



Champaign County Mental Health Board (CCMHB) Meeting Agenda

Wednesday, November 15, 2023, 5:45PM

*This meeting will be held in person at the Shields-Carter Room of the
Brookens Administrative Building, 1776 East Washington Street, Urbana, IL 61802
Members of the public may attend in person or watch the meeting live through this link:
<https://uso2web.zoom.us/j/81393675682> Meeting ID: 813 9367 5682*

- I. Call to order**
- II. Roll call**
- III. Approval of Agenda***
- IV. CCMHB and DDB Schedules, MHB Timeline** (pages 3-7) *No action needed.*
- V. CCMHB Acronyms and Glossary** (pages 8-20) *No action needed.*
- VI. Citizen Input/Public Participation** *All are welcome to attend the Board's meeting to observe and to offer thoughts during this time. The Chair may limit public participation to 5 minutes per person and/or 20 minutes total.*
- VII. Chairperson's Comments – Dr. Jon Paul Youakim**
- VIII. Executive Director's Comments – Lynn Canfield**
- IX. Approval of CCMHB Board Meeting Minutes** (pages 21-25)*
Minutes from the 10/18/23 MHB meeting are included for approval. Action is requested.
- X. Vendor Invoice Lists** (pages 26-37)*
Action is requested to accept the "Vendor Invoice Lists" and place them on file. For information are Additional Details for these expenditures.
- XI. Staff Reports** (pages 38-60)
Included for information are reports from Kim Bowdry, Leon Bryson, Stephanie Howard-Gallo, Shandra Summerville, and Chris Wilson.
- XII. New Business**
 - a) **PY23 Community Coalition Summer Youth Initiatives** (pages 61-73)
Representatives of the Champaign County Community Coalition and Don Moyer Boys and Girls Club will present on summer programs funded by the MHB in 2023.
 - b) **DRAFT of Revised Funding Requirements and Guidelines** (pages 74-96)
For board and public input is a draft of CCMHB Funding Requirements with revisions (new language and strikethroughs) highlighted. No action is requested.
 - c) **Request to Transfer from Fund Balance** (page 97)*

A Decision Memorandum requests transfer from CCMHB fund balance to meet 2023 obligations in the event the remaining 2023 revenues are not deposited prior to payments or fall short of anticipated amounts. Action is requested.

XIII. Old Business

- a) **CCMHB Three Year Plan with Objectives for 2024** (pages 98-117)*
The Three-Year Plan for 2022-2024 with objectives for 2024 is included for review and approval. Action is requested.
- b) **CCMHB PY25 Allocation Priorities** (pages 118-133)*
For board review and approval is a final draft of PY2025 Allocation Priorities and Selection Criteria for the CCMHB Fund. Action is requested.
- c) **IDDSI PY25 Allocation Priorities** (pages 134-150)*
For board review and approval is a final draft of PY2025 Allocation Priorities and Selection Criteria for the I/DD Special Initiatives Fund. Action is requested.
- d) **Input on Priorities** (pages 151-153)
For information only are comments from the public regarding priorities.
- e) **Evaluation Capacity Building Project** (page 154)
For information only, a brief overview is included in the packet, and oral update will be provided by a UIUC Family Resiliency Center representative.
- f) **Expo Update** (page 155)
A report of financial activity to date is included for information only.
- g) **PY2024 Q1 Program Service Reports** (pages 156-203)
For information only are PY24 First Quarter Service Activity Reports from funded agency programs.
- h) **211 Quarterly Update for Champaign County** (pages 204-224)
For information only is an update on Champaign County 211 call activity reported by PATH for the period of July 1 to October 31.

XIV. Successes and Other Agency Input

The Chair reserves the authority to limit individual participation to 5 minutes and/or total time to 20 minutes.

XV. Board to Board Reports (page 225)

XVI. County Board Input

XVII. Champaign County Developmental Disabilities Board Input

XVIII. Board Announcements and Input

** Board action is requested.*

For accessible documents or assistance with any portion of this packet, please [contact us](mailto:leon@ccmhb.org) (leon@ccmhb.org).

XIX. Adjournment



CCMHB 2023-2024 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> (if it is an option)

- October 18, 2023** – Shields-Carter Room
- ~~**October 25, 2023** – *Joint Meeting with CCDDDB* – CANCELLED~~
- November 15, 2023** – Shields-Carter Room
- December 20, 2023** – Shields-Carter Room (*off cycle*) - tentative
- January 17, 2024** – Shields-Carter Room
- January 24, 2024** – *Study Session* - Shields-Carter Room
- February 21, 2024** – Shields-Carter Room
- February 28, 2024** – *Study Session* - Shields-Carter Room
- March 20, 2024** – Shields-Carter Room
- March 27, 2024** – *Joint Study Session w CCDDDB* - Shields-Carter
- April 17, 2024** – Shields-Carter Room
- April 24, 2024** – *Study Session* - Shields-Carter Room
- May 15, 2024** – *Study Session* - Shields-Carter Room
- May 22, 2024** – Shields-Carter Room
- June 12, 2024** – Shields-Carter Room (*off cycle*)
- ~~**June 19, 2024** – Shields-Carter Room CANCELLED for Holiday~~
- July 17, 2024** – Shields-Carter Room
- August 21, 2024** – Shields-Carter Room - tentative
- September 18, 2024** – Shields-Carter Room
- September 25, 2024** – *Joint Study Session w CCDDDB* - Shields-Carter

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, whether using the Zoom options or in person, to observe and to offer thoughts during "Public Participation". For support to participate, let us know how we might help by emailing stephanie@ccmhb.org. If the time of the meeting is not convenient, you may still communicate with the Board by emailing stephanie@ccmhb.org any written comments which you would like us to read to the Board during the meeting. Your feedback is appreciated but be aware that the time for each person's comments may be limited to five minutes.



CCDDB 2023-2024 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>

October 18, 2023 – Shields-Carter Room

~~**October 25, 2023 5:45PM** – Shields-Carter Room~~ *CANCELLED*

November 15, 2023 – Shields-Carter Room *(off cycle)*

December 20, 2023 – Shields-Carter Room *(off cycle) - tentative*

January 17, 2024 – Shields-Carter Room

February 21, 2024 – Shields-Carter Room

March 20, 2024 – Shields-Carter Room

March 27, 2024 5:45PM – Shields-Carter Room – *joint study session with the CCMHB*

April 17, 2024 – Shields-Carter Room

May 22, 2024 – Shields-Carter Room

June 12, 2024 – Shields-Carter Room *(off cycle)*

~~**June 19, 2024** – Shields-Carter Room~~ *CANCELLED for Holiday*

July 17, 2024 – Shields-Carter Room

August 21, 2024 – Shields-Carter Room - *tentative*

September 18, 2024 – Shields-Carter Room

September 25, 2024 5:45PM – Shields-Carter Room – *joint study session with the CCMHB*

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, whether virtually or in person, 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.

IMPORTANT DATES

2023-24 Meeting Schedule with Subjects, Agency and Staff Deadlines, and PY25 Allocation Timeline

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 PY25 and deadlines related to PY23 and PY24 agency contracts. **Meetings and study sessions are scheduled to begin at 5:45PM and may be confirmed by Board staff.**

- | | |
|---------------------|--|
| 10/18/23 | Regular Board Meeting
Draft Three Year Plan 2022-2024 with 2024 Objectives |
| 10/25/23 | Joint Meeting with CCDDDB CANCELLED |
| 10/27/23 | <i>Agency PY2024 First Quarter Reports due</i> |
| 11/15/23 | Regular Board Meeting (off cycle)
Approve Three Year Plan with One Year Objectives
Allocation Decision Support – PY25 Allocation Criteria |
| 12/1/23 | <i>Public Notice of Funding Availability to be published by date, giving at least 21-day notice of application period.</i> |
| 12/20/23 | Regular Board Meeting (off cycle) – <i>tentative</i> |
| 12/22/23 | <i>Online system opens for applications for PY25 funding.</i> |
| 12/31/23 | <i>Agency Independent Audits, Reviews, Compilations due</i> |
| 1/17/24 | Regular Board Meeting
Mid-Year Program Presentations |
| 1/24/24 | Study Session: Mid-Year Program Presentations |
| 1/26/24 | <i>Agency PY24 2nd Quarter and CLC progress reports due</i> |

- 2/12/24 *Deadline for submission of applications for PY25 funding
(Online system will not accept any forms after 4:30PM)*
- 2/21/24 **Regular Board Meeting**
Discuss list of PY25 Applications and Review Process
- 2/28/24 **Study Session:** Initial Review of Applications
- 3/20/24 **Regular Board Meeting:** 2023 Annual Report
Discussion of PY25 Funding Requests
- 3/27/24 **Joint Study Session with CCMHB**
Discussion of PY25 I/DD Special Initiatives
- 4/10/24 *Program summaries released to Board, posted
online with CCMHB April 17 meeting agenda and packet*
- 4/17/24 **Regular Board Meeting**
Board Review, Staff Summaries of Funding Requests
- 4/24/24 **Study Session**
Board Review, Staff Summaries of Funding Requests
- 4/26/24 *Agency PY2024 3rd Quarter Reports due*
- 5/10/24 *Allocation recommendations released to Board, posted
online with CCMHB May 17 study session agenda packet*
- 5/15/24 **Study Session:** Allocation Recommendations
- 5/22/24 **Regular Board Meeting**
Allocation Decisions; Authorize Contracts for PY2025
- 6/1/24 *For contracts with a PY24-PY25 term, all updated PY25
forms should be completed and submitted by this date.*
- 6/12/24 **Regular Board Meeting – off cycle**
Draft FY2025 Budget, Election of Officers
- 6/18/24 *Deadline for agency application/contract revisions
Deadline for agency letters of engagement w/ CPA firms.*

6/21/24 *PY2025 agency contracts completed.*

6/30/24 *Agency Independent Audits, Reviews, or Compilations due (only applies to those with calendar FY, check contract)*

7/17/24 **Regular Board Meeting**
Approve Draft FY2025 Budgets

8/21/24 **Regular Board Meeting - tentative**

8/30/24 *Agency PY2024 4th Quarter reports, CLC progress reports, and Annual Performance Measure Reports due*

9/18/24 **Regular Board Meeting**
Community Needs Assessment Report
DRAFT Program Year 2026 Allocation Criteria

9/25/24 **Joint Study Session with CCDDDB**

10/16/24 **Joint Meeting with CCDDDB**
I/DD Special Initiatives

10/23/24 **Regular Board Meeting**
Draft Three Year Plan 2025-2027 with 2025 Objectives

10/25/24 *Agency PY2025 First Quarter Reports due*

11/20/24 **Regular Board Meeting**
Approve Three Year Plan with One Year Objectives
Approve PY26 Allocation Criteria

11/29/24 *Public Notice of Funding Availability to be published by date, giving at least 21-day notice of application period.*

12/18/24 **Regular Board Meeting– tentative**

12/20/24 *Online system opens for applications for PY26 funding.*

12/31/24 *Agency Independent Audits, Reviews, Compilations due.*

Agency and Program Acronyms commonly used by the CCMHB

BLAST – Bulldogs Learning and Succeeding Together, a program of Mahomet Area Youth Club

CC – Community Choices

CCCAC or CAC – (Champaign County) Children’s Advocacy Center

CCCHC – Champaign County Christian Health Center

CCDDB or DDB – Champaign County Developmental Disabilities Board

CCHCC – Champaign County Health Care Consumers

CCHS – Champaign County Head Start, a department of the Regional Planning Commission (also CCHS-EHS, for Head Start-Early Head Start)

CCMHB or MHB – Champaign County Mental Health Board

CCRPC or RPC – Champaign County Regional Planning Commission

CN - Crisis Nursery

CSCNCC - Community Service Center of Northern Champaign County, may also appear as CSC

CU TRI – CU Trauma & Resiliency Initiative, affiliated with the Champaign Community Coalition and CUNC, funded through Don Moyer Boys & Girls Club

Courage Connection – previously The Center for Women in Transition

DMBGC - Don Moyer Boys & Girls Club

DREAAM – Driven to Reach Excellence and Academic Achievement for Males

DSC - Developmental Services Center

ECHO – a Housing and Employment Support program of Cunningham Children’s Home

ECIRMAC or RAC – East Central Illinois Refugee Mutual Assistance Center, also The Refugee Center

ECMHS - Early Childhood Mental Health Services, a program of Champaign County Regional Planning Commission Head Start Department

FD – Family Development, previously Family Development Center, a DSC program

FS - Family Service of Champaign County

FST – Families Stronger Together, a program of Cunningham Children’s Home

GAP – Girls Advocacy Program, a program component of the Psychological Service Center.

IAG – Individual Advocacy Group, Inc., a provider of I/DD services

JDP – Justice Diversion Program, a Regional Planning Commission program

MAYC - Mahomet Area Youth Club

MRT – Moral Reconciliation Therapy, a systematic treatment strategy that seeks to decrease recidivism among juvenile and adult criminal offenders by increasing moral reasoning.

NAMI – National Alliance on Mental Illness

PATH – regional provider of 211 information/call services

PEARLS - Program to Encourage Active Rewarding Lives

PHC – Promise Healthcare

PSC - Psychological Services Center (University of Illinois)

RAC or ECIRMAC – East Central Illinois Refugee Mutual Assistance Center

RACES – Rape Advocacy, Counseling, and Education Services

RCI – Rosecrance Central Illinois

RPC or CCRPC – Champaign County Regional Planning Commission

UNCC – Urbana Neighborhood Community Connections Center

UP Center – Uniting Pride

UW or UWCC – United Way of Champaign County

WIN Recovery – Women in Need Recovery

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

Glossary of Other Terms and Acronyms

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

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

ACA – Affordable Care Act

ACEs – Adverse Childhood Experiences

ACMHAI – Association of Community Mental Health Authorities of Illinois

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

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 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

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

OUD/SUD – Opioid Use Disorder/Substance Use Disorder

PAS – Pre-Admission Screening

PCI – Parent Child Interaction groups.

PCP – Person Centered Planning

PLAY – Play and Language for Autistic Youngsters. PLAY is an early intervention approach that teaches parents ways to interact with their child who has autism that promotes developmental progress.

PLL – Parenting with Love and Limits. Evidenced based program providing group and family therapy targeting youth/families involved in juvenile justice system.

PPSP – Parent Peer Support Partner

PSR – Patient Service Representative; staff position providing support services to patients and medical staff.

PTSD – Post-Traumatic Stress Disorder

PUNS – Prioritization of Urgency of Need for Services. PUNS is a database implemented by the Illinois Department of Human Services to assist with planning and prioritization of services for individuals with disabilities based on level of need. An individuals' classification of need may be emergency, critical or planning.

PWI – Personal Well-being Index

PY – Program Year, runs from July 1 to following June 30. (Also referred to as Contract Year – CY - and often the Agency Fiscal Year)

QCPS – Quarter Cent for Public Safety. The funding source for the Juvenile Justice Post Detention programming. May also be referred to as Quarter Cent.

QIDP – Qualified Intellectual Disabilities Professional

QMHP – Qualified Mental Health Professional. Rule 132 term, that simply stated refers to a Master’s level clinician with field experience that has been licensed.

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

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.

**CHAMPAIGN COUNTY
MENTAL HEALTH BOARD
REGULAR MEETING**

Minutes—October 18, 2023

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

5:45 p.m.

MEMBERS PRESENT: Matt Hausman, Daphne Maurer, Elaine Palencia, Jane Sprandel, Molly McLay, Joe Omo-Osagie, Jon Paul Youakim

MEMBERS EXCUSED: Lisa Liggins-Chambers, Jen Straub

STAFF PRESENT: Leon Bryson, Lynn Canfield, Shandra Summerville, Chris Wilson

OTHERS PRESENT: Jami Olsen, DSC; Jessica McCann, Laurie Britt, Champaign County Regional Planning Commission (CCRPC); Brenda Eakins, GROW; Jamie Dahlman, Promise Healthcare; Josh Gavel, UP Center; Laura Lindsey, Courage Connection; Paige Garrison, Cunningham Children’s Home; Cindy Crawford, Community Service Center of Northern Champaign County (CSCNCC); Melissa Courtwright, CU at Home.

CALL TO ORDER:

Dr. Jon Paul Youakim called the meeting to order at 5:45 p.m.

ROLL CALL:

Roll call was taken, and a quorum was present.

APPROVAL OF AGENDA:

An agenda was available for review and approved by a unanimous vote. (Motion made by Mr. Hausman and seconded by Ms. Palencia.)

CCDDB and CCMHB SCHEDULES:

Updated copies of CCDDB and CCMHB meeting schedules and CCMHB allocation timeline were included in the packet.

ACRONYMS and GLOSSARY:

A list of commonly used acronyms was included for information.

CITIZEN INPUT / PUBLIC PARTICIPATION:

None.

PRESIDENT’S COMMENTS:

Dr. Youakim warned of the coming cold and flu season, seasonal increase in mental health symptoms, and the rise of hatred globally and at home.

EXECUTIVE DIRECTOR’S COMMENTS:

Director Canfield remarked on positive changes in service data reported by agencies.

APPROVAL OF CCMHB MINUTES:

Minutes from the 7/19/2023 board meeting, 8/16/23 MHB/DDB joint study session and 9/20/23 MHB discussion were included in the packet.

MOTION: Ms. Sprandel moved to approve the minutes from the 7/19/23 MHB meeting and 8/16/23 MHB and DDB joint study session and 9/20/23 MHB discussion. Ms. Palencia seconded the motion. A voice vote was taken. The motion passed.

VENDOR INVOICE LISTS:

Vendor Invoice Lists were included in the Board packet.

MOTION: Dr. Youakim moved to approve the Vendor Invoice Lists. Mr. Omo-Osagie seconded the motion. A voice vote was taken, and the motion passed unanimously.

STAFF REPORTS:

Staff reports were included in the packet from Kim Bowdry, Leon Bryson, Lynn Canfield, Stephanie Howard-Gallo, and Chris Wilson.

NEW BUSINESS:

CCMHB Three Year Plan with DRAFT Objectives for 2024:

Draft objectives for 2024 were presented for review and comment. Board members commented on some proposed changes.

PY2023 Agency CLC and Related Trainings:

A list of trainings held or attended by funded agencies during PY23, in fulfillment of their Cultural and Linguistic Competence Plans, was included in the packet. Ms. Summerville presented these results and answered Board members' questions.

PY2023 Utilization Summaries and Demographic Data:

A summary of all funded programs' utilization and charts of program participants' demographic and residency data were included in the board packet for information.

OLD BUSINESS:

Agency Request for Consideration:

A formal request from Promise Healthcare to waive the automatic cancellation of PY24 contracts was included in the packet. Board members asked for additional information from board staff and Promise staff and discussed how to incorporate the responses.

MOTION: Ms. Palencia moved to delay the automatic contract cancellations of CCMHB contracts with Promise Healthcare for Mental Health Services (#MHB24-013) and PHC Wellness (#MHB24-041) until December 27, 2023. Mr. Hausman seconded the motion. A roll call vote was taken, and the motion passed.

Revised 2024 Budgets:

A Decision Memorandum offered revisions to 2024 budgets. The CCDDDB budget, background details, and budget documents were enclosed in the Board packet.

MOTION: Dr. Youakim moved to approve the attached revised DRAFT 2024 CCMHB Budget, with anticipated revenues and expenditures of \$6,837,875. Mr. Hausman seconded the motion. A roll call vote was taken, and the motion passed.

Evaluation Capacity Building Project:

Dr. Jacinda Dariotis from the University of Illinois Family Resiliency Center provided an oral update on the project.

Expo Update:

Information on the Expo was included in the Board packet. The Expo will be held October 28, 2023 at Market Place Mall from 11 a.m. to 4 p.m. Board members discussed the decrease in bigger sponsorships and the need for volunteers.

AGENCY INPUT:

None.

BOARD TO BOARD REPORTS:

Mrs. McLay reported on her first meeting with the UIUC Student Mental Health Collaboration.

COUNTY BOARD INPUT:

No report.

CCDDB INPUT:

The CCDDB met earlier in the day.

BOARD ANNOUNCEMENTS AND INPUT:

Mrs. Sprandel congratulated the UP Center on a successful Pridefest.

OTHER BUSINESS – Review of Closed Session Minutes:

Board members determined that there was not a need for an executive closed session to discuss the minutes of closed session meetings from February 19, 2020 and February 26, 2020, which had been distributed prior to the meeting, to allow for semi-annual review per the Open Meetings Act.

MOTION: Ms. McLay moved to accept the closed session minutes of meetings held on 2/19/2020 and 2/26/2020 as presented and to continue maintaining them as closed. Mr. Hausman seconded the motion. A roll call vote was taken, and the motion passed.

ADJOURNMENT:

The meeting adjourned at 7:23 p.m.

Respectfully

Submitted by: Lynn Canfield
CCMHB/CCDDB Executive Director

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

Champaign County, IL

VENDOR INVOICE LIST



INVOICE	P.O.	INV DATE	CHECK RUN	CHECK #	INVOICE NET	PAID AMOUNT	DUE DATE	TYPE	STS	DESCR
10703	BARBARA J. BRESSNER									
Q4	MHB23-046	10/02/2023	101323A	24999	2,500.00	2,500.00	10/31/2023	INV	PD	Q4 MHB
	CHECK DATE: 10/13/2023									
18805	C-U AT HOME									
Oct '23	MHB24-021	10/01/2023	100623A	24655	21,391.00	21,391.00	10/31/2023	INV	PD	MHB24-
	CHECK DATE: 10/06/2023									
1 CHAMPAIGN COUNTY TREASURER										
Oct '23	MHB23-004	10/01/2023	100623A	24623	4,523.00	4,523.00	10/31/2023	INV	PD	MHB23-
	CHECK DATE: 10/06/2023									
Oct '23	MHB24-006	10/01/2023	100623A	24628	5,325.00	5,325.00	10/31/2023	INV	PD	MHB24-
	CHECK DATE: 10/06/2023									
Oct '23	MHB24-025	10/01/2023	100623A	24624	6,362.00	6,362.00	10/31/2023	INV	PD	MHB24-
	CHECK DATE: 10/06/2023									
Oct '23	Office rent	10/01/2023	100623A	24627	2,124.55	2,124.55	10/31/2023	INV	PD	Oct '23
	CHECK DATE: 10/06/2023									
18254 CHAMPAIGN COUNTY CHRISTIAN HEALTH CENTER										
Oct '23	MHB24-029	10/01/2023	100623A	24662	2,750.00	2,750.00	10/31/2023	INV	PD	MHB24-
	CHECK DATE: 10/06/2023									
18259 CHAMPAIGN COUNTY HEALTH CARE CONSUMERS										
Oct '23	MHB23-066	10/01/2023	100623A	501944	7,625.00	7,625.00	10/31/2023	INV	PD	MHB23-
	CHECK DATE: 10/06/2023									
Oct '23	MHB24-044	10/01/2023	100623A	501944	7,208.00	7,208.00	10/31/2023	INV	PD	MHB24-
	CHECK DATE: 10/06/2023									
Oct '23	MHB24-045	10/01/2023	100623A	501944	7,512.00	7,512.00	10/31/2023	INV	PD	MHB24-
	CHECK DATE: 10/06/2023									
18265 CHAMPAIGN-URBANA MASS TRANSIT DISTRICT										
000373		10/02/2023	100623A	24665	3,762.50	3,762.50	10/28/2023	INV	PD	Expo A
	CHECK DATE: 10/06/2023									
10148 COMMUNITY SERVICE CENTER OF NORTHERN										
Oct '23	MHB24-008	10/01/2023	100623A	24674	5,717.00	5,717.00	10/31/2023	INV	PD	MHB24-
	CHECK DATE: 10/06/2023									
18092 COURAGE CONNECTION										
Oct '23	MHB23-007	10/01/2023	100623A	24676	10,583.00	10,583.00	10/31/2023	INV	PD	MHB23-
	CHECK DATE: 10/06/2023									
10163 CRISIS NURSERY										

Champaign County, IL

VENDOR INVOICE LIST



INVOICE	P.O.	INV DATE	CHECK RUN	CHECK #	INVOICE NET	PAID AMOUNT	DUE DATE	TYPE	STS	DESCR
Oct '23 MHB24-005		10/01/2023	100623A	24677	7,500.00	7,500.00	10/31/2023	INV	PD	MHB24-
CHECK DATE: 10/06/2023										
18305 CUNNINGHAM CHILDRENS HOME										
Oct '23 MHB23-018		10/01/2023	100623A	24678	10,604.00	10,604.00	10/31/2023	INV	PD	MHB23-
CHECK DATE: 10/06/2023										
Oct '23 MHB23-036		10/01/2023	100623A	24678	33,174.00	33,174.00	10/31/2023	INV	PD	MHB23-
CHECK DATE: 10/06/2023										
10170 DEVELOPMENTAL SERVICES CENTER OF										
Oct '23 MHB24-012		10/01/2023	100623A	24686	54,681.00	54,681.00	10/31/2023	INV	PD	MHB24-
CHECK DATE: 10/06/2023										
10175 DON MOYER BOYS & GIRLS CLUB										
Oct '23 MHB24-015		10/01/2023	100623A	24687	6,250.00	6,250.00	10/31/2023	INV	PD	MHB24-
CHECK DATE: 10/06/2023										
Oct '23 MHB24-022		10/01/2023	100623A	24687	13,333.00	13,333.00	10/31/2023	INV	PD	MHB24-
CHECK DATE: 10/06/2023										
Oct '23 MHB24-037		10/01/2023	100623A	24687	9,166.00	9,166.00	10/31/2023	INV	PD	MHB24-
CHECK DATE: 10/06/2023										
10185 EAST CNTRL IL REFUGEE MUTUAL ASSIST CTR										
Oct '23 MHB24-001		10/01/2023	100623A	24688	5,166.00	5,166.00	10/31/2023	INV	PD	MHB24-
CHECK DATE: 10/06/2023										
18343 FAMILY SERVICE OF CHAMPAIGN COUNTY										
Oct '23 MHB24-014		10/01/2023	100623A	24698	2,500.00	2,500.00	10/31/2023	INV	PD	MHB24-
CHECK DATE: 10/06/2023										
Oct '23 MHB24-016		10/01/2023	100623A	24698	2,369.00	2,369.00	10/31/2023	INV	PD	MHB24-
CHECK DATE: 10/06/2023										
Oct '23 MHB24-017		10/01/2023	100623A	24698	14,865.00	14,865.00	10/31/2023	INV	PD	MHB24-
CHECK DATE: 10/06/2023										
10214 FIRST FOLLOWERS										
Oct '23 MHB23-003		10/01/2023	100623A	24704	7,916.00	7,916.00	10/31/2023	INV	PD	MHB23-
CHECK DATE: 10/06/2023										
Oct '23 MHB23-034		10/01/2023	100623A	24704	3,291.00	3,291.00	10/31/2023	INV	PD	MHB23-
CHECK DATE: 10/06/2023										
10242 GROW IN ILLINOIS										
Oct '23 MHB23-011		10/01/2023	100623A	24712	10,798.00	10,798.00	10/31/2023	INV	PD	MHB23-
CHECK DATE: 10/06/2023										
10263 I3 BROADBAND - CU										

27

Champaign County, IL

VENDOR INVOICE LIST



INVOICE	P.O.	INV DATE	CHECK RUN	CHECK #	INVOICE NET	PAID AMOUNT	DUE DATE	TYPE	STS	DESCR
3058827-1	CHECK DATE: 10/13/2023	10/04/2023	101323A	25030	144.95	144.95	11/01/2023	INV	PD	ACCT #
19785 IMMIGRANT SERVICE OF CHAMPAIGN-URBANA										
Oct '23 MHB24-010	CHECK DATE: 10/06/2023	10/01/2023	100623A	24752	7,500.00	7,500.00	10/31/2023	INV	PD	MHB24-
10358 MARTIN ONE SOURCE INC										
426677	CHECK DATE: 10/27/2023	07/24/2023	102723A	25481	1,883.59	1,883.59	10/27/2023	INV	PD	Hand S
427886	CHECK DATE: 10/06/2023	09/20/2023	100623A	24759	120.00	120.00	10/20/2023	INV	PD	Expo P
10348 MCS OFFICE TECHNOLOGIES INC					2,003.59					
01-702094	CHECK DATE: 10/27/2023	10/01/2023	102723A	502086	519.75	519.75	10/31/2023	INV	PD	Oct '23
10423 PEPSI COLA CHAMPAIGN-URBANA BOTTLING										
81102104	CHECK DATE: 10/06/2023	09/26/2023	100623A	501958	14.30	14.30	10/26/2023	INV	PD	ACCT #
10453 QUILL CORPORATION										
34936891	CHECK DATE: 10/13/2023	10/03/2023	101323A	502015	63.98	63.98	11/02/2023	INV	PD	ACCT #
35086090	CHECK DATE: 10/27/2023	10/11/2023	102723A	502090	246.98	246.98	11/10/2023	INV	PD	ACCT #
35123982	CHECK DATE: 10/27/2023	10/13/2023	102723A	502090	26.99	26.99	11/12/2023	INV	PD	ACCT #
10464 RAPE, ADVOCACY, COUNSELING & EDUCATION SERVICES					337.95					
Oct '23 MHB24-002	CHECK DATE: 10/06/2023	10/01/2023	100623A	24774	6,250.00	6,250.00	10/31/2023	INV	PD	MHB24-
Oct '23 MHB24-035	CHECK DATE: 10/06/2023	10/01/2023	100623A	24774	11,666.00	11,666.00	10/31/2023	INV	PD	MHB24-
10488 ROSEGRANCE, INC.					17,916.00					
Oct '23 MHB24-019	CHECK DATE: 10/06/2023	10/01/2023	100623A	24779	6,716.00	6,716.00	10/31/2023	INV	PD	MHB24-
Oct '23 MHB24-020	CHECK DATE: 10/06/2023	10/01/2023	100623A	24779	26,666.00	26,666.00	10/31/2023	INV	PD	MHB24-
Oct '23 MHB24-023	CHECK DATE: 10/06/2023	10/01/2023	100623A	24779	8,333.00	8,333.00	10/31/2023	INV	PD	MHB24-
Oct '23 MHB24-027	CHECK DATE: 10/06/2023	10/01/2023	100623A	24779	6,125.00	6,125.00	10/31/2023	INV	PD	MHB24-

Champaign County, IL



VENDOR INVOICE LIST

INVOICE	P.O.	INV DATE	CHECK RUN	CHECK #	INVOICE NET	PAID AMOUNT	DUE DATE	TYPE	STS	DESCR
Oct '23 MHB24-028		10/01/2023	100623A	24779	14,833.00	14,833.00	10/31/2023	INV	PD	MHB24-
CHECK DATE: 10/06/2023										
Oct '23 MHB24-030		10/01/2023	100623A	24779	17,329.00	17,329.00	10/31/2023	INV	PD	MHB24-
CHECK DATE: 10/06/2023										
18412 TERRAPIN STATION SOBER LIVING NFP INC										
Oct '23 MHB24-067		10/01/2023	100623A	24795	6,639.00	6,639.00	10/31/2023	INV	PD	MHB24-
CHECK DATE: 10/06/2023										
10583 UNIVERSITY OF ILLINOIS										
Oct '23 Award 112237		10/01/2023	100623A	24799	10,416.00	10,416.00	10/31/2023	INV	PD	MHB23-
CHECK DATE: 10/06/2023										
10595 UP CENTER OF CHAMPAIGN COUNTY										
Oct '23 MHB24-009		10/01/2023	100623A	24802	15,838.00	15,838.00	10/31/2023	INV	PD	MHB24-
CHECK DATE: 10/06/2023										
10597 URBANA ADULT EDUCATION										
Oct '23 MHB24-042		10/01/2023	100623A	24806	6,432.00	6,432.00	10/31/2023	INV	PD	MHB24-
CHECK DATE: 10/06/2023										
10638 VISA CARDMEMBER SERVICE										
3930 10/11/23		10/11/2023	102723A	25525	279.21	279.21	11/07/2023	INV	PD	ACCT #
CHECK DATE: 10/27/2023										
10683 WIN RECOVERY INC										
Aug '23 MHB24-069		08/01/2023	100623A	24833	9,166.00	9,166.00	08/31/2023	INV	PD	MHB24-
CHECK DATE: 10/06/2023										
Jul '23 MHB24-069		07/01/2023	100623A	24833	9,166.00	9,166.00	07/31/2023	INV	PD	MHB24-
CHECK DATE: 10/06/2023										
Oct '23 MHB24-069		10/01/2023	100623A	24833	9,166.00	9,166.00	10/31/2023	INV	PD	MHB24-
CHECK DATE: 10/06/2023										
Sep '23 MHB24-069		09/01/2023	100623A	24833	9,166.00	9,166.00	09/30/2023	INV	PD	MHB24-
CHECK DATE: 10/06/2023										
10687 XEROX CORPORATION										
230602409		10/01/2023	101323A	25085	199.06	199.06	10/31/2023	INV	PD	Sep Co
CHECK DATE: 10/13/2023										
					80,002.00					
					36,664.00					
					199.06					
					199.06					
					453,901.86					

54 INVOICES 453,901.86

Champaign County, IL

VENDOR INVOICE LIST



INVOICE P.O. INV DATE CHECK RUN CHECK # INVOICE NET PAID AMOUNT DUE DATE TYPE STS DESCR

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

Champaign County, IL



ACCOUNT DETAIL HISTORY FOR 2023 10 TO 2023 10

ORG YR/PR	OBJECT PROJ	JNL	EFF DATE	SRC	REF1	REF2	REF3	CHECK #	OB	AMOUNT	NET LEDGER BALANCE	
20000154	501001	STATIONERY AND PRINTING										
23/10	622 10/26/23	API	010358	49769	MARTIN ONE SOURCE IN			25700		625.00	625.00	
	W 110323A	Expo - Bi-fold brochures										
23/10	622 10/26/23	API	010358	49772	MARTIN ONE SOURCE IN			25700		112.50	737.50	
	W 110323A	Expo - Yard sign stickers										
23/10	622 10/26/23	API	010374	49934	Exhibit MINUTEMAN PRESS			25705		211.15	948.65	
	W 110323A	Expo - Scavenger hunt, Exhibit MINUTEMAN PRESS										
	LEDGER BALANCES	---	DEBITS:	948.65	CREDITS:					NET:	948.65	
20000154	501002	OFFICE SUPPLIES										
23/10	432 10/17/23	API	010453	49208	QUILL CORPORATION			502090		193.99	193.99	
	W 102723A	Hp 962X1 cmy/962X1 ink 5Pk										
23/10	432 10/17/23	API	010453	49208	QUILL CORPORATION			502090		52.99	246.98	
	W 102723A	Gbc binding element 3/4 b7k										
	LEDGER BALANCES	---	DEBITS:	246.98	CREDITS:					NET:	246.98	
20000154	501004	POSTAGE, UPS, FEDEX										
23/10	207 10/12/23	API	010578	48972	UNITED STATES POST O			25078		219.24	219.24	
	W 101323A	MH 3RD QTR POSTAGE USAGE										
	LEDGER BALANCES	---	DEBITS:	219.24	CREDITS:					NET:	219.24	
20000154	501005	FOOD NON-TRAVEL										
23/10	153 10/05/23	API	010453	48554	QUILL CORPORATION			502015		40.37	40.37	
	W 101323A	Just water spring 300ML										
23/10	622 10/26/23	API	010453	49931	QUILL CORPORATION			502128		140.13	180.50	
	W 110323A	Just water spring 300ML 24Ct										
	LEDGER BALANCES	---	DEBITS:	180.50	CREDITS:					NET:	180.50	

ACCOUNT DETAIL HISTORY FOR 2023 10 TO 2023 10

ORG YR/PR	OBJECT PROJ	JNL	EFF DATE	SRC	REF1	REF2	REF3	CHECK #	OB	AMOUNT	NET LEDGER BALANCE
20000154	502002										
										OUTSIDE SERVICES	
23/10	432	10/17/23	API 010348	MHB22-040	49209				502086	519.75	519.75
	W	102723A	Oct'23	Managed IT Services					MCS OFFICE TECHNOLOG		
										LEDGER BALANCES --- DEBITS:	519.75
										CREDITS:	.00
20000154	502005										
										TRAINING PROGRAMS	
23/10	432	10/17/23	API 010638		49223				25525	71.85	71.85
	W	102723A	NCBH Youth Mental Health	First VISA CARDMEMBER SERV							
23/10	622	10/26/23	API 019784	MHB23-058	49924				502129	300.00	371.85
	W	110323A	Youth MH First Aid Coordinatio	RICHARDSON							
										LEDGER BALANCES --- DEBITS:	371.85
										CREDITS:	.00
20000154	502013										
										RENT	
23/10	31	10/01/23	API 000001	203	48169				24627	2,124.55	2,124.55
	W	100623A	Oct'23	MHB Office Rent 053	CCT						
										LEDGER BALANCES --- DEBITS:	2,124.55
										CREDITS:	.00
20000154	502025										
										CONTRIBUTIONS & GRANTS	
23/10	31	10/01/23	API 000001	MHB24-006	48123				24628	5,325.00	5,325.00
	W	100623A	Oct'23	MHB24-006 Children's Ad CCT							
23/10	31	10/01/23	API 000001	MHB23-004	48130				24623	4,523.00	9,848.00
	W	100623A	Oct'23	MHB23-004 Homeless Serv CCT							
23/10	31	10/01/23	API 000001	MHB24-025	48131				24624	6,362.00	16,210.00
	W	100623A	Oct'23	MHB24-025 Youth Assessm CCT							
23/10	31	10/01/23	API 010148	MHB24-008	48132				24674	5,717.00	21,927.00
	W	100623A	Oct'23	MHB24-008 Resource Conn COMMUNITY SERVICE CE							
23/10	31	10/01/23	API 010163	MHB24-005	48135				24677	7,500.00	29,427.00
	W	100623A	Oct'23	MHB24-005 Beyond Blue - CRISIS NURSERY							
23/10	31	10/01/23	API 010170	MHB24-012	48140				24686	54,681.00	84,108.00
	W	100623A	Oct'23	MHB24-012 Family Develop DEVELOPMENTAL SERVICE							

ACCOUNT DETAIL HISTORY FOR 2023 10 TO 2023 10

ORG YR/PR	OBJECT PROJ JNL	EFF DATE	SRC	REF1	REF2	REF3	CHECK #	OB	AMOUNT	NET LEDGER BALANCE
23/10	W 100623A	31 10/01/23	API 010175	MHB24-015	48141			24687	6,250.00	90,358.00
		Oct'23	MHB24-015	CU Change	DON MOYER BOYS & GIR					
23/10	W 100623A	31 10/01/23	API 010175	MHB24-037	48142			24687	9,166.00	99,524.00
		Oct'23	MHB24-037	CUNC	DON MOYER BOYS & GIR					
23/10	W 100623A	31 10/01/23	API 010175	MHB24-022	48143			24687	13,333.00	112,857.00
		Oct'23	MHB24-022	Youth & Famil	DON MOYER BOYS & GIR					
23/10	W 100623A	31 10/01/23	API 010185	MHB24-001	48144			24688	5,166.00	118,023.00
		Oct'23	MHB24-001	Family Suppor	EAST CNTRL IL REFUGE					
23/10	W 100623A	31 10/01/23	API 010214	MHB23-034	48148			24704	3,291.00	121,314.00
		Oct'23	MHB23-034	First Steps R	FIRST FOLLOWERS					
23/10	W 100623A	31 10/01/23	API 010214	MHB23-003	48149			24704	7,916.00	129,230.00
		Oct'23	MHB23-003	Peer Mentori	FIRST FOLLOWERS					
23/10	W 100623A	31 10/01/23	API 010242	MHB23-011	48150			24712	10,798.00	140,028.00
		Oct'23	MHB23-011	Peer Support	GROW IN ILLINOIS					
23/10	W 100623A	31 10/01/23	API 010464	MHB24-035	48152			24774	11,666.00	151,694.00
		Oct'23	MHB24-035	Sexual Trauma	RAPE, ADVOCACY, COUN					
23/10	W 100623A	31 10/01/23	API 010464	MHB24-002	48153			24774	6,250.00	157,944.00
		Oct'23	MHB24-002	Sexual Violent	RAPE, ADVOCACY, COUN					
23/10	W 100623A	31 10/01/23	API 010488	MHB24-019	48154			24779	6,716.00	164,660.00
		Oct'23	MHB24-019	Benefits Case	ROSECRANCE, INC.					
23/10	W 100623A	31 10/01/23	API 010488	MHB24-027	48155			24779	6,125.00	170,785.00
		Oct'23	MHB24-027	Child & Famil	ROSECRANCE, INC.					
23/10	W 100623A	31 10/01/23	API 010488	MHB24-020	48156			24779	26,666.00	197,451.00
		Oct'23	MHB24-020	Criminal Just	ROSECRANCE, INC.					
23/10	W 100623A	31 10/01/23	API 010488	MHB24-030	48158			24779	17,329.00	214,780.00
		Oct'23	MHB24-030	Crisis Co-Res	ROSECRANCE, INC.					
23/10	W 100623A	31 10/01/23	API 010488	MHB24-023	48159			24779	8,333.00	223,113.00
		Oct'23	MHB24-023	Recovery Home	ROSECRANCE, INC.					
23/10	W 100623A	31 10/01/23	API 010488	MHB24-028	48160			24779	14,833.00	237,946.00
		Oct'23	MHB24-028	Specialty Cou	ROSECRANCE, INC.					
23/10	W 100623A	31 10/01/23	API 010595	MHB24-009	48162			24802	15,838.00	253,784.00
		Oct'23	MHB24-009	Children, You	UP CENTER OF CHAMPAI					
23/10	W 100623A	31 10/01/23	API 010597	MHB24-042	48139			24806	6,432.00	260,216.00
		Oct'23	MHB24-042	C-U Early	URBANA ADULT EDUCATI					
23/10	W 100623A	31 10/01/23	API 010683	MHB24-069	48164			24833	9,166.00	269,382.00
		Oct'23	MHB24-069	Community Sup	WIN RECOVERY INC					

Champaign County, IL



ACCOUNT DETAIL HISTORY FOR 2023 10 TO 2023 10

ORG YR/PR	OBJECT PROJ	JNL	EFF DATE	SRC	REF1	REF2	REF3	CHECK #	OB	AMOUNT	NET LEDGER BALANCE
23/10	W 100623A	31	10/01/23	API 010683	MHB24-069	48165			24833	9,166.00	278,548.00
				MHB24-069	Community Sup WIN	RECOVERY INC					
23/10	W 100623A	31	10/01/23	API 010683	MHB24-069	48166			24833	9,166.00	287,714.00
				MHB24-069	Community Sup WIN	RECOVERY INC					
23/10	W 100623A	31	10/01/23	API 010683	MHB24-069	48167			24833	9,166.00	296,880.00
				MHB24-069	Community Sup WIN	RECOVERY INC					
23/10	W 100623A	31	10/01/23	API 018092	MHB23-007	48134			24676	10,583.00	307,463.00
				MHB23-007	Courage Conne	CONNECTION					
23/10	W 100623A	31	10/01/23	API 018254	MHB24-029	48124			24662	2,750.00	310,213.00
				MHB24-029	Mental Health	CHAMPAIGN COUNTY CHR					
23/10	W 100623A	31	10/01/23	API 018259	MHB24-044	48125			501944	7,208.00	317,421.00
				MHB24-044	CHW Outreach	CHAMPAIGN COUNTY HEA					
23/10	W 100623A	31	10/01/23	API 018259	MHB23-066	48126			501944	7,625.00	325,046.00
				MHB23-066	Disability Ap	CHAMPAIGN COUNTY HEA					
23/10	W 100623A	31	10/01/23	API 018259	MHB24-045	48127			501944	7,512.00	332,558.00
				MHB24-045	Justice Invol	CHAMPAIGN COUNTY HEA					
23/10	W 100623A	31	10/01/23	API 018305	MHB23-036	48137			24678	33,174.00	365,732.00
				MHB23-036	Families Stro	CUNNINGHAM CHILDRENS					
23/10	W 100623A	31	10/01/23	API 018343	MHB24-014	48145			24698	2,500.00	368,232.00
				MHB24-014	Counseling	FAMILY SERVICE OF CH					
23/10	W 100623A	31	10/01/23	API 018343	MHB24-016	48146			24698	2,369.00	370,601.00
				MHB24-016	Self Help Cen	FAMILY SERVICE OF CH					
23/10	W 100623A	31	10/01/23	API 018343	MHB24-017	48147			24698	14,865.00	385,466.00
				MHB24-017	FAMILY SERVICE OF CH						
23/10	W 100623A	31	10/01/23	API 018412	MHB24-067	48161			24795	6,639.00	392,105.00
				MHB24-067	Recovery Home	TERRAPIN STATION SOB					
23/10	W 100623A	31	10/01/23	API 018805	MHB24-021	48138			24655	21,391.00	413,496.00
				MHB24-021	Shelter Case	C-U AT HOME					
23/10	W 100623A	31	10/01/23	API 019785	MHB24-010	48151			24752	7,500.00	420,996.00
				MHB24-010	Immigrant Men	IMMIGRANT SERVICE OF					
23/10	W 100623A	32	10/01/23	API 018305	MHB23-018	48136			24678	10,604.00	431,600.00
				MHB23-018	ECHO Housing	CUNNINGHAM CHILDRENS					
23/10	W 110323A	622	10/26/23	API 000001	MHB23-026	49955			25590	28,936.00	460,536.00
				MHB23-026	Early Childho	CCT					
LEDGER BALANCES --- DEBITS: 460,536.00 CREDITS: .00 NET:										460,536.00	

Champaign County, IL



ACCOUNT DETAIL HISTORY FOR 2023 10 TO 2023 10

ORG YR/PR	OBJECT PROJ	JNL EFF DATE	SRC REFL	REF2	REF3	CHECK #	OB	AMOUNT	NET LEDGER BALANCE
20000154	502046		EQUIP LEASE/EQUIP RENT						
23/10	154 10/05/23	API 010687	248	48662		25085		199.06	199.06
	W 101323A	Sep Copier Service		XEROX CORPORATION					
		LEDGER BALANCES	----	DEBITS:	199.06	CREDITS:	.00	NET:	199.06
20000154	502048		PHONE/INTERNET						
23/10	153 10/05/23	API 010263		48557		25030		144.95	144.95
	W 101323A	Internet service	11/4/23 - 12/ I3	BROADBAND - CU					
23/10	433 10/17/23	API 018287		49197		25447		57.64	202.59
	W 102723A	Mental Health-Phones		CONSOLIDATED COMMUNI					
		LEDGER BALANCES	----	DEBITS:	202.59	CREDITS:	.00	NET:	202.59
		GRAND TOTAL	----	DEBITS:	481,693.55	CREDITS:	.00	NET:	481,693.55

65 Records printed

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

Champaign County, IL

VENDOR INVOICE LIST



INVOICE	P.O.	INV DATE	CHECK RUN	CHECK #	INVOICE NET	PAID AMOUNT	DUE DATE	TYPE	STS	DESCR
10170 DEVELOPMENTAL SERVICES CENTER OF										
Oct '23	IDDSI24-080	10/01/2023	100623A	24686	20,833.00	20,833.00	10/31/2023	INV	PD	IDDSI2
CHECK DATE: 10/06/2023										
10424 PERSONS ASSUMING CONTROL OF THEIR ENVIRONMENT INC.										
Oct '23	IDDSI24-079	10/01/2023	100623A	24769	3,000.00	3,000.00	10/31/2023	INV	PD	IDDSI2
CHECK DATE: 10/06/2023										
					3,000.00					
2 INVOICES					23,833.00					

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

**Kim Bowdry,
Associate Director for Intellectual & Developmental Disabilities
Staff Report – November 2023**

CCDDB/CCMHB/IDDSI: PY2024 1st Quarter Reports were due on October 27, 2023. 1st Quarter Program Reports and Service Data Reports are included in the November DDB Packet. Many Program Reports include detailed information about program activities in the comments section of those reports. It should also be noted that not all I/DD programs enter claims into the Online Reporting System, therefore there will not be a report for each program.

PACE did not submit their 1st Quarter reports by the deadline and did not make an extension request. A contract compliance letter was sent to PACE on November 1, 2023. PACE staff completed their reports on November 1, 2023. I contacted PACE staff due to discrepancies in their Program Report and the Service Data (Claims) Report. I will continue to work with agency staff to make sure that accurate numbers are reflected in each report.

CU Autism Network completed an Extension Request form for their 1st Quarter reports. I participated in a meeting with CUAN and CCDDB/CCMHB staff. CUAN has had a change in leadership over the past few months. It is expected that a contract amendment will be requested to realign with the current direction of the agency.

I participated in monthly meetings with CCDDB/CCMHB staff and Dr. Dariotis from the Family Resiliency Center, related to the Evaluation Capacity project.

I provided support to two agency users with their Claims Uploads into the Online System.

I participated in a Local Funders Group meeting with staff from CCDDB-CCMHB, City of Champaign, City of Urbana, Community Foundation of East Central Illinois, and United Way of Champaign County. The Local Funders Group is collaborating on an event scheduled for the summer of 2024.

I reviewed and provided input for the CCDDB Funding Requirements and Guidelines. I also provided input for the CCMHB Funding Requirements and Guidelines.

Learning Opportunities: Alex Campbell, EMK Consulting is scheduled to present an overview of the Online Application and Reporting System on November 30, 2023, from 9:00-10:30. This will guide and update agency users in completing the various application and reporting requirements in the context of the fiscal year timeline. This training will be beneficial for first-time, new, and experienced users of the Online Reporting System. Please register [here](#) if you'd like to attend.

Disability Resource Expo: I participated in the 14th DISABILITY Resource Expo on October 28, 2023. I arrived at the mall at 7AM to help with the day-of set up. I worked with volunteers to

begin stuffing the Expo Welcome Bags with the Expo Resource books, bookmarks, pamphlets, Expo logo hand sanitizer, and the Scavenger Hunt paper. Once the Expo Welcome Bags were complete, I got the bags and the Children's Activity pouches set up for attendees at each Expo Welcome table. After that, I spent much of the day checking in with the two Expo Welcome tables and Exhibitors. It was a great event held at Market Place Mall, lasting from 11AM-4PM! The event had over 60 exhibitors, many attendees, and several wonderful volunteers. The Expo Steering Committee is planning to meet sometime during the week after Thanksgiving to wrap-up the 2023 event. The agenda for this meeting includes a summary of the Exhibitor and Participant evaluations, a discussion of what worked and what didn't in 2023, and a look ahead to the 2024 event.

I delivered **DISABILITY** Resource Expo books to Expo Sponsor, Crane Feeding & Speech. The Resource Books will be available to families served through Crane Feeding & Speech.

MHDDAC: The October MHDDAC meeting was held on October 24, 2023. Laura Gallegher Watkin, CRIS Healthy Aging provided an overview of the services provided by CRIS Healthy Aging. Becca Obuchowski, Community Choices provided an overview of the new Community Choices Transportation Support program. Lisa Wilson, Immigrant Services of Champaign-Urbana also shared about the supports that ISCU provides to immigrants in need of transportation. Cindy Crawford, Community Services Center of Northern Champaign County shared about the upcoming Holiday Food and Toy Drive. Please see the attached flyers for more information or to sign up.

ACMHAI: I participated in the November meeting of the ACMHAI I/DD Committee. I also participated in the ACMHAI Executive Committee Meeting held on November 1, 2023. Beginning in November, I will chair the ACMHAI I/DD Committee due to the retirement of the current committee chair.

Human Services Council: During the November meeting, Kari Jones and Kristen Neaville, Epilepsy Advocacy Network (EAN) presented about services offered through EAN. Zahara Hussain, Bilingual Medical & Legal Advocate - RACES also presented the services offered through RACES. James Zielinski, Assistant Director of Move to Work and Stephanie Burnett, Director of Move to Work presented the services offered from the Housing Authority of Champaign County. The next HSC meeting is scheduled for December 7, 2023.

Race Relations Subcommittee: I participated in biweekly Community Coalition Race Relations Group Subcommittee meetings. I also attended the October meeting of the Community Coalition Race Relations Committee.

Other: I participated in several webinars. I also took some time off during October while my boys were on Fall Break.

HOLIDAY BUREAU REGISTRATION

Food for the entire family and toys for children 13 yrs. & under.
You **DO NOT** need to have children in the household to receive help.

DATES AND TIMES FOR HOLIDAY BUREAU SIGN-UPS

OCT 30th - November 17th

Monday – Friday

10 a.m. – 4 p.m.

Community Service Center

520 E. Wabash Avenue

217-893-1530

REQUIRED DOCUMENTATION:

- 1.** Proof of address for **ALL** members of the household.

Proof of address for the adults must
be dated within the last 30 days.

Proof of address for children may be a Medicaid card,
report card, letter from a school or day care, doctor's bill,
DHS or CCRS documents, lease, etc...

- 2.** Proof of income for the past 30 days. If there is no income, bring Dept.
of Human Services benefits statement, unemployment denial, or general
assistance denial.

This program serves residents of NORTHERN CHAMPAIGN COUNTY.

We do this in cooperation with the Salvation Army.
You may sign up at either CSC or The Salvation Army,
but **NOT** both locations.

The views expressed in this flyer are those of the Community Service Center.



Inscripción para Holiday Bureau

Alimentos para toda la familia y juguetes para los niños hasta los 13 años de edad.

NO ES necesario tener niños en la casa para recibir ayuda.

Fechas y horas para la inscripción para Holiday Bureau

30 de octubre- 17 de noviembre

Lunes- Viernes

10 a.m. – 4 p.m.

Community Service Center

520 E. Wabash Avenue

217-893-1530

Documentos Requeridos:

1. Comprobante de domicilio de **TODAS** las personas en el hogar.
El Comprobante de domicilio para los adultos debe estar fechado en los últimos 30 días.
El Comprobante de domicilio para los niños puede ser una tarjeta de Medicaid, tarjeta de calificaciones, tarjeta de la escuela, factura de los médicos, DHS o CCRS documentos, el arrendamiento, etc.....
2. Prueba de ingresos de los últimos 30 días. Si no hay ingresos, traer del departamento de servicios humanos la declaración de beneficios, la negación del desempleo, o denegación de asistencia general.

Este programa sirve a residentes DEL CONDADO DEL NORTE DE CHAMPAIGN.

Hacemos esto en cooperación Ejército de Salvación.

Puedes registrarte en cualquiera CSC o Ejército de Salvación, pero **NO** en ambos lugares.



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

Staff Report- November 2023

Summary of Activity

The PY24 first quarter Program Service Activity reports were due on October 27, 2023. The reports are included in the Board packet for your review. Ms. Stephanie Howard-Gallo sent out a reminder to agencies about the first quarter report deadline and extension requests. Less than a handful of agencies requested extensions to submit their reports. Ms. Howard-Gallo sent out non-compliance letters to Cunningham Children's Home, Don Moyer Boys and Girls Club, Pace, and Promise Healthcare for late reports without a request for an extension. Promise Healthcare funding is already paused for late audit. I am using an excel spreadsheet to track each program's service activity.

All agency Performance Outcome Reports have been submitted to staff and compiled into one large report. The report will be accessible at <https://ccmhddbrds.org/>.

Site Visits: Ms. Shandra Summerville and I completed program site visits for Courage Connections, Don Moyer Boys and Girls Club's Youth and Family Peer Support Alliance and CU-Change during the month of October. No major concerns were noted during these site visits.

Evaluation Capacity Committee Team: Dr. Jacinda Dariotis, and her team facilitated a Group Level Assessment with agency leaders and staff on November 3rd from 12-3 pm at the Champaign Library.

IPlan Behavioral Health Workgroup: Ms. Canfield covered the October 19th meeting.

CCMHDDAC Meeting: I participated in the monthly meeting of CCMHDDAC. The group heard presentations from CRIS Healthy Aging. The agency offers counseling, information, agency referrals and services to those over 60 and limited services to those under 60 (if disabled). Their support groups are offered in person twice per month in Champaign and Danville. There are no fees for their services. Community Choices presented on their new transportation program. The qualifying members can schedule up to 8 rides per month. To qualify, members must complete a member enrollment or annual renewal, enroll in the PUNS database or receive waiver-funded services, and live in Champaign County. The next meeting is scheduled for November 28th.

Reentry Executive Committee & Council Meetings: In the Reentry Council meeting, members were introduced to Jaylenn Myart, the new Reentry Coordinator at Rosecrance. We heard updates from agencies and presentations. Ms. Melissa Courtwright of CU at Home Services discussed the various issues facing individuals that enter the shelter such as physical and mental health, substance abuse, housing needs, life skills challenges, income, employment, and education. Mr. Warren Charter spoke about the Street Outreach Movement, a volunteer organization focused on advocating for the homeless in Champaign County. The priorities of the movement are to develop the programming, planning, and funding to end homelessness and meet the homeless where they are, by connecting with various service providers. Next Council

meeting is scheduled for December 6th at 12:00pm.

Continuum of Service Providers to the Homeless (CSPH): At the CSPH Strategic Planning Committee, we concluded a need to only meet via email for updates since the CSPH is in full swing with shelter stability. The next CSPH meeting is on November 7th at 3pm via Zoom.

Rantoul Service Provider's Meeting: On October 16th members heard a presentation from Ms. Christine Bruns from the Pavilion Foundation. Ms. Bruns spoke about the various services and programs available to children, adolescents, and adults.

SOFTT/LAN: I attended the LAN meeting on October 18th. Megan Anderson of DCFS will co-facilitate the group until Heidi Gulbrandson-Andrews of DCFS steps down in the upcoming weeks. The committee discussed the planning of a social workers/teachers' symposium with a goal of cross collaboration. The group also staffed a youth case. The next meeting is scheduled for November 15th.

Disability Resource Expo Meeting: I attended the Expo event at Market Place Mall on October 28th. My stay was short, but I got a chance to meet with all the exhibitors and offered help to them.

Other Activities:

- For the month of October, I participated as a member of the United Way of Champaign County Child Well-Being Community Solutions Team and reviewed 11 applications via a web-based platform, totaling \$646,495 in requests. Each applicant went through a Zoom Q&A in a group panel with Community Impact Change members and UWCC staff. Due to a heavy work schedule, I was able to attend most of the 11 interviews. Selected applicants will be notified of the two-year awards on December 8th and grant funds will be disbursed January 1st.
- On October 11th, Ms. Canfield and I participated in a study session with the Youth Assessment Center about adding a position for mentor with lived experience at the YAC.
- On October 26th, I attended the Funder's Meeting with Ms. Canfield and Ms. Bowdry on October 26th at the United Way office in Champaign. The discussion centered on how local funders support agencies through emerging needs, collaboration, financial education, and funders' own successes and challenges. The group will reconvene in December.
- On October 28th, I attended the Champaign County Christian Health Care Fund Raising Event at the I-Hotel. The event was spectacular with amazing guest speakers.

Learning Opportunities (Trainings and Webinars) :

- ARC Prevention Education webinar: Understanding ADHD in Women and Girls.

Stephanie Howard-Gallo

Operations and Compliance Coordinator Staff Report – November 2023 Board Meeting

SUMMARY OF ACTIVITY:

First Quarter Reporting:

First quarter financial and program reporting was due October 27th. I sent two reminders of the deadline out to the agencies during October.

WIN Recovery, and C-U Autism Network (CUAN) requested extensions, which were approved. PACE, Cunningham Children's Home, and Don Moyer Boys and Girls Club did not request an extension before the due date. I issued letters of suspension.

Other Compliance:

No report.

Audits:

Promise Healthcare has payments paused until we receive their audit that was due off cycle (June 30). Most audits are due 12/31. We are beginning to receive a few.

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

Nine AIR artists/groups sold their items at the disABILITY Expo on October 28, 2023 at Market Place Mall from 11 am to 4 pm. We provided tables, chairs, tablecloths, hand sanitizer, masks, water, and any other support they needed.

Conversation is beginning to happen regarding the Ebertfest art show in 2024 and what that will look like.

Other:

- Prepared meeting materials for CCMHB/CCDDB regular meetings, special meetings, and study sessions/presentations.
- I met with Alex Campbell (our consultant for the online system) to discuss data maintenance of the online reporting system.

October/November 2023 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:

- Family Service Center: 4th Quarter CLC Support
- Champaign County Regional Planning Commission: 4th Quarter CLC Support
- Community Service Center Northern Champaign County: 4th Quarter CLC Support
- Site Visit for Courage Connection
- Site Visit for Don Moyer Boys and Girls Club (Youth and Family Peer Support Alliance, CU Change)

CLC Coordinator Direct Service Activities

Mental Health First Aid for Adults and Adults Assisting Youth- December 7, 2023- In person at Brookens- Please sign up by emailing shandra@ccmhb.org

Anti-Stigma Activities/Community Collaborations and Partnerships

Disability Resource Expo Committee-I attended the Disability Resource Expo on October 28, 2023

Suggested Reading for on Anti-Racism

How Racism Shows Up at Work and the Antiracist Actions Your Organization Can Take

Joy Ohm, Sheila Brassel, PhD, Britney Jacobs, MSFP, Emily Shaffer, PhD

[Full Report](#)



FUND DEPT 2090-053 : MENTAL HEALTH - MENTAL HEALTH BOARD

REPORTING FOR YEAR: 2023 FROM PERIOD: 10 THROUGH PERIOD: 10

	ACTUAL 2022 OCT - OCT	ACTUAL 2023 OCT - OCT	2023 ANNUAL BUDGET
REVENUES			
4001 PROPERTY TAX			
01 PROPERTY TAXES - CURRENT	943,574.70	0.00	5,913,892.00
03 PROPERTY TAXES - BACK TAX	0.00	0.00	1,000.00
04 PAYMENT IN LIEU OF TAXES	0.00	0.00	2,000.00
06 MOBILE HOME TAX	0.00	0.00	0.00
4001 PROPERTY TAX TOTAL	943,574.70	0.00	5,916,892.00
4004 INTERGOVERNMENTAL REVENUE			
76 OTHER INTERGOVERNMENTAL	32,952.00	0.00	407,118.00
4004 INTERGOVERNMENTAL REVENUE TOTAL	32,952.00	0.00	407,118.00
4008 INVESTMENT EARNINGS			
01 INVESTMENT INTEREST	8,305.09	-21,122.84	3,000.00
4008 INVESTMENT EARNINGS TOTAL	8,305.09	-21,122.84	3,000.00
4009 MISCELLANEOUS REVENUES			
01 GIFTS AND DONATIONS	0.00	0.00	3,000.00
02 OTHER MISCELLANEOUS REVENUE	9,500.00	950.00	39,000.00
4009 MISCELLANEOUS REVENUES TOTAL	9,500.00	950.00	42,000.00
TOTAL REVENUES	994,331.79	-20,172.84	6,369,010.00
EXPENDITURES			
5001 SALARIES AND WAGES			
02 APPOINTED OFFICIAL SALARY	8,210.20	8,230.78	107,000.00
03 REGULAR FULL-TIME EMPLOYEES	26,974.60	28,323.40	368,198.00
05 TEMPORARY STAFF	0.00	0.00	2,500.00
08 OVERTIME	0.00	0.00	2,612.00
5001 SALARIES AND WAGES TOTAL	35,184.80	36,554.18	480,310.00
5003 FRINGE BENEFITS			
01 SOCIAL SECURITY-EMPLOYER	2,554.87	2,665.72	36,353.00
02 IMRF - EMPLOYER COST	1,756.70	919.94	12,546.00
04 WORKERS' COMPENSATION INSURANC	175.92	160.84	2,376.00



FUND DEPT 2090-053 : MENTAL HEALTH - MENTAL HEALTH BOARD

REPORTING FOR YEAR: 2023 FROM PERIOD: 10 THROUGH PERIOD: 10

	<u>ACTUAL</u> 2022 OCT - OCT	<u>ACTUAL</u> 2023 OCT - OCT	<u>2023</u> ANNUAL BUDGET
05 UNEMPLOYMENT INSURANCE	0.00	0.00	1,656.00
06 EE HLTH/LIF (HLTH ONLY FY23)	4,375.25	20.76	73,440.00
5003 FRINGE BENEFITS TOTAL	8,862.74	3,767.26	126,371.00
5010 COMMODITIES			
01 STATIONERY AND PRINTING	0.00	948.65	3,960.00
02 OFFICE SUPPLIES	0.00	246.98	3,900.00
03 BOOKS, PERIODICALS, AND MANUAL	0.00	0.00	300.00
04 POSTAGE, UPS, FEDEX	0.00	219.24	2,000.00
05 FOOD NON-TRAVEL	0.00	180.50	1,150.00
12 UNIFORMS/CLOTHING	0.00	703.50	703.50
13 DIETARY NON-FOOD SUPPLIES	0.00	96.43	500.00
17 EQUIPMENT LESS THAN \$5000	0.00	0.00	7,000.00
19 OPERATIONAL SUPPLIES	0.00	2,090.95	4,296.50
21 EMPLOYEE DEVELOP/RECOGNITION	0.00	0.00	285.00
5010 COMMODITIES TOTAL	0.00	4,486.25	24,095.00
5020 SERVICES			
01 PROFESSIONAL SERVICES	7,722.50	13,253.50	195,133.00
02 OUTSIDE SERVICES	1,917.56	519.75	21,651.28
03 TRAVEL COSTS	0.00	0.00	11,500.00
04 CONFERENCES AND TRAINING	104.00	0.00	10,000.00
05 TRAINING PROGRAMS	0.00	371.85	20,729.86
07 INSURANCE (non-payroll)	0.00	0.00	18,000.00
11 UTILITIES	57.56	0.00	0.00
12 REPAIRS AND MAINTENANCE	0.00	0.00	600.00
13 RENT	4,046.76	2,124.55	31,564.74
14 FINANCE CHARGES AND BANK FEES	0.00	0.00	30.00
19 ADVERTISING, LEGAL NOTICES	0.00	0.00	7,000.00
21 DUES, LICENSE & MEMBERSHIP	0.00	0.00	20,000.00
22 OPERATIONAL SERVICES	20,898.88	0.00	37,230.00
24 PUBLIC RELATIONS	0.00	0.00	20,000.00
25 CONTRIBUTIONS & GRANTS	693,660.00	460,536.00	5,179,901.40
45 ATTORNEY/LEGAL SERVICES	0.00	0.00	2,000.00
46 EQUIP LEASE/EQUIP RENT	0.00	199.06	2,388.72
47 SOFTWARE LICENSE & SAAS	0.00	0.00	13,500.00
48 PHONE/INTERNET	0.00	202.59	2,470.00
5020 SERVICES TOTAL	728,407.26	477,207.30	5,593,699.00



FUND DEPT 2090-053 : MENTAL HEALTH - MENTAL HEALTH BOARD
REPORTING FOR YEAR: 2023 FROM PERIOD: 10 THROUGH PERIOD: 10

	ACTUAL 2022 OCT - OCT	ACTUAL 2023 OCT - OCT	2023 ANNUAL BUDGET
TOTAL EXPENDITURES	772,454.80	522,014.99	6,224,475.00
OTHER FINANCING SOURCES (USES)			
7001 OTHER FINANCING USES			
01 TRANSFERS OUT	0.00	0.00	-144,535.00
7001 OTHER FINANCING USES TOTAL	0.00	0.00	-144,535.00
TOTAL OTHER FINANCING SOURCES (USES)	0.00	0.00	-144,535.00
NET CHANGE IN FUND BALANCE	-221,876.99	542,187.83	0.00



FUND DEPT 2101-054 : I/DD SPECIAL INITIATIVES - CILA PROJECT

REPORTING FOR YEAR: 2023 FROM PERIOD: 10 THROUGH PERIOD: 10

	<u>ACTUAL</u> 2022 OCT - OCT	<u>ACTUAL</u> 2023 OCT - OCT	<u>2023</u> ANNUAL BUDGET
REVENUES			
4008 INVESTMENT EARNINGS			
01 INVESTMENT INTEREST	1,711.06	-14,491.37	1,000.00
4008 INVESTMENT EARNINGS TOTAL	1,711.06	-14,491.37	1,000.00
4009 MISCELLANEOUS REVENUES			
02 OTHER MISCELLANEOUS REVENUE	0.00	0.00	0.00
4009 MISCELLANEOUS REVENUES TOTAL	0.00	0.00	0.00
TOTAL REVENUES	1,711.06	-14,491.37	1,000.00
EXPENDITURES			
5010 COMMODITIES			
17 EQUIPMENT LESS THAN \$5000	0.00	0.00	5,063.00
5010 COMMODITIES TOTAL	0.00	0.00	5,063.00
5020 SERVICES			
01 PROFESSIONAL SERVICES	0.00	0.00	4,000.00
07 INSURANCE (NON-PAYROLL)	0.00	0.00	0.00
11 UTILITIES	0.00	0.00	0.00
12 REPAIRS AND MAINTENANCE	0.00	0.00	0.00
14 FINANCE CHARGES AND BANK FEES	0.00	0.00	0.00
19 ADVERTISING, LEGAL NOTICES	0.00	0.00	200.00
25 CONTRIBUTIONS & GRANTS	0.00	23,833.00	341,737.00
5020 SERVICES TOTAL	0.00	23,833.00	345,937.00
TOTAL EXPENDITURES	0.00	23,833.00	351,000.00
OTHER FINANCING SOURCES (USES)			
6001 OTHER FINANCING SOURCES			
01 TRANSFERS IN	0.00	0.00	50,000.00
6001 OTHER FINANCING SOURCES TOTAL	0.00	0.00	50,000.00



FUND DEPT 2101-054 : I/DD SPECIAL INITIATIVES - CILA PROJECT
REPORTING FOR YEAR: 2023 FROM PERIOD: 10 THROUGH PERIOD: 10

	ACTUAL 2022 OCT - OCT	ACTUAL 2023 OCT - OCT	2023 ANNUAL BUDGET
TOTAL OTHER FINANCING SOURCES (USES)	0.00	0.00	50,000.00
NET CHANGE IN FUND BALANCE	-1,711.06	38,324.37	300,000.00

FUND DEPT 2108-050 : DEVLPMNTL DISABILITY FUND - DEVLMNTL DISABILITY BOARD

REPORTING FOR YEAR: 2023 FROM PERIOD: 10 THROUGH PERIOD: 10



	ACTUAL 2022 OCT - OCT	ACTUAL 2023 OCT - OCT	2023 ANNUAL BUDGET
REVENUES			
4001 PROPERTY TAX			
01 PROPERTY TAXES - CURRENT	775,017.82	0.00	4,857,487.00
03 PROPERTY TAXES - BACK TAX	0.00	0.00	2,000.00
04 PAYMENT IN LIEU OF TAXES	0.00	0.00	4,000.00
06 MOBILE HOME TAX	0.00	0.00	0.00
4001 PROPERTY TAX TOTAL	775,017.82	0.00	4,863,487.00
4008 INVESTMENT EARNINGS			
01 INVESTMENT INTEREST	6,389.11	7,455.64	2,000.00
4008 INVESTMENT EARNINGS TOTAL	6,389.11	7,455.64	2,000.00
4009 MISCELLANEOUS REVENUES			
02 OTHER MISCELLANEOUS REVENUE	0.00	0.00	5,000.00
4009 MISCELLANEOUS REVENUES TOTAL	0.00	0.00	5,000.00
TOTAL REVENUES	781,406.93	7,455.64	4,870,487.00
EXPENDITURES			
5020 SERVICES			
01 PROFESSIONAL SERVICES	65,904.00	0.00	407,118.00
25 CONTRIBUTIONS & GRANTS	713,048.00	367,939.00	4,417,369.00
5020 SERVICES TOTAL	778,952.00	367,939.00	4,824,487.00
TOTAL EXPENDITURES	778,952.00	367,939.00	4,824,487.00
OTHER FINANCING SOURCES (USES)			
6001 OTHER FINANCING SOURCES			
01 TRANSFERS IN	0.00	0.00	4,000.00
6001 OTHER FINANCING SOURCES TOTAL	0.00	0.00	4,000.00
7001 OTHER FINANCING USES			
01 TRANSFERS OUT	0.00	0.00	-50,000.00

FUND DEPT 2108-050 : DEVLPMNTL DISABILITY FUND - DEVL MNTL DISABILITY BOARD

REPORTING FOR YEAR: 2023 FROM PERIOD: 10 THROUGH PERIOD: 10



	ACTUAL 2022 OCT - OCT	ACTUAL 2023 OCT - OCT	2023 ANNUAL BUDGET
7001 OTHER FINANCING USES TOTAL	0.00	0.00	-50,000.00
TOTAL OTHER FINANCING SOURCES (USES)	0.00	0.00	-46,000.00
NET CHANGE IN FUND BALANCE	-2,454.93	360,483.36	0.00



FUND DEPT 2090-053 : MENTAL HEALTH - MENTAL HEALTH BOARD

COMBINED REPORTING FOR YEAR: 2023 FROM PERIOD: 1 THROUGH PERIOD: 10

	ACTUAL 2022 JAN - OCT	ACTUAL 2023 JAN - OCT	2023 ANNUAL BUDGET
REVENUES			
4001 PROPERTY TAX			
01 PROPERTY TAXES - CURRENT	5,214,860.99	5,494,864.15	5,913,892.00
03 PROPERTY TAXES - BACK TAX	0.00	0.00	1,000.00
04 PAYMENT IN LIEU OF TAXES	1,473.55	2,915.74	2,000.00
06 MOBILE HOME TAX	0.00	3,444.34	0.00
4001 PROPERTY TAX TOTAL	5,216,334.54	5,501,224.23	5,916,892.00
4004 INTERGOVERNMENTAL REVENUE			
76 OTHER INTERGOVERNMENTAL	296,568.00	339,260.00	407,118.00
4004 INTERGOVERNMENTAL REVENUE TOTAL	296,568.00	339,260.00	407,118.00
4008 INVESTMENT EARNINGS			
01 INVESTMENT INTEREST	25,891.52	25,693.75	3,000.00
4008 INVESTMENT EARNINGS TOTAL	25,891.52	25,693.75	3,000.00
4009 MISCELLANEOUS REVENUES			
01 GIFTS AND DONATIONS	0.00	450.00	3,000.00
02 OTHER MISCELLANEOUS REVENUE	87,713.00	19,055.00	39,000.00
4009 MISCELLANEOUS REVENUES TOTAL	87,713.00	19,505.00	42,000.00
TOTAL REVENUES	5,626,507.06	5,885,682.98	6,369,010.00
EXPENDITURES			
5001 SALARIES AND WAGES			
02 APPOINTED OFFICIAL SALARY	86,147.35	86,423.19	107,000.00
03 REGULAR FULL-TIME EMPLOYEES	271,594.10	290,314.87	368,198.00
05 TEMPORARY STAFF	0.00	0.00	2,500.00
08 OVERTIME	0.00	0.00	2,612.00
5001 SALARIES AND WAGES TOTAL	357,741.45	376,738.06	480,310.00
5003 FRINGE BENEFITS			
01 SOCIAL SECURITY-EMPLOYER	24,724.84	27,518.34	36,353.00
02 IMRF - EMPLOYER COST	17,000.40	9,496.57	12,546.00
04 WORKERS' COMPENSATION INSURANC	1,644.62	1,488.51	2,376.00

FUND DEPT 2090-053 : MENTAL HEALTH - MENTAL HEALTH BOARD

COMBINED REPORTING FOR YEAR: 2023 FROM PERIOD: 1 THROUGH PERIOD: 10



	ACTUAL 2022 JAN - OCT	ACTUAL 2023 JAN - OCT	2023 ANNUAL BUDGET
05 UNEMPLOYMENT INSURANCE	1,494.89	1,655.53	1,656.00
06 EE HLTH/LIF (HLTH ONLY FY23)	39,457.89	41,950.86	73,440.00
5003 FRINGE BENEFITS TOTAL	84,322.64	82,109.81	126,371.00
5010 COMMODITIES			
01 STATIONERY AND PRINTING	0.00	1,399.68	3,960.00
02 OFFICE SUPPLIES	2,422.95	3,511.63	3,900.00
03 BOOKS, PERIODICALS, AND MANUAL	0.00	71.85	300.00
04 POSTAGE, UPS, FEDEX	843.87	1,150.55	2,000.00
05 FOOD NON-TRAVEL	149.89	861.21	1,150.00
12 UNIFORMS/CLOTHING	0.00	703.50	703.50
13 DIETARY NON-FOOD SUPPLIES	0.00	233.89	500.00
17 EQUIPMENT LESS THAN \$5000	6,802.00	3,502.62	7,000.00
19 OPERATIONAL SUPPLIES	0.00	2,233.94	4,296.50
21 EMPLOYEE DEVELOP/RECOGNITION	0.00	0.00	285.00
5010 COMMODITIES TOTAL	10,218.71	13,668.87	24,095.00
5020 SERVICES			
01 PROFESSIONAL SERVICES	89,335.56	143,610.88	195,133.00
02 OUTSIDE SERVICES	29,639.74	5,940.00	21,651.28
03 TRAVEL COSTS	493.42	6,820.16	11,500.00
04 CONFERENCES AND TRAINING	1,434.88	1,848.18	10,000.00
05 TRAINING PROGRAMS	0.00	4,175.85	20,729.86
07 INSURANCE (non-payroll)	7,813.67	9,618.00	18,000.00
11 UTILITIES	550.26	0.00	0.00
12 REPAIRS AND MAINTENANCE	0.00	0.00	600.00
13 RENT	21,968.13	22,981.99	31,564.74
14 FINANCE CHARGES AND BANK FEES	0.00	0.00	30.00
19 ADVERTISING, LEGAL NOTICES	0.00	5,320.50	7,000.00
21 DUES, LICENSE & MEMBERSHIP	17,719.99	17,239.99	20,000.00
22 OPERATIONAL SERVICES	38,472.76	2,448.19	37,230.00
24 PUBLIC RELATIONS	24,370.00	16,631.20	20,000.00
25 CONTRIBUTIONS & GRANTS	4,687,560.00	4,385,027.00	5,179,901.40
45 ATTORNEY/LEGAL SERVICES	0.00	1,675.00	2,000.00
46 EQUIP LEASE/EQUIP RENT	0.00	1,791.54	2,388.72
47 SOFTWARE LICENSE & SAAS	0.00	9,243.67	13,500.00
48 PHONE/INTERNET	0.00	2,020.21	2,470.00
5020 SERVICES TOTAL	4,919,358.41	4,636,392.36	5,593,699.00



FUND DEPT 2090-053 : MENTAL HEALTH - MENTAL HEALTH BOARD

COMBINED REPORTING FOR YEAR: 2023 FROM PERIOD: 1 THROUGH PERIOD: 10

	<u>ACTUAL</u> 2022 JAN - OCT	<u>ACTUAL</u> 2023 JAN - OCT	<u>2023</u> ANNUAL BUDGET
TOTAL EXPENDITURES	5,371,641.21	5,108,909.10	6,224,475.00
OTHER FINANCING SOURCES (USES)			
7001 OTHER FINANCING USES			
01 TRANSFERS OUT	0.00	-127,535.00	-144,535.00
7001 OTHER FINANCING USES TOTAL	0.00	-127,535.00	-144,535.00
TOTAL OTHER FINANCING SOURCES (USES)	0.00	-127,535.00	-144,535.00
NET CHANGE IN FUND BALANCE	-254,865.85	-649,238.88	0.00



FUND DEPT 2101-054 : I/DD SPECIAL INITIATIVES - CILA PROJECT

COMBINED REPORTING FOR YEAR: 2023 FROM PERIOD: 1 THROUGH PERIOD: 10

	ACTUAL 2022 JAN - OCT	ACTUAL 2023 JAN - OCT	2023 ANNUAL BUDGET
REVENUES			
4008 INVESTMENT EARNINGS			
01 INVESTMENT INTEREST	6,263.34	-287.29	1,000.00
4008 INVESTMENT EARNINGS TOTAL	6,263.34	-287.29	1,000.00
4009 MISCELLANEOUS REVENUES			
02 OTHER MISCELLANEOUS REVENUE	262,044.31	0.00	0.00
4009 MISCELLANEOUS REVENUES TOTAL	262,044.31	0.00	0.00
TOTAL REVENUES	268,307.65	-287.29	1,000.00
EXPENDITURES			
5010 COMMODITIES			
17 EQUIPMENT LESS THAN \$5000	0.00	0.00	5,063.00
5010 COMMODITIES TOTAL	0.00	0.00	5,063.00
5020 SERVICES			
01 PROFESSIONAL SERVICES	1,302.12	0.00	4,000.00
07 INSURANCE (NON-PAYROLL)	316.33	0.00	0.00
11 UTILITIES	1,604.39	0.00	0.00
12 REPAIRS AND MAINTENANCE	14,059.79	0.00	0.00
14 FINANCE CHARGES AND BANK FEES	161.00	0.00	0.00
19 ADVERTISING, LEGAL NOTICES	0.00	0.00	200.00
25 CONTRIBUTIONS & GRANTS	0.00	95,332.00	341,737.00
5020 SERVICES TOTAL	17,443.63	95,332.00	345,937.00
TOTAL EXPENDITURES	17,443.63	95,332.00	351,000.00
OTHER FINANCING SOURCES (USES)			
6001 OTHER FINANCING SOURCES			
01 TRANSFERS IN	50,000.00	50,000.00	50,000.00
6001 OTHER FINANCING SOURCES TOTAL	50,000.00	50,000.00	50,000.00



FUND DEPT 2101-054 : I/DD SPECIAL INITIATIVES - CILA PROJECT

COMBINED REPORTING FOR YEAR: 2023 FROM PERIOD: 1 THROUGH PERIOD: 10

	<u>ACTUAL</u> 2022 JAN - OCT	<u>ACTUAL</u> 2023 JAN - OCT	<u>2023</u> ANNUAL BUDGET
TOTAL OTHER FINANCING SOURCES (USES)	50,000.00	50,000.00	50,000.00
NET CHANGE IN FUND BALANCE	-300,864.02	45,619.29	300,000.00

FUND DEPT 2108-050 : DEVLPMNTL DISABILITY FUND - DEVLMNTL DISABILITY BOARD

COMBINED REPORTING FOR YEAR: 2023 FROM PERIOD: 1 THROUGH PERIOD: 10



	ACTUAL 2022 JAN - OCT	ACTUAL 2023 JAN - OCT	2023 ANNUAL BUDGET
REVENUES			
4001 PROPERTY TAX			
01 PROPERTY TAXES - CURRENT	4,283,296.86	4,515,775.74	4,857,487.00
03 PROPERTY TAXES - BACK TAX	0.00	0.00	2,000.00
04 PAYMENT IN LIEU OF TAXES	1,209.97	2,396.21	4,000.00
06 MOBILE HOME TAX	0.00	2,830.62	0.00
4001 PROPERTY TAX TOTAL	4,284,506.83	4,521,002.57	4,863,487.00
4008 INVESTMENT EARNINGS			
01 INVESTMENT INTEREST	18,711.02	46,431.45	2,000.00
4008 INVESTMENT EARNINGS TOTAL	18,711.02	46,431.45	2,000.00
4009 MISCELLANEOUS REVENUES			
02 OTHER MISCELLANEOUS REVENUE	0.00	1,537.00	5,000.00
4009 MISCELLANEOUS REVENUES TOTAL	0.00	1,537.00	5,000.00
TOTAL REVENUES	4,303,217.85	4,568,971.02	4,870,487.00
EXPENDITURES			
5020 SERVICES			
01 PROFESSIONAL SERVICES	329,520.00	339,260.00	407,118.00
25 CONTRIBUTIONS & GRANTS	3,542,703.00	3,537,933.00	4,417,369.00
5020 SERVICES TOTAL	3,872,223.00	3,877,193.00	4,824,487.00
TOTAL EXPENDITURES	3,872,223.00	3,877,193.00	4,824,487.00
OTHER FINANCING SOURCES (USES)			
6001 OTHER FINANCING SOURCES			
01 TRANSFERS IN	0.00	0.00	4,000.00
6001 OTHER FINANCING SOURCES TOTAL	0.00	0.00	4,000.00
7001 OTHER FINANCING USES			
01 TRANSFERS OUT	-50,000.00	-50,000.00	-50,000.00

FUND DEPT 2108-050 : DEVLPMNTL DISABILITY FUND - DEVLMNTL DISABILITY BOARD

COMBINED REPORTING FOR YEAR: 2023 FROM PERIOD: 1 THROUGH PERIOD: 10



	<u>ACTUAL</u> 2022 JAN - OCT	<u>ACTUAL</u> 2023 JAN - OCT	<u>2023</u> ANNUAL BUDGET
7001 OTHER FINANCING USES TOTAL	-50,000.00	-50,000.00	-50,000.00
TOTAL OTHER FINANCING SOURCES (USES)	-50,000.00	-50,000.00	-46,000.00
NET CHANGE IN FUND BALANCE	-380,994.85	-641,778.02	0.00

Community Coalition Summer Initiatives

2023 Report

Summer Initiatives

A Collaborative effort between Don Moyer Boys & Girls Club, the Champaign County Community Coalition, and youth-serving grassroots organizations, funded by the Champaign County Mental Health Board



+



+



**DON MOYER
BOYS & GIRLS CLUB**

- \$90,000 award to Don Moyer Boys & Girls Club, who subcontracts with local grassroots organizations that support the critical mission of providing services to youth and adults in our community
- Each subcontractor submits a proposal on their programs and activities for funding
- Proposals are approved and awarded by recommendation of the Executive Committee of the Champaign County Community Coalition

DMBGC Subcontracting Process

- ▶ Convene initial subcontracting meeting to notify awardees and explain initial requirements for funding
- ▶ Issue contracts
- ▶ Monitor budgets, spending, and compliance with contracts
- ▶ Provide support as needed and collect programmatic data

Data Collection Overview + Outcomes

Data Collection Process

All subawardees were instructed to complete a pre- and post-test to analyze the overall outcomes of the programming provided. Pre- and post-tests considered the overall goals of the programming, and were designed to measure self-reported community engagement and connection, to determine if program participation reduced the number of violent incidents experienced by participants, and to measure new skills developed and experiences gained by program participants.

Performance Outcomes

Self-Reported Engagement and Exposure to Violence

- ▶ Overall increase in respondents reporting they feel “Very Connected” to their community over pre (76%) and post (95%) tests.
- ▶ Respondents reported a decrease in the number of violent incidents experienced over the program period (50% reduction)

Measurable Skills Gains

- ▶ Two program participants were placed into employment as a result of program participation and hard skills gained
- ▶ Participants in professional networking reported increases confidence and mental health self-care skills
- ▶ Youth participating in a recreational sports academy reported increased confidence, athletic ability, and teamwork skills

Program Data

- 150 youth were served by the Orange and Blue Kids Camp and Packed for Success backpack drive, supporting recreational and academic engagement and enrichment outcomes
- 189 total participants (116 youth, 73 adults) received a free meal, community resource connection, and community engagement at Rock the Block events
 - Event attendees were largely those impacted by gun violence, and events were conducted in areas reporting high levels of gun violence
- 5 youth participated in structured internships and developed business and leadership skills
- Two networking events provided 50+ participants (aged 30-55+) with mental health self-care workshops, exposure to African American professionals, and business seminars with industry professionals
- 36+ young men participated in a four-day residential trades camp
 - Two participants were placed into employment as a result of the construction skills gained through programming
- 200+ youth received mentoring services and programming

Testimonials

“I have lived in Champaign over 30 years and I have watched this community change so much. I think this event is a great thing for our community and it shows just how special we are and how strong we can be when we come together the way we did here today. I don't allow my grandchildren to come outside and play a lot because we don't live in the best neighborhood, but today we felt safe and we all had a great time.”

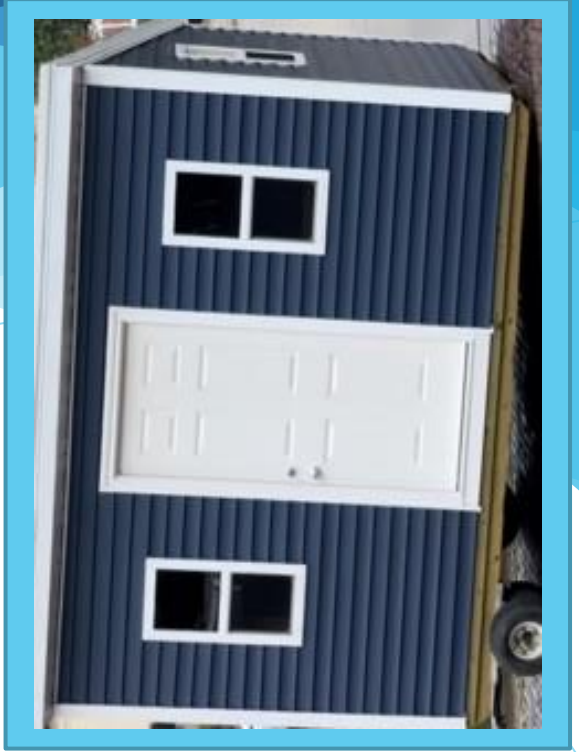
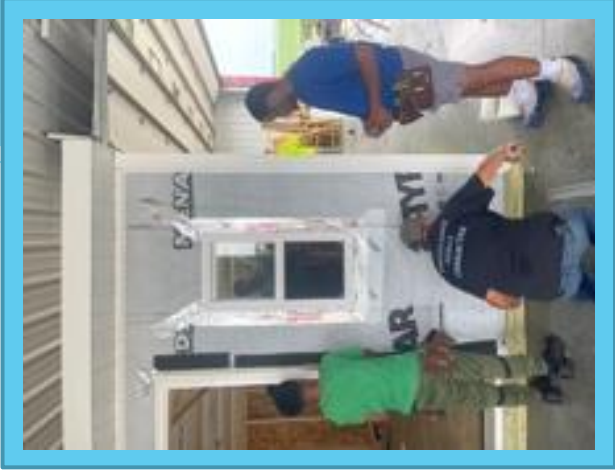
“If we had stuff like this on the regular, folks wouldn't be getting shot left and right around here.”

“I gained a lot of valuable experience and knowledge through volunteering and other work sessions. I was able to practice leadership and get work done for the program & community.”

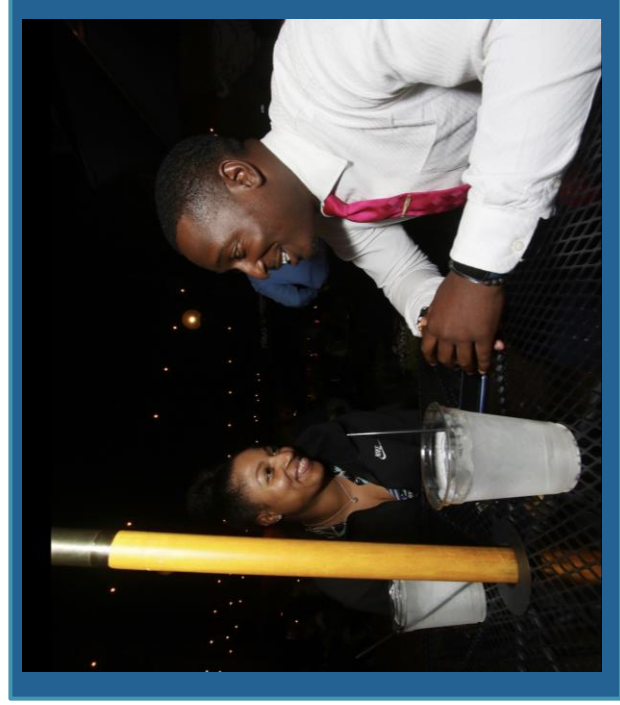
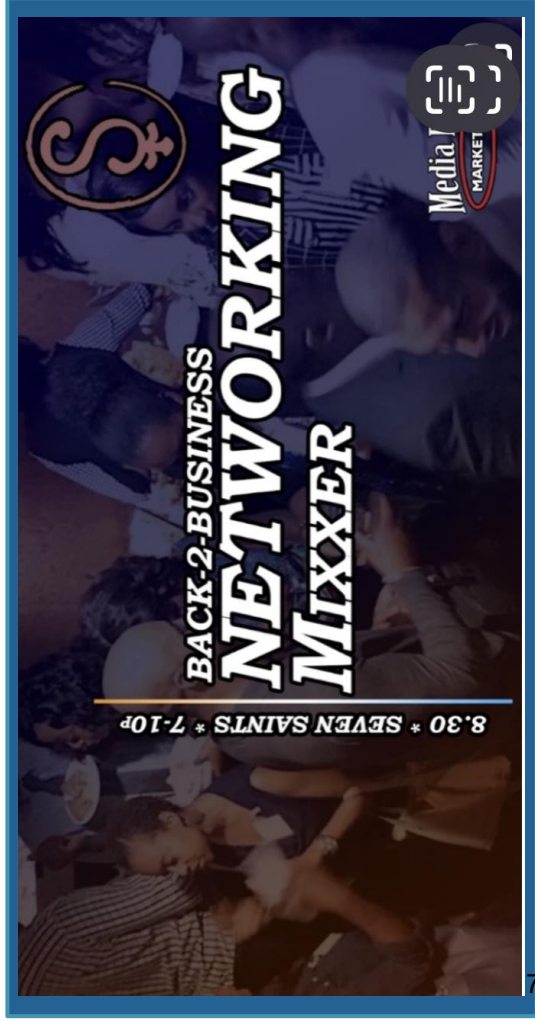
“I learned that there's always a way to make things work.”

“I learned financial literacy, organizational skills...and leadership.”

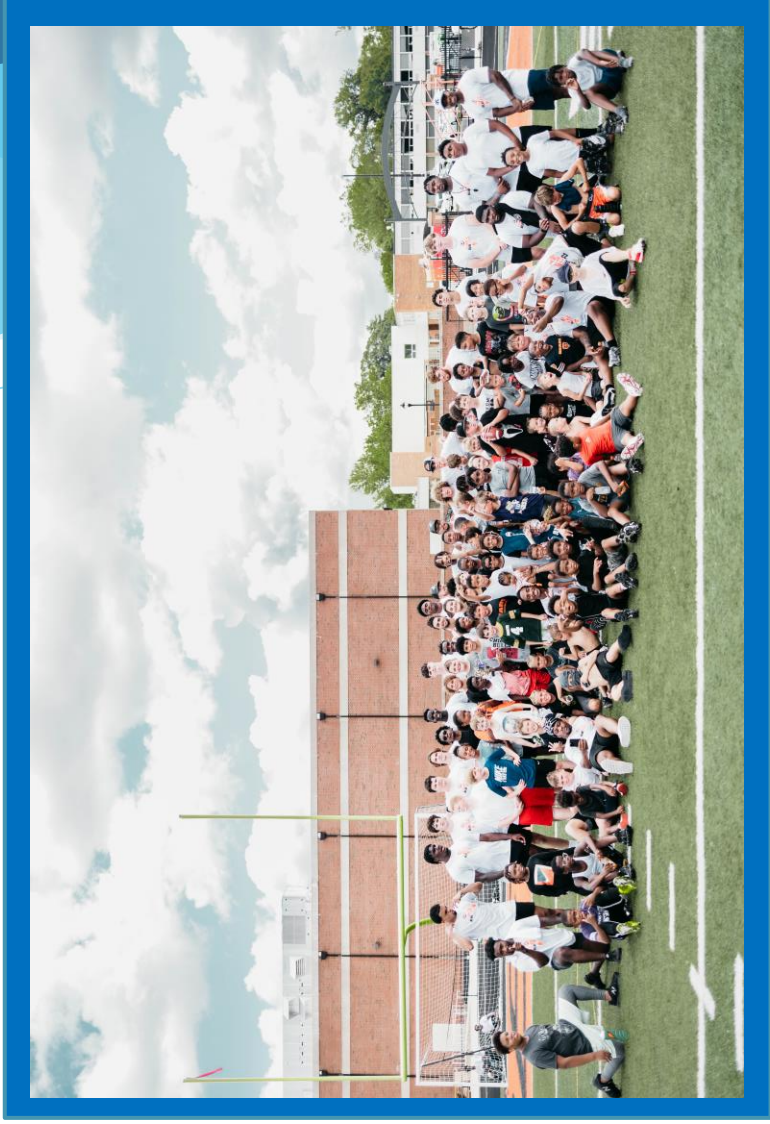
East Central Illinois Youth for Christ



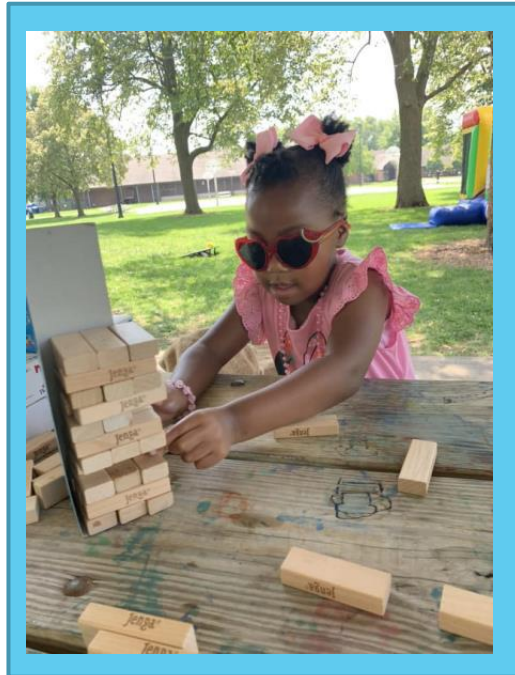
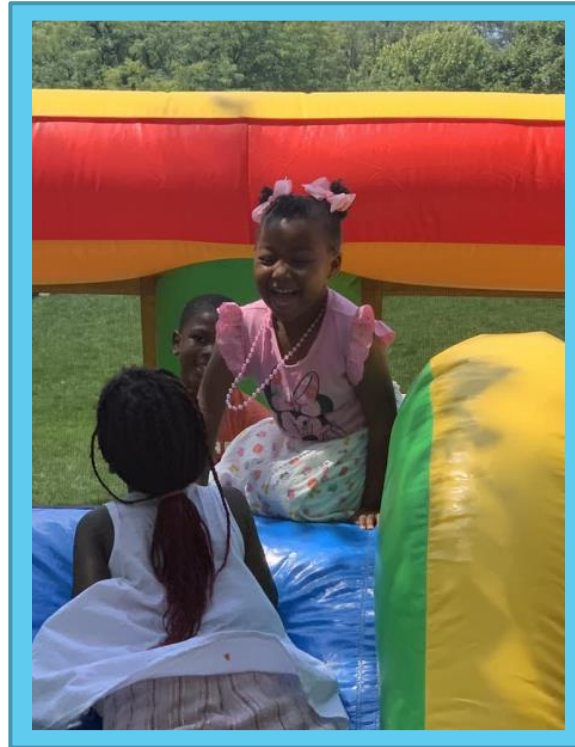
Media Doll Marketing



Leitsey Family Foundation



Rock the Block - Slim Entertainment





BRIEFING MEMORANDUM

DATE: November 15, 2023
TO: Champaign County Mental Health Board (CCMHB)
FROM: Lynn Canfield, Executive Director
SUBJECT: Proposed Revisions to Funding Requirements and Guidelines

Background:

The Champaign County Mental Health Board Requirements and Guidelines for Allocations of Funds provide clarification of how the CCMHB Fund is used to meet the Board’s obligations under the [Community Mental Health Act](#) and to the citizens of Champaign County. The document is required reading for all applicants for funding and is incorporated into subsequent contracts for services, though contract terms will prevail if there is a contradiction between the two, whether due to the Board exercising its authority to waive a particular provision or in consideration of changed circumstances of the operating environment. The Funding Requirements and Guidelines are reviewed and revised as conditions change and, at minimum, every four years.

The [current version is posted publicly](#) and shared upon request. Attached is a proposed updated version with numerous revisions. Language to be deleted is indicated by strikethroughs. These strikethroughs and the language to be added are highlighted. Proposed revisions are presented for additional board review and to invite public input, both of which may result in further refinements.

Summary and Process:

The draft with revisions is offered for further input and discussion. It was developed with input from all CCDDDB-CCMHB staff and consulting attorney and shared with board members.

- The initial impetus for review occurred when an agency director informed us of the State of Illinois’ change in audit threshold, from \$300,000 total annual revenue to \$500,000. Our requirements should align.
- Many changes relate to questions and feedback from agencies, in the course of doing business.

- Some changes streamline processes or align with the most frequent concerns.
- Termination of contracts due to audit delay is now at the Board’s discretion rather than automatic, and release of held payments is clarified.
- Minor revisions for consistent punctuation throughout are not highlighted, e.g., lower case “p” in “provider” or deletion of incorrect commas.
- Because some strikethroughs make it difficult to track the changes in numbered and lettered items, some of the numbers/letters are deleted.

A final draft version will be presented in the December 20 meeting packet for Board approval. If approved, it will be posted on the application site so that all potential applicants for PY2025 funding will be able to review the updated version.

Beyond the Requirements and Guidelines:

With possible approval on December 20 and opening of the online application system the 22nd, the impact on PY2024 contracts and PY2025 contract requirements is important, though outside of the Funding Requirements and Guidelines document.

- A small number of agencies funded for PY2024 will have total agency revenue of greater than \$300,000 and less than the state’s new threshold of \$500,000. If any of those agencies will not be required by the State to complete a financial audit for PY2024, their contracts with the Board could be amended to change the requirement from full audit to financial review.
- The Board may allow more to be spent on the cost of an audit or review than originally budgeted and more than described in current Funding Guidelines.
- The attorney advises updating PY2025 contracts with the hold harmless and indemnification language used in the revised Requirements and Guidelines.
- PY2025 financial reports may use a different variance threshold than the current 20% and \$100. It is proving complicated to find requirements that do not overburden large or small programs or reduce accountability.
- DDB-MHB staff processes, including timely payments, would be improved by shifting the deadlines for PY2025 to the fourth Wednesdays rather than fourth Fridays of the month following Q1, Q2, and Q3, and two months following Q4. Gaining the two business days to follow up on any problems and more fully review submitted reports will improve our own accuracy.

- Demographic data categories are being reviewed, with input from agencies. Changing what is reported to the Boards will not necessarily change agencies' current data collection. For PY2025, report forms will be modified with new categories and for easier use.
- In December, we will offer more information on these and any updates to PY2025 application forms and system. Some changes may relate to input from agencies through the Evaluation Capacity Building project.

DRAFT
CHAMPAIGN COUNTY MENTAL HEALTH BOARD
REQUIREMENTS AND GUIDELINES FOR ALLOCATION OF FUNDS

INTRODUCTION

It is the policy of the Champaign County Mental Health Board (CCMHB) that: services be provided in the least restrictive environment appropriate to the needs **and desires** of the individual; CCMHB funding support be community based; and CCMHB planning and funding efforts be coordinated with governmental and non-governmental providers of services.

Funds allocated by the CCMHB shall be used to contract for mental health, **intellectual** developmental disability **(I/DD)**, and substance use disorder **(SUD)** supports and services for Champaign County residents, pursuant to the authority contained in the Community Mental Health Act, ILCS, Chapter 405, Act 20, Section 0.1, et.seq.

This policy should be reviewed by all agency staff responsible for contract management, including those who prepare applications for funding as well as those who record and report on contract activities, deliverables, and financials. This document offers guidance for contract compliance and clarification of expectations for fiscal accountability and financial management systems. In various sections of this document, the terms “applicant,” “agency,” “organization,” and “provider” refer to the entity seeking or receiving funding from the CCMHB. Acceptance of CCMHB funding establishes a legal obligation on the part of the contracted agency to use the funding in full accordance with the provisions, terms, and conditions of the contract. The funded agency assumes full responsibility for the conduct of project activities and deliverables and is responsible for meeting CCMHB compliance standards for financial management, internal controls, audits, and periodic reporting. An individual contract, once awarded, will contain additional details.

GENERAL AGENCY AND ADMINISTRATIVE REQUIREMENTS

1. ~~Eligible Applicants~~ Eligibility for CCMHB Funding

- (a) An applicant for funding may be an individual or a public or private entity providing mental health, ~~developmental disability I/DD~~, or ~~substance use disorder SUD~~ supports and services to residents of Champaign County.
- (b) An individual/sole proprietor who is appropriately certified or licensed by the applicable state or national ~~entity, board or organization that demonstrates financial reliability and stability~~ and who demonstrates ~~capacity for~~ appropriate service, ~~fiscal financial~~, and administrative accountability ~~and stability~~, is eligible to apply for funding.

- (c) Not-for-profit corporations are eligible to apply for funding. The agency must be chartered as a not-for-profit corporation in the State of Illinois and must be established as a Section 501 (C) (3) under the Internal Revenue Code. The agency must have a board of directors representative of the service area. Consistent with the Internal Revenue Service conflict of interest policy, no staff member of the agency or relative of a staff member will be allowed to serve on the agency board.
- (d) For-profit organizations are eligible to apply for funding ~~but must~~ provided they meet other listed requirements and have a community based advisory committee representative of the service area and approved by the CCMHB.
- (e) The CCMHB and Champaign County Developmental Disabilities Board (CCDDDB) may administer other funds on behalf of the Champaign County Board. An intergovernmental agreement will be executed between the respective boards defining the purpose, term, payment, and mutual responsibilities of the parties in the management of the funds. Any such activity shall have a direct relationship to the mission of the CCMHB or CCDDDB. The management of such funds will comply with the CCMHB and/or CCDDDB Funding Guidelines.
- (f) Government agencies are eligible to apply with the caveat that there has been a presentation and formal review of the capability of the agency to fund the services and that funding was not available. Those with authority to raise a tax which can be used to pay for the desired services may not be eligible.
- (g) Departments and units within the University of Illinois and Parkland College related to the mission of the CCMHB are eligible to apply, provided other funds are not available to support the services.

2. Administrative Requirements of Applicants

- (a) Corporate by-laws at a minimum shall: encourage consumer representation on the board; require that at least one board member be a resident of Champaign County; prohibit board service by relatives of agency staff; specify the number of members of the board and include a mandatory board rotation policy; reference term limits for each board office; describe policies for recruitment, nomination, and election of board members and officers; address removal and replacement of board members; include an indemnification clause; and describe committee structures.
- (b) The provider must have its principal offices located within Champaign County. Exceptions must be approved by the CCMHB, and if the corporate board of directors is not local and the application is approved, the provider must have a local advisory board with a mechanism for providing direct input to the corporate board of directors.
- (c) The provider must not discriminate in the acceptance of clients, employment of personnel, appointment to the board of directors, or in any other respect on the basis of race, color, religion, gender, sexual orientation preference, national origin, ancestry, or disability, or on any other basis prohibited by law. Services shall not be denied based on a client's inability to pay.

- (i) Any recipient of funds is required to submit a statement by its director certifying that it does not discriminate in the acceptance of clients, employment of personnel, appointment of members of the board of directors, or in any other respect, on the basis of race, color, religion, national origin, ancestry, gender, sexual orientation preference, or physical or mental disability.
- (ii) Should any written charge or complaint of discrimination on the basis of race, color, religion, national origin, ancestry, gender, sexual preference, or physical or mental disabilities be made against an organization receiving funds, its employees, or agents in any court or regulatory or administrative body (whether federal, state, or local), the organization shall furnish a copy of said charge or complaint to the CCMHB. Said organization shall comply with any reasonable request for information about the status of said charge or complaint. The obligations imposed by this paragraph shall be subject to and subordinate to any claim of legal privilege and any non-waivable legal requirement of confidentiality imposed by statute, administrative rule or regulation, local ordinance, court order, pre-existing contract, or collective bargaining agreement. Failure to comply with this provision shall result in immediate termination of the contract.
- (iii) The CCMHB reserves the right to conduct its own investigation into any charge or complaint of a violation of this non-discrimination requirement.
- (iv) By this non-discrimination requirement and any efforts by the CCMHB, its agents, or employees to enforce it, the CCMHB assumes no responsibility for enforcement of or compliance by the recipient organization with any applicable federal, state, or local laws, regulations, or ordinances prohibiting discrimination. An organization receiving funds must agree to indemnify and hold harmless the CCMHB for any liability accruing to it for any charges or complaints of discrimination or similar civil rights violations based upon the acts of the organization receiving funds, its agents, or employees, and premised on the CCMHB's provision of these funds.
- (d) The provider shall develop, implement, and report on a Cultural and Linguistic Competence Plan for the agency's administration, staff, clients, and governance board and aligned with National Culturally and Linguistically Appropriate Services standards as set forth by the US Department of Health and Human Services.
- (e) The provider shall demonstrate a willingness and ability to enter into networking agreements or contracts with other providers in order to avoid overlapping services and to ensure best outcomes for people using or seeking those services. Said agreements must be updated and on file annually. Because of the CCMHB's commitment to the principle of continuity of care, agencies and programs must demonstrate a commitment to work cooperatively with all CCMHB-funded and CCDDDB-funded agencies and programs and such other health and human service agencies as are appropriate to the target population. Detailed working agreements with particular agencies with which the agency and program have a similar mission may be required by the CCMHB.
- (f) The provider will be expected to:

- (i) Make available for inspection by the CCMHB copies of site, monitoring compliance, licensure/certification, evaluation, and audit visit reports performed by any funding authority.
 - (ii) Cooperate fully in program evaluation and onsite monitoring as conducted by CCMHB staff.
 - (iii) Make available for inspection by the CCMHB copies of any request/application for new or adjusted funding in any program within the agency funded in whole or part by the CCMHB.
 - (iv) Make available for annual inspection by the CCMHB copies of all agency budget applications, provider plan forms, program service and funding plans, service agreements and fiscal reports prepared for the Department of Human Services, United Way, Department of Children and Family Services, or any other funding authority.
 - (v) Provide services to each eligible client in accordance with a written individual plan (where applicable) which identifies client needs and assets as determined by assessment. At a minimum, the plan will describe long term goals, measurable short-term objectives and expected outcomes of services with evaluative updates at least annually. Client files (where applicable) shall reflect written documentation of service units billed for reimbursement.
 - (vi) Comply with all applicable Illinois and Federal laws and regulations with respect to safeguarding the use and disclosure of confidential information about recipients of services.
- (g) Admission and discharge policies and procedures shall be set forth in writing and be available for review.
 - (h) Professional staff must be licensed, registered, or certified by the State of Illinois, as applicable to the discipline and current Illinois regulations/requirements.
 - (i) All program facilities shall be in compliance with applicable State of Illinois licensure requirements and local ordinances with regard to fire, building, zoning, sanitation, health, and safety requirements.
 - (j) All programs shall certify that they do not use CCMHB funds:
 - (i) To engage in proselytizing activities with consumers and/or require worship or religious instructional activities as a condition of participation.
 - (ii) For direct or indirect medical (physical health) services that are not related to mental health, substance use disorder, or developmental disabilities.
 - (iii) For programs or services under the jurisdiction of public school systems.

3. **Accreditation Requirements for Eligible Organizations Applicants**

All CCMHB funded agencies and programs shall strive to conform to appropriate standards established by recognized accrediting bodies in their field of services. For example, the CCMHB recognizes the standards promulgated by the following accrediting bodies as indicative of acceptable agency and program performance: Commission on Accreditation of Services for Families and Children, Joint Commission on Accreditation of Health Care Organizations, Commission on Accreditation of Rehabilitation Facilities, and the Council on Quality and Leadership.

Accredited agencies and programs shall provide the CCMHB with copies of relevant documents and correspondence between the agency and the accrediting body regarding agency and program compliance with accreditation standards. CCMHB staff shall determine what documents and correspondence are relevant for the CCMHB monitoring purposes.

4. **Organization Requirements in Lieu of Accreditation**

All CCMHB funded agencies and programs not accredited by a recognized accrediting body shall make available for annual inspection by the CCMHB copies of the organization's policies and procedures including standard operating procedures (SOP) along with credentials of key staff (i.e., resumes). Quality management mechanisms must be described in detail. CCMHB staff may develop, make available to agencies, and periodically review a set of compliance indicators. The agency shall meet or exceed all compliance indicators as set forth by the CCMHB and its staff.

5. **Organization Board Meetings**

Agency governing boards must notify the CCMHB of all board meetings, meet in session open to the CCMHB, with the exception of sessions closed in conformity with the Open Meetings Act, and provide CCMHB with copies of minutes of all open meetings of the governing board. A request for a waiver or modification of the requirement to provide copies of all minutes may be made and considered as part of an individual contract negotiation.

6. **Fiscal Financial Requirements**

- (a) The organization shall be managed in a manner consistent with sound fiscal standards and shall maintain written policies and procedures regarding its financial fiscal activities, including but not limited to payroll, purchasing, cash management, relevant fee schedules, contracts, and risk management. The funded agency should choose methods appropriate to the size of the organization and the scale of operations. Funded agencies will be expected to meet the standards specified in the contract, and failure to do so may be cause for suspension of payment or termination of the contract. In addition, an agency not in compliance with financial management standards shall not be eligible for CCMHB or CCDDDB funding for three years; eligibility may be reestablished after that period by demonstrating that the compliance issue has been corrected and no others exist.
- (b) An approved provider plan indicating projected levels of expenses and revenues is required for each CCMHB funded program.
- (c) The salaries and position titles of staff charged to CCMHB funded programs must be delineated in a personnel form incorporated into the contract. Employees whose salaries are charged in whole or in part to a CCMHB contract must be required to maintain personnel activity reports in order to account for all compensated time including time spent on other activities.
- (d) CCMHB funds are restricted for use in the program(s) described in the contract(s) concerning obligation of funding. CCMHB funds in excess of actual reimbursable expenses by the program are subject to recovery upon completion of an

- independent audit, financial review, or compilation, as required (per Audit and Financial Accountability Requirements, below).
- (e) Organizations will establish and maintain an accrual accounting system in accordance with generally accepted accounting principles to include a level of documentation, classification of entries, and audit trails.
- All accounting entries must be supported by appropriate source documents.**
- (i) Amounts charged to CCMHB funded cost centers for personnel services must be based on documented payrolls. Payrolls must be supported by time and attendance records **or by employment contracts** for individual employees.
 - (ii) The organization shall have accounting structures that provide accurate and complete information about all financial transactions related to each separate CCMHB contract.
 - (iii) Contract expenditure records must tie back to cost categories indicated in the final contract budget, including indirect cost charged to the contract. Actual expenditures will be compared with budgeted amounts. Variances greater than the threshold identified in the contract should be explained and may require approval by contract amendment.**
 - (iv) Financial records must be supported by source documentation such as cancelled checks, invoices, contracts, travel reports and personnel activity reports. The same costs shall not be claimed and reported for more than one CCMHB contract or programs funded by other funding sources.
 - (v) Financial records shall be maintained on a current month basis and balanced monthly.
 - (vi) Costs may be incurred only within the term of the contract, and all obligations must be closed out no later than thirty (30) **calendar** days following the contract ending date.
 - (vii) All fiscal records shall be maintained for **five (5) seven (7)** years after the end of the contract term.
 - (viii) The CCMHB may establish additional accounting requirements for a funded program or agency. An agency may be required to engage the services of an independent audit firm during the term of the contract in order to implement adequate financial management systems for full compliance.
- (f) CCMHB funds may only be used for expenses that are reasonable, necessary, and related to the provision of services as specified in the contract. All allowable expenses that can be identified to a specific CCMHB funded program should be charged to that program on a direct basis. Allowable reimbursable expenses not directly identified to a CCMHB funded program must be allocated to all programs, both funded and non-funded.
- (g) The following expenses are non-allowable:
- (i) Bad debts.
 - (ii) Contingency reserve fund contributions.
 - (iii) Contributions and donations.
 - (iv) Entertainment.
 - (v) Compensation for board members.
 - (vi) Fines and penalties.

- (vii) Interest expense.
 - (viii) Sales tax.
 - (ix) Purchase of alcohol, tobacco, and non-prescription drugs.
 - (x) Employee travel expenses in excess of IRS guidelines.
 - (xi) Lobbying costs.
 - (xii) Depreciation costs.
 - (xiii) Rental income received must be used to reduce the reimbursable expense by CCMHB funds for the item rented.
 - (xiv) Capital expenditures greater than \$1000 \$500, unless funds are specified for such purpose.
 - (xv) Supplanting funding from another revenue stream. The CCMHB may delay allocation decisions when anticipated funds from other sources may be influenced by their decisions.
 - (xvi) Supplementation of state or federal funds and/or payments subject to the coordination of benefits.
 - (xvii) Expenses or items not otherwise approved through the budget or budget amendment process.
 - (xviii) Expenses incurred outside the term of the contract.
 - (xix) Contributions to any political candidate or party or to another charitable purpose.
 - (xx) Excessive administrative costs including:
 - Any indirect administrative cost rate in excess of 20% (subject to review by the CCMHB) of the non-administrative portion of the budget, unless approved by the CCMHB.
 - Any indirect administrative costs that exceed those approved in the program/service budget.
 - Any indirect administrative costs for which an organization's cost allocation plan has not been submitted and deemed acceptable to the CCMHB.
- (h) Funded agencies shall provide safeguards for all funds provided through CCMHB contracts to assure they are used solely for authorized purposes. Further, control will be enhanced if the duties of agency staff are divided so no one person handles all aspects of a transaction from start to finish. Although complete separation of functions may not be feasible for a small agency, a measure of effective control may be achieved by planning staff assignment of duties carefully. Some examples of techniques for improving internal controls are:
- (i) Cash receipts should be recorded immediately and deposited daily. Deposits should be reconciled by a second party.
 - (ii) All bank accounts should be reconciled on a monthly basis by someone other than the person who signs the checks.
 - (iii) Checks to vendors should be issued only for payment of approved invoices, and supporting documents should also be recorded. The staff member responsible for issuing check payments should not have signing authority.
 - (iv) The staff person responsible for the physical custody of an asset should not have responsibility for keeping records related to that asset.

ALLOCATION AND DECISION PROCESS

1. All CCMHB allocation and contracting decisions are made in meetings open to the public. Allocation decisions will be based on statutory mandates, priorities and defined criteria related to the findings of various needs assessment activities sponsored by the CCMHB. To the extent possible, final decisions will be predicated on how well an application matches up with the statutory mandates, priorities, and criteria.
2. The CCMHB application for funding process shall include the following steps:
 - (a) A minimum of 21 calendar days prior to the application period start date, public notification of the availability of funding shall be issued via the News Gazette and/or other local news publications. This has typically occurred during the month of December. This announcement will provide information necessary for an organization to access application materials and submit an application for funding and how to request access application materials.
 - (b) Funding priorities and criteria will be approved no later than the December Board meeting.
 - (c) All potential applicants must register with the CCMHB. Information on the registration process will be provided by the CCMHB upon request. Access to application forms and instructions follows completion of the registration process.
 - (d) Technical assistance by Board staff may be requested at any time prior to the due date of the application, with the caveat that availability may be limited in the final week.
 - (e) Completed application(s) will be due in the month of February on a date specified in the public notice. The due date will generally be in February. The CCMHB may extend the deadline due to extenuating circumstances by posting notice of the extended deadline to the CCMHB online application system.
 - (f) Access to application(s) will be provided to member(s) of the CCMHB upon a member(s) request and in a medium preferred by the member.
 - (g) The CCMHB may require some or all applicants to be present at a an April or May Board meeting to answer questions about their application(s).
 - (h) Staff will complete a summary of each application, for review and discussion by the CCMHB at the April Board meeting. Program summaries will include fiscal and service data, population served, and expected outcomes in relation to the funding priorities and criteria and goals of the Board. In addition, a decision support “match-up” process comparing the application to established and contemporaneous CCMHB criteria will be provided.
 - (i) Staff will complete preliminary funding recommendations for CCMHB review and discussion at the May Board meeting. The recommendations will be presented in the form of a decision memorandum. The CCMHB shall review, discuss, and come to a decision concerning authorization of funding, and a spending plan for the contract year.
 - (j) Once authorized by the CCMHB, staff will implement the spending plan and initiate the contracting process. Within the context of the final recommendations, the staff is authorized to negotiate and complete the contracts. Execution of the contracts requires the signatures of the respective Executive Directors, agency

Board President, and the CCMHB President. The contract period is July 1 through June 30. Contracts may be for one or two years. Types of programs eligible for a multi-year contract period shall be defined by the CCMHB as part of the funding priorities and criteria.

- (k) Allocation decisions of the CCMHB are final and not subject to reconsideration.
- (l) The CCMHB does not consider out-of-cycle funding requests or proposals.

AWARD PROCESS, CONTRACTS, AND AMENDMENTS

1. Award Procedures

Agencies awarded CCMHB funds shall receive ~~a letter of written~~ notification indicating program allocation(s). This will state the amount of the funds awarded, the effective time period of the award, name of program application receiving the award, and any additional conditions, stipulations, or need for a negotiation of provisions attached to the award. ~~A separate Contract Process and Information sheet is to be reviewed and signed by agency staff, and other documents may be required prior to execution of the contract, such as a letter of engagement with independent CPA firm or certificate of insurance.~~

2. Contracting Format and Implementation Procedures

The contract shall include: standard provisions, (optional) special provisions, the program plan, personnel form (if applicable), rate schedule (if a fee for service contract), Business Associate Agreement (if service claims are to be entered), budget, required financial information, and agency Cultural and Linguistic Competence Plan. Completion of the contract requires the signatures of authorized representatives of the CCMHB and the provider. Subsequent to execution of the contract, any change or modification requires a contract amendment.

3. Types of CCMHB Contracts

(a) Grant Contract

Payment is predicated on the budget and obligations associated with the contract. Typically, payments are divided equally (i.e., 1/12 of the contract maximum per month) over the term of the contract, with May and June payments combined and released in June. Reconciliation takes place in the last quarter of the contract term. Accountability is tied to defined performance measures with targets and benchmarks. The annual renewal of a contract is subject to the allocation process and may result in re-negotiation of terms based on provider performance, needs assessment findings, or a desire by the CCMHB to redirect funding in response to a change in goals, objectives, or priorities. The decision to use the grant contract format rests with the CCMHB and is based on the appropriateness of this format to the objectives of the program plan.

(b) Fee for Service Contract

Payment is driven by retrospective billing for units of service provided within the constraints of the contract maximum. Typically, an “advance and reconcile” approach is used, with six monthly payments of 1/12th the contract maximum from July through December, and subsequent payment amounts based on reconciliation against billings beginning in January. Billing must be relatively proportional over

the course of the contract term. Whenever possible and appropriate, CCMHB contracts will establish rates based on those used by the State of Illinois. Fee for service contracts may be converted to a grant or value based payment structure.

(c) Consultation Contract

Payment is tied to a specific task or activity defined in the program plan.

Typically, payment is tied to an hourly rate or completion of specific tasks (i.e., deliverables). Approved expenses associated with the consult shall be defined in the contract. Consultation contracts are not subject to the allocation process referenced above but rather are negotiated by the Executive Director with Board President approval, with full board approval sought when deemed appropriate by the Board President.

(d) Special Initiative Contract

The format can be either grant or fee-for-service. Most approved applications from “new” providers shall be classified as special initiatives for a period up to three years.

(e) Capital Contract

Terms and conditions are directly tied to expenditures for capital improvements or equipment purchases. Payment is driven by an approved spending plan and/or invoices associated with approved items.

(f) Intergovernmental Agreement

The CCMHB, at its discretion and with agreement of the Champaign County Board, may enter into an intergovernmental agreement with other units of Champaign County government for the delivery of services.

4. Later Effective Dates

Along with decisions for contract awards to be funded as of at July 1, the Board may make decisions about awards which would go into effect later in the contract/program year, in the event of additional revenues which can be allocated to contracts.

5. Contract Amendments

The need for a contract amendment is driven by a change in conditions delineated in the original agreement and may be initiated by either party. The provider is required to report changes that modify the administrative structure and/or implementation of the program or financial plan. It is recognized that programs are dynamic, and it is prudent to make budget and program adjustments to better meet overall goals and objectives.

(a) The provider shall submit a written, formal request for an amendment to initiate the amendment process. All requests should describe the desired change(s) to the contract as well as the rationale for the change(s). Supporting documentation may be included when appropriate. The final decision regarding whether an amendment is necessary rests with the CCMHB Executive Director.

(b) Upon review of quarterly reports or other agency contract data, Board staff may contact the provider to discuss a possible contract amendment.

(c) In general, decisions about amendments fall under the purview of staff and are executed by the Board President and Executive Director without formal action by the Board. The Board shall be informed of all contract amendments.

- (d) Proposed amendments to redirect funds between contracts awarded to a single agency may be considered during the contract year, provided there is not an increase in total funding to the agency.
- (e) The Board President or the Executive Director may ask for a full CCMHB review and approval of a proposed amendment at the next regularly scheduled meeting, including a request to increase or decrease any contract award amount.
- (f) Proposed amendments that redirect approved dollars between agencies shall require the formal approval of the CCMHB.

GENERAL REQUIREMENTS FOR CCMHB FUNDING

1. CCMHB contracts shall specify the relationship between funding and services to be provided. Funding shall not be used for purposes other than those specified in the contract unless the contract has been amended.

2. The provider shall not use CCMHB funds to establish or add to a reserve fund.

~~If the provider accumulates CCMHB funds in excess of those required for two months operating expenses, written notification and an explanation must be sent to the executive director.~~

3. CCMHB funds shall not be used for purposes related to construction of facilities or purchase of equipment unless capital improvement is the **express explicit** purpose of the contract or is approved as part of the program plan.

4. CCMHB may provide advance payment(s) to the provider under contract with the Board. Any advance payment will be reconciled against financial reports or other method as defined by CCMHB. Request for advance payment will follow the contract amendment process.

5. Providers shall maintain accounting systems **utilizing an accrual basis of accounting in accordance with generally accepted accounting principles**, including expense and revenue classifications that can accurately and appropriately report and verify financial transactions using CCMHB forms and comply with the provisions for audits. Providers may be required to institute special accounting procedures to resolve identified problems in financial accountability.

6. Providers shall notify the CCMHB of any applications for funding submitted to other public and private funding organizations for services funded by the CCMHB, especially those that could result in a funding overlap.

7. Provider Reporting Requirements

(a) Financial and service reporting requirements are delineated in the contract and are subject to revision from year to year. In general, quarterly financial and program reports are required for all fee for service, special initiative, and grant contracts. **Quarterly financial reports and monthly billings** are required for fee for service

contracts. Cultural and Linguistic Competence Plan progress reports are required twice a year per funded agency. Reports of outcomes experienced by people served are due annually for each program.

- (b) Change in the provider's corporate status shall be reported within 30 calendar days of the change.
- (c) Change in the provider's accreditation status shall be reported within 30 calendar days of the change.
- (d) The provider shall notify the CCMHB about accreditation and/or licensing site visits by the State of Illinois or accrediting organizations.
- (e) Additional reporting requirements may be included as provisions of the contract.
- (f) To avoid compliance actions as described in Section 10 (below), deadlines for submitting required reports and documents should be observed and met. All deadlines are posted publicly and in advance and have been established to give agencies adequate time to prepare reports. Late, incomplete, or inaccurate reports may cause a delay in CCMHB staff review and response. Revision or creation of reports after a deadline may also have inadvertent negative impacts on the online application and reporting system and its many users.

An extension of a deadline may be requested in writing and, in most cases, by using the request form which is available in the online system reporting section. This form should be completed and sent to the appropriate CCMHB staff members prior to the deadline, for full consideration and for staff to facilitate access to the system's reporting and compliance sections. Board staff may approve these requests at their discretion.

IMPORTANT NOTE: Board staff are not authorized to approve extensions of deadlines for the submission of applications for funding or for annual independent audit, review, or compilation reports. In such situations, the full Board may consider an agency request presented to them during a Board meeting. To make a formal written request, the agency should provide full information to the CCMHB staff at least ten (10) calendar days in advance of the Board's regular or special meeting. The Board has complete discretion to approve or disapprove a request for extension.

8. Monitoring and Evaluation

- (a) CCMHB staff shall conduct provider financial and program site visits no less than every two years for the purposes of verifying reported financial and service information and reviewing compliance with the approved Program and Financial Plan.
- (b) CCMHB may survey all non-accredited agencies and programs for compliance with CCMHB Requirements in Lieu of Accreditation on an annual basis.
- (c) CCMHB staff may seek information to demonstrate continued compliance of all agencies and programs with appropriate standards in the interim between accreditation or certification surveys. Such information may address both individual agency and program issues as necessary, and system-wide issues and

may be obtained through such activities as periodic reports, on-site reviews, and special studies.

- (d) CCMHB staff shall conduct desk reviews of agency program activity and financial reports, typically submitted each quarter; additional information or revisions may be requested.
- (e) CCDDDB staff shall conduct desk reviews of agency CLC Plan Action Steps and required training conducted within the organization. Agencies' progress reports are typically submitted after the second and fourth quarters; additional information or revisions may be requested.
- (f) The primary responsibility for on-going evaluation of services rests with the agencies and programs. ~~In order~~ For the CCMHB to monitor these activities, agencies and programs shall submit at least annually a report of the outcomes achieved by CCMHB-funded programs, in accordance with their annual Program Service Plan. This report shall also indicate how their results are used in agency and program management.
- (g) Additional monitoring and evaluation activities may be included as provisions of the contract.

9. **Non-Compliance with the Terms and Conditions of the Contract**

- (a) The CCMHB Executive Director or their representative shall notify the provider Executive Director and provider Board President in writing of any non-compliance issue. The provider shall provide a corrective action plan within 10 days and correct the deficiency within 30 days of receipt of the notification. Upon approval of the plan, CCMHB staff shall monitor implementation. If corrective action is not implemented within specified time frames, action may be taken to suspend, reduce, or terminate funding.
- (b) **Corrective Action:** If the compliance issue results from Board staff review of required agency reports or documents or from site visit findings, a Corrective Action Plan may be appropriate. If so, CCMHB staff will notify the provider in writing, and the provider shall ~~provide~~ respond with a written corrective action plan within ~~10~~ 14 calendar days of the postmark of CCMHB staff notification. This Plan should identify a timeline for correction of ~~and correct~~ the deficiency, within ~~30 days of receipt of the notification.~~ Upon approval of the plan, CCDDDB staff shall monitor implementation. If corrective action is not implemented within specified time frames, action may be taken to reduce, suspend, or terminate funding.
- (c) **Suspension of Funding:** Cause for suspension of funding shall exist when the provider ~~(1)~~ fails to comply with terms of the award letter, ~~;~~ ~~(2) fails to comply with~~ terms and conditions of the contract, or ~~;~~ ~~(3) fails to comply with~~ CCMHB monitoring and reporting requirements.
- (d) The following procedures will be followed in the process of suspension of funding:
 - (i) The provider Executive Director and provider Board President shall be notified in writing, via certified mail, return receipt requested, by CCMHB staff that the agency funding has been suspended. **The provider is responsible for sharing and updating accurate contact information.**
 - (ii) The notification of suspension will include a statement of the requirements with which the provider is in non-compliance, the effective date of the

suspension, and any conditions deemed appropriate for the agency to meet before termination of the suspension.

- (iii) If the provider disagrees with a compliance action, they may appeal as set forth below.
 - ~~(iv) The Provider shall respond in writing to the CCMHB office address within ten (10) days of the date of notification of suspension. The response shall include a plan of action to correct the situation or event(s) leading to the suspension of funding, together with a time frame for such action.~~
 - ~~(v) The Provider may be requested to appear before the CCMHB.~~
 - ~~(vi) Failure to respond within 10 days shall be just cause for suspension of funding.~~
 - ~~(vii) Failure to correct within 30 days shall be cause for suspension. A suspension of funding shall remain in effect until the non-compliance leading to the suspension has been corrected.~~
- (e) Reduction of the Contract Maximum: Cause for reduction of the grant award amount shall exist when a provider fails to expend CCMHB funds or deliver services in accord with the contract, which includes approved Agency Program and Financial Plans. The following procedures will be followed in the process of reduction of funding:
- (i) The reduction of the grant amount shall be in an amount determined by the CCMHB.
 - (ii) The provider Executive Director and provider Board President shall be notified, in writing, via certified mail, return receipt requested, by CCMHB staff that the contract maximum is being reduced. To ensure delivery of this and all communications, the provider is responsible for sharing and updating accurate contact information within the online reporting system and by email to CCMHB staff.
 - (iii) The notification of reduction will include a statement of the cause for reduction and include the amount by which the grant amount is reduced.
 - (iv) Within thirty (30) calendar days of the effective date of reduction, the agency may request a re-allocation of the amount by which the funding was reduced. If the reduction is identified after the contract period has ended, e.g., upon review of fourth quarter financial reports or independent audit, review, or compilation, reallocation is not likely to be approved.
- (f) Termination of Funds: Due cause for termination of funding a contract exists when a provider fails to take adequate action to comply with CCMHB requirements within ninety (90) calendar days of notification of suspension of funding; or repeatedly fails to comply with requirements of the CCMHB as stated in the notification of award, in the contract, in the applicable provisions of this document, or as a result of CCMHB staff monitoring, in the monitoring procedures and requirements of the CCMHB. The following procedures will be followed in the process of termination of funding:
- (i) The provider Executive Director and Board President shall be notified, in writing, via certified mail, return receipt requested by the CCMHB Executive Director or other staff that termination of funding is being recommended to the Board. To ensure delivery of this and all

communications, the provider is responsible for sharing and updating accurate contact information within the online reporting system and by email to CCMHB staff.

- (ii) The notification of possible termination will include a statement of the requirements with which the provider is non-compliant; a statement of the actions of the CCMHB taken to urge the provider to avert termination and move to compliance with CCMHB requirements; a statement of the responses of the agency; and the effective date of the recommended termination of funding.
 - (iii) The CCMHB shall consider and take action on the termination of funding at the next regularly scheduled meeting following the notification of the agency, or at an intervening special meeting if it so chooses.
- (g) Appeal procedures: The CCMHB Executive Director shall be responsible for implementing and interpreting the provisions pertaining to appeals. The Executive Director may however, delegate monitoring responsibility to other CCMHB staff. The following procedures will be followed in the appeal of suspension, reduction, or termination of funding:
- (i) The provider may appeal the decision to suspend, reduce, or terminate funding by submitting a written request that details the reasons for reconsideration within fourteen (14) calendar days of the postmark of CCMHB staff notification, being notified of the staff decision.
 - ~~(ii) The Executive Director shall review information from both the CCMHB monitoring staff and the Provider in arriving at a decision.~~
 - ~~(iii) Any decision by the Executive Director that a Provider is in non-compliance with these provisions shall be communicated in writing to the agency or program within fourteen (14) calendar days of receipt of the appeal.~~
 - ~~(iv) Only decisions by the CCMHB Executive Director of non-compliance by a Provider with provisions of these policies may be appealed to the CCMHB. Such appeals must be made in writing by the Provider.~~
 - (v) The written formal appeal should include the reasons for reconsideration and, at minimum: (1) a thorough explanation of what happened to cause the noncompliance; (2) proof of corrective action that has been taken, or is underway, to ensure that the root cause has been addressed and will not happen again; and (3) a proposed plan for additional reporting by the agency and possible additional oversight by CCMHB relevant to the noncompliance for the remainder of the contract; and (4) other evidence relevant to the decision. ~~The third component may be modified by the CCMHB, possibly incorporating input from CCMHB staff.~~
 - (vi) CCMHB shall review information from the CCMHB Executive Director and the agency ~~or program in arriving at a decision~~ at the next ~~regularly scheduled meeting following the notification of the agency,~~ available ~~regular meeting~~ or at an intervening special meeting if the Board President so chooses. All written materials for consideration should be submitted by the provider a minimum of ~~eight (8) ten (10) calendar~~ days prior to the meeting of the Board. The agency shall be afforded the opportunity to discuss the issue with the CCMHB prior to a final decision. Additional

information may be required for the CCMHB to arrive at their final decision.

AUDIT AND FINANCIAL ACCOUNTABILITY REQUIREMENTS

In the course of doing business, agencies funded by the CCMHB should maintain a state of audit readiness. This means records relevant to financial and program aspects of contracts must be readily accessible. Failure to provide accurate and reliable information could result in questioned costs and disallowances. All funded agencies awarded contracts for direct services as part of the normal allocation cycle are required to have either an audit, financial review, or compilation conducted by an independent certified public accountant (CPA) registered by the State of Illinois, for the term of the CCMHB contract and following the close of its fiscal year. These reports must contain schedules using CCMHB/CCDDB approved source clarifications for reporting operating income and operating expenses. Contracts with consultants and other specified vendors are exempt from this requirement.

Prior to the execution of a contract between the provider and the CCMHB, the provider will demonstrate engagement with an independent CPA firm, through a letter from the firm stating that they will be performing the audit, review, or compilation, and specifying the timeline. If the CPA firm does not include a date of completion in the letter of engagement, the agency should estimate the date and share relevant information to Board staff, to demonstrate efforts at timeliness.

1. **Independent Audit (for agencies with ~~\$300,000~~ \$500,000 total revenue or greater)**
 - (a) An independent CPA firm, **licensed in the State of Illinois**, performs an audit to provide a high level of assurance regarding the accuracy of financial statements, resulting in a formal report expressing an opinion on the presentation of the financial statements, identifying any significant or material weaknesses in internal control.
 - (b) The resultant audit report is to be prepared in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in "Government Auditing Standards," issued by the Comptroller General of the United States. The report shall contain the basic financial statements presenting the financial position of the agency, the results of its operations, and changes in fund balances. The report shall also contain the auditor's opinion regarding the financial statements, taken as a whole, or an assertion to the effect that an opinion cannot be expressed. If the auditor expressed a qualified opinion, a disclaimer of opinion, or an adverse opinion, the reason therefore must be stated. Supplementary Information (see below) will also be required with the audit.
 - (c) A funded agency with total revenue of ~~\$300,000~~ **\$500,000** or greater will be required to have an audit performed by an independent audit firm. An agency with total revenue of less than ~~\$300,000~~ **\$500,000** and greater than ~~\$30,000~~ **\$50,000** may choose or be required by the CCMHB to have an independent audit performed.
 - (d) If a funded agency provider is not required by another funding organization (e.g., state government, federal government, a foundation, etc.) to have an audit

completed, and if one is to be completed for the CCMHB contract, the funded agency may budget for and charge up to ~~\$8,500~~ \$19,000 (total) to CCMHB for costs associated with this requirement.

2. **Independent Financial Review (for agencies with total revenue over ~~\$30,000~~ \$50,000 and below ~~\$300,000~~ \$500,000)**

- (a) An independent CPA firm ~~licensed in the State of Illinois~~ performs a review to provide a basic level of assurance on the accuracy of financial statements, based on inquiries and analytic and other procedures, and narrower in scope than an audit.
- (b) The resultant report is to be prepared in accordance with standards generally accepted in the United States of America. The report shall contain the basic financial statements presenting the financial position of the agency, the results of its operations, and changes in fund balances. Some of the supplementary information required for an audit will also be required in a review (see below).
- (c) A funded agency with total revenue of less than ~~\$300,000~~ \$500,000 and greater than ~~\$30,000~~ \$50,000 will be required to have a financial review performed by an independent audit firm. If the agency chooses or is required ~~by another organization to have an independent audit rather than a financial review, then a financial audit shall be completed in lieu of a review.~~ This should be made clear prior to contract execution.
- (d) If a funded provider is not required by another funding organization (e.g., state government, federal government, a foundation, etc.) to have a financial review, and if one is to be completed for the CCMHB contract, the funded agency may budget for and charge up to ~~\$5,000~~ \$13,000 (total) to CCMHB for costs associated with this requirement.

3. **Compilation (for agencies with total revenue below ~~\$30,000~~ \$50,000)**

- (a) An independent audit firm ~~licensed in the State of Illinois~~ prepares a compilation report on financial statements, not providing a level of assurance but rather considering whether the financial statements appear appropriate in form and are free from obvious material misstatements.
- (b) The resultant report is prepared in accordance with standards generally accepted in the United States of America. Some of the supplementary information required for an audit will also be required in a compilation (see below).
- (c) A funded agency with total revenue of ~~\$30,000~~ \$50,000 or less will be required to have a compilation performed by an independent audit firm.
- (d) If a funded agency provider is not required by another funding organization to have a compilation, and if one is required for the CCMHB contract, the funded agency may budget for and charge up to ~~\$2,500~~ \$7,000 (total) to CCMHB for costs associated with this requirement.

4. **Shared Cost**

In the event that the funded provider is required by another funding organization to have an independent audit, financial review, or compilation, the cost is to be pro-rated across revenue sources. Audit, Financial Review, and Compilation cost limits still apply.

5. **Supplementary Information (required of all agencies, regardless of total revenue)**

The following supplementary financial information shall be completed by an independent CPA firm and included in the audit, review, or compilation report (and failure to do so will make the report unacceptable):

- (a) Schedule of Operating Income by CCMHB-Funded Program: This schedule is to be developed using CCMHB approved source classification and format modeled after the CCMHB Revenue Report form. Detail shall include **two** separate columns **per program** listing total program as well as CCMHB-Funded only revenue. Individual sources of income should not be combined. Example: Funds received from several state or federal agencies should not be combined into one classification, such as “State of Illinois” or “Federal Government.”
- (b) Schedule of Operating Expenses by CCMHB-Funded Program: This schedule is to be developed using CCMHB approved operating expenses categories and format modeled after the CCMHB Expense Report form. Detail shall include **two** separate columns **per program** listing total program as well as CCMHB-Funded only expenses. The statement is to reflect program expenses in accordance with CCMHB reporting requirements including the reasonable allocation of administrative expenses to the various programs. The schedule shall **exclude** any expense charged to the Board from the list of non-allowable expenses (above).
- (c) CCMHB Payment Confirmation: CCMHB payment confirmation made to an agency required by the independent auditor during the course of the audit or review or compilation is to be secured from the CCMHB office.
- (d) For Audit Only, Auditor Opinion on Supplementary Information: The independent auditor should clearly establish his/her position regarding the supplementary financial information presented in the Schedule of Operating Income by CCMHB-Funded Program and Operating Expenses by CCMHB-Funded Program. This can be done either by extending the overall opinion on the basic financial statements or by a supplementary opinion. If the independent auditor determines that the additional procedures necessary to permit a supplementary opinion on the schedules of operating income and expenses would materially increase the audit time, he/she may alternatively state the source of the information and the extent of his/her examination and responsibility assumed, if any.
- (e) Capital Improvement Funds: If the agency has received CCMHB capital improvement funds during the last year, the audit or review or compilation shall include an accounting of the receipt and use of those funds.
- (f) For Audit Only, Internal Controls: The independent auditor should communicate, in written form, material weaknesses in the agency’s internal controls when it impacts on the CCMHB’s funding. Copies of these communications are to be forwarded to the CCMHB with the audit report.
- (g) The independent CPA report must include, at a minimum, these items described in the “Financial Accountability Checklist”:
 - (i) Agency board-approved financial procedures in place that include separation of duties for preparation of payment authorization, approval of authorization and check signatories.

- (ii) Agency board review of financial statements at Agency Board meetings and Source Document – Agency Board meeting minutes (dated).
- (iii) Agency board Minutes with motion approving CCMHB/CCDDB grant applications for current year.
- (iv) Agency board minutes with motion approving the budget of the fiscal year under review.
- (v) Verification that the agency has fulfilled its response to any findings or issues cited in the most recent Auditor’s issuing of a Management Letter, if applicable.
- (vi) Demonstration of tracking of staff time (e.g. time sheets).
- (vii) Proof of payroll tax payments for at least one quarter, with payment dates;
- (viii) Form 941 or IL-941 or UC3, comparison of payroll tax amounts and alignment to period.
- (ix) W-2s and W-3, comparison to the gross on 941.
- (x) Verification of 501-C-3 status (IRS Letter), if applicable.
- (xi) IRS 990 Form or AG990-IL, confirmation that 501-C-3 status is maintained.
- (xii) IRS 990 Form or AG990-IL for associated foundation, if applicable.
- (xiii) Secretary of State Annual Report.
- (xiv) Accrual Accounting Method is in use.

6. Filing

The audit or review or compilation report is to be filed with the CCMHB within 6 months of the end of the agency’s fiscal year. In order To facilitate meeting filing requirements, agencies are encouraged to contract with certified public accountants before the end of the fiscal year. A letter of engagement is required prior to contracting (as above.)

7. Late Audit, Review, or Compilation

In the event that If an agency board-approved, independently performed audit, review, or compilation report is not submitted to the CCDDB/CCMHB office prior to the aforesaid six-month deadline, payments on the agency’s contract(s) will be suspended for three months or until the required report is received.

If the report is not received within three months, the current year contract(s) will be automatically may be terminated, at the option of the CCMHB. and no further payments made to the agency. The payments for services delivered according to the contract(s) and withheld during that three month period Suspended payments will be released upon submission of the required report and resolution of any negative findings. If a satisfactory report and resolution of any negative findings are is NOT received within 12 months after the close of the agency’s fiscal year, the parties agree that the CCMHB has no obligation to the agency to issue the suspended payments, and the contracts are terminated. An agency will not be eligible for subsequent CCMHB funding until the required report is filed and any negative findings (including the return of excess revenue) are resolved.

8. Penalty

Failure to meet these requirements shall be cause for termination or suspension of CCMHB funding.

9. Repayment of Budgeted Costs

If the provider organization does not comply with the requirement to produce an audit or financial review or compilation as specified, the organization shall repay all Board CCMHB funds allocated for such purpose.

10. Records

All fiscal and service records must be maintained for **five seven** years after the end of each budget period, and if need still remains, such as unresolved issues arising from an audit or review or compilation, related records must be retained until the matter is completely resolved.

11. Waiver

At the discretion of the CCMHB, independent audit or financial review or compilation requirements may be waived for special circumstances. The waiver provision shall be specified in the contract.

12. Request for Extension

Requests for extension of an independent audit, review, or compilation report and requests for waiver of the automatic cancellation cannot be granted by Board staff. If an agency anticipates that this annual report will be late, they should inform Board staff as early as possible and, if necessary, prepare a formal explanation and request to the full Board, to be considered during a regular or special meeting of the Board.

EXCEPTIONS TO THE PROVISIONS OF THE FUNDING GUIDELINES

All exceptions to the Funding Guidelines must have the prior approval of the CCMHB, except for those specific sections of the Funding Guidelines where the authority is delegated to the CCMHB's designee. Requests for exceptions that require the CCMHB's approval must be submitted to the Executive Director for review and submission to the CCMHB. Subsequently, the CCMHB's written decision will be transmitted to the agency. If the contract and funding guidelines are not in agreement, the contract shall prevail.

Approved May 26, 2021 and Revised December 15, 2021



DECISION MEMORANDUM

DATE: November 15, 2023
TO: Champaign County Mental Health Board (CCMHB)
FROM: Lynn Canfield, Executive Director
SUBJECT: Request to Transfer from Fund Balance

Purpose:

Staff request authorization to use \$326,162.60 of CCMHB Fund Balance so that obligations may be paid in a timely fashion, regardless of the timing of remaining revenue distributions and in the event of a revenue shortfall.

Background:

During the recent budget process, I identified and shared with the CCMHB, Champaign County Board, County Executive, and Director of Finance that a transfer from fund balance may be necessary to cover commitments later in 2023.

- In 2021, \$770,436 was transferred from the County’s ARPA fund to the CCMHB fund, for PY2022 contracts. \$385,218 would be paid in each of 2021 and 2022.
- Both Boards approved, with the instruction that this would increase fund balance in 2021 and be offset by using that amount of fund balance in 2022.
- Some payments which would have been made in 2022 were withheld due to delayed submission of required agency audit reports, causing lower than anticipated 2022 expenditures in Contributions & Grants.
- In 2023, we released payments budgeted for 2022 but withheld due to late audits.
- In 2023, we transferred to the County ARPA fund those amounts which had been returned by contracted agencies as unspent revenue.

Update:

Other issues now contribute to a shortfall which may be resolved by the end of 2023 but not soon enough to make remaining 2023 payments in a timely fashion:

- While overall spending is on track, scheduled payments exceed available funds.
- Not all anticipated 2023 revenues have been distributed at this time, and some large Expo sponsorship payments have not been received.
- Excess revenue related to underspent PY23 agency contracts has not all been returned. Most cannot be determined until audit reports are reviewed.

Decision Section:

Motion to approve the transfer of \$326,162.60 from CCMHB Fund Balance to 2023 Contributions and Grants.

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



DECISION MEMORANDUM

DATE: November 15, 2023
TO: Champaign County Mental Health Board (CCMHB)
FROM: Lynn Canfield, Executive Director
SUBJECT: FY2022-2024 Three Year Plan with FY2024 Objectives

Background:

The Champaign County Mental Health Board develops a new strategic plan every three years, using results of a community needs assessment and consideration of the local, state, and federal context. During 2022, we conducted surveys of three groups of interest, clarifying preferences. In 2023, we sought direct input from self-advocates who have intellectual and developmental disabilities and who offered insight beyond I/DD services.

Three-Year Plan objectives are reviewed annually and revised to incorporate consideration of issues discussed during Board meetings. The Three-Year Plan with proposed objectives for 2024 was presented in the October 18, 2023 Board packet and distributed to agency providers and stakeholders. Board and agency feedback results in new objectives for:

- Monitoring changes in state-funded I/DD services and advocating for residents, Goal 10, Obj 10.6.
- Updating demographic categories to be more inclusive, Goal 2, Obj. 2.7.

Purpose:

The CCMHB Three Year Plan for 2022-2024 with Objectives for Fiscal Year 2024 continues the commitment to many prior objectives. The Plan is meant to be responsive to emerging issues, often through state and national association involvement. New language is italicized and underlined, with strikethroughs on language to be removed.

Decision Section:

Motion to approve the proposed Three-Year Plan for Fiscal Years 2022 – 2024 with Fiscal Year 2024 Objectives.

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

CHAMPAIGN COUNTY MENTAL HEALTH BOARD

THREE-YEAR PLAN

FOR

FISCAL YEARS 2022-2024

(1/1/2022 – 12/31/2024)

WITH

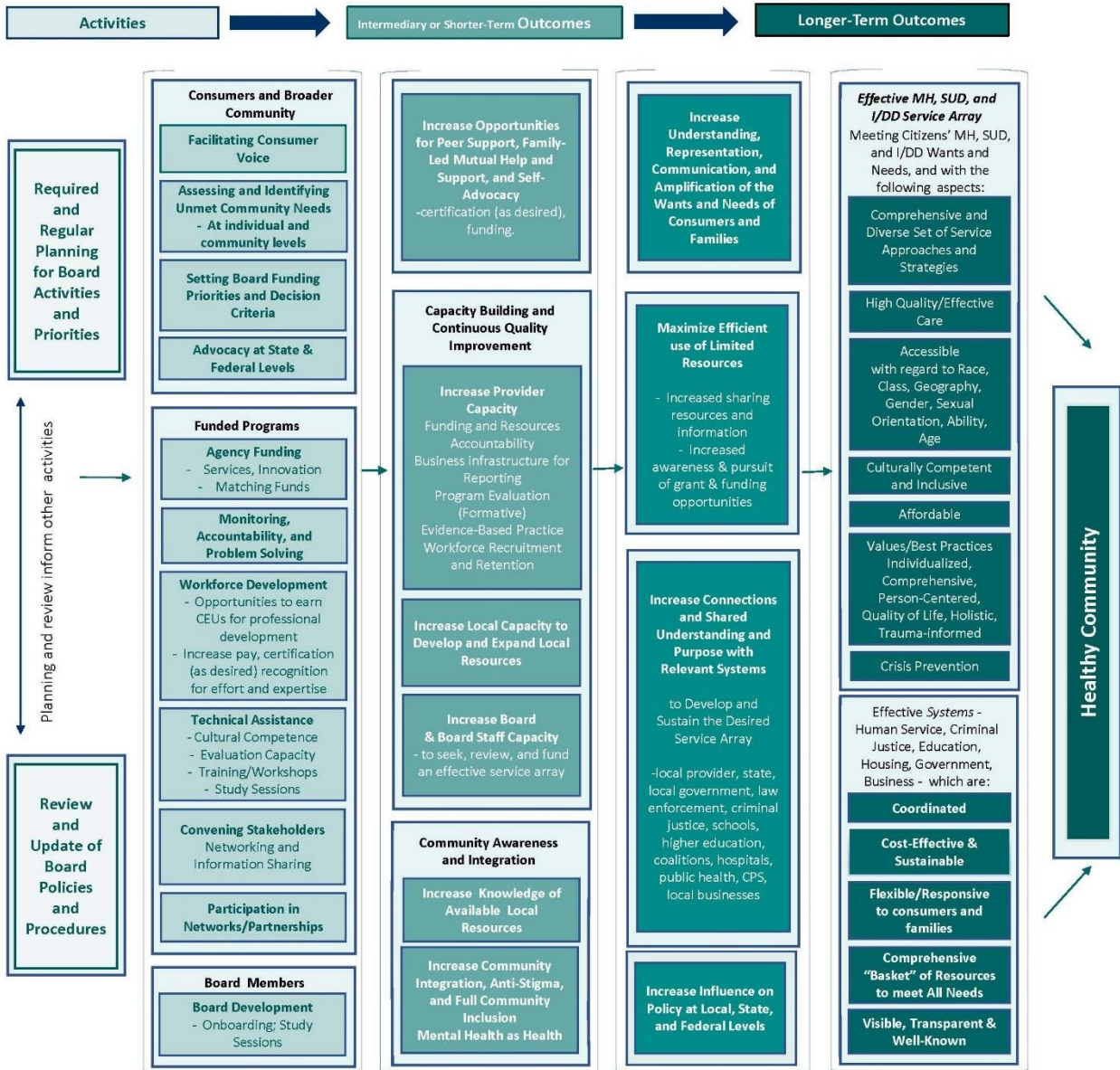
ONE YEAR OBJECTIVES

FOR

FISCAL YEAR ~~2023~~ 2024

~~(1/1/2023 – 12/31/2023)~~ (1/1/2024 – 12/31/2024)

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



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: With *input from people served and their loved ones, whenever possible, and 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 MI, SUD, or I/DD*, 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 **and Collaboration/Coordination** 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: Encourage and participate in community efforts to prevent overdose deaths and expand ~~substance use disorder~~ **SUD** prevention and treatment.
(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 in order to improve positive outcomes for those engaging in funded services.
(Policy Objective)

Objective 1.7: Engage with consultant(s) selected through RFP2022-010 to improve providers' ability to set internal goals for advancing **the evaluation of** program performance outcomes **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 **or specialized trainings**.
(Allocation Priority/Criteria Objective)

Objective 1.9: Enable providers to implement flexible service options, such as telehealth or other virtual means, to maintain **and improve** access and engagement with clients and community.
(Collaboration/Coordination Objective)

Objective 1.10: *With input from people with relevant lived experience, their loved ones, service providers, and other stakeholders, and through*

other needs assessment activities and environmental scan, develop and review a new Three-Year Plan for 2025-2027.
(Policy 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.
(Allocation Priority/Criteria Objective)

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

Objective 2.3: Encourage providers and other community-based organizations to allocate resources to provide for training, seek technical assistance, outreach, 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 and *attract and retain a diverse professional workforce.*
(Allocation Priority/Criteria Objective)

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

Objective 2.5: Assess and address the *unmet MI, SUD, or I/DD service and support* 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: With assistance from the Regional Health Plan Collaboration, assess the impact of public health threats on racial, ethnic, gender and/or sexual minority groups or other at-risk populations in Champaign County. Encourage providers to improve health and behavioral health outcomes for all residents.
(Collaboration/Coordination and Allocation Priority/Criteria Objective)

Objective 2.7: *Improve the categories of demographic data to be collected and reported by funded agency programs, to more accurately represent the people who are being served.*
(Collaboration/Coordination Objective)



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. *Create opportunities for people with relevant lived experience to participate in or shape the work of these councils.*
(Collaboration/Coordination Objective)

Objective 3.2: Communicate on issues of mutual interest with the C-U Public Health District (*CUPHD*) and the Champaign County Board, *such as interpersonal and community violence or Opioid Use Disorder.*
(Collaboration/Coordination Objective)

Objective 3.3: Engage with CUPHD, United Way, Carle Foundation Hospital, and OSF in the Regional Health Plan Collaboration toward 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.
(*Allocation Priority/Criteria and* Collaboration/Coordination Objective)

Objective 3.5: Encourage providers to offer services in neighborhood community centers to reach all areas and people of Champaign County.
(Collaboration/Coordination Objective)



Goal #4:

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

Objective 4.1: Coordinate integration, alignment, and allocation of resources with the CCDDDB to ensure the efficacious use of resources for people with I/DD.
(Allocation Priority/Criteria Objective)

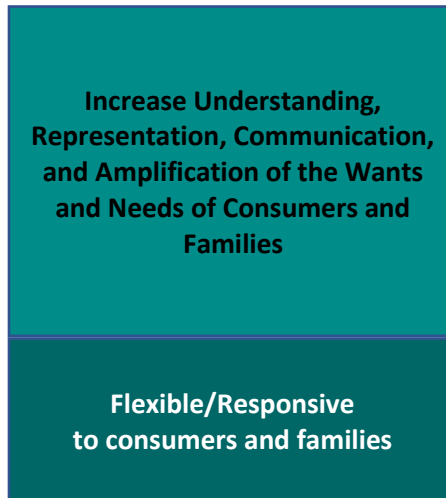
Objective 4.2: ~~Assess alternative service~~ *Increase the reach and variety of* strategies that empower people ~~with who have~~ I/DD and ~~increase~~ *improve their* access to integrated community settings.
(Policy Objective)

Objective 4.3: *Using input from people who have I/DD,* collaborate with the CCDDDB on promoting inclusion and respect for people with I/DD.
(Allocation Priority/Criteria and Collaboration/Coordination Objective)

Objective 4.4: *Using input from people who have I/DD,* 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



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: Participate in the Champaign County Community Coalition and other system of care initiatives. *Strengthen relationships across the child- serving systems.*

(Collaboration/Coordination Objective)

Objective 5.2: *Sustain and b* 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)

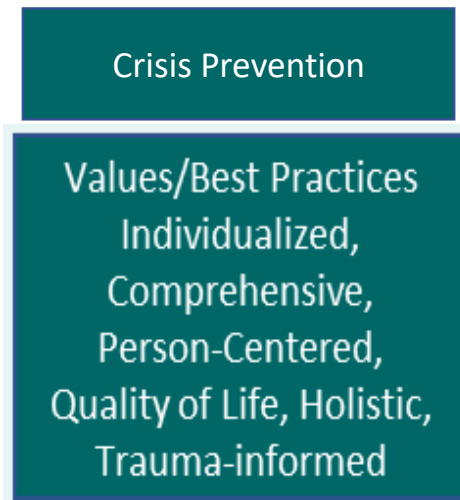
Objective 5.5: Sustain commitment to building systems that are trauma-informed, family-driven, youth-guided, and culturally responsive. **Encourage cross-system collaborations, such as through the Child and Adolescent Local Area Network, to improve student outcomes, share resources, and foster professional growth.**
(Policy **and Collaboration/Coordination** 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 a~~ 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 who have** multi-system involvement or encountering **ing** multiple barriers

to success and health. *Barriers include long wait times for psychiatric care and complicated or siloed regulatory and payment systems.*
(Collaboration/Coordination Objective/Policy Objective)

CRIMINAL JUSTICE AND MENTAL HEALTH SYSTEM COLLABORATION



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.

Encourage and use input from people who have experienced a behavioral health crisis, along with their family members and peers.

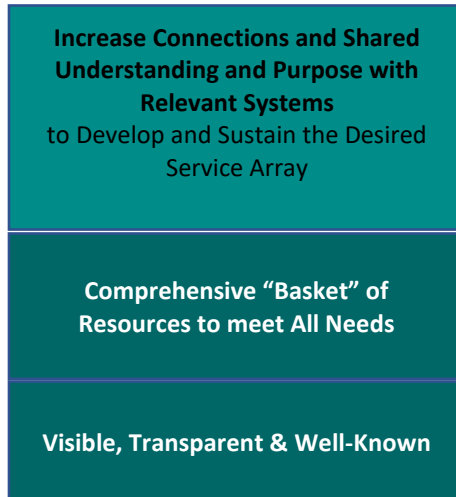
(Collaboration/Coordination Objective)

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. *Improve these services and supports by using input from people with relevant lived experience.*
(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~~ and *Problem Solving Court Steering Committee* 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~~ *to improve* outcomes for ~~those with~~ *Champaign County residents who have* behavioral health needs and justice system involvement.
(Collaboration/Coordination Objective)



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 local collaborations to increase housing and employment supports for persons with *MI, SUD, or I/DD mental illness, substance use disorder, and/or intellectual and developmental disabilities.*
(Allocation Priority/Criteria and Collaboration/Coordination Objective)

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

Objective 7.3: Collaborate in the *development of a full crisis response continuum around planning and implementation of 988, with input from people who have experienced a behavioral health crisis. mobile crisis response, and other crisis supports.*
(Allocation Priority/Criteria and Collaboration/Coordination Objective)



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)

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, Ebertfest, National Children's Mental Health Awareness

Day, and other related community education events. *Whenever possible, include student groups or interns in these efforts.*
(Collaboration/Coordination Objective)

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

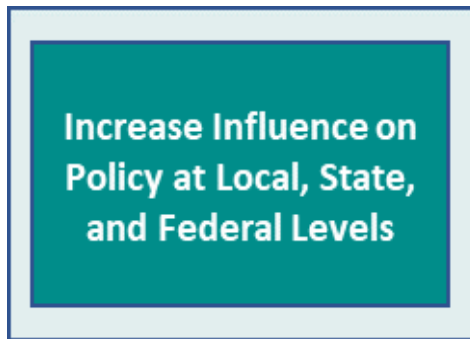
Objective 9.3: Promote behavioral health community education initiatives, such as National Depression Screening Day, to encourage individuals to be screened and seek further assistance where indicated.
(Collaboration/Coordination Objective)

Objective 9.4: ~~Encourage and support efforts to more fully~~ *To* integrate people with behavioral health disorders and/or ~~intellectual and/or developmental disabilities~~ *I/DD* into community life in Champaign County, *seek out and share their direct input with other collaborations and leadership. Whenever possible, include these people in any collaborations which have been formed on their behalf. Emphasize inclusion as a benefit to all members of the community, regardless of ability.*
(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~~ *who* may be experiencing ~~signs and symptoms of~~ a crisis.
(Collaboration/Coordination Objective)

Objective 9.6: *With input from people who have MI, SUD, or I/DD,* support development of web-based resources to make information on community

services **and resources** 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 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 **along with** other statewide associations and advocacy groups **for increased service capacity and service options sufficient to meet demand in Champaign County.**

(Collaboration/Coordination Objective)

Objective 10.2: Track **relevant class action cases, 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~~ **Participate** in the National Association of County Behavioral Health and Developmental Disability Directors (NACHBDD), National Association of Counties (NACo), and ~~like-minded national~~ **similar** organizations, to understand **and report on** 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 Track implementation of~~ 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: *With other organizations whenever appropriate, advocate at the state and national levels on the issue of behavioral health and intellectual and developmental disability I/DD workforce shortages. As opportunities arise, participate in planning and policy development with state agencies such as IDHS, and use these opportunities to advocate for the needs and choices of Champaign County residents, based on direct and indirect input from people with MI, SUD, or I/DD.*
(Policy Objective)

Objective 10.6: *Monitor the transition to a new Independent Service Coordination provider, as well as the system of I/DD services funded by the state of Illinois. Advocate on behalf of and with those residents of Champaign County who receive Home Based Support, who have been selected from PUNS, or who are eligible and enrolled and waiting for PUNS selection.*
(Collaboration/Coordination Objective)

~~Approved November 16, 2022~~



DECISION MEMORANDUM

DATE: November 15, 2023
TO: Members, Champaign County Mental Health Board (CCMHB)
FROM: Lynn Canfield, Executive Director, Leon Bryson, Associate Director
SUBJECT: PY2025 Allocation Priorities and Decision Support Criteria

Statutory Authority:

The Illinois [Community Mental Health Act](#) (405 ILCS 20/ Section 0.1 et. seq.) is the basis for Champaign County Mental Health Board (CCMHB) policies. Funds are allocated within the intent of the controlling act, per the laws of the State of Illinois. The Act and [CCMHB Funding Requirements and Guidelines](#) require that the Board annually review decision support criteria and priorities to be used in the allocation process which results in contracts for services. Upon approval, this memorandum becomes an addendum to the Funding Guidelines, incorporated in standard operating procedures.

Purpose:

The CCMHB may allocate funds for the Program Year 2025 (July 1, 2024 to June 30, 2025), using a timeline which begins with review and approval of allocation priorities and decision support criteria. These describe how the Board may contract with eligible human service providers for programs which further the mission and goals of the Board and fulfill their responsibilities to the public. This memorandum presents:

- Data and observations about the needs and priorities of Champaign County residents, especially those who have behavioral health issues or developmental disabilities.
- Impact of state and federal systems and pandemic-era developments.
- Broad priority categories; proposals for funding will address at least one.
- Best Value Criteria (areas for a proposal to elaborate), Minimal Expectations for all proposals, and Process Considerations. These support the Board in evaluating applications for funding and in making final allocation decisions.

Staff recommendations are based on input from board members and interested parties, along with our understanding of the larger context and best practices. In September, an initial draft was presented to the Board and distributed to providers, family members, advocates, and stakeholders. Feedback considered for the final draft:

- Affirmation of the priority categories, from an early childhood provider.
- Emphasis on training for behavioral health staff working with multi-system involved people, from a law enforcement officer.

If this or a subsequent version can be approved by the Board prior to December 2023, a Notice of Funding Availability will be published, and the application period will start December 22, giving agencies extra time.

Understanding the Needs of Champaign County Residents:

Champaign County residents contributed to the Boards' [2021 community needs assessment](#), identifying strengths (green spaces, many opportunities, e.g.) and shortcomings (homelessness, violence, e.g.). People with mental illness (MI), substance use disorder (SUD), or intellectual/developmental disability (I/DD) and their supporters made comments which continue to impact our planning, priorities, and advocacy efforts. Consistent with previous findings, barriers to care were long waitlists, uncertainty about available resources, not enough providers who accept Medicaid and Medicare, distrust in providers, limited ability to pay, lack of transportation, low internet access, and stigma.

Another important theme was that residents who have disabilities or low income or who are members of racial, ethnic, and gender minorities face additional barriers to care and to the resources enjoyed by some. This results in very different experiences of the county.

CCMHB members and staff partner with other organizations toward shared goals of creating a more inclusive, welcoming, and healthy community. One collaboration results in a [Community Health Needs Assessment](#), in which respondents have prioritized behavioral health needs and violence for several years, even before the steep increases seen across the country. Workgroups meet monthly on these priority concerns.

Because the populations of greatest interest to us are not well-represented in large surveys, Board staff conducted focused surveys in 2022, including summer program youth and staff and self-advocates with I/DD:

- 68% of **youth** were happy and 20% excited to attend summer programs.
- 30% were focused on learning.
- 85% valued being with friends, on field trips, swimming, and sports.
- Each had helped someone (homework, anti-bullying, support to the homeless).
- Staff working with youth felt well-suited for the work, comfortable in difficult situations and in asking supervisors for help.
- They also enjoyed helping others.
- 56% were new, and those with experience saw themselves as leaders and mentors.
- 62.5% of **respondents with I/DD** felt good about services, and 25% very good.
- They had positive attitudes toward their staff and were interested in help with cleaning, exercise, MTD, and employment, and in opportunities for travel, sports events, concerts, zoos, museums, antique stores, and joining a bowling league.
- 19% found it hard to ask for new supports, and 6% very hard.
- 25% did not always feel heard when asking for something new.

Self-advocates with I/DD shared detailed observations with us during a [Joint Study Session of the Boards on August 16, 2023](#). They echoed concerns about barriers to

services, information, and opportunities and stated that the community does not feel welcoming or respectful of people with disabilities. Their input shapes the PY2025 priorities for all three of the CCMHB, Champaign County Developmental Disabilities Board (CCDDB), and I/DD Special Initiatives Fund.

Data from people with I/DD are collected in the state's Prioritization of Urgency of Need for Services (PUNS), sorted by County, and through an assessment conducted by the Champaign County Regional Planning Commission (CCRPC).

- PUNS data show an increase in unmet need for every service category.
- The most frequently identified PUNS supports are Personal Support, Transportation, Behavioral Supports, and various therapies.
- 269 people wait for Vocational or Other Structured Activities.
- 74 people are seeking out-of-home residential support of less than 24 hours, and 49 seek 24-hour residential support.
- CCRPC preference data show that people: like living with family; have strong interest but low involvement in community employment, volunteering, and groups; are interested in available recreational activities; and are more uncomfortable than comfortable with navigating the system.
- More people are waiting for state funding now than in 2022, more need services within a year, and more have waited longer than five years.
- Less than half receive case management services and engage in locally funded programs while waiting for state funding.

Out of respect for the time given to collaborations on behalf of people with MI and SUD, and given the challenges involved with cross-sector and intergovernmental efforts, issues raised within these groups help us understand local needs and shape PY2025 priorities.

- Co-occurring MI and SUD can disrupt people's stability at work or home. When one is untreated, the other may worsen. Treating both is a challenge, due in part to separate funding systems and stigma.
- The stigma around SUD, especially opioid use, stalls funding, implementation, and utilization of best practice and harm reduction strategies.
- There is a lack of availability for community-based youth MI and SUD treatment.
- Youth service providers have difficulty coordinating with school staff on behalf of young people. Partnership with agencies (and co-funding) would help students.
- Collaboration and data-sharing across sectors would also help connect people who are in jail or coming out of prison with community providers and resources. Clear information about existing programs and a universal referral form might help.
- People in reentry need help with public benefits, voting, housing, student loans, and employment. Holistic care for the person, with family reunification and support, appears scarce but potentially very helpful.
- Longstanding county-wide collaborations such as Reentry Council, Problem Solving Courts, and Crisis Intervention Training (CIT) Steering Committee have been challenged by workforce shortages in all sectors, the impacts of COVID and mitigation strategies, long waitlists for inpatient treatment, difficulty accessing forensic beds, and most recently, new legislation.
- Children are held in the Juvenile Detention Center for more serious, dangerous offenses than in prior years.

- Families are utilizing peer mentoring and advocacy services less frequently.
- Barriers specific to racial, ethnic, gender, and other minority groups may be structural or related to stigma. To remove these barriers, the Champaign County Community Coalition’s Race Relations group holds Youth Race Talks in schools and anti-racism workshops in the community and promotes related efforts such as the Black Mental Health and Wellness Conference and training events.

Some residents’ MI, SUD, and I/DD service needs are met through private insurance or Medicaid and Medicare, designed to cover long term support and mental and physical healthcare for older people. Because many services for identified needs are presumed to be adequately funded through these other pay sources, some populations are not emphasized in CCMHB priorities. Where that presumption is incorrect, there are gaps in access and care. Gaps may relate to ‘siloes’ regulatory and payment systems, to those systems not covering all effective approaches, to difficulty securing and maintaining coverage, or to low availability of participating providers.

Operating Environment:

In addition to responding to the needs and priorities of Champaign County residents with MI, SUD, or I/DD, CCMHB allocations are determined within an operating environment and the constraints and opportunities it presents. Where other payers cover services, care is taken to avoid supplanting and to advocate for improvements in those larger systems.

One ongoing effort calls for reform of the federal Medicaid Inmate Exclusion Policy (MIEP). Because people cannot use Medicaid coverage for care received while in jail, counties bear the cost. Any related interruption of medical or psychiatric treatment compounds the many [poor outcomes related to incarceration](#). MIEP applies to people staying in jail even before they have been adjudicated. In 2022, [coordinated advocacy to lift this exclusion](#) was partially successful, applying to youth who await adjudication.

Some states use “1115” demonstration waivers to test partial exceptions to MIEP or to pilot programs which increase social determinants of health (e.g., housing). [Illinois seeks to extend its transformation waiver](#) which includes this type of program. A federal innovation supported in some states and planned for all is the Certified Community Behavioral Health Center. Illinois is not fully covered, but Champaign County has a site. [Increased prevalence of anxiety, depression, substance use](#), loss, economic insecurity, loneliness, and other distress pulls broad attention to the country’s mental health ‘epidemic’ and deaths from suicide and overdose. County and city health officials have formed a [nationwide behavioral health program](#), and county officials [a commission on mental health and wellbeing](#). Law enforcement agencies lead [mental health awareness campaigns](#). Hopeful federal and state legislation has been introduced, e.g., the [landmark bipartisan Community Mental Wellness & Resilience Act](#). While substantial increases in community-based behavioral health funding and workforce capacity would be ideal, this level of attention alone could reduce stigma and elevate non-traditional approaches, such as described in this [report on Recovery and Peer Support as Suicide Prevention](#).

Lessons still being learned from the global pandemic are its likely role in the above and clarity about pre-existing flaws in the service systems which deepened and contributed to the worst outcomes for people who were already not well-served or resourced. People with MI, SUD, or I/DD and those involved in their care were among them. Individual and social impacts of COVID-19 may be long-lasting. Telehealth and regulatory changes were introduced quickly to maintain health and human services during periods of low in-person contact. Some became permanent at the end of the public health emergency, but expanded access to Medicaid has ended, and other improvements are still sought, such as [removing barriers to access to methadone](#) or [interstate licensure for social workers](#).

Prolonged periods of social distancing proved the poor physical and mental health impacts of losing connection to others. [“Our Epidemic of Loneliness and Isolation: The U.S. Surgeon General’s Advisory on the Healing Effects of Social Connection and Community”](#) acknowledges the devastating impacts of increased isolation on all and identifies ways to advance social connection. Social isolation has a role in the progression of ‘diseases of despair’ (e.g., depression and SUD), other health conditions, and resulting deaths. Isolation and loneliness undermine empathy, memory, and mental and physical health. An article published by the Coalition to End Social Isolation & Loneliness, [“Capturing the Truth Behind Causes of Death”](#) calls for investigation and mitigation.

As enthusiastic as federal agencies are about the 2022 implementation of **988** for a mental health crisis call system, state and local authorities and providers grapple not only with the organization and staffing of call centers but also with standing up a full continuum of crisis response services and supports for people to utilize beyond the initial crisis call or text. In Illinois, the launch of 988 coincided with new laws, some amended or otherwise delayed, which change the responsibilities of law enforcement, court services, and behavioral health systems for individuals in crisis. The Pretrial Fairness Act, part of [Public Act 101-0652](#), requires such changes. Justice system partners will prepare using [task force and committee guidance](#) and [Office of Statewide Pretrial Services Resources](#).

Through passage of the [Mental Health Inpatient Facility Access Act - Public Act 102-0913](#), Illinois acknowledged the need for greater access to inpatient psychiatric beds in state operated facilities. In fulfillment of the Act, a strategic plan is almost complete. The Administrative Office of the Illinois Courts (AOIC) used county-level details, including ours, on excessive wait times for transfer from county jails and the negative impacts of these. Efforts to update the competency to stand trial system and to increase deflection and diversion to community care are consistent with the [National Judicial Task Force on State Courts’ Response to Mental Illness Report and Recommendations](#) released last October. The AOIC’s Statewide Behavioral Health Administrator has provided support to CCMHB staff and Champaign County government officials, including toward establishing a Mental Health Court and strengthening ongoing efforts.

The Champaign County Board is among state and local decision makers [determining best uses of opioid settlement funds](#) in their jurisdictions. Combining all national settlements, Illinois will receive over \$1.3b, some of which can be used over a span of 15 years. The [State of Illinois Overdose Action Plan](#) addresses social equity, prevention, evidence-

based treatment and recovery services, harm reduction to avert overdose deaths, and public safety. More recently, the Illinois Opioid Remediation Advisory Board identified abatement strategies, with greater access to Narcan among them.

[Illinois' Farm Family Resource Initiative](#) was successfully piloted in six counties and will expand to cover all 102. The State will offer other grant opportunities to improve mental health care and access in rural areas. There is some hope that workforce shortages will be relieved by increased Medicaid rates for some services and changes in billable service categories and providers. It is not clear whether this relief is felt in Champaign County and elsewhere downstate.

Illinois' Community Mental Health Act was enacted when the promise of community alternatives to institutional care was new. In the four decades since, federal and state authorities have not fully developed or invested in that promise, shifting safety net responsibilities to local governments. Illinois' mental health boards fill gaps and innovate with their funds, promote and advocate for better systems, raise community awareness, share resource information, and coordinate with local stakeholders. The latter has become harder to sustain due to increased demands and staff shortages, and many stakeholders compete for human and funding resources or 'speak different languages.' We defy the odds with longstanding intergovernmental and interagency efforts to reach shared goals.

Program Year 2025 CCMHB Priorities:

As an informed purchaser of service, the CCMHB considers best value and local needs and strengths when allocating funds. The service system as a whole, which includes substantial resources not funded by the CCMHB, should balance health promotion, prevention, wellness recovery, early intervention, effective treatments, and crisis response, and it should ensure equitable access across ages, races, ethnic groups, genders, and neighborhoods. Broad categories used in PY2024 continue, but each has been revised to account for developments in the field or in Champaign County.

PRIORITY: Safety and Crisis Stabilization

The Reentry Council, CIT Steering Committee, Problem Solving Courts, Continuum of Service Providers to the Homeless, Rantoul Service Providers, and less formal coalition for in-jail programs all focus on assisting people out of crisis and toward stability. Many approaches are being tested and adapted, toward a full crisis response system and in response to increased houselessness, violence, overdose, etc. The safety of people who are in crisis, their families, and members of their community are all important. Where public safety and public health interests are served, co-funding and coordination will amplify efforts and ensure we are not duplicating or interfering with similar efforts to:

- Improve people's health and quality of life, increase access to community-based care, reduce contact with law enforcement, incarceration, hospitalization, length of stay in these settings, and unnecessary emergency department visits, and facilitate transition to full community life.

- Enhance the crisis response continuum through triage and assessment to help people find the most appropriate treatment, or through intensive case management or benefits enrollment to secure ongoing care.
- Coordinate and collect and share data across systems, with and on behalf of people who have justice system involvement, history of hospitalization, or chronic housing instability as a result of MI or SUD.

Community-based care reduces reliance on institutional care and counterproductive encounters with law enforcement or other systems not designed to treat MI or SUD. While not easy to access, intervention and treatment reduces the cost to other publicly funded systems and results in better quality of life for people and their families. Qualified professionals, including peer supporters, meet people where they are and provide service or connect them to resources. Without a continuum that includes deflection to treatment, people suffer, and public systems are stressed. Efforts to fill these gaps have expanded due to state and federal opportunities, but challenges remain.

Increased prevalence and attention to anxiety and depression and substance use might not be enough to overcome the stigma related to the most serious conditions.

“Fear is dangerous. It creates an environment in which it’s acceptable to treat those experiencing poverty and homelessness with anger and hate. The first step to stopping this is to realize that this fear is unfounded and dangerous.”

— [Terence Lester, I See You: How Love Opens Our Eyes to Invisible People](#)

PRIORITY: Healing from Interpersonal Violence

Stabilization from crisis also involves the care and healing of people who have experienced interpersonal violence. The treatment approach should be appropriate to the type of harm and to the individual and their supporters. Champaign County providers and stakeholders have had access to trauma-informed care and system training, putting us in an excellent position to take on high rates of domestic violence and community trauma. Acknowledgement of the need for healing can extend to collective trauma and violence.

For survivors of domestic violence, sexual assault, or child abuse or neglect, programs should improve health and success, respond to the crisis when the person is ready, and reduce the associated stigma and isolation. To ensure the best care for people who have experienced interpersonal or community violence:

- Amplify state- and federally- funded services to meet increased needs and to further implement trauma informed systems of care.
- Serve those who are not covered by another pay source, using evidence-based or promising approaches of equal or higher quality.
- Fill gaps where other funding does not exist, such as for violence prevention education or linkage and coordination of resources.
- Assist children and their families, and other survivors of violence, in staying connected to others, especially given the harmful impacts of social isolation.

During PY2024, CCMHB funding was necessary to fill gaps left by reductions in Victims of Crime Act funding. This may continue to be necessary in PY2025. Federal and state funding should be accessed first when available.

To improve a cross-sector system's responses to children, youth, and families impacted by violence, the Illinois Criminal Justice Information Authority piloted a project in Southern Illinois with early findings in [Illinois Helping Everyone Access Linked Systems: Interim Report](#). Among recommendations were: clarifying the roles of staff; identifying strategies to connect with people in informal settings; and improving partners' knowledge of programs. Efforts to disrupt the cycles of violence, promote healing, and reduce further harm are of interest to other Champaign County government, funders, and service providers, again calling for coordination of effort to maximize positive impact.

PRIORITY: Closing the Gaps in Access and Care

Barriers to access and care may relate to difficulty navigating service or benefit systems, low service provider capacity and long waitlists for core services, stigma, lack of transportation, low ability to pay, and more. Because CCMHB funding is well-suited for filling gaps and testing promising approaches, this priority category overlaps with others.

In its effort to expand peer support across the country, Substance Abuse and Mental Health Services Administration (SAMHSA) defines recovery as “a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential” and identifies pillars of recovery as Health, Home, Community, and Purpose. [SAMHSA's framework and proposed standards](#) are appropriate for Champaign County's peer-led organizations even without certification.

Increasing the Social Determinants of Health (e.g., housing, healthcare, healthy food) and building neighborhood-level resilience are public health approaches to wellness and recovery identified in workgroups of the Community Health Plan, the Champaign County Community Coalition, and the UIUC Campus Community Compact. Co-funding by other entities adds value to a program and ensures we are not duplicating or interfering with similar efforts. Proposed programs would connect people to care billable to other payers or offer approaches not otherwise available, now that more people seek support:

- Benefit enrollment assistance, especially by enrollment specialists and system navigators, with outreach and education regarding benefits and service options.
- Core treatment for those who have severe mental illness (SMI) or SUD but are without insurance coverage.
- Wellness and recovery support such as home visits, transportation, language services, and specialized case management.
- Assistance with ‘problems in living’ through employment or independent living support, social connection, support for paid and unpaid caregivers, suicide prevention education, self-advocacy training, etc.
- Peer support and mentoring to nurture individual and collective empathy, resilience, recovery, and wellness.
- Groups to foster creativity, sharing of creative efforts, stress reduction through physical activity, music, and similar antidotes.

- Education for providers on the negative mental health impacts of racial trauma.

PRIORITY: Thriving Children, Youth, and Families

Champaign County’s population is young, with high rates of child poverty, homelessness, and justice and other system involvement. Many programs have developed to support children in positive ways when they are not in school. On behalf of children, youth, and families, the Champaign County Community Coalition, Child and Adolescent Local Area Network, Transition Planning Committee, and Youth Assessment Center Advisory Committee bring partners from healthcare, education, law enforcement, and other governmental or service organizations to improve access, care, resources, and individual outcomes. The Coalition hosts direct input from young people.

Important to these efforts, and to the more recent Youth Redeploy Illinois planning group, are services and supports related to MI and SUD. These may be funded by the state, county, cities, villages, townships, CCMHB, United Way, or other, as the wellness of children is a high priority, and the ‘return on investment’ substantial. Some responses may overlap with public safety and public health interests, and heightened focus on youth mental health across the country may result in new funding. CCMHB funding should not duplicate or impede other efforts, but co-funding helps to sustain effective programs.

Proposed programs should avoid criminalizing behavioral and developmental issues. For young people with serious emotional disturbance (SED), SMI, or SUD, programs should reduce the negative impacts of any criminal justice or child welfare system involvement and increase positive engagements and connection to resources. Programs should embody the System of Care principles identified through Champaign County’s 2010-2016 SAMHSA-funded cooperative agreement. Strength-based, well-coordinated, family-driven, person-centered, trauma-informed, and culturally responsive supports and services allow children and their families to thrive.

- Early involvement, to improve individual/community health and disrupt poverty.
- Year-round opportunities for children across the county, of any age and gender, to maximize social/emotional success and keep them excited about learning.
- Peer support and mentoring, coordination, and advocacy through family-driven, youth-guided organizations.
- Consideration for the stresses unique to farming, as the mental health needs of farm youth may require a specific response.
- Trauma-informed system capacity building, to disrupt the impacts of violence and of the global pandemic, focusing on those children, youth, and families who experience disproportionate losses of health and security.
- Direct support to mitigate the harm caused by community violence and trauma.
- Prevention education, youth social-emotional development, summer or after-school programming matched to individual preferences.

The CCMHB has also funded programs for very young children and their families, including perinatal supports, early identification, prevention, and treatment. In addition to the ‘child find’ activities of the Local Interagency Council for Early Intervention, providers partnered to form a Home Visiting Consortium with a “no wrong door”

approach for these children and families, using self-directed, strengths-based planning and attention to Adverse Childhood Experiences and trauma-informed care. Programs may serve children who have a developmental delay, disability, or risk and offer support to their families. These service activities align with the priority for “Collaboration with the Champaign County Developmental Disabilities Board (CCDDB)”.

PRIORITY: Collaboration with CCDDB: Young Children and their Families

The Intergovernmental Agreement with the CCDDB requires integrated planning concerning I/DD allocations and specifies a CCMHB set-aside, which for PY2025 will total \$913,454 (PY2024 amount of \$859,883 plus increase equal to the 6.23% increase in property tax levy extension).

The commitment to young children and their families continues for PY2025, with a focus on children’s social-emotional and developmental needs, as well as support for and from their families. The CCMHB has funded programs which complement those addressing the behavioral health needs of young children and their families, and for which providers collaborate actively. As a result of the pandemic, 20-30% of children in Head Start/Early Head Start have been identified as having Social-Emotional needs, a significant increase. Team members Dr. Belknap and Ms. McGhee also reported a steep rise in speech referrals and diminished capacity with staff. Services and supports not covered by Early Intervention, for young children with developmental and social-emotional concerns, and for their families, may include:

- Coordinated, home-based services addressing all areas of development and taking into consideration the qualities and preferences of the family.
- Early identification of delays through consultation with childcare providers, pre-school educators, medical professionals, and other service providers.
- Coaching and facilitation to strengthen personal and family support networks.
- Identification and mobilization of individual and family gifts and capacities, to access community associations and learning spaces.

Another collaboration of the Boards is through the I/DD Special Initiatives Fund, supporting short-term special projects to improve the system of services. Where there may be overlap with CCDDB or CCMHB priorities, an applicant should consider that long term support and services are more appropriately funded by the CCDDB or CCMHB. Short term projects piloting a unique solution or purchasing non-service supports will fit better with the I/DD Special Initiatives Fund.

During or resulting from the allocation award process, the CCMHB may transfer a portion of their dedicated I/DD amount to the CCDDB or to the IDD Special Initiatives fund, to support contracts for DD services through either of those funds.

Criteria for Best Value:

An application’s alignment with a priority category and its treatment of the overarching considerations described in this section will be used as discriminating factors toward

final allocation decision recommendations. Our focus is on what constitutes a best value to the community, in the service of those who have I/DD. Some of these 'best value' considerations relate directly to priority categories and may be the focus of a proposal.

Budget and Program Connectedness

Detail on what the Board would purchase is critical to determining **best value**. Because these are public funds administered by a public trust fund board, this consideration is at the heart of our work.

Each program proposal requires a Budget Narrative with text sections the applicant uses to describe: all sources of revenue for the organization and those related to the proposed program; the relationship between each anticipated expense and the program, clarifying their relevance; the relationship of direct and indirect staff positions to the proposed program; and additional comments.

One of the Minimal Expectations below is that an applicant be able to demonstrate financial clarity. This overlaps with but differs from Budget and Program Connectedness. Financial clarity is demonstrated by financial records maintained in an 'audit-ready' state. A recent independent audit, financial review, or compilation with no negative findings is one way to show that the applicant has this capacity. Those reports are not required with an application or in the Budget Narrative form but may be requested as part of the review and decision process.

Another Minimal Expectation below asks for evidence that no other funding is available. The Budget Narrative submitted with each proposal is an excellent place to address these efforts. Through Budget Narrative comments, the program's relationship to larger systems may be better understood, and the applicant may highlight how they will leverage other resources or use the requested funding as match for other resources. Programs offering services billable to Medicaid or other insurance should attest that they will not use CCMHB funds to supplement those. They may identify non-billable activities which can be charged to the proposed contract. While CCMHB funds should not pay for services billable to another payor, programs should maximize all resources, for their long-term sustainability and to ensure that CCMHB funding does not supplant other public systems.

Participant Outcomes

Also essential for demonstrating a **best value** is clarity about how the program will benefit the people it serves. Are people's lives better because of the program? Simple, measurable outcomes are often the best way to communicate this. To demonstrate a program's success in helping people achieve positive impacts, an applicant should use outcomes which consider participants' gifts and preferences. For each defined outcome, the application will identify a measurable target, timeframe, assessment tool, and assessment process. All applicants are welcome to review the 'measurement bank' developed by local agencies and researchers. This repository offers a great deal of information on outcome measures appropriate to various services and populations and will be updated with new findings.

Applicants will also identify how people learn about and access the program and will define outputs or measures of the program's performance: numbers of people served, service contacts, community service events, and other. While not Participant Outcomes, these are important and required with every proposal.

Self-Determination and Self-Direction in Service Planning

The most meaningful participant outcomes will be discovered through a person's involvement in their own service plan. Centering people's communication styles and networks of support, self-directed or person-centered planning can be done even if the person has been referred to the program by a third party.

Every person should have the opportunity to inform and lead their service plan. The plan should balance what is important FOR the person with what is important TO the person, be responsive to their preferences, needs, values, and aspirations, and help them recognize and leverage their strengths and talents. CCMHB funding should focus on people rather than programs. In a self-determined system, people control their day, build connections to their community for work, play, learning, and more, create and use networks of support, and advocate for themselves.

Proposals should describe the individual's role in their own service planning process and should connect the program activities to what people have indicated they want and need. If funded, program activities are reported regularly, with data on the individuals served and detail on community inclusion.

Eliminating Disparities in Access and Care

Programs should move the local service systems toward equitable care resulting in optimal health and quality of life for all community members. For this, barriers specific to some groups must be addressed and eliminated or overcome.

Proposed programs should improve access and offer appropriate care for people from historically underinvested populations as identified in the [2001 Surgeon General's Report on Mental Health: Culture, Race, and Ethnicity](#). These groups, people living in rural areas, and those with limited English language proficiency should have access to supports and services. Applications should identify engagement strategies which help people overcome or eliminate barriers to care.

The application includes a Cultural and Linguistic Competence Plan (CLCP) template consistent with Illinois Department of Human Services requirements and National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards.) [A toolkit for these standards](#) may be helpful to the applicant. One CLCP is completed for each organization. The program plan narrative for each of an organization's proposals should include strategies specific to proposed services. CCMHB staff offer technical assistance.

Promoting Inclusion and Reducing Stigma

Programs should increase community integration, including in digital spaces. People feel better when they have a sense of belonging and purpose. People are safer when they have routine contacts with co-workers, neighbors, members of a faith community, and acquaintances at fitness or recreation centers or in social networks. Positive community involvement can build empathy, redefine our sense of group identity, reduce stress, and decrease stigma. Stigma inhibits individual participation, economic self-sufficiency, safety, and confidence, and may be a driver of insufficient State and Federal support for community-based services. Stigma harms communities and people, especially those who have been excluded due to sexuality, gender, race, ethnicity, disability, immigrant/refugee/asylee status, or preferred or first language.

The CCMHB has an interest in nurturing resilience, inclusion, and community awareness, as well as challenging negative attitudes and discriminatory practices. Full inclusion aligns with values of other Champaign County authorities and collaborations and with the standards established by Home and Community Based Services, Workforce Innovation and Opportunity, and Americans with Disabilities Act. Proposed programs should describe activities and strategies that expand community inclusion and social connectedness of the individuals to be served.

Continuation of Services

Applications should describe how people will be served in the event of a public health emergency which limits in-person contact. Because social isolation increased the need for some services, continuity of care is a new and important consideration. If a virtual service is expected to be less effective than in-person, or if the people to be served do not prefer virtual platforms, some capacity should still be maintained now that their value as backup plan has been demonstrated. The negative impacts of insufficient broadband capacity and limited access to and understanding of technology have also been demonstrated.

Some regulatory changes supporting virtual innovation have been made permanent and others extended. Telehealth and remote meetings are now integrated in many programs. Even without a public health emergency, they connect more people to virtual care and enhance their access to other resources.

Whether a focus of the proposal or already integrated, successes with technology and virtual platforms can be expanded with training and access for people who participate in services and for direct staff or others involved in their care.

Unique Features

Demonstrating a **best value** involves amplifying those characteristics of the service approach, staff credentials, or funding mix unique to the organization or proposed program. While the pressures on service provider agencies are great, innovative or tailored responses to people's support needs and preferences should be highlighted.

- Approach/Methods/Innovation: cite the recommended, promising, evidence-based, or evidence-informed practice and address fidelity to the model under which services are to be delivered. In the absence of such an approach to meet a community need, describe the innovative approach and how it is evaluated.
- Staff Credentials: highlight credentials and specialized training.

- Resource Leveraging: describe how CCMHB funds are amplified, and other resources maximized: state, federal, or local funding; volunteer or student support; community collaborations. If CCMHB funds will meet a match requirement, reference the funder requiring match and identify the match amount in the application Budget Narrative.

Expectations for Minimal Responsiveness:

Applications not meeting the following expectations are “non-responsive” and will not be considered. Applicants must be registered at <http://ccmhddbrds.org>. Accessible documents and technical assistance, limited to use of the online tools, are available upon request through the CCMHB staff.

1. Applicant is an **eligible organization**, demonstrated by responses to the Organization Eligibility Questionnaire, completed during initial registration.
2. Applicant is prepared to show their **capacity for financial clarity**, especially if they answered ‘no’ to any question in the Organization Eligibility Questionnaire or do not have a recent independent audit, financial review, or compilation report with no findings of concern.
3. All application forms must be complete and **submitted by the deadline**.
4. Proposed services and supports must relate to mental health or substance use disorders or I/DD. **How will they improve the quality of life for persons with MI, SUD, or I/DD?**
5. Application must include evidence that **other funding sources are not available** to support the program or have been maximized. Other potential sources of support should be identified and explored. The Payer of Last Resort principle is described in CCMHB Funding Requirements and Guidelines.
6. Application must demonstrate **coordination with providers** of similar or related services, with interagency agreements referenced. Evidence of interagency referral process is preferred, to expand the system’s reach, respect client choice, and reduce risk of overservice to a few. For an inclusive, efficient, effective system, applications should mention collaborative efforts and acknowledge other resources.

Process Considerations:

The CCMHB uses an online system for organizations applying for funding. Downloadable documents on the Board’ goals, objectives, operating principles, and public policy positions are also posted on the application website, at <https://ccmhddbrds.org>. Applicants complete a one-time registration process, including an eligibility questionnaire, before receiving access to the online forms. CCMHB funding guidelines and instructions on how to use the system are also posted there.

Criteria described in this memorandum are guidance for the Board in assessing proposals for funding but are not the sole considerations in final funding decisions. Other considerations include the judgment of the Board and staff, evidence of the provider's ability to implement the services, soundness of the methodology, and administrative and fiscal capacity of the applicant organization. Final decisions rest with the CCMHB regarding the most effective uses of the fund. Cost and non-cost factors are used to assess the merits of applications. The CCMHB may also choose to set aside funding to support RFPs with prescriptive specifications to address the priorities.

Caveats and Application Process Requirements:

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

- To be considered, proposals must be complete, received on time, and responsive to application instructions. Late or incomplete applications will be rejected.
- If selected for funding, the contents of a successful application will be developed into a formal contract. Failure of the applicant to accept these obligations can result in cancellation of the award for contract.
- The CCMHB reserves the right to withdraw or reduce the amount of an award if the application has misrepresented the applicant’s ability to perform.
- The CCMHB reserves the right to negotiate the final terms of any or all contracts with the selected applicant, and any such terms negotiated through this process may be renegotiated or amended to meet the needs of Champaign County. The CCMHB reserves the right to require the submission of any revision to the application which results from negotiations.
- The CCMHB reserves the right to contact any individual, agency, or employee listed in the application or who may have experience and/or knowledge of the applicant’s relevant performance and/or qualifications.

Decision Section:

Motion to approve the CCMHB Program Year 2025 Allocation Priorities and Decision Support Criteria as described in this memorandum.

- Approved
- Denied
- Modified
- Additional Information Needed



DECISION MEMORANDUM

Date: November 15, 2023
To: Members, Champaign County Mental Health Board (CCMHB) & Champaign County Developmental Disabilities Board (CCDDB)
From: Lynn Canfield, Kim Bowdry, Leon Bryson
Subject: I/DD Special Initiatives PY25 Allocation Priorities and Decision Support Criteria

Statutory Authority:

The [Community Care for Persons with Developmental Disabilities Act](#) (50 ILCS 835/ Sections 0.05 to 14) is the basis for Champaign County Developmental Disabilities Board (CCDDB) funding policies. The Illinois [Community Mental Health Act](#) (405 ILCS 20/ Section 0.1 et. seq.) is the basis for Champaign County Mental Health Board (CCMHB) funding policies. All funds shall be allocated within the intent of these controlling acts, per State of Illinois laws. Decision support criteria and allocation priorities are reviewed annually. Upon approval these become addenda to [CCDDB](#) and/or [CCMHB](#) Funding Requirements and Guidelines.

Purpose:

The CCDDB and CCMHB share authority for the I/DD Special Initiatives Fund. For Program Year 2025 (July 1, 2024 to June 30, 2025), the Boards may allocate funds to eligible human service organizations for projects and services which further the Boards' goals and fulfill their responsibilities to the public. This memorandum offers:

- Overview of current uses of the fund and timeline for application, review, and decision processes.
- Alignment with other County-wide health improvement efforts, which include community needs assessments.
- Summary of public input.
- Impact of state and federal systems and pandemic-era developments.
- Broad priority categories in response to all of the above. Proposals for funding will address at least one of these priorities.

- Best Value Criteria (areas for a proposal to elaborate), Minimal Expectations, and Process Considerations. These support the Boards in evaluating applications and making allocation decisions.

Staff recommendations are based on input from board members and interested parties, along with our understanding of the larger context and best practices. In September, an initial draft was presented to the Board and distributed to providers, family members, advocates, and stakeholders. Feedback considered for the final draft:

- Affirmation, from board members, that an approach to customized resource information, whether website or other, could be low cost and completed in the short term.

If this or a subsequent version can be approved by the Board prior to December 2023, a Notice of Funding Availability will be published, and the application period will start December 22, giving agencies extra time.

Overview and Timeline:

In 2014, the Boards launched a collaborative CILA Facilities Project Fund on behalf of Champaign County residents who had I/DD and complex support needs and who had been unable to secure services in or near the County. Difficulties maintaining a qualified workforce in the two small group homes were insurmountable by 2020, and the Boards chose to sell the properties and reinvest in supports for this population, renaming the fund as “I/DD Special Initiatives.” Because the barriers to care persist, we maintain the focus on eligible people with unmet service needs and on the development of appropriate services.

During 2023, the Boards made available \$341,737 through “I/DD Special Initiatives” for contracts for services to begin July 1. Under its PY2024 priorities for Strengthening the Workforce and Individualized Supports, \$286,000 was awarded, half to be paid during 2023, the other half in 2024. \$198,737 of the 2023 appropriation is unspent and can be used in 2024. The Boards have approved use of \$400,000 to be transferred from fund balance for 2024 to support PY2025 allocations.

As a special fund without substantial revenue, short-term projects are especially appropriate. By contrast, the Boards fund many ongoing, long-term services and support through their allocation processes. Of forty-one CCMHB PY24 agency contracts, three serve young children with developmental delays or risk. All sixteen

CCDDB PY24 contracts serve people who have I/DD, primarily youth and adults. The two I/DD Special Initiatives PY24 programs serve people of all ages.

The following timeline supports a competitive allocation process for I/DD Special Initiatives funding and parallels timelines projected for CCDDB and CCMHB funding:

- A final version of these priorities and support criteria approved by both Boards during open, public meeting(s) prior to December 2023.
- Proper public notice of funding availability published **on or before December 1, 2023** (if priorities have been approved).
- From **December 22, 2023, 8:00 AM CST, to February 12, 2024, 4:30 PM CST**, the online system will be open for agencies to submit applications addressing one or more of the priority areas. Agencies not previously registered will demonstrate eligibility per the initial questionnaire and review of CCDDB and CCMHB Funding Requirements and Guidelines. If a specific requirement is not likely to be met, the Boards might consider waiving that requirement under certain conditions if a waiver allows them to fund a well-aligned proposal.
- Board staff review of applications, with summaries of each in **April** and funding recommendations to the Boards in **May**. The Boards may choose to review applications at any time from February 12 through June.
- Boards' allocation decisions during **May or June 2024** meetings.
- Contracts developed, issued, and signed prior to **June 18, 2024**. Contracts will have a term of July 1, 2024 through June 30, 2025, with the option of a shorter or longer term (up to two years) as requested or as negotiated.
- If the Boards choose to design Requests for Proposal (RFP) to address a particular need relevant to this fund, each will have its own timeline with additional meetings and activities specific to the project.

The statutory and practical frameworks above are supplemented by our understanding of current and emerging conditions. The following sections are meant to place the Boards' work within the context of local values, the interests of people most directly impacted by funding decisions, and the operating environment, to set the stage for PY2025 funding priority categories and decision support criteria.

Alignment of Local Efforts:

Champaign County Community Health Improvement Plan

CCDDB/CCMHB staff collaborate with local and regional partners on the Community Health Improvement Plan, also referred to as the IPlan, with the vision that:

Champaign County will be the Healthiest and Safest, environmentally sustainable community to live, work, and visit in the State of Illinois. To identify goals and priorities for the Plan, a [community health needs assessment](#) is conducted every three years. Health needs of equal priority identified in 2022 were: Behavioral Health, Healthy Behaviors and Wellness, and Violence. Staff members and service providers with expertise in behavioral health and I/DD participate in priority area workgroups.

University of Illinois at Urbana-Champaign Campus Community Compact

Board and staff members participate in this broad-based collaboration led by the UIUC Chancellor's office. Through workgroups and large group meetings, the Compact has assessed strengths and needs of the community and developed vision statements which include:

Health, Wellness, & Resilience: Assure physical, mental, and emotional health and wellness for all communities and all community members who face immense threats from structural inequities that disadvantage communities of color and other communities disproportionately affected by exposure to violence, trauma, adverse life experiences, and adverse community environments.

Inclusive Education: Create a community in Champaign County that welcomes increasingly diverse cohorts of students who represent a wide array of cultures and ethnicities; a community that invests in and offers an accessible and engaging array of learning and individual growth opportunities.

Champaign County Board

CCDDB and CCMHB efforts also align with the Vision, Mission, and Values of the County Board, including with their Strategic Plan Goal to:

Promote a safe, healthy, just community.

The values of Diversity, Teamwork, Responsibility to the Public, Justice, and Quality of Life are relevant to the CCDDB and CCMHB. The Value of Diversity is defined as:

Appreciation of the diverse culture within our community.

Strive for a workforce reflective of the community.

Equal and inclusive access to services and programs.

Local leaders aspire to quality of life and full inclusion in the wake of increased health disparities for certain community members, among them people with I/DD. Growing awareness creates new opportunities for system advocacy.

Statewide Advocacy Groups

A partnership between our state trade association, the Association of Community Mental Health Authorities of Illinois (ACMHA), the Going Home Coalition, and Arc of Illinois is focused on the State of Illinois' persistent imbalance between funding institutional care, which is not eligible for federal match, and use of federal Centers for Medicare and Medicaid Services (CMS) Home and Community Based waiver programs, which are eligible for federal match. These organizations, along with Illinois Association of Rehabilitation Facilities, They Deserve More Coalition, Illinois Council on Developmental Disabilities, Equip for Equality, and Institute on Public Policy for People with Disabilities, push to expand home and community-based care, but each may be too small to counter the forces of Illinois' status quo, even with the relentless bad news about State Operated Developmental Centers. With these partners and with people who I/DD and their family members, we should advocate for system redesign and full funding, including for flexible, self-directed options.

Public Input:

During a [Joint Study Session of the Boards on August 16, 2023](#), self-advocates and supporters offered input on preferences and concerns. Among these were:

- Easier access to information about events, activities, and resources, when they need or want them.
- Support for planning and attending events not in Champaign-Urbana.
- A more disability-friendly, inclusive community, which includes physical infrastructure and access to resources enjoyed by others.
- More job coaches, personal support workers, and direct support professionals.
- More information about the impact of income on benefits; more assistance for food, rent, other basics, and emergencies.
- Education about I/DD, especially for mental health professionals.
- Better access and more resources for rural residents who have disabilities.
- More flexible, lower cost transportation options and support.

The discussion with self-advocates touched on several resources that exist but may be underutilized because they are not easily secured, not well-understood, or not what people prefer. In addition to allocation of the CCDDDB, CCMHB, and I/DDSI Funds, our partnership can include systems advocacy and information-sharing.

Other community needs information and service data were presented in the [August 16, 2023 Study Session Packet](#). A recurring theme is that not all Champaign County

residents have access to the many resources enjoyed by some, despite the shared aspiration to be a welcoming, healthy, inclusive, and just community.

Operating Environment:

In [CCDDB PY24 Funding Priorities](#) and [CCMHB PY24 Funding Priorities](#) and earlier board documents, we noted the dangerous **decline in service capacity** across the country and state and in our community. This crisis is not difficult to understand or easy to solve. If the enduring funding and policy neglect that led to it is NOT consistent with our values, we should push hard to correct it, through collaborations above and as opportunities arise. This is clearly in the best interest of Champaign County and its residents.

From the Institute on Community Integration’s 2022 report [“Community Supports in Crisis: No Staff, No Services”](#):

All the progress toward community living that has been made in services for people with IDD over decades is now in jeopardy — because of catastrophic labor shortages and pervasive high turnover rates in the workforce that supports them, direct support professionals (DSPs).

National data found in the report:

- 70% of DSPs are women, approximately 70% of them heads of household;
- DSPs’ average age increased to 46;
- DSPs’ mean hourly wage is \$13.28, while for home health aides \$13.49, nursing assistants \$15.41, and residential advisors \$16.07;
- The percentage of individuals with behavioral support needs who receive community services has more than doubled since 2012; and
- During 2020, 53% of agencies employed fewer DSPs, 41% served fewer people, 33% closed sites, and 47% stopped offering a support or service.

This year, the Illinois General Assembly and Governor approved wage increases for Direct Support Professionals, which could bolster community-based service capacity. However, these increases are below those recommended by the state’s own rates study and numerous advocacy groups, and they are far below what workers earn in State Operated Developmental Centers (SODCs) where reports of serious, even fatal, abuse and neglect abound. Illinois’ overreliance on institutional care and low investment in more inclusive alternatives have taken a toll. With a relatively higher number of eligible Champaign County residents still awaiting selection for state

Medicaid waiver awards for home and community-based care, and with many other service system improvements yet to be undertaken, we have a long way to go.

Crisis to Opportunity:

Telehealth and other **remote options** were introduced rapidly and out of necessity during the COVID-19 pandemic, allowing some with I/DD to connect with support and social opportunities more easily than before, especially if they had access to the internet but limited transportation, or if they preferred being at home. For some who prefer virtual participation over in-person, barriers have been lack of devices and programs, difficulty learning to maximize those, and poor internet service. The latter barrier has been typical in rural areas, apartment complexes, and housing developments. The Champaign County Board, Housing Authority of Champaign County, and University of Illinois at Urbana-Champaign have led efforts to improve access and use for all. Virtual support may be most effective when combined with in-person, where there is still room for innovation in services.

The Ohio Department of Developmental Disabilities (DODD) promotes the use of assistive technology and remote options as a partial solution to workforce and transportation shortages. Ohio's Technology First Initiative ensures that technology is considered as part of all individual service plans, prior to authorization of on-site direct support staff and with the goal of training in technology which can improve quality of life. The Living Arrangements for the Developmentally Disabled (LADD) Smart Homes project incorporates many innovations, including low cost and widely available consumer products. A [Concept Video](#) and [virtual tour](#) highlight the Forever Home Smart Living Pilot. People with I/DD are also enjoying greater independence and control of their days with the lighter presence of non-resident professionals in their homes. See [the Ohio DODD website](#) for more.

In their [July 2023 meetings](#), the Boards took virtual tours of the UIUC McKechnie Family LIFE Home and heard a brief presentation on research done there. Dr. Olatunji, one of the presenters, has a research focus on the balance between tech support and social connectedness. Avoiding social isolation will be important in any remote innovations. With this caution, a partnership between local service provider(s) and UIUC researchers could explore innovation similar to the LADD Smart Home Pilot.

Earlier CCDDDB and CCMHB memoranda noted disproportionate negative impacts of COVID-19 and social isolation on people with disabilities, rural residents, and members of racial, ethnic, and gender minorities. Whether traditional or innovative,

all supports should uphold the principles of community and social inclusion and consumer choice. The 2023 report [“Our Epidemic of Loneliness and Isolation: The U.S. Surgeon General’s Advisory on the Healing Effects of Social Connection and Community”](#) acknowledges the devastating impacts of increased isolation on all and identifies health outcomes as well as pillars to advance social connection and recommendations for stakeholders.

Two American Network of Community Options and Resources (ANCOR) reports, [“Addressing the Disability Services Workforce Crisis of the 21st Century](#) and [“Bringing Long-term Supports & Services into the 21st Century”](#), emphasize the need for service providers to receive training on using technology to deliver services and support community integration, including self-advocates’ **supported decision making** in choosing and using technology to live more independent and overall quality lives.

In support of self-directed services, even during an era when professional service capacity is so low as to offer very limited consumer choice, The Council on Quality and Leadership released [“The Relationship Between Choice and Injuries of People With Intellectual and Developmental Disabilities”](#). Decisions about safety have typically been made by care providers rather than by people with I/DD, but it appears that injuries decrease with opportunities to make choices about their own care. The report concludes, “Beyond the potential impact on injuries, ultimately, choice is about ensuring people with IDD are supported to live the lives of their choosing.”

I/DD Special Initiatives Fund Priorities:

All proposals for funding must choose one of the following priority categories and clarify how the proposed services or supports align with that choice. Strengthening the Workforce and Self-Advocacy are not included for PY2025 because they are among CCDDDB funding priorities. Other priority areas have been modified using input from people with I/DD and their supporters. People to be served should be eligible per Illinois Department of Human Services (DHS) Division of Developmental Disabilities (DDD).

PRIORITY: Short-Term Supports for People with I/DD

People with I/DD have interests other than long-term care, and their success in many areas may be supported by short term support. These supports or specific assistance matched to their interests may be purchased for people by an agency.

Strongest consideration should be offered to people with co-occurring diagnoses and multiple support needs, those not receiving services through any funder, and those

who are unable to secure services locally but instead are served outside of Champaign County. People may engage an agency and their families and networks of supporters to clarify their preferences and help document needs. On behalf of the person, an agency could purchase appropriate, meaningful supports consistent with these and not available through other payers: devices and software needed for virtual access, equipment or classes related to a hobby or entrepreneurship, recreational opportunities requiring travel and related costs, assistive equipment, and transportation costs for Champaign County families to visit a person who is served outside of the County. Certain costs might recur within the Program Year.

A [National Core Indicators – Intellectual and Developmental Disabilities Data Highlight](#) finds that people with I/DD experience “abundant and well-documented” benefits from vacations. Because they take far fewer vacations than do their peers who do not have I/DD, and because these numbers sunk in recent years, inclusive or supported vacation options could bridge the gap.

Champaign Community Advocacy and Mentoring Resources (CCAMR) resources should be used whenever they might support an identified preference. An agency would inform eligible people and, if help is preferred, work with them to complete an application through quarterly [mini-grant opportunities](#). For purchases using I/DD Special Initiatives funding, the 2019 CCDDDB mini-grant process may serve as a model, with an individual application form, per person cost limits, and follow up satisfaction survey. *Sample documents are on pages 49 to 56 of the [July 2022 CCDDDB meeting packet](#) or upon request from CCDDDB/CCMHB staff.*

PRIORITY: Education on I/DD.

People with I/DD would like professionals from other sectors to understand them and work with them more effectively.

People with I/DD do not always feel welcome or included in this community.

Advice and direction from self-advocates and their networks of supporters could shape the content of sector-specific and community-wide education efforts.

An agency could purchase or develop training for professionals from other sectors, especially mental health providers. Other health and human service providers, law enforcement, first responders, educators, and court officers may also be interested.

An agency could plan and host community awareness activities to improve understanding and build a more inclusive and welcoming community. Greater

awareness may already have created conditions for system change. In the same way, broad awareness efforts might help our community to improve access and appreciate the gifts and contributions of people who have I/DD.

PRIORITY: Technology and Training

People with I/DD want access to more resources. This can be helped by virtual access training available to them, their staff, and their natural supporters. An agency could purchase equipment for a group and offer training in its use.

A program might cover costs associated with the development and staging of training opportunities or securing these through a qualified trainer. The audience for these would be Champaign County residents who have I/DD and any staff, family, or other natural supporters who assist these qualifying residents with virtual access and use. The agency might purchase a training program or equipment for groups of participants with similar interest.

Also of interest would be a partnership to introduce remote supports into residences of people with I/DD and complex support needs. Devices and programs should match the interests and needs of people to be served in independent community settings. Strongest consideration should be given to people not receiving services and to those with complex support needs not receiving services which meet their needs.

PRIORITY: Housing.

People with I/DD can live independently in our community if appropriate living arrangements and supports are developed.

Strongest consideration should be given to people not fully served who have I/DD and another diagnosis calling for active treatment, e.g., medical condition requiring treatment at home, mental health or substance use disorder, or physical disability supported by assistive equipment or specialized staff training. An agency might develop independent residential settings and supports for people who would benefit from and desire an affordable home and ongoing or short-term supports matched to their needs and preferences. A project might combine this priority and the technology and training priority to incorporate remote supports into a household.

Criteria for Best Value:

An application's alignment with a priority category and its treatment of the overarching considerations described in this section will be used as discriminating factors toward final allocation decision recommendations. Our focus is on what constitutes a best value

to the community, in the service of those who have I/DD. Some of these ‘best value’ considerations relate directly to priority categories and may be the focus of a proposal.

Budget and Program Connectedness

Detail on what the Boards would purchase is critical to determining **best value**. Because these are public funds administered by public trust fund boards, this consideration is at the heart of our work.

Each program proposal requires a Budget Narrative with text sections the applicant uses to describe: all sources of revenue for the organization and those related to the proposed program; the relationship between each anticipated expense and the program, clarifying their relevance; the relationship of direct and indirect staff positions to the proposed program; and additional comments.

One of the Minimal Expectations below is that an applicant be able to demonstrate financial clarity. This overlaps with but differs from Budget and Program Connectedness. Financial clarity is demonstrated by financial records maintained in an ‘audit-ready’ state. A recent independent audit, financial review, or compilation with no negative findings is one way to show that the applicant has this capacity. Those reports are not required with an application or in the Budget Narrative form but may be requested as part of the review and decision process.

Another Minimal Expectation below asks for evidence that no other funding is available. The Budget Narrative submitted with each proposal is an excellent place to address these efforts. Through Budget Narrative comments, the program’s relationship to larger systems may be better understood, and the applicant may highlight how they will leverage other resources or use the requested funding as match for other resources. Programs offering services billable to Medicaid or other insurance should attest that they will not use CCDDDB/CCMHB funds to supplement those. They may identify non-billable activities which can be charged to the proposed contract. While CCDDDB/CCMHB funds should not pay for services billable to another payor, programs should maximize all resources, for their long-term sustainability and to ensure that CCDDDB and CCMHB funding does not supplant other public systems.

Participant Outcomes

Also essential for demonstrating a **best value** is clarity about how the program will benefit the people it serves. Are people’s lives better because of the program? Simple, measurable outcomes are often the best way to communicate this. To demonstrate a program’s success in helping people achieve positive impacts, an applicant should use outcomes which consider participants’ gifts and preferences.

For each defined outcome, the application will identify a measurable target, timeframe, assessment tool, and assessment process. All applicants are welcome to review the [‘measurement bank’](#) developed by local agencies and researchers. This repository offers a great deal of information on outcome measures appropriate to various services and populations and will be updated with new findings.

Applicants will also identify how people learn about and access the program and will define outputs or measures of the program’s performance: numbers of people served, service contacts, community service events, and other. While not Participant Outcomes, these are important and required with every proposal.

Self-Determination and Self-Direction in Service Planning

The most meaningful participant outcomes will be discovered through a person’s involvement in their own service plan. Centering people’s communication styles and networks of support, self-directed or person-centered planning can be done even if the person has been referred to the program by a third party.

Every person should have the opportunity to inform and lead their service plan. The plan should balance what is important FOR the person with what is important TO the person, be responsive to their preferences, needs, values, and aspirations, and help them recognize and leverage their strengths and talents. CCDDDB/CCMHB funding should focus on people rather than programs. In a self-determined system, people control their day, build connections to their community for work, play, learning, and more, create and use networks of support, and advocate for themselves.

Proposals should describe the individual’s role in their own service planning process and should connect the program activities to what people have indicated they want and need. If funded, program activities are reported regularly, with data on the individuals served and detail on community inclusion.

Eliminating Disparities in Access and Care

Programs should move the local service systems toward equitable care resulting in optimal health and quality of life for all community members. For this, barriers specific to some groups must be addressed and eliminated or overcome.

Proposed programs should improve access and offer appropriate care for people from historically underinvested populations as identified in the [2001 Surgeon General’s Report on Mental Health: Culture, Race, and Ethnicity](#). These groups, people living in rural areas, and those with limited English language proficiency

should have access to supports and services. Applications should identify engagement strategies which help people overcome or eliminate barriers to care.

The application includes a Cultural and Linguistic Competence Plan (CLCP) template consistent with Illinois Department of Human Services requirements and National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards.) [A toolkit for these standards](#) may be helpful to the applicant. One CLCP is completed for each organization. The program plan narrative for each of an organization's proposals should include strategies specific to proposed services. CCDDDB/CCMHB staff offer technical assistance.

Promoting Inclusion and Reducing Stigma

Programs should increase community integration, including in digital spaces. People feel better when they have a sense of belonging and purpose. People are safer when they have routine contacts with co-workers, neighbors, members of a faith community, and acquaintances at fitness or recreation centers or in social networks. Positive community involvement can build empathy, redefine our sense of group identity, reduce stress, and decrease stigma. Stigma inhibits individual participation, economic self-sufficiency, safety, and confidence, and may be a driver of insufficient State and Federal support for community-based services. Stigma harms communities and people, especially those who have been excluded due to sexuality, gender, race, ethnicity, disability, immigrant/refugee/asylee status, or preferred or first language.

The CCDDDB and CCMHB have an interest in nurturing resilience, inclusion, and community awareness, as well as challenging negative attitudes and discriminatory practices. Full inclusion aligns with values of other Champaign County authorities and collaborations and with the standards established by Home and Community Based Services, Workforce Innovation and Opportunity, and Americans with Disabilities Act. Proposed programs should describe activities and strategies that expand community inclusion and social connectedness of the individuals to be served.

Continuation of Services

Applications should describe how people will be served in the event of a public health emergency which limits in-person contact. Because social isolation increased the need for some services, continuity of care is a new and important consideration. If a virtual service is expected to be less effective than in-person, or if the people to be served do not prefer virtual platforms, some capacity should still be maintained now that their value as backup plan has been demonstrated. The negative impacts of insufficient broadband capacity and limited access to and understanding of technology have also been demonstrated.

Some regulatory changes supporting virtual innovation have been made permanent and others extended. Telehealth and remote meetings are now integrated in many programs. Even without a public health emergency, they connect more people to virtual care and enhance their access to other resources.

Whether a focus of the proposal or already integrated, successes with technology and virtual platforms can be expanded with training and access for people who participate in services and for direct staff or others involved in their care.

Unique Features

Demonstrating a **best value** involves amplifying those characteristics of the service approach, staff credentials, or funding mix unique to the organization or proposed program. While the pressures on service provider agencies are great, innovative or tailored responses to people's support needs and preferences should be highlighted.

- Approach/Methods/Innovation: cite the recommended, promising, evidence-based, or evidence-informed practice and address fidelity to the model under which services are to be delivered. In the absence of such an approach to meet a community need, describe the innovative approach and how it is evaluated.
- Staff Credentials: highlight credentials and specialized training.
- Resource Leveraging: describe how CCDDDB and CCMHB funds are amplified, and other resources maximized: state, federal, or local funding; volunteer or student support; community collaborations. If CCDDDB/CCMHB funds will meet a match requirement, reference the funder requiring match and identify the match amount in the application Budget Narrative.

Expectations for Minimal Responsiveness:

Applications not meeting the following expectations are “non-responsive” and will not be considered. Applicants must be registered at <http://ccmhddbrds.org>. Accessible documents and technical assistance, limited to use of the online tools, are available upon request through the CCDDDB/CCMHB staff.

1. Applicant is an **eligible organization**, demonstrated by responses to the Organization Eligibility Questionnaire, completed during initial registration.
2. Applicant is prepared to show their **capacity for financial clarity**, especially if they answered ‘no’ to any question in the Organization Eligibility Questionnaire or do not have a recent independent audit, financial review, or compilation report with no findings of concern.
3. All application forms must be complete and **submitted by the deadline**.
4. Proposed services and supports must relate to I/DD. **How will they improve the quality of life for persons with I/DD?**

5. Application must include evidence that **other funding sources are not available** to support the program or have been maximized. Other potential sources of support should be identified and explored. The Payer of Last Resort principle is described in Funding Requirements and Guidelines of each board.
6. Application must demonstrate **coordination with providers** of similar or related services, with interagency agreements referenced. Evidence of interagency referral process is preferred, to expand the system's reach, respect client choice, and reduce risk of overservice to a few. For an inclusive, efficient, effective system, applications should mention collaborative efforts and acknowledge other resources.

Process Considerations:

The CCDDDB and CCMHB use an online system for organizations applying for funding. Downloadable documents on the Boards' goals, objectives, operating principles, and public policy positions are also posted on the application website, at <https://ccmhddbrds.org>. Applicants complete a one-time registration process, including an eligibility questionnaire, before receiving access to the online forms. Funding guidelines and instructions on how to use the system are also posted there.

Criteria described in this memorandum are guidance for the Boards in assessing proposals for funding but are not the sole considerations in final funding decisions. Other considerations include the judgment of the Boards and staff, evidence of the provider's ability to implement the services, soundness of the methodology, and administrative and fiscal capacity of the applicant organization. Final decisions rest with the CCDDDB and CCMHB regarding the most effective uses of the fund. Cost and non-cost factors are used to assess the merits of applications. The CCDDDB and CCMHB may also choose to set aside funding to support RFPs with prescriptive specifications to address the priorities.

Caveats and Application Process Requirements:

- Submission of an application does not commit the CCDDDB/CCMHB to award a contract or to pay any costs incurred in preparing an application or to pay for any other costs incurred prior to the execution of a formal contract.
- During the application period and pending staff availability, technical assistance will be limited to process questions concerning the use of the online registration and application system, application forms, budget forms, application instructions, and CCDDDB/CCMHB Funding Guidelines. Support is also available for CLC planning.

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

- The CCDDB and CCMHB reserve the right to negotiate the final terms of any or all contracts with the selected applicant, and any such terms negotiated through this process may be renegotiated or amended to meet the needs of Champaign County. The CCDDB and CCMHB reserve the right to require the submission of any revision to the application which results from negotiations.
- The CCDDB and CCMHB reserve the right to contact any individual, agency, or employee listed in the application or who may have experience and/or knowledge of the applicant’s relevant performance and/or qualifications.

Decision Section:

Motion to approve the I/DD Special Initiatives Program Year 2025 Allocation Priorities and Decision Support Criteria as described in this memorandum.

- Approved
- Denied
- Modified
- Additional Information Needed

Lynn Canfield

From: Kelly Russell <krussell@usd116.org>
Sent: Wednesday, September 13, 2023 8:52 AM
To: Lynn Canfield
Subject: Allocation priorities for PY 25

Follow Up Flag: Follow up
Flag Status: Flagged

Hi Lynn,

I hope this email finds you well!

I just reviewed the board packet information as well as the funding priorities for PY 25.

I appreciate your willingness to ask for our feedback.

I agree with all of the funding priorities as I believe they are a true reflection of the needs in our county.

Thanks again for all you do,

Kelly

--

Kelly Russell
Program Director
C-U Early
Urbana School District 116
217-384-3616 Ext. 4172

Lynn Canfield

From: Christina Reifsteck <CReifste@village.rantoul.il.us>
Sent: Wednesday, September 13, 2023 9:03 AM
To: Lynn Canfield
Subject: RE: Request for Input

Follow Up Flag: Follow up
Flag Status: Flagged

Lynn
I just want to make sure there is a budget for training for the Crisis Co-Responder MH Clinician. We had an issue with what I felt was beneficial and applicable training and Rosecrance said it wasn't in budget. Not sure if you remember, but I called you on that.

From: Lynn Canfield <lynn@ccmhb.org>
Sent: Tuesday, September 12, 2023 2:31 PM
To: Bennett, Paige <bennetpl@urbanaininois.us>; Adelaide Aime (RACES) <Aime@cu-races.org>; Allen Rinehart (Carle) <AllenRinehart@carle.com>; Amanda Wells (Champaign Co. Probation) <awells@co.champaign.il.us>; Andrew Muller (SAO) <amuller@co.champaign.il.us>; Andy Quarnstrom (Champaign Township) <andrew.quarnstrom@champaignil.gov>; Bailee VanAntwerp (Strides Shelter) <bailee.vanantwerp@champaignil.gov>; Betsy Smith (METCAD) <elizabeth.smith@ci.champaign.il.us>; Brad Weir (Carle) <william.weir@carle.com>; Bryce Decker (Courage Connection) <bdecker@courageconnection.org>; christine.brun@uhsinc.com; Christina Moutray (Life Links) <cmoutray@lifelinksinc.org>; Christina Reifsteck <CReifste@village.rantoul.il.us>; claudia@shout.net; Koker, James 'Cory' <kokerjc@urbanaininois.us>; Cymi Nappé (Jail Mental Health) <cn2316@co.champaign.il.us>; Dan Ward (CPD CIT) <Daniel.Ward@ci.champaign.il.us>; !MunisUsers-Chynoweth, Danielle <supervisor@cunninghamtownship.org>; Dave Sherrick (CCSO) <dsherrick@co.champaign.il.us>; Deb Frank Feinen (City of Champaign) <Deb.Feinen@ci.champaign.il.us>; Debra Medlyn (NAMI Champaign) <dsmmedlyn@hotmail.com>; Holly Cook (Carle) <Holly.Cook@Carle.com>; Joe Omo-Osagie (CCMHB) <JOmo@parkland.edu>; Joel Fletcher (SAO) <JFletcher@co.champaign.il.us>; Julia Rietz (SAO) <jrietz@co.champaign.il.us>; Julie Ann Palermo (CU Autism Network) <jpalermo.cuan@gmail.com>; Julie Duvall (CU Autism Network) <jduvall.cuan@gmail.com>; Katherine Thompson (CPD) <katherine.thompson@champaignil.gov>; Katie Difanis (Carle Addiction Recovery) <Katie.Difanis@carle.com>; Kevin Olmstead (CPD) <Kevin.Olmstead@champaignil.gov>; Leon Bryson (CCMHB) <leon@ccmhb.com>; Marcela Romero (CCSO CCRT) <mromero@rosecrance.org>; Matt Banach (SAO) <mbanach@co.champaign.il.us>; Matt Kopmann (Parkland PD) <MKopmann@parkland.edu>; Matt Sullard (SAO) <msullard@co.champaign.il.us>; Megan Cambron (UIPD COAST Social Worker) <cambronm@illinois.edu>; melissa@cuathome.us; Hendrian, Melissa <hendrimb@urbanaininois.us>; Mike Smith (Carle) <michael.smith@carle.com>; Missi Allinger (Carle) <missi.allinger@carle.com>; Nancy Carter (NAMI Champaign) <ncart93@gmail.com>; Rachael Ahart (UIPD COAST) <rfmoore2@illinois.edu>; !Press-CU_MTD_rfouts <rfouts@mtd.org>; Rayna Hasan (UIUC) <Rhasan3@illinois.edu>; Ruben Camargo (UPD CCRT Rosecrance) <rcamargo@rosecrance.org>; Shannon Siders (Champaign Co. Probation) <ssiders@co.champaign.il.us>; Staci Sutton (OSF Heart of Mary) <Staci.A.Sutton@osfhealthcare.org>; Tasha Saltsgaver <tsaltsgaver@village.rantoul.il.us>; tbates@ccrpc.org; Warren Charter (Street Outreach Movement) <warren.charter@streetoutmove.org>
Subject: Request for Input

CAUTION: This email originated from outside your organization. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Dear CITSC:

Attached are draft versions of proposed Allocation Priorities and Decision Support Criteria for Program Year 2025 (July 1, 2024 to June 30, 2025) for each of the Champaign County Mental Health Board Fund, Champaign County Developmental Disabilities Board Fund, and shared I/DD Special Initiatives Fund.

The Boards will review these documents as well. The packet for the September 20 DDB meeting is [here](#), and the packet for the September 20 MHB meeting [here](#). They will consider final versions of each priorities document in November. If they approve priorities before December, we will open the application period quite a bit sooner this year, so that agencies will have more time.

We are interested in your input toward a final draft of each.

Please send any comments to us (leon@ccmhb.org, kim@ccmhb.org, and lynn@ccmhb.org) via email before Wednesday, October 25, 2023.

Thank you!

Lynn Canfield

Executive Director, CCDDDB/CCMHB
1776 E. Washington St., Urbana, IL 61802
217.367.5703

Confidentiality Notice: This message and any attachment thereto is for the sole use of the intended recipient(s) and is covered by the Electronic Communications Privacy Act (18 USC 2510 et seq). It may contain information that is confidential and legally privileged within the meaning of applicable law. Any unauthorized review, use, disclosure, or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply email and destroy all copies of the original message.

GLA summary for Board Report for November 2023

On November 3, 2023 from 12 until 3 pm we hosted a Group Level Assessment (GLA) in-person session at the Champaign Public Library. We reached out to main contacts at each of the Mental Health Board and Developmental Disability Board funded agencies to inform them about the session, the focus of which was to help identify needs, successes, and challenges related to evaluation activities including choosing outcomes, collecting data, and reporting results. Those contacts were invited to participate and were given an opportunity to recommend other staff in their agencies who are responsible for evaluation activities.

A total of 33 staff participated, representing 19 agencies, and collectively worked at their agencies for over 282 years (range less than 1 year to 40+). Staff responded to 37 prompts designed to collect information about evaluation strengths, weaknesses, opportunities, and threats as well as what types and topics for future trainings (micro learnings, one-on-one or small group sessions, workshops), cross-agency collaboration, storytelling around programs and services, and alignment of funding, resources, and outcomes.

The 33 participants were assigned to one of six smaller groups that reviewed and identified patterns they observed across six prompts (unique to each group). Then, three staff-identified top topics were discussed by two smaller groups each, and initial action steps were generated. Several participants volunteered to participate in future discussions about moving action steps forward.

Next steps include further analysis of the prompts, developing trainings tailored to the needs of staff, and working one-on-one technical assistance with several agencies expecting to receive this level of assistance.

MAJOR PROJECT TITLE

 disability Resource Expo

PROJECT TITLE

 DisExpo disability Resource Expo

BEGINNING BALANCE

.00

FUNDING SOURCES AMOUNT

DisExpo -MISC REV -OtherMisc - -11,239.00

FUNDING SOURCE TOTAL

-11,239.00

EXPENSE STRINGS AMOUNT

DisExpo -COMM -OPER SUPP - 2,233.94
 DisExpo -COMM -STA PRINT - 1,399.68
 DisExpo -COMM -Uniform - 703.50
 DisExpo -SERVICES -JB REQ TRV- 18.21
 DisExpo -SERVICES -LEGAL ADV - 5,262.50
 DisExpo -SERVICES -PR 631.20
 DisExpo -SERVICES -PROF SVC - 33,348.75
 DisExpo -SERVICES -Rent - 2,040.00

EXPENSE TOTAL

45,637.78

ENDING BALANCE

34,398.78

***** TOTALS

BEGINNING BALANCE .00
 FUNDING SOURCE -11,239.00
 EXPENSE 45,637.78
 ENDING BALANCE 34,398.78

REPORT TOTAL:

34,398.78

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

**PY2024
1st Quarter
Program Service Activity
Reports**

For programs funded by
the Champaign County Mental Health Board



Quarterly Program Activity / Consumer Service Report

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

Program: **Early Childhood Mental Health Svcs Period First Quarter PY24**

Submitted 10/25/2023 by BELKNAP

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	5	3000	380	80	12
Quarterly Data (NEW Clients)	0	416	83	46	11
Continuing from Last Year (Q1 Only)			0	42	0

Comments:

Treatment Plan Clients (TPC) (100 word limit)

80 New Treatment Plan Clients: These clients are children, parents, or staff members who receive ongoing support or consultation which requires goal setting, planning, and follow up.

27/ 100 words

Non-Treatment Plan Clients (NTPC) (100 word limit)

380 New Non-Treatment Plan Clients: These clients are children, parents, or staff who receive screening, intermittent, one-off support and consultation. Recipients of psycho-education, trainings, or professional development.

28/ 100 words

Community Service Events (CSE) (100 word limit)

5 Community Service Events: These events include community trainings and workshops that share information about our social-emotional services.

18/ 100 words

Service Contacts (SC) (100 word limit)

3,000 Service Contacts: These service contacts meetings and observations regarding children, Practice Based Coaching with education staff, Social-Emotional Committee Meetings. Reflective Consultation with staff and caregivers. Screenings and assessments. Other direct and indirect services with or on behalf of TPC and NTPC's.

42/ 100 words

Other (200 word limit)

12 Other services: Psycho-educational workshops, trainings, professional development efforts with staff and parents.

13/ 200 words



Quarterly Program Activity / Consumer Service Report

Agency: Champaign County Children's Advocacy Center

Program: Champaign County Children's Advocacy Cen Period First Quarter PY24

Submitted 10/12/2023 by K MAY

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	8	170	40	130	
Quarterly Data (NEW Clients)	1	41	10	31	
Continuing from Last Year (Q1 Only)			0	89	

Comments:



Quarterly Program Activity / Consumer Service Report

Agency: **Champaign County Christian Health Center**

Program: **Mental Health Care at CCCHC** Period **First Quarter PY24**

Submitted 10/27/2023 by JTRASK

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	8	800	500	200	100
Quarterly Data (NEW Clients)	3	28	48	6	10
Continuing from Last Year (Q1 Only)					

Comments:

While our general patient numbers are increasing (especially in dental care), we are still working towards trying find patients in need of mental/behavioral health services. We hope some collaborations with a couple different organizations such as Evergreen and Familia First

We had multiple community events including attending the Mental Health conference at Parkland, hosting an open house and ribbon cutting at our site, and other events. Our outreach coordinator is working diligently with community organizations like CU at Home, First Followers, Refugee Center, and others to increase awareness of the services CCCHC provides



Mental Health Board

Quarterly Program Activity / Consumer Service Report

Agency: **Champaign County Health Care Consumers**

Program: **CHW Outreach and Benefit Enrollment** Period **First Quarter PY24**

Submitted **10/27/2023** by **CLAUDIALENNHOFF**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	8	780	25	160	6
Quarterly Data (NEW Clients)	4	183	5	23	2
Continuing from Last Year (Q1 Only)			4	30	0

Comments:

Most of the clients reported are individuals who needed help with Medicaid, Medicare, Medicare Extra Help, Medicare Savings, SNAP, LIHEAP, AABD, and various other programs and resources. Several were homeless or at risk of homelessness, and were referred for housing assistance and navigation. Working with individuals who are struggling with mental health issues such as depression and anxiety, or even severe thought disorders is very challenging and takes much more time and many more contacts. We have also identified quite a few clients who have trauma from various events. Some do ask about mental health resources, and we have been able to refer them for services. Working with this population is challenging, takes great care, but is also very rewarding. The processes that we help with are in and of themselves rather anxiety-provoking under the best of circumstances, and people who are already struggling need extra care and help.

The 2 under Other are TPC individuals who needed Rx Fund assistance.



Quarterly Program Activity / Consumer Service Report
 Agency: **Champaign County Health Care Consumers**
 Program: **Disability Application Services Period First Quarter PY24**
 Submitted **10/27/2023** by **CLAUDIALENNHOFF**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	4	700	5	37	8
Quarterly Data (NEW Clients)	3	161	2	8	4
Continuing from Last Year (Q1 Only)			1	7	0

Comments:

We currently have 7 TPC individuals from last fiscal year with whom we are continuing to work. They have all been applied for disability, but we are waiting on a decision by the Social Security Administration (SSA). SSA is moving very, very slowly with these cases and it is deeply frustrating and heartbreaking, as these individuals are struggling to survive financially, as well as in terms of their health. And even though their applications have been submitted, we continue to work with them, checking in on them every two weeks, and seeing if they have had recent medical appointments, new tests, new prescriptions or changes to prescriptions. Whenever they notify us of such, we submit those to SSA and update their files, so that SSA can see that these are ongoing issues. We have 8 new clients, and most have their applications complete or close to complete. Working with some of these individuals can be very challenging because they have ups and downs and sometimes simply cannot do the work that is required on the schedule we set with them. We are very accommodating with these clients, and sometime we file to request extensions to give them more time to complete the applications. The 4 under Other are TPC individuals who need other assistance, such as rent assistance, help with housing navigation, Rx Fund help, etc. These disability cases are often very heartbreaking and we are seeing people living under horrifying conditions. As an example, one lady set her house on fire by mistake and is living on her porch without utilities, and winter is approaching. So, even as we work with her on her disability case, we are also trying to help her with these other issues. There are some very disturbing situations that people are dealing with.

Another thing that we are now seeing for the first time is cases of individuals who have Post-COVID disabling conditions. These cases are just heartbreaking. We have 3 of these now, and they are in younger people in their 30s and 40s, and these people have lost their ability to work, but are also finding it challenging to get a real diagnosis, beyond knowing that these are long-COVID health issues.

We also often have to work with family members of loved ones who need these applications. The applicants are individuals who are very severely mentally ill, usually with thought disorders such as schizophrenia, and working to get information is very challenging. And documentation is very challenging as well because these individuals tend to not go to their appointments or keep up with their prescriptions. These are, of course, clinical features of these disorders, so we do our best to document these as such.

Lastly, we were able to hire two new Disability Application Specialists under Urbana ARPA and HHI grants, so we are now processing even more applications and assisting more clients through this program. It is only thanks to the MHB that we

were even able to start this program, and now to grow it! We currently have approximately 35 disability clients between all the Disability Application Specialists. The clients are all in various stages of the intake and application process. The MHB funded staff member is the Coordinator of the program, and she has created an excellent infrastructure for helping us manage this program and assign and track cases.



Quarterly Program Activity / Consumer Service Report

Agency: **Champaign County Health Care Consumers**

Program: **Justice Involved CHW Services & Benefits Period First Quarter PY24**

Submitted **10/27/2023** by **CLAUDIALENNHOFF**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	8	200	25	75	10
Quarterly Data (NEW Clients)	9	45	8	18	3
Continuing from Last Year (Q1 Only)			1	16	0

Comments:

We are happy to be back in the jail after another shut down for covid! It is MUCH easier to work with clients when Chris Garcia is able to meet with them at the jail. Chris has been getting referrals from the Roserance staff, as well as jail staff. Also, Claudia and Paulette are teaching a Pregnant and Parenting Class at the jail, and frequently refer the women in the class to Chris, and Chris has now worked with several of the women. The majority of the work that Chris has been doing is around Medicaid and SNAP benefits, and sometimes there are JI clients who also need help with CCHCC's Rx Fund when they get out. These are the numbers noted under the "Other" category above. Some also need help with hospital financial assistance.



Quarterly Program Activity / Consumer Service Report

Agency: **CCRPC - Community Services**

Program: **YAC (Companion Proposal) Period First Quarter PY24**

Submitted 10/19/2023 by LBRITT@CCRPC.ORG

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	70	60	150	100	25
Quarterly Data (NEW Clients)	13	12	0	6	0
Continuing from Last Year (Q1 Only)			7	1	

Comments:

Q1 had a total of 46 referrals in FY24. Of the 46 referrals, 6 were TPC, 12 SC, 0 NTPC and 0 meeting "Other" as defined in the application. Of the remaining 28 clients captured, 4 youth have engaged in this quarter but did not fit definitions of TPC, SC, NTPC, or "other," efforts being made to contact/engage 11 youth and their families, 13 clients were unresponsive to efforts to contact/engage, declined to participate in services, or were not eligible due to living outside of Champaign County or previous adjudication. YAC continues to refine approaches to effectively engage clients and facilitate completion in the program.

Additionally there were 8 clients carried over from Q4 and successfully completed YAC programming at the close of Q1.

The YAC team continues to engage in engagement tactics for clients whom were initially interested but unable to make contact. This new venture has successfully reengaged families with door hangers through home visits and/or face to face meetings in the community.

YAC was provided the opportunity for professional development opportunities as it relates to newer staff gaining certification and prior staff receiving refresher trainings. This later evolved into the team working alongside the Juvenile Detention Center for facilitation of MRT classes 1x/wk. CSE's were highlighted and reflected in active participation in back to school resource fairs in anticipation of the upcoming school year and potential referrals.

YAC in-house programming resumed Peer Court towards the end of this reporting cycle and evidence-based Reflections curriculum also converted into Spanish for Spanish-speaking clients that enter services. YAC staff started the first quarter with engagement in the schools for introduction and potential onsite opportunities to assist with referrals. Centennial high school and Urbana High School granted meetings and review of current MOU for the 2024 school year with the Coordinator.

As the YAC programs moves into Q2, would be to set a goal for regularly scheduled onsite visits at Centennial High School, Central High School and Urbana High School to actively assist with onsite referrals within the schools 1x/wk.

Q1 Success Story:

Referred 6/13/2023; Intake 7/3/2023; Closed 9/29/2023.

This youth was referred to YAC due to her attacking her sister in their home after an argument regarding a sweatshirt. During the escalation in her behaviors, she proceeded to destroy multiple items around the home, including a flat screen tv, a toaster, and a vase. She has been referred to YAC two times previously in December 2021 for Domestic Battery and February 2022 for the distribution of Child Pornography. It is important to note, the referral for Child Pornography was received while she was working through her first referral to YAC, of which she completed successfully.

The YASI assessment indicated an overall high risk to reoffend with very high strengths, and at case closure, she was scored at an overall moderate risk to reoffend, with very high strengths. This client remained to be a moderate risk to reoffend due to static factors, such as previous legal history and previous use of drugs and alcohol. She successfully completed her Formal Station Adjustment, which included weekly check-ins with YAC, obeying all local ordinances and state laws, an apology letter, and 10 hours of community service.

When this youth came to YAC, she was unwilling to take responsibility for her actions in this incident and unable to explore how her actions have negatively impacted others.

During the assessment and knowledge from past cases, it was clear there are many complications in the family household. Despite factors such as a single-mother household, mental health struggles, and the lack of emotional regulation skills present among all household members, YAC case managers remained insistent on her taking accountability for her actions and moving on in a positive, pro-social way. Additionally, it is important to note this youth was identified as a "Treatment Plan Client" as she met the criteria for experiencing complex levels of trauma when conducting the YASI assessment. Presenting issues in this youth when initially entering the program were the lack of emotional intelligence and de-escalation skills, the lack of involvement in formal education, and the inconsistent support she was obtaining for her mental health struggles.

As she moved through the programming with her YAC case managers, she was honest with persistent issues with her sister and mother and how these issues impacted other areas in her life. However, she was determined to finish this program successfully with the support of her case manager, which led to the successful implementation of effective emotional regulation skills. The Reflections program assisted her in improving her communication skills, setting short-term and long-term goals, and practicing regular emotional mindfulness. At the completion of this case, significant improvements were identified in her life skills, which will greatly contribute to her maintaining a healthy lifestyle without any further transgressions.

For example, this youth has maintained steady full-time employment at Raising Cane's, enrolled herself into the Urbana Adult Education program to obtain her high school diploma, and re-built relationships with her mother and sister by using the effective coping mechanisms learned in the reflections program with YAC. She also completed 10 hours of service, which she spent repairing items in her family's home, helping her sister with homework, and assisting with her grandmother's needs, as she lives with a physical disability.

The time spent by this youth on increasing her emotional awareness and improving her relationships with others has led to enhancements in her mental and physical health. As this youth turns 18 in the next two months, YAC case managers are hopeful this youth will continue to make positive progress in her life by completing her high school education with Urbana Adult Education and maintaining social support from her counselor she sees with Elliott Counseling Group.



Quarterly Program Activity / Consumer Service Report

Agency: **CCRPC - Community Services**

Program: **Homeless Services System Coordination** Period **First Quarter PY24**

Submitted 10/17/2023 by KHARMON@CCRPC.ORG

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	26	40	0	50	
Quarterly Data (NEW Clients)	6	13	0	15	
Continuing from Last Year (Q1 Only)					

Comments:

Date	Community Service Event (CSE) Details	Service Contacts (SC)
7/19/2023	CSPH Racial Equity Analysis Presentation to CSPH Executive Committee City of Urbana, CCRPC, Courage Connection, VA	4
7/24/2023	CoC Coordinator Meeting with Dimension-F (Jeanine Bumba) Provided information about CSPH for membership	1
8/8/2023	CoC Coordinator Meeting with Rosecrance (Michelle Hibbard) Provided information about CSPH for membership	1
9/12/2023	PIT Subcommittee Meeting 5 Cunningham Children's Home, City of Champaign, Gender and Sexuality Resource Center, CCRPC, Street Outreach Movement	
9/14/2023	CoC Coordinator Meeting with GCAP (Darya Shahgheibi) Provided information about CSPH for membership	1
9/14/2023	CoC Coordinator Meeting with El Roi House (Erin Watson) Provided information about CSPH for membership	1



Quarterly Program Activity / Consumer Service Report

Agency: **Courage Connection**

Program: **Courage Connection** Period **First Quarter PY24**

Submitted **10/27/2023** by **LLINDSEY**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	150	700	200	750	
Quarterly Data (NEW Clients)	75	206	29	127	
Continuing from Last Year (Q1 Only)			31	56	

Comments:

70 clients received 107.75 hours of in-person counseling



Mental Health Board

Quarterly Program Activity / Consumer Service Report

Agency: **Crisis Nursery**

Program: **Beyond Blue Champaign County** Period **First Quarter PY24**

Submitted 10/27/2023 by CRISISNURSERY

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	86	380	70	30	925
Quarterly Data (NEW Clients)	19	54	0	0	0
Continuing from Last Year (Q1 Only)			19	5	0

Comments:

Successes

Family Specialist, Diana Vargas-Cruz, discusses continued participation of families despite experiencing major life change:

In the past few months, many of my families have been experiencing changes in their lives such as the birth of a child, having a daughter with a disability in the hospital, or needing more help after an older child moved out of state, to name a few examples. I expected parents to become less invested in our home visits due to feeling anxious, nervous, shut down, or overwhelmed with these changes. However, parents have continued their participation in the program and have been consistent with scheduling and keeping visits. Parents are expressing, embracing and sharing how these changes are affecting them. They are freely having conversations with ease, trust and no pressure. It appears our home visits have become part of their routine. I have parents reaching out on their own wanting to schedule and confirm future home visits. It is nice to have parents showing accountability and responsibility towards a resource that has aided in supporting them and their families. As a result, we are starting to start engage in more mindfulness practice and discussion and the importance of wellness during our home visits and the benefits of implementing these practices into their daily routine.

Challenges - Submitted by Alayia Forsyth, Director of Programming, Quality Improvement & Integrity

During Quarter 1, our program two home visitors resigned for other opportunity in the community and to return to graduate school to complete her MSW. This in turn, impacted the number of mothers we were able to serve through Beyond Blue. Due to this turnover, a few of our already enrolled families had decreased levels of engagement that led to their decision to not continue with a new home visitor or continue with home visiting in general. If eligible, families have the opportunity to enroll into two different programs with Strong Families, including Beyond Blue and Paving Pathways. Most families enroll into both in order to receive services directed towards perinatal depression during the child's first year of life and child development which continues through the age of 3. Families choosing to disengage for any reason does impact our service delivery.

Our program also experienced challenges with referrals this previous quarter. With the referrals received for those who were eligible for Beyond Blue programming, only 20% successfully enrolled. Those that were unsuccessful were due to various reasons, including, parents expressing they were no longer interested in services, parents living outside of

Champaign County or moving out of Champaign County, and parents not responding to initial contact attempts for explanation of services and scheduling enrollment. In attempts solve these challenges, our program has hired 2 new home visitors who will be working with mothers identified through Beyond Blue, with the goal of increased client participation moving forward in the fiscal year. Should we have referrals that have not responded to initial contact attempts, the original referral source will be contacted as an update for them to be aware, should they wish to follow up with the family.

Finally, our team has been actively focused on rural outreach to increase awareness on services available through our programming, with the goal of increasing referrals from rural communities. Our home visitors have been traveling to all rural communities within Champaign County to deliver program materials to family service agencies in an effort to increase these connections moving forward.

Testimonials

Family Specialist, Diana Vargas-Cruz, discusses her work with a mother who experienced pregnancy and postpartum challenges:

I have been working with a mother who was informed early in her pregnancy that her daughter would be born with a developmental delay. I remember when she started the program feeling alone, low energy and discouraged. As time passed, mother disclosed fighting to keep her pregnancy and lacking support from medical staff in the process. We also discussed her upbringing, past miscarriages, and lack of support from previous fathers in her past pregnancies. I believe our consistent support through home visits created a safe space for her to share and trust we were joining her in a scary unfamiliar parenting journey.

When mother gave birth, her daughter ended up staying at the hospital for a few months until recently. Mother continued meeting with family specialist for visits when she able, in order to continue having a space to process her current thoughts and feelings related to the medical needs of her daughter and the overall postpartum period. She shared believing our services have allowed her to find her voice as a person. Our sessions have helped her to think clearer about her needs and those of her daughter. Mother has shared there have been a few tough medical decisions that she needed to make regarding her daughter but she was prepared and confident in communicating, advocating and addressing medical professionals. Because of her advocacy, she was able to bring her daughter home sooner than expected. Despite being hospitalized, mother never stopped being attentive and considering her daughters needs and can now move forward in her new parenting journey.

Strong Families Coordinator, Hannah Hensley discusses her work with a mother during her pregnancy with twins: I had been meeting with a family who has been engaged in our home visiting program throughout the last couple of years with her two children, with her enrolling in Beyond Blue programming when she found out she was pregnant. Mom recently gave birth to twins and I was able to meet with her throughout the entire journey of her pregnancy, from beginning to end. Within our home visits, I was able to support her through her journey by utilizing our Beyond Blue curriculum, Mothers and Babies. We discussed the babies' developmental milestones as they developed and grew in Mom's belly. Mom has expressed how helpful this information was so she can feel closer to her babies. She has expressed that when provided this information about her pregnancy and her babies' development, it made her feel empowered. Through the Beyond Blue program, we have discussed multiple topics, such as stressors that had an impact on her and her pregnancy, unhelpful thoughts that affect her mental health and perspective on her babies and pregnancy, and the benefits of participating in pleasant activities and how consistent self-care can help regulate her moods and other pregnancy symptoms.



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

Mental Health Board

Quarterly Program Activity / Consumer Service Report

Agency: **Community Service Center of Northern Champaign County**

Program: **Resource Connection Period First Quarter PY24**

Submitted 10/19/2023 by CSCRANTOUL

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target		3500	1100		2100
Quarterly Data (NEW Clients)	1	984	279		212
Continuing from Last Year (Q1 Only)			786		

Comments:

In the "Other" category, 46 are contacts by other agencies seeing clients at our agency, with CCMHB funded programs. The total number of contacts by other agencies decreased by 68 from the first quarter of last year, which given CCRPC and Kruger Vision leaving our facility since then, it is not surprising. We have new agencies such as the Refugee Center, New American Welcome Center, and Hope Springs (Cunningham Children's Home), who are recently able to see more clients due to increased staffing levels, so we are optimistic that our numbers will continue to improve. Our SC data is down slightly (5%) over last year. This could be because more clients are aware of our agency's existence and the services offered, due to our marketing efforts with outreach, flyers, and social media. Our NTPC numbers are up considerably from last year. Our New Clients are up by 151 and our Continuing from Last Year are up by 292. We believe the NTPC, both new and continuing client number increases, are due to overall macro-economic pressures currently put on families and our continued marketing efforts. For our CSE event, we participated in the Rantoul Fourth of July Parade with a float and passed out agency flyers.



Quarterly Program Activity / Consumer Service Report

Agency: C-U at Home, Inc.

Program: Shelter Case Management Program Period First Quarter PY24

Submitted 10/27/2023 by MCOURTWRIGHT

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	50	5500	25	55	
Quarterly Data (NEW Clients)	18	826	5	31	
Continuing from Last Year (Q1 Only)			0	8	

Comments:



Quarterly Program Activity / Consumer Service Report

Agency: **CU Early**

Program: **CU Early Period First Quarter PY24**

Submitted 10/17/2023 by KRUSSELL

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	5	506	5	23	
Quarterly Data (NEW Clients)	5	89	0	23	
Continuing from Last Year (Q1 Only)					

Comments:

The CU Early bilingual home visitor has a current caseload of 23 children birth to three and 21 parents. All of the families are Hispanic. In addition she has 1 prenatal family on her caseload.

The CU Early bilingual home visitor completed 9 developmental screenings using the Ages and Stages Screening tool. None of these screenings resulted in a referral to Early Intervention.

There were many community services events that the CU Early program coordinator attended this quarter to represent CU Early and get families and community colleagues familiar with our program. These included a presentation about CU Early and the Champaign County home visiting consortium at the CU Sunrise Rotary on August 10, a Welcome Back to families event at Orchard Downs community center on August 26, the United Way's Walk as One community awareness of Prek services on September 7, and lastly the Soccer Planet community wide screening event for children birth to five on August 22 and September 26.



Quarterly Program Activity / Consumer Service Report

Agency: **Cunningham Children's Home**

Program: **ECHO Housing and Employment Support** Period **First Quarter PY24**

Submitted **10/27/2023** by **APOSEY**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	25	510	15	20	
Quarterly Data (NEW Clients)	19	170	2	1	
Continuing from Last Year (Q1 Only)			1	15	

Comments:

Nineteen (19) clients received services in the ECHO program during the first quarter of FY24. There were 15 continuing TPCs, one continuing NTPC, one new TPC, and two new NTPC.

There were a total of 25 inquiry contacts from 24 individuals. As appropriate, inquiries were referred to RPC for Centralized Intake. One was enrolled as a new ECHO client. There were a total of 145 service contacts (and an additional 22 attempted contacts). The target number of service contacts for the year is 510. The program is on track to exceed the target for FY 24.

There were a total of 19 community service events for the quarter. The program has nearly reached the target of 25 CSE's for the year.



Quarterly Program Activity / Consumer Service Report

Agency: **Cunningham Children's Home**

Program: **Families Stronger Together** Period **First Quarter PY24**

Submitted **10/27/2023** by **APOSEY**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	10	1050	25	50	
Quarterly Data (NEW Clients)	3	374	36	7	
Continuing from Last Year (Q1 Only)			0	19	

Comments:

We served a total of 62 clients during the first quarter of FY24. Nineteen (19) clients were continuing TPC from FY23. Seven (7) clients were new TPC. Thirty-six (36) were new NTPC. The program has currently exceeded the target number of NTPC and is on track to meet the target number of TPC for FY24. Ten (10) clients were discharged during the first quarter. Successful partnerships with the Juvenile Detention Center and Freedom School has increased the number of NTPC's the program serves.

We completed 246 Service Contacts with treatment plan clients, and 128 Service Contacts with non-treatment plan clients (for a total of 374). Seventy-one (71) additional attempts to contact clients and/or caregivers were also made. The quarterly target for Service Contacts is 263. The program exceeded Service Contacts for the first quarter.

There were three (3) Community Service Events during the first quarter of FY24.



Quarterly Program Activity / Consumer Service Report

Agency: **Don Moyer Boys & Girls Club**

Program: **C-U CHANGE** Period **First Quarter PY24**

Submitted **11/01/2023** by **MONICAM**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	40	300	20	20	
Quarterly Data (NEW Clients)	3	9	3	2	
Continuing from Last Year (Q1 Only)			0	0	

Comments:

CU Change Manager entered into position at the beginning of September and did not begin her work with families until end of September which accounts for the lower numbers. Quarter 2 will reflect a full quarter of work and we project being on target at that point for all annual bench marks.

Collaboration- University of Illinois Social Work Program, Champaign Community Coalition



Quarterly Program Activity / Consumer Service Report

Agency: **Don Moyer Boys & Girls Club**

Program: **CUNC Period First Quarter PY24**

Submitted 10/26/2023 by KSIMMS

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	175	150	165		
Quarterly Data (NEW Clients)	26	43	21		
Continuing from Last Year (Q1 Only)			0		

Comments:

CSE: We conducted a variety of different presentations and events including trainings for Headstart, Champaign Schools Early Childhood program, Carle's Camp Healing Hearts, Carle's Behavioral Health Conference, the Campus Community Compact, Mental Health in the Black Community and others.

We held an event called Impact You for Youth Survivors that have been impacted by Gun Violence and our inaugural Youth Opportunity Fair (the Game Plan)

We also participated a number of community events: CU Days, Cunningham Township's wellness fair, Scott Bennet's Family Resource day, canvassing in community neighborhoods and others.

We also held 2 monthly learning collaborative meetings - participants from CU @Home, Cunningham Township, MAYC, Centering Youth Wellness, and Real Life Families are regularly involved. CUHPD DEI coordinator has also been involved. We also held 2 consultation meetings with organizations and believe 2 more organizations will be involved in our processes this year.

We also began offering our groups at Restoration and Freedom School. (Because of scheduling we will not be involved with regular programming at Restoration this year)

Reconvened the Wisdom Leaders who began identifying sites they want to partner with for programming.

We also recruited and hired our Wisdom Leaders.

NPTC: 21

Restoration - 15

Freedom School- 9

SC

Participants who registered at the Game Plan/Youth Opportunity Event - 27

Participants at Impact You 6 youth/ 3 adults (mentors/caregivers)

Participants who asked for additional information at events/or trainings - 13



Quarterly Program Activity / Consumer Service Report

Agency: **Don Moyer Boys & Girls Club**

Program: **Youth & Family Services** Period **First Quarter PY24**

Submitted **11/01/2023** by **RCRIDER**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	10	400	20	25	
Quarterly Data (NEW Clients)	3	41	3	0	
Continuing from Last Year (Q1 Only)					

Comments:

Three Community Service Events were held this quarter. Two groups were held with high-school aged girls at Tiger Academy and one was held with middle-school and high-school aged girls at the Youth Assessment Center. During this quarter the girls were introduced to GLAM (Growing, Learning and Maturing), how the psychoeducation group works and what the goals of the group are. They participated in icebreakers, learned about gossip, and the effects of gossip and rumors.



Quarterly Program Activity / Consumer Service Report

Agency: **Developmental Services Center**

Program: **Family Development** Period **First Quarter PY24**

Submitted **10/26/2023** by **VICKIE2010**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	15	200		655	
Quarterly Data (NEW Clients)	4	70	0	117	
Continuing from Last Year (Q1 Only)			0	435	

Comments:

Family Development continues to brainstorm ways to network and collaborate across the community. On July 6th, DSC’s Director of Family Development and Intake Specialist met with staff at SWANN Special Care Center to learn more about ways to work together to support individuals with severe and profound disabilities. Family Development also attended the Champaign Urbana Special Recreation (CUSR) Health Fair to provide information and developmental screenings for children birth-age 5. On August 4th, Family Development staff presented at Montessori School of CU to discuss developmental screenings and how Family Development can support teachers, students, and their families with potential development delays. At the end of August, the Family Summer Fun group had their last event.



Quarterly Program Activity / Consumer Service Report

Agency: **East Central Illinois Refugee Mutual Assistance Center**

Program: **Family Support & Strengthening** Period **First Quarter PY24**

Submitted **10/27/2023** by **REFUGEE CENTER ADMIN**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	50	2200	2140	60	15
Quarterly Data (NEW Clients)	21	1775	1775	0	2
Continuing from Last Year (Q1 Only)					

Comments:

A. Community Education Consultation Linkage - 7 instances

08/17/23 WICS interview - Interview regarding Venezualan Asylum seekers in the area

09/08/23 News-Gazette interview - Discussed The Refugee Center receiving the CU Immigration Forum's Community Impact Award; discussed services TRC provides in the community

09/12/23 University of Illinois Campus Community Fund Drive - Tabled at event attended by Unit Leaders from the University of Illinois in order for them to learn about the different organizations they can donate to through their fund drive. About 30 flyers and business cards distributed. Over 15 other community organizations in attendance. Material distributed to them as well. - 60-75 unit leaders present; 15 area nonprofits also participated

09/16/23 Immigrant Welcome Awards - Annual Event to celebrate the Imimgrant Community and those who work on behalf of immigrants. Lisa Wilson accepted the Community Impact Award on behalf of The Refugee Center. - 50-60 people present

09/19/23 CFECI's Board Match Expo Tabled and shared resources about what TRC does with about 12 people interested in Board involvement - 12 cards and flyers distributed

09/21/23 WAND interview - Lisa Wilson interviewed about the announcement of TPS designation for Venezuelans and what that means for our area.

09/27/23 WIOA Presentation - Supporting Refugees with Title I and Title II Services, Spoke about how The Refugee Center worked with Workforce Innovation and Opportunity Act (WIOA) at CCRPC and area employers to enroll Afghan clients in the WIOA program and help employers regarding any refugee or asylee hiring issues. US Department of Justice Immigrant and Refugee Right Division materials shared regarding employment authorization status and right to work. - 35 attendees, plus 100 meeting registrants Statewide for webinar recording

Continuing Facebook outreach regarding COVID-19, vaccine clinics, and other important news in multiple languages.

B. Community Collaboration - 14 instances

7/17/23 Rantoul Service Providers Meeting: Shared pdates about services provided and events., 10 orgs present

7/18/23 The Refugee Center: Q'an'jobal Interpreters group meet and greet - Met with the group of trained Q'an'jobal interpreters and other area immigration services providers to discuss services offered and process for engaging

Q'an'jobal interpretation, 6 orgs present.

08/03/23 Champaign County Human Service Council meeting, 12 orgs present

08/07/23 Jewish Federation of Metropolitan Chicago (JFMC) Executive Council meeting, Refugee arrival updates from all agencies - 25 orgs present

08/15/23 United Way Executive Directors meeting - 30 orgs present

08/17/23 IL Welcoming Center immigrant collaborative meeting - 10 orgs present

08/21/23 Rantoul Service Providers Meeting - 10 orgs present

09/07/23 Champaign County Human Service Council meeting, Presentations by Rattle the Stars, The Pavilion and Rosecrance about available mental health services and groups in the area. - 20 orgs present

09/12/23 CU Immigration Forum meeting, Special meeting to discuss housing crisis within the immigrant community, especially with regard to new arrivals to the area. - 17 local organizations represented; 27 individuals

09/13/22 Community Foundation of East Central IL (CFECI) Exec Directors meeting, Discussed ways to make the workplace more fun in order to retain staff; Get to know your Executive Director featured Lisa Wilson - 15 organizations represented

09/18/23 Rantoul Service Providers Meeting, Lisa Wilson spoke about services offered by The Refugee Center; Housing concerns raised by all. - 10 orgs present

09/19/23 United Way Executive Directors meeting, Michelle Gonzalez from University of Illinois spoke about Give Pulse - 30-35 organizations represented

09/21/23 IL Welcoming Center immigrant collaborative meeting, Teddie Hill from Champaign County Christian Health Center spoke about services offered and open hours. Dates for Citizenship classes were announced; Dates for free dental clinics announced; DACA renewal information discussed. - 10 orgs present

09/22/23 Quarterly Consultation Meeting: Quarterly meeting held to advise area stakeholders about expected refugee arrivals and discuss any the logistics of supporting refugee resettlement effort in the area. Provides local stake holders opportunity to share resources/information and to discuss any stakeholder concerns or barriers to resettlement. - 8 orgs present

C. Hispanic/Latinx Support Group

09/12/2023 Champaign Farmer's Market - Provided short workshop on using SNAP and WIC benefits at the marketplace. - 1 hr

09/19/2023 Champaign Farmer's Market - Provided short workshop on using SNAP and WIC benefits at the marketplace. - 1 hr



Quarterly Program Activity / Consumer Service Report
 Agency: **Family Service of Champaign County**
 Program: **Senior Counseling & Advocacy Period First Quarter PY24**
 Submitted **10/27/2023** by **JRAYMER**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	4	2900	700	325	2500
Quarterly Data (NEW Clients)	1	763	150	93	350
Continuing from Last Year (Q1 Only)			0	121	0

Comments:

SCs are measured as the number of contacts with NTPCs and TPCs

Other is measured as I&Rs

The 1 CSE was our attendance at Senior Day at the Champaign County Fair where we gave information about the Senior Counseling and Advocacy programs we offer

Top topics for our TPCs continue to be supportive counseling in the areas of coping with loss and low-level depression and/or anxiety

Top topics for our NTPCs continue to be financial assistance such as the Low Income Home Energy Assistance Program (LIHEAP), as well as food assistance.

Between home-delivered creativity boxes and the in-person Expressive Arts programming we have expanded onto, our arts programming is serving 105 older adults in Champaign County as of the writing of this program. Since CCMHB began assisting us with funding for this program in July of 2022, we have increased from 50 to 105 active clients at a single time.

Our partnership with Christie Clinic continues, and during the period, we provided just over 34.25 hours of service to 30 Christie patients



Quarterly Program Activity / Consumer Service Report

Agency: **Family Service of Champaign County**

Program: **Counseling** Period **First Quarter PY24**

Submitted **10/24/2023** by **JJONES**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target			20	40	
Quarterly Data (NEW Clients)			4	3	
Continuing from Last Year (Q1 Only)					

Comments:

We continue to have no waiting list and client appointments are scheduled quickly when referrals come in. A therapist’s schedule includes evening hours on Thursdays. Due to personal reasons, both therapists have decreased their hours. We are actively seeking a new therapist.

- This quarter we continue to see clients in person or telehealth based on the preference of the client.
- The program director attends the weekly Drug Court team meetings. The program director attended one court session. Our therapists are available to provide individual, couples and family counseling to individuals referred by the Drug Court. Four Drug Court clients were seen at Family Service this quarter, six for individual counseling and four for relationship assessments.
- The program director is an active participant on the Human Services Council of Champaign County and attends the monthly meetings for outreach and promotion of the Counseling program.

- The Program Director attended:

- Online Training for Drug Court through AllRise: Standards: VI, VII, and VIII
- Mental Health in the Black Community hosted by the Champaign County Community Coalition

The program director and counseling staff attended:

- o CUPHD’s Adolescent Health Trainings: Being Youth Friendly and Adolescent Brain Development led by Jenny Galloway



Quarterly Program Activity / Consumer Service Report

Agency: **Family Service of Champaign County**

Program: **Self-Help Center** Period **First Quarter PY24**

Submitted **10/24/2023** by **JJONES**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	270				
Quarterly Data (NEW Clients)	70				
Continuing from Last Year (Q1 Only)					

Comments:

Landyn McGuire began as the SHC Coordinator on July 5. She began preparing for the fall workshop and updated the specialized SH group lists and directory. Due to personal reasons, Landyn submitted her resignation in early September, effective 9/11/23.

Due to her unexpected resignation, the fall workshop is being postponed to early in 2024.

Program coordinator statistics for the Third Quarter:

- 367 email contacts
- 112 information and referral calls
- 103 page views on SHC website
- 15 Support Group directories distributed
- Support group updates were solicited from support group contacts and entered into the database
- Edited Self-Help Group directory
- Human Services Council (X3)
- SHC Advisory Council (X2)
- Senior Task Force Meeting (X1)
- research for Fall Newsletter
- planning for Fall Workshop



Quarterly Program Activity / Consumer Service Report

Agency: **FirstFollowers**

Program: **FirstSteps Community Reentry House** Period **First Quarter PY24**

Submitted 10/23/2023 by JKILGORE

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	8	8	75	8	0
Quarterly Data (NEW Clients)	3	3	23	3	0
Continuing from Last Year (Q1 Only)			12	2	0

Comments:

We have had a smooth operation in our house this quarter. We have had a steady population of three men, two of whom have completed more than a quarter century behind bars. The senior resident among them, who arrived in October of 2022 has been working steadily at Caterpillar, often logging many hours of overtime. He has also taken over lead responsibilities in the house, ensuring it is orderly and clean. As he approaches a year in our house, he is preparing to move out, having located a house he will purchase in Rantoul. This is an exciting step for us, our second resident who has been able to move out into his own house. This has been possible due to the supportive environment of FirstFollowers and FirstSteps as well as extensive financial counseling he received from FirstFollowers. The relatively cheap house prices in Champaign County make this all feasible. We are creating a model that can be replicated and will offer such support to future residents who want it.

Our second resident for this period arrived in March of 2023 after serving 29 years in prison. He has integrated well into FirstFollowers. He attends drop-in, attends our weekly education sessions, and has been helping maintain the garden in our house and in other community gardens. We have also provided him with a computer tutor and he is making progress in this challenging area. He also has a part-time job at a local hotel and is looking to get a CDL at some point. We helped him navigate the paper work to get his license restored as he owed fines from the 1990s. Our third resident continues to work in a local barber shop, run by an organization that is a member of our H3 coalition. He is preparing to access the eight-year housing voucher that comes with our agreement with the HACC. We have been flooded with applications for our house and will easily fill the spots that will be left. We aim to have a full complement (4) by December 1.



Quarterly Program Activity / Consumer Service Report

Agency: **FirstFollowers**

Program: **Peer Mentoring for Re-entry Period First Quarter PY24**

Submitted **10/23/2023** by **JKILGORE**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	20	18	140	47	0
Quarterly Data (NEW Clients)	3	5	36	10	0
Continuing from Last Year (Q1 Only)			7	4	0

Comments:

This quarter has been even busier than the previous quarter at the drop-in center. We have added new dimensions to our work which are crucial in terms of increasing our impact. As of August 1, we are in a partnership with the RPC to provide one year housing vouchers to individuals returning to the community from prison or jail. By the end of September we had placed three people in housing and had five more on the waiting list. The program requires extensive collaboration with the RPC as well as building relationships with landlords who are often reticent to rent to our clients, especially those on the Sex Offender Registry. However, we have managed to land housing for two people on the registry in this quarter alone.

In addition, we have expanded our Families of Resilience ranks to a steady population of ten impacted folks at our bi-monthly meetings. We have had presentations by members of Ready, Set, Go on the mental wellness challenges of dealing with incarcerated loved ones. In addition, we have targeted two individuals' cases to provide support for a returning family member. We succeeded in getting housing for one of them, an individual who had been reincarcerated numerous times due to being unhoused.

Apart from these new dimensions, we have had a steady flow of clients to our drop-in services. We have upgraded our staff skills in the Drop-In by having weekly report back meetings and weekly educational sessions. The educational sessions often involve outside facilitators with specific skills and knowledge. Targeted organizations for presenting to us have included Courage Connection and Land of Lincoln. The topics vary from legal issues such as changes in the marijuana laws to deeper context areas of our work such as gender-based violence and structural racism.

Our GoMAD program has also grown. We have partnered with ABC Training to offer our participants certified courses in key building trades areas. This is the equivalent of a pre-apprenticeship and offers recognized certificates in key areas like OSHA. Outside the classroom we have been continuing on the renovation of two houses in partnership with the City of Urbana. One of the houses will be sold to a low income family with the proceeds going to our own capital reserves. Lastly, we have continued to build on our H3 coalition by accessing funds from the county ARPA funds and sub-granting them to our H3 partners to run their programs.



Quarterly Program Activity / Consumer Service Report

Agency: **GROW in Illinois**

Program: **Peer-Support** Period **First Quarter PY24**

Submitted 10/25/2023 by BEAKINS

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	24	1800	150		
Quarterly Data (NEW Clients)	5	534	76		
Continuing from Last Year (Q1 Only)			84		

Comments:

We started a new group at Restoration Urban Ministries in September That's why we have 5 community services events. We continue to have Organizer and Recorders meetings along with Leadership meetings and Monthly social events. I expect to see things continue to grow in the area because our leadership is getting stronger.



Quarterly Program Activity / Consumer Service Report

Agency: Immigrant Services of Champaign-Urbana

Program: Immigrant Mental Health Program Period First Quarter PY24

Submitted 11/03/2023 by AOZKALDI

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	8	32	130	60	0
Quarterly Data (NEW Clients)	0	7	0	7	0
Continuing from Last Year (Q1 Only)			0	3	0

Comments:



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

Mental Health Board

Quarterly Program Activity / Consumer Service Report

Agency: **Promise Healthcare**

Program: **Mental Health Services Period First Quarter PY24**

Submitted 10/27/2023 by AMANDAFERGUSON

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	2	2700	900	1000	0
Quarterly Data (NEW Clients)	1	2025	697	1204	0
Continuing from Last Year (Q1 Only)			56	980	0

Comments:

Psychiatry

CSE: 1 Outreach and Community events attended during the quarter

Strides Community Event - 08/10/2023

SC: 2025 kept appointments with Psychiatrist by Champaign County Residents

NTPC: 697 Champaign County residents who do not complete assessment or chose not to engage in therapy

TPC: 1204 Unique Champaign County residents served by Psychiatrists



Quarterly Program Activity / Consumer Service Report

Agency: **Promise Healthcare**

Program: **Mental Health Services Period First Quarter PY24**

Submitted 10/27/2023 by AMANDAFERGUSON

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	2	2700	400	400	0
Quarterly Data (NEW Clients)	3	1082	108	343	0
Continuing from Last Year (Q1 Only)			12	169	0

Comments:

Counseling

CSE: 3 - Strides Community Event 8/10/2023, U of I School of Social Work Field Education Day, Community Connection Corner 10/17/2023

SC: 1082 kept appointments with counselors by Champaign County Residents

NTPC: 108 Champaign County residents who do not complete assessment or chose not to engage in therapy

TPC: 343 Unique Champaign County residents served by counselors



Quarterly Program Activity / Consumer Service Report

Agency: **Promise Healthcare**

Program: **PHC Wellness Period First Quarter PY24**

Submitted 10/27/2023 by AMANDAFERGUSON

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	30	1600	400	200	1900
Quarterly Data (NEW Clients)	37	843	552	160	184
Continuing from Last Year (Q1 Only)			176	44	0

Comments:

CSE: 37 Outreach and Community events attended during the quarter:

- Strides Community Event - 08/10/2023
- Opening Day (Urbana HS) - 08/14/2023
- National Night Out - 08/06/2023
- Salt and Light - 08/15/2023, 07/18/2023, 09/19/2023
- Back to School Night (Urbana) - 08/14/2023 - 08/15/2023
- Champaign Early Childhood Open House - 08/16/2023 - 08/19/2023
- Lexington Food Pantry - 08/19/2023
- 2nd Annual Family Fun Day and Health Resource Fair - 07/15/2023
- Arcola Broomcorn Festival - 09/08/2023 - 09/09/2023
- Back to School - Well Child Exams - 07/10/2023
- Back to School Event (Rantoul) - 07/27/2023
- Back to School Patient Appreciation Event - 08/07/2023
- Black Mental Health and Wellness Resource Fair - 09/30/2023
- Christ Community Church (Booth) - 08/10/2023
- Campus and Community Fair - 08/16/2023
- Campus Charitable Fund Drive - 09/12/2023
- Champaign Unit 4 Back to School Giveaway - 08/08/2023
- Chenoa Family Fun Night - 08/08/2023
- Chenoa Public Library (Booth) - 08/05/2023
- Christ Community Church of Chenoa (Booth) - 08/31/2023
- Church of Christ - Child and Family Connections - 08/25/2023
- CU Days (Booth) - 08/12/2023
- Douglas County Fair - 07/05/2023 - 07/09/2023
- Franklin Middle School Black Party - 09/14/2023
- Gridly Farmers Market - 08/10/2023
- Hedge Pop! Park - 07/21/2023
- Make a Splash (Booth) - 08/02/2023
- Pride Day Event - 09/30/2023

Pride Fest Champaign - 09/30/2023
Rantoul Resource Fair - 08/08/2023
Rantoul Rotary Club Presentation - 08/01/2023
Rantoul School District (Booth) - 08/05/2023
Rantoul School HS Walk-in Physicals - 08/16/2023
Salvation Army - 08/07/2023, 09/04/2023
Scott Bennett Family Resource Day - 08/25/2023
Urbana Library Enrollment Event - 07/19/2023
Urbana Middle School Registration (Booth) - 07/26/2023 - 07/27/2023

18 Adult Wellness Community Partnerships/Collaborations:

Strides Shelter
Salt & Light
Rosencrance
DHS Rehabilitation Services
Land of Lincoln
C-U Public Health
MTD
Pace
Family Services
RACES
Restoration Urban Ministries
Church of Living God
Champaign Park District
Meijer Pharmacy
Daily Bread Soup Kitchen
Empty Tomb
U of I School of Social Work
Development Services Center



Quarterly Program Activity / Consumer Service Report

Agency: **Rape Advocacy, Counseling, & Education Services**

Program: **Sexual Trauma Therapy Services** Period **First Quarter PY24**

Submitted **10/26/2023** by **JKOLISSETY**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	2	25	250	170	2
Quarterly Data (NEW Clients)	7	17	64	0	1
Continuing from Last Year (Q1 Only)			0	28	1

Comments:

CSE: Due in large part to the support from the Champaign County Mental Health Board, RACES has been able to maintain its FY23 staffing levels and therefore has been able to participate in more community events than otherwise would have been possible. This has resulted in the agency exceeding its projected community service events for the year in the first quarter.

SC: RACES' Therapists have provided non-client crisis intervention services to 17 individuals in Champaign County in the first quarter through the agency's hotline and through in-person crisis appointments. Each of the agency's five therapists was projected to provide this service five times to individuals in Champaign County throughout the year for a total of 25 contacts and are on track to exceed that projection.

NTPC: 54 individuals received medical advocacy services in Champaign County from RACES' staff in the first quarter of FY24 and 10 clients received legal advocacy services in Champaign County.

Treatment Plan Clients are lower than expected at this time due to missing county data for 52 clients. While some of these clients may not be from Champaign County, historical trends would suggest that many of them would be. Per the Illinois Coalition Against Sexual Assault's guidance, RACES, as a certified rape crisis center, cannot require demographic information as a condition of providing services, so some missing data is to be expected. However, this level of missing county data is suggestive of an error. RACES' leadership will work with the agency's therapists and the staff who enter data to ensure that more of this information is captured for the remainder of the fiscal year.



Quarterly Program Activity / Consumer Service Report

Agency: **Rape Advocacy, Counseling, & Education Services**

Program: **Sexual Violence Prevention Education Period First Quarter PY24**

Submitted 10/26/2023 by JKOLISSETY

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	600	4000	0	0	40
Quarterly Data (NEW Clients)	69	513	0	0	7
Continuing from Last Year (Q1 Only)			0	0	0

Comments:

Lower numbers are common in the first quarter since our programming is primarily school-based and the new academic year starts midway through the quarter. Teachers often need the very beginning of the school year for other purposes and then we tend to see an increase in requests later in the school year. RACES is scheduled in schools well into 2024. Some schools that normally would have received services during the first quarter also had to be rescheduled to later in the school year due to two of the agency's three Educators being out for extended periods of time for health reasons this quarter. Additionally, to avoid duplication, students are only counted once they have completed the full 3-4 session program.



Quarterly Program Activity / Consumer Service Report

Agency: **Rosecrance Central Illinois**

Program: **Benefits Case Management** Period **First Quarter PY24**

Submitted **10/25/2023** by **DKELLERHALS**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	0	600	250	0	0
Quarterly Data (NEW Clients)	0	108	21	0	0
Continuing from Last Year (Q1 Only)			29	0	0

Comments:

The Benefits Case Manager, Kathy Finley, links Champaign County clients from across Rosecrance Central Illinois programs with benefits such as Medicaid/Managed Care Organizations, Medicare, Social Security Income (SSI), Social Security Disability Insurance (SSDI), SNAP/Link Card, pharmacy assistance, and other public programs.

In the first quarter, she served a total of 50 Champaign County residents (NTPC). 21 of them were new clients for the quarter and 29 of them were continuing from last year. She provided 108 contacts (SC) such as in-person sessions, phone calls, applications submitted, letters written, and other communications on behalf of clients to help them access benefits.

There are currently no other funding sources available for this service.



Quarterly Program Activity / Consumer Service Report

Agency: **Rosecrance Central Illinois**

Program: **Child & Family Services** Period **First Quarter PY24**

Submitted **10/25/2023** by **DKELLERHALS**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	5	250	10	30	0
Quarterly Data (NEW Clients)	1	173	0	10	0
Continuing from Last Year (Q1 Only)			0	24	0

Comments:

CSE: 1: Number of 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. Presentation conducted at NAMI educational meeting in August.

SC: 173: Number of 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.

NTPC: 0: Number of youth and families who enroll in services but do not engage in an assessment or treatment plan. There were none this quarter.

TPC: 10: Number of youth and families who complete an assessment and treatment plan for services. 24 youth and families continuing from last year



Quarterly Program Activity / Consumer Service Report

Agency: **Rosecrance Central Illinois**

Program: **Criminal Justice PSC Period First Quarter PY24**

Submitted 10/25/2023 by DKELLERHALS

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	0	500	100	60	0
Quarterly Data (NEW Clients)	0	116	88	6	0
Continuing from Last Year (Q1 Only)			0	13	0

Comments:

SC (Screening Contacts): 116 request slips from the jail which were completed. This was a lower number than last quarter due to staff being unable to access the jail at various periods due to COVID outbreaks during this quarter.

NTPC (Non Treatment Plan Clients): 88 persons screened and given referral information, but who did not engage in ongoing case management services.

TPC (Treatment Plan Clients): 6 new clients who completed an IM-CANS assessments and case management services. 13 client continuing from last year.



Quarterly Program Activity / Consumer Service Report

Agency: **Rosecrance Central Illinois**

Program: **Crisis Co-Response Team (CCRT) Period First Quarter PY24**

Submitted 10/25/2023 by DKELLERHALS

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	50	250	10	70	0
Quarterly Data (NEW Clients)	24	135	16	29	0
Continuing from Last Year (Q1 Only)			0	0	0

Comments:

CSE: 24: Staff presentations and/or coordination meetings.

SC: 135: number of attempts to contact and engage individuals and families who have had Crisis Intervention Team (CIT) or domestic related police contact

NTPC: 16: Individuals whose initial screening indicates that crisis can be resolved without further action from CCRT and no plan for treatment is necessary.

TPC: 29: Individuals enrolled in short-term care planning, coordination and monitoring based on entry assessment results.

Multiple community and stakeholder meetings continued this quarter in an effort to continue program development and relationship building. There were no vacancies in this program this quarter.



Quarterly Program Activity / Consumer Service Report

Agency: **Rosecrance Central Illinois**

Program: **Recovery Home Period First Quarter PY24**

Submitted 10/25/2023 by DKELLERHALS

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	0	65	0	22	0
Quarterly Data (NEW Clients)	0	8	0	2	0
Continuing from Last Year (Q1 Only)			0	7	0

Comments:

Total Champaign County clients participating in program in First Quarter FY23: 2 new clients who are Champaign County residents with 7 continuing from last year

Total new out of county clients participating in program in First Quarter FY23: 13

Report reflects persons who were Champaign County residents prior to entering the Recovery Home. The Recovery Home is considered their permanent address upon admission.

During the first quarter, there were a total of 18 interviews completed with Recovery Home applicants, 8 of which were from Champaign County (SC). Champaign County residents receive priority as beds become available.

Recovery Home staff provide intensive case management based on individualized service plans to address social determinants of health, support activities for daily living and relapse prevention skills; access to vocational/educational programs; assistance linking clients to medical, psychiatric, counseling, dental, and other ancillary services in the community; education on money management/budgeting; accessing peer or community supports and activities (i.e. church, AA/NA meetings, recreational activities); and provision of service work/volunteer/work opportunities. There are no Recovery Home Specialist staff vacancies at this time.



Quarterly Program Activity / Consumer Service Report

Agency: **Rosecrance Central Illinois**

Program: **Specialty Courts** Period **First Quarter PY24**

Submitted 10/25/2023 by DKELLERHALS

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	4	800	0	45	1000
Quarterly Data (NEW Clients)	1	316	0	3	195
Continuing from Last Year (Q1 Only)			0	6	0

Comments:

CSE: 1 CSE this quarter. Presentation on services to the NAMI education meeting in August

SC: A total of 316 Drug Court reports were completed this quarter. Time spent on gathering data and compiling the reports is not billable to insurance or Medicaid.

TPC: 3 new clients were admitted to Drug Court during the quarter with 6 continuing from last year.

Other: 195 hours of case management took place in this quarter. This includes staff hours spent transporting clients, helping clients to access and engage with other community resources.



Quarterly Program Activity / Consumer Service Report

Agency: **Terrapin Station Sober Living NFP**

Program: **Recovery Home Period First Quarter PY24**

Submitted **10/26/2023** by **NELSONKNOVAK**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	0	0	13	0	0
Quarterly Data (NEW Clients)	0	0	3	0	0
Continuing from Last Year (Q1 Only)			2	0	0

Comments:

I am still unsure if it should be TPC or NTPC. We are not a medical facility but everyone has an individualized Recovery Plan.



Mental Health Board

Quarterly Program Activity / Consumer Service Report

Agency: **The UP Center of Champaign County**

Program: **Children, Youth & Families Program Period First Quarter PY24**

Submitted by

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	100	300	100	0	0
Quarterly Data (NEW Clients)	120	77	42	0	0
Continuing from Last Year (Q1 Only)			58	0	0

Comments:



Quarterly Program Activity / Consumer Service Report

Agency: **WIN Recovery**

Program: **Community Support ReEntry Houses Period First Quarter PY24**

Submitted **11/04/2023** by **WIN4RECOVERY**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target					
Quarterly Data (NEW Clients)	3	7	0	5	
Continuing from Last Year (Q1 Only)			0	8	0

Comments:

7.12.23 Illinois Department Human Services (Grace Hour) & SURS

7.12.23 Illinois Reentry Counsel about program

9.29.23 IDOC Female Transition House and services provided.

From the Interim CEO

Greetings Everyone!

This quarter, our 211 and Database teams have been very busy. Our Homeless Services Division has seen major increases in requests to help our clients with services they desperately need. The most requests have been for utility assistance, rental assistance, and emergency housing shelter. We handled 11,269 calls in 211 during the third quarter of 2023. Our call volume will continue to increase as we add more resources to our database to assist our callers. We currently answer for over fifty counties and anticipate more additions in the future.

As we move into the Fall season, we look forward to helping as many callers/clients as we can with housing needs. I am very excited about the opportunity to serve others and PATH's employees continue to demonstrate their sincere dedication and commitment to our vision and mission.

With Sincere Thanks for our Partnerships,

Martha Evans
Chief Operating Officer
& Executive Director,
Human Resources.



From the Database Department

Hi everyone,

We just wanted to let you know of a couple minor changes to the quarterly report:

1. Over the last couple quarters, the number of calls related to Covid-19 have been reported at less than 1% of the total. As such, we will leave that page out of future reports though the information will still be available on request.



2. AIRS (The Alliance of Information and Referral Systems), the accrediting agency for 211, has re-branded as Inform USA. Some of the pages in the report and elsewhere may still refer to AIRS, but please be aware of the change.



3. We have discontinued dedicated phone lines for Mandarin, Chin, and Burmese, as almost all callers to those lines selected that option on accident. Those languages, among others, are still available through our translation service.

Sincerely,

Chris Baldwin
Director of Database Services

Champaign County

United Way 211 Report 3rd Quarter

July 1st - September 30th, 2023

Table of Contents

Overview

- ✓ Total Calls
- ✓ Total Texts
- ✓ Total Spanish Calls

Contact Stats

- ✓ Call Time
- ✓ Contact Person Type
- ✓ Caller Demographics
- ✓ Referral Source

Contact Needs

- ✓ AIRS Problem Needs
- ✓ Unmet Needs
- ✓ Top 10 Agency Referrals
- ✓ Follow-Ups

Call Center

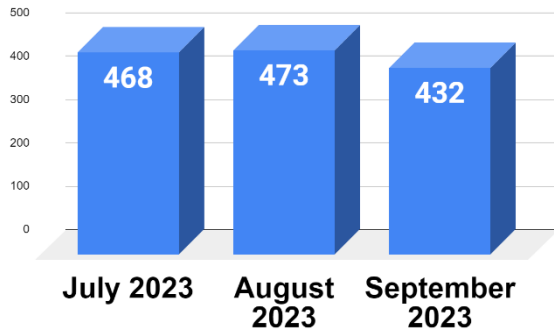
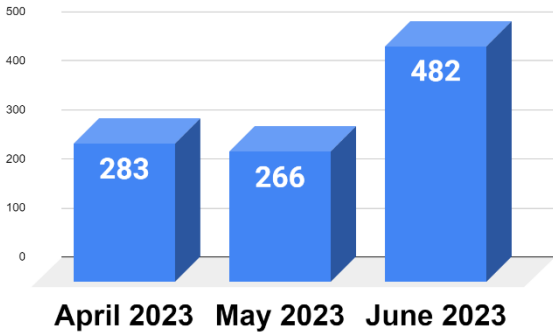
- ✓ InQueue and Handle Time
- ✓ Service Level
- ✓ Abandons
- ✓ Success Stories
- ✓ Contact Density

Links/Resources



Overview

Total 211 Contacts 



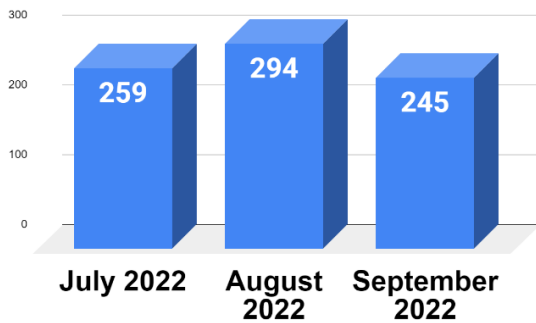
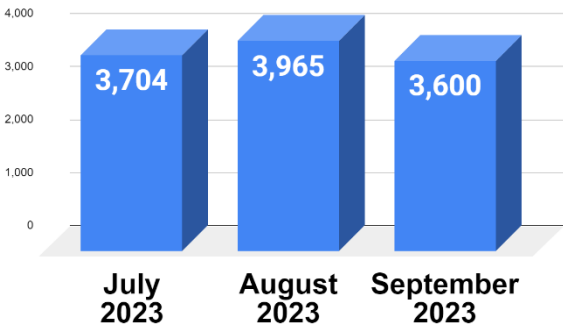
1,031
Contacts
Champaign
County

1,373
Contacts
Champaign
County

Last Quarter This Quarter

All of PATH 211

Last Year

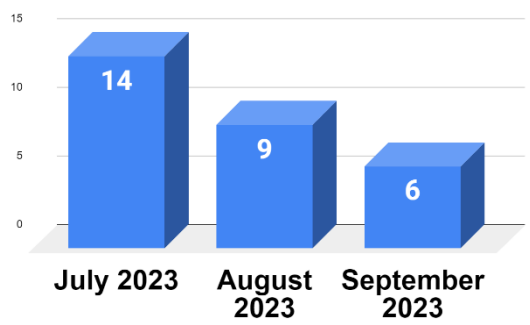
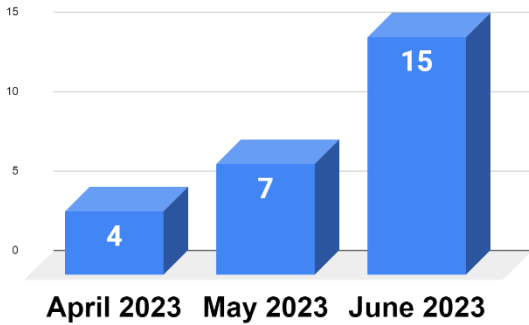


11,269
Contacts
PATH 211

798
Contacts
Champaign
County

Overview, Cont.

Total 211 Texts 



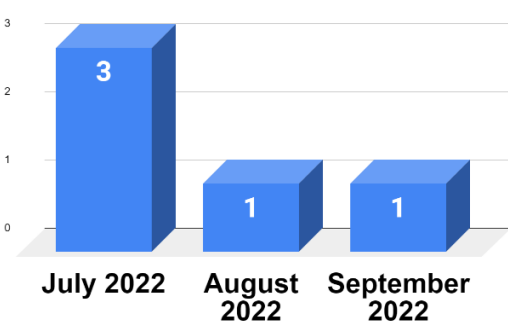
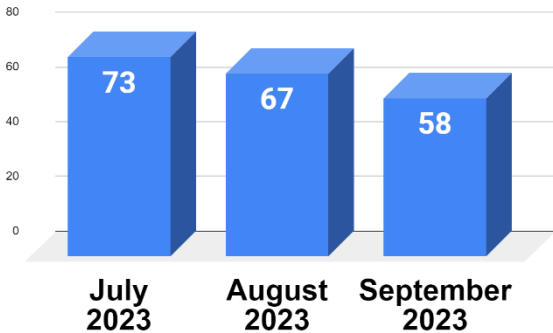
26
Texts
Champaign
County

29
Texts
Champaign
County

Last Quarter **This Quarter**

All of PATH 211

Last Year

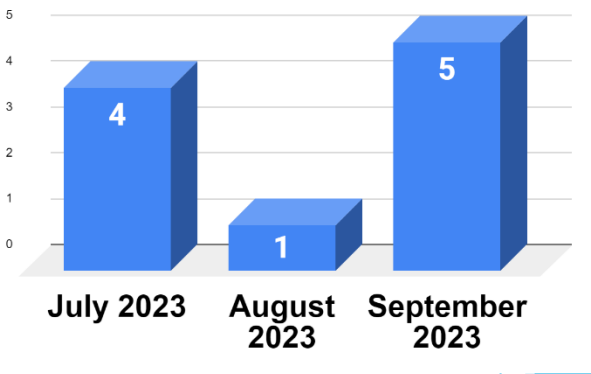
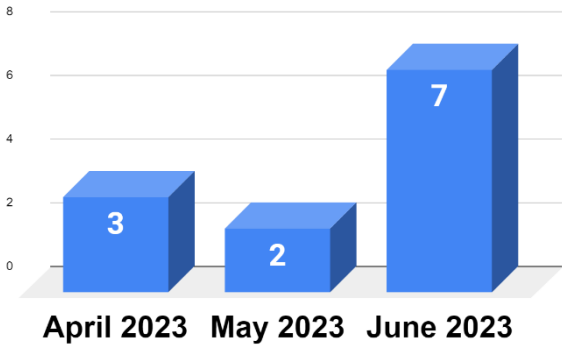


198
Texts
PATH 211

5
Texts
Champaign
County

Overview, Cont.

Total Spanish 211 Calls

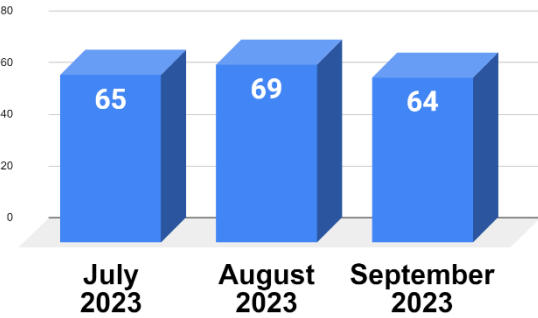


12
Spanish Calls

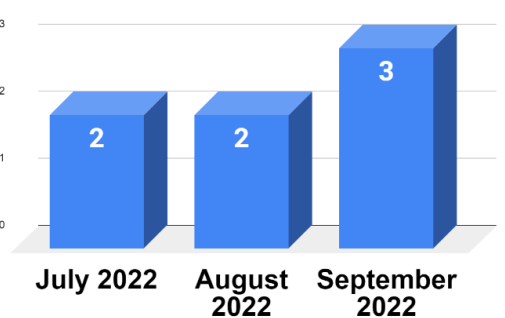
10
Spanish Calls

Last Quarter **This Quarter**

All of PATH 211



Last Year



198
Spanish Calls

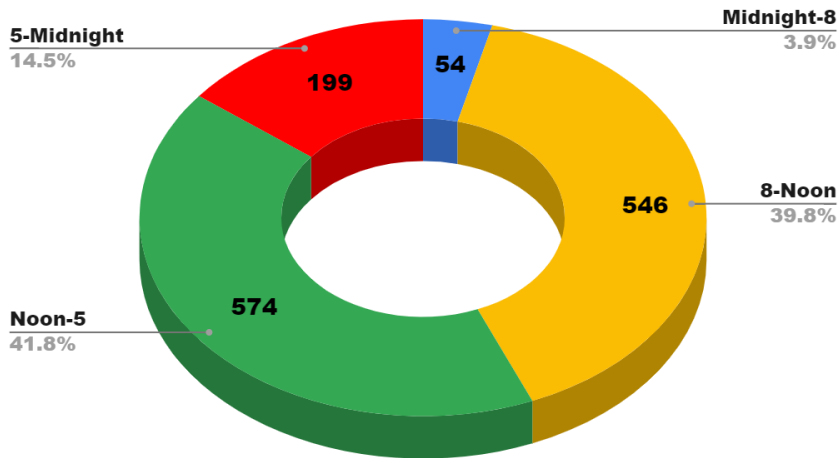
7
Spanish Calls

Contact Stats

Call Time

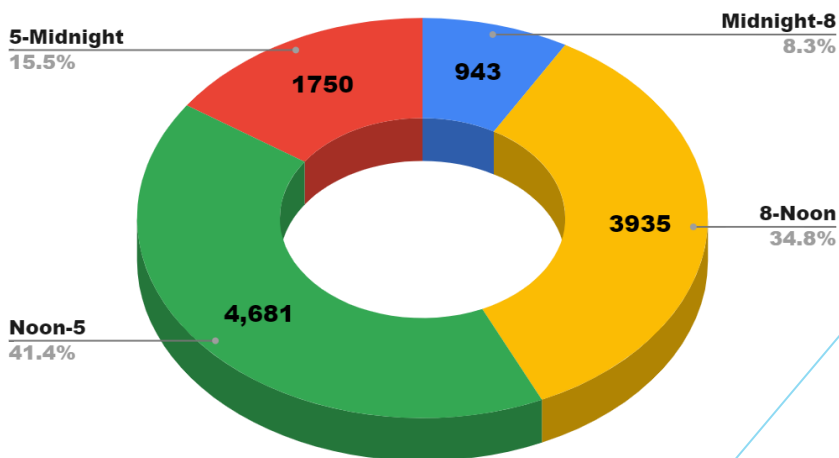
Chart describes the distribution of calls received during 4 different time periods:

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



Local

All of PATH 211

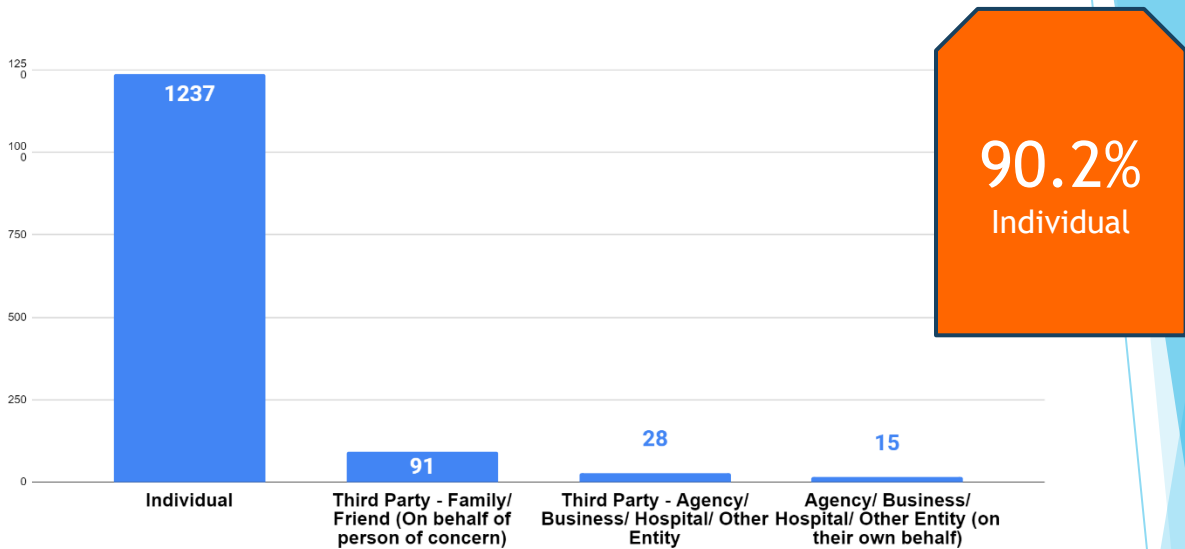


Contact Stats, Cont.

Contact Person Type

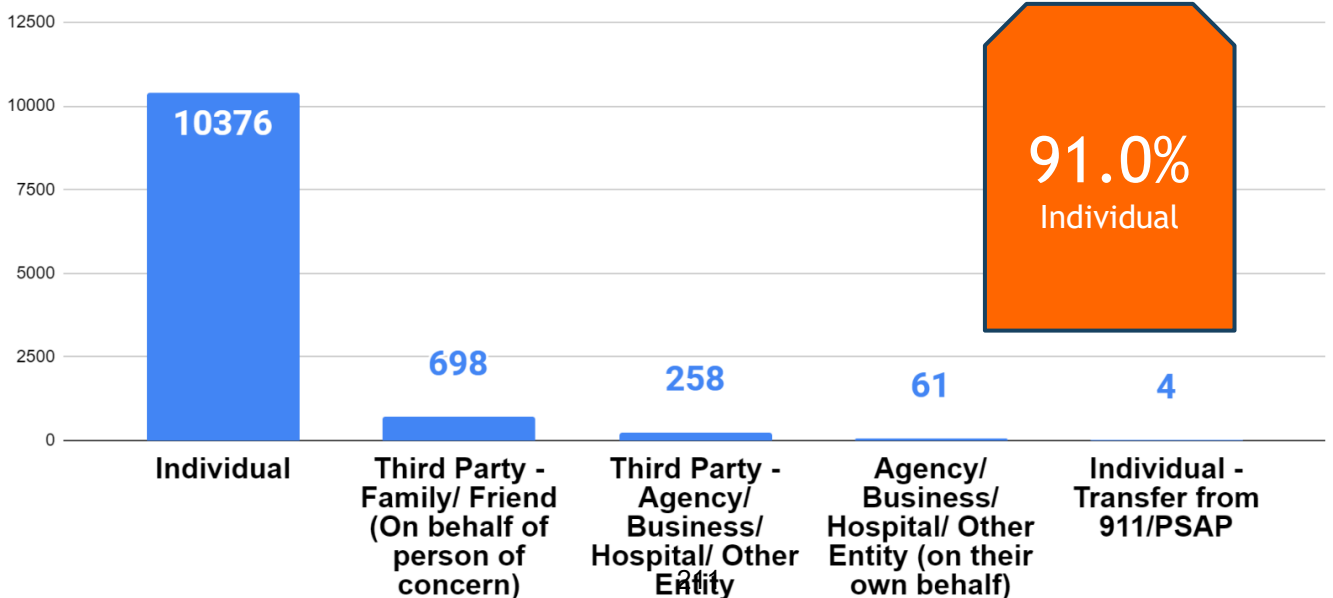


Contact Person Type describes the 211 caller and their role in contacting I&R services.



Local

All of PATH 211

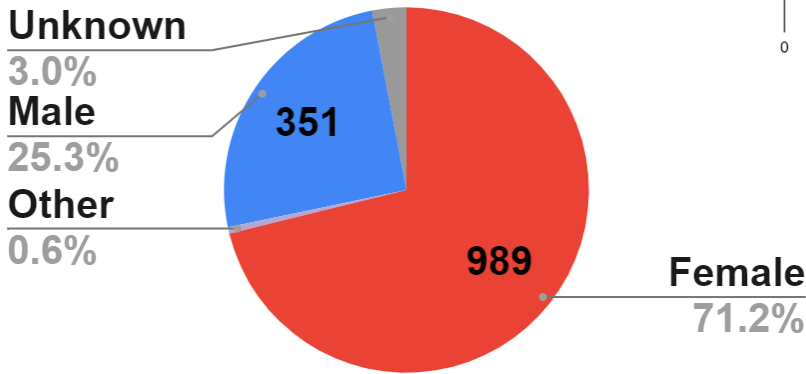
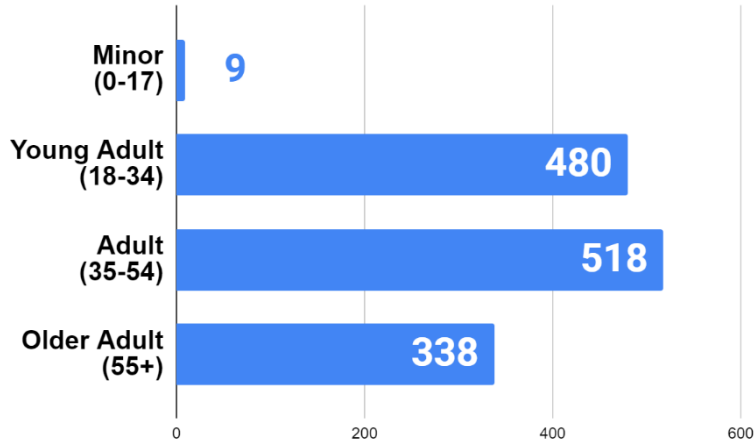


Contact Stats, Cont.

Caller Demographics

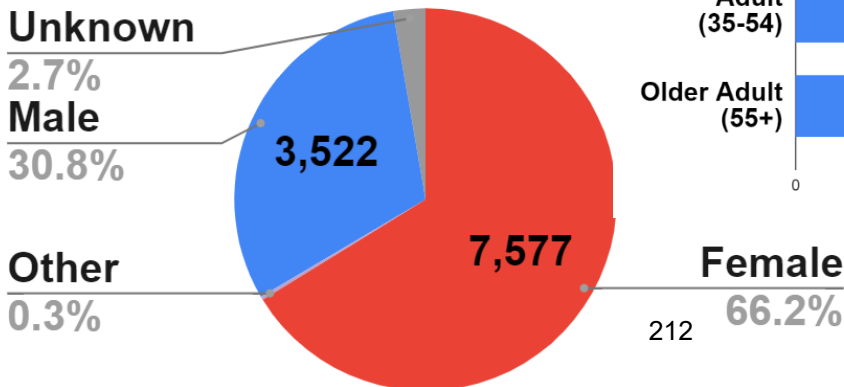
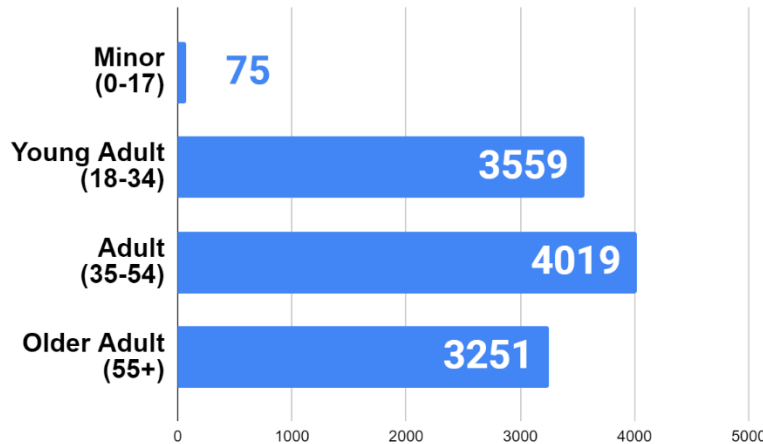


Note: “Other” includes callers who self-identified as trans or non-binary.
 “Unknown” includes the categories Refusal to Answer, Not Recorded, and Unknown.



Local

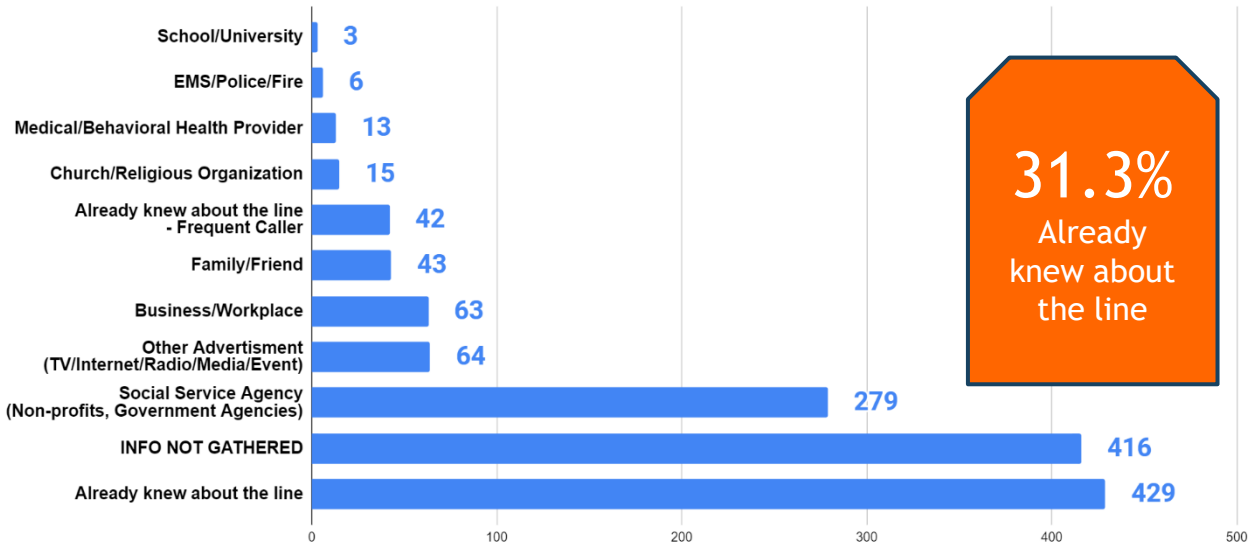
All of PATH 211



Contact Stats, Cont.

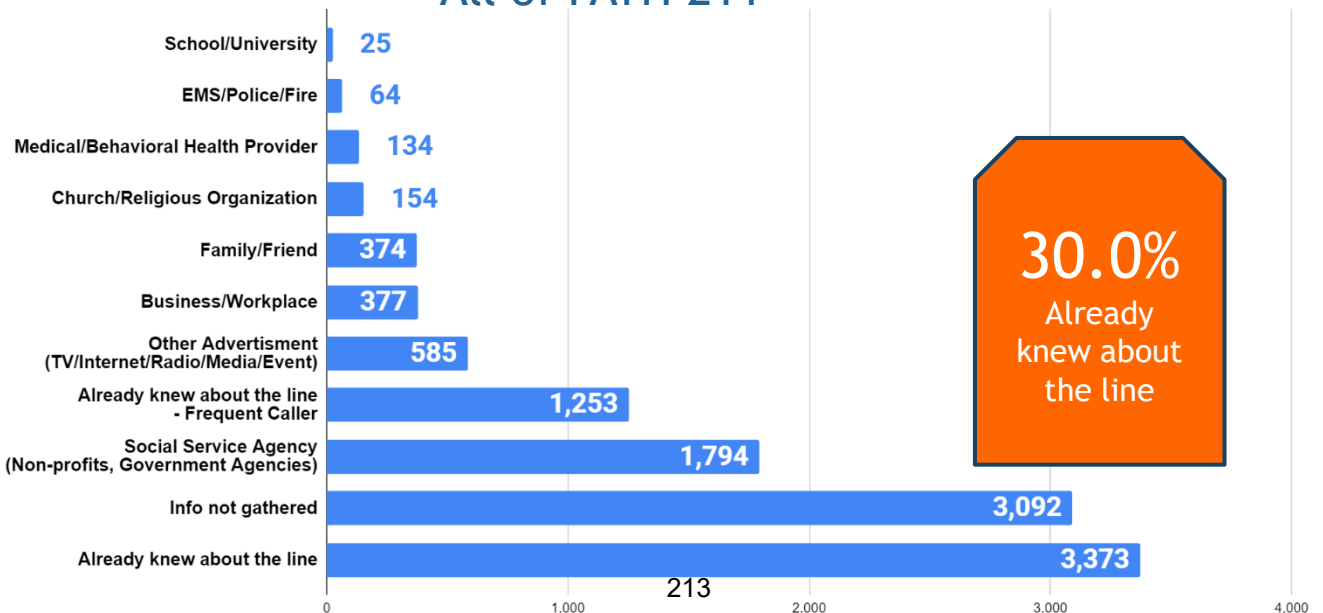
Referral Source

Referral source refers to how the caller found out about 211 services.



Local

All of PATH 211



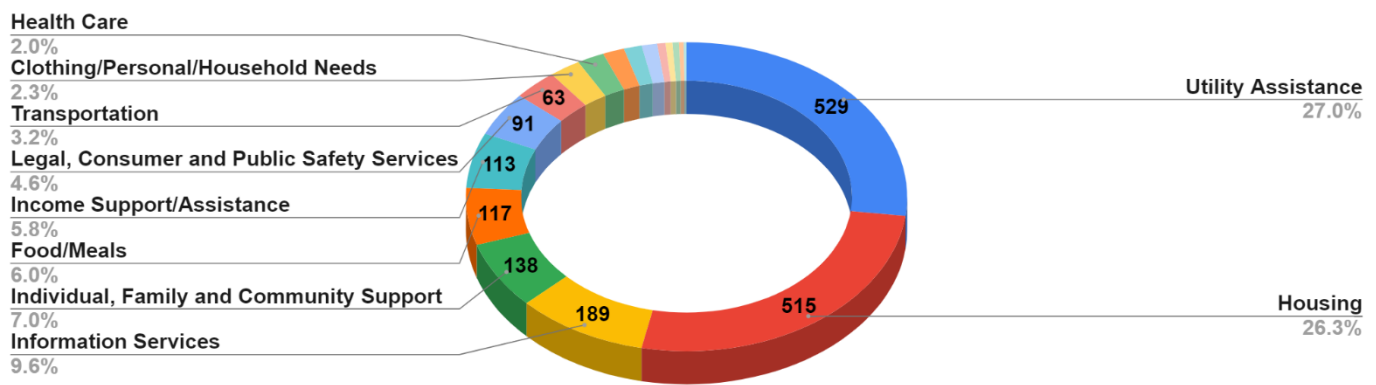
Contact Needs

AIRS Problem Needs

This chart describes how AIRS Problem Needs were reported across all contacts. There are often multiple needs recorded per call. Colors do not correspond to the same categories in both charts.

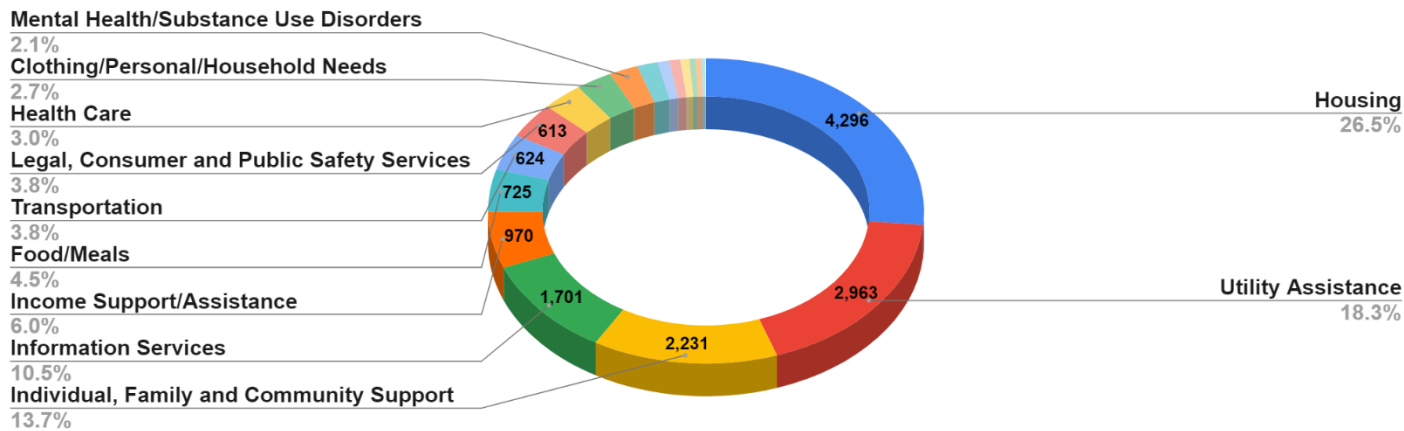
- AIRS= The Alliance of Information and Referral Systems. ([AIRS home page](#))
- AIRS Problem Needs = List of national categories for I&R problem/needs is a means to organize the incredibly wide range of inquiries handled by I&R services and to provide for the consistent and credible reporting of community needs across jurisdictions.

Note: Champaign County had 1,373 total 211 contacts and all of PATH had 11,269 total 211 contacts.



Local

All of PATH 211

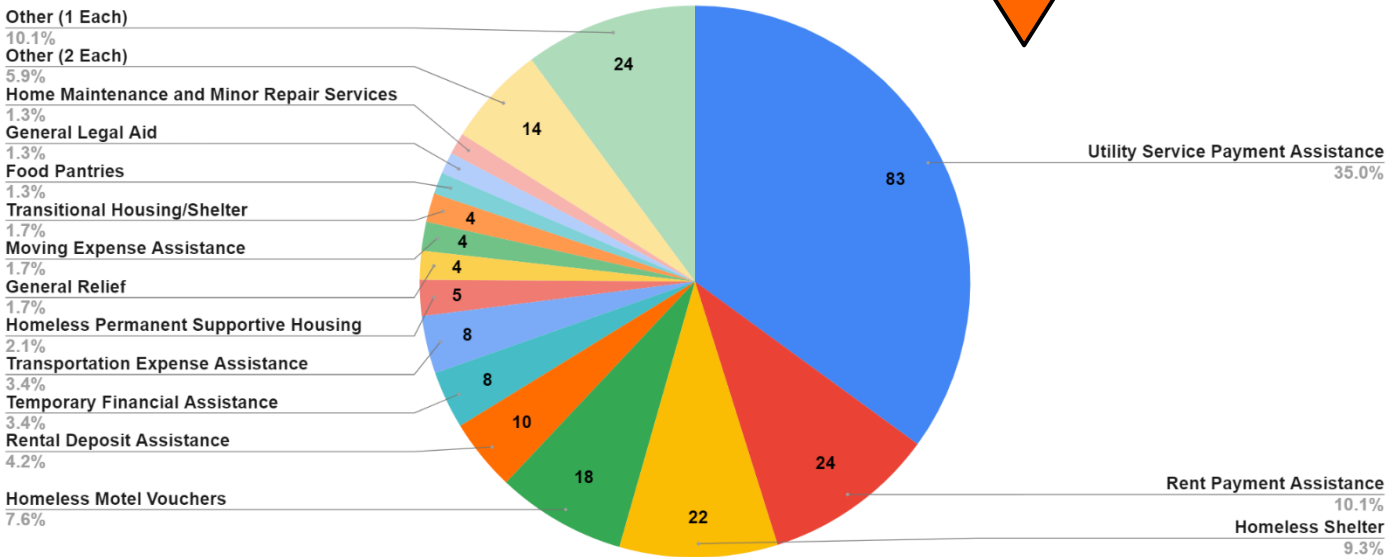
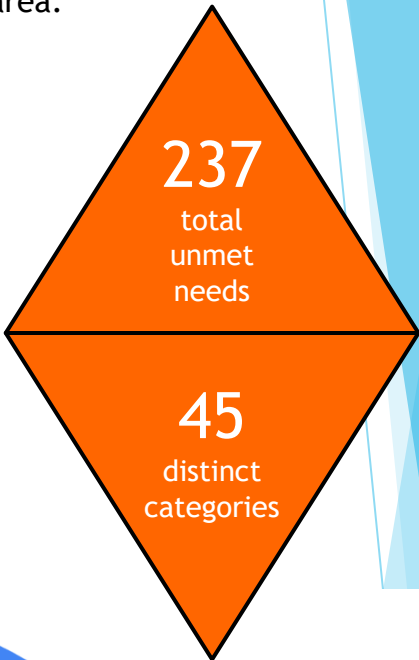


Contact Needs, Cont.

Unmet Needs

- Each item on this list is a term in the Database that the 211 Call Center was unable to refer to a caller. Common reasons for that include:
- The caller already contacted the relevant agency but was ineligible.
 - The caller already tried to contact the relevant agency without success.
 - The type of service does not exist in the caller's area.

237 total unmet needs were recorded in Champaign County across 45 distinct categories. Refer to the "Raw Data" link at the end of the report for the complete list.

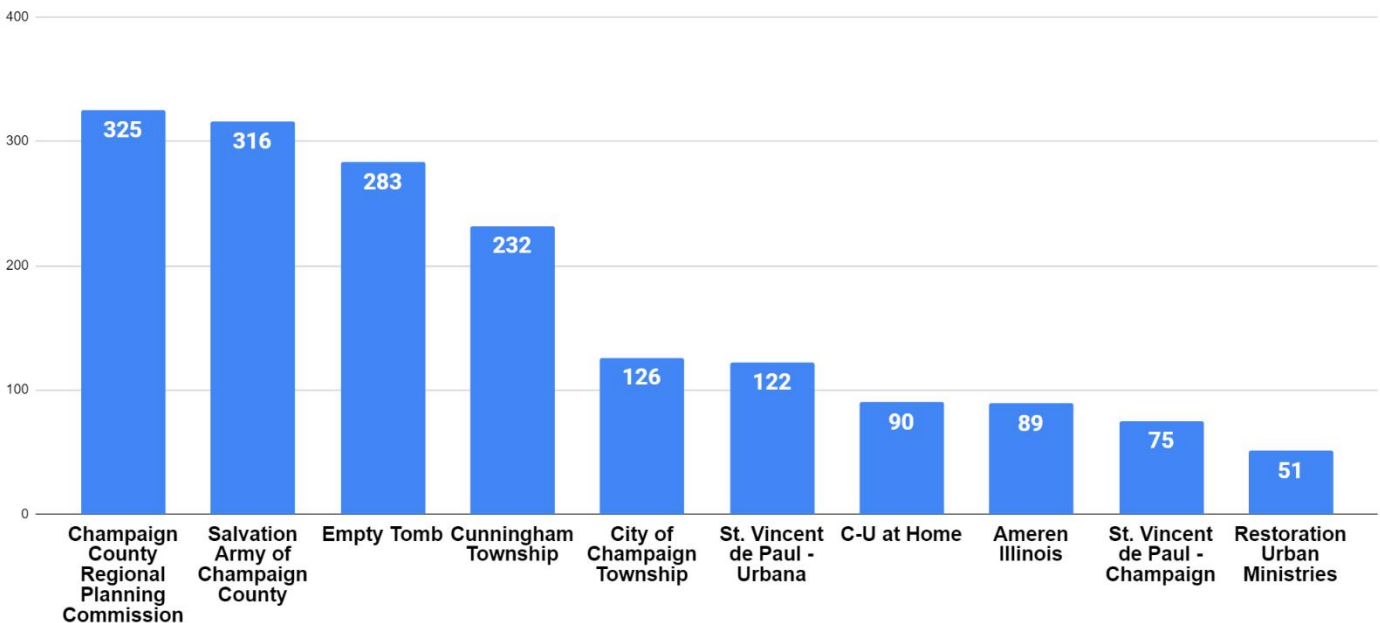
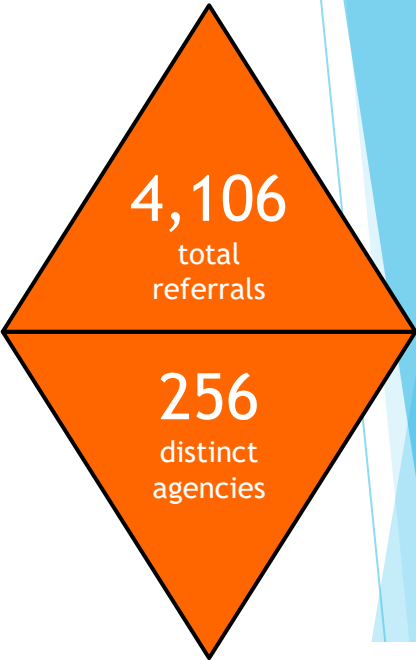


Contact Needs, Cont.

Top Agency Referrals

This chart displays the top agencies by referral count. Refer to the “Raw Data” link at the end of the report for the complete list.

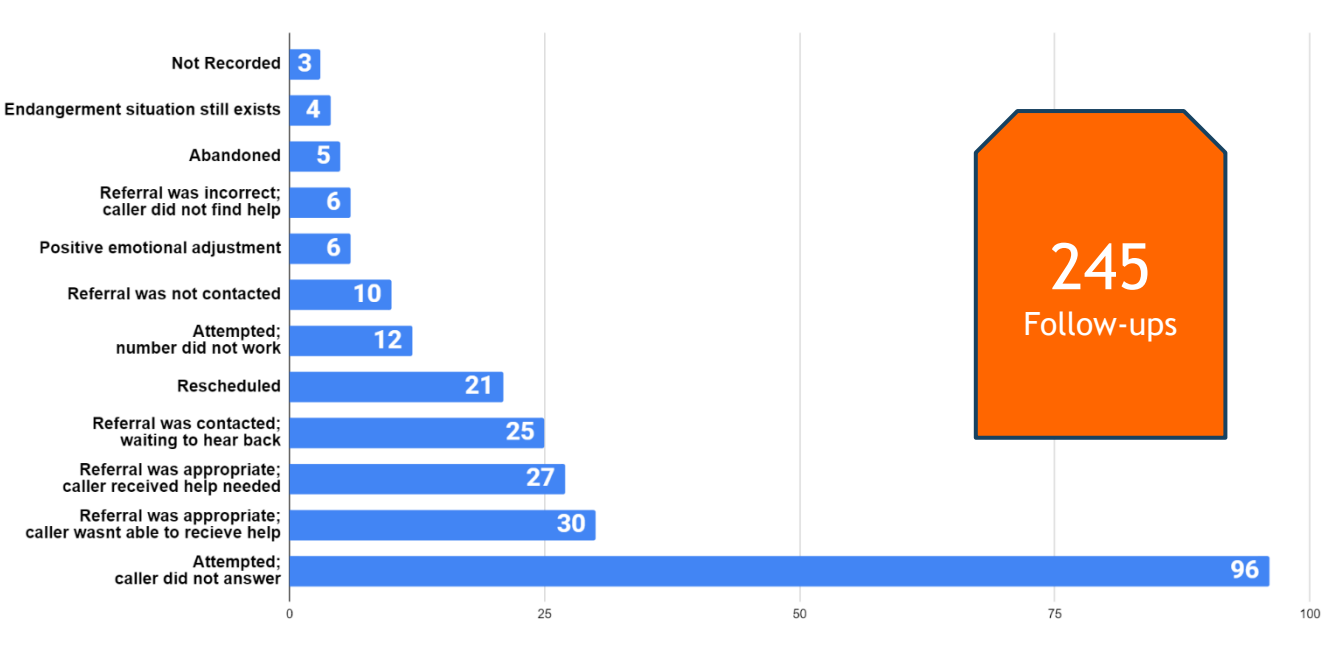
4,106 total referrals were made in Champaign County across 256 distinct agencies.



Contact Needs, Cont.

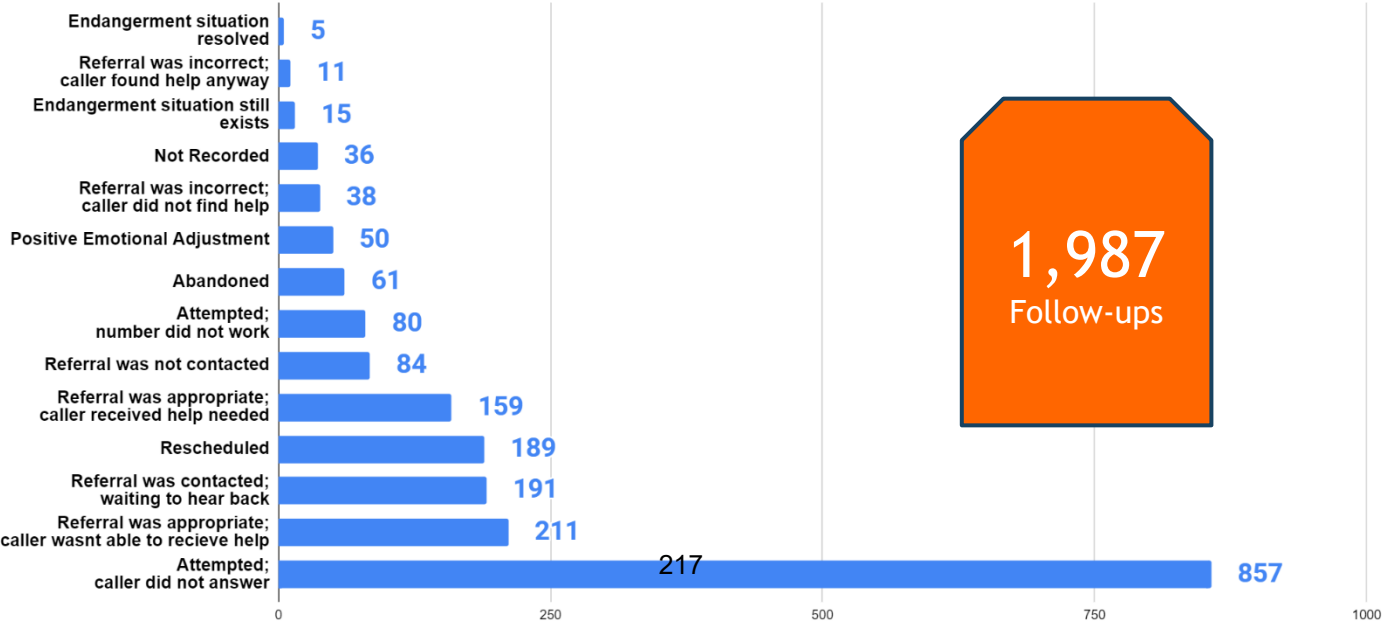
Follow-Ups ↩

Note: PATH performed follow-up calls for a portion of the calls received. This chart breaks down the result of each follow-up attempt.



Local

All of PATH 211



Call Center

The following data corresponds to all of PATH 211, rather than to specific counties or areas.



InQueue and Handle Time

InQueue Time = how long a caller waits to speak with an agent.
Handle Time = how long it takes to resolve a 211 call.

English

0:15
Last Quarter

0:29
Average InQueue Time

8:53
Last Quarter

8:15
Average Handle Time

Spanish

0:21
Average InQueue Time

0:16
Last Quarter

9:11
Average Handle Time

9:22
Last Quarter

Service Level

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

English

96.90%
Last Quarter

90.32%
Service Level

Spanish

92%
Service Level

96.71%
Last Quarter



Call Center, Cont.

Abandons

Abandons = Calls where the caller hung up while waiting to speak with an agent.
Abandon Time = How long a caller waits to speak to an agent before hanging up.
Abandon Rate = Percent of calls that are abandons. Goal = 9%.

English

Spanish

413
Last Quarter

845
Abandons

95
Abandons

61
Last Quarter

0:46
Last Quarter

1:28
Average Abandon Time

0:21
Average Abandon Time

0:14
Last Quarter

3.41%
Last Quarter

5.88%
Abandon Rate

14.33%
Abandon Rate

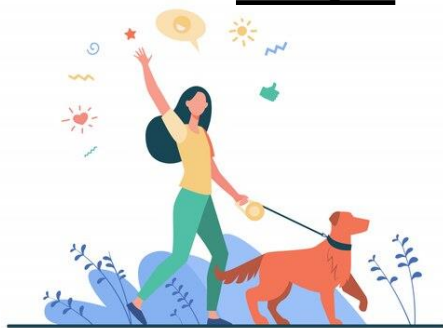
11.25%
Last Quarter

PATH Success Stories

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



Story 1



Caller was struggling with mental health issues and the hurdles they create in finding long-term employment . She was out of work for several years following a period of emotional turmoil and began to accumulate an intimidating amount of debt.

Despite having a Bachelor’s degree and more than a decade of experience in office work, the caller did not think she could handle another corporate job. She is currently doing DoorDash on a limited basis but wants something more concrete and reliable. Our operator asked the caller about her hobbies and interests, and when she talked about how much she loved being outside and walking her dog the operator suggested starting off with some volunteer work both to get a sense of what she’d enjoy and to ease back into the workforce gradually. As an alternative to re-entering the workforce, our operator provided the caller with the information she needed to apply for disability. Finally, to address the issue of debt, our operator went over some financial assistance programs with her.

Caller was relieved to have multiple potential ‘next steps,’ and the beginnings of a plan for the future. The call ended on an optimistic note, as the caller declined our offer to schedule a follow-up contact.

Story 2

Caller reached out with concerns about a mold issue in her apartment. The four units of her building share a connected garage, in which there is a substantial amount of visible mold. She and her partner have an infant in their care, which adds an additional degree of urgency to the situation. Caller has also been suffering from migraines for the last year and suspects the mold was the cause.

To tackle this issue, our operator developed two plans of action. First, we provided the caller with information for their local health department to schedule a mold test for their property. Second, our operator helped identify a local medical provider with whom the caller could schedule tests for herself and her baby. The call concluded with the caller feeling good about knowing where and with whom to book the necessary property and physical examinations.

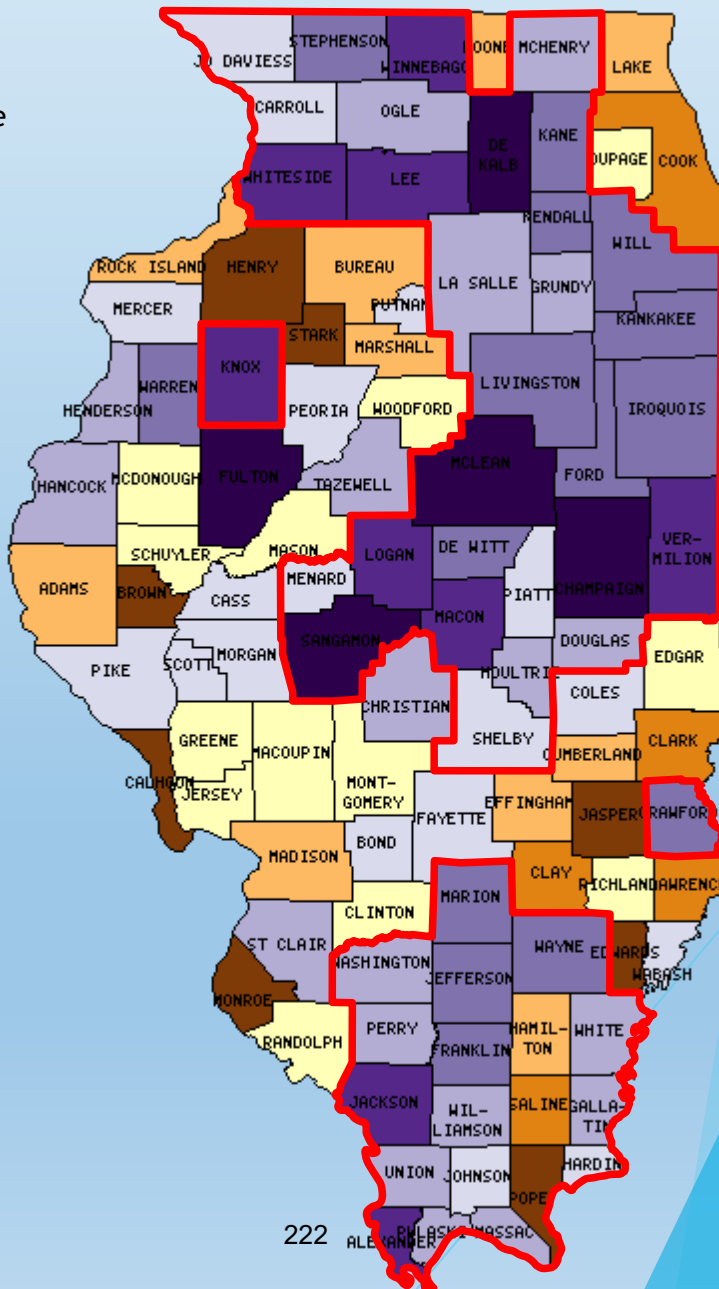












Call Center, Cont.

Contact Density

This map reflects contact volume from each county with respect to that county's population. In effect, callers in the darker purple areas are calling us more frequently while callers in the darker orange areas are calling us less frequently. The red boundary indicates PATH's 211 service area.

Note: The legend indicates "Calls per Population per Year". That is, if Q3 data were constant for a whole year, the top category would receive at least one call for every 50 inhabitants that year.



Legend	
	1/50 +
	1/50 - 1/100
	1/100 - 1/200
	1/200 - 1/400
	1/400 - 1/800
	1/800 - 1/1600
	1/1600 - 1/3200
	1/3200 - 1/6400
	1/6400 - 1/∞
	0

Links/Resources

Links/Resources

PATH Inc. Website

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

211 Counts

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

PATH Inc. Online Database

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

Inform USA

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

Raw Data

- https://docs.google.com/spreadsheets/d/1VpH6OxGb1qTYVZK-g003i4OVjq_59QydDjtNchSsKHE/edit#gid=0

Submitted by:

Chris Baldwin

Director of Database Services
cbaldwin@pathcrisis.org
309-834-0590



Ryan Opalk

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

CCMHB Liaison Choices 2023

	Jane Sprandel	Daphne Maurer	Matthew Hausman	Elaine Palencia	Jen Straub	Jon Paul Youakim	Joe Orm-Osagie	Molly McRay	Lisa Liggins-Chan
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)									
CU at Home (4th Wed., 8 am)									
CU Early (Unit 116 mtg)									
Don Moyer (3rd Tues., 7 am)									
DSC (4th Thurs., 5:30 pm)									
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)									
Immigrant Services of CU									
Promise Healthcare (4th Tues., 6 pm)							X		
RACES (3rd Thurs., 6 pm)									
Rosecrance (last Tues, 4:30 pm)									
Terrapin Station Sober Living									
UP Center (2nd Wed., 6:30 pm)									
WIN Recovery (2nd Monday, 5:30 p.m.)									
County Board Opioid Settlement Task Force								X	
Community Coalition (2nd Wed., 3:30pm)							X		
Expo Committees (various)	X								
Student Mental Health Collab (1st Mon., 11AM, in person 2-3x/semester)									X