes culturally responsive services through staff training and program development, with special attention to ... (CLAS) standards... offering these services anywhere in Champaign County... [outreach] to schools, families, other providers, primary care physicians, and other youth-serving organizations [through]... face-to-face meetings, brochures, giving tours of our facility, behavioral health conferences, health fairs, newsletters, and social media.*

Outcomes: *four outcomes relate to improvements in the clients' experience, some self-assessed and some by staff, each with a specific target and appropriate assessment tools.*

Virtual Service Option(s): *for counseling, if appropriate per assessment/preference.*

Coordinated System: The need for more youth mental health and psychiatric services was noted several times in the CCDDDB/CCMHB 2021 Community Needs Assessment Report. While there are other providers in the area which offer outpatient MH counseling services for youth, such as The Pavilion Behavioral Health System, Hope Springs Counseling Services, Frances Nelson, Center for Youth and Family Solutions, Carle, and Family Services, not all serve the full age range and not all have psychiatric services available. Additionally, wait lists for services can be several months long for persons who have limited financial resources to meet the cost of their care. Other providers may refer clients to Rosecrance, and Rosecrance refers clients to services of other providers as appropriate. We all work together to meet the needs of the clients and to decrease wait lists for those seeking care in our community. Staff from Rosecrance are in communication with staff from the other organizations on a regular basis to coordinate services.

Budget and Program Connectedness: *budget narrative provides good detail and supports the program plan, explains the assignment of costs, including Management & General.*

Evidence-based, Evidence-informed, Recommended, or Promising Practice: *describes and links to information on Cognitive Behavioral Therapy, Play Therapy, Pharmacotherapy, and Strengths Based Case Management for Youth.*

Evidence of Collaboration: *written working agreements with OSF Hospital Urbana, Promise Healthcare, Cunningham Children's Home, Carle, Crisis Nursery, Champaign Unit 4 School District, Urbana School District 116, Uniting Pride, Pavilion, Champaign County Probation, Rantoul Police Dept, Mahomet Police Dept, City of Urbana Police Dept, RPC YAC, RACES, and CUPHD.*

Staff Credentials: MH Counselor is a Master's-level licensed clinician; supervised by a Master's-level, Licensed Clinical Social Worker or Licensed Clinical Professional Counselor; Board certified, licensed psychiatrist with special interest in child and adolescent psychiatry; Licensed nurse, who also provides medication education and case coordination assistance for the youth or family members as appropriate. Rosecrance staff who conduct MH assessments receive specialized training in IM-CANS through UI School of Social Work. Rosecrance's training program includes recovery-oriented programming, evidence-based approaches to care, trauma-informed care, care coordination and integration, and continuity planning.

Resource Leveraging: *not used as match for another grant; individual Medicaid payments are the other primary revenue.* **Other Pay Sources:** Medicaid or Managed Medicaid. **Client Fees:** No **Sliding Scale:** No. **Board Question/Agency Response:** *during review of the application, the agency was asked whether this funding would stay clear of Medicaid billings; their reply, "Yes, the funding stays clear of Medicaid billings, as it will be used to help cover the cost of services for persons without any pay source. Additionally, funding will help to cover the costs which the Medicaid rate structure does not cover (examples include the nursing and care coordination services, travel and transportation costs, etc.)."*

Process Considerations and Caveats

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

- *Similar to other PY23 Special Provisions: seek other sources of funding, if they become available; collaborate with related programs.*
- *Requested amount is annualized; recommend \$59,682 to pay for nine months of services as described.*
- *Because the impact of telehealth services will be of interest to CCMHB and staff, comments in quarterly service activity reports are encouraged.*

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

Recommendation: Pending



A PROGRAM OF PROMISE HEALTHCARE

September 9, 2022

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

Dear Board of Directors and Ms. Canfield

I am writing to let you know that despite the best efforts of our audit firm: Clifton, Larson and Allen; our national accounting firm WIPFLI; and staff at Promise Healthcare, we are unable to have our financial audit completed by September 30, 2022.

This is extremely disappointing and disheartening to all of us and not at all the outcome we were anticipating. As you are all too aware, we have had difficulty in the past with timelines and unfortunately, those difficulties continue to bring up issues that are perpetuating delays with the 2021 audit.

This is our first year with Clifton, Larson and Allen so they needed a plethora of information to learn our workflows and policies. This took additional time as well.

We have made some amazing changes in the past ten months or so. The operations and financial status of Promise Healthcare remain stable and in good shape. We continue to work with our accounting firm, WIPFLI, and we have hired our own Chief Financial Officer. Her name is Jamie Dahlman and she comes to us after serving 6+ years at a robust community health center in South Dakota. Additionally, we are implementing a new accounting software, Sage Intact, and a new HCM software, Isolved.

You have been patient and gracious with every one of our requests in the past that resulted in delays and missteps. I cannot express how much I regret that I need to bring this to your attention but felt it was best to come forward as soon as we received notice from our auditing firm.

I maintain full responsibility for Promise's inability to submit the financial audit. For the sake of over 2,000 patients who receive behavioral health services from Promise, we implore you to work with us yet again and know that we are working diligently to remedy this situation and take necessary actions to prevent in the future.

Sincerely,
Jennifer Henry
Jennifer Henry

Executive Director

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#1.A



DECISION MEMORANDUM

DATE: September 21, 2022
TO: Members, Champaign County Mental Health Board (CCMHB)
FROM: Lynn Canfield, Executive Director
SUBJECT: FY2023 Champaign County CCMHB and CILA Budget Submissions REVISED

Overview:

This memorandum presents revised budgets for the Champaign County Mental Health Board (CCMHB), Champaign County Developmental Disabilities Board (CCDDB), and CILA Facilities Funds for County Fiscal Year 2023 (January 1 through December 31, 2023), for approval by the Board. The CILA Facilities Fund will be renamed as "I/DD Special Initiatives Fund" for 2023.

The Boards each approved initial drafts at their July meetings. The present drafts incorporate advice and information from the County Executive and Deputy Director of Finance, with newer revenue and cost estimates, and were submitted for information to the Champaign County Board for August 29 budget hearing. Final budgets will be presented during their appropriations process in November.

Attached are revised proposed 2023 CCMHB, CCDDB, and CILA Facilities (to be I/DD Special Initiatives) Fund Budgets, with background details including comparisons of proposed 2023, projected 2022, and actual revenues and expenditures for fiscal years 2014 through 2021. The Intergovernmental Agreement between the CCMHB and CCDDB defines cost sharing and other arrangements. The CILA Fund (to be I/DD Special Initiatives) Budget is under joint authority of the Boards. In the attachments, numbers which have been revised are *in italics*.

Also attached are the Intergovernmental Agreement between the CCDDB and CCMHB and 2023 Budget documents as presented to the County Board on August 29, 2022.

Highlights of All Draft Versions:

- Projected 2023 property tax revenue INITIALLY assumed 5% growth over 2022 for the CCDDB and 7% growth for the CCMHB, no adjustment for collection rate below 100%. *See below for increased projections.*
- Miscellaneous revenue includes excess revenue returned by agencies, if returned in a different fiscal year than expended (both boards).

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- Majority of Expo Coordinator contracts are charged to Expo expense line, with a small portion in Professional Services or Public Relations due to Coordinator's work on non-Expo special projects. Prior to 2020, these had been charged to Professional Services, and Expo revenues and expenses were combined with other revenue and Public Relations costs, respectively (CCMHB budget).
- While the State of Illinois is expected to assume this cost starting in 2023 or 2024, both Boards participate with United Way to purchase 211 services from PATH, Inc., per 2021 approvals and shared as other costs, 57.85%/42.15% (CCMHB budget).
- CCMHB does not transfer an amount to the CILA fund in 2022, due to having paid off the mortgage; CCDDDB transfers \$50,000 for the final time (CILA budget).
- The I/DD Special Initiatives (CILA) budget is based on joint decisions by the Boards regarding allocations to providers for special projects.
- Some expenses are not shared by the CCDDDB (the portion of Public Relations for anti-stigma film sponsorship; accounting support for CCMHB funded agencies).
- Increases in Contributions & Grants (MHB and DDB).
- Background information offers more detail on certain expenditure lines and previous year actual costs and revenues.
- The CCDDDB/CCMHB Intergovernmental Agreement and addenda are attached.

Revisions to June 22 Budget Drafts:

- Increased 2023 Property Tax revenues based on 7.79% growth over 2022, with no adjustment for extension or collection rate below 100%; changes in other tax revenues and elimination of mobile home tax line (MHB, DDB);
- Changes in 2022 projections for property tax revenues, back tax, in lieu of, and mobile home taxes (MHB, DDB);
- Increased Investment Interest income for 2022 projected and 2023 budgeted (MHB, DDB, CILA);
- Decreased Other Miscellaneous Revenue, which in both funds, consists primarily of excess revenue returned during a different fiscal year than paid out (DDB);
- Increased total revenue and expenses (MHB, DDB, CILA);
- Recalculation of Personnel costs: higher amounts for FTE, FICA, worker's comp, unemployment, and health/life insurance; lower amount for IMRF (MHB);
- Employee Recognition and Development no longer listed with Personnel costs, instead with Services and slightly increased (MHB);
- Non-travel food no longer listed with Services, instead with Commodities (MHB);
- Traditionally separate lines for Printing and Copier Supplies are combined as one Stationery and Printing line (MHB);
- Traditionally separate lines for Professional Services and Accounting Services (charged by County) are combined in Professional Services, with lower total (MHB);
- Traditionally separate lines for office space rental and equipment rental are now combined in one Rental line (MHB);
- Traditionally separate lines for Conferences/Training and Non-Employee Conferences are combined in Conferences and Training line (MHB);

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- Traditionally separate lines for Equipment Maintenance and Brookens Repairs are combined in Repairs and Maintenance line (MHB);
- Outside Services line combines Computer and Copier Services plus charges from the County for share of Kronos payroll and Tyler ERP systems (MHB);
- Public Relations line is eliminated (MHB);
- Department Operating line is eliminated (MHB);
- Department Operating and Public Relations costs are now combined with Expo costs under Operational Services (MHB);
- DDB administrative costs paid to MHB are lower (MHB, DDB);
- Contributions and Grants are increased (MHB, DDB and CILA);
- Background information has revised 2022 projections and details on 2023, as above.

Decision Section:

Motion to approve the attached 2023 CCMHB Budget, with anticipated revenues and expenditures of \$6,369,010.

- Approved
- Denied
- Modified
- Additional Information Needed

Motion to approve the attached 2023 CILA Facilities (to be "I/DD Special Initiatives") Fund Budget, with anticipated revenues of \$51,000, use of \$300,000 from fund balance, and expenditures of \$351,000. Payment to this fund is consistent with the terms of the Intergovernmental Agreement between the CCDDDB and CCMHB, and full approval is contingent on CCDDDB action.

- Approved
- Denied
- Modified
- Additional Information Needed

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Draft 2023 CCMHB Budget

LINE ITEM	BUDGETED REVENUE	
400101	Property Taxes, Current	\$5,913,892
400103	Back Property Taxes	\$1,000
400301	Mobile Home Tax	\$0
400104	Payment in Lieu of Taxes	\$2,000
400476	CCDDB Revenue	\$407,118
400801	Investment Interest	\$3,000
400901	Gifts & Donations	\$3,000
400902	Expo Revenue	\$9,000
400902	Other Miscellaneous Revenue	\$30,000
TOTAL REVENUE		\$6,369,010

LINE ITEM	BUDGETED EXPENDITURES	
500102	Appointed Official	\$107,000
500103	Regular FTE	\$368,198
500105	Temporary Salaries & Wages	\$2,500
500108	Overtime Wages	\$2,750
500301	FICA	\$36,353
500302	IMRF	\$12,546
500304	W-Comp	\$2,376
500305	Unemployment	\$1,518
500306	Health/Life Insurance	\$73,440
Personnel Total		\$606,681
501001	Stationery & Printing (Printing & Copier Suppl)	\$1,000
501002	Office Supplies	\$4,200
501003	Books/Periodicals	\$300
501004	Postage/UPS/Fed Ex	\$2,000
501005	Non-Travel Food (Business Meals)	\$150
501017	Equipment Under \$5000	\$7,000
501021	Employee Development/Recognition	\$285
Commodities Total		\$14,935
502001	Professional Services (adds Audit & Accounting Services)	\$158,133
502002	Outside Services (combines Computer and Photocopier Services)	\$27,000
502003	Travel Costs	\$1,500
502004	Conferences & Training (combines Employee and Non-Employee)	\$20,000
502007	Insurance (Non-Payroll)	\$18,000
502011	Utilities (Telephone)	\$600
502012	Repairs and Maintenance (combines Brookens Repairs and Equipment Maintenance)	\$600
502013	Rental (combines Office and Equipment)	\$26,800
502014	Finance Charges/Bank Fees	\$30
502019	Legal Notices/Ads	\$500
502021	Dues, License, & Membership	\$20,000
502022	Operational Services (combines Dept Operating, Expo Costs, and Public Relations)	\$79,100
502025	Contributions & Grants	\$5,378,131
Services Total		\$5,730,394
700101	Interfund Transfer, CCDDB (Share of Expo and some of Other Misc Rev)	\$4,000
700101	Interfund Transfer, CILA Fund	\$0
700101	Interfund Transfer, to CARF for ERP	\$13,000
Interfund Transfers TOTAL		\$17,000
TOTAL EXPENSES*		\$6,369,010

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Draft 2023 CCDDDB Budget

LINE ITEM	BUDGETED REVENUE	
400101	Property Taxes, Current	\$4,857,487
400103	Back Property Taxes	\$2,000
400301	Mobile Home Tax	\$0
400104	Payment in Lieu of Taxes	\$4,000
400801	Investment Interest	\$2,000
600101	Interfund Transfer (Expo and some Other Misc Rev) from MHB	\$4,000
400902	Other Miscellaneous Revenue	\$5,000
	TOTAL REVENUE	\$4,874,487

LINE ITEM	BUDGETED EXPENDITURES	
5002001	Professional Services (42.15% of an adjusted set of CCMHB Admin Expenses)	\$407,118
502025	Contributions & Grants	\$4,417,369
700101	Interfund Transfer, CILA Fund	\$50,000
	TOTAL EXPENSES	\$4,874,487

Draft 2023 I/DD Special Initiatives (formerly CILA Facilities) Fund Budget

LINE ITEM	BUDGETED REVENUE	
600101	From CCDDDB Fund 108	\$50,000
600101	From CCMHB Fund 090	-
400801	Investment Interest	\$1,000
-	From Fund Balance	\$300,000
TOTAL REVENUE		\$351,000

LINE ITEM	BUDGETED EXPENDITURES	
501017	Equipment Less than \$5,000 (includes a designated gift for the benefit of one individual, accessed at family request, with balance \$5063 as of May 5, 2022)	\$5,063
502001	Professional Services (legal, accounting, if needed)	\$4,000
502025	Contributions and Grants	\$341,737
502019	Legal Notices, Advertising	\$200
TOTAL EXPENSES		\$351,000

Background for 2023 CCMHB Budget, with 2022 Projections and Earlier Actuals

2023 BUDGETED REVENUE	2022	2021	2020	2019	2018	2017	2016	2015	2014	
	PROJECTED	ACTUAL	ACTUAL	ACTUAL	ACTUAL	ACTUAL	ACTUAL	ACTUAL	ACTUAL	
Property Taxes, Current	\$5,913,892	\$5,498,918	\$5,278,325	\$4,890,491	\$4,813,598	\$4,611,577	\$4,415,651	\$4,246,055	\$4,161,439	\$4,037,720
Back Property Taxes	\$1,000	\$1,000	\$0	\$3,382	\$6,489	\$494	\$2,731	\$2,486	\$2,861	\$1,612
Mobile Home Tax	\$0	\$3,700	\$0	\$3,736	\$4,062	\$3,909	\$3,766	\$3,903	\$3,995	\$3,861
Payment in Lieu of Taxes	\$2,000	\$2,500	\$3,679	\$1,088	\$2,604	\$3,406	\$3,201	\$2,970	\$2,889	\$2,859
CCDDDB Revenue	\$407,118	\$392,834	\$366,344	\$346,706	\$409,175	\$310,783	\$287,697	\$377,695	\$330,637	\$337,536
Investment Interest	\$3,000	\$3,000	\$1,343	\$7,627	\$45,950	\$41,818	\$18,473	\$3,493	\$1,385	\$1,015
Gift & Donations	\$3,000	\$500	\$100	\$2,900	\$4,706					
Expo Revenue (now combined with Other Misc Rev)	\$9,000	\$15,000	\$100	\$13,805	\$14,275	\$21,613	\$5,225	\$18,822	\$26,221	\$28,192
Other Miscellaneous Revenue	\$30,000	\$30,000	\$2,205	\$90	\$129,028	\$29,955	\$117,195	\$21,340	\$67,599	\$95,719
*ARPA Fiscal Recovery Funding			\$770,436							
TOTAL REVENUE	\$6,369,010	\$5,947,462	\$8,422,552	\$5,259,815	\$5,429,987	\$5,023,555	\$4,853,639	\$4,676,764	\$4,597,006	\$4,498,514

* Per the County Board, the full amount of ARP request is deposited during 2021, with half spent in 2021 and the other half in 2022. This results in the appearance of a surplus in 2021 and deficit in 2022, when in fact the fund balance will cover it.

2023 BUDGETED EXPENDITURES (SEE PAGE 5 FOR DETAILS)	2022	2021	2020	2019	2018	2017	2016	2015	2014	
	PROJECTED	ACTUAL	ACTUAL	ACTUAL	ACTUAL	ACTUAL	ACTUAL	ACTUAL	ACTUAL	
Personnel	\$806,681	\$583,761	\$564,542	\$544,001	\$517,053	\$522,073	\$449,220	\$577,548	\$502,890	\$532,909
Commodities	\$14,935	\$16,100	\$8,632	\$12,362	\$11,147	\$10,049	\$6,263	\$7,998	\$11,297	\$9,292
Services (not Contrib & Grants)	\$352,263	\$322,890	\$288,512	\$286,912	\$286,376	\$404,059	\$432,828	\$410,157	\$382,870	\$375,755
*Contributions & Grants	\$5,378,131	\$5,389,935	\$5,063,438	\$4,495,820	\$3,993,283	\$3,648,188	\$3,593,418	\$3,428,015	\$3,335,718	\$3,673,966
Interfund Expenditures	\$17,000	\$19,800	\$28,430	\$5,819	\$406,505	\$56,779	\$57,288	\$60,673	\$0	\$0
Interest on Tax Case	\$0	\$0	\$0	\$1,648						
TOTAL EXPENSES	\$6,369,010	\$6,332,476	\$5,833,554	\$5,346,582	\$5,214,384	\$4,641,148	\$4,639,017	\$4,484,391	\$4,232,715	\$4,591,892

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Additional Information about Expenses (Proposed 2023 versus Projected 2022)

Personnel 2023 v 2022

PERSONNEL	2023	2022
Appointed Official	\$1,07,000	\$1,06,734
Regular FTE	\$368,198	\$340,803
Temporary Wages/Sal	\$2,500	\$2,500
Overtime Wages	\$2,750	\$2,750
FICA	\$36,353	\$34,237
IMRF	\$12,546	\$23,541
W-Comp	\$2,376	\$2,462
Unemployment	\$1,518	\$1,495
Health/Life Insurance	\$73,440	\$69,029
Employee Dev/Rec	\$0	\$210
	\$606,681	\$583,761

Commodities 2023 v 2022

COMMODITIES	2023	2022
Printing & Copier Supplies	\$1,000	\$1,500
Office Supplies	\$4,200	\$3,700
Books/Periodicals	\$300	\$200
Postage/UPS/Fed Ex	\$2,000	\$1,700
Food Non-Travel	\$150	\$150
Equipment Under \$5000	\$7,000	\$9,000
Employee Dev/Rec	\$285	\$0
	\$14,935	\$16,250

Services (not Contributions and Grants)

SERVICES	2023	2022
Audit & Accounting*	\$12,000	\$12,000
Professional Services*	\$146,133	\$135,150
Outside Services (Computer)	\$24,000	\$18,000
Outside Services (Photocopier)	\$3,000	\$3,000
Travel	\$1,500	\$1,000
Non-employee Conference**	\$12,000	\$7,000
Conferences/Training	\$8,000	\$8,000
Insurance (Non-Payroll)	\$18,000	\$17,000
Utilities (Telephone)	\$600	\$600
Equipment Maintenance	\$500	\$500
Repairs (Brookens)	\$100	\$100
Rental (Office)	\$26,000	\$24,000
Rental (Equipment)	\$800	\$800
Finance Charges/Bank Fees	\$30	\$30
Legal Notices/Ads	\$500	\$500
Dues/Licenses	\$20,000	\$20,000
Operational Svcs (Depty)***	\$300	\$300
Operational Svcs (Public Relations)***	\$20,000	\$17,000
Operational Svcs (disability Resource Expo)***	\$58,800	\$58,000
	\$352,263	\$322,880

Interfund Expenditures

INTERFUND TRANSFERS	2023	2022
CCDDB Share of Expo and some of MHB Misc Revenue	\$4,000	\$6,800
Payment to CILA Fund	\$0	\$0
Transfer to CARF for ERP	\$13,000	\$13,000
	\$17,000	\$19,800

***Professional Services:**
For 2023, Audit and Accounting Services will be included in this line. Other typical costs: legal counsel, website maintenance, HR, shredding, language access services, accessible documents, independent audit review and CPA consultation, independent application review, 211 through United Way, Health Plan Coordinator through United Way, Outcomes Reporting (TBD), and, for MHB only, financial management support to agencies.

****Conferences and Trainings:**
For 2023, non-employee conferences and trainings line is combined with employee conferences and trainings line. Non-Employee: Mental Health First Aid; monthly trainings for providers, with expenses for presenters and supplies; and board members attending conferences and trainings.

*****Public Relations and disability Resource Expo:**
For 2023, these are combined with Departmental Operating costs, under Operational Services: Eberfest (not shared with CCDDB), other community education/awareness, consultant support, Expo costs and coordinators.

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Additional Information about Services

SERVICES	2023	2022
Professional Services* Various supports: AAIM (3 year membership) \$3000 and human resources services (\$1000). Approximately \$84,000 for outcomes support, including CCDD, and accounting support, CCMHB only; \$22,500 to United Way for 211. \$1,000 Ed McManus. \$20,000 online application/reporting systems (EMK). \$2,000 maintenance of Expo, AIR website. \$5,000 coordination of community health assessment and plan. Language access and other accessible document production; graphic design; shredding services; CPA consultant/reviews; legal counsel. For 2023, \$12,000 for Auditor's Office services is included, and the separate line "Audit and Accounting Services" is no longer used.	\$158,133	\$135,150
Public Relations*** \$15,000 Ebertfest film sponsorship (if approved) or similar, offset by Alliance member dues and other contributions of \$3k-\$5k/year. \$3,000 estimated for other community events and anti-stigma art show(s) and promotion, including Market in the Square and possible Farmers Market. \$2,000 sponsorships of other events. (COULD include: charges from one Expo Coordinator for work on non-Expo events.)	\$20,000	\$17,000
disability Resource Expo*** Support for Expo events, including venue, supplies, food, interpreters, advertising, t-shirts, storage space, etc. Majority of Expo Coordinators' contracts are here. Expo costs are offset by exhibitor fees and contributions from sponsors.	\$58,800	\$58,000
CCMHB Contribution s & Grants Estimated CCMHB payments to agencies from January 1 to June 30, 2023, as authorized in May 2022, plus 1/2 of estimated FY24 annual allocation amount, with agency contract maximums to be authorized by July 1, 2023. (Lower than previous year due to no additional revenues to support these.)	\$5,378,131	\$5,389,935
CCDD Contribution s & Grants Estimated CCDD payments to agencies from January 1 to June 30, 2023, as authorized in May 2022, plus 1/2 of estimated FY24 annual allocation amount, with agency contract maximums to be authorized by July 1, 2023.	\$4,417,369	\$4,093,394
Dues/ Licenses \$1,000 national trade association (NACBHD), \$16,000 state trade association (ACMHA), and smaller amounts Human Services Council, Arc of Illinois, any new membership, e.g., CBHA, NCBH, NADD, possible NADSP membership.	\$20,000	\$20,000
Conferences /Training \$1000 registration for NACO and NACBHD Legislative and Policy Conferences (likely offset by ACMHA), \$350 for NACO Annual Meeting. Costs of travel (plus lodging and food) for staff for NACBHD and NACO meetings. Costs of travel (plus lodging and food) for staff for ACMHA meetings. Costs of one other conference/training for staff members. Federation of Families, Arc of IL, NADD, or similar. Kalescope, Inc. training and certification.	\$9,000	\$8,000
Non-Employee Conferences /Trainings** Registration, costs of travel, lodging, and food for board members to attend National or State Association meetings and other conferences or trainings of interest. Also charged here are the costs associated with Mental Health First Aid trainings and trainings for non-employees (e.g., case managers, other service providers, stakeholders), which can include presenters, rental, refreshments, materials, promotion. Unknown whether in person or virtual, or impact on cost.	\$12,000	\$7,000
Unexpected Changes in supports to agencies, additional non-employee trainings, or Public Relations/Expo costs. Continued uncertainty regarding large gatherings. Budget transfers if offices move to a different location or are modified; legal expenses are greater, etc. Budget amendment if employee resignation. Fund balances are lowest in May, at which point there should be enough for 6 months operating + remaining tax liability + share (57.85%/42.15%) of accrued staff benefits. If first tax distribution does not occur by June, fund balance may be used.		Unknown state of large gatherings (Expo, Ebertfest, conferences, trainings). Possible telework expenses or change in office. Budget transfers if offices move to a different location or are modified; legal expenses are greater, etc. Budget amendment if employee retirement/resignation. Boards' fund balances are lowest in May, at which point there should be enough for 6 months operating + remaining tax liability (small) + share (57.85%/42.15%) of accrued staff benefits. If first tax distribution does not occur by June, fund balance may be used.

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Calculation of the CCDDB Administrative Share ("Professional Services")

Adjustments:	2023	2022
CCMHB Contributions & Grants	\$5,378,131	\$5,389,935
Bookkeeping pilot	\$8,000	\$4,000
Earliest anti-stigma film and events	15,000	-
Payment to CILA fund	-	-
CCDDB Share of Donators & Misc Rev	\$4,000	\$6,800
Adjustments Total:	\$5,403,131	\$5,400,735
CCMHB Total Expenditures:	\$6,369,010	\$6,332,726
Total Expenditures less Adjustments:	\$965,879	\$931,991

Total Expenditures less Adjustments
 Adjusted Expenditures x 42.15%
 Monthly Total for CCDDB Admin

	2023	2022*
CCDDB Share	\$965,879	\$931,991
Adjusted Expenditures x 42.15%	\$407,118	\$392,834*
Monthly Total for CCDDB Admin	\$33,926	\$32,736

*At the end of the Fiscal Year, actual expenses are updated, some revenues (e.g., Expo) are shared, and adjustments are made to the CCDDB current year share.

Background for 2023 CCDDB Budget, with 2022 Projections and Earlier Actuals

2023 BUDGETED REVENUES	2022 PROJECTED	2021 ACTUAL	2020 ACTUAL	2019 ACTUAL	2018 ACTUAL	2017 ACTUAL	2016 ACTUAL	2015 ACTUAL	2014 ACTUAL
Property Taxes, Current	\$4,857,487	\$4,515,334	\$4,334,187	\$4,001,872	\$3,982,668	\$3,846,413	\$3,595,174	\$3,545,446	\$3,501,362
Back Property Taxes	\$2,000	\$1,000	\$0	\$2,773	\$5,369	\$412	\$2,278	\$2,105	\$1,398
Mobile Home Tax	\$0	\$0	\$0	\$3,066	\$3,361	\$3,261	\$3,142	\$3,305	\$3,348
Payment in Lieu of Taxes	\$4,000	\$2,000	\$3,021	\$0	\$2,154	\$2,841	\$2,671	\$2,515	\$2,479
Investment Interest	\$2,000	\$2,000	\$791	\$4,054	\$23,508	\$24,062	\$10,983	\$2,318	\$812
Gifts & Donations (transfer from MHB)	\$4,000	\$6,800	\$0	\$5,819	\$106,505	\$6,779	\$7,298	\$10,673	\$0
Other Miscellaneous Revenue	\$5,000	\$8,000	\$971	\$9,524	\$8,955	\$6,408	\$14,432	\$0	\$11,825
TOTAL REVENUE	\$4,874,487	\$4,535,134	\$4,338,970	\$4,027,108	\$4,132,520	\$3,890,776	\$3,724,703	\$3,616,091	\$3,521,224

2023 BUDGETED EXPENDITURES	2022 PROJECTED	2021 ACTUAL	2020 ACTUAL	2019 ACTUAL	2018 ACTUAL	2017 ACTUAL	2016 ACTUAL	2015 ACTUAL	2014 ACTUAL
Professional Services (42.15% of some CCMHB expenses, as above)	\$407,118	\$392,834	\$366,344	\$330,445	\$309,175	\$310,783	\$287,697	\$379,405	\$337,536
Contributions & Grants	\$4,417,369	\$4,093,394	\$3,514,153	\$3,659,691	\$3,435,748	\$3,250,768	\$3,262,938	\$3,206,389	\$3,224,172
Interfund Transfer, CILA Fund	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$0
Interfund Transfer to MH (loan repay)	-	-	-	-	\$100,000	-	-	-	-
Interest on Tax Case	-	\$0	\$0	\$1,363	-	-	-	-	-
TOTAL EXPENSES	\$4,874,487	\$4,536,228	\$3,930,497	\$4,041,499	\$3,894,923	\$3,611,551	\$3,600,635	\$3,635,794	\$3,449,759

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INTERGOVERNMENTAL AGREEMENT

THIS INTERGOVERNMENTAL AGREEMENT is entered into this 16th day of March, 2016 by and between the Champaign County Mental Health Board (hereinafter the "Mental Health Board") and the Champaign County Board for the Care and Treatment of Persons with a Developmental Disability (hereinafter the "Developmental Disabilities Board"). The parties hereby enter into this INTERGOVERNMENTAL AGREEMENT to delineate respective roles, responsibilities, and financial obligations associated with the shared administrative structure that shall be responsible for the staffing and operation of the Mental Health Board and the Developmental Disabilities Board. Both parties understand and agree as follows:

WITNESSETH

WHEREAS, the Mental Health Board has a statutory responsibility (Illinois Community Mental Health Act, 405 ILCS 20 / Section 0.1 et.seq.) to plan, fund, monitor, and evaluate mental health, substance abuse, and developmental disability services in Champaign County;

WHEREAS, the Developmental Disabilities Board has a statutory authority (County Care for Persons with Developmental Disabilities Act, 55 ILCS 105 / Section 0.01 et. seq.) to fund services and facilities for the care and treatment of persons with a developmental disability;

WHEREAS, the Mental Health Board and Developmental Disabilities Board have overlapping responsibilities pertaining to planning, funding, monitoring, and evaluating developmental disability programs and services in Champaign County;

WHEREAS, the members of the Mental Health Board and the Developmental Disabilities Board are appointed by the Chair of the Champaign County Board with consent of the Champaign County Board and as such have committed to share the same administrative structure to maximize the funding available for direct mental health and developmental disabilities programs and services;

WHEREAS, the Parties agree sharing an administrative structure will reduce administrative costs, maximize available funding for direct services, and assure an integrated planning process for developmental disabilities and behavioral health programs and services;

NOW, THEREFORE, it is the agreement of the parties that this INTERGOVERNMENTAL AGREEMENT is entered into in order to assure an efficient, ongoing, cooperative effort that will benefit people with disabilities in Champaign County.

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The Parties Agree to the Following Arrangements for a Shared Executive Director and Joint Programs:

1. The chief administrative employee shall serve in a dual (i.e., shared) capacity as Executive Director of the Mental Health Board as well as Executive Director of the Developmental Disabilities Board.
2. The terms and conditions of the Executive Director's employment shall be delineated in an employment contract with both the Developmental Disabilities Board and the Mental Health Board as Parties to the agreement.
3. Each Board shall complete a separate annual performance evaluation of the Executive Director. If either Board rates the Executive Director as "less than satisfactory," a Joint Personnel Committee comprising two (2) officers of the Mental Health Board and two (2) officers of the Developmental Disabilities Board shall be convened to assess the situation and formulate recommendations. A recommendation of termination by the Joint Personnel Committee, or any other action proposed, shall require ratification by each Board by majority vote. The Joint Personnel Committee shall have no other function.

An annual performance review conference with the Executive Director shall be convened by the Presidents of the two Boards. This conference shall be used to provide feedback about performance and discuss goals and objectives for the coming year.

4. Process for selection of a new shared Executive Director: At such time as it becomes necessary to fill the shared position of Executive Director for the Mental Health Board and the Developmental Disabilities Board, the search and decision process shall include the following steps and processes.
 - a. The Mental Health Board and the Developmental Disabilities Board shall develop and agree upon selection criteria and job description for the shared Executive Director position. If necessary, a separate document delineating the search process shall be developed and agreed upon by each Board.
 - b. The Presidents of the two Boards, with the advice and consent of the two Boards, shall appoint a Search Committee to manage the search and selection process for the shared Executive Director using the job description and selection criteria.
 - c. The Search Committee shall report, in advance, a general schedule for the search process, any advertising content to be used, shall request budget support for the search process, and shall keep the two Boards informed about activities and progress associated with the search with regular reports at each Board meeting during the search schedule.
 - d. Ultimately, finalists for the shared Executive Director position will be determined by majority vote of the Search Committee and forwarded to the two Boards.

- e. If within 45 days of the planned time of completion of the search, from the schedule in part (c) above, the Search Committee is unable to come to a decision about finalists, then the two Boards may elect to extend the search time to a specific later date or to start the search again from the beginning. If the two Boards do not so elect, this shall be considered to imply that a shared Executive Director is no longer viable and the process of termination or amendment of this agreement shall commence.
- f. The Executive Director shall be chosen from among the final candidates by majority vote of each Board. If the two Boards do not reach mutual agreement, then the two Boards may elect to start the search again from the beginning. If the two Boards do not so elect, this shall be considered to imply that a shared Executive Director is no longer viable and the process of termination or amendment of this agreement shall commence.

The Parties Agree to the Following Financial Commitments:

5. There shall be ongoing communication between the Mental Health Board and the Developmental Disabilities Board. On at least a quarterly basis, the shared Executive Director shall meet with the Presidents of the Mental Health Board and the Developmental Disabilities Board to review the status of the provision of administrative services, to discuss coordination of funding for developmental disabilities services, to coordinate regarding joint projects and activities, and to address any other items pertinent to the operations of either Board. The Presidents shall report on the discussion and any actions taken at regular meetings of each Board.
6. The Mental Health Board shall provide funding for developmental disabilities services using the FY12 amount of \$529,852 as a base with annual increases or decreases predicated on the percentage of increase or decrease in the levy fund in subsequent years.
7. The organization of Champaign County Government makes it cumbersome for administrative costs to be paid by both the Mental Health Board and the Developmental Disabilities Board. To simplify matters, all administrative costs shall be paid through the Mental Health Board fund/account. The Developmental Disabilities Board will transfer their share of administrative costs to the Mental Health Board for this purpose.
8. The split for administrative costs on the date of execution of this agreement is 42.15% for the Developmental Disabilities Board share with the remainder paid by the Mental Health Board. This percentage is based on a time study of staff effort to determine the salary cost split between the Boards. Subsequent appropriate cost sharing adjustments, based on time studies, pro rata allocation, or other mutually agreed approach shall be determined through the regular meetings between the Presidents of the Mental Health Board and the

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Developmental Disabilities Board with the advice and consent of the two Boards.

9. In preparation for the annual budget process, the Executive Committee shall review the proposed administrative costs of the Mental Health Board budget to assure the share in paragraph (8) above is applied only to expenditures which are common for both boards. Administrative costs which are specific to the Mental Health Board or to the Developmental Disabilities Board shall be excluded from (i.e., backed out of) the shared cost pool.
10. All current and future "jointly sponsored programs and activities" shall be shared equally between the Boards unless each Board agrees to some other allocation. These include, but are not limited to, various Acceptance, Inclusion, and Respect programs intended to address discrimination, violations of civil rights, and other stigma directed to people with disabilities.

Miscellaneous Provisions:

11. Nothing contained herein serves to limit, alter, or amend either party's duties, rights, or responsibilities as set out in applicable State statutes, laws, or regulations.
12. This agreement can be amended at any time based on needs identified at the quarterly Presidents Meeting or by either of the two Boards.
13. This agreement may be terminated by first providing notification of intent to terminate the agreement at the President's Meeting, followed by majority vote of either Board, or in the event of disagreement about candidates for the Executive Director position as described in Paragraph 4 above. In the event of a decision to terminate the Intergovernmental Agreement, full implementation of the termination and separation shall be coordinated and concurrent with the Champaign County Budget and fiscal year (January 1).

Governing Law:

14. This Agreement shall be interpreted, construed, and governed by the laws of the State of Illinois.

Entirety of Agreement:

15. This Agreement embodies all representations, obligations, agreements, and conditions in relation to the subject matters hereof, and no representations, obligations, understandings, or agreements, oral or otherwise, in relation thereto exist between the parties except as expressly set forth herein and incorporated herein by reference. This Agreement constitutes the entire agreement between the Mental Health Board and the Developmental Disabilities Board on the subject matters hereof and supersedes and replaces any and all other understandings, obligations, representations, and agreements, whether written or oral, express or implied, between or by the Mental Health Board and the Developmental Disabilities Board. This

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Agreement may be amended or terminated only by an instrument in writing duly executed by the parties hereto.

IN WITNESS WHEREOF, the Parties have caused this INTERGOVERNMENTAL AGREEMENT to be executed by their authorized representatives on the 16th day of March, 2016.

For the Champaign County Board for the Care and Treatment of Persons with a Developmental Disability:

Philip T. Krein, President

Philip T. Krein

March 16, 2016

For the Champaign County Mental Health Board
Deborah Townsend, President

Deborah Townsend

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ADDENDUM TO INTERGOVERNMENTAL AGREEMENT

This Addendum to Intergovernmental Agreement is entered into this 27th day of November, 2020, by and between the Champaign County Mental Health Board ("MHB") and the Champaign County Board for the Care and Treatment of Persons with a Developmental Disability ("DDB").

Whereas, MHB and DDB entered into an Intergovernmental Agreement dated June 30, 2012 ("Agreement"), revised March 16, 2016 ("Agreement"), and amended September 17, 2014 and February 20, 2019,

Whereas, MHB and DDB desire to amend the Agreement by providing for the sharing of costs related to the acquisition, maintenance, and disposition of residences to be used to provide Community Integrated Living Arrangement ("CILA") Services,

Whereas, with financing provided by one or more local banks, MHB acquired residences in Champaign County to be leased to a CILA provider to provide housing to residents in Champaign County who qualify for CILA services,

Whereas, MHB paid the remaining mortgage balance (interest and principal) which has allowed for acquisition of two residences and provision of services to eligible persons, so that as of May 2019, the MHB had contributed a total of \$500,000, and the DDB \$300,000 to the project,

Whereas, per October 2020 resolution, the titles for each property were transferred from the MHB to the DDB,

Now, therefore, MHB and DDB hereby agree as follows:

1. MHB and DDB have agreed that for so long as a residence is owned by DDB and used to provide CILA services to residents of Champaign County, each party shall be responsible for one-half of all costs associated with the acquisition of such residences, the debt payments associated with such residences, the maintenance costs of such residences and the costs associated with any disposition of a residence.
2. Prior to the contributions of the DDB becoming equal to those of the MHB, if expenses related to the CILA fund exceed the amount available in the annual budget, the DDB will transfer the additional amount to the CILA fund, reducing the remaining DDB obligation.
3. After the contributions of each Board have become equal, the CILA fund will continue to receive equal contributions from each board, by annual interfund transfers, for ongoing expenses associated with the properties. This annual amount will be based on most recently completed fiscal year actual expenses plus 10%.

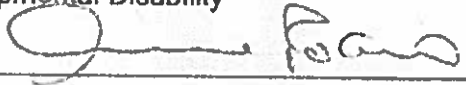
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4. If expenses related to the properties exceed the amount available in annual CILA fund budget, a request to transfer from CILA fund balance may be made. If fund balance is insufficient or transfer not possible, the Boards may agree to contribute equally to the fund as needed.
5. MHB and DDB agree that once a residence is no longer to be used to provide CILA services, DDB shall enter into a listing agreement with a realtor in an attempt to sell such residence.
 - A. If the homes are sold prior to such time as the total DDB contribution has become equal to that of the MHB, net proceeds from sale of the homes shall first be paid to MHB in an amount equal to the MHB's contribution that is greater than the then DDB's contribution. Any fund balance or net proceeds remaining will be split equally between the two Boards, as interfund transfers from the CILA fund to each of the MHB fund and DDB fund.
 - B. If the homes are sold after the contributions have become equal, the current balance of the CILA fund and proceeds from the sale of the homes will be split equally between the two boards, per the original agreement.

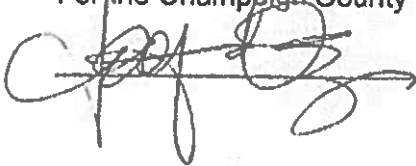
In witness whereof, the parties have executed this Addendum as of the date first written above.

As this Addendum contains the entire agreement between the Champaign County Mental Health Board ("MHB") and the Champaign County Board for the Care and Treatment of Persons with a Developmental Disability ("DDB") concerning the operations, finances and disposition of any matter related to the CILA (formal) homes, by mutual agreement, the Addendums of Feb 20, 2019 and Sept. 17, 2014 are null and void.

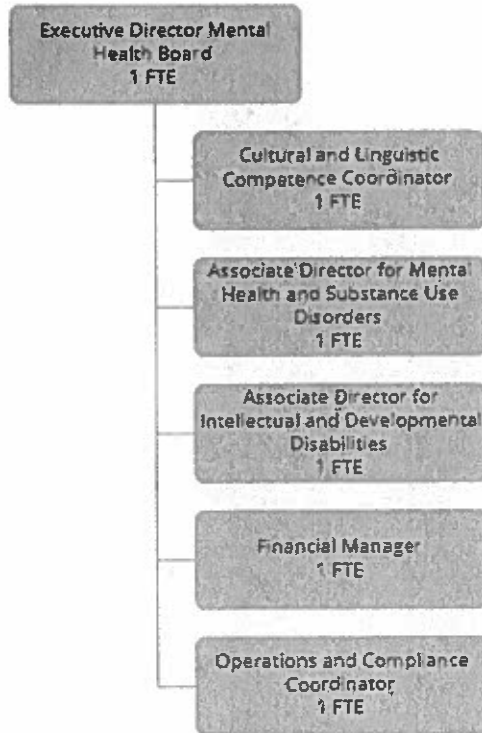
For the Champaign County Board for the Care and Treatment of Persons with a Developmental Disability



For the Champaign County Mental Health Board



Mental Health Board Special Revenue Fund (2090-053)



Mental Health Board positions: 6 FTE

The Champaign County Mental Health Board (CCMHB), consisting of nine volunteer Board members who are selected and appointed by the Champaign County Executive and Board, was established under Illinois Revised Statutes (405 ILCS – 20/Section 0.1 et. Seq.), “The Community Mental Health Act,” by a referendum approved by Champaign County voters. Through passage of the referendum, a property tax levy supports fulfillment of the Board’s mission in compliance with the Act.

MISSION STATEMENT

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

Revenue raised through the levy is distributed, using a competitive application process, to community-based organizations serving Champaign County residents who have mental health or substance use disorders or intellectual/developmental disabilities (I/DD). Because most organizations’ fiscal years align with the state fiscal year, July 1 through June 30, and because many rely on state funding, the CCMHB

and other local funders use this as the contract period (or “Program Year”), providing for uniform financial reporting and increased accountability. These CCMHB funds are allocated as Contributions and Grants expenditures.

Some activities contributing to the local system are undertaken outside of those agency services budgeted through Contributions and Grants. The CCMHB oversees an I/DD Special Initiatives fund in partnership with the Champaign County Board for Care and Treatment of Persons with a Developmental Disability, referred to as Champaign County Developmental Disabilities Board (CCDDDB); the specific use of that project fund will shift from housing to a range of supports. Additional strategies by which the CCMHB promotes a local system include: 211 information and referral call services; Cultural and Linguistic Competency technical assistance and training; Mental Health First Aid trainings; financial management support for new, small agencies;

monthly presentations and learning opportunities for service providers and interested parties; anti-stigma awareness through social media, website, and community events; projects with UIUC student groups and instructors; promotion of the work of artists and entrepreneurs with lived experience; collaborative community needs assessments to understand the priorities of Champaign County citizens; and a large disAbility Resource Expo with searchable online resource guide. These activities are budgeted as expenditures other than Contributions and Grants, and many are shared with the CCDDDB through intergovernmental agreement, included in revenue from the CCDDDB to the CCMHB.

Please see <http://ccmhdbdrds.org> for information on these supports, agency programs currently funded by the CCMHB, funding guidelines (with financial accountability policy), Three Year Plan, allocation priorities and timelines, and aggregate annual reports of the funded agencies' performance outcomes.

BUDGET HIGHLIGHTS – Per Allocation Priority Category

Crisis Stabilization or Victim Services. For the agency PY2023 contract year, July 1, 2022 through June 30, 2023, the CCMHB has allocated \$1,422,064 to these two priorities, many through two year contracts to stabilize services. Among them are: services for people who have justice system involvement or who will be able to avoid it as a result of the program involvement; services to those enrolled in Champaign County Drug Court; various case management and resources including housing supports and services, especially for those at the jail, with gun charges, without a permanent address, or in re-entry; crisis co-response and follow-up for domestic offense calls in northern Champaign County and rural areas; counseling services; Youth Assessment Center support; child victim services; interruption of community violence; and support for survivors of domestic violence and sexual assault. The CCMHB and staff identify and encourage innovative practices with potential high returns on investment, improved behavioral health outcomes, and cost-shift impact. Related collaborations include: statewide 988 community of practice; National Stepping Up, Familiar Faces, and Data-Driven Justice Initiatives; Illinois Department of Human Services Peer Certification training and SAMHSA-funded Competency Restoration Initiative; and Crisis Intervention Team Steering Committee.

Innovative Practices. Recommended Practices are supported by an evidence base, cultural context, and sound clinical judgment. Innovative Practices have value for populations not thoroughly included in prevailing research and often not engaged in services. Many programs are for services not covered by Medicaid or another payor. With growing evidence of positive outcomes, peer support organizations are funded and encouraged to partner. For the PY2023 contract period, the CCMHB has allocated \$1,705,475 for programs aligned with the Innovative Practices and Access to Behavioral Health Services priority: coordination of homeless services; benefits enrollment; housing and employment supports for those with risk of homelessness (e.g., formerly in child welfare); refugee center; self-help center; services for senior citizens; wellness and mental health supports at the Federally Qualified Health Center and a free clinic; resource center in northern Champaign County; family care; family therapy for multi-system involved youth; and substance use recovery homes.

System of Care. The Champaign County Community Coalition consists of representatives from the Cities of Champaign and Urbana, Urbana and Champaign schools and park districts, Parkland College, UIUC, United Way, Champaign Urbana Public Health District, law enforcement, State's Attorney, and other County government. The Coalition promotes healthier and safer communities through trauma-informed training, violence interruption, and positive opportunities for youth, leading with System of Care values. For the PY2023 contract period, the CCMHB has committed \$1,538,669 to services and supports aligned with the System of Care for Children, Youth, and Families priority and SOC principles, along with partnering for improved impact.

Intellectual/Developmental Disabilities. Per Intergovernmental Agreement with the CCDDDB, the CCMHB committed \$746,188 for the period July 1, 2022 to June 30, 2023, for programs serving people with I/DD. Contracts funded by the CCMHB align with a shared priority for services for very young children. Early childhood providers continue a robust interagency partnership to better support children and families; many incorporate trauma-informed and System of Care principles. Offered through one program is the PLAY Project, an evidence-based program for young children with autism.

Priorities for PY24: Early in 2023, the board will accept applications for funding within a priorities framework approved in late 2022. Successful applications will deliver services and receive payments beginning July 1, 2023 and through June 30, 2024. Select two-year contracts will continue.

Department Summary

		2021 Actual	2022 Original	2022 Projected	2023 Budget
Revenues					
Property Taxes					
400101	Property Taxes - Current	5,278,325	5,502,918	5,498,918	5,913,892
400103	Property Taxes - Back Tax	0	1,000	1,000	1,000
400104	Payment In Lieu Of Taxes	5,094	2,000	2,500	2,000
Property Taxes Total		5,283,420	5,505,918	5,502,418	5,916,892
Intergov Revenue					
400476	Other Intergovernmental	350,083	395,426	393,740	407,118
Intergov Revenue Total		350,083	395,426	393,740	407,118
Misc Revenue					
400801	Investment Interest	1,343	2,000	3,000	3,000
400901	Gifts And Donations	100	3,000	500	3,000
400902	Other Miscellaneous Revenue	2,305	45,000	45,000	39,000
Misc Revenue Total		3,748	50,000	48,500	45,000
Interfund Revenue					
600101	Transfers In	770,436	0	0	0
Interfund Revenue Total		770,436	0	0	0
Revenues Total		6,407,687	5,951,344	5,944,658	6,369,010
Expenditures					
Personnel					
500102	Appointed Official Salary	103,626	106,734	106,734	107,000
500103	Regular Full-Time Employees	347,639	340,803	340,803	368,198
500105	Temporary Staff	0	2,500	2,500	2,500
500108	Overtime	0	2,750	2,750	2,750
500301	Social Security-Employer	33,032	34,237	34,237	36,353
500302	Imrf - Employer Cost	29,562	23,541	23,541	12,546
500304	Workers' Compensation Insuranc	2,447	2,462	2,462	2,376
500305	Unemployment Insurance	1,630	1,404	1,495	1,518
500306	Ee Hlth/Lif (Hlth Only Fy23)	46,606	69,120	69,029	77,400
500309	Employee Development/Recogniti	0	210	210	0
Personnel Total		564,542	583,761	583,761	610,641

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Department Summary

		2021 Actual	2022 Original	2022 Projected	2023 Budget
Commodities					
501001	Stationery And Printing	167	1,500	1,500	1,000
501002	Office Supplies	4,172	3,700	3,700	4,200
501003	Books, Periodicals, And Manual	0	300	200	300
501004	Postage, Ups, Fedex	1,479	2,000	1,700	2,000
501005	Food Non-Travel	0	150	0	150
501017	Equipment Less Than \$5000	2,815	7,000	9,000	7,000
501021	Employee Develop/Recognition	0	0	0	285
Commodities Total		8,632	14,650	16,100	14,935
Services					
502001	Professional Services	140,758	162,000	147,150	154,173
502002	Outside Services	7,713	11,000	21,000	27,000
502003	Travel Costs	218	1,500	1,000	1,500
502004	Conferences And Training	6,195	16,000	15,000	20,000
502007	Insurance (Non-Payroll)	15,682	18,000	17,000	18,000
502011	Utilities	353	1,000	600	600
502012	Repair And Maint	0	600	600	600
502013	Rental	22,994	24,800	24,800	26,800
502014	Finance Charges And Bank Fees	0	30	30	30
502019	Advertising, Legal Notices	1,567	500	500	500
502021	Dues, License, & Membershp	16,000	20,000	20,000	20,000
502022	Operational Services	56,542	58,300	58,000	79,100
502024	Public Relations	489	13,000	17,000	0
502025	Contributions & Grants	5,058,901	5,391,621	5,389,935	5,378,131
Services Total		5,327,412	5,718,351	5,712,615	5,726,434
Interfund Expense					
700101	Transfers Out	28,430	19,800	19,800	17,000
Interfund Expense Total		28,430	19,800	19,800	17,000
Expenditures Total		5,929,017	6,336,562	6,332,276	6,369,010

Fund Balance

2021 Actual	2022 Projected	2023 Budget
3,870,045	3,482,427	3,482,427

Fund Balance Goal: The CCMHB's goal is to maintain a fund balance which assures adequate cash flow necessary to meet contractual and administrative obligations, including for agency services and supports, for six months. The majority of expenditures are payments to contracts with terms July 1 to June 30, and because the fund is lowest just before the first property tax disbursement in June-July, payment schedules are adjusted to use as much of the fund as possible for these contracts.

FTE Summary

2019	2020	2021	2022	2023
6	6	6	6	6

ALIGNMENT to STRATEGIC PLAN

County Board Goal 1 – operate a high performing, open, transparent County government.

With statutory responsibility to plan and evaluate systems of services and supports, CCMHB members and staff maintain involvement in state and national trade associations and advisory committees to maximize advocacy impact and contact with state and federal leadership.

Funding decisions are made in open, properly noticed meetings. Requests for funding are reviewed in open meetings prior to these decisions. Public participation is welcomed at meetings and study sessions. Members of the public may also offer input via Board staff by email.

Strategic plans and funding allocation priorities are reviewed and approved annually during open meetings, with opportunities for public and stakeholder input, and finalized before public Notification of Funding Availability is made, 21 days prior to the application period. A timeline for these and related activities is included in board packets, online, and upon request.

An online application and reporting system is maintained and updated to support these functions, at <http://ccmhddbrds.org>. Members of the public, agency representatives, stakeholders, and CCMHB members and staff contribute to revisions of materials and online system.

At <http://ccmhddbrds.org> are links to information about funded programs and other activities, along with downloadable documents of interest to agencies and the public.

During open meetings, Board members engage in review of requests for funding and in deliberations about final allocation decisions and any related policies and procedures.

Board members may use the online system to view: agency applications for funding; agency reports of service activity, financial activity, CLC progress, and annual performance outcomes; aggregate and sortable data; announcements; and downloadable documents. Many reports are made public, posted online or in board meeting materials, summarized, and available upon request.

All funded agencies use CCMHB approved expenditure and revenue categories and accrual accounting and are required to submit independent audit, financial review, or compilation reports, depending on total agency revenue level, for CCMHB staff and consultant review.

Board meeting schedules, agendas, minutes, and recordings are posted for the public on Champaign County government's website.

Educational and collaborative opportunities advance the local system of services and supports.

Board staff have access to equipment facilitating office and remote work. The transition to Office 365 and cloud-based storage was completed in early 2022.

County Board Goal 2 – maintain high quality public facilities and roads and a safe rural transportation system.

For fullest inclusion of people with I/DD, two small CILA group homes were maintained at a high standard from 2015 through 2020. Due to critical direct support staff shortages, the homes were vacated and sold in 2021 and 2022. This County Board Goal is now addressed indirectly, through those portions of CCMHB agency contracts which cover costs related to service provider facilities.

County Board Goal 3 – promote a safe, healthy, just community.

Many CCMHB and contracted agency activities aim to: mitigate the impacts of trauma and violence; reduce unnecessary or inappropriate incarceration or hospitalization of people with MI, SUD, and/or I/DD; and improve health and social integration, including of those in reentry and their loved ones. Efforts are made through trauma and crisis response and stabilization, benefits enrollment, intensive case management and coordination, peer supports, and collaboration with law enforcement. Staff participate in crisis response efforts based on earlier work by the Justice and Mental Health Collaboration Project and Champaign County Racial Justice Task Force as well as related to the federal mandate for a 988 crisis call system which took effect July 16, 2022.

CCMHB staff participate with leadership of regional health and behavioral healthcare providers and funders which have similar needs assessment and strategic health plan mandates, around the shared goal of making this the healthiest community in the State.

A 211 call service is co-funded with the United Way of Champaign County, and a searchable resource directory maintained at <http://disabilityresourceexpo.org>.

The System of Care approach can improve outcomes for children, youth, and families, especially those impacted by violence and other trauma. Community-wide trauma education continues.

CCMHB staff organize learning/networking opportunities for providers of mental health, substance use, and I/DD services, offering Continuing Education Units at no cost to participants.

With other units of government, educators, providers, stakeholders, and advocacy organizations, the CCMHB collaborates on wellness/recovery programming, innovative practices, and anti-stigma initiatives, e.g., <http://champaigncountyAIR.com> and related social media.

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County Board Goal 4 – support planned growth to balance economic growth with natural resource preservation.

In accordance with the Community Mental Health Act, the CCMHB advocates at the state and national levels for and with people who use or seek such services. Staff participate in trade association activities and committees, advocating for other sources of revenue for services and for alignment of policies with best practices.

The CCMHB seeks to understand the impact of changes to state and federal programs, to make effective and ethical investments of local funding. Independently and through collaboration, the CCMHB pursues sustainable, efficient supports with other funders and community partners.

The majority of this fund is allocated to community-based organizations to provide services, fostering a professional workforce which contributes to the economy and character of the County. In turn, effective programs allow people with behavioral health conditions and I/DD to thrive and contribute to the community's economy and culture.

County Board Goal 5 – maintain safe and accurate county records and perform county administrative, governance, election, and taxing functions for county residents.

In accordance with the Community Mental Health Act, the CCMHB allocates funding as established through the original referendum.

Online records are maintained at the County government website and <http://cmhddbrds.org>. Paper and electronic files are also maintained and stored as required by the Local Records Act.

DESCRIPTION

The CCMHB was established under Illinois Revised Statutes (405 ILCS – 20/Section 0.1 et. Seq.) and is responsible for planning, coordinating, evaluating, and allocating funds for a comprehensive local system of mental health, intellectual/developmental disabilities, and substance use services for Champaign County.

On an annual cycle, the CCMHB evaluates, plans, and funds supports for people with mental illness, substance use disorders, and intellectual/developmental disabilities, with special emphasis on underinvested populations. Providers demonstrate financial and

programmatic accountability, report on the impact of services, and implement cultural and linguistic competence plans as a condition of contracting with the CCMHB. Providers and Board staff meet monthly for updates and coordination of services. Collaboration with other government, funding organizations, peer networks, community-based providers, and parent/youth groups are also within the purview of the CCMHB and enhance evaluation and planning.

OBJECTIVES

Continue to support and expand virtual options for engaging the community and people with mental health or substance use disorders and/or intellectual/developmental disabilities, to align with relevant public health guidance and state and federal mandates and policies.

In collaboration with Champaign County Government and community stakeholders, ensure that people with disabilities or behavioral health conditions are diverted to services and supports and away from Jail whenever appropriate.

In collaboration with the Champaign County Community Coalition and partners, address the effects of trauma, promote recovery, and improve the system of care for children, youth, and families.

Based on annually approved priorities and decision support criteria and timeline, issue contracts for services and supports for people who have mental health or substance use disorders or intellectual/developmental disabilities.

Monitor program and financial accountability for all contracts with community-based organizations.

Through monitoring and collaboration, assist with improving services and access to services.

Based on the findings of the regional collaborative health plan (IPLAN) and community health needs assessment, implement FY2023 objectives for the CCMHB Three Year Plan for FY2022-2024.

Define and refine outcomes, using input from stakeholders and people who use or seek services.

Performance Indicators

Indicator	2021 Actual	2022 Projected	2023 Budget
Number of contracts awarded and executed for services or supports for people with mental health or substance use disorders or intellectual/developmental disabilities	38	44	44
Number of people served who have a mental health/substance use disorder or intellectual/developmental disability	17,307	19,000	19,500
Number of state or federal advocacy activities or reports completed by Board members and staff	12	16	15
Number of desk reviews conducted (number of reports submitted), per agency contract	16 (24)	20 (24)	20 (24)
Number of agency contract compliance reviews by CCMHB staff, per contract	0.75	1	1
Number of improvements to the tracking or reporting of program performance, utilization, cultural and linguistic competence plans, or financial activities (i.e., an enhancement or revision implemented during the fiscal year)	6	4	4
Number of funded (not funded) organizations represented at collaborative meetings with board staff	25 (10)	33 (9)	33 (9)
Number of funded agencies participating in the Financial Management Coaching project (launched December 1, 2021)	2	4	6
Number of funded programs participating as target programs in the Evaluation Capacity project (discontinued July 1, 2022)	6	6	n/a
Percentage of required reports received in compliance with terms of contract	85%	90%	95%

I/DD Special Initiatives (2101-054)

MISSION STATEMENT

The mission of the I/DD Special Initiatives fund, formerly the Community Integrated Living Arrangement (CILA) project, has been to expand the availability of "smaller setting" homes for people with intellectual and developmental disabilities (I/DD) and, to the extent possible, assure that people from Champaign County have integrated residential options within the County. The project arose in response to a large number of residents having no choice other than to utilize CILA services in communities far from Champaign County or to remain in family homes with limited care.

BUDGET HIGHLIGHTS

In 2014, the Champaign County Mental Health Board (CCMHB) and the Champaign County Developmental Disabilities Board (CCDDB) committed to purchasing properties for use as CILA houses, each with a capacity of 4 or fewer people. Each board contributed toward the purchase of the houses. During 2019, the CCMHB paid the mortgage balance, and the Boards amended their intergovernmental agreement to define future contributions and prepare for several possibilities.

From 2015 through 2020, two houses were in operation, with services provided by Individual Advocacy Group (IAG) and funded by the state of Illinois Department of Human Services-Division of Developmental Disabilities (IDHS-DDD). To stabilize the organization's staffing level and revenue for local operations, IAG worked with CCMHB and CCDDB

members and staff, local families, IDHS-DDD, and Independent Service Coordination staff to create additional day and residential services in the community. This was successful for a while in the face of persistent barriers, namely the I/DD workforce shortage and uncertainty of state/federal CILA funding. During 2020 and 2021, the workforce shortage led to reduced operations and closure and sale of the homes.

For 2023, the CCDDB will make its final planned interfund transfer to the project, so that the Boards' contributions are equal. With other revenue transferred from fund balance, the primary expenses will be for contracts with organizations to strengthen and stabilize the I/DD direct support workforce or to provide a range of supports to such individuals as would have been eligible for this project, had it continued to offer housing with 24-hour staff.

\$5,063 of budgeted expenditures result from a gift designated for a particular individual. This 'trust' is accessed at the request of the individual's family and restricted by terms set by the private donor.

101-054 was established in FY2016 in collaboration with the Champaign County Auditor's Office, for transparency in CILA fund financial activities. The fund is renamed as "I/DD Special Initiatives" for 2023, in an effort to offer solutions to critical service capacity barriers. These funds were previously held in 090-054.

Fund Balance

2021 Actual	2022 Projected	2023 Budget
459,714	751,971	451,971

Fund Balance Goal: The CCMHB/CCDDB's I/DD Special Initiatives goal is to maintain a balance which will allow for similar allocations over the next two to three years.

ALIGNMENT to STRATEGIC PLAN

County Board Goal 1 – operate a high performing, open, and transparent County government.

The CILA project's service provider was initially determined by a Request for Proposal process which was fully compliant with the Open Meetings Act. Subsequent discussions and decisions related to the project have occurred during public meetings of each of the CCDDB and CCMHB.

The second phase of this project retains a focus on individuals who have I/DD and complex service needs, particularly needs not easily met by a local provider agency. The focus shifts from housing to funding of supports for such individuals and, if possible, to attracting and retaining the workforce which serves them. Allocation priorities, review of proposals, and award decisions will be discussed and approved during public meetings of the two Boards.

County Board Goal 2 – maintain high quality public facilities and roads and a safe rural transportation system.

For fullest inclusion of people with I/DD, two small CILA group homes were maintained at a high standard from 2015 through 2020. Due to critical direct support staff shortages, the homes were vacated and sold in 2021 and 2022. This County Board Goal is now addressed indirectly, through those portions of agency contracts which support facilities costs.

County Board Goal 3 – promote a safe, healthy, just community.

The purpose of this project has been full community integration of persons with I/DD, aligned with the State of Illinois' Ligas Consent Decree and 'rebalancing' initiative to move people out of institutions and into their home communities. Barriers have increased, requiring new strategies.

County Board Goal 4 – support planned growth to balance economic growth with natural resource preservation.

The majority of this fund is allocated to community-based organizations to provide services, fostering a professional workforce which contributes to the economy and character of the County. Effective programs allow people with I/DD and their families to thrive and contribute to the community's economy and culture.

County Board Goal 5 – maintain safe and accurate county records and perform county administrative, governance, election, and taxing functions for county residents.

In accordance with the Community Mental Health Act and the Community Care for Persons with Disabilities Act, the CCMHB and CCDDB each allocate funding and enter into agreements as established by their original referenda.

Records are maintained at the Champaign County government website and <http://ccmhddbrds.org>. Paper and electronic files are maintained and stored as required by the Local Records Act.

DESCRIPTION

The CCMHB was established under Illinois Revised Statutes (405 ILCS – 20/Section 0.1 et. seq.) to “construct, repair, operate, maintain and regulate community mental health facilities to provide mental health services as defined by the local community mental health board, including services for the developmentally disabled and for the substance abuser, for residents of Champaign County.” The CCDDB was established under Illinois Revised Statutes (50 ILCS 835 Section 0.05-14), the “Community Care for Persons with Developmental Disabilities Act,” and also has authority to own facilities to be used in the provision of services to people with intellectual and developmental disabilities.

The CCMHB is responsible for planning, coordinating, evaluating, and allocating funds for the comprehensive local system of mental health, developmental disabilities, and substance use services for Champaign County. The CCDDB is responsible for planning, coordinating, evaluating, and allocating funds for services and supports for people with intellectual and/or developmental disabilities. The Boards promote systems of services for the benefit of Champaign County residents, with special emphasis on historically underinvested and marginalized populations.

The I/DD Special Initiatives project is a collaboration between the Boards, in recognition of their shared responsibility for people with I/DD and according to their Intergovernmental Agreement as amended.

OBJECTIVES

Continue to support and expand virtual options for people with I/DD, to support their fullest community involvement, aligned with public health guidance and state and federal policies.

When feasible, restore and expand CILA capacity in Champaign County for people with intellectual and developmental disabilities.

Through CCMHB and CCDDB allocation process, fund appropriate supports for Champaign County residents who have intellectual/developmental disabilities and complex support needs, and fund efforts to strengthen the I/DD direct support workforce which serves them.

Performance Indicators

Indicator	2021 Actual	2022 Projected	2023 Budget
Number of people served through CILAs	3	2	n/a
Total dollars appropriated for CILA Program	53,850	50,200	350,100
Updates from property manager	12	24	n/a
Updates from residential service provider	4	4	n/a
Non-residential service and supports (related to MI, SUD, or I/DD) available to people living in the CILAs	3	2	n/a
Number of people receiving a support through contracts with agencies from this fund	n/a	n/a	100

Developmental Disabilities Board Special Revenue Fund (2108-050)

The Champaign County Board for Care and Treatment of Persons with a Developmental Disability, referred to as the Champaign County Developmental Disabilities Board (CCDDDB), consists of five volunteer Board members who are selected by the Champaign County Executive and Board. It was established under Illinois County Care for Persons with Developmental Disabilities Act (IL Compiled Statutes, Chapter 55, Sections 105/0.01 to 105/13 inclusive) by a referendum approved by Champaign County voters in 2004. Through passage of the referendum, a property tax levy supports fulfillment of the Board's mission in accordance with the Act. On January 1, 2019, the Act was revised as the Community Care for Persons with Developmental Disabilities Act, 50 ILCS 835 (0.05-14).

MISSION STATEMENT

The mission of the Champaign County Board for Care and Treatment of Persons with a Developmental Disability (CCDDDB) is the advancement of a local system of programs and services for the treatment of people with intellectual/developmental disabilities in accordance with the assessed priorities of the citizens of Champaign County.

Revenue raised through the levy is distributed, using a competitive application process, to community-based organizations serving Champaign County residents who have intellectual/developmental disabilities (I/DD). Because most organizations' fiscal years align with the state fiscal year, July 1 through June 30, and because many rely on state funding, the CCDDDB and other local funders use this as the contract period (or "Program Year"), providing for uniform financial reporting and increased accountability. These CCDDDB funds are allocated as Contributions and Grants expenditures.

Some activities contributing to the local system are undertaken outside of those agency services budgeted as Contributions & Grants. As in previous years, the Board will transfer \$50,000 to an I/DD Special Initiatives fund (formerly the "CILA Facilities" fund) to support expansion of the Community Integrated Living Arrangement (CILA) collaboration with the Champaign County Mental Health Board (CCMHB), although the specific use will shift from housing to a range of supports. Additional strategies by which the CCDDDB promotes a local system include: information and referral through 211; Cultural and Linguistic Competency technical assistance and training; monthly presentations and learning opportunities for service providers and interested parties; anti-stigma awareness through social media, website, and events; projects with UIUC student groups and instructors; promotion of the work of artists and entrepreneurs with disabilities; collaborative community needs assessment to understand the priorities of Champaign County citizens; and a large disAbility Resource Expo with searchable online resource guide. Per an Intergovernmental Agreement between, these activities are co-funded with the CCMHB and paid as a share of their administrative costs, through Professional Services (to CCMHB) and Interfund Transfer (to CILA).

Please see <http://ccmhddbrds.org> for information on these supports, agency programs currently funded by the CCDDDB, funding guidelines (with financial accountability policy), Three Year Plan, allocation priorities and timelines, and aggregate annual agency reports of the funded agencies' performance outcomes.

BUDGET HIGHLIGHTS

Recommended Practices, Core Services, and Innovative Supports. The local "Employment First" collaboration is an innovation preparing providers, families, and local businesses for fuller community employment of people with I/DD. Its most well-known product is the "Leaders in Employing All People" (LEAP) certification and training. The CCDDDB continues to fund: customized employment and other employment supports; self-advocacy groups; core services, including non-work and residential options; and service coordination, planning, and linkage. Per intergovernmental agreement with the CCMHB, comprehensive services and supports for young children and their families are prioritized and funded, including evidence-based and recommended practices. Decreasing provider capacity and workforce shortages present challenges across the country, state, and county; CCDDDB contracts help stabilize supports for residents and their families.

Responding to Community Input. Feedback from community members, including people with I/DD and their loved ones, has informed the Board's strategic plan and funding priorities, with common themes: the desire for a full community life; stigma as a barrier; and frustration with barriers to services, including limited transportation, state/federal funding limitations, and low awareness of services. For the agency contract year July 1, 2022 to June 30, 2023, the CCDDDB supports: independent living and community employment programs; transformation of traditional workshop to greater community integration; assisting young adults with I/DD in the transition from high school; conflict free case management and planning, as required by the state, for people who qualify for but do not receive state funding; case management and clinical supports for people with DD and behavioral health needs; and a workforce retention initiative. Feedback from providers and board members is used to revise funding priorities and requirements and to develop enhancements of the online application and reporting system used by funded organizations. For PY2023, priority categories are: Self-Advocacy; Linkage and Coordination; Home Life; Personal Life and Resilience; Work Life; Community Life and

Relationships; Strengthening the I/DD Workforce; and Young Children and their Families. The Three Year Plan for Fiscal Years 2022 through 2024, with objectives specific to 2023, will inform future allocation priorities and Board/staff practices.

Workshops and Presentations. CCDDDB staff coordinate a monthly learning opportunity especially for case managers working with people who have I/DD. Topics are determined by the group's interest and Board priorities. Workshops also offer continuing education units and serve as networking opportunities. The target audience has expanded to include other service providers, family members, stakeholders, and agency financial staff, and topics are broadened to address various interests and pressing needs. These continue as virtual meetings, with in-person when appropriate and affordable.

Cultural and Linguistic Competence. A coordinator with CLC certifications in behavioral health and I/DD consults with providers to improve access and engagement of underinvested communities. This supports agencies' quality improvement efforts and compliance with State requirements, using the National Standards for Culturally and Linguistically Appropriate Services in Health and Healthcare.

Reporting of Service-Level Data. Programs report service-level data through a HIPAA compliant online system introduced in 2017. CCDDDB staff are able to examine and report on utilization across programs as well as per person served.

I/DD Special Initiatives, formerly Community Integrated Living Arrangement (CILA) Expansion. This collaboration with the CCMHB was established to purchase and operate small group homes for people who unable to secure these services in their home county. During 2019, the CCMHB paid off the mortgages, and the Boards revised their intergovernmental agreement to prepare for several possibilities. Due to critical direct staff shortages, the homes were vacated and sold in 2021 and 2022. During 2023, the CCDDDB will contribute its final \$50,000 transfer, and the focus of the project will shift from housing to supports.

Challenging the Stigma Associated with Intellectual/Developmental Disabilities. Stigma is a barrier to services, funding, wellness, and full community participation of those who have I/DD as well as of their loved ones. The CCDDDB supports community anti-stigma efforts, including art shows, social media campaigns, traditional print and online resource guides, community awareness events, trainings, and a large disAbility Resource Expo. Board staff work with UIUC student groups and local organizations to plan and support events to challenge stigma and promote inclusion.

Department Summary

		2021 Actual	2022 Original	2022 Projected	2023 Budget
Revenues					
Property Taxes					
400101	Property Taxes - Current	4,334,187	4,518,334	4,515,334	4,857,487
400103	Property Taxes - Back Tax	0	1,000	0	2,000
400104	Payment In Lieu Of Taxes	3,021	2,000	0	4,000
Property Taxes Total		4,337,208	4,521,334	4,515,334	4,863,487
Misc Revenue					
400801	Investment Interest	791	1,000	2,000	2,000
400902	Other Miscellaneous Revenue	0	8,000	0	5,000
Misc Revenue Total		791	9,000	2,000	7,000
Interfund Revenue					
600101	Transfers In	972	6,800	6,800	4,000
Interfund Revenue Total		972	6,800	6,800	4,000
Revenues Total		4,338,970	4,537,134	4,524,134	4,874,487
Expenditures					
Services					
502001	Professional Services	366,344	395,426	393,740	407,118
502025	Contributions & Grants	3,513,279	4,091,708	4,093,394	4,417,369
Services Total		3,879,623	4,487,134	4,487,134	4,824,487
Interfund Expense					
700101	Transfers Out	50,000	50,000	50,000	50,000
Interfund Expense Total		50,000	50,000	50,000	50,000
Expenditures Total		3,929,623	4,537,134	4,537,134	4,874,487

Fund Balance

2021 Actual	2022 Projected	2023 Budget
2,744,248	2,731,248	2,731,248

Fund Balance Goal: The CCDDB's goal is to maintain a fund balance adequate to meet contractual and administrative obligations, including for agency services and supports, for six months. The majority of expenditures are payments to contracts with terms July 1 to June 30, and because the fund is lowest just before the first property tax disbursement of the year in June-July, payment schedules are adjusted to use as much of the fund as possible for these contracts. In recent years, the fund balance at this lowest point of the year has been between two and three months' operating expenses.

ALIGNMENT to STRATEGIC PLAN**County Board Goal 1 – operate a high performing, open, and transparent County government.**

With statutory responsibility to plan and evaluate systems of services and supports, CCDDB members and staff maintain involvement in state and national trade associations and advisory committees to maximize advocacy impact and contact with state and federal leadership.

Funding decisions are made in open, properly noticed meetings. Requests for funding are reviewed in open meetings prior to these decisions. Public participation is welcomed at meetings and study sessions. Members of the public may also offer input via Board staff by email.

Strategic plans and funding allocation priorities are reviewed and approved annually during open meetings, with opportunities for public and stakeholder input, and finalized before public Notification of Funding Availability is made, 21 days prior to the application period. A timeline for these and related activities is included in board packets, online, and upon request.

An online application and reporting system is maintained and updated to support these functions, at <http://ccmhddbrds.org>. Members of the public, agency representatives, stakeholders, and CCDDDB members and staff contribute to revisions of materials and online system.

At <http://ccmhddbrds.org> are links to information about funded programs and other activities, along with downloadable documents of interest to agencies and the public.

During open meetings, Board members engage in review of requests for funding and in deliberations about final allocation decisions and any related policies and procedures.

Board members may use the online system to view: agency applications for funding; agency reports of service activity, financial activity, CLC progress, and annual performance outcomes; aggregate and sortable data; announcements; and downloadable documents. Many reports are made public, posted online or in board meeting materials, summarized, and available upon request.

All funded agencies use CCDDDB approved expenditure and revenue categories and accrual accounting and are required to submit independent audit, financial review, or compilation reports, depending on total agency revenue level, for CCDDDB staff and consultant review.

Board meeting schedules, agendas, minutes, and recordings are posted for the public on Champaign County government's website.

Educational and collaborative opportunities advance the local system of services and supports.

Board staff have access to equipment facilitating office and remote work. The transition to Office 365 and cloud-based storage was completed in early 2022.

County Board Goal 2 – maintain high quality public facilities and roads and a safe rural transportation system.
For fullest inclusion of people with I/DD, two small CILA group homes were maintained at a high standard from 2015 through 2020. Due to critical direct support staff shortages, the homes were vacated and sold in 2021 and 2022. This County Board Goal is now addressed indirectly, through those portions of CCDDDB agency contracts which cover costs related to service provider facilities.

County Board Goal 3 –promote a safe, healthy, just community.

CCDDDB staff participate with leadership of regional health and behavioral healthcare providers and funders which have similar needs assessment and strategic health plan mandates, around the shared goal of making this the healthiest community in the State.

A 211 call service is co-funded with the United Way of Champaign County, and a searchable resource directory is maintained at <http://disabilityresourceexpo.org>. Organizations update resource information on behalf of the people they serve.

CCDDDB staff organize learning/networking opportunities for providers of I/DD services, offering Continuing Education Units at no cost to participants.

Case management services improve coordination and access to benefits, services, and supports. A variety of services and supports are funded and monitored which increase the self-reliance, well-being, and community inclusion of people with intellectual/developmental disabilities.

With other units of government, educators, providers, stakeholders, and advocacy organizations, the CCDDDB collaborates on the planning of wellness and independent living programming for people with disabilities, innovative and recommended practices, and anti-stigma initiatives, e.g., <http://champaigncountyAIR.com> and <http://disabilityresourceexpo.org>. The disAbility Resource Expo supports improving the health, inclusion, and quality of life of people with disabilities.

County Board Goal 4 – support planned growth to balance economic growth with natural resource preservation.

In accordance with the establishing Act, the CCDDDB advocates at the state and national levels for and with people who use or seek such services. Staff participate in trade association activities and committees, often advocating for other sources of revenue for services and for policy changes to improve impact and cost.

The CCDDDB seeks to understand the impact of changes to state and federal programs, in order to make effective and ethical investments of local funding. Independently and through collaboration, the CCDDDB pursues sustainable, efficient supports with other funders and community partners.

The majority of this fund is allocated to community-based organizations to provide services, fostering a professional workforce which contributes to the economy and character of the County. In addition, effective programs allow people with I/DD and their families to thrive and contribute to the community's economy and culture.

County Board Goal 5 – Maintain safe and accurate county records and perform county administrative, governance, election, and taxing functions for county residents.

In accordance with the Community Care for Persons with Disabilities Act, the CCDDDB allocates funding as established through the original referendum.

Online records are maintained at the County government website and <http://cmhddbrds.org>. Paper and electronic files are also maintained and stored as required by the Local Records Act.

DESCRIPTION

The CCDDDB was established by referendum and operates under the requirements of the Community Care for Persons with Disabilities Act (50 ILCS 835). All funds shall be allocated within the intent of the controlling act as codified in the laws of the State of Illinois. The CCDDDB is responsible for planning, coordinating, monitoring, evaluating, and funding a comprehensive community-based system of intellectual/developmental disabilities programs and services.

Annually, applications for funding are assessed using CCDDDB established decision-support criteria and are subject to the availability of funds. The nature and scope of applications vary significantly and may include treatment, early intervention, long term supports, service coordination and advocacy, and family support. Providers demonstrate financial and programmatic accountability, report on the impact of services, and implement cultural and linguistic competence plans, as a condition of contracting with the CCDDDB. Providers and Board staff meet monthly for updates and coordination of services. Collaboration with other government, funding organizations, peer networks, community-based providers, and parent/youth groups are also within the purview of the CCDDDB and enhance evaluation and planning.

OBJECTIVES

Continue to support and expand virtual options for engaging the community and people with intellectual/developmental disabilities, to align with relevant public health guidance and state and federal mandates and policies.

To identify best practices and overcome barriers experienced by persons with I/DD, continue involvement with state and national advocacy organizations and trade association I/DD committees, for meetings, webinars, and learning communities. In addition to

increasing people's engagement with their community through integrated housing and employment, integrated non-work activities connect people to resources, friends, and family, so that innovations in support of people's aspirations and preferences are of value.

Participate in collaborative efforts to identify local resources and needs. Through trade association committees and opportunities, advocate for Champaign County residents who have I/DD.

For planning and evaluation, use PUNS and other data on service needs and outcomes of Champaign County residents with I/DD. Several programs report service-level data, allowing for analysis of service utilization and gaps. From those agencies accredited by the Council on Quality and Leadership, Performance Outcome Measure interviews may also inform the CCDDDB's planning.

Strategize with service providers and stakeholders to address the workforce shortage and other barriers to maintaining and expanding provider capacity and client choice.

With service providers, advocates, and stakeholders, plan for best supports for people with challenging behavioral issues and complex service needs. This effort may involve other Champaign County government, law enforcement, and healthcare providers, as well as non-traditional supports, in order to divert people with disabilities from unnecessary incarceration or hospitalization.

Based on approved priorities and decision support criteria, issue contracts for services and supports for people who have intellectual/developmental disabilities.

Monitor program and financial accountability for all contracts with community-based organizations.

Through monitoring and collaboration, assist with improving services and access to services.

Based on the findings of the regional collaborative health plan (IPLAN) and community health needs assessment, implement FY23 objectives for the CCDDDB Three Year Plan for FY2022-2024.

Define and refine outcomes, using input from stakeholders and people who use or seek services.

Performance Indicators

Indicator	2021 Actual	2022 Projected	2023 Budget
Number of contracts awarded and executed for services or supports for people with I/DD	18	15	14
Number of persons served who have I/DD (services for young children were co-funded by CCDDDB and CCMHB in PY21 but fully funded by the CCMHB in PY22 and PY23, lowering the total counts attributable to CCDDDB funding.)	1,549	1,306	1,386
Number of state or federal advocacy activities or reports completed by Board members and Staff	10	12	12
Number of desk reviews conducted (number of reports submitted) per agency contract	17 (28)	20 (28)	21 (28)
Number of agency contract compliance reviews by CCDDDB Staff, per contract	0.75	1	1
Number of improvements to the tracking or reporting of program performance, utilization, cultural and linguistic competence plans, or financial activities (i.e., an enhancement or revision implemented during the fiscal year)	6	4	4
Number of funded (not funded) agencies represented in collaborative meetings with board staff	8 (2)	6 (3)	5 (4)
Number of funded agency programs participating as target programs in the Evaluation/Outcomes project (new FY20)	2	1	2
Percentage of reports received in compliance with contract	95%	100%	100%

99/100

From the CEO

#11.B.

Greetings Stakeholders!!

I hope you are doing well, and I hope you had a fantastic Spring and start of Summer!! 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:

- PATH Inc. has moved into our new state of the art call center facility for 211 and 988. This facility was purpose-built as a call center by its previous owners. It features an automatic power generator for power outages and redundant fiber optics, where should one go down the other turns on automatically. Since we use soft phones, these features allow us to provide even better 211 services to your populations.
- 211 Legislation - As I'm sure you've heard by now, the General Assembly placed a line item in the State of Illinois budget at the request of the Illinois 211 Board. The legislation provides funds to expand 211 to the final thirty (30) counties, all rural, in Illinois. PATH Inc. has been approached about providing these services and we are currently awaiting further details. If this occurs, we anticipate numerous staffing opportunities for the 211 call center and a reduction in the use of volunteer labor.

100/01

From the CEO, continued

- Just a reminder that effective July 1st, please direct your community members to call 988 or 1-800-273-8255 for mental health/crisis intervention calls. While 211 operators will continue to be trained in de-escalation techniques and continue to assist individuals who need resources and a friendly voice of assistance, 988 will provide the mental health/crisis intervention.
- We would like to welcome Henderson and Mercer Counties to PATH Inc. 211. And we also welcome Will County to PATH Inc. 211. That went live effective June 1, 2022.

Best Regards,



Chris Workman
CEO PATH Inc.



10/102

Champaign County



Get Connected. Get Help.™



Overview

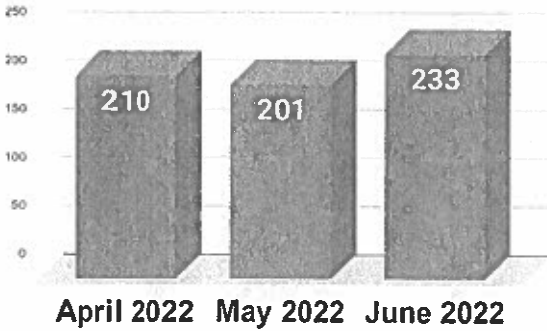
- ✓ Total Calls
- ✓ COVID-19
- ✓ Total Texts

- ✓ Time Stats
- ✓ Service Level
- ✓ Contact Needs
- ✓ Who's Calling

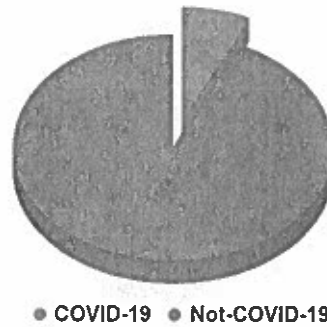
- ✓ Follow-Ups
- ✓ Referral Source
- ✓ PATH Page
- ✓ Links/Resources



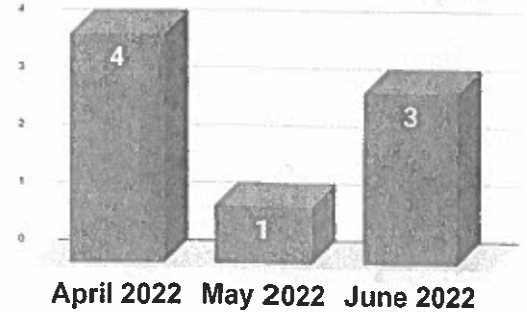
211 Calls



COVID-19 Contacts



211 Texts



644
Total Calls
Champaign County

44
Contacts
related to
COVID-19

8
Total Texts
Champaign
County

102

United Way 211 Report

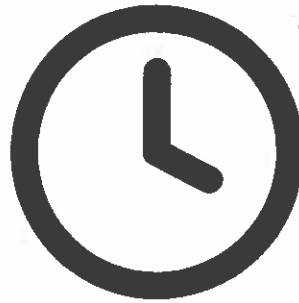
2nd Quarter

April 1st - June 30th, 2022

Time stats, Service Level

Average Handle Time

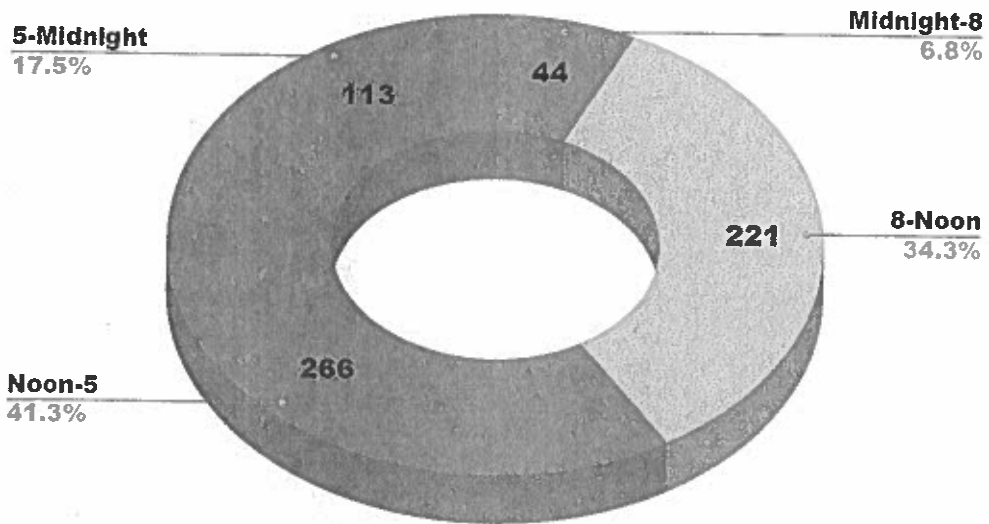
9:41
United Way 211 Calls



Average InQueue Time

46 Sec
United Way 211 Calls

Call Time



Note: Chart describes the distribution of calls received during 4 different time periods:

1. Early morning hours (12am-8am)
2. Morning business hours (8am-12pm)
3. Afternoon business hours (12pm-5pm)
4. After hours (5pm-12am)

Service Level

✓ **84.96 %** (United Way 211)

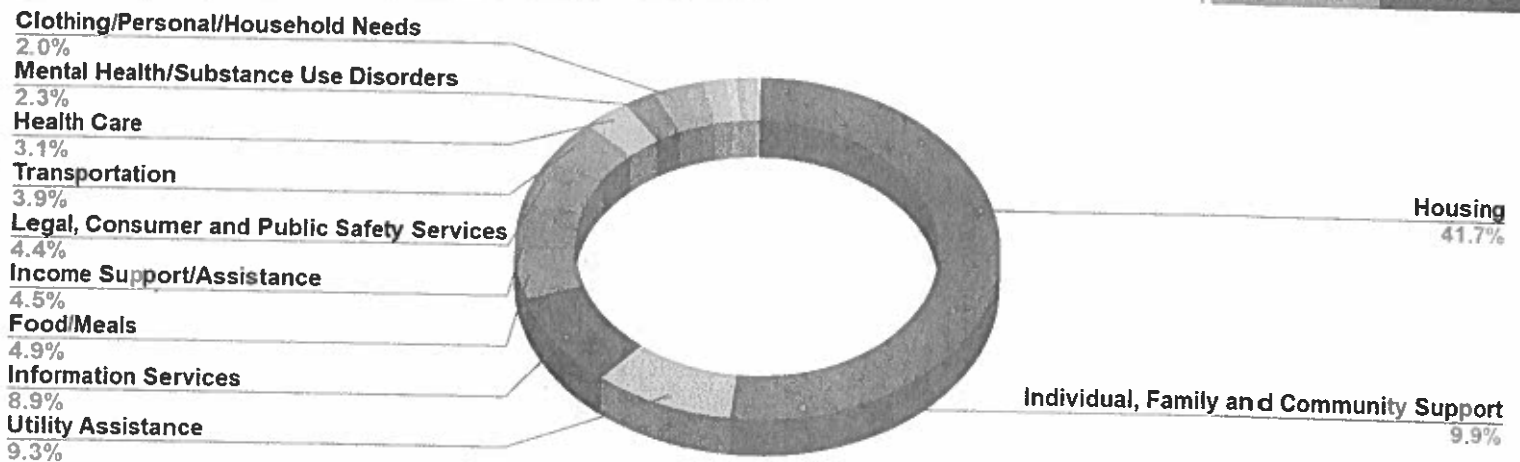


Service Level % = Percentage of calls answered within 90 seconds. Goal 80%

103104

Contact Needs

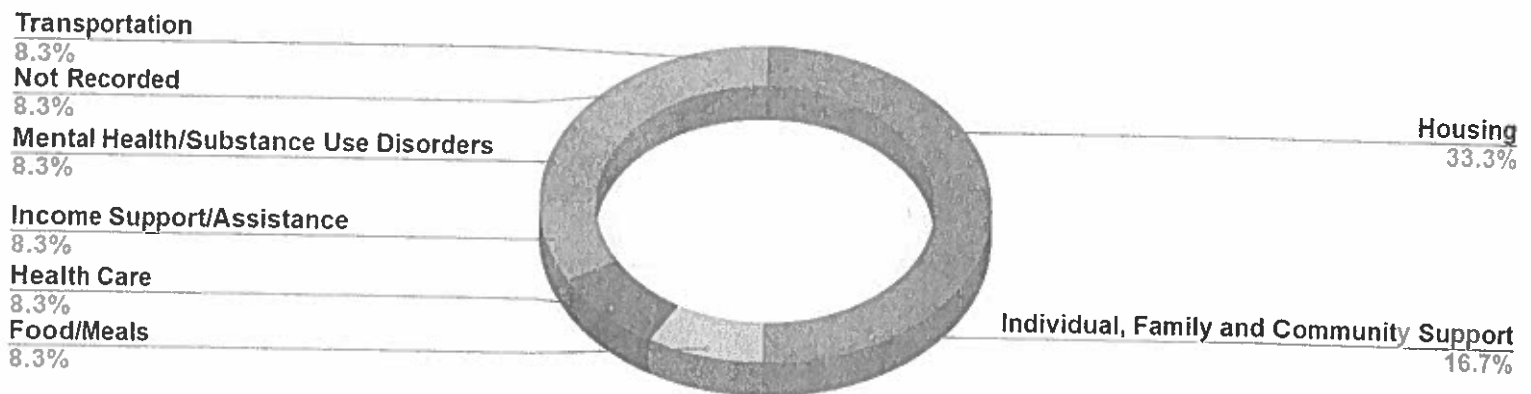
AIRS Problem Needs - Call



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

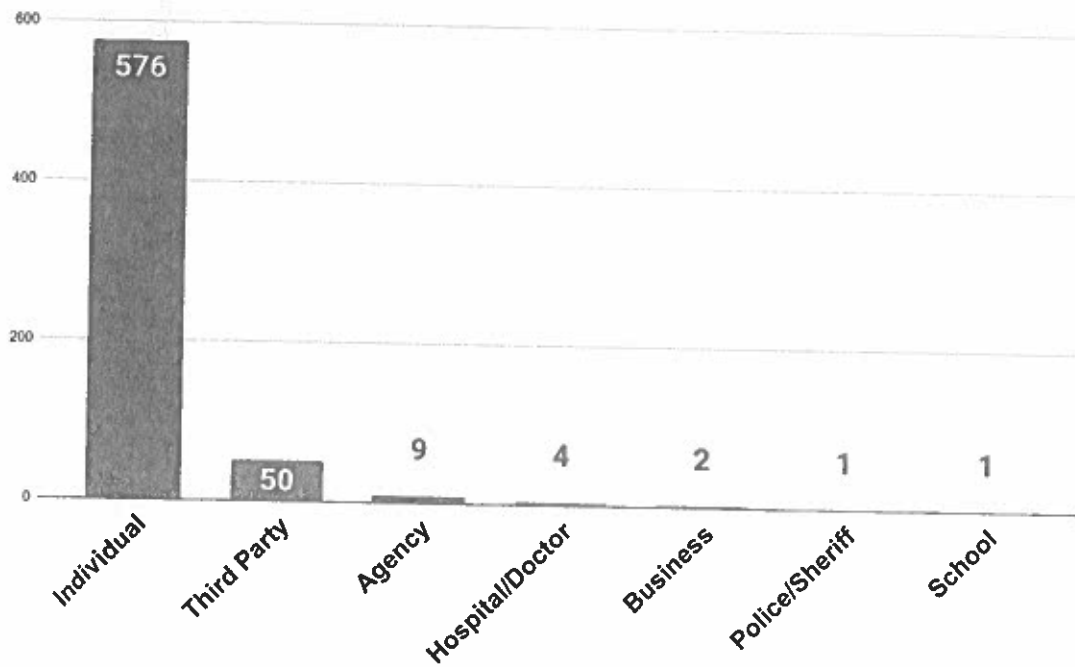


Note: Champaign County received eight (8) total 211 texts. This chart describes the percentage of AIRS Problem Needs recorded on the 211 text-line.

104 105

Who's Calling

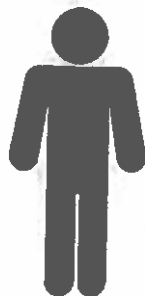
Contact Person Type



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



68.3%
Female



29.5%
Male



2.6%
Unknown



11
Spanish 211 calls



0.6%
Minor
<18



79.2%
Adult
18-54

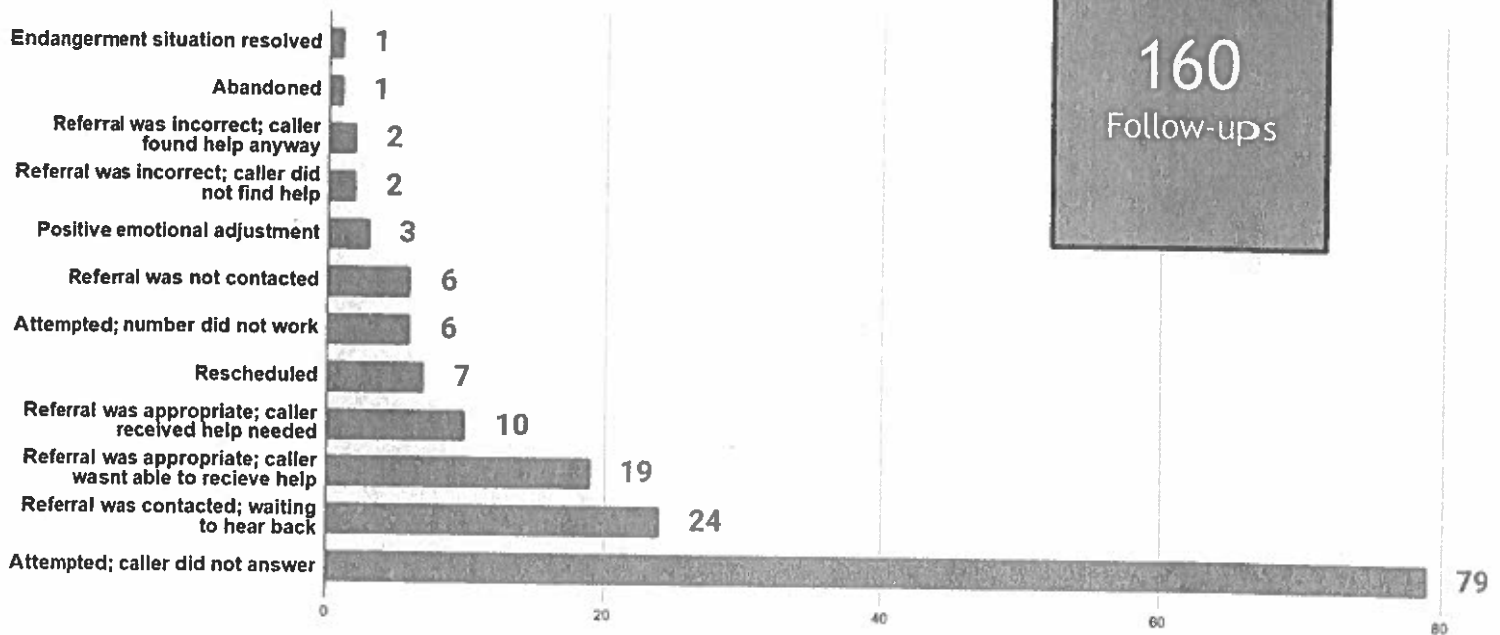


20.2%
Older Adult
55+

~~106~~ 107

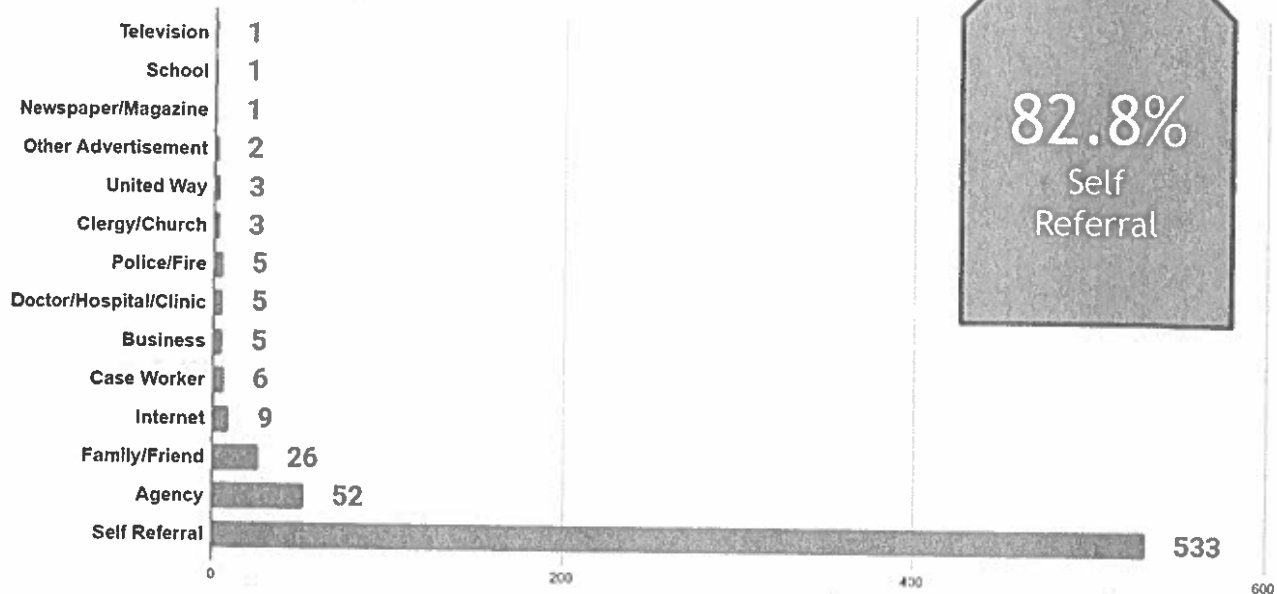
Follow-Ups, Referral Source

Follow-Ups



Note: 160 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.

107 108



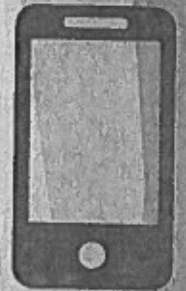
All Calls Answered by PATH Inc.

- ✓ 10,703 Calls handled (English)
- ✓ 396 calls handled (Spanish)



All Text Messages Handled by PATH Inc.

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



Abandons

- 1,031 (English)
- 135 (Spanish)

Average Abandon Time

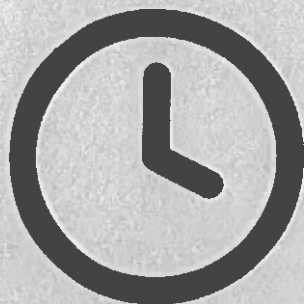
- 1 min:43 sec (English)
- 39 sec (Spanish)

% Abandons

- 8.79% (English)
- 25.42% (Spanish)

% Abandon Goal = 9%

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Average Handle Time

✓ 9:41 (United Way 211)

✓ 8:18 (Spanish 211)

Average InQueue Time

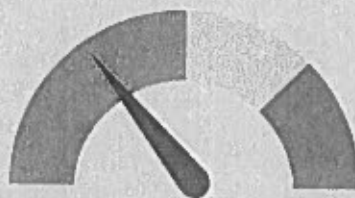
✓ 46 sec (United Way 211)

✓ 36 sec (Spanish 211)

Service Level

✓ 84.96 % (English)

✓ 86.02 % (Spanish)



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

PATH Success Stories (2nd Quarter 2022)

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



Story 1



Caller initially sought help for utilities and counseling, but eventually shared some emotional struggles about a situation facing her daughter and granddaughter. The caller's daughter had gone through a divorce with a sexually abusive husband, but because he had more finances the husband was able to gain custody of the caller's granddaughter and require the caller's daughter to have monitored visitation. The caller suspects discrimination has played a role in that decision as well, as their family is Latino. She has helped her daughter pay for legal fees, court-supervised visitation, and counseling, putting herself under financial and emotional stress as well.

We were able to provide resource referrals that specifically cater to the Hispanic community and reassure her that she is always welcome to call the 211 line for support. Even though the caller began the call in Spanish with an interpreter, she eventually felt comfortable enough to converse in English and she expressed how much it meant to have someone empathetic to talk to.

Story 2

Caller was seeking emotional support for recent stress in his life. He described how a close family friend had been hospitalized after moving to town recently, but he was able to keep calm with the aid of the call center worker.

He later mentioned that his eyes have been red recently, even though he doesn't do drugs. He was upset that a police officer had him do a sobriety test because of that (which he passed). He hadn't sought medical help yet as he didn't have a primary care doctor, but the call center agent described their experience with prompt care and he eventually agreed to visit one of the locations we were able to provide to get his eyes checked out.

On ending the call, he thanked the caller both for the referral and for their ability to help him work through his stress in general.

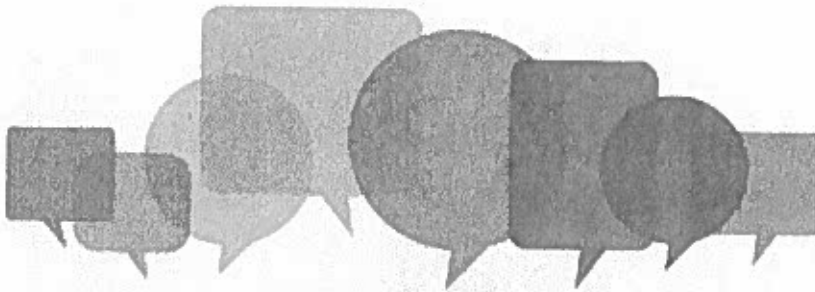


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Feedback Survey

We're trying to make these reports more efficient and useful for you! Please follow the link below to share your thoughts with us about any aspect of these reports (information, layout, or anything else that comes to mind!).

<https://forms.gle/DypSH5nYxiPYu5G96>



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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/1WXHQq9y0Wnm1aHQ5KDid_d_nEsP5u09nSEWEde_uvLM/edit?usp=sharing

Submitted by:

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Chris Baldwin

Assistant Director of Database Services

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309-834-0590

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#11.C.



CHAMPAIGN COUNTY
DEVELOPMENTAL
DISABILITIES BOARD
CHAMPAIGN COUNTY
MENTAL HEALTH BOARD

BRIEFING MEMORANDUM

DATE: September 21, 2022
TO: Members, Champaign County Mental Health Board (CCMHB)
FROM: Kim Bowdry, Associate Director for I/DD
SUBJECT: 2022 DISABILITY Resource Expo Update

Background:

The 2022 DISABILITY Resource Expo faced several scheduling conflicts. The October 15, 2022 Expo planned at the Vineyard Church conflicted with the University of Illinois Homecoming Football game causing increased prices in hotel rooms and the possibility of fewer volunteers at the Expo. A decision was made to reschedule the Expo for October 1, 2022. However, Uniting Pride of Champaign County had booked this date for their annual PrideFest celebration, creating another conflict with attendees and event volunteers. So as not to interfere with Pride Fest, it was determined that the original date, with all its flaws, was the best date for the Expo. Unfortunately, because the reservation with the Vineyard Church had already been given up, they booked another event for that day, leaving us with no venue. Other difficulties included finding a pipe and drape company to support the Expo with a reasonable cost.

During the July 20, 2022, Expo Steering Committee meeting, committee members helped brainstorm ideas for each of the problems facing the 2022 Expo. This included thinking of alternative venues in which to host the Expo and alternatives to the pipe drape company which has been used in most recent years.

2022 Expo Updates:

After navigating these scheduling conflicts, the 2022 DISABILITY Resource Expo will take place on October 22, 2022, from 11 AM until 4 PM at Market Place Mall. Signature Events will provide the pipe and draping for the event. Each Expo Subcommittee has been working diligently to make all these changes happen. While this has been challenging, the Expo Coordinators and Steering Committee are working hard to put together a memorable event. *See the attached SAVE-THE-DATE flyer and <https://disabilityresourceexpo.org> for more details.*

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Coming this Fall!

**DISABILITY
RESOURCE
EXPO**



**Saturday, October 22, 2022
11 am – 4 pm**

Market Place Mall

2000 N Neil St, Champaign, IL 61820

A family friendly event!

A project of the Champaign County Mental Health and Developmental Disabilities Boards

www.disabilityresourceexpo.org 45 116



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CCMHB 2022-2023 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

- September 21, 2022 – Shields-Carter Room
- September 28, 2022 – *Special Joint Mtg with CCDDDB* - Shields-Carter Room
- October 19, 2022 – Shields-Carter Room
- October 26, 5:45PM – *study session with CCDDDB* - Shields-Carter
- November 16, 2022 – Shields-Carter Room (*off cycle*)
- December 21, 2022 – Shields-Carter Room (*off cycle*) – *tentative*
- January 18, 2023 – Shields-Carter Room
- January 25, 2023 – *study session* - Shields-Carter Room
- February 15, 2023 – *Special Joint Mtg with CCDDDB* - Shields-Carter Room
- February 22, 2023 – Shields-Carter Room
- March 22, 2023 – Shields-Carter Room (*Ramadan begins*)
- March 29, 2023 – *study session* - Shields-Carter Room
- April 19, 2023 – Shields-Carter Room
- April 26, 2023 – *study session* - Shields-Carter Room
- May 17, 2023 – *study session* - Shields-Carter Room
- May 24, 2023 – Shields-Carter Room
- June 21, 2023 – 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.

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 2022-2023 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

September 21, 2022 – Shields-Carter Room

September 28, 2022 5:45PM – Shields-Carter Room – *special joint meeting with CCMHB*

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

January 18, 2023 – Shields-Carter Room

February 15, 2023 5:45PM – Shields-Carter Room – *special joint meeting with CCMHB*

February 22, 2023 – Shields-Carter Room

March 22, 2023 – Shields-Carter Room (*Ramadan begins*)

April 19, 2023 – Shields-Carter Room

May 17, 2023 – Shields-Carter Room

June 21, 2023 – Shields-Carter Room

This schedule is subject to change due to unforeseen circumstances.

Please email stephanie@ccmhb.org to confirm meetings or to request alternative format documents, language access, or other accommodation needed to participate. All meetings and study sessions include time for members of the public to address the Board.

Meetings are posted in advance and recorded and archived at

<http://www.co.champaign.il.us/mhbddb/DDBMeetingDocs.php>

Public Input: All are welcome to attend the Board's meetings, using the Zoom options or in person, in order to observe and to offer thoughts during the "Public Participation" period of the meeting. For support to participate in a meeting, let us know how we might help by emailing stephanie@ccmhb.org.

If the time of the meeting is not convenient, you may still communicate with the Board by emailing stephanie@ccmhb.org any written comments which you would like us to read to the Board during the meeting. Your feedback is appreciated but be aware that the time for each person's comments may be limited to five minutes.

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**IMPORTANT DATES - 2022 Meeting Schedule with Subjects,
Agency and Staff Deadlines, and Allocation Timeline for PY23**

The schedule offers dates and subject matter of meetings of the Champaign County Mental Health Board. Subjects are not exclusive to any given meeting, as other matters requiring Board review or action may also be addressed. Study sessions may be scheduled on topics raised at meetings, brought by staff, or in conjunction with the CCDDDB. Included are tentative dates for steps in the funding allocation process for PY23 and deadlines related to PY22 agency contracts. **Meetings and study sessions are scheduled to begin at 5:45PM; these may be confirmed by Board staff.**

- 1/3/22 *Online system open for applications for PY23 funding*
- 1/19/22 **Regular Board Meeting**
- 1/26/22 **Study Session: Mid-Year Program Presentations**
- 1/28/22 *Agency PY22 2nd Quarter and CLC progress reports due*
- 1/31/22 *Deadline for updated agency eligibility questionnaires*
- 2/11/22 *Deadline for submission of applications for PY23 funding
(Online system will not accept any forms after 4:30PM.)*
- 2/16/22 **Study Session: Mid-Year Program Presentations**
- 2/16/22 *List of Requests for PY2023 Funding assembled*
- 2/23/22 **Regular Board Meeting**
Discussion of Board Members' Review of Proposals;
Mid-year updates on new agency programs
- 3/23/22 **Regular Board Meeting: FY2021 Annual Report**
- 4/13/22 *Program summaries released to Board, posted
online with CCMHB April 20, 2022 meeting agenda*
- 4/20/22 **Regular Board Meeting**
Program Summaries Review and Discussion

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- 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
Evaluation Capacity Building Project Report
- 9/28/22 **Special Joint Meeting with the CCDDB**
Authorize Release of RFP
Finalize I/DD Special Initiative Priorities for PY24
- 10/19/22 **Regular Board Meeting**
Release Draft Program Year 2024 Allocation Criteria
- 10/26/22 **Joint Study Session with CCDDB at 5:45PM**

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- 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*

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**IMPORTANT DATES - 2023 Meeting Schedule with Subjects,
Agency and Staff Deadlines, and Allocation Timeline for PY24**

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 PY24 and deadlines related to PY22 and PY23 agency contracts. **Meetings and study sessions are scheduled to begin at 5:45PM and may be confirmed by Board staff.**

- 1/2/23 *Online system open for applications for PY23 funding*
- 1/18/23 **Regular Board Meeting**
- 1/25/23 **Study Session: Mid-Year Program Presentations**
- 1/27/23 *Agency PY23 2nd Quarter and CLC progress reports due*
- 2/10/23 *Deadline for submission of applications for PY24 funding
(Online system will not accept any forms after 4:30PM.)*
- 2/15/23 **Study Session: Mid-Year Program Presentations**
- 2/22/23 **Regular Board Meeting**
List of Requests for PY2024 Funding assembled
- 3/22/23 **Regular Board Meeting: 2022 Annual Report**
- 3/29/23 **Study Session**
- 4/12/23 *Program summaries released to Board, posted
online with CCMHB April 19 meeting agenda and packet*
- 4/19/23 **Regular Board Meeting**
Board Review, Staff Summaries of Funding Requests
- 4/26/23 **Study Session**
Board Review, Staff Summaries of Funding Requests

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- 4/28/23 *Agency PY2023 3rd Quarter Reports due*
- 5/10/23 *Allocation recommendations released to Board, posted online with CCMHB May 17 study session agenda packet*
- 5/17/23 **Study Session:** Allocation Recommendations
- 5/24/23 **Regular Board Meeting**
Allocation Decisions; Authorize Contracts for PY2024
- 6/1/23 *For contracts with a PY23-PY24 term, all updates to Cloned PY24 forms should be completed and submitted by this date.*
- 6/17/23 *Deadline for agency application/contract revisions
Deadline for agency letters of engagement w/ CPA firms
PY2024 agency contracts completed*
- 6/21/23 **Regular Board Meeting**
Draft FY2024 Budget, Election of Officers
- 6/30/23 *Agency Independent Audits, Reviews, or Compilations due
(only applies to those with calendar FY, check contract)*
- 7/19/23 **Regular Board Meeting**
- 8/16/23 **Regular Board Meeting - tentative**
- 8/25/23 *Agency PY2023 4th Quarter reports, CLC progress reports, and Annual Performance Measure Reports due*
- 9/20/23 **Regular Board Meeting**
Draft Three Year Plan 2022-2024 with 2024 Objectives
- 9/27/23 **Study Session**
- 10/18/23 **Regular Board Meeting**
Release Draft Program Year 2025 Allocation Criteria
- 10/25/23 **Joint Study Session with CCDDDB**

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- 10/27/23 *Agency PY2024 First Quarter Reports due*
- 11/15/23 **Regular Board Meeting** (off cycle)
Approve Three Year Plan with One Year Objectives
Allocation Decision Support – PY25 Allocation Criteria
- 12/10/23 *Public Notice of Funding Availability to be published by date, giving at least 21-day notice of application period.*
- 12/20/23 **Regular Board Meeting** (off cycle) – tentative
- 12/31/23 *Agency Independent Audits, Reviews, Compilations due*
- 1/2/24 *Online system opens for applications for PY25 funding*

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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

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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

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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

ADL- Activities of Daily Living

A/N- Abuse and Neglect

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

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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

CBT- Cognitive Behavioral Therapy

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

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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

DBT -- Dialectical Behavior Therapy

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

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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

EAP-- Employee Assistance Program

EBP: Evidence Based Practice

EHR – Electronic Health Record

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

HIPPA – Health Insurance Portability and Accountability Act

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

IOP – Intensive Outpatient Treatment

IPLAN - Illinois Project for Local Assessment of Needs. The Illinois Project for Local Assessment of Needs (IPLAN) is a community health assessment and planning process that is conducted every five years by local health jurisdictions in Illinois. Based on the *Assessment Protocol for Excellence in Public Health* (APEX-PH) model, IPLAN is grounded in the core functions of public health and addresses public health practice standards. The completion of IPLAN fulfills most of the requirements for Local Health Department certification under Illinois Administrative Code Section 600.400: Certified Local Health Department Code Public Health Practice Standards. The essential elements of IPLAN are:

1. an organizational capacity assessment;
2. a community health needs assessment; and
3. a community health plan, focusing on a minimum of three priority health problems.

ISC – Independent Service Coordination

ISP – Individual Service Plan

ISSA – Independent Service & Support Advocacy

JDC – Juvenile Detention Center

JJ – Juvenile Justice

JJPD – Juvenile Justice Post Detention

LAN – Local Area Network

LCPC – Licensed Clinical Professional Counselor

LCSW – Licensed Clinical Social Worker

LGTBQ – Lesbian, Gay, Bi-Sexual, Transgender, Queer

LPC – Licensed Professional Counselor

MBSR -- Mindfulness-Based Stress Reduction

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

MI – Motivational Interview

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)

OCD: Obsessive-Compulsive Disorder

ODD: Oppositional Defiant Disorder

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.

REBT -- Rational Emotive Behavior Therapy

RFI – Request for Information

RFP – Request for Proposals

RTC -- Residential Treatment Center

SA – Substance Abuse

SAD -- Seasonal Affective Disorder

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

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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

TANF- Temporary Assistance for Needy Families

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.

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

CCDDB/CCMHB: 4th Quarter reports and year-end Performance Measure Outcome reports were due on August 26, 2022. 4th Quarter Program Reports and PY22 Service Data Charts can be found in this Board packet. Each agency report will be reviewed. The PY22 Performance Measure Outcome reports will be compiled and posted at ccmhddbrds.org.

I am also using data from the PY22 4th Quarter reports, to create the 'Utilization Summaries for PY2022 CCDDB and CCMHB I/DD Programs' document. This document will be included in the October 2022 CCDDB Packet.

We have not yet received the Financial Review for CU Autism Network or the Financial Compilation for CU Able, although we heard from Neal Kuester, Feller & Kuester CPAs LLP in late June that those would be completed within a few weeks. More recently, CU Autism Network requested an extension until 12/31/2022 to submit their Review. Champaign County Down Syndrome Network has not submitted the PY20 audit.

DSC Program Site Visits for Clinical Services, Community Employment, Community First, Community Living, and Connections were completed during August and early September. No concerns were noted during these site visits. The remaining programs (Employment First, Family Development, Individual and Family Support, Service Coordination, and Workforce Development and Retention) are scheduled to be completed by November 1, 2022.

An email was sent to CCRPC Head Start/Early Head Start to schedule the Early Childhood Mental Health Services site visit. Mr. Bryson and I will conduct the Site Visit is scheduled for September 26, 2022.

I participated in a meeting with Don Moyer Boys and Girls Club with Ms. Canfield and Mr. Bryson to review their contract, reporting requirements, and the Online Reporting System.

Ms. Canfield, Mr. Bryson, and I met with the I-Plan Coordinator to discuss the Priorities documents. The Champaign County Behavioral Health Workgroup meeting is scheduled for September 22, 2022.

I participated in meetings with the System developers to update the look of the Online Reporting System. Other meetings were related to the Compliance Dashboard in the system.

CCDDB Contract Amendments: The CCRPC Decision Support PCP contract was prorated due to a staff vacancy at the start of the program year. The new position will be filled on October 1, 2022. Ms. Canfield and I met with CCRPC staff related to CCDDB program staff.

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Learning Opportunities: On August 25, 2022, Joan Gorsuch and two Self-Advocates presented "Employing Autism" at Champaign Public Library. Attendance was lower than expected, but the presentation was vivid and the interaction between the presenters and attendees was great.

Alex Campbell, EMK Consulting is scheduled to present a user training for the Online Reporting System on September 29, 2022. This presentation will be held virtually.

ACMHAI: I participated in the ACMHAI August Membership Meeting. I attended the "Adventure Therapy: Change and Healing through Community-Based Experiences and Adventure" presentation. This presentation was presented by Shannon Kaecker, LCSW, Clinical Director, Adventure Works and Katie Watts, Executive Director, Adventure Works. This was a hybrid presentation and done in an interactive manner, using Zoom Rooms.

I also participated in the September meeting of the ACMHAI I/DD Committee. This meeting hosted Jim Haptonstahl, Vice President of Institutional Giving, United Cerebral Palsy Seguin of Greater Chicago (UCP Seguin) and Lori Opiela, Chief Policy, Research, & Advocacy Officer, United Cerebral Palsy Seguin of Greater Chicago (UCP Seguin). Mr. Haptonstahl and Ms. Opiela presented "Efforts to Address the DSP Crisis in Illinois." A group discussion followed.

NACBHDD: The August NACBHDD I/DD Committee meeting was canceled due to a scheduling conflict. The September meeting is scheduled for later today (September 21, 2022).

Disability Resource Expo: Barb Bressner and I met with a SOCW 465 class to describe the Expo and the related video project that they will be working on during the fall semester. I will continue to meet with these students weekly until the end of the semester.

I participated in an Expo Steering Committee Meetings on July 20, 2022 and September 6, 2022. Please see the Briefing Memo in this packet for more updates related to the Expo. The Expo is being planned for October 22, 2022, at Market Place Mall from 11AM-4PM. The Expo will have a booth at C-U Pridefest on October 1, 2022. I also participated in subcommittee meetings for the Marketing and Sponsorship Committee and Children's Activity Committee.

UIUC School of Social Work Community Learning Lab: I am working with a group of seniors in the BSW program at the University of Illinois at Urbana-Champaign to create more DISABILITY Resource Expo exhibitor videos. Our first meeting was held on September 14, 2022, we will be meeting each Wednesday until the end of the semester.

Other activities: I participated in the August and September Human Services Council meetings. At the September meeting, Rachel Charters, CUPHD, GREAT Start Program gave a presentation on the Champaign County Home Visiting Consortium.

I participated in the August meeting of the MHDDAC. I also participated in several additional webinars, workshops, and virtual trainings.

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

Staff Report-September 23, 2022

Summary of Activity

A Three-Year Plan with DRAFT 2023 Objectives is presented in the Board packet along with a Briefing Memorandum, detailing proposed changes to new and existing objectives. This draft will be disseminated to the Board, agencies, and other interested parties for review with a final plan presented for approval at a later CCMHB meeting.

Also, in the Board packet is a Briefing Memorandum reviewing two CCMHB Participant Surveys. These surveys were conducted by the CCMHB staff and University of Illinois Graduate student Suzanne Valentine to study the experience of the youth and staff in summer programs.

PY Fourth Quarter Service reports and Annual Performance Outcomes reports were due on August 26th by midnight. Reports that were submitted on time were entered into a data tracking excel spreadsheet for review. Several agencies requested extended time to complete reports, which required them to fill out the Request for Extension Deadline report form and for us to extend the fourth quarter period deadline. During this time, I provided support to agencies on updating their information in the system and am in the process of reviewing those reports for accuracy.

Contract Amendments: The Board approved two contract amendments for The WELL Experience agency to cover the costs of unexpected accounting services and for FirstFollowers to reflect the changes staffing and operating costs.

Audit Delays/Suspension of Funding: Notice of Suspension of Letters were sent out by Stephanie Howard-Gallo to Urbana Neighborhood Connections Center, Mahomet Area Youth Club and Promise Healthcare Systems for failure to request extended time for submission of reports and failure to submit audit reports to the CCMHB by June 30, 2022.

Financial Site Visits: I attended and participated in the Terrapin Station Sober Living financial site visit lead by Chris Wilson.

Criminal Justice-Mental Health:

Reentry Council Meetings: July and August meetings were both cancelled. During the September 7th council meeting, Misty Bell and Claudia Lenhoff gave a general overview of Reentry Council/Leadership. Claudia presented to the council a presentation on CU Tiny Homes, a collaborative project between Carle, UIUC and Champaign County Health Care Consumers. There is ongoing discussion on how to get more local law enforcement and key service providers at the council meetings.

CCMHDDAC Agency Meeting: CCMHDDDB staff updated the council on both Boards elected officers and making changes to simplify online reporting system. Also, Kim Bowdry will coordinate a September 29th workshop on how to use the online reporting system. Updates: Uniting Pride will have an Open House at their office at the University YMCA on 8/29 from 5-

7pm. Regional Planning Mortgage Assistance funding will most likely be exhausted in September. Eastern Illinois Food Bank will offer paper goods and hygiene products. Immigrant Services of CU is looking for a bilingual caseworker who speaks Spanish and English. Contact Ben Mueller, bmueller819@gmail.com for job description. Joan Dixon is now serving as Interim Executive Director of Family Services of Champaign County.

Continuum of Service Providers to the Homeless (CSPH): In August, members heard a presentation from Katie Difanis on the Carle Addiction Recovery Center. The presentation discussed outpatient substance abuse treatment, medication assisted programs, a list of Carle services, and Extension of Community Outcomes fellowship (ECHO)--Carle's collaborative learning platform.

ACMHAI: Participated in the various ACMHAI committee meetings.

Rantoul Service Provider's Meeting: Attended July and August meetings. Committee members continued the discussion around common barriers to providing services and key stakeholders that should be invited to attend these meetings. Members heard a presentation from Rosecrance's Melissa Pappas on the Assertive Community Treatment program.

Other Activities:

- Lynn, Chris, and I met with Mary Fortune for an update on agencies participating in the Bookkeeping Phase II and a discussion on CCMHB reporting requirements.
- Attend various Disability Resource Expo Subcommittee and Steering meetings in preparation for the October 22nd event.
- Stephanie and I accompanied and assisted CCDDB Associate Director, Kim Bowdry on three site visits to DSC.
- Staff are working with web system designers Alex and Tony to improve agency-user experience with the online reporting system.
- Lynn and I met with CU at Home to learn about some of their program and agency updates.

Learning Opportunities:

- Attended the NACBHDD webinar on Portraits of Diversity, Equity, and Inclusion Efforts in Behavioral Health Nationwide.
- Attended the National Institute for Health Care Management (NIHCM) Children Under Stress: Preventing ACEs and Supporting Childhood Well-Being webinar. This webinar explored actionable strategies to prevent ACEs and programs to support children and break the cycle of adversity.
- Attended the Providers Clinical Support Systems Webinar: Opioid Use Disorder in Rural America. This webinar explored why rural areas have been severely impacted by the overdose epidemic and discuss unique challenges, as well as opportunities to make demonstrable improvements in engaging rural patients with opioid use disorder.

Stephanie Howard-Gallo

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

SUMMARY OF ACTIVITY:

Audits/Financial Reviews:

Urbana Neighborhood Connections Center (UNCC), Promise Healthcare, DREAM, CU Able, and CU Autism Network (CUAN) still owe audits, financial reviews, or compilations.

Certificates of Liability Insurance:

I requested Certificates of Liability Insurance from each agency at the beginning of the new contract year, as written in their contracts with a deadline of September 1st.

Fourth Quarter Reporting:

4th Quarter financial and program reports for all funded programs were due August 26th. A reminder email of the upcoming reporting deadline was sent to all of the agencies at the beginning of August. Performance Outcome Measures and a Cultural and Linguistic Competence Plan Progress Report are due at the 4th Quarter of each funding year, as well. Some of the agencies requested an extension of time to complete the reporting.

Mahomet Area Youth Club (MAYC) did not request an extension prior to the deadline and did not submit reports. A letter of suspension was issued on August 31. As of this writing, they are working on their reports.

Board members can access these reports using the online system. Staff can also provide paper copies of the reports for you, if requested.

Other Compliance:

On July 13th, I attended a meeting with other staff, Tracy Dace from DREAM, and some of his board members and supporters, in order to discuss compliance issues. A corrective action plan was sent to DREAM the following day.

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On August 25, I attended an informational meeting with Jermaine Raymer and Joan Dixon from Family Service to discuss program changes within the agency.

Site Visits:

In August and September, I participated in site visits for:

- Terrapin Station Sober Living (financial site visit)
- DSC Clinical (program site visit)
- DSC Community Employment (program site visit)
- DSC Connections (program site visit and tour of The Crow at 110)

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

I attended an Expo meeting July 20th. I am coordinating the art show for the Disability Expo scheduled for October 22, 2022 at Marketplace Mall from 11 a.m. to 4 p.m. So far, eight artists/groups have signed up.

Other:

- Prepared meeting materials for CCMHB/CCDDB regular meetings, special meetings, and study sessions/presentations.
- Composed minutes from the meetings.
- Attended meetings and study sessions for the CCDDB/CCMHB.
- Attended an Accounting Support meeting in August.
- Completed the testing and implementation of a new 'compliance dashboard' in the online system and uploaded agency documents to their pages. In the future, agencies will be able to upload compliance documents there.

July/August/September 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 Human Rights and Advocacy Group- A training has been developed by the members of the Human Rights Advocacy Group. **This training will be able to serve as a CCMHB/DDB Required Training starting July 1, 2022.** This training focuses on how to work with people living with a disability. If your organization will utilize this as a training as a funding requirement, please include me in your correspondence with Hannah Sheets.

HRA Training Guidelines

- 5 trainings in FY23 for DDB/CCMHB Funded Organizations.
- Preferred day of the week is on Thursdays at 10am or 3pm
- You must Schedule your training at least one week before the training dates.

Please contact Hannah Sheets at hannah@communitychoicesinc.org to schedule your presentation.

PY 22- 4th Quarter Reports - I have reviewed the 4th Quarter Reports for the CCMHB/DDB Funded Organizations. Reminder that 2nd Quarter requirement will be the requirement of add the demographics of board that will show the reflection of the value of diversity, cultural competence, and qualities of the Board Composition.

Cultural Competence Training/Support

Community Choices- Support for PY22 4th Quarterly Reporting. There was an issue with adding the information into the system on August 23, 2022

Terrapin Station Supportive Living House- Support for PY22 4th Quarter CLC Report.

RACES: Support for PY22 4th Quarter Reporting

DMBC: Support for PY22 4th Quarter Reporting

UP Center: Support for CLC Reporting and CLC organizational trainings.

CLC Coordinator Direct Service Activities

Mental Health First Aid-

Mental Health First Aid now has a statewide coordinated person. For information, please refer to the website: <http://mhfaillinois.org/>

July/August/September 2022 Staff Report- Shandra Summerville Cultural and Linguistic Competence Coordinator

CLC Site Visits: I have started to schedule CLC Site visits for organizations. There will be a comprehensive review of CLC Work within the agencies that will review the PY22 Activities.

Anti-Stigma Activities/Community Collaborations and Partnerships

Disability Resource Expo Committee- I met with Becca Obuchowski on creating descriptions for the volunteers and updated needs for the Expo.

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 to meet for the fall semester.

ACHMAHI

I attended the Children's Behavioral Health Committee Meeting on July 28, 2022. We discussed the ACHMAI strategic plan and reviewed the survey analysis of the Evidence Based Practice Programs in counties where 377/708 Boards are present Results are attached. I attended the ACMHAI Quarterly Meeting on August 11 & 12 in Bloomington, IL.

United Way Emerging Community Leader Program:

Emerging Community Leaders is a program in partnership with United Way of Champaign County. This program is to work with future leaders to introduce them to non-profit organizations and board service in Champaign County. I attended the Seminar on Being an Effective Board Member on July 14, 2022.

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

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

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July/August/September 2022 Staff Report- Shandra Summerville Cultural and Linguistic Competence Coordinator

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

Illinois Children's Mental Health Plan

The Illinois Children's Mental Health Plan Release Webinar

"In honor of Children's Mental Health Week and Mental Health Month this year, we announced the release of our highly anticipated Children's Mental Health Plan for Illinois where we shared our journey to develop the Plan and our goals for improving child and family mental health and wellness. The webinar featured remarks by ICMHP Interim Chair Dr. Sameer Vohra, ICMHP Director Amanda M. Walsh, and Dr. Dana Weiner, the newly announced Director of the Governor's Office Children's Behavioral Health Transformation Initiative. The webinar provided an overview of the Plan's 5 goals." **Illinois Children's Mental Health Plan Website. Please see updated implementation information in the plan.**

<https://www.icmhp.org/our-work/childrens-mental-health-plan/>

Overlapping Public Health Emergencies

https://nihcm.org/newsletter/overlapping-public-health-emergencies?utm_source=NIHCM+Foundation&utm_campaign=ff56d1d154-nihcm-newsletter-September-2022&utm_medium=email&utm_term=0_6f88de9846-ff56d1d154-167751988

Understanding and Preventing ACES(Adverse Childhood Experiences

https://nihcm.org/publications/understanding-preventing-aces?utm_source=NIHCM+Foundation&utm_campaign=817f0f549d-083022_Children_Under_Stress_Archive&utm_medium=email&utm_term=0_6f88de9846-817f0f549d-167751988

Climate Changes Health and Extreme Heat

<https://nihcm.org/publications/climate-changes-health-extreme-heat>

Webinar: Healing Trauma for Better Health (Highly Recommended Webinar)

<https://www.countyhealthrankings.org/online-and-on-air/webinars/healing-trauma-for-better-health>

July/August/September 2022 Staff Report- Shandra Summerville
Cultural and Linguistic Competence Coordinator
Yearly CLC PY22 Reporting as of 8/31/2022

2022 CCMHB/DDB Agency Cultural and Linguistic Reporting Form		
Agency	2nd Quarterly Reports Completed	4th Quarterly Reports Completed
Champaign County Head Start(RPC) (DDB/MHB)	Yes	Yes -Submitted 8-25-22
Champaign County Regional Planning Commission Community Services	Yes	Yes -Submitted 8-25-22
Champaign County Christian Health Center	Yes	Yes -Submitted 8-25-22
Champaign County Healthcare Consumers		Yes-Submitted 8-26-22
Children's Advocacy Center	Yes	Yes Submitted 8/22/22
Community Choices (DDB)	Yes	Yes Submitted 8/25/22
Community Service Center of Northern Champaign County	Yes	Yes Submitted 8/22/22
Courage Connection	Yes	Yes Submitted 8/26/22
Crisis Nursery	Yes	Yes Submitted 8/2/22
CU- Autism Network (DDB)	Yes	Yes- Submitted 8/24/22
Cunningham Children's Home	Yes	Yes- Submitted 8/26/22
DREAAM	Yes	Yes- Submitted 8/26/22
Developmental Services Center (DDB)	Yes	Yes Submitted 8/22/22 Yes Submitted 8/31/22*
Don Moyer's Boys and Girls Club	Yes	Extension Requested
Family Service Center	Yes	Yes Submitted 8/3/2022
First Followers	Yes	Yes Submitted 8/26/22
GROW Illinois	Yes	Yes Submitted 8/26/22
Mahomet Area Youth Club	Yes	Not Submitted
PACE	Submitted 2/10/22	Yes Submitted 8/26/22
Promise Healthcare Systems	Yes	Yes Submitted 8/5/22
Rape Advocacy, Counselling & Education	Yes	Yes Submitted 8/10/22
Refugee Assistance Center	Yes	Yes Submitted 8/25/22
Rosecrance C-U	Yes	Yes Submitted 8/20/22
UP(Uniting Pride) Center		Yes Submitted 8/24/22
Urbana Neighborhood Connections	Yes	Yes Submitted 8/27/22
The WELL	Yes	Yes Submitted 8/24/22
WIN Recovery	Yes	Yes Submitted 8/31/22
Terripen Station	Yes	Yes Submitted 8/31/22

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CCMHB Liaison Choices 2022

	Jane Sprandel	Daphne Maurer	Matthew Hausman	Elaine Palencia	Kyle Patterson	Jon Paul Youakim	Joe Omo-Osagie	Alexa McCoy	Molly McLeay
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)									
DREAAAM House (2nd Thurs., 9 am)									
ECIRMAC (Refugee Ctr (2nd Tues., 4 pm)									
Family Service (2nd Mon., noon)									
First Followers (generally 3rd Fri., 5 pm)									
GROW in IL (last Mon., 7 pm)									
Mahomet Area Youth Club (2nd Tues., 7 am)									
Promise Healthcare (4th Tues., 6 pm)									
RACES (3rd Thurs., 6 pm)									
Rosecrance (last Tues, 4:30 pm)		X							
Terrapin Station Sober Living									
UP Center (3rd Thurs., 6 pm)									
Urbana Neighborhood Conn.(2nd Thurs., 6 pm)									
Well Experience (4th Sat at noon)									
WIN Recovery (2nd Monday, 5:30 p.m.)									
Crisis Intervention Team (bi-monthly Wed 9am)									
Community Coalition (2nd Wed., 3:30pm)									X
Expo Committees (various)									X

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