



CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

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

Champaign County Mental Health Board (CCMHB)

WEDNESDAY, November 16, 2016

Brookens Administrative Center, Lyle Shields Room

1776 E. Washington St. Urbana, IL

5:30 p.m.

1. Call to Order - Dr. Townsend, President
2. Roll Call
3. Citizen Input/Public Participation
 - A. Grow in Illinois (Chris Stohr) (Pages 4-16)
Copy of 2014 survey attached for information only.
4. Additions to the Agenda
5. CCDDDB Information
 - A. Letter to the Editor by DDB Member Joyce Dill (Page 17)
Copy of letter to editor included in the Board packet.
6. Approval of CCMHB Minutes* (Pages 18-21)
 - A. 10/19/16
Minutes are included. Action is requested.
7. President's Comments
8. Executive Director's Comments
9. Staff Reports
Staff reports from Mr. Driscoll (Pages 22-27) and Ms. Summerville (Pages 28-29) are included in the packet.

10. Consultant Report (**Pages 30-32**)
A written report from Ms. Barb Bressner is included in the packet.
11. Board to Board Reports
12. Agency Information
13. Financial Information* (**Pages 33-39**)
A copy of the claims report is included in the packet. Action is requested.
14. New Business
 - A. Reentry Council Presentation (Bruce Barnard)
Overview of the work undertaken by the Champaign County Reentry Council to be provided to the Board. Handouts to be distributed at the meeting.
 - B. Student Presentation (UIUC Students)
Three brief presentations on various topics will be made by UIUC students.
15. Old Business
 - A. Amendment Policy (Lynn Canfield/Mark Driscoll)
(Pages 40-43)
Briefing memorandum detailing the Amendment policy and authority it grants to the Executive Director is included in the Board packet.
 - B. Multi-Year Contracts (Lynn Canfield/Mark Driscoll)
(Pages 44-47)
Briefing Memorandum on proposed extension of the term of select contracts is included in the Board packet.
 - C. Draft Three Year Plan with FY17 Objectives (Mark Driscoll) (**Pages 48-56**)
Briefing Memorandum with updated draft plan is included in the Board packet.

D. Draft FY18 Allocation Criteria (Lynn Canfield) (Pages 57-63)

Briefing Memorandum on the FY18 Allocation Criteria is included in the Board packet.

E. CILA Update (Lynn Canfield)

An oral report will be provided at the meeting.

F. Meeting Schedule & Allocation Process Timeline (Lynn Canfield) (Pages 64-65)

An updated copy of the meeting schedule and allocation timeline is included in the Board packet for information only.

G. Agency Acronym List (Page 66)

List of agency name acronyms is included in the Board packet.

16. Board Announcements

17. Adjournment

**Board action*

3.A.



GROW Survey 2014 Results

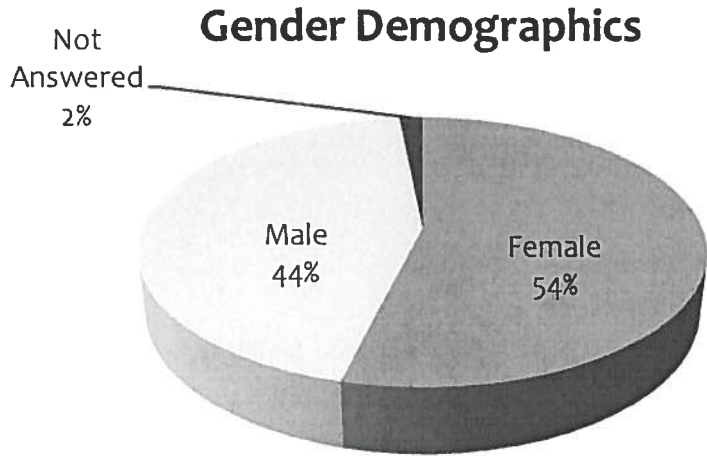
In the Winter of 2014, GROW in America asked group members to complete a survey in order to understand the populations currently being served throughout Illinois and New Jersey, to determine in what ways GROW is helpful, and to establish a baseline for future surveys. The survey was anonymous and voluntary. Those groups participating in the survey were fully formed groups and groups that meet on a weekly basis (including community, agency, special, and hospital groups).

319 surveys were completed by Illinois Growers. The data from these 319 surveys was compiled in order to arrive at the results shown below. (Note: The New Jersey surveys will be compiled in a separate report.)

Each question from the survey is listed first, followed by a chart illustrating the findings for that particular question. Questions and their corresponding charts are shown in the same order that the questions appeared in the survey.

We thank everyone who participated. The results illustrate clearly what we already know in our hearts—that GROW works for many people!

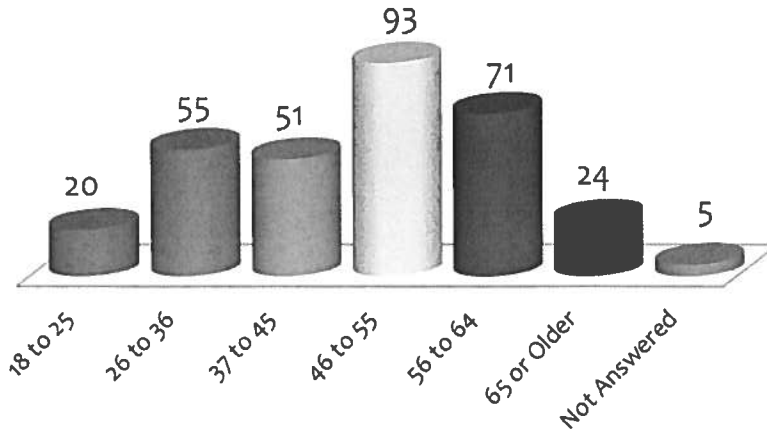
Your Gender: _____



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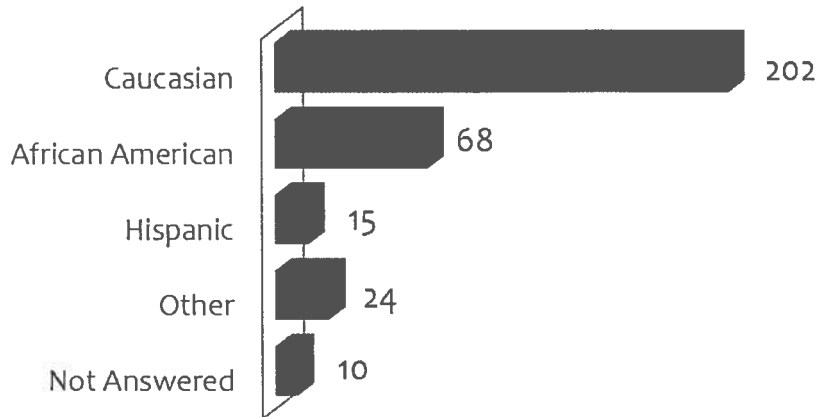
Your Age: _____

Age Demographics



Your Race: _____

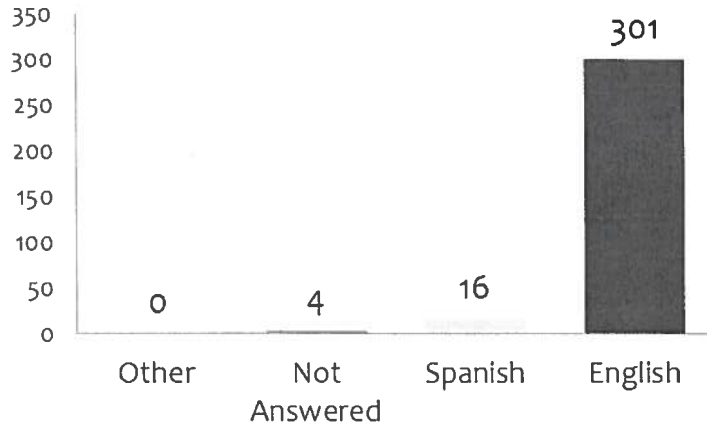
Ethnic Demographics



5

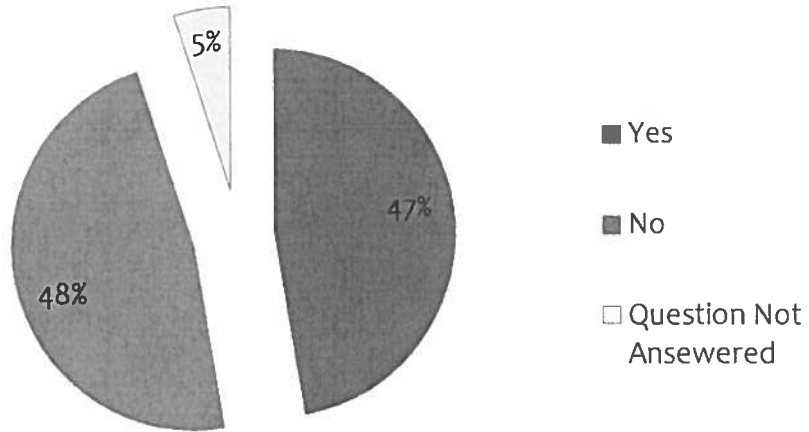
Language Spoken at Home: _____

Language Spoken At Home



Have you or a loved one ever served in the U.S. Armed Forces?

Armed Forces

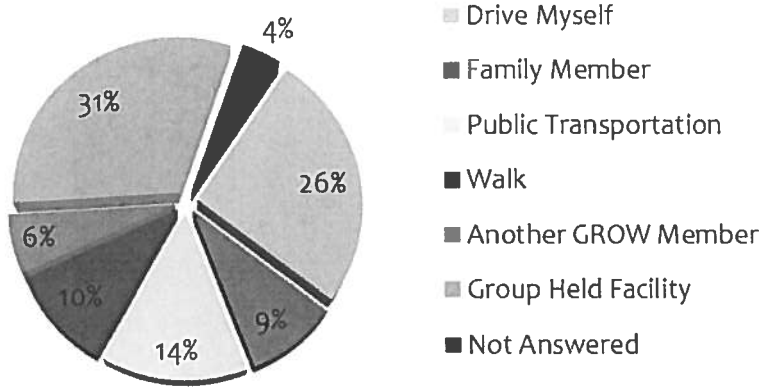


3

How Do You Usually Get To The GROW Meetings?

*Drive Myself Family Member or Friend Public Transportation
Walk Another GROW member Group held at my facility/agency*

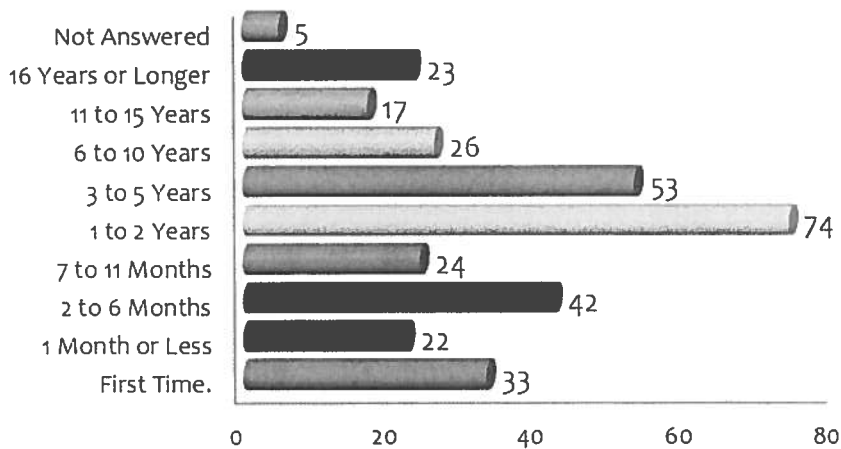
Transportation to GROW Group



How Long Have You Been Attending GROW?

Note: All individuals attending a GROW group on the day the survey was conducted had the opportunity to complete a survey. This included those who were attending a GROW group for the first time.

Length in GROW

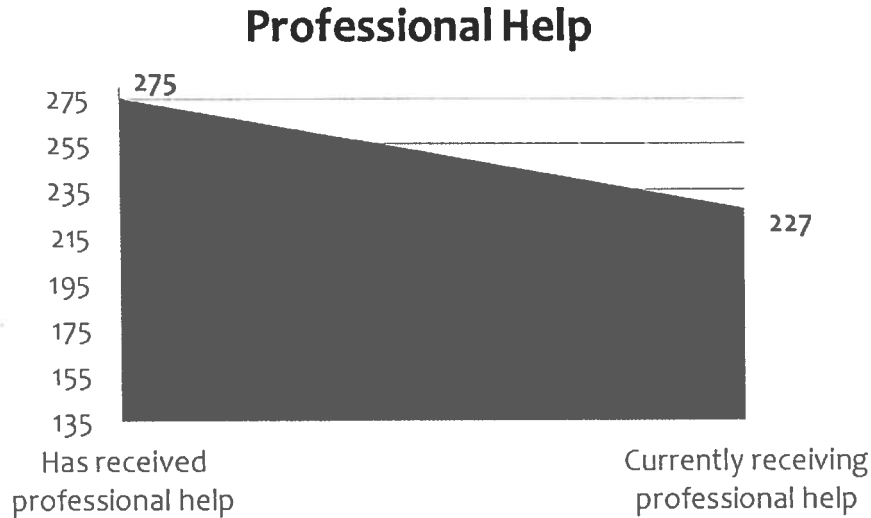


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17

Have You At Any Time Received Professional Help (From A Doctor, Hospital, Psychiatrist, Psychologist, Social Worker, Counselor, etc.)?

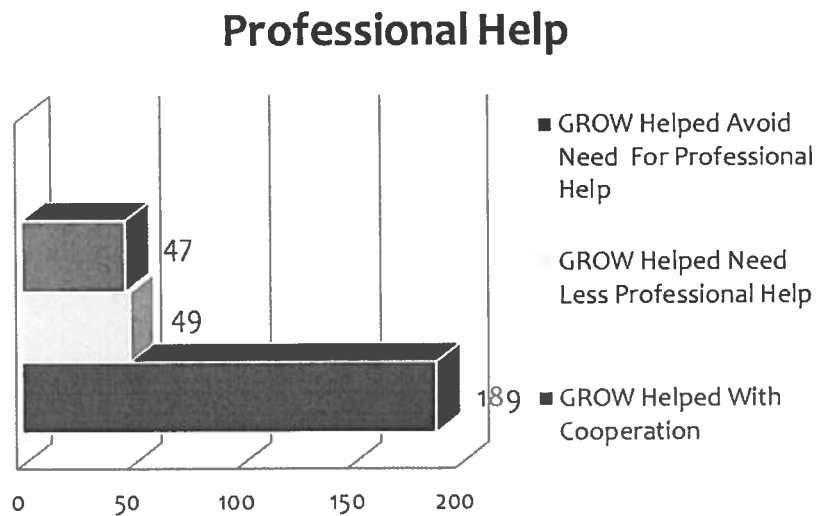
Are You Currently Receiving Any Professional Help?

Note: The results of the two questions above were combined in the chart below to illustrate a comparison between those Growers who have used professional services in the past and those currently receiving such services.



Has GROW Helped You:

- ***Cooperate with Necessary Professional Help?***
- ***Need Less Professional Help?***
- ***Avoid Any Need For Professional Help?***

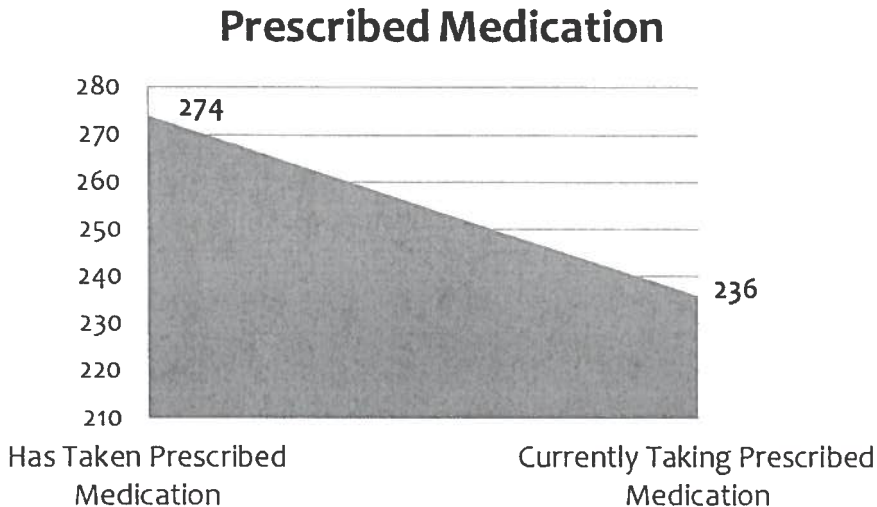


8

Have You Ever Taken Medication For Mental Illness Or Other Coping Problems?

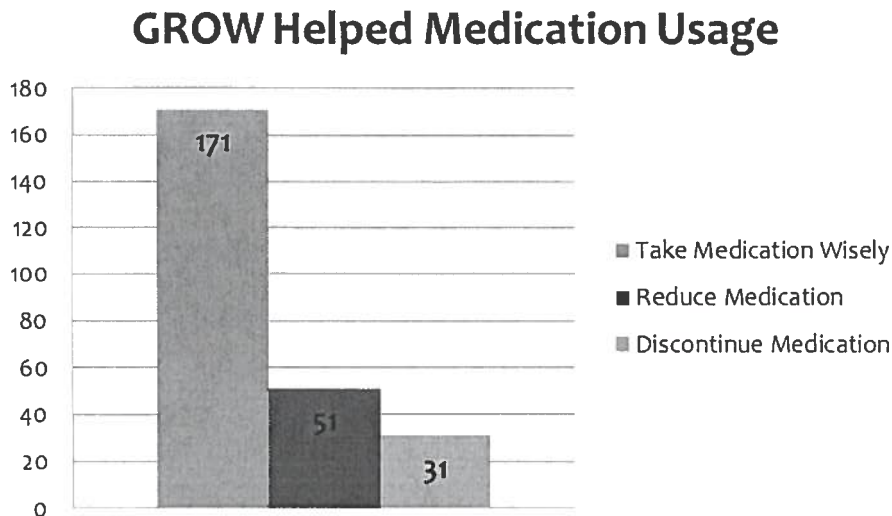
Are You Currently Taking This Type Of Medication?

Note: The results of the two questions above were combined in the chart Below to illustrate a comparison between those Growers who have taken psychotropic medications in the past and those currently taking such medications.



Has GROW Helped You...

- ***Take Psychiatric Medication Wisely While Under Treatment?***
- ***Reduce Medication Safely?***
- ***Discontinue Psychiatric Medication Safely?***

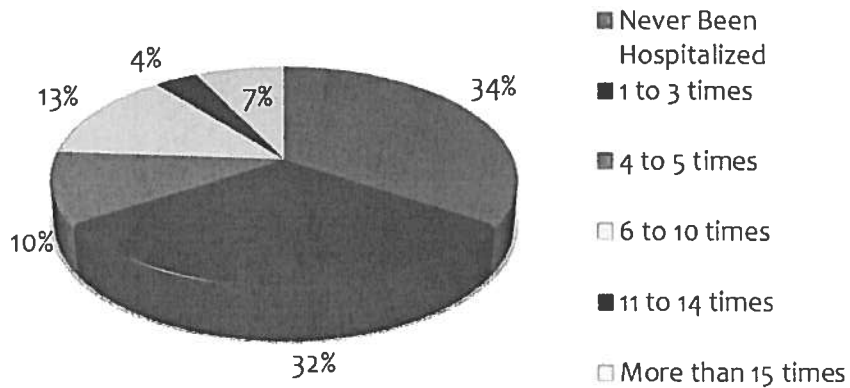


Have You Ever Been Hospitalized For Mental Illness, Coping Or Emotional Problems?

If Hospitalized, Write The Number Of Times You Were Hospitalized: ____

Note: The above two questions were combined in the chart below to show: 1) the number of Growers who have been hospitalized and 2) the number of hospitalizations—for those who indicated they had a mental illness or coping or emotional problems.

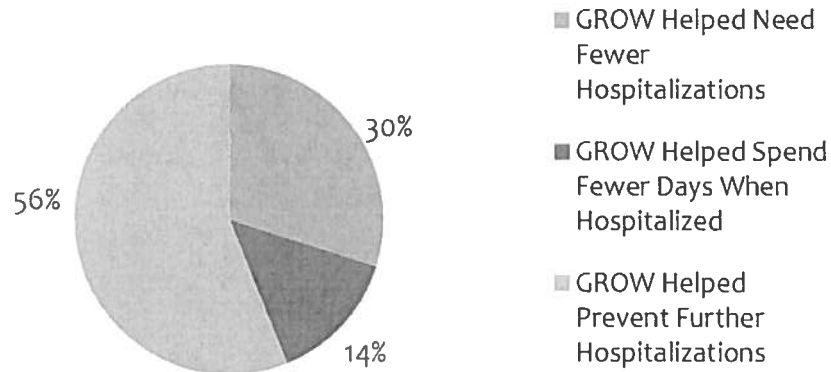
Psychiatric Hospitalizations



Has GROW Helped You...

- Need Fewer Hospital Admissions?*
- Spend Fewer Days In The Hospital When Admitted?*
- Prevent Any Further Hospitalizations?*

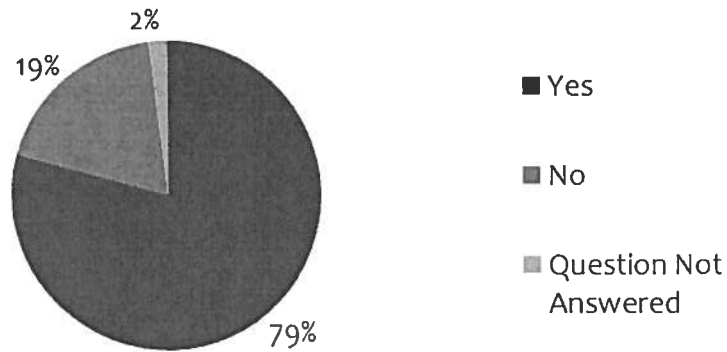
Change in Hospitalization Admittance



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Have You Been Given A Specific Diagnosis For A Mental Illness Or For An Emotional Or Coping Problem?

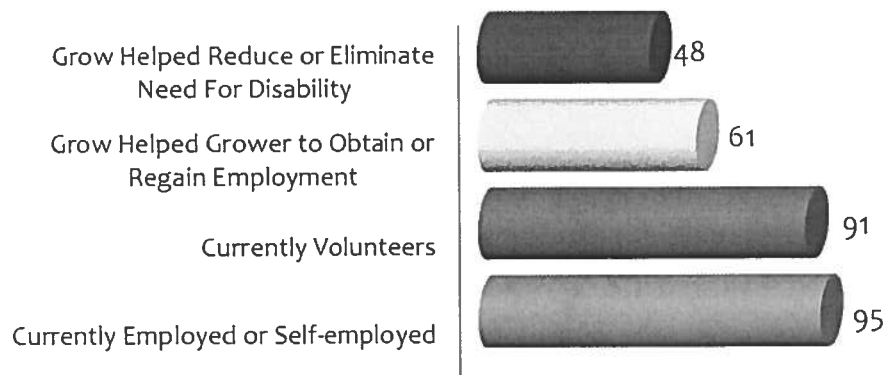
Given Diagnosis For Mental Illness, Emotional or Coping Problems



*Are You Employed In A Salaried Position, Or Self-Employed?
 Are You Doing Volunteer Work?
 Has GROW Helped You To Obtain Or Regain Employment?
 Has GROW Helped You Reduce Or Eliminate Your Need For Disability Benefits?*

Note: The above four questions were combined in the chart below to show: 1) the current employment status of Growers (either paid or volunteer) and 2) whether or not GROW was beneficial in helping these individuals obtain or regain employment.

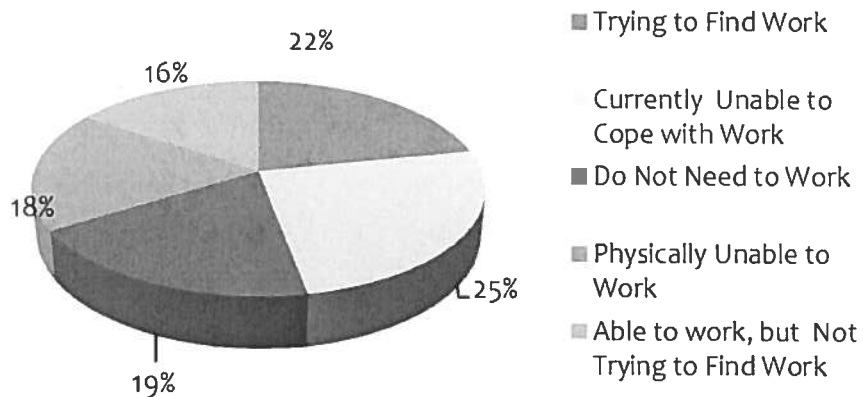
Employment Status and Disability Benefits



If You Are Unemployed Now:

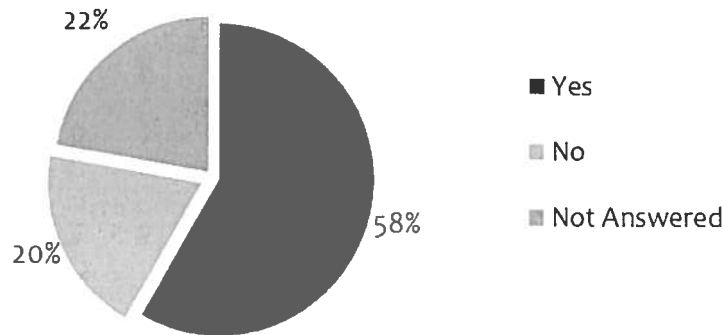
- ***Are You Trying To Find Work?***
- ***Are You Currently Not At Able To Cope With Work?***
- ***Do You Not Need To Work (Since You Are A Student, Homemaker, Retired, Supported By Spouse Or Mate, Or Have Independent Income)?***
- ***Are You Physically Not Able To Work?***
- ***Are You Able To Work, But Currently Not Trying To Find Work?***

Reason for Current Unemployment Status



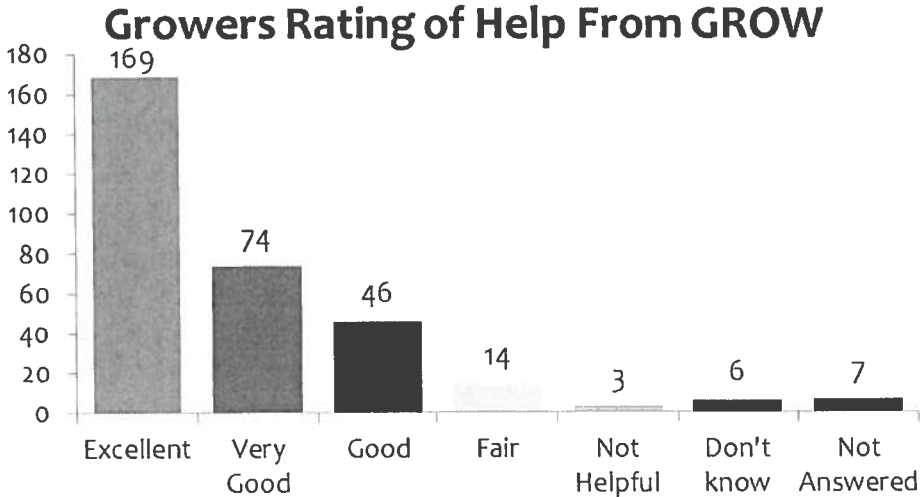
If Unemployed, Do You Receive Some Form Of Federal Or State Benefit? (For Example, Unemployment Benefits, Social Security, Supplemental Security Income, Ect.)

Currently Receiving a Federal or State Benefit



How do you rate the help you have received from GROW?

- *Excellent*
- *Very Good*
- *Good*
- *Fair*
- *Not Helpful*
- *Don't Know*



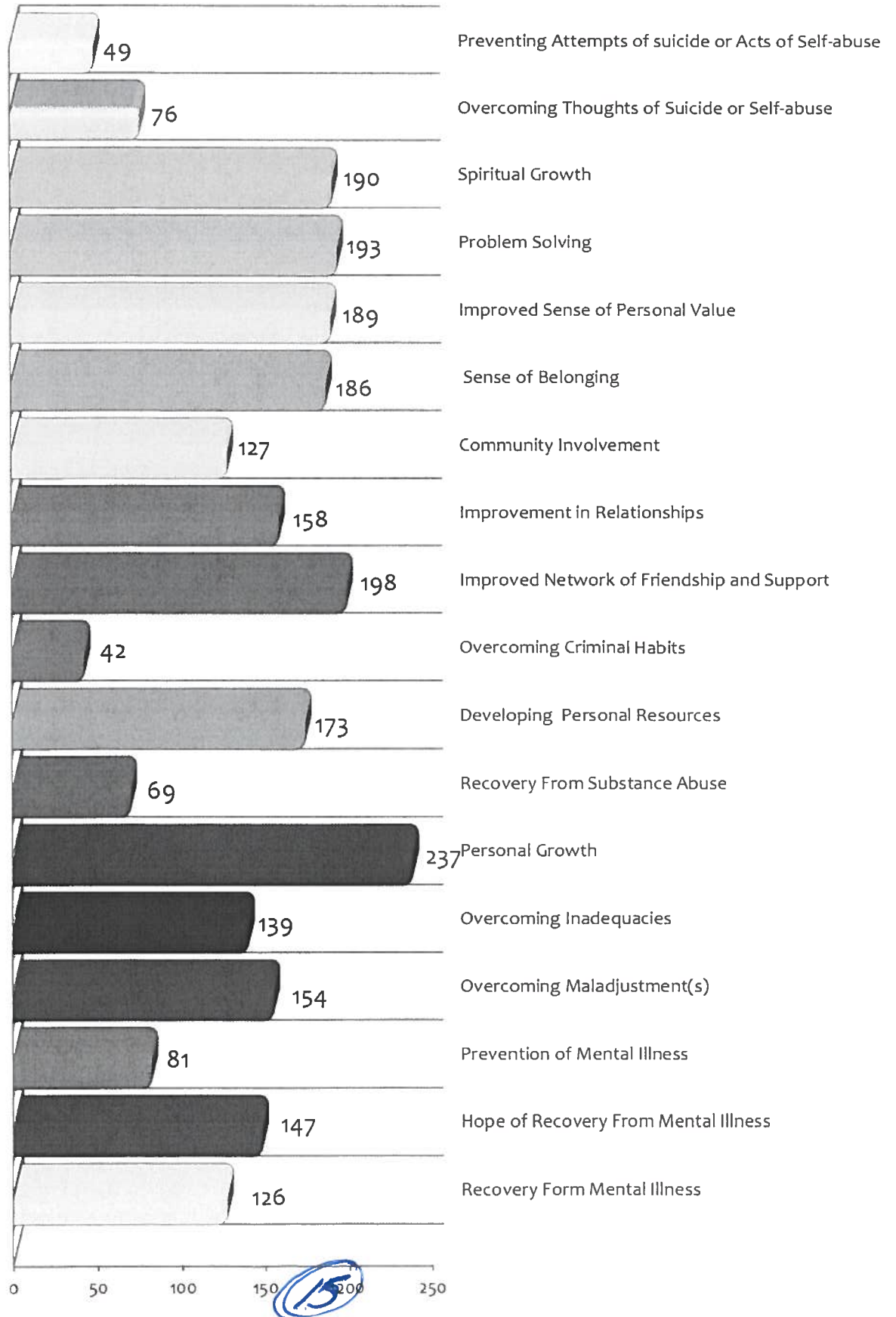
10
13

Note: The final question below relates to the ways in which Growers believe they have achieved personal growth and also the ways in which they have used the GROW Program and methods to overcome personal inadequacies and/or maladjustments. In this case, participants were asked to respond to all points that apply to them.






Has GROW Helped You With:

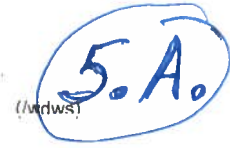
- ***Recovery From Mental Illness Or Maladjustments?***
- ***The Hope Of Recovery From Mental Illness?***
- ***Prevention Of Mental Illness?***
- ***Overcoming Maladjustment(S)?***
- ***Overcoming Inadequacies?***
- ***Personal Growth ?***
- ***Recovery From Substance Abuse?***
- ***Developing Your Own Personal Resources?***
- ***Overcoming Criminal Habits?***
- ***Improved Network Of Friendship And Support?***
- ***Improvement In Problem Relationships?***
- ***Community Involvement?***
- ***A Sense Of Belonging?***
- ***Improved Sense Of Personal Value?***
- ***Problem Solving?***
- ***Spiritual Growth?***
- ***Overcoming Thoughts Of Suicide Or Self-Abuse?***
- ***Preventing Attempts Of Suicide Or Acts Of Self-Abuse?***
- ***None Of The Above?***

Grower Improvement





-  REGION 1
-  REGION 2
-  REGION 3
-  REGION 4
-  REGION 5



Override veto on caregivers' wages

Fri, 10/28/2016 - 7:00am | The News-Gazette (<http://www.news-gazette.com/users/digitalmedia>)

My family, like thousands of families across Illinois, has a loved one with a developmental disability who depends on direct support staff to assist him/her in meeting everyday needs such as eating, dressing and bathing.

The direct support workforce is essential to the lives of people with developmental disabilities, their families and the state as a whole. With the help from direct support staff, people with developmental disabilities are able to live as independently as possible and become part of their communities.

As a member of the Champaign County Developmental Disability Board, I hear about the status of the agencies doing this work. My son's agency and hundreds of others are struggling to find people to do this critical work because they can't compete with the wages paid by fast-food chains, retail stores and distribution centers.

The General Assembly recognized the value of direct support staff and passed HB 5931 this spring, which would require the state to increase the wages they pay for direct support staff for the first time in eight years.

Gov. Bruce Rauner vetoed HB 5931 and now my family is joining people throughout our community by asking our state and local lawmakers to show support for people with disabilities by voting "yes" to override the veto.

This is the right decision for the people in our state who require extra care and for those who provide it.

JOYCE DILL

Urbana

Join the Conversation ⁽⁰⁾



L.A.

**CHAMPAIGN COUNTY MENTAL HEALTH BOARD
BOARD MEETING**

Minutes—October 19, 2016

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

5:30 p.m.

MEMBERS PRESENT: Thom Moore, Judi O'Connor, Anne Robin, Julian Rappaport,, Margaret White

MEMBERS EXCUSED: Elaine Palencia, Deborah Townsend, Susan Fowler, Astrid Berkson

STAFF PRESENT: Lynn Canfield, Mark Driscoll, Shandra Summerville

STAFF EXCUSED: Nancy Crawford, Stephanie Howard-Gallo

OTHERS PRESENT: Juli Kartel, Rosecrance; Lisa Benson, Regional Planning Commission (RPC); Vicki Tolf, Laura Bennett, Developmental Services Center (DSC); Becca Obuchowski, Community Choices (CC); Gail Raney, Prairie Center Health Systems (PCHS); Chris Stohr, GROW; Maggie Potter, Brooke Garren, University of Illinois; Beth Chato, League of Women Voters (LWV); Andy Kulczycki, Community Service Center of Northern Champaign County (CSCNCC)

CALL TO ORDER:

Dr. Thom Moore called the meeting to order at 5:30 p.m.

ROLL CALL:

Roll call was taken and a quorum was present.

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CITIZEN INPUT / PUBLIC PARTICIPATION:

None.

ADDITIONS TO AGENDA:

None.

CCDDB INFORMATION:

Ms. Canfield provided a summary of the afternoon's meeting of the CCDDB.

APPROVAL OF MINUTES:

Minutes from the September 21, 2016 Board meeting was included in the Board packet for approval.

MOTION: Dr. Robin made a motion to approve the minutes from the September 21, 2016 Board meeting. Ms. White seconded the motion. A voice vote was taken and the motion passed.

PRESIDENT'S COMMENTS:

None.

EXECUTIVE DIRECTOR'S COMMENTS:

STAFF REPORTS:

Reports from Mr. Driscoll and Ms. Summerville were included in the packet. Mr. Driscoll responded to questions regarding zip code data and performance outcomes.

CONSULTANT'S REPORT:

None. Ms. Summerville provided a verbal report on the disABILITY Expo.

BOARD TO BOARD:

Ms. White attended a Promise Healthcare meeting.

Ms. O'Connor attended a Community Choices event.

AGENCY INFORMATION:

None.

FINANCIAL INFORMATION:

A copy of the claims report was included in the Board packet.

MOTION: Dr. Robin moved to accept the claims as presented. Dr. Rappaport seconded the motion. A voice vote was taken and the motion passed unanimously.

NEW BUSINESS:

Anti Stigma Strategies Presentation:

Maggie Potter and Brooke Garren from the University of Illinois shared their initial research (along with Tori Palmer who was unable to attend) on anti-stigma efforts across the county. Copies of their Powerpoint were distributed to the CCDDDB.

Amendment Policy:

A Briefing Memorandum detailing the Amendment Policy and authority it grants to the Executive Director was included in the Board packet for discussion. An extensive discussion on past practices followed. Dr. Moore requested a list of examples of past amendments be available at the next Board meeting.

Multi-Year Contracts:

A Briefing Memorandum on proposed extension of the term of select contracts was included in the Board packet. Discussion followed.

Draft FY18 Allocation Criteria:

A Briefing Memorandum on the FY18 Allocation Criteria was included in the Board packet for review and discussion. Additional meetings may be scheduled to discuss this document at length.

OLD BUSINESS:

CILA Update:

A financial update was included in the Board packet. Ms. Canfield provided a verbal update.

BOARD ANNOUNCEMENTS:

None.

ADJOURNMENT:

The meeting adjourned at 6:50 p.m.

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Respectfully
Submitted by: Stephanie Howard-Gallo
CCMHB/CCDDB Staff

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

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Mark Driscoll

Associate Director for Mental Health & Substance Abuse Services

Staff Report – November 16, 2016 Board Meeting

Summary of Activity

CCMHB Three-Year Plan with Objectives for FY 2017: Included under Old Business is the Three-Year Plan (2016 - 2018) with Objectives for FY 2017 for discussion by the Board. Some minor changes have been made to the plan based on input received on the initial draft. A final draft will be presented at the CCMHB meeting in December.

Contracts: As requested at the October meeting, I prepared a list of amendments with brief descriptions that has been included in the updated Briefing Memo in the Board packet. The list covers the period of FY2016 through FY2017. As you will see from the list, since the last Board meeting two amendments are in process. One amendment concerns changes to the Prairie Center Youth Services contract. The other pertains to the First Followers Peer Reentry contract. See the Briefing Memo for more information on these two amendments. Rosecrance CU has submitted a request for an amendment to the Early Childhood Mental Health and Development contract. That request is under review.

By contract, any agency with a contract of \$20,000 or more is required to submit an audit within 120 days following the end of the agency's fiscal year. For most agencies this makes late October the deadline to submit the audit or file a request for an extension. Existing language in the contract allows the Board to withhold payments if the audit is not filed on time or where an extension has not been approved. Four agencies submitted requests and were granted extensions to the end of the calendar year. The requests are necessary because of delays by the state providing information on the amount of federal awards coming through the Illinois Department of Human Services. For some agencies the requests have been necessary for several years in a row. Consideration is being given to extending the time allowed to 180 days but eliminating the opportunity to request an extension; the sanction language would remain.

CCMHB Quarterly Reports: First quarter reports were due the last Friday of October. All agencies received a reminder of the deadline two weeks in advance. A couple of agencies requested help or had questions on completing the reports. As part of the review process, hard files have been created for each program and the excel spreadsheet used to track service activity reported has been updated. Each of the quarterly reports has been reviewed and where necessary clarification or corrections requested and addressed. The hard files include the approved program applications and as the year progresses program related notes and records are added to the files.

Also, Lynn and I met with Alex Campbell, the online system consultant, to discuss the system and possible enhancements and other features that may be of use to staff or board members.

Criminal Justice - Mental Health: Represented the CCMHB at meetings of the Crisis Intervention Team Steering Committee (CIT SC), the Reentry Council, and the Crisis

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Response Planning Committee. A CIT training for primarily local jurisdictions was held last week. Twenty-five officers completed the 40 hour training. Two more CIT trainings are scheduled through the end of June. An eight hour de-escalation class is also available. The eight hour class is available to officers from small jurisdictions and will be required of all state correctional and parole officers. METCAD dispatchers have completed NARCAN training – used by officers to treat heroin/opiate overdoses. This will aid dispatchers in communicating with officers about calls. METCAD will also have new hires completing either Mental Health First Aid-Law Enforcement sessions or the CIT training. The Area Report Management System (ARMS) used by all police departments in Champaign County is being programmed to include a CIT form to track contacts. Use of the form is expected to be mandatory for officers. Rosecrance CU reported on volume of crisis related contacts in September.

The Reentry Council completed a Sequential Intercept Mapping exercise on Intercept 4 – Reentry. This exercise lasted two hours and was the focus of the entire extended meeting. The Crisis Response Planning Committee is in the process of mapping the three remaining intercepts: Intercept 2 – Initial Detention, Intercept 3 – Jails/Courts, and Intercept 5 Community Corrections. The Intercept 1 – Law Enforcement mapping exercise was completed in July. The Committee revisited the substance use screening instrument to be used in the jail. Use of the TCU Drug Screen V Form was approved and would replace the CAGE screen. One of the advantages of the TCU screening tool is it will be available using a web-based format making it much easier to compile and track results. Distributed at the meeting was the focus groups/online survey/community meeting report. A copy is attached to my report.

Also attended along with Allen Jones and Lisa Benson, the CUNY Institute for State and Local Governance “Frequent Utilizers All Sites Consortium” meeting held in Chicago November 3rd. Ten sites from across the country including Champaign County were selected to participate in the Consortium. At the meeting, participants discussed how frequent utilizers are defined, identified in systems, matched across systems, and access services. Panel discussion and other presentations provided information on health data integration and frequent utilizer interventions, linking justice involved populations with health care providers, and promoting relationships between the criminal justice system, community providers and stakeholders, and health care systems. Each site will receive additional technical assistance from the Institute over the next six to eight months.

Other Activity: The Continuum of Care and Council of Service Providers to the Homeless (CSPH) meetings included updates on efforts to provide emergency shelter to men and women who are homeless. At the Continuum meeting, the First United Methodist Church representative reported Austin’s Place has scheduled a series of trainings for volunteers and has received a grant from Carle Foundation Hospital. Fundraising continues. Austin’s Place is open through the winter and can serve up to eight single women a night. At the CSPH meeting, a plan for establishing a temporary overnight emergency shelter for up to thirty men was presented. Faith United Methodist Church will oversee operation of the shelter however a location has not been identified. Four part-time employees would be hired. Projected cost to operate the shelter for three months is \$28,500. United Way has agreed to set-up an account to accept donations to the men’s shelter.

Justice and Mental Health Collaboration Program
Focus Group Report – October 2016

In October 2015, Champaign County received a Justice and Mental Health Collaboration Program (JMHCPC) grant, from the Department of Justice, for a two-year planning and development period that will result in an implementation plan to more adequately meet the needs of individuals with a mental health disorder (MHD) or co-occurring mental health and substance use disorders (COD) who come into contact with local law enforcement (LE) and the County Jail. Under the auspices of the Crisis Response Planning Committee (CRPC), the formal planning group formed to guide grant activities, JMHCPC staff created a survey, made available to the public in both hardcopy and electronic form online, and conducted a number of public input sessions and specialized focus groups throughout the community.

Information was obtained from approximately 200 individuals through focus groups, surveys, and interviews. Specifically, information was gathered from the public, Reentry Council, Crisis Response Planning Committee, IPLAN Access to Care and Behavioral Health Group, University of Illinois Campus Behavioral Health Providers, AA/NA Support Group, NAMI Champaign County, leaders from Salem Baptist Church and Bethel AME Church, community members, and inmates in the County Jail.

While not specifically required by the grant funding, the public input process provided a clearer understanding of both the real and perceived gaps in treatment and services throughout the community, as they pertain to the stated population. Throughout this process, common themes became apparent. The following is a summary of themes that emerged from the various groups and information-gathering activities.

Education/Prevention Opportunities

Enhanced provision of various educational opportunities, as well as referral supports was recommended. Participants often noted the importance of building community awareness of behavioral health issues to lessen the stigma surrounding mental health and substance use disorders. In addition, increasing service providers' knowledge of community resources, in order to provide consistent information across systems and agencies, was a common suggestion. Participants also stated that an easily accessed, up-to-date reference guide of community resources would be extremely helpful.

The importance of preventative supports and care was expressed. Specific suggestions included prioritizing community-based preventative services, rather than focusing so many efforts on treatment after a crisis and/or justice involvement has occurred.

Many community members discussed having had positive experiences with CIT-trained officers. Suggestions included expanded opportunities to voluntarily share information with law enforcement regarding triggers, mental health challenges, and safety plans for specific residents.

A Quick Response Model or First-Episode Psychosis Model, for provision of early treatment and wrap-around services, was proposed. In addition, provision of a Co-Responder Model and increasing Mental Health First Aid (MHFA) and Crisis Intervention Team (CIT) training among LE, were popular suggestions. Further, increasing the provision of training events, to inform the community (public, family members, and providers) on the fundamentals of MHFA, as well as increasing training opportunities and workshops for specialized groups on topics such as boundaries and support, CIT, Motivational Interviewing, and Stages of Change, and opioid addiction were recommended.

Access to Psychiatric Care – Capacity

The lack of access to psychiatric treatment in Champaign County and the jail was repeatedly voiced as an acute concern, and discussed at length. Increased access to psychiatry and psychiatric medication, both in the community and inside the County Jail is considered a critical need. Improved communication with psychiatrists is seen as vital to any effort toward improvement. Further, continuity of care for individuals entering, as well as leaving jail to reintegrate into the community is a concern.

It was frequently recommended that health information sharing be coordinated, so that current medical records can be accessed by physicians, psychiatrists or nurse practitioners prescribing medication in the jail. It was reported that when individuals, to whom medication has been prescribed, enter the County Jail, their medication is often altered. Sometimes the change made is to a generic alternative, considered a less expensive equivalent of that which was prescribed in the community. In other cases, a change in medication or dosage is due to evidence of medication non-compliance preceding an individual's incarceration.

Conversely, when consumers have been provided with services inside the jail, once they leave, the connectivity to those particular resources may be lost. In light of this, two common recommendations emerged. The first recommendation was that continuity of care within the jail be prioritized and a process for said continuity be developed. The second recommendation was that Navigators or Transitional Specialists, individuals who can assist consumers in understanding and navigating various systems (housing, medical, benefits) are available when needed, then step back as individuals and families connect with necessary resources.

Many participants also expressed the perception that there is a need to increase and expand programming in the jail including counseling, parenting classes, AA/NA groups, Moral Reconciliation Therapy (MRT) groups, etc. Further, some individuals identified spirituality as an essential part of recovery, and would like to see it incorporated and accommodated more, both in the jail and in services offered in the community.

Specialized Housing

A perceived need for specialized housing and recovery homes, for specific target populations, such as persons with mental disorders, persons in long-term recovery for substance use disorders, those reintegrating into the community from incarceration, and those who are

homeless is a common and critical concern. Expanded housing options, including long-term recovery housing, is one of the most common concerns expressed.

It was suggested that specialized housing units in the jail for those with MH or COD would increase safety as well as peer support opportunities, for individuals participating in programming. Further, particularly for individuals releasing from jail or prison, step-down housing or a half-way house was thought to greatly assist individuals' success during their transition back into the community.

Also frequently discussed was the need for an Assessment Center or Triage Center, viewed as an alternative to incarceration for persons with substance use and/or mental health needs who come into contact with law enforcement. The assessment or triage center, typically described through group discussion as made up of various services, including but not limited to an array of the following:

- a. Drop Off for Law Enforcement
- b. Access to Assessments and Crisis Intervention
- c. Psychiatry Services
- d. A living room model that includes onsite access to wrap-around services
- e. Crisis Stabilization Residential Services
- f. Detox Services
- g. 23 hour hold beds
- h. Linkage to a continuum of care for persons with behavioral health disorders, as well as those who are experiencing or are at risk of homelessness

Further, an appropriate space for medical detox, both in the jail and in the community, was a common recommendation, as there is currently no provider of detox services in Champaign County.

Other Notes

Support for a co-responder model to dispatch a mental health professional with law enforcement was repeatedly voiced. Peer navigators were thought to be an important component to recovery. More recovery support is needed, especially for people without private insurance. Family counseling and support, for low income families of those with behavioral health needs, is a need in this community.

The University of Illinois has a variety of resources to address behavioral health disorders, but not enough to meet the need indicated by crisis calls. At McKinley Health Center, staff are typically entry-level professionals, ill-equipped to navigate the complexities of mental health issues beyond the clinic door. Capacity limits exist for counseling services. Student awareness of behavioral health services in the community is limited. And, the needs of international students who indicate a need are typically more complex due to cultural and language barriers.

Some groups emphasized the vital role of spirituality in recovery, and voiced a need for training, both clergy and congregations, on early identification and supports available for loved ones in the community.

AA/NA community members noted that they refer those in need of detox or residential care outside the area, often to Chicago or other states. They support the development of services locally and want to be part of a community-wide recovery movement – emphasizing the need for self-help and community events that support and enhance recovery post treatment.

The purpose of these elective efforts was to gain a clear understanding of both the real and perceived gaps in treatment and services throughout the community, as they pertain to the persons with MH and COD who come into contact with local law enforcement and the County Jail. All participants, from the multiple focus groups conducted and surveys received, recognize that critical needs exist in Champaign County for this target population, that impact not only individuals and families, but the community at large. By identifying the commonly recognized needs in our community, a lack of necessary resources for some of our community's most vulnerable citizens (e.g. stable and appropriate housing, access to treatment, educational opportunities to mitigate stigma and increase awareness of effective response), the CRPC is better equipped to develop an implementation plan that will better address individual and community needs.

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

October was a full month of activities beginning of November starts with my first review of 2016 CLC Plans with providers. I will begin providing feedback and recommendations for the next few weeks.

Disability Expo- There were a total of 94 volunteers for the events. There were volunteers that also showed up on Monday to help with the unloading and putting things back in PNC Bank. I will attend the final meeting to talk about recommendations for the next year 2017.

Community Outreach/NAACP- I attended the NAACP November Meeting at this meeting there was a presentation from Jefferson Middle School. Principal Angi Franklin challenged her staff to actual engage the community where students live. The activity included all administrative staff, support personnel, and building service workers. This activity was done before the first day of school to show families that the staff from Jefferson cared about the students.

I have attended the CU Collaborative Conversations about Race in CU. This is an opportunity to begin to build relationships and solutions about how to address discussion about race and how to move the conversation more intentional. The collaboration has expanded and it was recommended that additional stakeholders become involved that would like to build the bridge of CU Race Relations.

Cradle to Career- I will participate in Kindergarten Readiness activities to spread awareness about the event.

The Family Conference at Windsor Road Church is November 12, 2016. I will present a workshop about how to begin talking about Race and Culture with children.

Youth Mental Health First Aid has updated the instructor’s manual to include more up to date information and additional research. I provide instruction as a part of the Project Aware Grant in collaboration with Champaign Unit 4 School District. I also participated in a Webinar to discuss how to market Mental Health First Aid to community members.

My first CLC Review is with DSC. I will provide feedback and a desk review about their 4th quarter report.

The School of Social Work students – Will host two trainings

Ethical Communication- On Monday, November 28, 2016 1:30-3:30 Location TBA

Effective Collaboration- Monday, December 5, 2016 at 1:30-3:30 Location TBA

National Center for Cultural Competence: The National Center for Cultural Competence has developed a new leadership program for DD/IDD populations.

I had a conference call with the Director, Tawara Goode about work with DD/IDD populations and the Transitional Planning for Champaign County. I have begun reviewing best practices and researching the disparities within the DD/IDD Populations.

“The Leadership Institute is a collaborative, multifaceted initiative with a goal to increase the number and capacity of leaders to advance and sustain cultural and linguistic competence (CLC) and respond to the growing cultural diversity among people with intellectual and developmental disabilities (I/DD) in the United States, its territories, and tribal communities. The Institute is funded over a five-year period through a Cooperative Agreement from the Administration on Intellectual and Developmental Disabilities (AIDD), Administration for Community Living, U.S Department of Health and Human Services. The Institute's activities include:

five annual Leadership Academies

a series of web-based learning and reflection forums for the I/DD network

long-term, tailored mentoring to selected organizations to assist them to achieve their cultural diversity and CLC goals. “

(Source: National Center for Cultural Competence nccc.georgetown.edu/leadership/)

I have connected with the Center for Capacity Building for Minorities with Disabilities to begin learning about their Transitional Model and “A Roadmap to Personal Success: Student Manual.

I conducted a presentation at the GED program located on the campus of College of Southern Nevada. The class is focused on health careers and I gave an introduction presentation on Cultural Competence principles.

I met with Linda Tortorelli to begin foundational conversations about transition support for young adults with a DD/IDD in Champaign County and their families. We begin identifying the priorities and gaps in services experienced by this population:

- Robust Transitional Planning IEP meetings are not happening at the age of 14 ½
- -The Independent Service Coordination team is not present for all transition planning meetings in order to share information about PUNS and all of the adult services that are offered in Champaign County to provide more coordinated care.
- Students with 504 plans are not getting transition support plans and don't have access to services.

It is recommended that a broad group of community stakeholders begin to identify needs for the transition populations and recommend to the DDB how they can begin supporting transitional supports for individuals and families.

disABILITY Resource Expo: Reaching Out For Answers
Board Report
November, 2016

Another successful Expo is in the books! The 10th anniversary Expo was held on Saturday, October 15th at the Fluid Event Center. This year's Expo was a busy and happening place, with an estimated 1500-2000 in attendance.

I'd like to extend a huge thanks to our Steering Committee, who not only planned, but carried out so many of the tasks related to making this Expo a reality. We continue to have such a strong, highly dedicated group of people on this committee, and for that we are so grateful! They readily jump in to assist with everything from fundraising to promotion to set-up and tear down, and everything in between. I am truly humbled by the wonderful people I am so privileged to work with on this important event in our community.

Exhibitors – 92 exhibitors spent the day sharing information on services, resources and new technology geared toward assisting individuals with disabilities and their families. There were 19 for-profit and 73 not-for-profit exhibitors who participated this year. Thirteen exhibitors were new to the Expo for 2016. General categories represented by exhibitors were Advocacy, Legal and Service Organizations, Education and Recreation, Health Care and Equipment, Self-Help and Support Groups, Vocational and Residential, and Transportation Resources. We were pleased, again this year, to bring some great new technology recruited from the Abilities Expo, which is a national Expo we attend each year in Schaumburg. Obi, a robotic self-feeding system and uControl, a remote controlled door system brought their exciting new technology to this year's Expo.

Exhibitors enjoyed a wonderful hospitality center, provided courtesy of Einstein Bagels, County Market and Meijer. A special thanks to Nancy Crawford for securing these sponsors again this year to help our exhibitors feel welcome and appreciated. We also upgraded our event venue with pipe and drape around each exhibitor booth. Exhibitors voiced that they were pleased with this addition, and that it really helped with the noise level, making it easier to chat with their visitors.

Visitors enjoyed this year's scavenger hunt focused on Employment First, with participants attempting to locate, within our exhibitor area, pictures of local employees with their employers at their various worksites. A special thanks goes out to DSC and Community Choices for organizing this great game for our visitors.

Marketing/Sponsorship – We were very fortunate to have some wonderful TV promotion this year through WCIA (CI Living and The Morning Show), and WICD (Doug Quick). Stevie Jay Broadcasting, WDWS/WHMS and WBGL all helped to get the word out through interviews, psa's and paid ads. We advertised on MTD buses (also interior of 75 buses), window clings on vehicles, yard signs, newspaper ads (\$1000 grant from News-Gazette), a special display in the Champaign City Building, our Expo website, e-mail blitz's and social media. Committee members also distributed 8,700 brochures (English & Spanish), 700 posters, and more than 14,000 school flyers (English & Spanish).

The 2016 edition of the Expo Resource Book was developed and distributed to Expo visitors, and will continue to be distributed throughout the coming year through our various community partners. Another huge thank you to Jim and Pat Mayer for taking on the awesome and rather daunting task of developing this amazing resource. They did a great job!

We held a 50/50 raffle and a raffle for a pair of tickets donated by Krannert Center for the Performing Arts during the Expo. These raffles, along with booth fees and several other fundraisers, have really helped to off-set some of our event costs.

Accessibility – Five ASL Interpreters, 2 personal assistants, mobility accommodations, and much more were provided to enable our visitors to have the accommodations they needed to get around and explore the Expo. Large print maps were made available, and alternate formats were available per individual requests. We were, also, able to provide a Spanish translator to a family who needed that resource. An information/Accessibility booth was manned throughout the day to ensure all needs were appropriately addressed.

Entertainment – A big shout out to our friends at Stevie Jay Broadcasting for sending DJ's, Diane Ducey and Josh Laskowski to be with us for the day. They did all of the announcing, introduced our entertainment, and kept everything rolling on the main stage, and in the Artistic Expressions Room throughout the day. They did a fabulous job, and took a lot of pressure off of members of our Steering Committee. The entertainment this year was second to none! As usual, our AMBUCS friends presented one of their fabulous Amtrykes to a young lady to further her therapy and mobility. First Gig Rock & Roll Camp for Kids entertained us next. These young people did a wonderful job. First Gig, also, set up an interactive area at their booth to allow kids to try out different instruments, and learn how they might get involved in their annual camp for kids with special needs. We were pleased to have Champaign-Urbana Theatre Company's Penguin Project perform a few numbers from Aladdin, Jr., the play they were doing the weekend of the Expo. This is the first year in Champaign for this national program that gives children with special needs an opportunity to participate in the performing arts. I dare say, it will certainly not be their last. These talented young actors/actresses and their mentors gave an amazing performance! Individuals from C-U Special Recreation's bocce ball team put on a wonderful demonstration of their skills for our visitors. What a fun sport! A Jazz and Latin band, Ryan & Nucleus performed for our visitors. They were wonderful, also! Artists, entrepreneurs and visitors to the Artistic Expressions room enjoyed music by classical pianist, Borah Kang. Suffice to say, we had talent galore at the 2016 Expo!

Children's Activities - The Children's Activity Room sponsored by our friends at Flaghouse and First Federal Savings Bank of C-U was a happening place again this year. Children enjoyed lots of new games donated by Flaghouse, a bounce house, face painting, snacks and more. Of course, our friend, Joe the Balloon Man, was there creating some awesome balloon animals for the kids again this year too.

Artistic Expressions – Another big thanks goes out to Thrivent Financial, sponsor of the Artistic Expressions Room. They treated our artists to lunch and some great snacks during the day, and provided some wonderful volunteer help both Friday and Saturday. One of their volunteers even jumped in to assist those of us who began working very early Saturday morning! A total of 26 talented artists and entrepreneurs showcased and sold one-of-a-kind handmade works, including paintings, photography, jewelry, children's books, crocheted/knitted items, crafts, etc. As always, Vickie Tolf did a phenomenal job coordinating this important area of the Expo.

Volunteers – Becca Obuchowski and Shandra Summerville did a great job coordinating volunteers to provide needed support in the various areas of the Expo this year. We were so fortunate to have great volunteers

working with us for our Friday set-up, during the event on Saturday, and on Monday when we packed everything away for the year.

AND THAT'S A WRAP!

Respectfully submitted
Barb Bressner, Consultant

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*** FUND NO. 090 MENTAL HEALTH										
*** DEPT. NO. 053 MENTAL HEALTH BOARD										
25	CHAMPAIGN COUNTY TREASURER						RENT-GENERAL CORP			
	11/01/16 05 VR	53-	398		550118	11/04/16	090-053-533.50-00	FACILITY/OFFICE RENTALS	NOV OFFICE RENT	1,703.45
									VENDOR TOTAL	1,703.45 *
41	CHAMPAIGN COUNTY TREASURER						HEALTH INSUR FND 620			
	10/26/16 06 VR	620-	165		549621	10/31/16	090-053-513.06-00	EMPLOYEE HEALTH/LIFE INS	OCT HI, LI, & HRA	3,454.50
	10/26/16 06 VR	620-	165		549621	10/31/16	090-053-513.06-00	EMPLOYEE HEALTH/LIFE INS	CR TRACY SEP	1.69-
									VENDOR TOTAL	3,452.81 *
88	CHAMPAIGN COUNTY TREASURER						I. M. R. F. FUND 088			
	10/11/16 07 VR	88-	58		548840	10/13/16	090-053-513.02-00	IMRF - EMPLOYER COST	IMRF 9/30 P/R	1,047.66
	10/26/16 06 VR	88-	60		549626	10/31/16	090-053-513.02-00	IMRF - EMPLOYER COST	IMRF 10/14 P/R	990.74
									VENDOR TOTAL	2,038.40 *
96	CHAMPAIGN COUNTY TREASURER						T & A ADVANCES			
	11/01/16 08 VR	53-	273		550123	11/04/16	090-053-533.89-00	PUBLIC RELATIONS	TD2849 SIGNTRE EVNT	2,494.00
	11/02/16 01 VR	53-	58		550123	11/04/16	090-053-533.89-00	PUBLIC RELATIONS	TD 2757 FLUID EVENT	2,950.00
	11/02/16 01 VR	53-	324		550123	11/04/16	090-053-533.89-00	PUBLIC RELATIONS	TD 2866 FLUID EVENT	2,950.00
									VENDOR TOTAL	8,394.00 *
104	CHAMPAIGN COUNTY TREASURER						HEAD START FUND 104			
	11/01/16 05 VR	53-	377		550124	11/04/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV SOC/EMOT SVCS	4,637.00
									VENDOR TOTAL	4,637.00 *
161	CHAMPAIGN COUNTY TREASURER						REG PLAN COMM FND075			
	11/01/16 05 VR	53-	378		550128	11/04/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV YOUTH ASSMNT CT	2,167.00
									VENDOR TOTAL	2,167.00 *
176	CHAMPAIGN COUNTY TREASURER						SELF-FUND INS FND476			
	10/28/16 05 VR	119-	62		549631	10/31/16	090-053-513.04-00	WORKERS' COMPENSATION	INSWK COMP 9/2,16,30 P	363.83
									VENDOR TOTAL	363.83 *

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179	CHAMPAIGN COUNTY TREASURER	11/01/16 05 VR 53- 376	550130	11/04/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV CAC	VENDOR TOTAL	3,090.00	
									3,090.00 *	
188	CHAMPAIGN COUNTY TREASURER	10/11/16 07 VR 188- 86	548846	10/13/16	090-053-513.01-00	SOCIAL SECURITY-EMPLOYER FICA	9/30 P/R		929.76	
		10/26/16 06 VR 188- 91	549633	10/31/16	090-053-513.01-00	SOCIAL SECURITY-EMPLOYER FICA	10/14 P/R	VENDOR TOTAL	879.26	
									1,809.02 *	
15230	CHAMPAIGN COUNTY TENT & AWNING CO., INC. PO BOX 638	10/26/16 03 VR 53- 365	549652	10/31/16	090-053-533.89-00	PUBLIC RELATIONS	INV 23591 10/20	VENDOR TOTAL	248.62	
									248.62 *	
15460	CHAMPAIGN TELEPHONE COMPANY	10/12/16 01 VR 53- 357	954	10/13/16	090-053-522.02-00	OFFICE SUPPLIES	INV 1122906 9/29		4.00	
		10/12/16 01 VR 53- 357	954	10/13/16	090-053-533.33-00	TELEPHONE SERVICE	INV 1122906 9/29	VENDOR TOTAL	90.00	
									94.00 *	
15495	CHAMPAIGN URBANA AREA PROJECT	11/01/16 05 VR 53- 379	550146	11/04/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV NGHBRHD CHAMPPIO		1,599.00	
		11/01/16 05 VR 53- 379	550146	11/04/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV TRUCE	VENDOR TOTAL	6,250.00	
									7,849.00 *	
18052	COMCAST CABLE - MENTAL HEALTH ACCT	10/26/16 03 VR 53- 374	549659	10/31/16	090-053-533.29-00	COMPUTER/INF TCH SERVICES	8771403010773527 OC	VENDOR TOTAL	126.78	
									126.78 *	
18203	COMMUNITY CHOICE, INC	11/01/16 05 VR 53- 380	550152	11/04/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV CUSTOM EMPLOY		5,833.00	
		11/01/16 05 VR 53- 380	550152	11/04/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV SELF DETERMINAT	VENDOR TOTAL	5,833.00	
									11,666.00 *	

*** FUND NO. 090 MENTAL HEALTH

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18230	COMMUNITY SERVICE CENTER OF NORTHERN CHAMPAIGN COUNTY	11/01/16	05	VR	53-382	550153	11/04/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV RESOURCE CONNEC	NOV RESOURCE CONNEC	5,441.00	
										VENDOR TOTAL	VENDOR TOTAL	5,441.00 *	
19260	COURAGE CONNECTION	11/01/16	05	VR	53-383	550158	11/04/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV AWP	NOV AWP	5,579.00	
										VENDOR TOTAL	VENDOR TOTAL	5,579.00 *	
19346	CRISIS NURSERY	11/01/16	05	VR	53-384	550159	11/04/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV BEYOND BLUE	NOV BEYOND BLUE	5,833.00	
										VENDOR TOTAL	VENDOR TOTAL	5,833.00 *	
22300	DEVELOPMENTAL SERVICES CENTER OF CHAMPAIGN COUNTY INC	11/01/16	05	VR	53-385	550163	11/04/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV INDIV/FAMILY SU	NOV INDIV/FAMILY SU	32,286.00	
										VENDOR TOTAL	VENDOR TOTAL	32,286.00 *	
22730	DON MOYER BOYS & GIRLS CLUB	11/01/16	05	VR	53-386	550165	11/04/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV CU CHANGE	NOV CU CHANGE	8,333.00	
										NOV YOUTH/FAMILY OR	NOV YOUTH/FAMILY OR	13,333.00	
										VENDOR TOTAL	VENDOR TOTAL	21,666.00 *	
24095	EMK CONSULTING LLC	10/12/16	01	VR	53-359	548885	10/13/16	090-053-533.07-00	PROFESSIONAL SERVICES	INV 124 10/3	INV 124 10/3	900.00	
										VENDOR TOTAL	VENDOR TOTAL	900.00 *	
24215	EAST CNTRL IL REFUGEE MUTUAL ASSIST CTR	11/01/16	05	VR	53-387	550168	11/04/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV FAM SUPPORT	NOV FAM SUPPORT	1,583.00	
										VENDOR TOTAL	VENDOR TOTAL	1,583.00 *	
26000	FAMILY SERVICE OF CHAMPAIGN COUNTY	11/01/16	05	VR	53-388	550170	11/04/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV SELF HELP	NOV SELF HELP	2,411.00	
										NOV SENIOR COUNSEL	NOV SENIOR COUNSEL	11,861.00	

*** FUND NO. 090 MENTAL HEALTH

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26760	FIRST FOLLOWERS	11/01/16 05 VR 53- 388	550170	11/04/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV FAMILY COUNSEL	NOV FAMILY COUNSEL	1,667.00	
							VENDOR TOTAL	VENDOR TOTAL	15,939.00 *	
26760	FIRST FOLLOWERS	11/01/16 05 VR 53- 389	550172	11/04/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV PEER MENTORING	NOV PEER MENTORING	2,480.00	
							VENDOR TOTAL	VENDOR TOTAL	2,480.00 *	
44570	MAHOMET AREA YOUTH CLUB	11/01/16 05 VR 53- 390	550188	11/04/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV BLAST	NOV BLAST	1,250.00	
							NOV MEMBERS MATTER	NOV MEMBERS MATTER	1,000.00	
							VENDOR TOTAL	VENDOR TOTAL	2,250.00 *	
45445	MARTIN ONE SOURCE	10/11/16 05 VR 53- 360	548928	10/13/16	090-053-533.89-00	PUBLIC RELATIONS	INV 124875 9/21	INV 124875 9/21	254.00	
							INV 125457 10/4	INV 125457 10/4	70.00	
							INV 125778 10/4	INV 125778 10/4	1,345.00	
							INV 125852 10/17	INV 125852 10/17	369.00	
							VENDOR TOTAL	VENDOR TOTAL	2,038.00 *	
47428	MEYER CAPEL LAW OFFICE, P.C.	10/27/16 02 VR 53- 362	549727	10/31/16	090-053-533.07-00	PROFESSIONAL SERVICES	INV 228200 10/10	INV 228200 10/10	91.50	
							VENDOR TOTAL	VENDOR TOTAL	91.50 *	
54650	PEPSI COLA CHAMPAIGN-URBANA BOTTLING	10/11/16 05 VR 53- 358	548942	10/13/16	090-053-522.02-00	OFFICE SUPPLIES	INV 998610 9/12	INV 998610 9/12	5.96	
							INV 018010 9/26	INV 018010 9/26	5.96	
							AC 5734 OCT RENT	AC 5734 OCT RENT	6.95	
							VENDOR TOTAL	VENDOR TOTAL	18.87 *	
56750	PRAIRIE CENTER HEALTH SYSTEMS	11/01/16 05 VR 53- 391	550199	11/04/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV CJ SUB TREATMEN	NOV CJ SUB TREATMEN	858.00	
							NOV FRESH START	NOV FRESH START	6,250.00	

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*** FUND NO. 090 MENTAL HEALTH											
57196	PROMISE HEALTHCARE	11/01/16	05 VR	53- 391		550199	11/04/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV PLL EXTENDED	25,055.00
		11/01/16	05 VR	53- 391		550199	11/04/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV PREVENTION	4,854.00
		11/01/16	05 VR	53- 391		550199	11/04/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV SPECIALTY COURT	16,588.00
		11/01/16	05 VR	53- 391		550199	11/04/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV YOUTH SVCS	9,013.00
										VENDOR TOTAL	62,618.00 *
57196	PROMISE HEALTHCARE	11/01/16	05 VR	53- 392		550201	11/04/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV WELLNESS/JUSTIC	4,833.00
		11/01/16	05 VR	53- 392		550201	11/04/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV MH SVCS	18,500.00
										VENDOR TOTAL	23,333.00 *
58118	QUILL CORPORATION	10/19/16	01 VR	53- 361		549363	10/21/16	090-053-522.04-00	COPIER SUPPLIES	INV 18834 10/6	179.96
										VENDOR TOTAL	179.96 *
61780	ROSECRANCE, INC.	11/01/16	05 VR	53- 381		550207	11/04/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV CRIMINAL JUSTIC	23,673.00
		11/01/16	05 VR	53- 381		550207	11/04/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV CRISIS/ACCESS	21,287.00
		11/01/16	05 VR	53- 381		550207	11/04/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV EARLY C'HOOD	6,250.00
		11/01/16	05 VR	53- 381		550207	11/04/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV PLL FRONT END	23,555.00
		11/01/16	05 VR	53- 381		550207	11/04/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV TIMES CENTER	5,833.00
										VENDOR TOTAL	80,598.00 *
67867	SPOC LLC	11/01/16	08 VR	28- 194		1033	11/04/16	090-053-533.33-00	TELEPHONE SERVICE	INV 1123144 10/11	44.62
										VENDOR TOTAL	44.62 *
71635	TAP IN LEADERSHIP	11/01/16	05 VR	53- 393		550214	11/04/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV KICKBACK LOUNGE	2,917.00
										VENDOR TOTAL	2,917.00 *
76867	UNIV OF IL SPONSORED PROG & RESEARCH ADM	11/01/16	05 VR	53- 397		550221	11/04/16	090-053-533.07-00	PROFESSIONAL SERVICES	NOV MHB17-039 CONSL	4,545.00
										VENDOR TOTAL	4,545.00 *

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VENDOR NO	VENDOR NAME	TRN B	TR	NO	CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
77280	UP CENTER OF CHAMPAIGN COUNTY							550224	11/04/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV CHILD/FAM/YOUTH	1,583.00
												VENDOR TOTAL	1,583.00 *
78120	URBANA NEIGHBORHOOD CONNECTION CENTER							550226	11/04/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	NOV COM STUDY CENTE	1,000.00
												VENDOR TOTAL	1,000.00 *
78888	VISA CARDMEMBER SERVICE - MENTAL HEALTH							549404	10/21/16	090-053-533.89-00	PUBLIC RELATIONS	3930 AMAZON 10/6	13.60-
								549404	10/21/16	090-053-533.89-00	PUBLIC RELATIONS	3930 BIAGGIS 9/15	122.50
								549404	10/21/16	090-053-533.89-00	PUBLIC RELATIONS	3930 AMAZON 9/29	230.35
								549404	10/21/16	090-053-522.02-00	OFFICE SUPPLIES	3930 STAPLES 10/4	163.91
								549404	10/21/16	090-053-522.02-00	OFFICE SUPPLIES	3930 STAPLES 10/7	76.69
								549404	10/21/16	090-053-533.89-00	PUBLIC RELATIONS	3930 STAPLES 10/7	14.98
												VENDOR TOTAL	594.83 *
81610	XEROX CORPORATION							549783	10/31/16	090-053-533.85-00	PHOTOCOPY SERVICES	INV 144533411 10/4	246.29
								549783	10/31/16	090-053-533.85-00	PHOTOCOPY SERVICES	INV 144533412 10/4	39.60
												VENDOR TOTAL	285.89 *
601535	BERG, BUNNY							549795	10/31/16	090-053-533.89-00	PUBLIC RELATIONS	5 HR INTERP 10/15	200.00
												VENDOR TOTAL	200.00 *
602880	BRESSNER, BARBARA J.							550247	11/04/16	090-053-533.07-00	PROFESSIONAL SERVICES	NOV PROFESSIONAL FE	1,969.00
												VENDOR TOTAL	1,969.00 *
609500	CRAWFORD, NANCY K							550253	11/04/16	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	215 MILE 10/4-29	116.10

*** FUND NO. 090 MENTAL HEALTH

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CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

11/04/16

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VENDOR NO	VENDOR NAME	TRN B	TR	TRN NO	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
***	FUND NO. 090	MENTAL HEALTH										
623120	JOHNSON, NAOMI	10/26/16	03 VR	53-	372	549835	10/31/16	090-053-533.89-00	PUBLIC RELATIONS	5.5 HR PA SVC	10/15	71.50
										VENDOR TOTAL		71.50 *
630360	MAYER, JAMES	11/01/16	05 VR	53-	375	550274	11/04/16	090-053-533.07-00	PROFESSIONAL SERVICES	ADDL SVC PROF FEE		1,750.00
										VENDOR TOTAL		1,750.00 *
631310	MCMURRAY, MARELLA	10/26/16	03 VR	53-	371	549859	10/31/16	090-053-533.89-00	PUBLIC RELATIONS	5.5 HR PA SVC	10/15	71.50
										VENDOR TOTAL		71.50 *
635110	PANEPINTO, ROSE	10/26/16	03 VR	53-	368	549866	10/31/16	090-053-533.89-00	PUBLIC RELATIONS	5 HR INTERP	10/15	225.00
										VENDOR TOTAL		225.00 *
636928	REAR, THERESA A.	10/26/16	03 VR	53-	369	549873	10/31/16	090-053-533.89-00	PUBLIC RELATIONS	INV 147	10/15	200.00
										VENDOR TOTAL		200.00 *
642420	SWIFT, J.E.	10/26/16	03 VR	53-	367	549889	10/31/16	090-053-533.89-00	PUBLIC RELATIONS	5.25HR INTERP	10/15	183.75
										VENDOR TOTAL		183.75 *
										DEPARTMENT TOTAL		326,307.81 *
										FUND TOTAL		326,307.81 *



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

BRIEFING MEMORANDUM

DATE: November 16, 2016
TO: Members, Champaign County Mental Health Board (CCMHB)
FROM: Lynn Canfield, Mark Driscoll
SUBJECT: Contract Amendment Process Expectations and Practice

Background: During the September 21, 2016 meeting of the Champaign County Mental Health Board, questions arose about the process for amending contracts during their term, in particular where the budget, scope of services, or target populations described during the allocation decision period may be impacted. The issue was brought for discussion at the CCMHB's October 19th meeting, and the purpose of this memorandum is to offer detail on recent amendment requests and responses.

From the "Champaign County Mental Health Board Requirements and Guidelines for Allocations of Funds," adopted on 12/15/2009, section on Award Process, Contracts, and Amendments, paragraph 7:

Contract Amendments: The need for a contract amendment is driven by a change in conditions delineated in the original agreement. The provider is required to report changes that modify the administrative structure and/or implementation of the program 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. The provider shall submit a formal request for an amendment to initiate the amendment process. The final decision regarding whether an amendment is necessary rests with the CCMHB Executive Director.

In general, decisions about most amendments fall under the purview of staff and are executed by the Board President and Executive Director without formal action by the Board. At their discretion, 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.

Proposed amendments that increase or decrease an agency's total allocation shall require the formal approval of the CCMHB. Related redirection amendments specific to supporting said increase or decrease shall be brought to the Board's attention as well.

Proposed amendments that redirect approved dollars between Agencies shall require the formal approval of the CCMHB.

Requests for amendment may be triggered by an agency request as above. The board may also seek redirection of effort within a contract or across programs within an agency, if changes in state or federal funding or regulation make a mid-term shift necessary.

Below is a profile of amendments by agency and program with a brief description of action taken. The retrospective includes requests for contract amendments during FY2017, July 1, 2016 – present, and for FY2016, July 1, 2015 - June 30, 2016:

FY2017 Amendments

First Followers – Peer Mentors for Reentry (in process)

1. Addresses omission from contract program plan. Aligns services with responsibilities of part-time program coordinator, specifically drop-in center support and administrative duties, and defines how services are categorized for reports to CCMHB. (10/16)

Prairie Center – Youth Services (in process)

1. Modifies services provided, moving away from full implementation of the Seven Challenges model, retaining those aspects best suited to Prairie Center's youth outpatient program, particularly in school settings. Elements of the Seven Challenges model will continue to be used as will American Society of Addiction Medicine (ASAM) criteria, cognitive behavioral therapy, motivational enhancement therapy, and motivational incentives. (10/16)

Rosecrance – Champaign/Urbana – TIMES Center MI/SA

1. Modified use of funds and scope of services to support the 20 bed level II transitional housing program and continue supportive services available at that site. The City of Urbana and United Way were also asked and approved repurposing of funds they awarded to TIMES Center. (9/16)

The UP Center - Children, Youth, and Families

1. Office moved to a new location requiring change of address. (7/16)
2. Reallocation of personnel time between administration and program services. (9/16)

FY2016 Amendments

Community Elements – Criminal Justice

1. As part of the FY16 allocation process, the CCMHB approved a set-aside of \$20,000 in matching funds, contingent upon notice of the DoJ Justice and Mental Health Collaboration grant award to Champaign County, for the first year match of the two year grant. The amendment released the funds to Community Elements following execution of the DoJ award. (11/15)
2. Redirection of \$7,500 in excess revenue from Early Childhood Mental Health and Development contract to Criminal Justice contract. Increased allocation to Criminal Justice program used to offset part of expenses incurred prior to the execution of the DoJ grant award. (4/16)

Community Elements – Early Childhood Mental Health and Development

1. Reduced contract maximum by \$7,500 to offset excess revenue redirected to the Criminal Justice program. (4/16)

Community Elements – Parenting with Love and Limits/Front End

1. Adjusted lead therapist time assigned to the program resulting from a promotion. Savannah Family Institute was consulted and approved reduced time assigned to the program. Contract maximum was reduced by \$8,649 to reflect reduced personnel expense and an equal amount redirected to the Psychiatric/Primary Care contract. Also an updated Savannah Family Institute Center of Excellence agreement was added to the contract replacing the original agreement. (9/15)

2. Contract maximum reduced by \$20,000. Excess revenue redirected to the TIMES Center contract. (4/16)

Community Elements - Psychiatric/Primary Care

1. Contract maximum increased by \$8,649. Adjusted balance reflects transfer of spending authority from Parenting with Love and Limits contract to Psychiatric/Primary Care. (9/15)

2. Contract maximum increased by \$29,192. Increased obligation is a reallocation of excess revenue accrued from multiple contracts and fee for service spending authority not billed in FY15. Purpose of the increased obligation was to pay portion of costs associated with the continued operation of psychiatric services in the absence of the FY16 psychiatric leadership contract from the State of Illinois. The request was presented to and approved by the Board. (11/15)

3. Agency notified Board of its intent to close program in April 2016 and requested approval to use remaining two months of payments under contract to further reduce program operating deficit. Amendment issued terminating contract effective April 30, 2016 ending contractual obligation and further payments. (4/16)

Community Elements - TIMES Center MI/SA

1. Contract maximum increased by \$20,000. These funds were redirected from the Parenting with Love and Limits program. The TIMES Center contract operated on a fee for service basis and reimbursed based on billed service activity. The monthly billings exceeded original contract maximum prior to the end of the third quarter of the contract. The redirected funds paid for services billed through the end of the fourth quarter. (4/16)

Courage Connection – Courage Connection

1. Special Provision section of contract modified to acknowledge use of funds as match for state contract. Agency omitted language indicating funds used as a match for a grant from the Illinois Department of Human Services and requested language be added. Documentation supporting match requirement was requested and provided during review of request. (8/15)

Don Moyer Boys & Girls Club – Community Engagement and Social Marketing

1. Contract maximum increased by \$7,893 to support Project Director for System of Care-Community Engagement position for the month of October, 2015. The increased funding bridged a one month gap as the position transitioned from federal to local support. (9/15)

Family Service – Counseling

1. Contract maximum decreased by \$10,171. The excess revenue was redirected to the Senior Counseling and Advocacy contract. (5/16)

Family Service – Senior Counseling & Advocacy

1. Contract maximum increased by \$10,171 using funds redirected from the Counseling program. The increased funding was to offset expenses associated with state contracted services but not paid due to the state budget impasse. (5/16)

Prairie Center Health Systems – Parenting with Love and Limits/Extended Care

1. The updated Savannah Family Institute Center of Excellence agreement was added to the contract replacing the original agreement. (7/15)

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2. Contract maximum was decreased by \$16,880. The program had accrued excess revenue due to a vacant staff position. The remaining four monthly payments were reduced to offset the accrued excess revenue. (2/16)

3. Contract maximum was decreased by \$7,200 due to continued vacancy in staff position. Rather than reduce two remaining payments, funds were redirected to the Specialty Court contract. (5/16)

Prairie Center Health Systems – Prevention

1. Contract maximum increased by \$20,737 to support the Cultural and Linguistic Competence Coordinator position. The increased funding bridged a three month gap as the position transitioned from the agency to the Board and from federal support to local support. (9/15)

Prairie Center Health Systems – Specialty Court

1. Contract maximum increased by \$7,200 as a result of funds redirected from the Parenting with Love and Limits contract. The increased funding was to offset expenses associated with state contracted services but not paid due to the state budget impasse. (5/16)

Promise Healthcare – Frances Nelson Wellness and Justice

1. Modified timeline for submission of audit and periods reflected in revenue and expenditure schedules to match agency use of calendar year for fiscal year. (10/15)

Promise Healthcare – Mental Health Services at Frances Nelson

1. Modified timeline for submission of audit and periods reflected in revenue and expenditure schedules to match agency use of calendar year for fiscal year. (10/15)

2. Contract maximum increased by \$51,000. The allocation of new funds was used to offset expenses associated with the psychiatric services program previously administered by Community Elements. The request was presented to and approved by the Board. (11/15)

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15.B.

BRIEFING MEMORANDUM

DATE: November 16, 2016

TO: Members, Champaign County Mental Health Board (CCMHB)

FROM: Lynn Canfield, Executive Director

SUBJECT: Two-Year Contracts

Background

The issue of extending the term of a subset of FY2017 agency contracts was raised at the October 19, 2016 meeting of the Champaign County Mental Health Board (CCMHB.) Current contracts have terms ending June 30, 2017. Agencies had expressed an interest in extended terms, to lend stability, and some board members had indicated that reducing the number of applications to review each year would strengthen their work. The CCMHB Three Year Plan includes language acknowledging the interest in an extended term, and CCMHB Standard Operating Procedures allow for Multi-Year contracts with a maximum term of two years.

Questions raised during the October 19th meeting included:

1. Do other county behavioral health authorities use multi-year funding?
2. How does the proposed action align with initial findings of the UIUC Evaluation Capacity study?
3. What criteria determine whether a contract is appropriate for this extension?
4. Would it be better to focus on new programs/special initiatives, with two years of funding to provide some stability for implementation?
5. Should we wait for the final recommendations of the UIUC Evaluation Capacity study, after July 1, 2017, before defining a two-year contracting approach?

In response to question #1, I sought guidance from members of the Association of Community Mental Health Authorities of Illinois. Their responses consisted primarily of cautions about the loss of flexibility by contracting for any term beyond a single year, with a few exceptions. Responses of interest follow:

- “never done multi-year contracts, based on the theory that our levy is determined year by year and we should not commit beyond what we know we have coming in. Now our contracts do include a ‘if we don’t get all the money we think we are getting’ type clause, which could be an ‘out,’ if needed, but you never know if something could change your priorities in some sort of drastic way, from year to year. Multi-year contracts tend to lock

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you in. One of the advantages of being a local funder is the flexibility to respond to needs annually. I would opt for the flexibility.”

- “I concur strongly... We would never consider multiple year contracts. I know our Act was revised @ 1995 - Sec. 3e. (2) a ‘The board may enter into multi-year contracts for rendition or operation of services, facilities and educational programs.’ If memory serves me correctly the origin of the change was a desire by McHenry County to be able to do so.”
- “We do not have multi-year contracts.”
- “We have a contract amendment form which we use every other year just to cut back on paperwork for continuing contracts that have little to no changes, but we still have each agency apply and go through the board approval each February.”
- “We have started to explore multi-year contracts but have not worked through all the details yet. We ran into areas of concern about reconciliation and reporting. I do have a desire to develop multi-year contracts as many of our programs are funded annually without many changes... Our current contracts state that any funding is subject to county board appropriation... we are developing a ‘renewal’ or ‘continued funding’ application to reduce proposals year in and year out.”
- “We are also exploring multiple year funding. I am hoping that 3-year funding will stabilize funding streams and allow us to look at more appropriate outcomes. Although this has been a board recommendation, board members are apprehensive to move forward this year. We are hoping to try an 18-month project with this funding cycle and report the strengths and challenges. Our contracts will be dependent upon county board appropriation. Due to this, we have determined that will still need to review annually.”
- “We do not do the multiyear contracting either. What we do have, however, is a three-year funding cycle (Year one – full application materials – years two and three a much smaller application if you are not requesting further funds). This is the process for any current contractor. Any new agency that applies to us has to do the full application – no matter how many years they may have applied. We started doing this versus the large application each year about eight years ago, I believe. We too have somewhat of a ‘historical’ funding pattern with the agencies we contract with.”
- “We decide based on a number of factors what services for what people are needed and what then the Board wants to purchase. We then look for a provider either by doing an RFP or approaching a provider. Our contracts are for a year. In most cases if another funding source for a service we were purchasing developed, if local needs changed, if a provider fails to meet contract parameters-we would discontinue the old funding. If need etc. has not changed, we purchase the services from the same provider in the following year. If we aren’t going to, we let the provider know as soon as possible and many times when we redirect funds we provide close out funding etc... I would be very cautious about multi-year contracts because they temper a Board’s ability to be flexible and respond to current need... Another variable that may impact this decision is the number of available providers in an area. This year we have contracts with 18 providers involving 48 different services... In an area with fewer providers, multi-year contracts might have some value.”

To answer question #2, below is an excerpt from the Build Evaluation Capacity for Programs Funded by CCMHB Report (page 24) presented to the Board on June 17, 2016 by the UIUC Department of Psychology researchers:

Consider Two-Year Contracts to Encourage Innovation and Evaluation

One of the challenges in the use of evaluation is that it takes time to implement and see results. It is likely that agencies would be pursuing funding for the following year *before* they have learned anything from their current year of implementation. In instances in which people are actively engaged in a new, innovative, evidence-based or highly desired effort (i.e., in strong alignment with CCMHB priorities) two year funding might facilitate more deliberate data driven practices. These contracts could be reserved for high priority areas for the Board and/or when programs are engaged in considerable innovation. Two year contracts would require an evaluation plan with a logic model (see #3) that clearly indicated what data would be gathered and how it would be used.

To #3, as described in the initial Briefing Memorandum: “It has been our experience that some priorities continue from year to year and that some programs perform consistently to expectation, so that offering a second year to the current term may cause little disruption to the priority-setting and allocation processes.” Staff discussion of best contracts for second year extension focused on those contracts with a longer history of CCMHB award and no serious compliance issues upon monitoring. Another consideration was the expressed interest of the respective agencies in moving to an extended term.

Perhaps Question #4 will be answered in July 2017 if our answer to Question #5 is “yes.”

Possible Action/Next Steps in Process

Special Initiative contracts, new this year, were not considered in the initial set. If the Board prefers including these, **Tap in Leadership Academy** is also interested in a two-year term. None of the other agencies awarded contracts to administer new program initiatives expressed an interest in the two-year term.

Agencies would still be required to update program and financial forms on the online system prior to the start of the second year of the contract. Given that all forms required for the annual application process would still be submitted, allowing for relevant updates and monitoring, and the year-end performance outcomes, financial, and CLC progress reports would capture mid-term results, the following contracts may be well-suited for extension of term to June 30, 2018.

Contracts under consideration include:

- Champaign County Regional Planning Commission, Youth Assessment Center
- Children’s Advocacy Center
- Community Choices, Customized Employment (I/DD)*
- Community Choices, Self-Determination Support (I/DD)*
- Courage Connection
- Crisis Nursery, Beyond Blue Champaign County
- Developmental Services Center, Individual and Family Support (I/DD)*
- Family Service of Champaign County, Senior Counseling & Advocacy
- Family Service of Champaign County, Self-Help Center
- Promise Healthcare, Mental Health Services with Promise

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Promise Healthcare, Wellness and Justice

Board action at a subsequent meeting would involve approving the extension, by contract amendments, to selected contracts' terms from June 30, 2017 to June 30, 2018, and increasing each contract maximum equal to the original contract amount.

** indicates a contract for Intellectual/Developmental Disabilities supports. To comply with the Intergovernmental Agreement between the CCMHB and the Champaign County Developmental Disabilities Board, an increase equal to the CCMHB fund increase will be applied to the second year contract maximums.*



1502

BRIEFING MEMORANDUM

DATE: November 16, 2016
TO: CCMHB Members
FROM: Mark Driscoll, Associate Director
SUBJECT: Revised Draft Three-Year Plan 2016-2018 with FY 2017 Objectives

Included in the Board packet is an updated draft of the Three-Year Plan with Objectives for FY2017 for discussion by the Board. The plan was distributed for public comment following the September Board meeting. Responses were received from a Board member, past Board member, two service providers, and a peer/family support group. Input varied from very detailed questions and comments, to suggested changes, to general observations. Minor changes to the plan are proposed based on the input received and appear in bold in the draft document. The draft also contains the revisions included in the copy distributed at the September Board.

The final draft of the Three Year Plan will be presented for approval at the December 14, 2016 Board meeting.

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CHAMPAIGN COUNTY MENTAL HEALTH BOARD

THREE-YEAR PLAN

FOR

**FISCAL YEARS 2016 - 2018
(1/1/16 – 12/31/18)**

WITH

ONE YEAR OBJECTIVES

FOR

**FISCAL YEAR 2017
(1/1/17 – 12/31/17)**

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 the developmentally disabled and for the substance abuser, for residents (of Champaign County) and/or to contract therefore..."

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 abuse 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 disabilities and developmental disabilities, and substance abuse services for Champaign County.
2. To promote family-friendly community support networks for the at-risk, underserved and general populations of Champaign County.
3. To increase support for the local system of services from public and private sources.
4. To further develop the systematic exchange of information about local services and needs between the public/private service systems and the CCMHB.

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

SYSTEMS OF CARE

Goal #1: Support a continuum of services to meet the needs of individuals with mental and/or emotional disorders, addictions, and/or intellectual or developmental disabilities and their families residing in Champaign County.

Objective #1: Under established policies and procedures, solicit proposals from community based providers in response to Board defined priorities and associated criteria using a competitive application process. ~~and during the allocation decision-making process consider multi-year term for select contract awards.~~

Objective #2: Implement multi-year contracts for select programs, extending term of the contract for one year stipulating updated program and financial plans are required prior to the start of the second year of the contract.

Objective #3: Expand use of evidenced informed, ~~and~~ evidenced based, best practice, and promising practice models appropriate to the presenting need in an effort to improve outcomes for individuals across the lifespan and for their families and supporters. ~~families with infants, children, and adolescents, as well as for adults and the elderly.~~

Objective #4: Promote wellness for people with mental illnesses, substance use disorders, intellectual disabilities, ~~and/or~~ developmental disabilities to prevent and reduce early mortality, through support services including access to services addressing basic needs, enrollment in benefit plans and coordinated access to primary care.

Objective #5: Pursue, as feasible, development or expansion of residential and/or employment supports for persons with behavioral health diagnosis not supported through expansion of Medicaid or the Affordable Care Act.

Objective #6: As enrollment in health insurance and Medicaid managed care plans reduce the uninsured population, realign CCMHB dollars to fund services and supports outside the realm of Medicaid, e.g. Peer Supports.

Objective #7: Build evaluation capacity of contracted providers utilizing expertise of evaluators from the Department of Psychology at the University of Illinois.

Goal #2: Sustain commitment to addressing the need for underrepresented and diverse populations access to and engagement in services.

Objective #1: Support culturally responsive and family driven support networks for underrepresented populations, underserved populations, and general populations of Champaign County.

Objective #2: Require ~~submission of~~ a cultural competence and linguistic competence plan, and with bi-annual report ~~on the same~~, as evidence of the provider's capacity to provide services to meet the needs of the population served.

Objective #3: Encourage providers and other community based organizations to allocate resources to provide training, seek technical assistance, and pursue

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other professional development activities for staff and governing and/or advisory boards to advance cultural and linguistic competence.

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

Goal #3: Improve consumer access to and engagement in services through increased coordination and collaboration between providers, community stakeholders, and consumers.

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

Objective #2: Participate in various coordinating councils whose mission aligns with the needs of the various disability populations of interest to the Board with the intent of strengthening coordination between providers in the delivery of services.

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

Objective #4: In conjunction with the United Way of Champaign County, monitor implementation of the 211 information and referral system.

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

~~Objective #1: In consultation with the CCDDDB, review and revise as necessary the current CCMHB-CCDDDB Intergovernmental Agreement.~~

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

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

Objective #3: Concurrent with the CCDDDB, continue financial commitment to expand the availability of Community Integrated Living Arrangement (CILA) housing opportunities for people with ID/DD from Champaign County.

~~Objective #5: Foster communication between the CCMHB and the CCDDDB by holding regular meetings between the Executive Director and the Officers of the two Boards, sharing of information between the Boards, and co-sponsoring public hearings, trainings and anti-stigma events.~~

Objective #4: Collaborate with the Champaign County Board for the Care and Treatment of Persons with a Developmental Disability on issues of mutual

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interest as exemplified by the expansion of CILA housing and joint sponsorship of events promoting acceptance, inclusion, and respect for people with ID/DD.

MULTI-AGENCY INVOLVED YOUTH AND FAMILIES

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

Objective #1: Support the efforts of the Champaign County Community Coalition and other system of care initiatives.

~~Objective #2: Establish a permanent full time position to coordinate and monitor all Cultural and Linguistic Competence (CLC) activities associated with the CCMHB/SAMHSA/IDHS system of care model.~~

Objective #2: Continue community based partnerships and coordination of evidence based services and supports for youth and families such as occurring through CHOICES.

Objective #3: Ongoing support of Champaign County family-run organizations that incorporate family-driven and youth-guided principles. In recognition of the importance of multi-system involved families and youth, maintain direct involvement and input about decisions that are made. Encourage organizations' focus on peer support specialists, peer-to-peer support, advocacy at the local level, and statewide expansion of family-run organizations.

~~Objective #3: Ongoing support of a Champaign County Youth Organization in recognition of the importance of the system of care being youth guided, with the organizations main focus peer to peer support and advocacy in Champaign County and at the state level assisting with system of care expansion.~~

~~Objective #4: Ongoing support of a Champaign County Parent Organization in recognition of the importance of the system of care being parent driven, to continue the development of a viable parent organization to enable parent input on effectively meeting the needs of multi-system involved youth and families at the local level and at the state level assisting with system of care expansion.~~

~~Objective #6: Support System of Care Expansion in Illinois through sharing of knowledge and experience with system of care principles and practices.~~

~~Objective #7: Upon completion of the SAMHSA/IDHS Cooperative Agreement System of Care Evaluation Study Final Report schedule a presentation by the Evaluation Team on the results of the study and plans for dissemination of the study to community stakeholders.~~

~~Objective #8: Complete the closeout of the SAMHSA Children's Mental Health Initiative Cooperative Agreement.~~

CRIMINAL JUSTICE AND MENTAL HEALTH SYSTEM COLLABORATION

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Goal #6: Support infrastructure development and investment in services along the five criminal justice intercept points to divert from the criminal justice system, as appropriate, persons with behavioral health needs or developmental disabilities.

Objective #1: Continue involvement in the Crisis Intervention Team Steering Committee in support of increased collaboration between law enforcement and crisis team response in the community.

Objective #2: Sustain efforts to engage persons with behavioral health diagnoses re-entering the community from jail or prison or with recent involvement with the criminal justice system, in treatment and other support services.

Objective #3: Maintain commitment to the Problem Solving Courts operating in Champaign County including continued participation on the Specialty Court Steering Committee.

Objective #4: Support integrated planning and service coordination for adults involved in the criminal justice system through participation in the Champaign County Re-Entry Council.

~~Objective #5: Participate in "Stepping Up: A National Initiative to Reduce the Number of People with Mental Illnesses in Jails" co-sponsored by the National Association of Counties (NACo), the American Psychiatric Foundation and other stakeholders, and encourage and participate in other similar collaborative opportunities aimed at improving outcomes for those with behavioral health needs involved with the criminal justice system.~~

Objective #5: Through the National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD), in its partnership with the National Association of Counties (NACo,) pursue opportunities for technical assistance and support through the "Decarceration Initiative," "Stepping Up: A National Initiative to Reduce the Number of People with Mental Illnesses in Jails," and the "Data Driven Justice Initiative." Encourage and participate in other similar collaborative opportunities aimed at improving outcomes for those with behavioral health needs involved with the criminal justice system.

Goal #7: In conjunction with the Champaign County Sheriff's Office and other community stakeholders provide an alternative to incarceration and/or overutilization of local Emergency Departments for persons with behavioral health needs or developmental disabilities. through the development of the Behavioral Health Jail Diversion Initiative.

Objective #1: Serve on the Crisis Response Planning Committee, the planning body established under the Justice and Mental Health Collaboration award from the Department of Justice, and commit resources necessary to meet the matching funds requirement of the DoJ award.

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

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Objective #3: Secure commitment to support and sustain the development of a diversion center from vested stakeholders in the public and private sectors.

~~Objective #4: Form an advisory committee to develop a request for proposals associated with the Jail Diversion Behavioral Health Initiative, to evaluate proposals submitted, and make recommendations for action to stakeholders including the Champaign County Mental Health Board.~~

Objective #4: Use public input gathered through these collaborations to guide advocacy for planning and policy changes at the state and federal levels, local system redesign and enhancement, and in the consideration of future funding priorities for the CCMHB.

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

Objective #1: Support continued implementation of the Parenting with Love and Limits (PLL) program based on positive evaluation and feedback from community partners and stakeholders.

Objective #2: Monitor local utilization of PLL and pursue options as necessary to address potential excess capacity.

Objective #3: Through participation on the Youth Assessment Center Advisory Board advocate for community and education based interventions contributing to positive youth development and decision-making.

Objective #4: Through participation and engagement in the Champaign Community Coalition and other community focused initiatives, promote and encourage multi-collaborative approaches for prevention and reduction and ~~elimination of increase in~~ of youth violence trends and activities.

Objective #5: Promote and support those targeted interventions that specifically address historical trauma experienced by African American and other minority youth disproportionately impacted in multiple systems.

Objective #6: Utilize the principles from "Models for Change" to reduce the disproportionate minority contact with law-enforcement and involvement with the juvenile justice system.

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 disability, and/or developmental disability through broad based community education efforts to increase community acceptance and positive self-image.

Objective #1: Continue support for and involvement in efforts to challenge stigma and discrimination, such as the Champaign County Alliance for the Promotion of Acceptance, Inclusion and Respect signature event at Roger Ebert's Film Festival and other community education events including disABILITY Resource Expo: Reaching Out for Answers and the National Children's Mental Health Awareness Day ~~Week~~.

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

Objective #3: Participate in behavioral health community education initiatives, such as national depression screening day, to encourage individuals to be screened and seek further assistance where indicated.

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

Goal #10: Stay abreast of emerging issues affecting the local systems of care and consumer access to services and be proactive through concerted advocacy efforts.

Objective #1: Monitor implementation of the Affordable Care Act and the expansion of Medicaid by the State of Illinois and advocate for increased service capacity sufficient to meet consumer demand through active participation in the Association of Community Mental Health Authorities of Illinois (ACMHAI) and other state and national associations.

Objective #2: Track state implementation of class action suit settlements involving persons with intellectual disabilities or developmental disabilities or mental illness, e.g. Ligas vs. Hamos Consent Decree and Williams vs. Quinn Consent Decree, and proposed closure of state facilities, 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.

Objective #3: Continue broad based advocacy efforts at the state and local levels to respond to continued reductions in state funding and delays in payment for local community based mental health, substance use disorder, and intellectual disability and developmental disability services and supports and to the broader human services network under contract with the State of Illinois. As opportunities arise, participate in planning and policy development with state agencies such as IDHS, and use these opportunities to advocate for the needs of Champaign County residents.

Objective #4: Through the National Association of County Behavioral Health and Developmental Disability Directors, monitor the federal rulemaking process applying parity to Medicaid Managed Care and associated benefit plans and on the Institutions for Mental Disease (IMD) Medicaid Exclusion. Use opportunities for public comment on proposed rules and legislative action to advocate for the needs of our community.

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15.D.

BRIEFING MEMORANDUM

DATE: November 16, 2016
TO: Members, Champaign County Mental Health Board (CCMHB)
FROM: Lynn Canfield, Executive Director
SUBJECT: FY2018 Allocation Priorities and Decision Support Criteria

Overview:

The purpose of this memorandum is to recommend allocation decision support criteria and funding priorities for the Champaign County Mental Health Board (CCMHB) FY2018 allocation period, July 1, 2017 to June 30, 2018. These recommendations emerge from board discussions and input from agency representatives and other stakeholders throughout the year, along with previous public input and our understanding of the transforming service delivery and payment systems. This document will be shared with stakeholders and provider organizations for their input, and a final version will be presented for review and action at the December 14, 2016 meeting of the CCMHB.

State of Illinois funding for community-based mental health, substance use disorder, and developmental disabilities services has steadily declined since 2008, driving the anxiety shared by people who desire services, by advocates and supporters of those people, and by providers of services. General revenue funds have been reduced as Medicaid has expanded to be the primary fund source, even with notoriously low reimbursement rates and siloed systems. Medicaid Managed Care has accompanied efforts to control costs with little regard for the impact on the community behavioral health system in Illinois. That community-based system is changing rapidly in response, with local providers exploring mergers and consortia in order to survive, and some not surviving. Each year we say that citizens of Illinois have endured a year of unprecedented change and challenge. Each year we may be unable to imagine a worse situation, and then one unfolds. With the loss of some traditional core services, the CCMHB will once again face difficult choices, possibly between shoring up core services and preserving successful local responses to local needs. Our obligations to the citizens of Champaign County include protecting the interest of its most vulnerable members and doing so through wise investments.

Statutory Authority:

The CCMHB funding policies are predicated on the requirements of the Illinois Community Mental Health Act (405 ILCS 20/ Section 0.1 et. seq.) All funds shall be allocated within the intent of the controlling act, as codified in the laws of the State of Illinois. CCMHB Funding Guidelines require that there be annual review and revision of the decision support criteria and priorities to be used in the funding allocation process.

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Upon approval by the Board, this memorandum shall become an addendum to the CCMHB Funding Guidelines incorporated in standard operating procedures.

Medicaid:

As the State of Illinois prepares an 1115 waiver proposal focused on behavioral health supports and system of care, maximizing federal matching revenue and taking advantage of CMS' current interest in innovative approaches, the limitations of the rules and rates and the changing requirements of Medicaid will continue to impact how local funding can best support the people it is intended to serve.

There is little debate about Illinois' inadequate Medicaid reimbursement rates. Each year we see their negative impact on the people who use Medicaid and Medicaid-waiver services and on the community-based organizations providing them. Yet the rate paid for a service or support is, by law, inclusive and must be taken as payment in full by the provider. Providers are prohibited from charging an amount greater than what Medicaid pays for a covered service to an eligible client or from accepting additional payment for that service from a third payer. Supplementation can result in penalties to the provider or simply cost the taxpayers of Champaign County twice.

In addition, the implementation of Medicaid Managed Care continues to present challenges for community-based providers and insured persons, and the CCMHB intends to be responsive as new problems call for new remedies.

The CCMHB will work with Providers and stakeholders to identify services and supports not covered by Medicaid but which promise to improve behavioral health outcomes for individuals and promote a healthier, safer community.

Expectations for Minimal Responsiveness:

Applications that do not meet these thresholds are "non-responsive" and will not be considered for funding. All agencies must be registered using the online system. The application must be completed using this system, with all required portions completed by the posted deadline. Accessible documents and technical assistance, limited to navigation of the online tools, are available upon request through the CCMHB office.

1. Eligible Applicant, based on completion of the Organization Eligibility Questionnaire.
2. Compliance with application deadline. Late applications will not be accepted.
3. Application must relate directly to mental health, substance use disorder, or intellectual/developmental disabilities programs, services, and supports.
4. Application must be appropriate to this funding source, providing evidence that other funding sources are not available to support this program/service.

To preserve the CCMHB's emphasis on FY2018 allocation decision criteria, all applications proposing new services should align with one or more of the specific priorities. Proposals to renew contracts to continue existing services need not align with specific allocation decision criteria but may be subject to redirection or reduction in funding.

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FY2018 CCMHB Priorities:

The focus established during a CCMHB retreat in October 2015 remains relevant, with three primary priority areas identified. These were identified for the fiscal year 2017 but remain relevant as State and Federal service delivery and payment systems evolve.

Priority #1: Collaboration with the Champaign County Developmental Disabilities Board

The Intergovernmental Agreement between the CCMHB and the Champaign County Developmental Disabilities Board (CCDDDB) defines the FY18 allocation for developmental disabilities programs and an expectation for integrated planning by the Boards. Applications should explain how services are being transformed toward fullest integration, consistent with Center for Medicare and Medicaid Services (CMS) Home and Community Based Services regulations, Workforce Innovation and Opportunity Act provisions, the ambitions of Employment First, and recent Olmstead decisions. Applications should include measurable objectives, goals, and timelines. The CCMHB values programs that result in:

- people controlling what they do with their day, and how, where, and with whom they live and interact
- people building connections to their community as they choose, for work, play, learning, and other, in places other community members use and when they use them
- people creating networks of support for themselves, to include friends, family members, community members with similar interests, and allies they choose
- people advocating for themselves, making informed choices, and controlling their own service/support plans, with measurable outcomes they value

In addition, with the established ongoing success of the disAbility Resource Expo, applications to coordinate planning, implementation, and evaluation of the event will be considered.

Priority #2 – System of Care for Youth and Families

The CCMHB has focused on youth with serious emotional disturbance (SED) and multi-system involvement since 2001. Continuing the commitment to a sustainable system of care will include these initiatives:

- The Champaign Community Coalition (System of Care) brings together representatives of key systems, including local government, public and private funders, secondary and higher education, child welfare, park districts, juvenile justice, mental health and substance use disorder treatment providers, neighborhood and community leaders, representatives of the faith community, and other stakeholders. CCMHB efforts should align with this manifestation of our system of care.
- Development of optimal Cultural and Linguistic Competence by providers of service and other child- and youth-serving systems.

- Maintaining investment in juvenile justice diversion services for young people with serious emotional disturbance and multiple system involvement, assuring clinical efficacy and the attainment of desired outcomes.
- Coordination with Choices Coordinated Care Solutions behavioral health managed care plan to assure enrollment of all youth who require Wraparound services and supports and are eligible.
- Support of family and youth organizations to assure that all services are “family-driven” and “youth guided,” acknowledging the critical role of peer support
- Reducing the negative impacts of trauma on youth and families, especially those exposed to gun violence.

Priority #3 – Behavioral Health Supports for Adults with Justice System Involvement

The CCMHB continues its commitment to addressing the needs of adults with serious mental illnesses and/or substance use disorder who have involvement with the criminal justice system, at any intercept, and most particularly with the Champaign County Jail. Local government, law enforcement, community-based providers of service, and other stakeholders have invested much time and energy over the last two years to address shared and growing concerns, such as incarceration which could be prevented or shortened by improved access to treatments that work, redirecting those with complex conditions to effective supports and services, and keeping them engaged. Collaborations around these issues include the Crisis Intervention Training Steering Committee, Reentry Council, Champaign Community Coalition, and the Crisis Response Planning Committee. In FY18, the CCMHB will continue to support programs addressing the needs of this population.

- enhanced crisis response, through a co-responder system, intensive case management, or other diversion strategy
- expanded access to psychiatric services
- peer mentoring and support
- detoxification and psychiatric stabilization
- connections or ‘warm handoffs’ between jail and community and detox and community
- wellness programming
- specialty courts and related services
- support services at the jail
- Mental Health First Aid training for law enforcement and first responders

Overarching Priorities:

Underserved Populations and Countywide Access

Programs should promote access for underserved populations identified in the Surgeon General’s Report on Mental Health: Culture, Race, and Ethnicity and the consultation with Carl Bell, MD. A Cultural and Linguistic Competence Plan is required for the agency, and a template is provided which aligns with requirements of Illinois Department of Human Services. The agency’s Cultural and Linguistic Competence Plan may include specific activities consistent with the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards.) Applications should

focus on improved, earlier identification of I/DD in underrepresented populations, as well as on the reduction of racial and service disparities. Members of underserved minority populations and people living in rural areas of the county should have access to quality services.

Inclusion and Anti-Stigma Efforts

Applications supporting efforts to reduce the stigma associated with behavioral health disorders and disabilities will be prioritized. The CCMHB is interested in creative approaches toward the goals of increasing community awareness and access, promoting inclusion and respect, and challenging negative attitudes and discriminatory practices.

Budget and Program Connectedness

Applications that clearly explain the relationship between budgeted costs and program components receive additional consideration. “What is the Board buying?” is the salient question that must be answered in the proposal, and clarity is required. For example, programs offering multiple services, such as those that involve services funded by Medicaid, identifying non-Medicaid activities and associated costs and personnel within the program is necessary and should be addressed in the Budget Narrative.

Realignment of Existing FY17 Contracts to Address Priorities

The CCMHB reserves the right to reduce or eliminate incumbent programs and services in order to support the three FY18 priorities listed in this memorandum.

Secondary Decision Support and Priority Criteria

The process items included in this section will be used as important discriminating factors that influence final allocation decision recommendations. The CCMHB uses an online system for agencies interested in applying for funding. An agency must complete the one-time registration process, including an organization eligibility questionnaire before receiving access to the online application forms.

1. Approach/Methods/Innovation: All applications are required to cite evidence-informed, evidence-based, research-based, or promising practices and address fidelity to the model under which services are to be delivered. In the absence of such models/approaches to meet defined community need, applications demonstrating creative, innovative approaches, including method of evaluation, will be considered.
2. Staff Credentials: Applications are required to highlight staff credentials and specialized training.
3. Resource Leveraging: Consideration will be given to applications that involve additional grant funding, community support, volunteer initiatives, and other creative approaches that amplify resources. If Board funds are to be used to meet a match requirement, the funder requiring said match must be referenced and the amount required identified in the Budget Narrative.



Process Considerations

The criteria described in this memorandum are to be used as guidance by the Board in assessing applications for CCMHB funding. However, they are not the sole considerations in finalizing funding decisions. Other considerations include the judgment of the Board and its staff, evidence about the provider's ability to implement the services proposed, the soundness of the proposed methodology, and the administrative and fiscal capacity of the agency. Further, to be eligible to receive CCMHB funds, applications must reflect the Board's stated goals and objectives as well as operating principles and public policy positions taken by the Board. The final funding decisions rest with the CCMHB and their judgment concerning the most appropriate and efficacious use of available dollars based on assessment of community needs, equitable distribution across disability areas, and decision-support match up.

The CCMHB allocation of funding is a complex task predicated on many variables. This process is not a request for proposals (RFP.) Applicants are not responding to a common set of specifications but rather are seeking funding to address a wide variety of service and support needs for people who have mental illnesses, substance use disorders, or developmental disabilities. The nature and scope of applications will vary widely and will include treatment and early intervention models, and a numerical rating/selection methodology is not applicable or relevant to our particular circumstances. Our focus is on what constitutes a best value to our community, based on a combination of cost and non-cost factors, and will reflect an integrated assessment of the relative merits of applications using criteria and priorities approved by the CCMHB. In the event that applications are not sufficiently responsive to the criteria and priorities described in this memorandum, the CCMHB may choose to set aside funding to support RFPs with prescriptive specifications to address the priorities.

Caveats and Application Process Requirements:

- Submission of an application does not commit the CCMHB to award a contract or to pay any costs incurred in the preparation of an application or to pay for any other costs incurred prior to the execution of a formal contract.
- Technical assistance available to applicants 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.
- Applications which include excessive information beyond the scope of the application format will not be reviewed and, at the discretion of staff, may be disqualified from consideration. Letters of support for applications are discouraged and, if submitted, will not be considered as part of the allocation and selection process.
- The CCMHB retains the right to accept or reject any or all applications and reserves the right to refrain from making an award when that is deemed to be in the best interest of the 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 Champaign County.

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- Applications and submissions 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. Materials submitted will not be returned or deleted from the online system.
- The CCMHB reserves the right, but is under no obligation, to negotiate an extension of any contract funded under this allocation process for up to a period not to exceed two years with or without additional procurement.
- If selected for contract negotiations, the applicant may be required to prepare and submit additional information prior to final contract execution, in order to reach terms for the provision of services that are agreeable to both parties. Failure to submit required information may result in disallowance or cancellation of the award of a contract.
- The execution of financial contracts resultant of this application process is dependent upon the availability of adequate funds and the needs of Champaign County.
- The CCMHB reserves the right to further define and add application components as needed. Applicants selected as responsive to the intent of this online application process will be given equal opportunity to update proposals for the newly identified components.
- All proposals considered must be received on time and must be responsive to the application instructions. The CCMHB is not responsible for lateness or non-delivery of mail or messenger. Late applications shall be rejected.
- The contents of a successful application will be developed into a formal contract, if selected for funding. 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 there is misrepresentation of the applicant's ability to perform as stated in the application.
- The CCMHB reserves the right to negotiate the final terms (i.e., best and final offer) of any or all contracts with the applicant selected, and any such terms negotiated as a result of this application process may be renegotiated and/or amended in order to meet the needs of Champaign County. The CCMHB reserves the right to require the submission of any revision to the application which results from negotiations conducted.
- The CCMHB reserves the right to contact any individual, agency, or employee listed in the application or to contact others who may have experience and/or knowledge of the applicant's relevant performance and/or qualifications.
- For FY18, two-year applications will be considered as part of the award process.

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2016-2017 Meeting Schedule with Subject and Allocation Timeline*

The schedule provides the upcoming dates and subject matter of board meetings through June 2017 for the Champaign County Mental Health Board. The subjects are not exclusive to any given meeting as other matters requiring Board review or action may also be addressed or may replace the subject listed. Study sessions may be scheduled throughout the year with the presentation and discussion held during the meeting, held immediately following the board meeting, or during the Champaign County Developmental Disabilities Board meeting. Included with the meeting dates is a tentative schedule for the CCMHB allocation process for Contract Year 2018 (July 1, 2017 – June 30, 2018).

<u>Timeline</u>	<u>Tasks</u>
9/21/16	Regular Board Meeting Release Draft Three Year Plan 2016-2018 with FY 2017 Objectives
10/19/16	Regular Board Meeting Presentation by UIUC Community Learning Lab Students: Stigma Release Draft CY18 Allocation Criteria
10/24/16	Trainings on Trauma and Implicit Bias Study Session of the CCDDDB and CCMHB, 12:30-4:30PM
11/16/16	Regular Board Meeting Reentry Council Presentation Final Presentations of UIUC Community Learning Lab Groups Draft Three Year Plan with One Year Objectives Draft Allocation Decision Support – CY 2018 Allocation Criteria Draft Two-Year Contract Proposal
(11/30/16)	(Optional Study Session)
12/14/16	Public Notice published on or before this date, giving at least 21 day notice of the open application period.
12/14/16	Regular Board Meeting Champaign Community Coalition Report /Presentation on 2016 Summer Initiatives Approve Three Year Plan with One Year Objectives Allocation Decision Support – CY 2018 Allocation Criteria
(12/21/16)	(Optional Study Session)

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- 1/4/17 CCMHB/CCDDB Online System opens for CCMHB CY 2018 application cycle.
- 1/18/17 Regular Board Meeting
Election of Officers
- (1/25/17) (Optional Study Session)
- 2/10/17 Online System Application deadline – System suspends access to CY18 applications at 4:30 p.m. (CCMHB close of business).
- 2/22/17 Regular Board Meeting
Liaison Assignments
List of Funding Requests
- (3/1/17) (Optional Study Session)
- 3/22/17 Regular Board Meeting
Approve FY 2016 Annual Report
- (3/29/17) (Optional Study Session)
- 4/12/17 Program summaries released to Board and copies posted online with the CCMHB April 20, 2016 Board meeting agenda.
- 4/19/17 Regular Board Meeting
Program Summaries Review and Discussion
- (4/26/17) (Optional Study Session)
- 5/10/17 Allocation recommendations released to Board and copies posted online with the CCMHB May 18, 2016 Board meeting agenda.
- 5/17/17 Regular Board Meeting
Allocation Decisions
Authorize Contracts for CY 2018
- (5/24/17) (Optional Study Session)
- 6/21/17 Regular Board Meeting
Approve FY 2018 Draft Budget
- (5/28/17) (Optional Study Session)
- 6/30/17 Contracts completed.

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

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15. G.

Agency Name	Acronym
Champaign County Regional Planning Commission	CCRPC
Champaign County Children's Advocacy Center	CAC
Community Choices	
Community Elements	CE
Community Service Center of Northern Champaign County	CSCNCC
Courage Connection	
Crisis Nursery	CN
Don Moyer Boys & Girls Club	DMBGC
Developmental Services Center	DSC
East Central Illinois Refugee Mutual Assistance Center	ECIRMAC
Family Service of Champaign County	FS
Mahomet Area Youth Club	MAYC
Promise Healthcare	
Prairie Center Health Systems	PCHS
Rape Advocacy Counseling Education Services	RACES
The UP Center	
Urbana Neighborhood Connections Center	UNCC

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