



## CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

#### Champaign County Mental Health Board (CCMHB)

WEDNESDAY, April 22, 2020 at 5:45 p.m.

This Meeting will be Conducted Remotely at  
<https://zoom.us/j/676542336>

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1. Call to Order
2. Roll Call
3. Zoom Instructions <https://zoom.us/j/676542336> (page 3)
4. Citizen Input/Public Participation  
*The CCMHB reserves the authority to limit individual public participation to 5 minutes and limit total time to 20 minutes.*
5. Approval of Agenda\*
6. President's Comments
7. Executive Director's Comments
8. New Business
  - A. Impact of COVID-19 Discussion (pages 4-43)  
*Briefing Memorandum with agency updates on operation of CCMHB funded services during COVID-19 pandemic is included in the Board packet.*
  - B. Application Review Process and Discussion (pages 44-190)  
*Discussion of agencies' requests for funding. Briefing memorandum on review process, application list, reviewer list with program summary page numbers, program summaries, and agency acronym/glossary are included in the Board packet.*

**C. CCMHB FY 2019 Annual Report\* (pages 191-221)**

*The FY19 Annual Report is included in the Board packet for review and approval. Action is requested.*

**9. Agency Information**

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

**10. Old Business**

**D. Schedules & Allocation Process Timeline (pages 222-226)**

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

**11. CCDDDB Information**

**12. Approval of CCMHB Minutes\* (pages 227-234)**

*Minutes from February meetings and study session are included in the Board packet. Approval is requested*

**13. Staff Reports**

*Staff reports are deferred.*

**14. Board to Board Reports**

**15. Expenditure List\* (pages 235-250)**

*Copy of the Expenditure List is included in the packet. Action is requested to accept the list as presented.*

**16. Board Announcements**

**17. Adjournment**

***\*Board action***

## Instructions for participating in Zoom Conference Bridge for CCMHB Meeting April 22, 2020 at 5:45 p.m.

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

Go to Join Zoom Meeting  
**<https://zoom.us/j/676542336>**  
Meeting ID: 676 542 336

### One tap mobile

+13126266799,,676542336# US (Chicago)  
+16465588656,,676542336# US (New York)

### Dial by your location

+1 312 626 6799 US (Chicago)  
+1 646 558 8656 US (New York)  
+1 253 215 8782 US  
+1 301 715 8592 US  
+1 346 248 7799 US (Houston)  
+1 669 900 9128 US (San Jose)

Meeting ID: 676 542 336

Find your local number: <https://zoom.us/u/atn1dlRdB>

If prompted to download software and install Zoom software, do so.

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

Join with computer audio.

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

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

If you are not a member of the CCMHB or a staff person, **please sign in by writing your name and any agency affiliation in the Chat area.** This, like the recording of the meeting itself, is a public document. There are agenda items for Public Participation and for Agency Updates, and we will monitor the 'raised hands' during those times. If you have called in and therefore do not have access to the chat, there will be an opportunity for you to share your 'sign-in' information.

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

J.A.



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

## **BRIEFING MEMORANDUM**

**DATE:** April 22, 2020  
**TO:** Members, Champaign County Mental Health Board (CCMHB) and  
Champaign County Developmental Disabilities Board (CCDDB)  
**FROM:** Lynn Canfield, Executive Director  
**SUBJECT:** Federal, State, and Local Service System Responses to COVID-19

### **Background:**

The purpose of this memorandum is to document specific impacts of this historic moment, as we witness the rapid spread of a virus with unknown implications.

Since scattering to the winds, our team has focused on application review and preparation for the coming allocation activities, adjusting to remote work, and managing a flurry of conference calls, townhalls, webinars, and committee meetings of national and state associations, Extension Office, Emergency Operations Center, and more. Staff have continued to 'attend' committee meetings and interagency collaboratives, including with United Way and on behalf of the rescheduled Expo.

Although busy responding to new challenges, witnessing confusion and fear and the huge cost of systemic inequities, decoding emergency regulations, accomplishing as much routine work as possible, and developing new resources and collaborations, some have noted that this Great Pause is a clarifying moment, with reverence for the natural world and a sense of what 'community' could be.

### **Federal Response:**

By now, most are aware of the three federal emergency relief bills signed into law, with at least one more on the way. The related regulatory relief and emerging resources constitute the majority of wave after wave of forwarded emails; the flow of information has not made these new programs easier to navigate. Some also receive multiple daily updates from the Federal Emergency Management Agency, at the lead where we might have been expecting the Centers for Disease Control and Prevention.

The first and second relief packages included: nutrition assistance and support for the very young, the elderly, new families, and schoolchildren who rely on free lunch and breakfast programs; changes in telehealth, allowing states to expand services covered under Medicaid, Medicare, and private insurance (telephone is not yet approved in

Medicare); changes in licensing, relicensing, interstate compacts, etc. A 6.2% increase in Federal match for all Medicaid services is meant to help States meet increased needs. The third package included economic relief for individuals and organizations. Requests submitted to these programs have overwhelmed federal agency staff and greatly exceeded the appropriation, leading to new, heated legislative discussions of a fourth package.

The Federal Communications Commission asked private providers to make changes (e.g., lifting bandwidth caps) to improve access to telecare services, and the effort to establish “988” as a national crisis/suicide prevention hotline is now being fast-tracked.

These changes apply only during the period of the federal declaration of emergency. At this time, projections about how long and what’s next are all over the place.

While some COVID-19 related services are meant to be free of cost, behavioral health needs may not be seen as directly related to the pandemic, and yet we’re only at the very beginning of those impacts.

In “Recommendations from County Behavioral Health and Developmental Disability Directors,” Dr. Manderscheid, Executive Director of NACBHDD and NARMH, writes about what we’ve learned through townhall meetings and regular updates, anticipating the impacts on behavioral health and I/DD services. He identifies challenges which call for additional legislative action:

- County response to the coronavirus crisis has not yet been organized.
- State Medicaid response is unduly slow.
- States and/or managed care organizations must be more responsive in enabling providers to utilize new telehealth/telephone care codes. The provider workload hasn’t gone down. It has just shifted to codes that are difficult to bill through existing systems. Michigan for example, gives verbal ability to use the telehealth waiver code retroactive to March 1 but has not released any written procedures.
- Need for accelerated implementation of the 988 suicide prevention/ crisis/mental health lines in taking the burden off of overloaded 911 emergency circuits.
- If the House proposes an additional \$10 billion for federally qualified health centers—then certified community behavioral health clinics, community mental health centers, and CSUCs must get added funding too.
- Behavioral health is not generally considered part of the health system. It’s at low priority relative to physical health. Providers can’t get any access to PPE available for other staff who are working face-to-face. Many additional resources are flowing to medical, nothing to behavioral health. This must be fixed.
- Behavioral health and I/DD providers are at risk of losing essential staff. They need the flexibility to reassign/redeploy staff who aren’t busy/who aren’t needed for closed programs into other appropriate tasks.
- Rising concern about the status of residential programs, recovery houses and other congregate living circumstances. These locations house a lot of sick people and operate on low margins, and there are staffing, funding and other challenges. How

do we assist these people? How do we keep them safe from coronavirus? How do we keep them fed? How do we ensure that staff are on hand?

- Inconsistent reimbursement practices across public and private insurance payers within a state.
- Low-income clients have inadequate prepaid phone plans—calling in uses up minutes quickly.
- Some providers don't have the steady-state funding to keep their payrolls up and their doors open. Some county boards have been adding funding to assist providers whose stream of work and billable revenues are disrupted. Some states, including Oregon and Pennsylvania, say they are approving provider payments based on history of monthly billings.
- Behavioral health and I/DD provider personnel working at home often lack the organizational tools/access/infrastructure to do their jobs effectively.
- School-based counselors in Ohio have been reaching out to parents and children to assess situations and offer assistance, but not getting huge response. Teachers, however, have been calling in to counselors to report children who are struggling with isolation, remote learning or other problems. So, children are having problems and teachers are a resource to help.
- Now is the time to share existing crisis response plans or work on new contingency plans, networks and partnerships for future crises. Sept. 11 gave rise to county emergency response resources. What resources are now needed to help counties to plan for and meet future crises?

## State Response:

As most states have done, Illinois submitted and received approval for an '1135 waiver,' allowing relaxation of licensure requirements and restrictions on healthcare practice, expansion of telehealth services and interstate practice, and more. The Governor established an emergency relief fund for use by local United Ways and Community Foundations. The first wave of funding was used to address housing insecurity. Food supply and distribution are community-wide efforts of great importance.

I/DD and BH are identified as essential workforce and therefore should be eligible for emergency childcare, though available capacity might not meet the demand. In addition, the need for protective equipment is as relevant as for healthcare workers, another great reason to view this work as healthcare and value it similarly.

Illinois Department of Human Services (IDHS) issued guidance for I/DD providers, closing congregate day programs and increasing residential rates (CILA by 20%); the Illinois Council on Developmental Disabilities and the Arc of Illinois created funding opportunities for people with I/DD and their families. Many families have had to choose between not visiting their adult child who lives in a CILA and taking them home for this unknown period of time. The situation adds new stresses for individuals and families and providers, which have yet to be addressed.

The state is seeking additional Peer and Family Wellness Support Specialists as professionals to run the Warm Line, at 1-866-359-7953 or TTY 1-866-880-4459. This support is available during business hours on weekdays other than holidays.

A special Call4Calm text line, for those feeling stress related to COVID-19 to communicate with a mental health professional: text TALK to 552020 for English or HABLAR for Spanish, 24 hours a day, 7 days a week.

## **Local Responses:**

Beyond canceling large gatherings and in-person meetings, monitoring contracts, paying the bills, and evaluating proposals for funding, our attention is also on the local versions of some serious issues noted above, including: the exacerbation of inequities in many of our systems, with dramatic consequences on the health and wellness of marginalized people; the risks inherent in congregate or institutional settings, such as jails, prisons, psychiatric hospitals, large residential facilities, sheltered workshop or day programs, nursing homes; and the impact of chaotic implementation of new rules and emergency relief programs on service providers who were already stretched. There are local heroes in these stories, beyond first responders and medical providers, who provide care which cannot be accomplished over the phone or with an app or online meeting, and these include our least well-compensated staff.

The news that the County may delay collection of 2020 property taxes may be a sign of troubled times to come for the Boards' revenues. 2020 tax amounts are not subject to reduction, but it does matter if they are collected later than usual; this impacts our ability to pay on all obligations, including agency contracts for services. This is especially true for the DDB, with a lower fund balance, but both balances are lower than this time last year due to tax repayments associated with the recent court order. In addition, where normally 99% of tax bills are paid eventually, we should expect a lower percentage than projected, billed, and budgeted for 2020. We can manage that.

Although I had planned to stop budgeting conservatively, this might not be the day to stop expecting the worst. 2021 and 2022 may be much trickier, e.g., if values decline or a tax abatement strategy is implemented. If we look to the economic downturn of 2008 for clues, Champaign County may feel the ill effects later than other communities and then be slower to recover. We can also expect, as some board members have already noted, an increase in the diseases and behaviors associated with economic distress, such as domestic violence, substance abuse, suicide, inflammatory illnesses, depression. While revenues may begin to shrink, service needs will be expanding. Service provider agencies who've relied primarily on local funding should make serious efforts to secure state and federal revenues, especially as federal appropriations have been increased to address some of these very problems. CCMHB and CCDDDB staff will continue to share such information as opportunities arise and will assist to the greatest extent appropriate.

We should also plan for a system of services which meets new needs emerging from the indirect effects of social isolation and financial insecurity and the longer-term direct effects of the COVID-19 disease, as there is already evidence of neurological impacts, including encephalopathy. Historically, much research has been devoted to understanding the relationship between viral infections (along with high fevers) and conditions such as schizophrenia, bipolar disorder, autism spectrum disorders, and certain obsessive compulsive disorders. We will learn to plan for the unknown.

## Funded Agency Responses:

Associate Directors Kim Bowdry and Mark Driscoll asked those agencies with current CCDDDB and CCMHB contracts for updates on how the COVID-19 spread, shelter-in-place orders, and emergency regulatory changes have impacted the services they provide, their workforce, and their contact with persons served. Some offered great detail, and the full responses are included, revealing some consistent themes and, most importantly, hope for the future. The responses follow, in near-alphabetical order:

***Champaign County Regional Planning Commission, with CCDDDB-funded program Decision Support for DD/PCP and CCMHB-funded programs Homeless System Coordination, Justice Diversion Program, and Youth Assessment Center:***

All RPC program staff were moved to working from home shortly before the shelter in place order. They are continuing operations through telecommuting; conducting client contact through phone contacts and hosting meetings through web based platforms. Following are program specific updates.

Independent Service Coordination (Decision Support/Person Centered Planning): ISCs are providing services remotely using email, phone (audio and text), FaceTime, and Zoom. We are providing services remotely. All of our funded staff are working regular hours and have agency issued cell phones and email in which their clients can reach them. With the shelter in place order, some families are spending an increased amount of time connecting with their ISC due to more availability in their schedules. Transition Consultants currently are not meeting in person, we talk by phone and exchange materials by email or mail (by including a self-addressed, stamped envelope). We can set up virtual meetings, too, if that is preferred. We are happy to help families and guardians with resources, contact information, and answers to their questions. We can help them envision a future for their child when they are no longer in school, and guide them in attaining services. Preference Assessments are being conducted via phone, email, and mail as PUNS are completed/updated.

Homeless Services System Coordination (HSSC): The HSSC Program continues to provide coordination services to the Continuum of Care / Homeless Service System in Champaign County. In line with program goals, the CoC Coordinator has continued to track all relevant information shared by HUD and State resources specific to homeless systems, attends webinars, and disseminates information to appropriate community stakeholders. The CoC Coordinator has liaised between



the C-UPHD and various Emergency Shelter Providers to facilitate adoption of guidance, as well as to share important information with the full CSPH. Additionally, the CoC Coordinator has participated in meetings and grant writing for emergency funds to support the emergency shelter functions of the homeless service system and assists with brokering agreements between service providers and local motels to secure additional shelter units. The CoC Coordinator is working to ensure continuity in regular CSPH work by organizing future meetings held during the pandemic to take place via web platform rather than in person. The CoC Coordinator completed a review of CSPH members United Way 211 listings in order to identify any out of date information, provided the detailed information to CSPH members with listings that may need to be updated and instructions on how to update 211 listings were communicated to the full CSPH mailing list.

Justice Diversion Program (JDP): The Justice Diversion Program Coordinator has not received many referrals directly from the Rantoul Police officers, however she has been diligent reviewing all police contacts for each day and reaching out to families and individuals (with and without referrals) by phone. With the Coordinator starting her position on March 16<sup>th</sup> (one week before RPC moving to work from home), she has also been calling different agencies to learn more about their intake processes and services they have available during this time. The JDP program will host the Rantoul Service Providers meeting scheduled for April 2020 through a web platform.

Youth Assessment Center (YAC): The Youth Assessment Center is continuing to provide ongoing services. Staff are receiving office calls via forwarded calls to their individual cell phones. Referrals are still being accepted from the police departments, State's Attorney, and the community via email ([rpcyacemail@co.champaign.il.us](mailto:rpcyacemail@co.champaign.il.us)). Staff are providing assessments over the phone and implementing Formal Station Adjustments and other services via virtual means. Staff are participating in a weekly staffing meeting with the Program Manager to ensure productivity standards are met, as well as supervision and direction on new remote procedures, as necessary. At the beginning of March, an MRT group began; we are trying to keep the group engaged through web meetings.

***CU Able, with CCDDDB-funded program CU Able Community Outreach:***

We are continuing to support the community to the best of our abilities. We have been hosting weekly (rather than monthly) support meetings via Zoom for the past couple weeks. We are skipping this week as our volunteer is celebrating Holy Week and we don't want to distract her from that. We are moving our virtual support nights to a different weeknight as 2 other groups are doing them on Mondays. I believe we are going to do them on Fridays for an end of week check in for people. We had one session with several attendees, and one with only 2, but that's ok. I suspect there may be some additional drop ins as more people struggle with remote learning. We want to have them there for when people need the support. I think we are also going to add a kid's event to see if there is interest in

that. We have also put the Walmart program on hold temporarily. I think most stores are declining returns at this point, but prior to that we were concerned about the safety of our volunteers so opted to stop the pick-ups. One of the items that we received before Christmas was a truckload (well, at least a full trunk full) of 100% cotton material. There were boxes and boxes of "americana" or 4th of July fabric that was donated to us. We have given most of that away now to various community groups and individuals who are sewing masks. It was so nice to be able to provide that resource in the community. I gave about 50 yards directly to Carle's Makeamask program and then divvied the rest up to other individuals who were part of the makeamask project in town. We also ordered small packets of antiseptic wipes from good360 just today. We will receive just under 150 SMALL packages of wipes that we will give out in the community. Our plan is to basically do porch pick up and trust that people will only take one or 2 packs. We may also have a couple people do porch drop offs for those who are unable to get out. If you know of anyone specifically in need, let us know. More will be announced in CU Able in the next few days once we are sure we secured the items. We are working on the website and should have more info for you on that in the next couple weeks. I'm very excited about the person who is taking this on for us. We did choose to postpone the retreat for the summer based the University cancelling all on campus activities through mid-July. We are evaluating options for dates that would still be in the 2020-2021 fiscal year. Of course that will all depend on what happens in the world.

*Champaign County Children's Advocacy Center, with CCMHB-funded program  
Children's Advocacy, from Executive Director Kari May:*

This is what we have sent out to our Multidisciplinary Team partners and what is posted on the Champaign County webpage. In addition, our family advocate is reaching out to families to check in on them and provide resource and referral as necessary. We have had two cases that have been put on hold that are not emergency situations. One put on hold per Champaign Police Sergeant and the other put on hold after CAC staff and Champaign Police Department detective staffed the case and determined the child is safe, offender has no access and the interview can be held off until the stay at home order has been lifted. Please let me know if there is anything else you need. We did put up 10 Blue kids around Champaign Urbana for Child Abuse Prevention Month.

We want to let our MDT partners know that we are here if you need us. However, due to the extension of the Shelter in Place directive from the Governor and the recommendations from the CDC we have put the following protocol in place. Please understand that this plan will be revised/updated based on the ever-changing needs of our community. To ensure you have the most recent version of this protocol please see the revised date above. Any revisions to this plan will be noted in this area with the most recent revised date.

- Only essential forensic interviews will be conducted at the CAC. Essential is determined on a case-by-case basis with the input of the MDT members

assigned to the case. For any case where the child is determined to be not at risk for the next four weeks, will be scheduled at a later time.

- Staff will work at home with communication via email and cell phones (Kari: 217-552-6848).
- When an interview is requested and needed, CAC staff will need to obtain the caregivers name and phone number. Intake information will be done via phone and ahead of the interview if possible. In addition to the normal intake questions, ask if the caregiver or child has a fever, sore throat, cough, shortness of breath, muscle aches or has traveled to or been with a person from a high-risk area. If so, the interview will not take place. Attendance to the CAC for an interview is limited to one caregiver and only the child(ren) who will be interviewed.
- Only one law enforcement detective, one DCFS investigator and two CAC staff will be permitted to attend a forensic interview. We have to keep the exposure level to everyone as low as possible.
- Any toys/games used in the play room will be placed on the round table by the child/children using them. CAC staff will disinfect these items as well as other areas of the Center after the family has left.
- When the child and family arrive at the CAC, the family will be asked to wash their hands and go directly to the play room. CAC staff will get minimal information and provide minimum information/resources for intake. There will be no lengthy meetings with MDT members before or after the interview. Staff, families and MDT members will maintain 6ft social distancing while in the conference room and throughout the CAC. Follow-up or discussion will be done via phone. All areas used in the CAC will be sanitized with sanitizing wipes and a bleach disinfectant spray.
- MDT meetings will be canceled until further notice. For anyone who needs to staff a case we have the ability to host a ZOOM meeting. I will need you to email me the participants that need to be involved and dates and times that will work for you and we can get this scheduled.
- Clinicians are working with children/families on an as needed basis and utilizing Telemental Health Resources as they are able to.
- CAC staff will take their temperatures an hour prior to arrival at the CAC. Anyone with a fever or exhibiting COVID-19 symptoms will not report to work.

**Please do not hesitate to reach out if you have any questions or concerns. The health and safety of all of you is our utmost priority at this time. Thanks for all you do! Be safe!**

***Champaign County Christian Health Center, with CCMHB-funded program Mental Health Care, from Executive Director Jeffrey Trask:***

Due to OSF closing off the Community Resource Center, we had to close CCCHC. We are keeping up with patients by calling some over the phone. We are also soliciting funds to develop a Telehealth system being offered through the Illinois Association of Free and Charitable Clinics. Same thing goes for our



pharmacy assistance program (seeking funding to continue that via grant funding). FYI, Crystal just finished arranging Telehealth services for patients with our volunteers. She's done a great job setting that up.

***Champaign County Down Syndrome Network, with CCDDDB-funded program:***  
*No update available.*

***Champaign County Head Start/Early Head Start, with CCDDDB/CCMHB -funded program Social-Emotional Disabilities Services, and CCMHB-funded program Early Childhood Mental Health Services, from Division Director, Brandi Granse:***

On March 16, the Head Start facilities and home-based services closed due to Governor Pritzker's school closure order. In order to continue providing services to children and families in a remote way, our team developed several ways to connect and share information with children, families, and staff as well respond to their needs and provide services and support. We created a Facebook Group page, RPC Early Childhood Education, to post educational lessons and activities, personal messages and lessons from our teachers, social/emotional activities and support, program and COVID-19 information, and community resources and information to support children and families. So far, we have approved 275 members, including parents, employees, and community partners, who joined the Facebook Group page, and this number has continued to grow daily. We are providing weekly care baskets that include food, milk, diapers, art supplies, educational packets, and community resource information to families, based on the family feedback we get from families through our weekly check ins (phone calls). In addition, the Social-Emotional Development Specialist and the Social Skills and Prevention Coaches have continued to work and provide services the best they can. The employees have created social/emotional support packets, activities, and called families inquiring about their needs. We have provided multiple resources on how to handle stress, create routines, access mental health support, and talk to children about why they are not in school. Our Specialist and Coaches have promoted their ability consult and support families and set up a weekly parent support group to meet through google hangouts/other platforms.

***Champaign County Health Care Consumers, with CCMHB-funded programs CHW Outreach and Benefit Enrollment and Justice Involved CHW Services and Benefits, from Executive Director Claudia Lenhoff:***

The first grant involves working with clients in community-based settings, including our office. The second grant primarily involves working with clients in the Champaign County Jails, as well as in the community upon the clients' release from the jails (but first contact is typically made while the client is still in the County Jail, and follow-up is often after their release). CCHCC's method for working with clients during the corona virus pandemic has evolved as the situation with the spread of the virus has changed.

**Timeline of Evolving Work Protocols**

**March 9 – 13, 2020:** On March 9, Gov. Pritzker issued the Disaster Proclamation for the State of Illinois. CCHCC had already been closely tracking the public

health news about the corona virus. During this period of time, earlier in the pandemic before Shelter In Place orders, CCHCC conducted both grant funded programs as usual. However, for services delivered in our office and in community settings we implemented new protocols for disinfecting and in-person social distancing, using wipes, more frequent hand washing, and maintaining several feet between our staff and our clients. We also implemented protocols for assessing fevers, coughs, etc. among staff and our clients, and we asked anyone experiencing those symptoms to let us know and to avoid coming to the office. We had one staff member who developed a very severe illness and cough, and she did not return to the office. We now suspect that she was in fact infected with the corona virus because she was negative for influenza, and she was diagnosed with pneumonia or bronchitis, and prescribed antibiotics. She had two rounds of antibiotics and her fever spiked during the second round. This led to an all office sanitizing effort. She did not come to work while sick, but we knew that the virus could be spread before the person was fully symptomatic. We locked our office door and posted a sign on the door requesting that people knock on the door. The sign also indicated that anyone with various symptoms would not be admitted in the office, but we would come out and see them and do an intake in the hallway and follow up with a phone or email appointment. Chris Garcia continued to go and work in the Champaign County Jail during this week.

**March 16 – 20, 2020:** This is the week that Gov. Pritzker issued the Shelter In Place order, on that Friday, to be effective beginning Saturday, March 21. However, at the beginning of that week, CCHCC developed protocols for limiting in-person client interactions, and working remotely for our office and community-based services. We advised clients that whenever possible, we would handle appointments remotely by phone and email. We were still willing to see clients in-person if necessary, but required that clients let us know if they were symptomatic. We slightly revised the sign on our door. We continued our office disinfecting protocols and refined those further. There were some clients we had to see in-person for them to turn in documents necessary for their applications, or to just facilitate better communication. But we were able to convert most of our client appointments into phone and email appointments. Chris Garcia continued to go and work in the Champaign County Jails during this week.

**March 23 to current:** Since March 23, CCHCC has been working primarily remotely, and with few exceptions we have not been working with clients in-person. The sign on our door has been further revised, and explains how clients can contact CCHCC. Chris can no longer go to the Jail, as restrictions limiting non-Sheriff Office staff were implemented.

**How we are working with and communicating with clients:** Our work with clients has almost totally shifted to remote work protocols. We continue to assist clients with applications for various benefits and resources, including Medicaid, SNAP, SafeLink phones, Rx assistance, hospital financial assistance applications, etc., but now we are doing this work primarily over the phone and by email, depending on the clients' needs and ease of communication (some clients do not have good access to technology for on-line work and communication). During the

first week of the Shelter In Place order (week of March 23, 2020), we saw a drop-off in appointments and clients seeking our services. We suspect that during this time, individuals and families were busy figuring out the practicalities of the Shelter In Place requirements. However, after that week, we saw an increase in contacts with new and old clients requesting services. The biggest downturn in client contacts has to do with the Justice-Involved program, because Chris cannot be in the Jails.

Here is the new Jail protocol: Chris was told that he could use the Jail's phone line that is dedicated for attorneys to speak with clients. This is not an ideal situation, as clients in the Jail really need to be able to communicate with their attorneys on a timely basis. It is also a logistically and labor-intensive option because if Chris is to speak to a client on the attorney line, the correctional officers have to expend resources to take time to move a client out of their jail pod and into shared space for the attorney line. When Chris does need to use that option, he schedules calls to be late in the day, usually after dinner, when the attorneys are least likely to need to use the phone line. So, Chris is using that phone line option as a last resort. The preferred protocol right now is that clients in the Jail are referred to Chris by Courtney Bean (Rosecrance). Chris and Courtney have worked out a system that involves Courtney gathering as much of the information from the client as possible, in order to avoid the need for a phone call. If Courtney can gather information about birth dates, etc., Chris can look up the clients' Medicaid and SNAP statuses, and begin applications for the client without having to speak to the client directly and tie up a phone line. Then Courtney and Chris communicate with one another by phone and by email. This, of course, requires the clients' consent, but seems to be working fine. Clients then also have Chris's information so that they can follow up with Chris after they are released. The protocols for working with released Justice-Involved clients are the same as those for our community-based clients.

How we have provided messaging about our new social-distancing protocols: CCHCC's messaging has changed over time, as the protocols have changed. But generally, we have provided messaging through emails to our listserv, messages on our Facebook page, and messaging to our community service provider partners. We have also posted signs on our office doors to explain our protocols for contacting us. Clients can contact us via email at [cchcc@cchcc-il.org](mailto:cchcc@cchcc-il.org) or by phone at 217-352-6533.

How we handle internal staff communications in order to triage client needs: CCHCC continues to have weekly all-staff meetings on Monday mornings by conference call. We are using a free conference call. Every email from a client or prospective client is forwarded to the all-staff email list, and a staff member will respond to take responsibility for following up with that person. This is documented in an excel spreadsheet and reviewed at every staff meeting. We also have a protocol requiring all staff to check emails every 15 minutes from the periods of 10 a.m. to noon, and 1 to 3 p.m., Monday through Friday. For rapid messaging, we are also using Slack, which can be accessed online and by a phone app. We also message and coordinate with one another to let each other know

when we will be coming in to the office. Fortunately, our suite of offices makes it possible to practice social-distancing, as each staff member has their own separate office workspace. We set a limit of no more than two CCHCC staff members in the office at one time. Staff are not seeing clients at the office, but staff need to come to the office to handle mail, use the fax machine and scanner to submit documents, and do data entry. We are checking voicemails remotely. All voicemails are going to one phone (we are not providing extension numbers for individual staff members at this time), and one staff member is charged with checking those voicemails. He then emails the voicemail recordings as a file to the staff list and staff members sign up to follow up with callers.

**How we handle communications with clients:** CCHCC pays a portion of all staff members' cell phone plans so that they can use their personal cell phones for work, when needed. For the most part, Staff do not want clients to have their personal cell phone numbers, so we are using Google Voice to call clients. The call shows up as being from CCHCC's office phone number. Staff are also using their CCHCC email accounts to follow up with clients who email us. In all our messaging, we ask for patience as we are working remotely, and we let clients know that someone will return their call or email as soon as possible. We have typically been able to respond to clients within the same day, unless their message arrives in the evening or at night. If that is the case, then, Claudia Lennhoff, our Executive Director, typically emails the client directly to let them know we have received their email and a staff member will respond to them soon. If clients need to deliver documents to us, they can send them electronically, or if necessary, they can drop them in our office door mail slot. Staff will receive the documents, make the necessary copies or scans of the documents, and then mail the originals back to the clients. CCHCC's Executive Director, Claudia Lennhoff, has approximately 8 clients with whom she is keeping in touch on a daily or weekly basis by cell phone calls and texts. There are three clients who were in crisis (suicidal ideation, extreme anxiety), and for whom it was determined (in collaboration with their prescribing physician) that the anti-depressant that they were on was not working well for them. All three of these clients tapered off, or continue to taper off, their antidepressants, but are getting daily or every-other-day text and phone call check-ins from Claudia to make sure that the tapering is going well and that they are not having withdrawal problems. One client has fully successfully tapered of the problematic antidepressant and is managing much better. The other two are doing well and already feeling better, and have almost completed the taper.

**How we are providing support for existing clients:** We have many clients who are well set in terms of resources and benefits, but who are very anxious and/or lonely, and who need social/emotional support. We have emailed some of our lists (like our Medicare Task Force, and 5<sup>th</sup> & Hill), and specific individuals, to let folks know we can check in with them and to let us know if they need anything. We have offered periodical phone calls, and/or emails, depending on their preference. Likewise, at Staff Meetings we have identified individuals and families who we believe would benefit from a check in phone call, and we are systematically contacting people and checking in with them, and if needed,

developing a schedule for ongoing check-ins. We have many seniors who especially appreciate this.

**In-person contacts with clients:** CCHCC's Executive Director, Claudia Lennhoff, is the only person having in-person contact with clients right now, on a very limited basis. There are a few clients for whom Claudia has delivered groceries and/or supplies for dealing with the corona virus (cloth face masks, disinfecting wipes, toilet paper, tissue, gloves, hand sanitizer, etc.)

*Update, from email late afternoon, April 10:*

Chris Garcia just updated me that he heard from Celeste at the jail and they can no longer allow the use of the phones for Chris's application work. So, that protocol will change. No more phone contact with folks in the Jail, as of today. Chris is going to work with Celeste and Courtney to create a form that folks in the jail can fill out, or that can be filled out for them, and then sent to Chris - whether by fax, scan, or mail - so that Chris can start working on people's cases based on the information on the form.

***Champaign Urbana Area Project, with CCMHB-funded program TRUCE, from Interim Director Donald Owen:***

On March 14, we posted the following message on the CUAP Facebook Page:

*In an effort to 'flatten the curve' of the COVID-19 pandemic, Champaign Urbana Area Project will be reducing face to face meetings.*

*We are also limiting office hours. We apologize for the inconvenience. If you have questions or need assistance, please feel free to email [info@cuareaproject.org](mailto:info@cuareaproject.org) or message us here.*

Since that time, CUAP staff has been checking in with individuals who we were serving with advocacy, mentoring, and group meetings only through text messages and email. Currently, only three individuals are currently engaged. A fourth individual is currently incarcerated at the County Jail. We have been referring individuals to other programs and supporting as best we can.

**Financial and Compliance Update:** CUAP started the process to obtain a Financial Review in October, 2019. Due to an office move in November, complex and outdated record-keeping, payroll tax forms which had not been filed, that process took longer than expected. CUAP contracted with Martin Hood to perform a general update of all bookkeeping, upgrade financial software, and pay and file back taxes. In February, Feller and Kuester agreed to complete the required Financial Review. On March 20, Feller and Kuester wrote, "Unfortunately, due to the Governor's announcement this afternoon, our office is officially closed until April 7<sup>th</sup> or the restrictions are lifted. I know the importance of getting this wrapped up as soon as possible so I will work it in my schedule after our office is open and have something to you thereafter."

Currently, all CUAP work is on a strictly voluntary basis. We have applied for two grants, and we have two more that we are currently writing. We made a decision not to apply for CCMHB for FY2021, and I explained my rationale to Lynn Canfield, and I would be happy to speak to individual members of the



CCMHB if they have any questions about CUAP.”]

*Community Choices, with CCDDDB-funded programs Community Living, Customized Employment, and Self-Determination Support, from Executive Director Becca Obuchowski:*

In terms of our other services... Across the board, we have divided up all our members and participants between the staff to reach out to and check in on how they are managing and if their basic needs are met. For people living with families, we are reaching out at least once a week. For people living on their own, we're reaching out more. So far everyone seems to be coping well and there haven't been any significant concerns.

Our staff are working from home and have moved to remote meetings with the people we are working actively with (Community Transitional Support, HBS, Employment). I would say that the biggest impact has been to our employment program. We've paused all job development given the current circumstances. We had a few people who were still receiving some job coaching. We have moved to check-ins with these people and they continue to do well. Both were in jobs that did not see any interruption in work. We've also gone through all the people who were employed but in a maintenance/consultation phase. There are a couple people who have lost some hours, but no one who we are concerned won't be able to return once things get back to normal. These folks also, while bored, weren't concerned greatly about the loss in income. We are continuing to reach out to the former UCP clients. We've been in touch with Katie Harmon and let her know we are still have some capacity to support people, but that we can't do any job development.

We are pretty excited about some of the opportunities that we have put together for people to engage in in the meantime. Starting this week and expanding next week we are inviting members to join us on Zoom meetings. We wanted to provide some structure to peoples' days and opportunities for members to connect while they are all isolated in their homes. We are starting with a morning check-in meeting where we just see how everyone is doing and have some conversation starters. In the afternoon we've been having a longer session where people can join to learn about something or do something fun. This week we did a "Coping Skills" session, indoor gardening and plants, "get moving" a walking in place aerobics thing, arm chair travel, and this afternoon we'll be doing a wrestling recap. We also did a parent check in over Thursdays lunch hour, which went really well and we'll repeat next week. Next week we're going to expand to two afternoon sessions - Mondays will be social emotional skills, Tuesday will be How-tos or instructional sessions, Wednesdays will be physical activity and employment soft skills, Thursdays and Fridays we're planning for games and other fun things. People have been really excited and engaged. I think we've had between 5 and 10 people at each session.

*Community Service Center of Northern Champaign County, with CCMHB-funded program Resource Connection, from Executive Director Andy Kulczycki:*

As I indicated in an earlier email, we are operation on a reduced scale, being open from 8:30 am to 4:00 pm, rather than 5:00. We are not allowing anyone in the office area besides staff and two volunteers. The agencies that were using our facilities have all cancelled their visits here for the time being. We are still answering phones, helping with prescriptions, utilities, and any service that does not require face to face contact. We continue to answer many calls for information and referrals. Our pantry continues to function but we push a shopping cart with food out to the sidewalk and then wipe it down and bring it in once it's unloaded. We will continue to function in this manner as long as the "stay at home" order is in effect. I expect that our 3rd quarter numbers will show a downturn since this all began in March.

***Courage Connection, with CCMHB-funded program Courage Connection:***

Thank you for allowing Courage Connection to submit this update. Although the past month has been challenging for everyone in our community, I'm proud to report Courage Connection team members have been deeply engaged in continuing our mission. As they shifted to virtually providing counseling and other services, our program staff did some outstanding research and quickly put innovations into practice. In addition to the summary provided below, it is important to note that we've increased the number of staff and team meetings. Functional areas now meet weekly, as does the full program staff. Microsoft Teams has proved to be a lifeline for team communication. While we are physically apart, we feel very close to our clients and fellow team members.

**Summary of actions taken by Courage Connection as of April 9, 2020 to address social distancing guidelines while continuing to fully practice our mission:**

- On March 16, 2019, in response to Governor Pritzker's social distancing guidelines, Courage Connection program staff began providing all non-residential services (counseling, court advocacy, and housing referrals) remotely.
- The counseling staff immediately engaged in a literature review to identify best practices in teletherapy.
- The counseling sessions are going so well, we plan to explore adding teletherapy as a way to serve homebound clients even after social distancing ends.
- We have continued to staff the 24/7 hotline and provide evaluation/intake for those fleeing an imminent threat of DV.
- Until April 3<sup>rd</sup> Client Advocates were serving residential clients (Emergency Shelter and Transitional Housing) on-site while practicing social distancing.
- On April 3<sup>rd</sup> as a result on an increased number of COVID-19 cases in Champaign County, we moved our residential clients to a hotel out of an abundance of caution for clients and Client Advocates. Client Advocates are working their full shifts from the Emergency Shelter and Transitional Housing. Their modified job expectations include:

- Ongoing case management with their assigned clients and management the 24/7 DV hotline.
- Each client receives at least one wellness call from a Client Advocate each day.
- Client Advocates are not trained healthcare professionals. However, they ask clients about symptoms and make common sense recommendations (like suggesting the client go for treatment if s/he is short of breath).
- Client Advocates continue to document all case notes in OneNote.
- Client Advocates who are at a lower-risk for COVID-19 complications deliver food and personal items to clients as needed. Client Advocates will wear gloves and masks. They will observe social-distancing guidelines and not enter any hotel rooms.
- Client Advocates continue to make referrals for counseling and court advocacy.
  - Client Advocates have been assigned appropriate professional development reading and activities by the Director of Client Service.
- To date, we have not had any clients or employees with symptoms of COVID-19.

*Crisis Nursery, with CCMHB-funded program Beyond Blue-Champaign County, from Executive Director Stephanie Record:*

**As of 3.31.2020, Crisis Nursery operations changed to the following:**

1. Crisis Nursery staff continue to answer the 24-hour Crisis Line at 217-337-2730.
2. We have limited the use of Crisis Nursery until April 30<sup>th</sup> to families in extreme emergency situations. Crisis care services are limited to only the highest level of crisis due to the need for social distancing and health concerns. Our priority is to maintain support to families whose children are at-risk of immediate harm as a result of domestic violence, homelessness, or extreme parental stress.
3. Crisis Nursery staff will be onsite from **8am-1pm Monday, Wednesday and Friday** to provide any necessary supplies to families. Families can call during these times to schedule a time to pick up any supplies they may need. In addition, the Crisis Nursery staff will provide community resources, follow up calls, and crisis counseling as needed. **A director and program supervisor on site to provide support during the same times and days.**
4. **All Safe Children staff continue to be paid for the shifts they are scheduled and need to be available to come in for those shifts if there is an emergency.** We continue to maintain an on-call/beeper schedule for additional backup support in the event that someone is sick and unable to work their shift.
5. Administrative staff are working remotely from home and are available via phone and computer from 9 am-4 pm Monday-Friday.

6. **Family Specialists are working remotely from home and are staying connected to as many families as possible through virtual home visits and virtual groups.** They are also be available via phone and computer from 9 am-4 pm Monday-Friday.

Another support that has been put in place for all families, including Beyond Blue families, is a private Facebook group that Family Specialists use to share valuable resources, activities, and community during this time of uncertainty. Families have also been sharing ideas of what has worked well for them as they navigate the Stay at Home order. Our Beyond Blue staff continues to accept referrals and enroll families in the program. We are also providing diapers or goods to families in need via no contact pick up and drop off. We assess and review the Nursery plan each week and more often if needed. We recently shared updates via our eNewsletter to our staff, volunteers, donors and the community. Here is the link: <https://mailchi.mp/crisisnursery.net/covid19>.

*Cunningham Children's Home, with CCMHB-funded programs ECHO Housing and Employment Support and Parenting Model, from Director Patricia Ege:*

**ECHO Program:** During the first week in March, ECHO had 12 clients enrolled. As of today, ECHO has 15 clients enrolled with one pending. With our staff working remotely, we have used phone contacts, including FaceTime to work with our clients. We have had an on-going focus on client wellness and basic needs checks. We have and are prepared to make some face-to-face contact utilizing physical distancing protocols when necessary. Employment support has shifted due to the impact of so many closures. Although we continue to look at current employment needs, we are also considering how we might prepare our clients with skills, tools and knowledge for their future employment. We will continue to take new admissions to stay at our capacity. As COVID-19 concerns began, we had a unique risky client situation requiring extensive team work with RPC, AMMES, and PACE to meet the consumer's needs. Our staff and RPC exceeded expectations to meet the consumer's needs resulting in stable housing. Overall, collaboration in our community during the challenging time has been amazing!

**Families Stronger Together (FST) program (aka Parenting Model Planning and Implementation):** All of our staff are working remotely, each staff with a phone and laptop/computer. Contact with clients has been by phone as all clients, so far, have their own electronic devices. On a few occasions, we needed to go out to clients in our vehicles to have face-to-face interaction using physical distancing protocols to deliver a gift card for basics needs, bring paperwork, etc. We are working on implementing a video platform conferencing option and have completed all policies, procedures and consents to meeting regulations, including HIPAA compliance. We will begin using more video engagement once the privacy issues with Zoom and the agency computer system limitations are addressed. Throughout the COVID-19 crisis, we have provided wellness checks, including questions directly related to our clients and their families physical health. Our FST program currently has 3 clients with a capacity for 7 more. We

received a new YAC referral on Wednesday, April 8 and anticipate 2 more referrals very soon. The impact of “shelter in place” has slowed referrals to the Youth Assessment Center and presents unique challenges for all of us without face to face engagement with families. We are confident that the video conferencing will help. Our coordinator made a call to the states attorney’s office as our next referral level and will call the public defender’s office and court services the week of April 13<sup>th</sup>. We have also reached out to a community organization who we have heard might have families who meet our program criteria and need additional support. Our part-time therapist who is transferring from our residential program just became full-time. We hired another therapist who started orientation on Monday, April 6, 2020. By early May we will have capacity to bring in an additional 10 clients. We have made an offer to fill one of the two Family Support Specialist positions. Our coordinator reports that our current families are responding very well to services. We have used a few funds to buy therapeutic supplies for clients to help them deal with COVID related needs. We began our clinical ARC consultations the week of March 30<sup>th</sup> and a systems implementation session on Thursday, April 9, 2020. We will continue with every other week clinical and systems consultations. We are working to bring the YAC staff a 2 hour ARC live webinar training from our consultant. We also have become aware of some free on-line ARC training: <https://arcframework.org/what-is-arc/arc-at-a-glance/>. Another COVID-19 challenge is providing orientation to new staff, but we have utilized some Zoom presentations, videotapes and other measures to address social distancing requirements. We are facing unique challenges with training staff in CPR/FA and Therapeutic Crisis Intervention, adapting when possible, the physical skills practice and testing components with advice from the Red Cross and Cornell University.

*DREAAM House, with CCMHB-funded program, from Executive Director Tracy Dace:*  
Since the ‘shelter in place’ was implemented, DREAAM has shifted to electronic and limited face to face services. We are serving DREAAMers, their siblings, and parents in Champaign, Urbana, and Rantoul.

These services include:

- home delivery of dinner meals (Monday, Wednesday, Thursday), school supplies, enrichment materials, and parental self-care gift bags
- phone-based and online academic tutoring twice a week
- online enrichment activities and physical fitness
- case management to determine home learning resources and short-term needs
- electronic communication three times a week (newsletters, COVID information sharing, and phone/text check-in).

*DSC, with CCMHB-funded program Family Development Center, and CCDDDB-funded programs Apartment Services, Clinical Services, Community Employment, Community First, Connections, Employment First, Individual and Family Support, and Service Coordination:*

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[Apartment Services] Community Living:

DSC's Community Living Program, formerly Apartment Services, continues to provide supports during "shelter in place". Specialists are consistently communicating with individuals on their caseloads. Communication/education is a top priority. This includes explaining what the COVID-19 virus is, the "shelter in place" definition and how it impacts each individual. Face to face visits have been limited to situations that necessitate the need, in order to decrease exposure to both the individual served and support staff. Specialists are grocery shopping and delivering goods to individuals. This task in itself has become challenging, requiring visits to numerous stores in order to fulfill the needs of multiple individuals. Specialists continue to collaborate with physicians regarding medical updates and needs; including: transporting to/advocating during essential medical appointments, picking up medications, preparing medications and educating individuals on any medication changes. Community Living Specialists continue to maintain individual's finances by paying bills, reconciling checkbooks, banking, providing spending money, etc. Due to some losing employment during this trying time, Specialists are collaborating with other DSC professionals to research financial assistance; including filing for unemployment, perusing grants, and distributing donations to those with the most need. The Community Living Program continues to meet the needs of individuals served during this difficult time, and are doing so in a compassionate, selfless and mission-driven approach.

Clinical Services:

Kelli is reaching out to families, teams and individuals to see how everyone is doing. She is reading daily notes to also keep an eye on behaviors since routines have been changed during these challenging times. Kelli is in contact with Dr. Repetto and exploring options if this situation prolongs and how we can maintain access and get him connected to individuals as needed with conference calls and telehealth as viable options. We are assisting in delivering prescriptions to help families to keep people home as much as possible. Counselors are having phone sessions with people. Staff from different programs help facilitate or get them started if needed and then give them privacy to talk to their counselor. Staff have been extremely supportive to the individuals and families we serve when anxiety levels for many are high as well since all of this is very unknown and scary. Everyone is still able to keep a professional perspective and keep their own fears and anxiety to the side when helping families work through these challenging times that have often been very uprooting for them. For example, we have had a family reach out worried if her and her husband were to get the virus and do not make it and her son goes to her other son what resources can she give him. They had questions related to what help can he get if he would need it and if he can't care for him. And related questions on if something happens to him what happens to her son with a disability. We are truly walking through and supporting families through a very challenging time and we don't have all the answers but we are doing everything we can to be supportive and reassuring that we will do the best we can to carry them through this crisis.

Community Employment:

Six people chose to take a leave of absence until the shelter in place order has ended. Twenty-one people were laid off from their jobs as a direct result of the COVID 19 pandemic, which is not only a hardship financially, but some run the risk of little to no contact with co-workers, friends or family. Employment Specialists, in addition to others they may work with from DSC, are checking in with each person individually during this critical time. Beyond the importance of maintaining a social connection, staff are reaching out to them and/or families to help navigate unemployment, SNAP benefits, and other available resources. Job coaching continues to be provided for 27 people who are still working. Contact is being made with employers as warranted. Overall, the emphasis is to maintain contact with every person in the program, assist with employment support/benefits and connect people to others for non-work related support as needed.

#### Community First:

Employment Counselors are reaching out to people on their caseloads at least one time per week as well. People who have few community supports and are at higher risk during this time are contacted more frequently. Social isolation is a concern for people with I/DD and our focus is to maintain contact with people and refer them to others for necessary support. We continue to maintain contact with businesses who have been serving as volunteer opportunities, reaching out to participants and preparing for the next series of groups to be made available when people return. As those plans transpire, we will reach out to people to get their input to identify individual interests and formalize a schedule in preparation for reopening community day services. Overall, staff report that people are appreciative of the ongoing contact and the calls serve as a source of comfort and reassurance as people struggle with not knowing when services will resume.

#### Connections:

Through Connections, people explore new interests, mastering skills and talents, selling their art, jewelry, greeting cards, etc. and sharing their joy as a member of the greater community. Prior to the Shelter in Place order, by exactly one week, participants hosted a very successful event that was open to the public and very well attended. Much work and passion goes in to creating items for purchase. We are fortunate that they were able to reap the benefits of their work before life changed so drastically for everyone. While their participation has been put on hold, we are eager to get back together to start creating and building product for the next public event. Other community events have also been postponed, but several plan to participate when rescheduled.

#### [Employment First] LEAP:

This is the program that is co-funded with DSC and Community Choices. There was an E1st session scheduled for March. For the health and safety of our community and participants, the LEAP Employment First session scheduled for March 25th was postponed until a later date yet to be determined. We are working to identify businesses for future training to include initial LEAP certification and the newer frontline training recently introduced. We are researching relevant webinars/training opportunities to strengthen Employment Services and the LEAP program. With employer connections being the most important focus of this

program, we look forward to resuming in person introductions and visits, as well as scheduling LEAP training as soon as possible.

Family Development Center:

There has been much guidance from the state regarding EI services and service delivery since the inception of the COVID 19 pandemic. We are following that guidance (see below) for all children/families served in the program regardless of funding source. Children and families receiving county funded services are continuing to have access to services in the best possible way, ensuring that we remain compassion and person-centered as we adjust to technology vs. the face-to-face in person visits that we all prefer. Early intervention Services halted face-face contact on 3/16/20 in an effort to stop the spread of the virus COVID 19. The Illinois Early Intervention Bureau temporarily approved allowing the use of existing IFSP Development authorizations for EI Providers to conduct phone-based consultation with families and submit claims under IFSP development time. The Bureau temporarily approved allowing the use of existing IFSP Development authorizations for EI Providers to conduct phone-based consultation with families and submit claims under IFSP Development Time. EI Providers were also able to bill for parent consultations, writing 6 month reports, and teaming with other therapists. Our team continued to reach out through email, text and phone calls to offer support, strategies, and guidance. The Bureau approved the use Live Video Visits during COVID-19 Pandemic on April 7, 2020. This will enable the EI team to conduct Live Video Visits for 60 minutes as was the standard prior to the COVID -19 Pandemic. The EI team must complete a training on Video Visits and the families must sign the Illinois Part C COVID-19 Live Video Visit Services Consent Form prior to the start of these services. EI-approved assessment tools can be utilized via Live Video Visit Services that can be administered by using parent interview, observation and informed professional judgement. Additionally, IFSP Development, Initial, annual and exit IFSP meetings are being conducted via phone or Live Video Visit Services upon family's consent, if evaluations and assessments have been completed prior to the shelter-in-place order. Furthermore Six-month IFSP review meetings can be conducted via phone or Live Video Visit Services upon obtaining family's consent. The Bureau has made concessions for families that might not be able to access high-speed internet and/or if the monthly charges are to cost prohibitive for families on a tight budget. In addition to internet fees, costs for a computer, camera, and microphone must be considered.

[Individual and Family Support] IFS:

IFS DSPs are reaching out to the families to touch base and check in regularly. They have Face-timed a couple of families too. Attention is being directed toward activities such as updating a manual for new staff when they are hired and individual packets of information that is helpful for staff to know when working in the IFS program. These tasks will have a positive impact on service delivery when we come back together. Planning for community opportunities in preparation for return of day program is a priority as well. IFS IDS (respite): We have started reaching out via email/phone calls/or letters to check on some families and will be calling/emailing more frequently as this situation continues.



Families are struggling and people are definitely appreciative of the calls/ongoing contact.

Service Coordination:

Much of our work carries on as scheduled. We continue to get plans from ISCs and write Implementation Strategies. We continue to have DHS redeterminations and phone interviews. We are reaching out and checking on individuals to make sure they have what they need. Qs are fielding many calls daily and weekly from some individuals and we are offering a great deal of support during this time. Anxiety is high for many right now and being available to people has been a source of comfort. Talking with families and recalculating HBS service agreements. We have researched benefits and applied if needed during this time. We continue to keep staff and individuals informed of constantly changing information. We have made deliveries for items such as food, toilet paper, and cashed checks for people to make things easier. We continue to support people in person as needed, i.e. – we go pick up medications and make sure they can get the med containers filled, pick up paperwork from individuals/families to obtain signatures and retain as needed. On Call Support – maintaining the on call service for after hours and we are expecting that to potentially pick up the longer that this goes on. Staff know that they have the support of the Director of Case Management and Director of Residential as resources 24/7 as well, to help support them as everyone's anxiety is higher during this time. We are working very hard to be sure we handle the calls in the safest manner during this pandemic.

*Don Moyer Boys and Girls Club, with CCMHB-funded programs CU Change, CUNC, Community Coalition Summer Initiatives, and Youth and Family Services:*

*From Charles Burton, Director of Operations, DMBGC:*

**CU Change Program:** While on site programming has been shut down during the COVID-19 situation, DMBGC staff have continued to carry out our CU Change Programming and contact with youth enrolled in the program. Programming and services have continued with the use of technology and a variety of distance-based and virtual programming formats. During the Club closure, CU Change staff have continued to connect with youth through telephone, email and via online platforms. DMBGC staff is also using the Zoom internet platform to allow program participants/parents/guardians and/others to communicate and interact in real time via computer, tablet, or cell phone.

We are using **Zoom** for the following anticipated program activities:

- Family Engagement/Case Management
- Program Video Conferencing
  - Homework Assistance (Power Hour)
  - Education & Career Goal Planning (diplomas2Degrees)
  - Coping & Risky Behavior Prevention (Positive Action)
  - Character, Leadership & Positive Behavior Training for males(Passport to Manhood)

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- Health, Fitness and Self-Esteem Enhancement for females (SMART Girls)
- Substance Abuse, Sexual Activity Prevention/Education (SMART Moves)
- Activities focused on Planning for the Future (CareerLaunch)
- Media sharing (for example, uploading forms, etc.)

Our commitment during the shutdown is to continue to connect with and support our CU Change youth and families while keeping safety as a number one priority.

*From Karen Simms, CUNC/CUTRI Program Director:*

**Trauma-Informed Implementation Collaboratives:** We are providing technical assistance and support to the organizations involved in the learning collaboratives. Each organization has its own individualized plans and goals. Our work has been working with their change teams and staff to reach their individualized goals. To help support their goals have started also hosting monthly professional development trainings for the organizations in our collaborative. This month's training was on trauma informed supervision strategies with a focus on strategies to help staff navigate during this period of social change. Next month's meeting will focus on the intersections between trauma informed care and cultural competency. We hope that our work with them can continue into the next fiscal year.

**Community Violence Response Efforts:** These are on a lull, but we have been working with the task force to address some of the structural gaps in our response infrastructure. For example, we have been trying to clear people through the Carle volunteer process and by having potential volunteers' complete assessments and other trainings. We have also been working with Silver Hearts and neighborhood groups in the Silver/Vawter area. We are working with neighborhood leaders on a door-to-door delivery campaign for one-time and monthly care packages. Lee Ann has been working to identify donors and assisting with the logistics. We have been actively working with six families, one of them a new referral. The support offered has primarily been virtual. The families have a number of concerns about access to food and other basic needs, and we have been providing them with social and emotional support and linking them to care providers. We are also developing (because community leaders have requested this) user-friendly, local, culturally responsive resources on Covid-19, coping strategies, resiliency building and stress management. These might be distributed through the Coalition's efforts too.

**Hear 4 U.** Our mental health support network has been meeting regularly and participating in trainings. Once this period of social isolation has ended, they will begin programming at the juvenile detention center. We also hope to offer groups (psycho-educational and skill building) in the community once in-person meetings can resume.

**CU TRI Discussion Group.** Will start with a discussion of the film *Broken Places* on April 6 at 10:00 p.m., to be held on the CU Trauma & Resilience Facebook page. We hope to host regular discussions of trauma, adverse

community experiences, community/collective trauma and resilience/healing in our Facebook group and social media forums.

**Wellness and Stress-Less Virtual Groups.** We will begin offering online wellness groups using the Samaritan Wellness model and psychological first aid groups. We are recruiting members from Hear 4 U and our trained CU Neighborhood Champions network to assist with co-facilitating these groups. The audience for these wellness and psychoeducation/skill building groups teens, young adults and community members in our target population. \*If there is interest and capacity, we might also have the ability to have offer groups to providers who have also been experiencing (verbalizing) a number of stressors. The staff and I have also spent time attending webinars and trainings on the best practices for telehealth, and on the unique needs and expectations of organizations providing services to victims of crimes. As a team, we have been trying to develop policies or at least recommended strategies that can be adopted if funds become available.

**Infrastructure Building.** We are also working on infrastructure and foundational activities: a volunteer manual that fully outlines our policies, practices, activities, reporting tools and processes, and the website. Our goal is to complete these before the end of April.

*From Regina Crider, Director of Youth and Family Peer Support Alliance:*

Below is an update on our response to the challenges families are facing during the shelter in place.

1. PPSP's are maintaining contact with their Peers via phone and video conferencing. The amount of contact made is contingent upon the parent/caregiver's needs.
2. Since the shelter in place has been extended to April 30<sup>th</sup>, the YFPSA staff will launch our parent group P3 (Parents Promoting Presence) online. During these uncertain times, parents need a safe place they can meet with other parents to discuss what's happening in their homes and lives. This can help reduce isolation and stress.
3. Several parents (and community organizations) have contacted YFPSA seeking information about essential basic needs resources, and systems navigation (ie. filing for unemployment, applying for SNAP benefits, communicating with landlords/bill collectors, food, etc.). Because of this, YFPSA staff hours will be increased to provide case-management support for Treatment Plan and Non-Treatment Plan Clients to essential personnel.
4. Parents/caregivers of students with mental health and/or behavioral challenges are reporting that they feel inadequate and unprepared to support their child(ren) with their school work. One mother, in particular, said to me, "I feel so stupid. I can't help my son with his school work. I was crying and he was crying. I need help. I don't want my kids to think I'm dumb." Students with IEP's, 504 Plans or Behavior Intervention Plans (BIP) are extremely vulnerable at this time. They do not have access to the support they are accustomed to. To keep these students encouraged and engaged, and to aid in

reducing household stress we will be offering online academic support via Zoom or Duo to junior high and high school students with state-certified Teacher's Aids and/or Substitute Teacher's (3-4 new temporary staff). Statistically, students with IEP's and/or behavioral challenges are more likely to drop out of school than their peers who do not have such accommodations. We are reaching out to other CCMHB grantees we have MOU's with updating them on our efforts and seeking additional ways to support their work with families as well.

*East Central Illinois Refugee Mutual Assistance Center, with CCMHB- funded program Family Support and Strengthening, from Director Lisa Wilson:*

The Refugee Center is operating remotely for the most part. We are considered essential employees by the Illinois Department of Human Services since we provide immigrants access to public benefit programs like SNAP, WIC and Medicaid. However, every single staff member is either vulnerable to COVID-19, or lives with someone who is. Therefore, our office is closed to clients. Most of us come in as needed to check the mail and retrieve client files. Our bilingual counselors are communicating with our clients mostly via telephone, as many do not have access to the internet. We have posted signs in several languages on our entry doors informing clients about our office closure, and have even posted staff cell phone numbers so clients can get assistance. We have spent a lot of time helping clients apply for unemployment benefits and Medicaid for those that have lost their health insurance when they lost their jobs. Fortunately, SNAP benefits will be automatically increased to the maximum amount per household by April 20 for the months of April and May. For our clients that do not qualify for unemployment, stimulus checks or public benefits due to their immigration status, we have been working with United Way, Community Foundation of East Central Illinois, Salt & Light, Champaign County Regional Plan Commission and Champaign and Cunningham Townships to support them. United Way and CFECI is giving Salt & Light \$7,500 in credit for our clients. We are now assembling a list of our most vulnerable clients in order to get gift cards to them promptly. This will likely require delivering gift cards to clients at their home. In addition, United Way and CFECI gave us a grant of \$5,000 for direct client assistance. We have helped several clients apply for COVID-19 Rental Assistance through a fund held by CCRPC and the Townships. It's first come, first served and the fund is limited, so I anticipate that we will use the unrestricted grant for additional rental assistance. In addition, we are looking for other ways to connect with the vulnerable undocumented population. I am hoping to be able to get information out via the schools food distribution.

*Family Service of Champaign County, with CCMHB-funded programs Counseling, Self-Help Center, and Senior Counseling & Advocacy, from Executive Director Sheryl Bautch:*

**Counseling:** We are providing counseling services via phone or web-based video for those clients willing and able to participate in sessions via those formats (most

are). We continue to serve Drug Court clients and the program director continues to participate in weekly Drug Court Team Meetings that are now conducted remotely.

**Self-Help Center:** The Self HelpCenter coordinator is working primarily from home and continues to respond to e-mails, phone calls, etc. An intern is contacting support groups to find out what changes they have made due to COVID-19 concerns and restrictions so that we can try to keep information in our database current with those changes. We had to cancel our spring workshop on “Mindfulness Training and Other Relaxation Techniques for Individuals and Self-Help Groups” that was scheduled for April 24, 2020. The workshop will be rescheduled when it is safe to do so. We hope to be able to hold it before the end of the fiscal year but that remains to be determined.

**Senior Counseling & Advocacy:** Our caseworkers are not currently making home visits but continue to have regular contact with clients via phone and are doing work on their clients’ behalf via phone or computer, using mail or secure drop-off/pick-up to exchange paperwork with clients as needed. Caseworkers are doing more frequent check-ins (at least weekly) with clients to inquire about the client’s physical health, mental health, safety, and supplies. Our caseworkers are addressing client needs related to the pandemic by problem-solving how to get their food, essential supplies, prescriptions, etc. and can make emergency purchases and deliveries if needed. We will be receiving funds from the United Way and Community Foundation COVID-19 Relief Fund that will allow us to do even more in that regard.

We are continuing to publicize and enroll clients into our new **Friendly Caller** service to address social isolation. With the PEARLS program (evidenced-based program to empower older adults with mild depression to manage symptoms and improve quality of life), we are still conducting “visits” with existing clients via phone and are still taking referrals for new clients. Newly referred clients are given the option of starting the program with phone visits or waiting until face-to-face visits can resume. With all PEARLS clients, caseworkers are considering whether COVID-related goals are appropriate for each client (e.g., steps to decrease anxiety related to COVID fears, how to increase socialization, etc.) For Adult **Protective Services**, the Illinois Dept. on Aging has changed protocols regarding investigation and follow up services that preclude face-to-face contact. For Priority 1 (highest risk) reports, we are to call law enforcement to do a safety check on the alleged victim but all of our work is done by phone interviews.”

*From an earlier email:*

“In the Senior Resource Center we are working through the challenges of serving older adults telephonically (for Counseling & Advocacy), still supporting clients that understandably decide to put services on hold (HomeCare, Senior Transportation, Meals on Wheels) and keeping clients/staff/volunteers safe for the in-person services that continue (HomeCare, Senior Transportation, Meals on Wheels). Because we do not have volunteers or caseworkers handle clients’

money, we have come across tricky situations regarding groceries and supplies. To explain, if older adults do not have the technological ability to make online orders and do not have a support person to assist, they are having a hard time getting the needed supplies. We have been able to match volunteers from churches and other groups in some cases. We are also advocating to stores to allow phone orders or other more flexible options for older adults.

*FirstFollowers, with CCMHB-funded program Peer Mentoring for Re-entry, from Directors Marlon Mitchell and James Kilgore:*

As you can imagine, the COVID restrictions have had a big impact on our operations. Here is a brief summary:

1. We have ceased running our drop-in center at Bethel AME Church. The church requested this in compliance with Mayor Deb Feinen's request for churches not to gather people together. However, we have not stopped our drop-in operations. We have had numerous approaches from people via our website, Facebook page, email and telephone. We have continued to provide services in terms of housing, assistance with accessing ID and public benefits, doing job searches and providing specific assistance to people returning home from prison. We have placed two individuals in housing, assisted them in furnishing their residence along with providing advice and support to a number of people who are disoriented by the complications of accessing public benefits.
2. While the drop-in center has served as a focal point for our activities and meetings, we have shifted to Zoom connections. We are holding weekly 2-hour meetings of our mentors via Zoom. We have also set up various project and committee meetings. These include: leadership committee, project committees, budget/finance committee and Board meetings. Since we are unable to run face to face classes and training sessions with our emerging adults workforce development course, we have been having online sessions with them three days per week. This shift to online meetings has involved an upgrade of our technology and considerable training of our staff in the use of online platforms. However, this process has gone very well and all of our peer mentors are now conversant in Zoom.
3. Connections outside normal operations: we have also used Zoom to attend a number of national webinars and public forums which address the challenges of COVID-19, especially as they apply to reentry and to people who remain incarcerated. This has been a great education for our mentors, many of whom have not had previous exposure to the national networks to which we are connected.
4. FirstStepsHouse - Our reentry house has continued to operate pretty much as normal, the only restriction being the lack of movement of residents. We are also developing policy for adapting to COVID's presence in terms of cleaning the house and our behavior in the house. We have accepted another resident who is coming to the house on April 10th but we are requiring him to stay in a hotel for a 14-day period before he can enter our house. We have secured special discount rates from hotels.

5. We have had to hold a number of meetings with our funders to clarify the status of our program and to understand their modified reporting requirements.

6. We have been able to maintain our payroll and pay those consultants who regularly work with us. In fact, due to the decrease in flow of activity to the office, we have actually been able to use this time to restructure our financial systems to bring us more in line with auditing requirements, thereby ensuring that our audit will not be delayed this year due to any inadequacies on our part.

Overall, this has been a challenging time for us. But we also believe it has offered us some chances to develop in ways that we have not done previously, especially via the Zoom meetings. In addition to being a moment to handle FirstFollowers business these meetings are also an opportunity to support one another and build bonds of solidarity and support within our team. Please let us know if you have further questions.

***GROW in Illinois, with CCMHB-funded program Peer Support, from Illinois Coordinator and Fieldworker Christopher Stohr:***

Overview of delivering services during stay at home order:

The whole CCMHDD community has been tremendous in sharing resources that we GROWers can use during this stay at home order. Two GROW community groups have been able to continue to meet via teleconference and video conferencing. We have also established a new Videoconference GROW group that will continue to meet after the stay at home order is lifted. This has been very helpful and desired to keep some normalcy in the GROWers' weekly schedule with a lot of things abnormal during the crisis. GROW's overall formula for mental health and happiness is being used quite a bit.

**"Settle for disorder in lesser things for the sake of order in greater things; and therefore, be content to be discontent in many things."**

Hope is also conveyed through these weekly meetings. That we can overcome obstacles in living. It takes time and is a hard battle, but the victory is so sweet! Growers in Champaign County Community groups are not having issues with insufficient access to the internet or limited telephone minutes as other GROWers throughout Illinois. We have been fortunate in this regard. The two Champaign County Satellite Jail groups are in recess by order of the Sheriff, along with GROW's monthly community outreach at the Church of the Living God, and the monthly [planned bi-monthly] Christian Health Service which is located at the Community Resource Center at OSF Heart of Mary Medical Center. We have completed the requirements necessary to start an Orientation group at OSF Heart of Mary Medical Center, on the Behavioral Health floor, and were prevented from initial meetings by the COVID-19 crisis.

Staff and other leaders of the GROW community are continuing with studying of the GROW program, using phone calls and video conferencing. We have workshops on DVD that we are using during the study sessions via video conferencing. Staff is also taking advantage of other webinars related to mental health for continued education including videoconference training provided by

GROW In Australia. Staff participated in “National Standards for Culturally and Linguistically Appropriate Services (CLAS)” webinar.

GROWers continue to make phone calls to each other, keeping in touch and making sure everyone is using safety measures within the GROW community and family. GROW staff are helping to run necessary errands for GROWers as needed using safety measures.

*Mahomet Area Youth Club, with CCMHB-funded programs BLAST and Members Matter:*

**BLAST:**

- The afterschool enrichment program completed 3 of the 4 sessions for the school year with session 3 ending right before Spring Break. Session 3 had 44 scholarships (on par with previous sessions).
- Session 4 has been cancelled indefinitely.
- School district has communicated this, MAYC continues to connect with district staff and families.

**MAYC Members Matter!:**

- General:
  - We immediately developed a needs assessment to discover what our families needed most during this time and continue to push this out and follow up with families weekly.
  - We have been calling, emailing and texting with families to check in, discover needs and find ways to connect and support. Some of the outcomes have included connection with each other and other resources as well as families knowing that MAYC cares.
  - We created a “MAYC Connects” Facebook group for MAYC families and have been sharing resources and creating content for this. Resources have included info on local agencies that can provide basic needs help as well as parenting and educational resources. Content has been created by staff and leadership including reading of books, demonstrating DIY craft projects and fun challenges.
  - We’ve created craft kits and coloring packets for kids and made them available to families to pick up and/or get delivered. This has been an unbudgeted expense for us, but we are working together with other local agencies to not be the only resource for it.
- Spring Break Day Camp:
  - We had 50+ kids registered for 6 days of Spring Break camp (March 13-20). We were open “with extreme caution” on Friday March 13<sup>th</sup> and had 30 kids attend, but Monday 3/16, we were only open for essential workers and only had 3 kids attend. We were closed after that given the state recommendations about sheltering in place.
  - This meant laying off all of our hourly camp staff- 10 PT & FT.
  - Food that was purchased for the break to feed kids breakfast, lunch + 2 snacks was redistributed to the local food pantry to be shared with families in need.

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- Jr. High Afterschool Program
  - Mahomet Seymour Schools are doing e-learning and all Jr. High Students have chrome books, so MAYC has been connecting with kids individually and through twice weekly “afterschool” Zoom sessions to connect, check in and have a little fun.
  - We are offering virtual homework assistance.
- Summer Day Camps
  - We are taking registrations for summer in hopes that we will be able to provide some sort of day camp, but are being very clear that this is not guaranteed and that we have no idea what will happen in 2 months.

*NAMI Champaign County, with CCMHB-funded program, from Executive Director Alison Meanor:*

All of NAMI CC's upcoming outreach events have been cancelled or postponed. With the temporary closure of schools, and educators doing their best to keep students on target with curriculum requirements, I am anticipating that NAMI CC will not have any opportunities to present our Ending the Silence program this spring. Our outreach has shifted to making "We Care Calls" to roughly 40 NAMI members, including family, friends, and peers in recovery. The NAMI Board and Leadership will each be making about 5 calls, following a script of 9 questions. Of primary importance is making sure individuals have their medication, food, and household supplies. We are asking specifically how they are feeling both mentally and physically. We will maintain contact with our members on a regular basis. I will be reporting this engagement as Community Service Events. When time permits, I welcome your comments and direction. If you would like me to submit a formal document to the MHB, I will do so.

*PACE, Inc., with CCDDDB-funded program Consumer Control in Personal Support, from Program Manager, Mel Liang:*

To ensure that services to PSW consumers and PSWs are not impacted by what is happening in our community, PACE has allowed me to work remotely. PACE has provided me a laptop to be able to work at home and granted me access to the PACE server remotely. Further, to ensure services is not disrupted, consumers can still call PACE and the calls are transferred to my cell phone. Also, all voicemails can still be left my work phone and are also sent to my PACE's email for me to review. Lastly, I receive notifications from the office manager for voicemails that are left on the general mailbox, before she forwards me the voicemails to review. What new? At PACE, we started an online peer support groups. I am part of the rotation to provide support which allows me to touch base with the PSW consumers if they are in need of PSW services and/or PSW management. I continue to attend several webinars to further my understanding and learn new information to best support consumers with I/DD through this pandemic to be able to pass the information to PSW consumers. Also, Jermaine and I have been discussing other alternatives to be able to hold the orientation and the PSW advisory on an online platform in the future. Currently, PSW consumers has

utilized communicating with me by email to update me of their current status and if I need to provide any PSW management assistance. I have also done several outreach activities both by phone and/or by email so I can attempt to update everyone on the PSW registry. When updating the information, I have focused on if the PSW is available on short notice hoping that this information could assist consumers who may be affected by COVID-19.

*Promise Healthcare, with CCMHB-funded programs Mental Health Services with Promise and Promise Healthcare Wellness, from Executive Director Nancy Greenwalt:*

**Promise Healthcare CCMHB Program Operations Update:** COVID-19 has changed everything about how we operate and we continue to evolve daily. However, all CCMHB funded programs and services continue to be offered to our patients at Frances Nelson, Promise Healthcare on Walnut, by phone and soon by Zoom for Healthcare. Not currently funded by CCMHB, our satellites at the Urbana School Health Center and OSF's Community Resource Center are temporarily closed.

**Mental Health Services with Promise:** All Promise Healthcare providers are reviewing schedules daily and reaching out to patients that do not need to come in person. That could be a patient whose medication could be refilled without a visit or counseling patient that can be helped with a quick call. Promise Healthcare has maintained our psychiatry access. Patients have been making and keeping their psychiatry appointments. Volumes in counseling have dropped dramatically. The counselors are rotating time off to reduce staffing to one to two counselors a day. Promise is working as quickly as possible to set up telehealth for all providers, all programs.

**Adult Wellness with Promise:** Adult wellness has maintained on-site operations. Staff continue to assist patients. With reduced volumes for our counseling and medical programs, the number of assists may be down, but staff continue to be busy. Outreach and Enrollment continues to assist people in enrolling in medical coverage.

*In answer to CCMHB staff question, "Do you have the funds to purchase the IPADs or whatever, to support telehealth services?":*

We are receiving additional funding from HRSA for responding to COVID-19 and maintain health center capacity through the public health emergency. While it is significant support, it will be a fraction of what we expect to lose in patient revenue. So yes, I have funding that I can use to buy technology for telehealth, it is money I can also use to help support other fixed costs. We have reduced staffing where we can, but will likely not be able to reduce our costs much. If there was other funding for telehealth equipment, we could use the HRSA funding for operations. Let me know if you have any ideas.

*In answer to CCMHB staff question about progress with outstanding 2018 audit,* Over the weekend prior to March 30 my top priority became to maintain access to psychiatry and protect staff. I pulled resources from the audit to work on

telehealth. It took all week to get it set up. Happy to tell you all the details as to why it would take that long, if helpful. Friday morning we were setting up our first provider to be able to deliver care through Zoom from his office and patients in another office in the building. I am hoping to soon expand our telehealth services to include patients from home—but the template in our EHR is not set up yet. So until then all visits are going to need to be reworked before submitting for payment.

The next most urgent thing became to try to get in line for a chance at a Paycheck Protection Program forgivable loan—as it is a first come, first served program. 60% of our 2019 revenue was patient revenue. A Paycheck Protection Program loan could prove to be very helpful. The guidelines and information our bank needed changed daily, causing us to spend significant time researching and working on the application. It was submitted last night.

Now, on to payroll—and that is full of changes related to FFCRA. Earlier today I signed an agreement with our payroll service related to getting our account set up to offer and execute the program benefits that became effective April 1. Payroll was supposed to be in last night but the service we use is setting up the tools we need right now.

Last week Promise had a special board meeting related to the interim CFO and accounting contracts and COVID-19 related agreements and approvals needed. I executed agreements with Martin Hood and Holton Healthcare. We have a call with our interim CFO tomorrow. After that call, I expect to have a sense on when the audit can be picked up again. I look forward to it being completed and us caught up on the reporting related to it.

I am grateful for the critical care that we are able to still provide to our patients through the pandemic and for how well Promise employees have pulled together to take care of our patients and each other. Let me know if you have other questions or need additional information.

***Rape Advocacy, Counseling & Education Services with CCMHB-funded program, Sexual Violence Prevention Education, from Director Adelaide Aime:***

Our CCMHB-funded program—Sexual Assault Prevention Education—is on a pause during the state’s shelter-in-place period. Because our staff provide the service to school students only on-site in K-12 classrooms, they are of course prohibited from delivering presentations. The CCMHB-funded staff are using the time at home to work on program evaluation, content improvement for next year, and staff continuing education. Although the staff stand ready to return to classrooms, our contacts in schools have indicated that even if schools reopen this spring there will likely be prohibitions against school visitors (including outside professionals) giving on-site presentations. We will be guided by the decisions of each individual school district. We are also exploring the possibility of offering online presentations in the fall if schools are again closed outright or closed to outside professionals.

*In response to the CCMHB staff follow up question, "Are the prevention staff continuing to provide back-up to the hotline and have you seen an increase in calls to the hotline?" -*

Yes, our CCMHB-funded staff take hotline shifts as do all of our staff including myself. The first few weeks of shelter-in-place were eerily quiet on the hotline, but last week the phone rang off the hook. We usually average about 3 hotline calls per week and last week the number was 8 calls. Please note that as usual about half of the calls are from the more than 70 counseling clients who are also receiving once per week phone counseling.

*Rattle the Stars, with CCMHB-funded program Youth Suicide Prevention Education, from Executive Director Kim Bryan:*

Rattle the Stars has cancelled all of our events, trainings, and other activities that were scheduled between mid-March to mid-May due to the limits on group sizes and school closures. Also, most meetings and activities that we were participating in were cancelled by the organizers. Planning for most things has been put on hold until it is determined if or when things will be rescheduled, but we are scheduling some activities in September and October. Youth training programs are not able to be given virtually, so we are not able to conduct these until the restrictions are lifted. Some short adult trainings and meetings for response plan consultations can be done virtually, but we do not have anyone interested in doing this currently. We are still providing guidance, support, and resources to those who request it.

*Rosecrance Central Illinois, with CCDDDB-funded program Coordination of Services - DD/MI and CCMH- funded programs Criminal Justice PSC, Crisis, Access & Benefits, Fresh Start, Prevention, Recovery Home, and Specialty Courts:*

*For the DD/MI program:*

Here is the list of things being done by DD/MI case manager to assist clients:

- Having regularly scheduled times that the case manager calls their clients (daily, weekly, e/2 weeks, etc)
- Returning phone calls to clients that have been forwarded to case managers via their I-phones and discussing/problem-solving with them their specific issues
- Well Health calls to check on their clients and see how they are managing with the COVID issues and impacts it has placed on them
- Working with clients in educating/teaching/instructing them to do more things for themselves (skill building)
- Shopping/coordinating the drop-off of needed items to clients (food, groceries & clothing etc.)
- Coordinating on-line grocery delivery/pick-up through Walmart, etc.
- Linking clients to needed community resources
- Coordinating medication pick-up or delivery in client's behalf
- See clients briefly as warranted for a set appt. and time
- Telehealth conferencing using doxy.me
- Educating family members on logging into this system to assist the client

- Using three-way phone conferencing with clients to get answers more quickly to clients
- Coordination of services through less involved family members to be more active in assisting client when case manager cannot client.

*For the Mental Health/Substance Use Disorder programs:*

The following is accurate as of 4/10/2020. Please remember, the COVID-19 situation continues to be fluid. We remain grateful for the support of the Champaign County Mental Health Board, which is so very important during these difficult times.

**Specialty Courts (Champaign Co Drug Court):**

We have moved as many clients as possible to telehealth services beginning March 23<sup>rd</sup>. Clients are still coming on-site for services if they do not have access to the needed technology. Clients are also coming onsite for urine drug screens. For everyone's safety, we are looking into ways to decrease the number of in-person services and use technology as much as possible to help us continue to deliver services to our outpatient clients. Regular staffing of clients continues with the larger Drug Court team, and weekly written reports are being submitted to the court. We have had staff illnesses during this time. However, other staff has stepped up to cover groups and other treatment services. We have been sharing important COVID-19 resources with clients participating in individual or group sessions. Group participation by Drug Court clients has been good. They report having adapted well to the telehealth format.

**Fresh Start:**

All case management services are being provided via telehealth. The Fresh Start Community Liaison is still providing weekly updates to the City of Champaign. The liaison is also maintaining contact with collaterals, referral sources, and Resource sub-committee members via telephone, email and WebEx meetings. She also participates in the forensic meeting. Participants have been mailed information on how to apply for unemployment, rental assistance, food banks, and other COVID-19 community information to assist them during this time. All participants have been reached except one. Participants indicate they really appreciate the outreach, support and information right now. Some of them are opening up now more than they ever have sharing their fears, concerns and what they're doing to keep themselves busy while sheltered in place.

**Recovery Home:**

Services continue without interruption, but with multiple precautionary measures in place. We have implemented twice daily client COVID-19 precautionary screenings (which include temperatures), enhanced cleaning and sanitation, and screening of all staff and vendors who enter the facility. Clients are finding it more difficult to find/maintain jobs, viable housing, and other supportive resources at this time. We have extended the stay of some of the clients due to this. Staff continues to support clients during this stressful time, connecting them with resources for online support group meetings, community resources for food and other essential client needs.

**Prevention:**

Prevention has been working hard on creating e-learning lessons for the Too Good for Drugs curriculum. The lessons that are completed have been sent to our teachers/school contacts to share with the students. The teachers are thrilled to be able to provide this information and are very grateful we have been able to support them in this way. We have asked our teachers for rosters/numbers of students they have reached for our tracking purposes. We continue to keep in regular contact with the teachers to offer ongoing support.

**Updates for the Criminal Justice Team:**

Our team has been working hard to continue to serve the criminal justice system by checking in with current clients in the community via phone calls, offering Probation MRT group via WebEx, calling the jail at designated times in the evening for inmate screenings, mental health screenings for probation clientele, NGRI (not guilty by reason of insanity) 90 day reports to the courts, weekly check-ins with supervisor, and continued tracking within our spreadsheet per our grant. Since the shelter in place order began, the jail is closed to public visits which have led staff to work remotely. They are both calling into the jail after 5:30PM to perform screenings. Request slips have also been limited by the fact our staff not being in the jail, but have spoken with a staff member at the jail who is able to forward any request slips to our staff 1-2 times per week. Our groups at the jail, MRT and Anger Management, have also been postponed to 5/1 due to the jail not having the technology or the staff to provide such a service. Since the courthouse has been closed, it has postponed the start of anger management group at probation. We have continued our probation MRT group via WebEx and continue to graduate and add more clients. We continue to receive referrals from other Rosecrance departments or probation which has led to staff keeping busy with mental health screenings and IMCANS. Rosecrance staff has also been checking in on clients weekly.

**MCR:**

Mobile Crisis continues to respond to all crisis calls and clients are still welcome to receive walk-in crisis services at Walnut. Mobile crisis performs 48 hours follow up phone services and assists with initiating on going services

**Case Management Services:**

Having regularly scheduled times that the case manager calls their clients (daily, weekly, e/2 weeks, etc) Returning phone calls to clients that have been forwarded to case managers via their I-phones and discussing/problem-solving with them their specific issues. Well Health calls to check on their clients and see how they are managing with the COVID issues and impacts it has placed on them. Working with clients in educating/teaching/instructing them to do more things for themselves (skill building). Shopping/coordinating the drop-off of needed items to clients (food, groceries & clothing etc.) Coordinating on-line grocery delivery/pick-up through WalMart, etc. Linking clients to needed community resources. Coordinating medication pick-up or delivery in client's behalf. Telehealth conferencing using doxy.me. Educating family members on logging into this system to assist the client. Using three way phone conferencing with

clients to get answers more quickly to clients. Coordination of services through less involved family members to be more active in assisting client when case manager cannot.

*The UP Center (Uniting Pride), with CCMHB-funded program Children, Youth, & Families Program, from Board Member Hannah Sheets:*

Uniting Pride has been making efforts to stay connected with the community through social media and zoom sessions. We have cancelled any events and in-person meetings through the end of May and will continue to follow recommendations from the CDC, local and state authorities. While this has meant that we've had to cancel popular events such as Queer Prom and Turn it UP!, we have had the opportunity to engage with folks in new ways. Our Teen, Pre-teen, and Parent groups have all moved to on-line zoom meetings, with increased space for our Youth & Families Coordinator to check on regular members and be aware of their emotional wellbeing. Before the pandemic hit, there was quite a bit of interest for an older adult group to start. Our Program Administrator has reached out to all who were interested and a first group zoom meeting is being scheduled. She also started a children's reading group using FacebookLive and Zoom that features children's books that promote inclusive communities. Our Program Administrator continues to engage with the community through social media by sharing information that may be useful, such as resources for teletherapy and hotlines, online LGBTQ+ social groups and events, information about COVID-19 resources and emergency funding, and local mutual-aid projects. We have just started to receive requests from school districts for online guest speakers. Our staff will be scheduling those speaking engagements in the next few weeks.

*Urbana Neighborhood Connections, with CCMHB-funded program Community Study Center, from Director Janice Mitchell:*

The following information summarizes Urbana Neighborhood Connections Center's operations during the COVID-19 Pandemic "Stay-At-Home" order.  
Week # 1. March 16<sup>th</sup> – 20<sup>th</sup> - Spring Break – Planned closing  
Onsite staff planning sessions which was to be implemented in the event youths reside with parents who have essential jobs.

#2. March 23<sup>rd</sup> – 27<sup>th</sup>

Multiple staff meetings via Zoom to discuss impact of Stay-at-Home order on the center's operations and expectations for tasks completion to include online trainings (DCFS, DHS, SAMHSA, etc.), virtual activity planning sessions and 3 days per week Zoom engagement sessions with youth. Leadership team began compiling youth participant family contact information with a goal of contacting each household during following week. Beth Hand began work on creating a family needs survey. Participated in USD 116 Zoom meeting re: district's plan for outreach to families. Zoom meeting with all College and Career youth and parents. Participated in monthly CCMHDDAC meeting. Participated in United

Way grant application review. Building (tables, chairs, computers, kitchen area, etc..) was totally disinfected.

**#3. March 30<sup>th</sup> – April 3<sup>rd</sup>**

Multiple sessions with USD 116 regarding roll-out of youth/family meal and technology distribution. Zoom meetings with DHS/Teen REACH and other funding representatives. Phone blast to all parents regarding upcoming leadership team contacts. Phone contact with 30 of the 36 families during which time family needs assessment was completed (SEE Attached Survey results) and follow-up and/or informed parents of school district's efforts to engage families and academic expectations. Multiple staff meetings via Zoom to discuss expectations and provide additional guidance for tasks completion to include online trainings (DCFS, DHS, SAMHSA, etc.), virtual activity planning sessions and 3 days per week Zoom engagement sessions with youth. Completed youth engagement plans with goal of beginning sessions with youth during the following week.

**#4. April 6<sup>th</sup> - 10<sup>th</sup>**

Continued staff meetings. Began Zoom sessions with youth. (3pm – 3:40pm) K-5 males and females and (3pm – 4:15pm) middle and high schools males and females. The youth sessions are held Tuesday – Thursday and include ice-breakers, academic check-in, life/social skill and physical activities. Meeting with USD 116 Family Engagement Team. Collaborated on grant proposal with University of Illinois School of Informatic Sciences. Participated in East Central Illinois Community Foundation Ed monthly meeting. Meeting with DHS/Teen REACH representatives. Note:

1. Linkage and referrals to community resources for families in need of specific assistance (food, rent, utilities, furniture, etc...) is ongoing.
2. Collaborations with Urbana School District administrative team, The Univ. Of Illinois Fab Lab and School of Social Work are regular occurrence as they continue supportive efforts for our youth and families. The Fab Lab staff is currently assisting with technological services to our families in order for our youth and staff to participate in UNCC's remote services.

**Preliminary Results of April 2020 Urbana Neighborhood Connections Center's Family Needs Assessment During the Covid-19 Pandemic:**

The Urbana Neighborhood Connections Center (UNCC) recently began a parent needs assessment via phone due to the stay at home order resulting from the covid-19 pandemic. In order to decide how best to serve UNCC's youth and families during this time, UNCC first needed to know families' current needs in regards to food, technological devices, internet services, childcare, housing and their ability to pay bills and rent. Due to discussions with the Urbana School District, UNCC also decided to seek information concerning parents' ability to navigate the Urbana School District website, where they were being referred for information on closings, other changes due to the pandemic and academic work for their children. Additionally, UNCC wanted to know if parents were able to understand and follow through on obtaining resources being offered by the school



district, such as food, technology devices and getting internet services. UNCC ultimately decided to pursue remote youth services three days a week via Zoom meetings as well as to continue to assist parents with basic needs. Remote youth services began April 7, 2020; however, it soon came to light that the ability of parents to navigate their cell phones or other devices to receive the Zoom invitations, get onto the Zoom meeting and ensure their child(ren) were successfully connected was very challenging for the majority of the parents. Jared Dunn and Emilie Butt, ongoing partners with the Center from the University of Illinois's Community Fab Lab, joined the Zoom meetings and remotely assisted parents as they were trying to access the meetings and to work with outdated technology that caused many issues which affected the children's ability to fully participate. In addition to the inability to connect to the Zoom meetings, other issues included poor sound, having to turn off the video so the youth could be somewhat heard and getting and staying connected to the internet. So far, all the parents contacted were delighted with this resource and committed their child(ren) to attend these remote UNCC sessions. Almost all said that their child would be pleased to be able to be online with their peers from the Center. Yet, of the 36 families contacted (representing 81 students), only 19 students have participated online at least to some degree over the first 2 days of services. Of these 19 students, 11 attended just one day. UNCC is encouraging UNCC students to call one another to encourage more youth participation. UNCC also found that more middle and high school students participated than elementary students. 7 of 49 elementary students previously attending in person (14%) and 12 of 32 (38%) middle school/high school students attended remote sessions. UNCC theorizes that middle school and high school students have stronger independent digital literacy skills compared to elementary students who may be more dependent on parents who may have less digital literacy competency. Although this assessment is far from controlled, preliminary results from this needs assessment and conversations with families have indicated to UNCC staff that:

- UNCC families are in dire need of good working technology devices. UNCC families need more than smart phones to take advantage of knowledge, general resources and particularly utilize academic resources.
- There are not enough devices for each person in a family or unit to provide sufficient technology access in order to promote digital literacy and to utilize needed services in the community and schools.
- UNCC families are also in need of internet services that can consistently support devices they have so they do not experience breaks in service delivery.
- UNCC families could benefit from 1:1 or small group support in using technology. The families that received phone assistance from Jared and Emilie were successful in being able to join the Zoom groups.

This Urbana Neighborhood Connections Center's Family Needs Assessment was begun April 2, 2020. Three staff including Mrs. Mitchell, Ms. Hand and UNCC's staff supervisor who is also an Urbana School District teacher, Mrs. Turner, connected via phone with parents/guardians representing 36 families/extended

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families and continue to work on reaching 6 additional families. Some of these families have multiple youth served by the Center, some have multiple families living together and we are finding that many are caring for relatives' and neighbors' children to allow parents to do essential work outside the home. 53% of the children in these families were elementary youth and 47% were secondary, mostly middle school, youth. Of these family units:

- 83% (30 of 36) were in need of a technology device
- 44% (16 of 36) reported they were in need of internet services, although it was discovered that the quality of internet services was an issue for many more than this
- 22 of the 36 families requested or the caller felt that the family was in need of paper work packets for school work, likely due to the frustration of getting online, knowing how to access needed work, not having enough devices for all the youth in the home, and/or not having sufficient internet service to support the academic needs of the youth and other family members' needs
- It was estimated by the callers who spoke with the families that 69% (25 of 36) families needed assistance helping the children complete the online academic work either assigned or suggested by their teachers.
- 17 of the 36 respondents wanted information about resources for food.
- 39% of the families (13 of 33) needed to receive information the school district had posted, sent out via phone blasts and was on the local news about food distribution or to have that information clarified.
- 53% of the families (18 of 34) needed to receive information the school district had posted, sent out via phone blasts and was on the local news about Chromebook giveaways to families or to have that information clarified.
- Given a rating from 0 to 10 with 0 being unable to utilize the Urbana School District website at all to 10 being totally comfortable navigating all needed areas during this time, the callers judged the parents/guardian's ability to navigate the school district's website where important information and their children's academic work was located. The average rating was 4.5 with families having secondary aged youth having an average rating of 6.2 and families with just elementary aged youth having an average rating of 3.2.

The results of the Urbana Neighborhood Connections Center's Family Needs Assessment during the Stay at Home Order highlight the importance of this proposal by the School of Information Sciences and Illinois Informatics to devise a program expanding the ongoing partnership of the Champaign-Urbana (C-U) Community Fab Lab to enhance digital literacy skills in youth and families and then to replicate this in order to spread the methodology found best to serve youth and families across other agencies/resources/schools in the community.

Urbana Neighborhood Connections Center's vision is for a healthy, compassionate, progressive community where all children and families have access to services and supports that empower successful development. To bring

that vision into reality, UNCC provides quality educational, social-emotional, spiritual and recreational enrichments to youth and their families within the context of a safe, structured and nurturing environment. UNCC will continue to pursue its mission and will therefore seek methods to help youth and families increase digital literacy and digital ethical practices in order to enable youth and families to have access to services and supports that empower successful development.

## **Staff Conclusions:**

After the deluge of information about COVID-19, regulatory and legislative actions and their shortcomings, the challenges to coordinating emergency responses and resources, tragic inequities and projections of even greater tragedies, it was refreshing to read the agency responses and see the resilience and dedication that characterizes our community.

In consideration of both Boards' strategic plan goals to protect and build a workforce, and in alignment with IDHS rules, per the statutes governing our work, we are in a good position to honor the remaining obligations on current agency contracts, provided there are not substantial compliance issues (prior to COVID-19 pandemic and shelter-in-place) or staff vacancies or furloughs, which can be accounted for at the contract year's end.

CCMHB/CCDDB staff look forward to input from Board members on how we might manage the great unknown challenges to come, starting with a defined set of PY2021 service contracts for each Board.



## **BRIEFING MEMORANDUM**

DATE: April 22, 2020  
TO: Members, Champaign County Mental Health Board (CCMHB)  
FROM: Lynn Canfield, Mark Driscoll  
SUBJECT: Application Review Process

### **Background:**

Three years ago, the CCMHB instituted a new review process for evaluating agency applications. Minor modifications have been made each year, as we learn which activities require more time or fuller board discussion, such as, alignment of applications to identified priorities, relationships between programs for best coordination and impact, affordability of the final contracts, and contract considerations to be addressed through special provision or negotiation.

During a study session discussion following the PY2020 allocation decision process, Board members considered changing this approach further. One significant result of that discussion was that twenty contracts for agency services were identified as long-standing and were extended by one year, so that fewer would need to submit applications for review this Spring.

### **Update:**

Staff have reviewed the applications for Program Year 2021 funding and prepared program summaries for each. In 2018 and 2019, discussion of applications was organized by priority, with one booklet of program summaries per priority. This year, the number of applications to be reviewed is decreased due to contracts with a two-year term. In addition, most PY2021 applications are for continuation of current programs, which may streamline review.

As in previous years, board members have been 'assigned' a set of applications to review, as either the primary or secondary reviewer. In this role, each board member leads discussion of specific applications. Some Board questions or concerns may be directed to staff prior to meetings, and others may be posed during the full Board discussion. Staff program summaries will be available to board and public in advance.

### **Timeline:**

April 15 is the deadline for staff program summaries to be made available to the board and public, posted online along with the board packet for the following week's meeting. Paper copies of the board packet will be mailed that afternoon.

April 22 and April 29 are meetings (or a meeting and a study session) of the CCMHB, with focus on Board review of agency applications, supported by staff program summaries. A regular meeting will include other business and action items.

May 6 is the staff deadline for recommendations to the board about allocations for Program Year 2021. A draft decision memorandum, along with board packet for the following week's study session, will be posted online and paper copies mailed out.

May 13 is a study session of the CCMHB, for board discussion of allocations of funding for Program Year 2021.

May 20 is a regular meeting of the CCMHB, at which the goal is to finalize decisions about allocation of funding for Program Year 2021.

Following the final board decisions, staff have a goal of completing contract negotiations by June. This would allow a month for preparation of contracts by board staff, completion of any required revisions by agency staff, and full execution by all parties so that July payments may be authorized in a timely fashion.

## **Expectations and Considerations for the Process:**

Throughout the review and decision process, staff are available to work with board members. It has been our experience that these conversations are helpful to our program summary process and recommendations. The above timeline is intended to support the Board's mission of allocating funds for the benefit of the community, but it may be modified to allow more or less time as needed.

Other considerations:

- A template checklist for (optional) Board use is available (see attached).
- When the 23 program summaries are presented, Board members may have questions for staff or for applicant agency representatives, to be answered as time allows. While Board member questions may be made in writing, any written responses must be brief and in direct response to the Board question.
- It may be helpful to ask agency representatives to attend specific meetings during which their applications are likely to be reviewed.
- The second meeting set aside for Board review is just one week prior to staff deadline for funding recommendations, which may make additional follow-up questions and answers harder to incorporate into that document. As a result, the recommendations memorandum may be revised between the May study session and the May board meeting, or a subsequent board meeting may be required.

## CCMHB Application Review Template

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

### **Priority Categories: check appropriate**

Behavioral Health Supports Which Reduce Incarceration  
 Innovative Practices and Access to Behavioral Health Services  
 Systems of Care for Children, Youth, Families  
 Collaboration with CCDDDB – Young Children and their Families

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

### **Other comments:**

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

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CCMHB AGENCY PROGRAM FY2021 APPLICATION LIST

Agency	Program	PY 2020 Award	PY 2020 Funder	PY2021 Request	PY20 MHB Contract Extended PY21 term	Notes
CCMHB/CCODB CILA Expansion	CILA Fund contribution	\$50,000	DOB	\$50,000		
CCRPC - Community Services	Decision Support for DD/Person Centered Planning	\$424,738	DOB	\$311,488		
	Homeless Services System Coordination	\$51,906	MHB	\$51,877		
	Justice Diversion Program	\$75,308	MHB	\$75,308	\$75,308	
	Youth Assessment Center	\$76,350	MHB	\$76,350	\$76,350	
CU Able, MFP Inc.	CU Able Community Outreach	\$17,275	DOB	\$17,200		
CU Autism Network	Community Outreach Programs		New DOB	\$15,000		
Champaign County Children's Advocacy Center	Children's Advocacy	\$52,754	MHB	\$52,754	\$52,754	
Champaign County Christian Health Center	Mental Health Care at CCHC	\$13,000	MHB	\$33,000		
Champaign County Down Syndrome Network	Champaign County Down Syndrome Network	\$15,000	DOB	\$15,000		
Champaign County Head Start/Early Head Start	Early Childhood Mental Health Services	\$214,668	MHB	\$209,906		
	Social-Emotional Disabilities Services	\$24,402	DOB	\$121,081		
	Social-Emotional Disabilities Services	\$87,602	MHB			
Champaign County Health Care Consumers	CHW Outreach and Benefit Enrollment	\$59,300	MHB	\$77,960		
	Justice Involved CHW Services & Benefits	\$54,775	MHB	\$75,140		
Champaign Urbana Area Project	TRUCE	\$75,224	MHB			\$50,000 + \$25,224 matching funds
Community Choices	Community Living	\$81,000	DOB	\$89,000		
	Customized Employment	\$98,900	DOB	\$182,000		
	Self-Determination Support	\$138,000	DOB	\$146,000		
Community Svc Center of Northern Champaign Co.	Resource Connection	\$67,596	MHB	\$67,596		
Courage Connection	Courage Connection	\$127,000	MHB	\$127,000		
Crisis Nursery	Beyond Blue-Champaign County	\$75,000	MHB	\$75,000	\$75,000	
Cunningham Childrens Home	ECHO Housing and Employment support	\$95,773	MHB	\$101,604		
	Parenting Model Planning/Implementation	\$280,955	MHB	\$403,107		
DREAM House	DREAM House	\$80,000	MHB	\$80,000	\$80,000	
Developmental Services Center	Community Living (previously Apartment Services)	\$442,757	DOB	\$456,040		
	Clinical Services	\$174,000	DOB	\$174,000		
	Community Employment	\$361,370	DOB	\$361,370		
	Community First (was Integrated/Site Based)	\$822,970	DOB	\$847,659		
	Connections	\$85,000	DOB	\$85,000		
	Employment First	\$80,000	DOB	\$80,000		
	Family Development Center	\$579,148	MHB	\$596,522		I/DD request
	Individual and Family Support	\$416,561	DOB	\$429,058		
	Service Coordination	\$423,163	DOB	\$435,858		
Don Moyer Boys and Girls Club (DMBGC)	C-U CHANGE	\$100,000	MHB	\$100,000	\$100,000	
	CUNC	\$130,195	MHB	\$130,181		
	Community Coalition Summer Initiatives	\$107,000	MHB	\$107,000	\$107,000	
	Youth and Family Services	\$160,000	MHB	\$160,000	\$160,000	
East Central IL Refugee Mutual Assistance Center	Family Support & Strengthening	\$56,440	MHB	\$56,440	\$56,440	
Family Service of Champaign County	Counseling	\$30,000	MHB	\$30,000	\$30,000	
	Self-Help Center	\$28,430	MHB	\$28,930	\$28,930	
	Senior Counseling & Advocacy	\$162,350	MHB	\$162,350	\$162,350	

CCMHB AGENCY PROGRAM FY2021 APPLICATION LIST (page 2)

Agency	Program	PY 2020 Award	PY 2020 Funder	PY2021 Request	
FirstFollowers	Peer Mentoring for Re-entry FirstSteps Community Reentry House	\$95,000	MHB New MHB	\$95,000	\$95,000
GROW in Illinois	Peer-Support	\$77,239	MHB	\$89,965	
Mahomet Area Youth Club	Builds Learning and Succeeding Together MAYC Members Matter!	\$15,000 \$18,000	MHB MHB	\$15,000 \$40,513	\$15,000
NAMI Champaign County Illinois	NAMI Champaign County	\$10,000	MHB	\$35,000	
PACE, Inc.	Consumer Control in Personal Support Opportunities for Independence	\$23,721 \$55,640	DDB DDB	\$24,267	
Promise Healthcare	Mental Health Services with Promise Promise Healthcare Wellness	\$247,250 \$58,000	MHB MHB	\$350,117 \$107,987	
Rape Advocacy, Counseling & Education Services	Sexual Violence Prevention Education Sexual Violence Counseling	\$63,000	MHB New MHB	\$63,000 \$35,790	\$63,000
Rattle the Stars	Youth Suicide Prevention Education	\$55,000	MHB	\$118,000	
Rosecrance Central Illinois	Coordination of Services: DD/MI Criminal Justice PSC Crisis, Access, & Benefits	\$35,150 \$304,350 \$203,960	DDB MHB MHB	\$35,150 \$304,350 \$203,960	
	Fresh Start Prevention	\$79,310	MHB	\$79,310	\$79,310
	Recovery Home	\$60,000	MHB	\$60,000	\$60,000
	Specialty Courts	\$200,000 \$203,000	MHB MHB	\$200,000 \$203,000	\$203,000
Terrapin Station Sober Living	Recovery Home		New MHB		
The UP Center of Champaign County	Children, Youth, & Families Program	\$31,768	MHB	\$60,610	
United Cerebral Palsy Land of Lincoln	Vocational Services	\$60,000	DDB		
Urbana Neighborhood Connections	Community Study Center	\$25,500	MHB	\$25,500	\$25,500
WIN Recovery			New MHB		
	Combined CCMHB & CCDDB Total	\$8,341,798		\$8,852,298	Total all requests
	PY20 CCMHB Total Awards	\$4,562,151			
	PY20 CCDDB Total Awards	\$3,779,647			
	Total CCMHB PY20 MH/SA Awards	\$3,895,401			
	Total CCMHB PY20 /DD Awards	\$666,750			
	Total CCMHB and CCDDB PY20 /DD Awards	\$4,446,397			
					\$1,612,538 PY20 Contracts w/ PY21 Extended terms
					PY21 MH/SA Total Requested
					PY21 MHB /DD \$ available = \$696,137
					PY21 /DD Total Requested

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CCMHB AGENCY PROGRAM PY2021 APPLICATION LIST		Program	Priority/Note	PY 2021 Request	Page Numbers
Primary/Secondary Reader	Agency				
Rappaport/Patterson	CCRPC - Community Services	Homeless Services System Coordination	Innovative	\$53,877	50-55
Sprandel/Wirth-Couch	Champaign County Christian Health Center	Mental Health Care at CCCHC	Innovative	\$33,000	56-60
Youakim/Sprandel	Champaign County Head Start/Early Head Start	Early Childhood Mental Health Services	SOC	\$209,906	61-66
Palencia/Fowler	Champaign County Health Care Consumers	CHW Outreach and Benefit Enrollment	Innovative	\$77,960	67-72
Rappaport/Palencia	Champaign County Health Care Consumers	Justice Involved CHW Services & Benefits	Justice	\$75,140	73-78
Moore/Omo-Osagie	Courage Connection	Courage Connection	SOC	\$127,000	79-85
Patterson/Rappaport	Cunningham Childrens Home	ECHO Housing and Employment Support	Innovative	\$101,604	86-92
Omo-Osagie/Fowler	Cunningham Childrens Home	Parenting Model Planning/Implementation	SOC	\$403,107	93-99
Youakim/Omo-Osagie	Don Moyer Boys and Girls Club	CUNC	SOC	\$130,181	100-106
Moore/Palencia	FirstFollowers	FirstSteps Community Reentry House	Justice	\$60,000	107-111
Fowler/Moore	GROW in Illinois	Peer-Support	Innovative	\$89,965	112-116
Wirth-Couch/Youakim	Mahomet Area Youth Club	MAYC Members Matter!	SOC	\$40,513	117-121
Omo-Osagie/Moore	NAMI Champaign County Illinois	NAMI Champaign Grant App	SOC	\$35,000	122-126
Sprandel/Moore	Promise Healthcare	Mental Health Services with Promise	Innovative	\$350,117	127-132
Patterson/Fowler	Promise Healthcare	Promise Healthcare Wellness	Innovative	\$107,987	133-137
Palencia/Wirth-Couch	Rape Advocacy, Counseling & Education Svcs	Sexual Violence Counseling	SOC	\$35,790	138-142
Wirth-Couch/Patterson	Rattle the Stars	Youth Suicide Prevention Education	Innovative	\$118,000	143-148
Sprandel/Wirth-Couch	Rosecrance Central Illinois	Criminal Justice PSC	Justice	\$304,350	149-154
Rappaport/Sprandel	Rosecrance Central Illinois	Crisis, Access, & Benefits	Innovative	\$203,960	155-160
Omo-Osagie/Rappaport	Rosecrance Central Illinois	Recovery Home	Innovative	\$200,000	161-165
Palencia/Patterson	UP Center of Champaign County	Children, Youth, & Families Program	SOC	\$60,610	166-171
Fowler/Youakim	Developmental Services Center	Family Development Center	I/DD-Children	\$596,522	172-175
Youakim/Fowler	CC Head Start/Early Head Start	Social Emotional Services	I/DD - Children	\$121,081	176-179
		CCMHB FY21 MH/SUD Total Funding Requested		\$2,818,067	
		CCMHB FY21 I/DD Total Funding Requested		\$717,603	0



**Agency: CCRPC - Community Services**  
**Program: Homeless Services System Coordination**

*Draft PY2021 Program Summary*

**PY2021 CCMHB Funding Request: \$53,877**      **PY2021 Total Program Budget: \$74,976**  
**Proposed Change in Funding - PY2020 to PY2021: 7%**  
**Current Year Funding (PY2020): \$50,373 (100% of request)**

**Focus of Application: Co-Occurring and/or Multiple Conditions**  
**Type of Contract: Grant**  
**Allocation Priority: Innovative Practices and Access to Behavioral Health Services**

**Services/People Served**

**Target Population**

The target population for the Homeless Services System Coordination program is indirectly homeless households and households at risk for homelessness in Champaign County. Homeless and at risk for homeless households include survivors of domestic violence, persons with behavioral health issues, veterans, youth, families, and persons with disabilities (mental health, physical, and intellectual/ developmental). The direct recipient of services will be the IL-503 Continuum of Service Providers to the Homeless (CSPH), consisting of agencies and organizations, community members, and businesses that have interest in preventing, addressing, and serving the homeless of Champaign County. System wide coordination and efforts are required in order to remain competitive for federal funding for homeless services, but more importantly will support a more effective service system. The Homeless Service System Coordination (HSSC) program has allowed the CSPH to better coordinate efforts to address homelessness and meet federal mandates. The HSSC program currently supports efforts to strengthen the Coordinated Entry System, improve strategic workgroup outputs, and development of training opportunities for the CSPH. The HSSC Coordinator also serves as a CSPH representative at various community meetings including the Community Coalition, Human Service Council, and Local Area Network, to disseminate information about the CSPH and its activities.

**Staff Comments:**

- *Primary focus is on improving coordination/collaboration of entities participating in the CSPH. Goal is a more effective service system improving outcomes for those who are homeless or at-risk of homelessness. PY20 was the first year of funding for this program.*

**Scope, Location, and Frequency of Service(s):**

Homeless Services System Coordination program will support a position whose general duties will be to:

- Provide support, facilitation, and direction to the IL-503 HUD Continuum of Care, the Continuum of Service Providers to the Homeless (CSPH), to support the body’s mission to end homelessness in Champaign County through a coordinated network of resources for individuals and families who are homeless or at-risk of becoming homeless.
- Coordinate efforts across the CSPH membership to support the CSPH goals and the Homeless Emergency and Rapid Transition to Housing (HEARTH) Act regulations.
- Build and maintain collaborative partnerships with CSPH membership and affiliates, working very closely with the CSPH Executive Committee.

The specific duties and responsibilities of the position include:

- Maintain CSPH membership compliant with the HEARTH Act.
- Participate in webinars and trainings addressing CSPH business and work, debriefing membership regarding the knowledge gained and necessary action items.
- Manage all responsibilities of the annual Point in Time (PIT) and Housing Inventory (HIC) Counts
- Coordinate and support efforts of the CSPH Monitoring Committee.

- Maintain working knowledge of services and programs for households who are homeless or at risk for homelessness in Champaign County.
  - Support efforts to maintain up to date information of homeless specific services in the Champaign County 211 system
  - Coordinate trainings to enhance the work of CSPH membership and to meet CSPH mandates, including annual non-discrimination training for full CoC.
  - Lead and support a continuous quality improvement process focused on the IL-503 Coordinated Entry System (CES).
  - Responsible for completion of homeless funding applications required of the IL-503 CSPH.
  - Work with CSPH member organization representatives and Homeless Management Information System (HMIS) Administrator to generate meaningful data for review and use by the IL-503 CSPH.
  - Support efforts of the CSPH strategic workgroups.
  - Conduct regular outreach in the community with goal of increasing membership diversity and participation.
- Location / Frequency: The services and supports will be provided throughout Champaign County in community-based settings, on a daily basis, primarily Monday-Friday during regular business hours. As necessary to support the program goals, services will be conducted on evening and weekends.

**Staff Comments:**

- *Section details duties and responsibilities of the Coordinator. Effort involves day to day management of the Council of Service Providers to the Homeless, the local Continuum of Care (CoC). Such continuums are required by the Department of Housing and Urban Development (HUD) to ensure coordination of services to the homeless population. HUD mandates that certain activities be performed by each continuum, and those requirements are reflected in the activities listed.*
- *Some additional activities, such as keeping homeless services information available through the "211" information and referral system up-to-date, are also included.*

**Access to Services for Rural Residents:**

The Homeless Services System Coordination program will strive to address homeless issues faced by all of the residents of Champaign County, including residents of rural areas. The Coordinator will outreach to the public officials and service providers in rural areas to gain knowledge regarding the homeless issues encountered in the specific rural area, educate about the efforts of the IL-503 Continuum of Service Providers to the Homeless, and encourage participation as necessary and appropriate. This question is not fully applicable to the Homeless Services System Coordination program as the services will focus on coordination of the organizations providing the direct services to households who are homeless and at risk for homelessness. However, the services provided by the Homeless Services System Coordination program will be community based and include outreach throughout Champaign County.

**Access to Services for Members of Underserved or Underrepresented Minority Populations:**

Traditionally underserved or underrepresented minority populations such as African Americans represent the majority of households who are identified as homeless and at risk for homelessness in Champaign County. Asians and Hispanics represent a small proportion of the persons provided homeless services. The Homeless Services System Coordination program will serve members of underserved/ underrepresented minority populations through efforts to develop a stronger, more coordinated service system for households who are homeless and at risk for homelessness. The program will coordinate trainings to enhance the work of CoC membership organizations that serve underserved or underrepresented minority populations, including annual non-discrimination training for the full CSPH membership. The Homeless Services System Coordination program will also conduct regular outreach in the community with goal of increasing membership diversity. This question is not fully applicable to the Homeless Services System Coordination program as the services will focus on coordination of the organizations providing the direct services to households who are homeless and at risk for homelessness. However, the services provided by the Homeless Services System Coordination program will be community based and include outreach throughout Champaign County.

**Staff Comment:**

- *Outreach to the broader community including rural areas and underrepresented/minority populations occurs through a strengthened continuum/service network. The coordinator will attempt to engage other partners and stakeholders to increase participation in the continuum.*
- *Homeless service providers are concentrated in Champaign and Urbana.*

**Residency & Demographics – N/A**

# Program Performance Measures

## CONSUMER ACCESS:

Agencies and organizations, community members, and businesses that have an interest in preventing, addressing, and serving households in Champaign County that are homeless or at risk for homelessness, participating in the IL-503 Continuum of Service Providers to the Homeless (CSPH) as a member or affiliate. Review of the participation of agencies/organizations, community members, and businesses in IL-503 Continuum of Service Providers to the Homeless (CSPH) meetings, committees, workgroups or sponsored events will determine eligibility for program services. Those with interest in preventing, addressing, and serving households in Champaign County that are homeless or at risk for homelessness will learn about this program through the outreach of the program staff. The program coordinator will attend and share information regarding the CoC efforts at various community meetings (LAN, Community Coalition, Human Services Council, etc.). The program also conducts targeted outreach in the community with goal of increasing membership and participation. Meeting schedules, meeting minutes, and reports related to the work of the IL-503 Continuum of Service Providers to the Homeless (CSPH) are also maintained on CCRPC's website.

**Of those seeking assistance or referred, 100% will receive services/support.**

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

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

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

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

### Staff Comments:

- *Under this proposal, the beneficiaries of services are members of the homeless provider network participating in the continuum. Access and engagement are focused on increasing participation and strengthening membership collaboration. Through increased participation and collaboration, those seeking help from individual providers and the network as whole should benefit.*

## CONSUMER OUTCOMES:

**Outcome #1:** Membership of the IL-503 Continuum of Service Providers to the Homeless will grow by 20%.

**Specific Outcome Goals:** 100% of new members will complete an orientation. CSPH MOU-membership will grow by 20% (6).

**Description:** The Coordinator will outreach to organizations outside the CSPH to spread information about the Continuum and to invite them to attend meetings. Organizations becoming new members will receive the New Member Orientation.

**Outcome #2:** The CSPH membership will be well informed of the local and national data and resources related to homelessness.

**Specific Outcome Goals:** The coordinator will attend no less than 12 webinars and trainings addressing CSPH business and work, debriefing membership regarding the knowledge gained and necessary action items.

**Description:** The HUD hosts webinars and calls addressing new policies, outcome data, initiatives, etc. The Supportive Housing Providers Association hosts a monthly call for homeless providers statewide. Annually, there is a HUD Peer to Peer conference. There are a variety of trainings that are provided throughout the year. The program coordinator will attend teleconferences, webinars, and trainings addressing CSPH business and work, and during monthly CSPH meetings, debrief the members regarding the knowledge gained and necessary action items.

**Outcome #3:** The CSPH membership will be well informed of the local, state, and national data and resources supporting an Open HMIS System.

**Specific Outcome Goals:** The coordinator will attend no less than 4 webinars, trainings, and/or TA opportunities addressing how to transition to an Open HMIS system. The program coordinator will consult other Continuums across the State to understand their transition and how their Open systems work.

**Description:** The Coordinator will coordinate training and education opportunities relating to the transition to an Open HMIS System. The Coordinator will advise the membership on action items that will facilitate the transition to an Open HMIS system.

### Measured by:

**Outcome #1 Survey/ Assessment:** The number of members will be recorded at the beginning of the grant year and again

at year end, record membership growth. Additionally, new members of the IL-503 Continuum of Service Providers to the Homeless will complete a pre and post orientation survey to document their level of knowledge.

**Outcome #2** Survey/ Assessment: The Homeless Services System Coordination program coordinator will track and report to the IL-503 CSPH membership all webinars, call-ins, conferences, and trainings that were attended. This will be reflected in the Continuum meeting minutes.

**Outcome #3:** The Homeless Services System Coordination program coordinator will track and report to the IL-503 CSPH membership all trainings made available and the number of participants training, the number of 1:1 consultations relating to Open HMIS transition, the number of completed Open HMIS MOUs, and any news pertinent to the transition process. This will be reflected in the Continuum meeting minutes.

**Outcome gathered from all participants? Yes**

**Anticipate 20 total participants for the year.**

**Will collect outcome information monthly.**

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

**Estimated level of change for this outcome is 25%.** The Homeless Services System Coordination program services hope to increase the engagement, involvement, and outcomes of the IL-503 Continuum of Service Providers to the Homeless. The estimated level of change is a 20% increase of CSPH membership, 25% increase of full membership attendance, and addition of at least 2 entry points in the Coordinated Entry System (CES) for homeless.

*Staff Comments:*

- Outcomes are identified, and associated steps/activities to accomplish them are described. Outcome #3 is new, reflecting the importance of expanding data collection through the Home Information Management System.
- Measures for each outcome appear more process oriented, particularly #2 and #3, likely due to the different nature of this program.
- Outcomes do align with goal of strengthening the Continuum's capacity to address homelessness.

**UTILIZATION:**

**Treatment Plan Clients (TPCs)** 6 new members will join IL-503 Continuum of Service Providers to the Homeless (CSPH) organizations and will complete orientation.

**Service Contacts (SCs)** 40 -persons participating in trainings coordinated by the program (10 per quarterly training)

**Community Service Events (CSEs)** 26 total of:

- Number of contacts (meetings) to promote the program, including individual meetings with non-member entities focused on increasing membership, public presentations (including mass media shows and articles), consultations with community groups, school class presentations, and small group workshops.
- Number of Homeless Services System Coordination program coordinated trainings.
- Number of meetings related to the annual homeless Point in Time (PIT) count to inform the community about the event and the event results, solicit and train volunteers, and the actual event.

*Staff Comments:*

- The description of what is counted as a TPC is different from the one for PY20. As a result, activity reported for TPCs through the first half of PY20 is unique to that year.
- Service Contacts and Community Service Events descriptions are carried over from PY20.
- Similar to the Access and Consumer Outcomes sections, Utilization targets reflect the focus on serving and engaging agencies rather than serving individuals.

**PY2021 Annual Target (per Utilization Form)**

	TPC	SC	CSE
Annual Target	6	40	26

**PY2020 First two quarters (per submitted Service Activity Reports)**

	TPC	SC	CSE
First Quarter FY20	0	0	2
Second Quarter FY20	22	34	8
Annual Target	15	40	18

# Financial Analysis

**PY2021 CCMHB Funding Request: \$53,877**      **PY2021 Total Program Budget: \$74,976**  
**Proposed Change in Funding - PY2020 to PY2021: 7%**  
**Current Year Funding (PY2020): \$50,373 (100% of request) – NEW in PY2020.**

**CCMHB revenue is 72% of total program budget.**

No revenue is anticipated from United Way or Contributions. The other 28% is from Federal Grants.

*Staff Comment:*

- *PY21 would be the second year for this program. The sources and percentages are unchanged from PY20. The federal grant is a Department of Housing and Urban Development (HUD) planning grant.*

Personnel related costs of \$37,537 are the **primary expense** charged to CCMHB at 70% of \$53,877.

**Other expenses are:** Professional Fees/Consultants \$450 (1%); General Operating \$3,550 (7%); Occupancy \$11,491 (21%); Conferences/Staff Development \$250 (> 1%); and Local Transportation \$600 (1%).

*Staff Comment:*

- *The occupancy expense line includes a state (GATA)-approved indirect cost rate based on 45% of salary expense charged to the grant. The indirect cost rate supports overhead and other indirect expenses.*
- *Professional fees support clinical and IT services related to program.*

**Total Agency Budget shows a DEFICIT of \$158,389**

**Total Program Budget shows a BALANCED BUDGET**

**Total CCMHB Budget shows a DEFICIT of \$1 (This needs correcting. Budget required to be balanced.)**

**Program Staff funded by CCMHB:** 0 Indirect and 0.7 FTE Direct, Total CCMHB = 0.7 FTEs.

**Total Program Staff:** 0 Indirect and 1 FTE Direct, Total Program = 1.00 FTEs

*Staff Comment:*

- *Program has one staff position, the Coordinator. The position is fulltime with CCMHB funding 70% of the cost.*

## CCMHB PY21 Priorities and Decision Support Criteria

**Priority: Innovative Practices and Access to Behavioral Health Services:** *The unique approach of strengthening the provider network through improved coordination and collaboration by providers and stakeholder commitment to the issues of ending homelessness.*

### Agency Cultural and Linguistic Competence Plan

*Champaign County RPC Community Services has combined their CLC Plan utilizing the National CLAS Standards. Each department will address individual benchmarks. All the required benchmarks were submitted in a comprehensive CLC Plan. CCRPC attends community meetings and collaborates with agencies that can provide services to people living with. CCRPC have completed their 2nd Quarter Quarterly Reports.*

### Overarching Decision Support Criteria

**Underserved Populations and Countywide Access:** *The Continuum of Service Providers to the Homeless is comprised mostly of organizations located in Champaign and Urbana. Application includes a commitment to conduct outreach to officials and organizations in rural areas of the county and to those serving underrepresented populations.*

**Inclusion and Anti-Stigma:** *Promoting training opportunities, identifying model policies and other resources on various topics including reducing stigma and promoting inclusion to CSPH membership are facets of the proposed services and responsibility of the fulltime position. Quality improvement effort includes review of online resources, e.g. 211, to ensure that information on local homeless services is up to date.*

**Outcomes:** *Access and Consumer outcomes align with goal of strengthening the Continuum's capacity to address homelessness.*

**Coordinated System:** *Proposal is focused on supporting and facilitating increased coordination and participation in the CSPH, an established provider network. Brief overview of some training activities undertaken is included in the response.*

**Budget and Program Connectedness:** Budget narrative includes adequate descriptions of all expenses and revenue sources. The qualifications of the new full-time position and budgeted expenses support the scope of services. CCMHB provides just over 70% of total program budget supporting the fulltime Coordinator position.

**Approach/Methods/Innovation:** The Housing First model is briefly described and a link provided for more information. Two other approaches are noted. The CSPH is required to move to a Coordinated Entry System that prioritizes services based on an individual's vulnerability and severity of need. The VI-SPDAT (Vulnerability Index Service Prioritization Decision Assistance Tool), an evidence informed assessment tool, is identified as the screening tool to be used as part of the movement to a Coordinated Entry System. Links for more information are provided at the end of each description.

**Evidence of Collaboration:** All voting members of the CSPH are required to complete a Memorandum of Understanding (MOU). Application lists 27 organizations that have completed an MOU. Scope of services includes orientation for members and effort to recruit new members as a responsibility of the full-time position.

**Staff Credentials:** Full description of relevant position requirements and specialized trainings is provided.

**Resource Leveraging:** CCMHB funding accounts for 72% of total revenue. Housing Urban Development (HUD) Continuum of Care Program-CoC Planning Grant funds account for the balance of funding. The CSPH does not charge a membership fee. The HUD funds are an existing source of support for CSPH.

**Other Pay Sources** Housing Urban Development (HUD) Continuum of Care Program-CoC Planning Grant funds Client Fees No Sliding Scale No

### **Process Considerations & Caveats**

**Contracting Considerations:** If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2021 contract:

- A two-year term would be appropriate for this contract.



**Agency: Champaign County Christian Health Center**  
**Program: Mental Health Care at CCCHC**

*Draft PY2021 Program Summary*

**PY2021 CCMHB Funding Request: \$33,000**      **PY2021 Total Program Budget: \$175,000**  
**Proposed Change in Funding - PY2020 to PY2021: 153.8%**  
**Current Year Funding (PY2020): \$13,000 (100% of request)**

**Focus of Application:** Co-Occurring and/or Multiple Conditions  
**Type of Contract:** Grant  
**Allocation Priority:** Innovative Practices and Access to Behavioral Health Services

**Services and People Served**

**Target Population:**

On the 2018-2020 Community Health Survey conducted by Carle and Presence Hospitals, United Way, and Public Health, it was reported that survey respondents ranked mental health services as the lowest available resource in their community with 51% reporting inadequate or very inadequate services available in Champaign County (Community Health Survey, 2017). One of the three most common diagnoses from patients coming to the Champaign County Christian Health Center (CCCHC) involves mental health. In response, CCCHC either directly or indirectly helps achieve the three long term behavioral health goals listed in the survey, including promoting community awareness about mental health (through outreach events where CCCHC encourages individuals to visit the clinic), implementing early intervention and assessment practices (by providing primary care, those with behavioral health issues are treated or properly referred to other services), and expanding current treatment services (through health care providers treating those with behavioral health needs and recruiting more mental health care practitioners to volunteer with CCCHC). In 2020, mental health services continue to be needed to meet the growing demand, especially with the opioid crises and heightened anxiety in our country.

**Staff Comments:**

- *PY20 was the first year of CCMHB funding for this program/agency was awarded a contract.*
- *Population to be served are those patients presenting with mental health needs and is unchanged from PY20. Specific population to be served is described in the Scope of Services section as "to any uninsured and underinsured resident of Champaign County, typically between the ages of 18 and 64...."*

**Scope, Location, and Frequency of Service(s):**

Although CCCHC recently stopped offering mental health care specifically from mental health practitioners, our primary care providers still treat or refer those with various mental health conditions, especially anxiety and depression. CCCHC hopes, with CCMHB funding, to recruit new psychiatrists, psychologists, and counselors to provide direct mental health care to our patients. Currently, CCCHC mental health patients receive mental health screenings, primary care, prescriptions, and referrals to specialized care as needed. These services are provided to any uninsured and underinsured resident of Champaign County, typically between the ages of 18 and 64 (as those under 18 and over 64 generally have some form of health care coverage). Having the resources to recruit and orientate new mental health care practitioners to volunteer with CCCHC will greatly enhance community resources in this area. Recruiting strategies include contacting local hospitals and other health care facilities to promote CCCHC and specifically target organizations that have potential mental health volunteers. Efforts also will be made to connect with a local psychiatrist that runs a residency program for psychiatrists. CCCHC hopes to establish a working agreement with this program to bring services to our patients. Recruiting strategies include contacting local hospitals and other health care facilities to promote CCCHC and specifically target organizations that have potential mental health volunteers. With new funding, CCCHC will advertise and recruit a psychiatrist to see CCCHC mental health patients in a paid capacity which will ensure that level of care to a specific number of patients. Location / Frequency: Services will be provided at the Community Resource Center at OSF Hospital.



The care provided mental health patients at CCCHC will occur during any primary care clinic night which includes every Tuesday and two Wednesdays a month. Follow up for various case management efforts such as referrals, follow up appointments, and troubleshooting will take place during office hours during the day.

**Staff Comments:**

- *First half of the services section describes function of the clinic and lack of mental health providers available through the clinic. Efforts planned to recruit mental health providers are outlined. This information does not align with provider recruitment successes reported in second quarter program report.*
- *The second half of the section includes new language on recruiting a psychiatrist to the clinic. Increased funding would support recruitment and salary of part-time psychiatrist. Not mentioned is increased salary paid to the Acting Executive Director position and increased percentage of the position allocated to the CCMHB request. Amount paid from other sources to support the Acting Director position would decline.*
- *Recruitment of mental health providers was the primary goal of the PY20 proposal. The lack of any discussion of recruitment successes in the PY21 services section is a significant omission that would have helped justify the continued effort to recruit a psychiatrist.*

**Access to Services for Rural Residents:**

While the majority of CCCHC patients over the years have primarily been from the Urbana-Champaign area, we have a long history of seeing people outside of the cities. In the past, when CCCHC had more resources, we conducted a satellite clinic in Rantoul at Crossroads of Life Church. We have also had satellites at Orchard Downs and have used Carle's mobile clinic. Currently, with limited resources, our only facility is at the CRC at OSF Hospital. However, CCCHC does engage in outreach efforts that reach beyond Urbana-Champaign such as having a presence at the Farmer's market, Disability Expo, Parish Nurse training (that includes parish nurses across the county) and other community events that includes individuals throughout the county. With increased resources, CCCHC can expand its reach and better inform those in rural communities of our services, including but not limited to using radio ads for example. Rural residents will be served at community events (i.e. Farmer's Market, Sweet Corn Festival, etc.) where CCCHC conducts various health care screenings and at the clinic where they can receive health services.

**Access to Services for Members of Underserved or Underrepresented Minority Populations:**

Ever since its start in September of 2004, CCCHC has provided free health care to underserved and underrepresented minority populations. Unfortunately, poverty and lack of insurance tends to be associated with minority and underrepresented groups. As of 2018, 65% of CCCHC clients were non-white (White 35%, Black 28%, Asian 17%, Hispanic 5%, American Indian/Alaskan Native 1%, Mixed Race 10%, No Response 4%) while the mode category of reported income was \$0-\$19,000/year. CCCHC patients are often subject to issues involving unemployment, lack of education, housing problems, and other socioeconomic concerns. Most services for underserved/underrepresented groups will take place at the clinic. However, some screening services and outreach efforts sometimes target areas associated with the presence of these groups (such as community events held at Douglass Park).

**Staff Comments:**

- *As a medical clinic, services are office based. CCCHC is located at the Community Resource Center at OSF Hospital. Free health screenings are offered at various public events in Champaign and Urbana. To access services, rural residents must travel to the clinic. CCCHC has a more direct impact on the underrepresented/minority population.*

**Residency: Total Served (first half of PY2020) =90**

- Champaign:** 39 (43.3%)
- Urbana:** 18 (20.0%)
- Rantoul:** 12 (13.3%)
- Mahomet:** 0
- Other Champaign County:** 21 (23.3%)

**Demographics: Total Served (first half of PY2020) = 90**

- Age**
- Ages 19-59 ----- 69 (76.7%)
- Ages 60-75+ ----- 21 (23.3%)
- Race**
- White ----- 31 (34.4%)
- Black / AA ----- 26 (28.9%)

Asian / PI -----	16 (17.8%)
Other (incl. Native American, Bi-racial) -	16 (17.8%)
Not Available Qty -----	1 (1.1%)
<b>Gender</b>	
Male -----	42 (46.7%)
Female -----	48 (53.3%)
<b>Ethnicity</b>	
Of Hispanic or Latino/a origin -----	6 (6.7%)
Not of Hispanic or Latino/a Origin -----	83 (92.2%)
Not Available Qty -----	1 (1.1%)

## Program Performance Measures

**CONSUMER ACCESS:** Any person calling for an appointment or walking in that are either self reported uninsured or underinsured is eligible. No written verification is required and there is no application form to gain access to services. Self-reporting only. Additionally, those being seen in the primary care areas will be screened for psychiatric services. Potential patients for CCCHC are reached through various outreach events (i.e. Farmer’s market), referrals from other health care facilities (i.e. Carle Hospital, OSF Hospital), word of mouth, and online media (i.e. Facebook).

**Of those seeking assistance or referred, 50% will receive services/support.**

**Within 5 days from referral, 100% of those referred will be assessed.**

**Within 0 days of assessment, 100% of those assessed will engage in services.**

**People will engage in services, on average, for:** Varies greatly as some patients come in one time only while others may be a patient for years.

**Additional Demographic Data:** income (categorical), visits to the ER in past 3 months, level of education (categorical).

**Staff Comments:**

- Outreach and referral sources are referenced. Self-report of income-based need for clinic services, uninsured/underinsured, drives eligibility.
- Assessment and engagement in clinic services occur at same appointment.

### CONSUMER OUTCOMES:

- 1) Any patients receiving mental health care at CCCHC will report a 4 or better (out of 5 with 5 being the highest) on their patient satisfaction survey
- 2) Increase in the number of volunteer mental health providers from 0 to 3 including one psychiatrist, one psychologist, and one counselor

*These outcomes are measured by:*

- 1) Patient satisfaction surveys
- 2) Volunteer Database

**Outcome gathered from all participants? Yes** Anticipate 150 total participants for the year.

**Will collect outcome information** Weekly or upon appointment completion.

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

**Estimated level of change for this outcome:** Our goal level of change involves the recruitment of mental health care practitioners which, consequently, increases the number of patients seen needing mental health care. We would like to recruit one psychiatrist, one psychologist, and one counselor, going from 0 to 1 for each of these professions.

With additional funding for a paid psychologist, we hope to expand care to 2 additional nights a month, seeing approximately 140 patients over the course of the year.

**Staff Comments:**

- Consumer Outcomes are twofold: patient self-report of improved mental health functioning; evaluation of agency success recruiting providers. Level of change tied to recruitment of providers, increasing access to services.
- Recruitment outcome does not account for success achieved in recruiting mental health providers in PY20.

### UTILIZATION:

**Treatment Plan Clients (TPCs):** 210 - patients who are seen by a healthcare provider and assessed as having at least one behavioral or mental health issue to address.

**Non-Treatment Plan Clients (NTPCs):** 60 - those receiving health education information at outreach events and family members of patients who come to the clinic.

**Service Contacts (SCs):** 0 - would include those that call about services and do not come in for a scheduled appointment because either they need services beyond CCCHC's capabilities or do not show for their appointment.

**Community Service Events (CSEs):** 6 - total of: screenings done at various community events, meetings with other healthcare providers to enhance care across the county, or presentations about the clinic at churches, training of parish nurses, and other venues.

**Other:** 0 - includes any patients referred to other healthcare facilities

**Staff Comment:**

- Primary data set of interest is that reported for TPCs. As a small agency, limiting the number of services or activities to be tracked is acceptable. Data reported through the first half of PY20 finds TPCs served supporting increased target for PY21.

#### **PY2021 Annual target (per Utilization Form)**

	TPC	NTPC	CSE
Annual Target	210	60	6

#### **PY2020 First two quarters (per submitted Service Activity Reports)**

	TPC	NTPC	CSE
First Quarter FY20	52	0	1
Second Quarter FY20	38	0	0
Annual Target	80	50	6

## **Financial Analysis**

**PY2021 CCMHB Funding Request:** \$33,000      **PY2021 Total Program Budget:** \$175,000

**Proposed Change in Funding - PY2020 to PY2021:** 153.8%

**Current Year Funding (PY2020):** \$13,000 (100% of request)

**CCMHB request is for 19% of total program revenue.**

Other sources are various Contributions \$120,000 (69%), CVS/NAFC Grant \$10,000 (6%), Cunningham Township/City of Urbana Grant \$10,000 (6%), and Community Foundation Grant \$2,000 (1%).

**Staff Comment:**

- All funds supporting the agency are also allocated to the program. Program is requesting a \$20,000 increase over the PY20 contract award of \$13,000. PY20 was the first year of CCMHB funding.

**Expenses:** Personnel related costs of \$30,000 are the primary expense charged to CCMHB at 91% of \$33,000.

Other expenses are: Professional Fees/Consultants \$3,000 (9%).

**Staff Comment:**

- Staff supported are the Acting Executive Director and a new part-time psychiatrist position. Increased funding would support increased salary of the Acting Director position and psychiatrist. Professional Fees expense is for the CCMHB required financial review.

**Total Agency Budget shows a SURPLUS of \$67,010.**

**Total Program Budget shows a SURPLUS of \$67,010.**

**Total CCMHB Budget shows a BALANCED BUDGET.**

**Staff Comment:** What is the funding request to cover if agency/program has a surplus of over \$67,000?

**Program Staff - CCMHB Funds:** 0 FTE Indirect + 0.85 FTE Direct = 0.85 FTE Total for CCMHB.

**Total Program Staff:** 0 FTE Indirect + 1.02 FTE Direct = 1.02 FTE Total Program.

**Staff Comments:**

- The Christian Health Center lists three paid positions on the personnel form. An error on the form misrepresents total FTE supported with CCMHB funds. Actual total FTE supported is .6 FTE and not .85 FTE. Supported positions include 50% of the part-time Acting Executive Director and 10% of a new, to be hired, part-time psychiatrist.

- Total salary/wages expense for Acting Executive Director position is \$35,000. CCMHB is asked to pay \$20,000 of this expense. This is an increase in total salary charged to CCMHB as well as increase in % paid. Total salary paid from other sources actually declines as a result. Part-time psychiatrist is \$10,000, CCMHB covers 100% of this expense.

## CCMHB PY21 Priorities and Decision Support Criteria

**Priority: Innovative Practices and Access to Behavioral Health Services:** *Second year proposal seeks continued assistance with recruiting mental health providers with an increased emphasis on recruiting a psychiatrist.*

### Agency Cultural and Linguistic Competence Plan

CCCHC is a program that provides free healthcare that will include a mental health component of their clinic to residents in Champaign County. CCCH utilized the template where their actions and benchmarks utilized the National CLAS Standards as foundation. The CLC Plan outlines a plan for board, leadership and staff to complete annual cultural competence training. Ever since its start in September of 2004, CCCHC has provided free health care to underserved and underrepresented minority populations. As of 2018, 65% of CCCHC clients were non-white (White 35%, Black 28%, Asian 17%, Hispanic 5%, American Indian/Alaskan Native 1%, Mixed Race 10%, No Response 4%) while the mode category of reported income was \$0-\$19,000/year. CCCHC patients are often subject to issues involving unemployment, lack of education, housing problems, and other socioeconomic concerns. CCCH collaborates with OSF Hospital and utilizes the Community Resource Center to house the free clinic. CCCHC completed the FY20 2<sup>nd</sup> Quarter CLC reports.

### Overarching Decision Support Criteria

**Underserved Populations and Countywide Access:** *The CCCHC is located in Champaign, limiting access by rural residents. Underserved/minority population with no or limited resources is the primary population served.*

**Inclusion and Anti-Stigma:** *Proposal does not include activities targeted to reducing stigma but includes a statement of valuing and respecting all people. Clinic's focus is on serving anyone presenting with a physical or mental health need.*

**Outcomes:** *Consumer Outcomes look to evaluate recruitment efforts and client self-reported change in mental health functioning.*

**Coordinated System:** *Clinic, located at OSF Hospital in the Community Resource Center, is open every Tuesday night and two Wednesday nights per month. Relationship to the two hospital healthcare systems is described. As a free clinic, other healthcare providers may refer patients to the clinic.*

**Budget and Program Connectedness:** *Increased support from CCMHB is requested. Funds would increase salary paid to Acting Executive Director and recruit part-time psychiatrist. Increase in support for Acting ED would reduce funding for the position paid from other sources.*

**Approach/Methods/Innovation:** *The CCCHC is a free medical clinic open one or two evenings per week. Participation in faith-based activities is not a condition of receiving services, but patients are said to be offered prayer.*

**Evidence of Collaboration:** *OSF Hospital provides space for the clinic and lab services. There is some expense associated with the lab tests based on General Operating expense description in the Budget Narrative. Informal agreements with other providers are alluded to but not detailed.*

**Staff Credentials:** *Qualifications for two paid staff positions are provided. Volunteer medical staff are licensed.*

**Resource Leveraging:** *No. Increase in funding requested from CCMHB raises CCMHB portion of agency/program total revenue from 9% in PY20 to 19% in PY 21.*

**Other Pay Sources:** No fees for patients at all. **Client Fees:** No. **Sliding Scale:** No

### Process Considerations & Caveats

**Contracting Considerations:** If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2021 contract:

- Correct error on Personnel Form.



# Agency: Champaign County Head Start/Early Head Start MHB Program: Early Childhood Mental Health Services

## Draft PY2021 Program Summary

PY2021 CCMHB Funding Request: \$209,906      PY2021 Total Program Budget: \$209,906  
Proposed Change in Funding - PY2020 to PY2021 = -2.2%  
Current Year Funding (PY2020): \$214,668 (75% of request)

Focus of Application: Mental Health  
Type of Contract: Grant  
Priority: System of Care for Children, Youth, and Families

## Services and People Served

### Target Population:

Services funded by this grant are for low-income children enrolled in Champaign County Head Start/Early Head Start (CCHS) who have been identified as needing Early Childhood Mental Health Services because they:

1. score above the cut-off on the Ages and Stages Questionnaire – Social/ Emotional screening tool, or
2. have exhibited challenging behaviors that interfere with their ability to learn in a group setting.

Research across disciplines has identified the importance of preschool as a prevention. Preschool plays a role in shrinking the achievement gap as well as slowing the flow of the school to prison pipeline. Participation in preschool impacts important quality of life outcomes like maintaining employment, reducing participation in the criminal justice system, and having savings accounts. These outcomes are linked to acquiring social-emotional skills such as self-regulation, emotional literacy, empathy, and interpersonal problem solving during the developmental window between birth and 5 years. Inadequate social and emotional developmental skills can negatively impact a child's future if intervention is not established in the early stages of development. Children must learn how to: identify their feelings as well as those of others, control their own feelings and behaviors, get along with other children, and practice problem solving skills. Without these skills, children's success rate in schools and relationships is at risk.

### Staff Comment:

- Target population is clearly defined with selection based on screening results or observed behaviors in Early Head Start/Head Start classrooms. Research supporting pre-school based prevention/intervention referenced.

### Scope, Location, and Frequency of Service(s):

Scope: Champaign County Head Start/Early Head Start (CCHS) is seeking funding to hire four Social Skills and Prevention Coaches (SSPC) to support children identified by the Social-Emotional Development Specialist (SEDS) for services. Each center will receive support from an SSPC assigned. Services will consist of:

1. assisting teaching staff and parents in writing individualized social-emotional goals to include in lesson plans for children identified through screening,
2. developing with parents and teaching staff a Support Plan for children who exhibit challenging behaviors,
3. offering teachers social and emotional learning strategies,
4. monitoring children's progress and outcomes, and
5. providing information to families and staff.

The SSPC responsibilities will also include facilitating meetings with a child's parent(s) and teaching staff throughout the process of the child receiving services as well as supporting parents and teaching staff with resources, training, coaching, and modeling. Adding four SSPCs will increase support young children with early, frequent, and intensive services and will reduce the length of time from assessment to engagement in services by two weeks.

Location / Frequency: The Social Skills and Prevention Coaches provide services onsite with guidance from the Social-Emotional Development Specialist. Based on each child's individual needs, the SEDS creates plans and recommends

activities to increase their developmental skills. Depending on the families' needs, the services are provided in classrooms, homes, or community setting. Best practice is meeting where the families are.

**Staff Comments:**

- *Scope of services is unchanged from the initial PY19 application. Program proposes to increase Social Skills and Prevention Coach (SSPC) positions from 3 to 4. Each position would be responsible for supporting one Head Start center, providing support to teachers, children, and parents. Involvement of the Social-Emotional Development Specialist funded under a separate contract is mentioned here but not listed on the personnel form as a contributing staff member. A Child Development Manager provides supervision.*

**Access to Services for Rural Residents:**

CCHS recruits families throughout Champaign County at local libraries, elementary schools, door to door, grocery/convenience stores, town/village events, community agencies, and many other locations. CCHS has outreach at community events such as the annual Champaign County Disability Expo, Read Across America, Week of the Young Child and local school district early childhood program child-find activities. As per the Head Start Performance Standards, CCHS must maintain at least 10% of the enrollment for children with diagnosed disabilities. The program also serves children with health conditions such sickle cell anemia, asthma, and diabetes. CCHS shares information with families about the social-emotional services provided by the Social Skills and Prevention Coaches (SSPC) at parent meetings, and through brochures and the parent handbook. Further, the SSPC provide trainings that pertain to trauma informed care, social-emotional development, and strategies to reduce challenging behaviors and increase social-emotional skills. CCHS offers children and families center-based options strategically located in Champaign, Rantoul, Savoy, and Urbana. The program also offers a home-based option that provides all Head Start/Early Head Start services to families in their home and particularly meets the needs of families living in rural areas who want resources that support their child's growth and development. Another option for families working and attending school is family child care. Children enrolled in the family child care provider home collaborations, receive services including health, dental, education, and family services. Services are also provided in libraries, churches, coffee shops, etc.

**Access to Services for Members of Underserved or Underrepresented Minority Populations:**

CCHS conducts recruitment throughout Champaign County at libraries, elementary schools, door to door, grocery/convenience stores, community events, community agencies, among other locations. CCHS also uses its Community Assessment to focus recruitment efforts where income-eligible families reside. In addition, Head Start Staff attends and presents Head Start information at community meetings. This is a great way to reach out to providers who serve the same populations. CCHS offers center-based, home-based, and family child care home provider options to meet the needs of children and families. CCHS also collaborates with Courage Connection that provides housing and supportive services to individuals and families who are victims of domestic violence. CCHS has a staff member onsite to offer home-based services.

**Staff Comment:**

- *Within the general description of CC Head Start recruitment and targeted populations, reference is made to how families are informed of the work of the SSPC and trainings held by the coaches.*

**Residency:** Total Served in PY2019 = 71 and in first half of PY2020 = 56

<b>Champaign</b>	30 (42.3%) for PY19	28 (50.0%) for PY20
<b>Urbana</b>	25 (35.2%) for PY19	16 (28.6%) for PY20
<b>Rantoul</b>	13 (18.3%) for PY19	9 (16.1%) for PY20
<b>Mahomet</b>	0 for PY19	0 for PY20
<b>Other Champaign County</b>	3 (4.2%) for PY19	3 (5.4%) for PY20

**Demographics:** Total Served in PY2019 = 71

<b>Age</b>	
Ages 0-6 -----	71 (100.0%)
<b>Race</b>	
White -----	13 (18.3%)
Black / AA -----	48 (67.6%)
Other (incl. Native American and Bi-racial) -	10 (14.1%)
<b>Gender</b>	

Male -----	55 (77.5%)
Female -----	16 (22.5%)
<b>Ethnicity</b>	
Of Hispanic / Latinx origin -----	3 (4.2%)
Not of Hispanic/Latinx Origin -----	68 (95.8%)

## Program Performance Measures

**CONSUMER ACCESS:** Children are eligible for services funded by this grant if they score above the cut-off on the ASQ-SE screening and/or the Social-Emotional Development Specialist (SEDS) child observation indicates the child needs additional support. Teachers, SSPC, and Site Managers determine the need for Social-Emotional Goal setting after screening yields an ASQ-SE score indicating eligibility for services OR challenging and disruptive or age inappropriate behavior have been documented in the classroom. This family support team in collaboration with the SEDS will determine eligibility and will work closely with the SSPC's who are assigned to the child's site. CCHS shares information with families about the social-emotional services provided by the Social-Emotional Development Specialist (SEDS) at parent meetings, and through brochures and the parent handbook. Further, the SEDS provides parent education trainings that pertain to trauma informed care, social-emotional development, and strategies to reduce challenging behaviors and increase social-emotional skills.

**Of those seeking assistance or referred, 90% will receive services/support.**

**Within 14 days from referral, 95% of those referred will be assessed.**

**Within 1 day of assessment, 95% of those assessed will engage in services.**

**People will engage in services, on average, for 9 months (avg length of services by Social Skills & Prevention Coach)**

**Additional Demographic Data:** CCHS collects data for the Office of Head Start. Beyond race, ethnicity, age, gender, and zip codes, Head Start staff obtains information about a family's structure, income, language, education, employment, military status, marital status, and housing status such as homeowner, renter, or homeless.

*Staff Comments:*

- *A child's eligibility for services is based on screening or direct observation, with final determination by the Social-Emotional Development Specialist, a position funded under a separate contract (I/DD funds).*
- *Collaborative team process determines goals for the child, building off of screening results and observations.*
- *Timeframes between referral, assessment, and engagement, as well as length of engagement, are identified.*

## CONSUMER OUTCOMES:

1. Children with treatment plan served by the SSPC will have a reduction in frequency and duration of challenging behavior.

2. Children served by the SSPC will demonstrate improvement in social skills related to resilience such as:

- a. Self-Regulation; b. Initiative; c. Relationship building/Friendship skills; d. Emotional Literacy; e. Problem-Solving

*Measured by:*

1. Data on challenging behavior is collected in a variety of ways. We document antecedent-behavior-consequence, duration, and frequency of behavior on behavior collection charts.

2. Pre and post resilience related social skills are assessed using the Ages and Stages Questionnaire: Social-Emotional and the DECA-P2 and DECA I/T. Throughout the school year, documentation is collected by teachers in teaching strategies GOLD regarding social emotional skills and evaluated during fall, winter, and spring checkpoints.

**Outcome gathered from all participants? Yes Anticipate 70 total participants for the year.**

**Will collect outcome information as:** ASQ:SE completed in fall and spring, GOLD assessments in fall, winter, spring, summer, and DECA Assessments in fall, winter and spring.

**Is there a target or benchmark level for program services? Yes.** Through the GOLD Outcomes Assessment, CCHS sets a program goal that at least 90% of the Head Start children who age out of the program are developmentally, socially, emotionally and health ready for Kindergarten. CCHS anticipates that at least 85% of all enrolled children will make age-appropriate progress in social-emotional development. For children remaining in the program, CCHS sets a goal of 50% of children who receive services for the full period of engagement (9 or 12 months depending on the child's enrollment option) will not require a continuation of services.

**Estimated level of change for this outcome:** Each child enters our classrooms at different developmental stages with different skills and areas of need, making rate of change estimation difficult. We evaluate changes overtime using two tools. First, data is collected for all enrolled students at three checkpoints over the course of the school year using teaching

strategies GOLD, these evaluations determine if their current demonstration of skills is below, matches, or exceeds the “widely held standards” of social-emotional development. Second, students receiving services are evaluated using the DECA. Using a pre and post assessment schedule, we identify clinically meaningful improvement using the normed pretest-posttest comparison table.

**Staff Comments:**

- Consumer outcomes, measurement tools and frequency administered, and performance targets are clearly articulated.
- In addition, program identifies a target for children served making sufficient progress as not to continue needing program services after one year.

**UTILIZATION:**

**Treatment Plan Clients (TPCs):** 50 (40 of them New) children or families who require ongoing support or consultation which requires goal setting and planning.

**Non-Treatment Plan Clients (NTPCs):** 80 (70 of them New) children, families, or staff who require intermittent or one-off support or consultation.

**Service Contacts (SCs):** 1,800 - parent trainings and groups, Practice Based Coaching with education staff, Family Site Meetings, Teaching Pyramid Observation Tool (TPOT), The Pyramid Infant-Toddler Observation Scale (TPITOS), and pre and post ASQ:SE screenings.

**Community Service Events (CSEs):** 5 events include community collaboration meetings and forums.

**Other:** 50 - Meetings with classrooms to facilitate Practice Based Coaching or Social-Emotional Mentoring for teachers based on the Pyramid Model of social-emotional development, conscious discipline and Trauma informed care practices provided in two-week cycles to increase teacher knowledge and self-efficacy when working with challenging behaviors. Also includes psycho-social education for families during family site meetings.

**Staff Comments:**

- Client specific targets (TPC, NTPC) are identified, and child/families are categorized as either TPC or NTPC based level of intervention required.
- Targets for Service Contacts and Other appear low compared to past performance.

**PY2021 Annual Target (per Utilization Form)**

	TPC	NTPC	SC	CSE	OTHER
Annual Target	50	80	1800	5	50

**PY2020 First two quarters (per submitted Service Activity Reports)**

	TPC	NTPC	SC	CSE	OTHER
First Quarter	80	11	483	3	33
Second Quarter	16	17	872	6	39
Annual Target	50	80	1800	5	50

**PY2019 all four quarters (per submitted Service Activity Reports)**

	TPC	NTPC	SC	CSE	OTHER
First Quarter	8	49	197	1	5
Second Quarter	18	29	743	2	0
Third Quarter	27	21	658	1	37
Fourth Quarter	18	20	742	3	44
Annual Target	0	0	400	3	12

**Financial Analysis**

**PY2021 CCMHB Funding Request:** \$209,906      **PY2021 Total Program Budget:** \$209,906

**Proposed Change in Funding - PY2020 to PY2021 = -2.2%**

**Current Year Funding (PY2020):** \$214,668 (75% of request). PY2019 request was for \$135,179, award was \$90,120.

**CCMHB request is for 100% of total program revenue.**

**Staff Comments:**



- Amount requested for PY21 is 2% less than PY20 contract award. In PY19, the first year the program was funded, it was awarded \$90,120 and received a substantial increase in PY20 to \$214,668. CCMHB is listed as the sole funder for the program.
- There is a discrepancy between revenue, expenses, and budget narrative regarding the requested funding. Amount listed on revenue form establishes the amount formally requested.

**Expenses:** Personnel related costs of \$226,300 are the primary expense charged to CCMHB at 75% of \$299,906. Other expenses are: Consumables \$1,000 (>1%); Occupancy \$68,152 (23%); Conferences/Staff Development \$3,800; and Local Transportation \$654 (>1%).

**Staff Comments:**

- Expenses exceed requested revenue.
- Personnel expense are for four fulltime positions and include an increase in salaries. The indirect cost allocation approach is approved by GATA: 45% on 85% of salaries, for benefit time and staff related overhead, is recorded under Occupancy expense line.

**Total Agency Budget** shows a **SURPLUS** of \$ 1,207,854

**Total Program Budget** shows a **DEFICIT** of \$90,000 (This needs correcting.)

**Total CCMHB Budget** shows a **DEFICIT** of \$90,000 (This needs correcting.)

**Staff Comment:** Why is the funding needed if the agency has over \$1.2M in surplus budget?

**Program Staff - CCMHB Funds:** 0.0 FTE Indirect and 4.11 FTE Direct. Total CCMHB = 4.11 FTEs.

**Total Program Staff:** 0.0 FTE Indirect and 4.11 FTE Direct. Total Program = 4.11 FTEs.

**Staff Comments:**

- Program proposes to add one fulltime Social Skills/Prevention Coach to three existing fulltime positions. A Child Development Manager has 11% of their time allocated to the program and supervises the coaches. One coach position only works 41 weeks but listed as fulltime.
- Indirect administrative personnel expense is paid through indirect cost rate.

## CCMHB PY21 Priorities and Decision Support Criteria

**Priority: System of Care for Children, Youth, Families:** Program serves young children, assisting parents and Head Start classroom teachers with behavior plans and skills to promote social emotional development and address challenging behaviors, and monitoring child progress in these areas.

### Agency Cultural and Linguistic Competence Plan

Champaign County RPC Community Services has combined their CLC Plan utilizing the National CLAS Standards. Each department will address individual benchmarks. All the required benchmarks were submitted in a comprehensive CLC Plan. CCRPC attends community meetings and collaborates with agencies that can provide services to people living with. CCRPC have completed their 2nd Quarter Quarterly Reports.

### Overarching Decision Support Criteria

**Underserved Populations and Countywide Access:** Program serves low-income families with young children enrolled in Head Start. Narrative on this topic included little on the program itself but rather emphasized Head Start in general.

**Inclusion and Anti-Stigma:** Not a specific focus of the application. What is present gives an overview of efforts undertaken by Head Start as a whole. Least restrictive environment is mentioned, which is an inclusive practice; specific training focus on inclusion is also identified.

**Outcomes:** Access outcomes describe eligibility determination, tools used, and team collaborative process. Consumer outcome section is comprehensive and well done.

**Coordinated System:** Other early childhood programs and early intervention services are identified. Head Start coordinates services with these other providers/systems. Relationship to the ECMHS program activities in Head Start centers is not explained. Reference is made to the Social-Emotional Development Specialist coordinating with these other providers, but this is activity associated with a position funded under a separate proposal and not formally acknowledged in the financial section of the application.

**Budget and Program Connectedness:** No. There is a discrepancy between amount requested and total expenses.

**Approach/Methods/Innovation:** *Application references various models and tools used by Head Start in general and those used within the program. Other opportunities for consultation with peers in the field and research on child development are cited. Links to webpages for each resource is provided.*

**Evidence of Collaboration:** *Head Start has written working agreements with various providers and school districts involved in the early intervention/early childhood system of care.*

**Staff Credentials:** *SSPC position requires a Bachelors' degree. Section provides detail on the education and work experience of three current SSPCs.*

**Resource Leveraging:** *No. CCMHB is the sole funder and has been since the program started in PY19. Provider does not describe attempts to secure funding from other sources.*

**Other Pay Sources** CCHS seeks assistance from community providers who accept Medicaid prior to using the Developmental Disabilities and Mental Health grant funds. **Client Fees** No **Sliding Scale** No

## **Process Considerations & Caveats**

**Contracting Considerations:** If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2021 contract:

- *Revise personnel and program expenses to match request.*
- *Fourth quarter financial reports will be used to determine whether excess revenue is due to the Board.*
- *Consider a Special Provision requiring the provider to demonstrate effort to apply for other funding/grant opportunities in PY21.*
- *The SEDS position is currently funded through I/DD contracts with the CCMHB for \$87,602 and CCDDDB for \$24,402. The PY21 proposal for that program focuses much more on behavioral health and social emotional development than on I/DD, as it has shifted over the years to address these needs. Some portion of that work would be appropriately funded through this program contract.*



## Agency: Champaign County Health Care Consumers Program: CHW Outreach and Benefit Enrollment

### Draft PY2021 Program Summary

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PY2021 CCMHB Funding Request: \$77,960      PY2021 Total Program Budget: \$92,400  
Proposed Change in Funding - PY2020 to PY2021 = 31.5%  
Current Year Funding (PY2020): \$59,300 (100% of request)

Focus of Application: Co-Occurring and/or Multiple Conditions  
Type of Contract: Grant  
Priority: Innovative Practices and Access to Behavioral Health Services

## Services and People Served

### Target Population:

Residents of Champaign County who have mental illness and/or substance use disorders, or are experiencing self-identified depression, anxiety, isolation, or other issues that affect their mental health and well-being are the target population. We will serve individuals of all ages and stages of life, including the very young and the elderly. Many individuals do not self-identify as needing mental health or substance use disorder treatment initially, but in the course of working with them to help them qualify for benefits and/or access necessary health and social services, mental health and behavioral health needs may be identified, especially after trust is established. We estimate that approximately 35 to 40% of all of our clients have some such need, and the percentage is higher with older/elderly adults who frequently have isolating circumstances and/or co-morbid health issues (for example, depression is frequently present with diabetes). Our target population includes stressed individuals living on low incomes, no income, or low fixed incomes, who are dealing with complex and chaotic systems for benefits that are overwhelming and stressful. Many lack health literacy or have overall low-literacy, or speak a different language and are underserved or underrepresented as a result.

### Staff Comments:

- Section presents overview of health needs and other needs or risk factors, including a significant percentage experiencing mental illness and/or substance use disorders with whom the agency has contact.
- For this program, population served are those presenting with mental illness and/or substance use symptoms, disorders (MI/SUD) or other risk factors.

### Scope, Location, and Frequency of Service(s):

Scope: The Community Health Worker services to be provided include enrollment in all forms of health insurance for all stages of the lifespan, other public benefit programs, help with maintenance of those benefits, case management, and education and outreach. The specific activities and supports include:

- Enrollment in Medicaid health insurance (including Medicaid Managed Care) or private plans through the Marketplace under the Affordable Care Act (as well as Medicare programs for those who are eligible by virtue of age or disability status);
- Enrollment in Medicare Extra Help and Medicare Savings Program to help reduce the out of pocket costs associated with Medicare;
- Enrollment in hospital/clinic financial assistance programs, such as Carle's Community Care Discount Program, and OSF's Financial Assistance Program;
- Help applying for Promise Healthcare's sliding scale and for completing the new patient packet;
- Help with prescription drugs through our in-house Rx Fund program which covers the costs of co-pays and prescriptions for low-income individuals, and, where appropriate, enrollment in pharmaceutical assistance programs to help cover the costs of prescription medications;
- Enrollment in SNAP (food stamps);
- Enrollment in SafeLink phone program;

- Access to affordable dental care and vision care; and
- Additional case-management, including warm-referrals and advocacy services as needed to help clients access other benefits and social services.

CCHCC will provide one full-time equivalent Community Health Worker to provide these services to the target population. Services and materials will be provided in English and Spanish.

Location / Frequency: Direct client services will be provided at multiple locations including:

1. CCHCC office in downtown Champaign;
2. Rosecrance Central Illinois (all locations);
3. Rantoul’s Community Service Center of Northern Champaign County;
4. Daily Bread; and,
5. As needed, at other locations where the target population is served, including for special events.

Community outreach events will occur at various locations throughout the county and in C-U.

**Staff Comments:**

- *Primary focus is on enabling the uninsured to gain access to needed health services or to address related needs contributing to the individual’s basic needs/general well-being by assisting with enrollment in range of benefit plans. Additional services include advocacy with benefit managers and healthcare providers, conflict free case management, and community outreach and education. Access to an in-house prescription assistance program is notable. Various access points are identified.*

**Access to Services for Rural Residents:**

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

**Access to Services for Members of Underserved or Underrepresented Minority Populations:**

We will engage and serve individuals as a result of receiving referrals, walk-ins, calls, and doing community outreach throughout the county. We are a well-established organization with an ever-increasing client base, including many in the target population who need services every year and on an ongoing basis. Our outreach and education efforts around Open Enrollment for the Marketplace and Medicare, and for Medicaid Managed Care always result in more clients seeking out our services. Our office is located in downtown Champaign and we receive many walk-ins from the target population. We are also regularly stationed on certain days at Daily Bread, and in Rantoul. We have referral relationships with staff in Cunningham Township, Urbana and Champaign schools, CUPHD, and many other organizations who also serve the target population. We will also engage and serve individuals through social media and email, once we have established contact. We take a public health approach to providing our Community Health Worker services – we aim to provide our services where the people in need of those services are. We will serve people at our office in downtown Champaign, which is centrally-located and near bus lines, as well as various community and county locations described in other sections of this Program Plan.

**Staff Comments:**

- *Outreach in rural areas and willingness to meet with clients in home community, although primary access points for assisting clients are in Champaign and Urbana, and in Rantoul at Community Service Center of Northern Champaign County. CCHCC increases outreach and community education during periods of open enrollment that generate an increase in people seeking assistance. Requests for assistance also result from collaborations with other social service providers/systems. Specific response addressing underserved/minority populations is not addressed but implied based on the target population description.*

**Residency:** Total Served in first half of PY2020 = 78

<b>Champaign</b>	35 (44.9%)
<b>Urbana</b>	26 (33.3%)
<b>Rantoul</b>	3 (3.8%)
<b>Mahomet</b>	0 (.0%)

**Other Champaign County** 14 (17.9%)

**Demographics: Total Served in first half of PY2020 = 78**

**Age**

Ages 19-59 ----- 61 (78.2%)

Ages 60-75+ ----- 10 (12.8%)

Not Available Qty ----- 7 (9.0%)

**Race**

White ----- 45 (57.7%)

Black / AA ----- 23 (29.5%)

Asian / PI ----- 1 (1.3%)

Other (incl. Native American and Bi-racial) - 4 (5.1%)

Not Available Qty ----- 5 (6.4%)

**Gender**

Male ----- 54 (69.2%)

Female ----- 23 (29.5%)

Not Available Qty ----- 1 (1.3%)

**Ethnicity**

Of Hispanic or Latino/a origin ----- 3 (3.8%)

Not of Hispanic or Latino/a Origin ----- 70 (89.7%)

Not Available Qty ----- 5 (6.4%)

## Program Performance Measures

**CONSUMER ACCESS:** Individuals eligible for this program are residents of Champaign County who have mental illness and/or substance use disorders, as well as residents who experiencing stress, anxiety, depression, grief, or other conditions that affect their mental health and well-being, whether or not they identify or present themselves as individuals with mental illness and/or substance use disorders. We establish that the client resides in Champaign County and that they have mental health and/or substance use disorder needs. We will also accept referrals from mental and behavioral health providers and other agencies that have identified individuals who may meet the criteria. Likewise, individuals who self-report as having mental health and/or substance use disorder needs, or who indicate that they are suffering with stress, anxiety, depression, etc. will be served through this program. People will learn about this program through our outreach and education to the general public and to agencies and organizations that are in a position to refer clients. We already have extensive referral networks and collaborations that result in new clients to our organization every day. We will also use earned media and social media to communicate information about our program. We will hold community meetings and we will also go and speak at community events in order to do outreach and education to the broader community.

**Of those seeking assistance or referred, 90% will receive services/support.**

**Within 2 days from referral, 90% of those referred will be assessed.**

**Within 1 days of assessment, 80% of those assessed will engage in services.**

**People will engage in services, on average, for:** Months or years. Enrollment in public benefits must be done on an annual basis, and sometimes every six months.

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

**Staff Comments:**

- Existing relationships with referral sources as well as street outreach are key access points for reaching population served. Establishing that client has mental health or substance use disorder based on referral source or self-report is part of determining client to be eligible under this program.
- Length of engagement is tied to the need to reenroll in benefit programs on an annual basis. Unless an issue arises with coverage requiring advocacy or other need associated with accessing care, regular contact between enrollment periods would be limited.
- That data is collected on homelessness is an indication of the general population served by CCHCC.

**CONSUMER OUTCOMES:** This program will serve approximately 150-200 unduplicated clients and will result in these clients gaining and maintaining health insurance, SNAP, and other benefits and services. As a result of gaining

health insurance, clients will gain access to needed care and prescriptions, food, free phones, dental and vision care, hospital financial assistance, and other benefits and services. Each client, on average, typically requires assistance with two applications. We anticipate providing assistance with approximately 600 applications. At intake, and throughout the process of working with the client, needs are identified and prioritized. Client Services Intake Form specifies the kinds of benefits and services the client needs. We track outcomes for each client, as we track enrollment in health insurance, SNAP, hospital financial assistance, and other benefits and services, so we know whether that need has been met.

**Outcome gathered from all participants? Yes**

**Anticipate 300 total participants for the year.**

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

**Is there a target or benchmark level for program services? Yes.** The main target for program services is health insurance enrollment. Health insurance enrollment is verifiable. We can look up a person's health insurance status in the state's "Medi" system, the Marketplace, and Medicare portals. Likewise, we can look up SNAP status as well. Enrollment in public benefits is easily verifiable.

**Estimated level of change for this outcome is:** The level of change is insured status from uninsured, and/or enrollment or re-enrollment in a Medicaid Managed Care plan, a Marketplace plan, or a Medicare-related plan. We estimate this change in 90% of clients served through this program.

*Staff Comments:*

- *Outcome measure is tied directly to successful completion of a given benefit application. Means for verifying enrollment in health insurance/Medicaid/Managed Care is identified. Program projects target of 90% of clients served completing enrollment.*

#### **UTILIZATION:**

**Treatment Plan Clients (TPCs):** 256 - those who require more than one contact and who may have case management needs. For the purposes of this program, this is majority of the clients who will be served.

**Non-Treatment Plan Clients (NTPCs):** 100 - those who need a low-intensity of service, perhaps they simply need one contact and it is to get some information, guidance, or direction. Or they might be established clients who meet program criteria, but are very self-sufficient (anticipate 30-60 such clients.)

**Service Contacts (SCs):** 600 We anticipate approximately 650 service contacts as a result of serving approximately 150 clients in FY2021 through this program. Clients frequently require assistance with enrollment in more than one program, and some programs, like Medicaid and Medicaid Managed Care require redeterminations and help choosing appropriate plans. Clients also frequently receive mail from DHS or Medicare that is confusing to them, and they bring us this mail or call us about it in order to get help understanding it and complying with requirements.

**Community Service Events (CSEs):** 20 - We anticipate providing approximately 6 to 8 CSEs through public presentations, presentations at adult education programs, meetings between agencies where we provide education and referral information, earned media from articles and interviews, and through distribution of informational materials.

**Other:** 30 - pertain to our Rx Fund, which helps cover costs of medications for our clients. We track clients and the number of prescriptions covered, and the cost for the prescriptions per client. Many clients, even with Medicaid or Medicaid Managed Care, cannot afford the costs of co-pays. Also, when clients' Medicaid enrollment lapses or they are dropped, they need help covering the full cost of medications until they are successfully re-enrolled in Medicaid.

Pharmacies require payment at the time of service, unlike health care providers who can provide services and then back-bill Medicaid for services provided in the 90 day "look back period" prior to when Medicaid enrollment was established.

*Staff Comments:*

- *Level of engagement with client determines whether they are a TPC or NTPC. "Screening contacts" tracks contacts with clients required to complete enrollment, other benefit assistance, or advocacy. "Other" category is tied to prescription assistance benefit program managed by the agency.*
- *Established clients would be reported as a continuing client in the first quarter. Such clients represent a subset of total TPCs or NTPCs. Clarification on these points and discrepancies between target and narrative statements, such as appears in service contacts, would be corrected during the contracting phase.*

#### **PY2021 Annual Target (per Utilization Form)**

	TPC	NTPC	SC	CSE	OTHER
<i>Annual Target</i>	256	100	600	20	30

**PY2020 First two quarters (per submitted Service Activity Reports)**

	TPC	NTPC	SC	CSE	OTHER
First Quarter	6	19	71	11	5
Second Quarter	47	6	112	13	3
Annual Target	275	45	650	7	40

**Financial Analysis**

**PY2021 CCMHB Funding Request: \$77,960**      **PY2021 Total Program Budget: \$92,400**

**Proposed Change in Funding - PY2020 to PY2021 = 31.5%**

**Current Year Funding (PY2020): \$59,300 (100% of request)**

**CCMHB request is for 84% of total program revenue. Other sources of revenue: Contributions - various = \$6,240 (7%); Grants - Carle = \$3,000 (3%); and Grants - Urbana = \$5,200 (6%).**

**Staff Comments:**

- *PY21 would be the second year the program receives funding from the CCMHB. Program requests a 31% increase of \$18,660 over PY20 award. Total program revenue declines from PY20 to PY21, increasing CCMHB share of total program revenue from 44% to 84%.*
- *Explanation of requested \$18,660 increase from CCMHB is provided in the Budget Narrative: poor budget planning in preparing first year application; increase in insurance costs; and to a lesser degree staff raises/retention compensation. The Budget Narrative also includes a description of \$110,000 grant received from Carle Foundation Hospital to support outreach, enrollment, and advocacy work. Of the \$110,000 grant, the agency has allocated \$3,000 to support the CHW Outreach and Benefit Enrollment program.*

**Expenses:** Personnel related costs of \$70,490 are the primary expense charged to CCMHB at 90% of \$77,960. Other expenses are: Professional Fees/Consultants \$2,000 (3%); Consumables \$320 (0%); General Operating \$2,100 (3%). Occupancy \$700 (1%); Local Transportation \$400 (1%); Specific Assistance \$200 (0%); and Lease/Rental \$1,750 (2%).

**Staff Comments:**

- *100% of personnel related expenses for the program are charged to CCMHB accounting for 90% of total expenses.*
- *Amount and percentages of other expense lines charged to the CCMHB vary line by line. Professional Fees expense pays program share of the financial audit, with \$2,000 allocated. Specific Assistance supports access to prescription drugs. Local Transportation is for staff travel including to Rantoul.*

**Total Agency Budget shows a SURPLUS of \$41,760 (Does not match amount on Justice application.)**

**Total Program Budget shows a SURPLUS of \$11**

**Total CCMHB Budget shows a BALANCED BUDGET**

**Program Staff - CCMHB Funds:** 0.10 FTE Indirect and 1.05 FTE Direct. Total CCMHB = 1.15 FTEs.

**Total Program Staff:** 0.10 FTE Indirect and 1.05 FTE Direct. Total Program = 1.15 FTEs.

**Staff Comment:**

- *Staffing pattern is supported with CCMHB funds. Staff time allocated to the program includes 25% of one fulltime Community Health Worker (CHW) and 30% of another fulltime CHW, plus 20% and 10% of two part-time CHWs. The Executive Director has 20% of their time listed as direct. However, 10% is to be direct, and 10% is to be charged as indirect. This will be corrected during contracting phase of allocation cycle. The 10% of the Executive Director's time supports crisis cases needing more intensive support.*
- *Indirect staff time allocated to the program is for the financial/communications manager.*

**CCMHB PY21 Priorities and Decision Support Criteria**

**Priority: Innovative Practices and Access to Behavioral Health Services:** *For the uninsured who have MI/SUD, assistance to enroll in benefit applications, primarily health insurance/Medicaid/Managed Care. Advocacy/case management is also an element of services provided on behalf of the client. Scope of services mirrors that of the CCHCC justice application but extends supports to the broader community.*

**Agency Cultural and Linguistic Competence Plan**

*Champaign County Health Care Consumers submitted a comprehensive CLC Plan that included the required benchmarks and utilized the National CLAS Standards. FY20 was the first year of funding from CCMHB, and CCHCC utilized the technical assistance and support of the CLC Coordinator to make actions in the CLC Plan more specific and measurable. Written information is available for clients in English and Spanish. Bilingual staff are available to provide support to clients. CCHCC will serve underrepresented/underserved populations through outreach events and supporting individuals who don't have access to healthcare through open enrollment. They partner with pharmacies to get prescriptions for people who cannot afford to purchase them. CCHCC completed the FY20 2<sup>nd</sup> Quarter CLC Report.*

## **Overarching Decision Support Criteria**

**Underserved Populations and Countywide Access:** *While program commits to conducting outreach in rural areas of the county, primary access points are within Champaign and Urbana and to a lesser extent Rantoul. Specific response addressing underserved/minority populations is not addressed but implied based on the target population description.*

**Inclusion and Anti-Stigma:** *Response links enrollment in benefit plans to increased access to healthcare, thereby reducing stigma. Commitment to warm hand-offs as part of the work CCHCC does in advocating for clients promotes dignity and respect. Inclusion, as interpreted here by CCHCC, is accomplished through targeted outreach.*

**Outcomes:** *Access and consumer outcomes are sufficient to measure impact of proposed services.*

**Coordinated System:** *Various providers may assist with benefit enrollment but are frequently limited to new incoming or established patients. CCHCC has working agreements in place with many of these healthcare and social service providers. Unique aspect of CCHCC services is the range of benefit assistance that can be provided beyond health insurance enrollment, conflict free case management/advocacy, and prescription assistance.*

**Budget and Program Connectedness:** *PY20 was the first year program applied for funding. For PY21, program request includes an increase of \$18,660. Budget Narrative explains reasons for requested increase. Staffing pattern includes various Community Health Workers whose time allocated to the program is charged to CCMHB. Budgeted expenses align with program services.*

**Approach/Methods/Innovation:** *Application provides an explanation of what a Community Health Worker is. Research demonstrating the value of enrolling an uninsured person in Medicaid or other insurance plan coverage is cited, as is the role of Community Health Workers in improving access and coordinating care leading to better health outcomes. Links to sources are provided.*

**Evidence of Collaboration:** *Written working agreements with various healthcare and social service providers align with the mission of CCHCC and scope of this proposal.*

**Staff Credentials:** *Work experience, training, and certifications of the Community Health Workers assigned to the program and for the agency are described. Assigned staff are bi-lingual.*

**Resource Leveraging:** *No. Agency requests an increase in CCMHB funding. Total program revenue declines; some other sources are either no longer available or not allocated to the program at the same level as PY20. Agency did allocate a small amount of funds from a new Carle Hospital grant to the program for PY21.*

**Other Pay Sources** There are currently no other payment sources for these services. These services, as provided by us, are not billable to health insurance. Our services are provided free of charge. **Client Fees No Sliding Scale No**

## **Process Considerations & Caveats**

**Contracting Considerations:** If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2021 contract:

- *Edit Utilization section targets and narrative.*
- *Revise Personnel form – allocation of indirect/direct time of Executive Director. This correction was attempted at the end of the application cycle and the system would not accept the change.*





**Agency: Champaign County Health Care Consumers**  
**Program: Justice Involved CHW Services & Benefits**

*Draft PY2021 Program Summary*

**PY2021 CCMHB Funding Request: \$75,140**      **PY2021 Total Program Budget: \$82,700**  
**Proposed Change in Funding - PY2020 to PY2021= 37.2%**  
**Current Year Funding (PY2020): \$54,775 (100% of request)**

**Focus of Application:** Co-Occurring and/or Multiple Conditions  
**Type of Contract:** Grant  
**Priority:** Behavioral Health Supports which Reduce Incarceration

**Services and People Served**

**Target Population:** Residents of Champaign County who are involved in the criminal justice system and who have mental illness and/or substance use disorders; individuals involved in Rosecrance Central IL services and/or referrals from the County Jail will be prioritized. We will also serve individuals in Champaign County, who have mental illness and/or substance use disorders, and are reentering the community following incarceration, are walk-ins, are self-referred, or are referred by other health care or mental health treatment providers in our community. CCHCC has been working with this target population for several years, through a subcontract with Rosecrance Central Illinois funded by the CCMHB. We have seen people’s lives stabilized and strengthened, and their health improved as a result of this work,

*Staff Comment:*

- *Program serves adults involved with the criminal justice system and who have a mental illness and/or substance use disorder (MI/SUD), particularly those in jail.*

**Scope, Location, and Frequency of Service(s):**

The Community Health Worker services to be provided include enrollment in health insurance and other public benefit programs, help with maintenance of those benefits, case management, and education and outreach. The specific activities and supports include:

- Enrollment in Medicaid health insurance (including Medicaid Managed Care) or private plans through the Marketplace under the Affordable Care Act (as well as Medicare programs for those who are eligible by virtue of age or disability status);
- Enrollment in hospital/clinic financial assistance programs, such as Carle’s Community Care Discount Program, and OSF’s Financial Assistance Program;
- Help with prescription drugs through our in-house Rx Fund program which covers the costs of co-pays and prescriptions for low-income individuals, and, where appropriate, enrollment in pharmaceutical assistance programs to help cover the costs of prescription medications;
- Enrollment in SNAP (food stamps);
- Enrollment in SafeLink phone program;
- Access to affordable dental care and vision care; and
- Additional case-management, including warm-referrals and advocacy services as needed to help clients access other benefits and social services.

CCHCC will provide one full-time equivalent Community Health Worker to provide these services to the target population. CCHCC will continue to deliver these services at multiple locations, including:

1. Champaign County Jail (all locations);
2. CCHCC office in downtown Champaign;
3. Rosecrance Central Illinois (all locations);
4. Rantoul’s Community Service Center of Northern Champaign County;
5. Daily Bread; and,

6. As needed, at other locations where RCI clients are served, including for special events.

*Staff Comments:*

- *The range of benefit assistance and access to other resources provided is explained in detail and includes access to in-house prescription assistance. Various access points are identified, but primary source of referrals is through the county jail.*
- *Staff time allocated to the program is 1.2 FTE with one Community Health Worker having 75% of their time allocated to the program. The other 25% is supported through the other CHW contract.*
- *From PY14 to PY19, Champaign County Health Care Consumers (CCHCC) delivered these services under a CCMHB funded subcontract with Rosecrance. In PY20, CCMHB contracted directly with CCHCC for the service.*

**Access to Services for Rural Residents:**

The majority of Champaign County’s justice involved individuals reside in Champaign-Urbana. County residents from these ten southern-most townships can be served through referrals from Rosecrance, the County Jail, and other health and social service providers. CCHCC will also conduct outreach directly to these townships to provide information about our services. We will focus on conducting outreach to the township offices, and also to various locations within the townships, including posting flyers at post offices, groceries, laundromats, etc. We will make every effort to serve rural residents who are in the County Jail while they are in the Jail. Otherwise, rural residents will be served in a number of different locations: our office in downtown Champaign, at other locations in C-U (including Rosecrance) if the resident is going to be in C-U for some other purpose, at Rantoul’s Community Service Center of Northern Champaign County, and if needed, in the specific community where the rural resident(s) reside.

**Access to Services for Members of Underserved or Underrepresented Minority Populations:**

We will engage and serve people at the Jail, and on referral from Rosecrance and other entities. By locating our staff in the Jail, we will be able to directly engage and serve the individuals there, most of whom are people from underserved and underrepresented minority populations. We will also contact individuals by phone, and we will provide easy-to-understand written information. We also establish connections and credibility through word of mouth, from individuals whom we have helped and who help direct others to us.

We take a public health approach to providing our Community Health Worker services – we aim to provide our services where the people in need of those services are. We will continue to serve individuals in the County Jail, where many people from underserved and underrepresented groups are, as a result of involvement with the criminal justice system. In addition, we will serve people at our office in downtown Champaign, which is centrally-located and near bus lines, as well as various community and county locations described in other sections of this Program Plan.

*Staff Comments:*

- *Primary access points for assisting clients are in Champaign and Urbana and to a lesser extent those times CCHCC staff are present at Community Service Center of Northern Champaign County in Rantoul. With the focus on criminal justice involved populations and direct access provided in the jail, services are accessible to the overrepresented minority populations in the criminal justice system.*

**Residency: Total Served in first half of PY2020 = 44**

<b>Champaign</b>	22 (50.0%)
<b>Urbana</b>	11 (25.0%)
<b>Rantoul</b>	4 (9.1%)
<b>Mahomet</b>	2 (4.5%)
<b>Other Champaign County</b>	5 (11.4%)

**Demographics: Total Served in first half of PY2020 =44**

<b>Age</b>	
Ages 19-59 -----	41 (93.2%)
Ages 60-75+ -----	1 (2.3%)
Not Available Qty -----	2 (4.5%)
<b>Race</b>	
White -----	20 (45.5%)
Black / AA -----	21 (47.7%)
Asian / PI -----	1 (2.3%)
Not Available Qty -----	2 (4.5%)

<b>Gender</b>	
Male -----	39 (88.6%)
Female -----	5 (11.4%)
<b>Ethnicity</b>	
Not of Hispanic or Latino/a Origin -----	22 (50.0%)
Not Available Qty -----	22 (50.0%)

## Program Performance Measures

**CONSUMER ACCESS:** Individuals eligible for this program are residents of Champaign County who have mental illness and/or substance use disorders and involvement with the criminal justice system. Clients are also eligible by virtue of referrals by Rosecrance and the County Jail receive priority. We will rely on direct referrals from Rosecrance and the County Jail, as well as other social and health service providers. The County Jail conducts screenings for mental health and substance use disorder of every individual booked into the jail. We will also accept referrals from other law enforcement entities in Champaign County, including CIT. Likewise, individuals who self-report as having justice involvement and mental health and/or substance use disorder needs will be served through this program. People learn about this program through Rosecrance staff (inside and outside the Jail), Jail staff, and through direct outreach by CCHCC's staff member inside the Jail. Also, all individuals incarcerated in the Jail receive user-friendly handouts from CCHCC to let them know about our services. Other healthcare and social service organizations make referrals as well. We will also conduct outreach and education to a variety of organizations, including Daily Bread, CU at Home, Township offices, etc.

**Of those seeking assistance or referred, 90% will receive services/support.**

**Within 2 days from referral, 90% of those referred will be assessed.**

**Within 1 day of assessment, 90% of those assessed will engage in services.**

**People will engage in services, on average, for Months or years.** Enrollment in public benefits must be done on an annual basis, and sometimes every six months.

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

**Staff Comments:**

- *Presence in the jail and existing relationships with referral sources as well as street outreach are key to reaching the target population.*
- *Length of engagement is tied to the need to reenroll in benefit programs on an annual basis. Unless an issue arises with coverage requiring advocacy or other need associated with accessing care, regular contact between enrollment periods would be limited.*
- *That data is collected on homelessness is an indication of the general population served by CCHCC.*

## CONSUMER OUTCOMES:

This program will serve approximately 100 to 125 unduplicated clients and will result in these clients gaining and maintaining health insurance, SNAP, and other benefits and services. As a result of gaining health insurance, clients will gain access to needed care and prescriptions, food, free phones, dental and vision care, hospital financial assistance, and other benefits and services. Each client, on average, typically requires assistance with two applications. We anticipate providing assistance with approximately 200 to 250 applications.

At intake, and throughout the process of working with the client, needs are identified and prioritized. Our Client Services Intake Form specifies the kinds of benefits and services the client needs. We track outcomes for each client, as we track enrollment in health insurance, SNAP, hospital financial assistance, and other benefits and services, so we know whether that need has been met.

**Outcome gathered from all participants? Yes. Anticipate 100 total participants for the year.**

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

**Is there a target or benchmark level for program services? Yes.** The main target for program services is health insurance enrollment. Health insurance enrollment is verifiable. We can look up a person's health insurance status in the state's "Medi" system. Likewise, we can look up SNAP status as well. Enrollment in public benefits is easily verifiable.

**Estimated level of change for this outcome is:** The level of change is insured status from uninsured, and/or enrollment or re-enrollment in a Medicaid Managed Care plan. We estimate this change in 90% of clients served through this program.

**Staff Comments:**

- Outcome measure is tied directly to successful completion of a given benefit application.
- Means for verifying enrollment in health insurance/Medicaid/Managed Care is identified.
- Target of 90% of clients completing enrollment.

**UTILIZATION:**

**Treatment Plan Clients (TPCs):** 110 - those who require more than one contact and who may have case management needs. For the purposes of this program, this is majority of the clients who will be served.

**Non-Treatment Plan Clients (NTPCs):** 25 - those who need a low-intensity of service, perhaps they simply need one contact and it is to get some information, guidance, or direction. Or they might be established clients who meet program criteria, but are very self-sufficient (anticipate approximately 12-20 such clients.)

**Service Contacts (SCs):** 200 - anticipate approximately 350 service contacts as a result of serving approximately 100 clients in FY2020 through this program. Clients frequently require assistance with enrollment in more than one program, and some programs, like Medicaid and Medicaid Managed Care require redeterminations and help choosing appropriate plans. Clients also frequently receive mail from DHS that is confusing to them, and they bring us this mail or call us about it in order to get help understanding it and complying with requirements.

**Community Service Events (CSEs):** 12 - We anticipate providing approximately 6 to 8 CSEs through public presentations, presentations at adult education programs, meetings between agencies where we provide education and referral information, earned media from articles and interviews, and through distribution of informational materials.

**Other:** 15 - pertain to our Rx Fund, which helps cover costs of medications for our clients. We track clients and the number of prescriptions covered, and the cost for the prescriptions per client. Many clients, even with Medicaid or Medicaid Managed Care, cannot afford the costs of co-pays. Also, when clients' Medicaid enrollment lapses or they are dropped, they need help covering the full cost of medications until they are successfully re-enrolled in Medicaid.

Pharmacies require payment at the time of service, unlike health care providers who can provide services and then back-bill Medicaid for services provided in the 90 day "look back period" prior to when Medicaid enrollment was established.

**Staff Comments:**

- Level of engagement with client determines whether they are a TPC or NTPC. "Screening contacts" tracks contacts with clients required to complete enrollment, other benefit assistance, or advocacy. "Other" category is tied to prescription assistance benefit program managed by the agency.
- Targets for PY21 are adjusted based on past performance.
- Established clients would be reported as continuing clients in the first quarter. Such clients represent a subset of total TPCs or NTPCs. Clarification on these points and discrepancies between target and narrative statements, such as for service contacts, would be corrected during the contracting phase.

**PY2021 Annual Target (per Utilization Form)**

	TPC	NTPC	SC	CSE	OTHER
Annual Target	110	25	200	12	15

**PY2020 First two quarters (per submitted Service Activity Reports)**

	TPC	NTPC	SC	CSE	OTHER
First Quarter	20	2	45	4	2
Second Quarter	19	3	40	4	1
Annual Target	140	20	350	6	30

**Financial Analysis**

**PY2021 CCMHB Funding Request:** \$75,140      **PY2021 Total Program Budget:** \$82,700

**Proposed Change in Funding - PY2020 to PY2021=** 37.2%

**Current Year Funding (PY2020):** \$54,775 (100% of request)

**CCMHB request is for 91% of total program revenue.** Other sources are: Contributions - various = \$4,160 (5%); Grants - Carle = \$1,400 (2%); and Grants - Urbana = \$2,000 (2%).

**Staff Comments:**

- *PY21 would be the second year program receives funding directly from the CCMHB. Program requests a 37% increase of \$20,365 over PY20 award. Total program revenue declines from PY20 to PY21, increasing CCMHB share of total program revenue from 57% to 91%.*
- *For years prior to the PY20 award, the programs' services to the justice-involved population were supported with CCMHB funds through a subcontract between Rosecrance and CCHCC. In PY19 the subcontract was \$51,480.*
- *Explanation of requested \$20,365 increase from CCMHB is provided in the Budget Narrative: poor budget planning in preparing first year application; increase in insurance costs; and to a lesser degree staff raises/retention compensation. The Budget Narrative also includes a description of \$110,000 grant received from Carle Foundation Hospital to support outreach, enrollment, and advocacy work. Of the \$110,000 grant, the agency has allocated \$1,400 to support the Justice Involved CHW Services and Benefit program.*

**Expenses:** Personnel related costs of \$72,013 are the primary expense charged to CCMHB at 96% of \$75,140. Other expenses are: Professional Fees/Consultants \$1,300 (2%); Consumables \$150 (>1%); General Operating \$207 (>1%); Occupancy \$220 (>1%); Specific Assistance \$50 (>1%); Lease/Rental \$1,200 (2%).

**Staff Comments:**

- *100% of personnel related expenses for the program are charged to CCMHB, accounting for 96% of total expenses paid.*
- *Amount and percentages of other expense lines charged to the CCMHB vary line by line. Professional Fees expense pays program share of the financial audit, with \$1,300 allocated. Specific Assistance supports access to prescription drugs.*

**Total Agency Budget shows a SURPLUS of \$41,761 (Does not match amount on CHW application.)**

**Total Program Budget shows a SURPLUS of \$67**

**Total CCMHB Budget shows a BALANCED BUDGET**

**Program Staff - CCMHB Funds:** 0.10 FTE Indirect and 1.25 FTE Direct. Total CCMHB = 1.35 FTEs.

**Total Program Staff:** 0.10 FTE Indirect and 1.25 FTE Direct. Total Program = 1.35 FTEs.

**Staff Comments:**

- *Staffing pattern is supported with CCMHB funds. Staff time allocated to the program include 75% of one fulltime Community Health Worker (CHW) and 20% of another fulltime CHW, plus 10% and 5% of two part-time CHWs. The Executive Director has 15% of their time listed as direct. However, 10% is to be direct, and 5% is to be charged as indirect. This will be corrected during contracting phase of allocation cycle. The 10% of the Executive Director's time supports crisis cases needing more intensive support.*
- *Indirect staff time allocated to the program is for the financial/communications manager.*

## **CCMHB PY20 Priorities and Decision Support Criteria**

**Priority: Behavioral Health Supports which Reduce Incarceration:** *Program provides assistance with enrolling in benefit applications, primarily health insurance/Medicaid/Managed Care, to adults with MI/SUD involved with the criminal justice system. Advocacy/case management is also an element of services. From PY14 through PY19, this service was part of applications submitted by Rosecrance and funded as a subcontract. Scope of services mirrors that of the CCHCC CHW Outreach and Benefits application but targets those involved with the criminal justice system.*

### **Agency Cultural and Linguistic Competence**

*Champaign County Health Care Consumers submitted a comprehensive CLC Plan that included the required benchmarks and utilized the National CLAS Standards. FY20 was the first year of funding from CCMHB, and CCHCC utilized the technical assistance and support of the CLC Coordinator to make actions in the CLC Plan more specific and measurable. There is written information available for clients in English and Spanish. Bilingual staff provide support to the clients served. CCHCC will serve underrepresented/underserved populations through outreach events and supporting*

individuals who don't have access to healthcare through the open enrollment process. They partner with pharmacies to get prescriptions for people who cannot afford to purchase them. CCHCC completed the FY20 2<sup>nd</sup> Quarter CLC Report.

## Overarching Decision Support Criteria

**Underserved Populations and Countywide Access:** While program commits to conducting outreach in rural areas of the county, primary access points are within Champaign and Urbana, particularly the county jail. Limited presence in Rantoul does expand access to northern Champaign County. Due to the focus on serving adults involved with the criminal justice system and the overrepresentation of minority populations within that system, the program does address needs of underserved populations.

**Inclusion and Anti-Stigma:** Response links enrollment in benefit plans to increased access to healthcare thereby reducing stigma. Commitment to warm hand-offs, as part of the work CCHCC does in advocating for clients, promotes dignity and respect. Inclusion, as interpreted here by CCHCC, is accomplished by serving a marginalized population.

**Outcomes:** Access and consumer outcomes are sufficient to measure the impact of proposed services.

**Coordinated System:** Various providers may assist with benefit enrollment but frequently limited to new incoming or established patients. CCHCC has working agreements in place with many of these healthcare providers. Unique aspects of CCHCC services are the presence in the jail and breadth of benefit assistance that can be provided beyond health insurance enrollment.

**Budget and Program Connectedness:** PY20 was the first year the program applied directly to CCMHB for funding. Prior to that, services were supported with CCMHB funds through a subcontract between Rosecrance and CCHCC, starting in PY14. For PY21, program request includes an increase of \$18,660. Budget Narrative explains reasons for the requested increase. Staffing pattern includes various Community Health Workers whose time allocated to the program is charged to CCMHB. Budgeted expenses align with program services.

**Approach/Methods/Innovation:** Research demonstrating the value of enrolling an uninsured person in Medicaid or other insurance plan coverage is cited, including specific reference to enrolling the uninsured in jails. Links to sources are provided. Participation in local initiatives and coordination with other providers is also mentioned, as is the progress achieved in Champaign County leading to the county's designation as a national Stepping Up Innovator County.

**Evidence of Collaboration:** Written agreements with various service providers and criminal justice partners align with the mission of CCHCC and in specific cases, the scope of this proposal. Omitted is a relationship with Rantoul providers.

**Staff Credentials:** Work experience, training, and certifications of primary Community Health Worker assigned to the program, and for the agency, are described. The lead staff member has been providing these services since the first year of the subcontract, PY14, and is also bi-lingual.

**Resource Leveraging:** No. Agency requests an increase in CCMHB funding. Total program revenue declines; some other sources are either no longer available or not allocated to the program at the same level as PY20. Agency did allocate a small amount of funds from a new Carle Hospital grant to the program for PY21.

**Other Pay Sources** There are currently no other payment sources for these services. These services, as provided by us, are not billable to health insurance. Services are provided free of charge to the clients. **Client Fees: No Sliding Scale: No**

## Process Considerations & Caveats

### Contracting Considerations

If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2021 contract:

- Edit Utilization section targets and narrative.
- Revise Personnel form – allocation of indirect/direct time of Executive Director. This correction was attempted at the end of the application cycle and the system would not accept the change.



CHAMPAIGN COUNTY  
DEVELOPMENTAL  
DISABILITIES BOARD  
CHAMPAIGN COUNTY  
MENTAL HEALTH BOARD

Mental Health Board

## Agency: Courage Connection Program: Courage Connection

*Draft PY2021 Program Summary*

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PY2021 CCMHB Funding Request: \$127,000    PY2021 Total Program Budget: \$1,444,367  
Proposed Change in Funding - PY2020 to PY2021 = 1.4%  
Current Year Funding (PY2020): \$125,268 (original award was \$127,000, adjusted due to staff vacancy)

Focus of Application: Mental Health  
Type of Contract: Grant  
Priority: System of Care for Children, Youth, and Families

### Services and People Served

**Target Population:** The target populations for this program are victims of domestic violence and their children. Courage Connection serves domestic violence survivors in Champaign, Douglas, Ford, and Piatt counties with priority given to residents of Champaign County. Many of these individuals, as a result of fleeing the abuse, are also homeless. Victims are defined by the Illinois Domestic Violence Act as: any person abused by a family member or household member; any high-risk adult with disabilities who is abused, neglected, or exploited by a family or household member; any minor child or dependent adult in the care of such person; and any person residing or employed at a private home or public shelter which is housing an abused family or household member (750 ILCS 60/201). The only eligibility criterion for emergency shelter is that individuals are fleeing domestic violence. All other services are available to victims of domestic violence; this information is self-reported at intake. Instances of domestic violence are pervasive; the Champaign, Urbana, and Rantoul Police Departments report that domestic violence is their most frequent call. The Champaign Police Department averages about 1500 calls per year in the last three years. This number represents only the domestic violence that is reported.

**Staff Comments:**

- Section clearly states population to be served. Victims of domestic violence and their children are eligible for services. Victim is defined by state statute, cited.
- Supporting the need for services is reference to local crime statistics on Population served. Agency serves a four county area although Champaign County residents are said to receive priority.

**Scope, Location, and Frequency of Service(s):**

- Information, referral, safety planning, and crisis intervention through a 24-hour domestic violence hotline
- Emergency Shelter for victims fleeing a domestic violence situation
- Transitional Housing for domestic violence survivors and their children
- Individual and family domestic violence counseling and therapy
- Advocacy-based support services
- Community education and engagement
- State-mandated cosmetology/nail-technician DV training
- Legal Advocacy
- Children's Programming
- Support Groups (Domestic Violence Education Groups, Parenting Groups, Economic Empowerment Groups, Friends & Family Support Group, and others)

Courage Connection serves Champaign, Douglas, Piatt, and Ford Counties, with priority given to those living in Champaign County. Demographic information is gathered during the intake assessment, which is completed with all clients who receive services through Courage Connection. All client information is entered into the state-wide victim service provider database, InfoNet. CCMHB funds a portion of all of the above services, as they are interconnected and designed to be flexible so they can be shaped to fit the unique needs of each client. Clients complete a service plan to

identify goals they want to achieve while receiving our services. This is done in accordance with Courage Connection's primary function of providing services that empower clients to regain control of their lives and live independently of abuse. Location / Frequency: Courage Connection carries out its services and programming at one of our transitional housing locations, the emergency shelter, or the "Connections" store (job skills and retail employment training). The 24/7 hotline is available at all times to any person who is affected by domestic violence. Emergency shelter is offered to any person fleeing domestic violence. Transitional housing is offered as needed and based on availability. Counseling, therapy, and advocacy services are available depending on the needs of the client; this can vary significantly, from multiple times per week to twice a month or less.

*Staff Comments:*

- *Scope of services is essentially the same as PY20. Changes include adding state mandated DV training for cosmetologists, conducting community education, and dropping retail service training through the now closed Connections store. The reference to the Connections store is outdated. CCMHB supports to some degree all services offered; CCMHB funded staff would place an emphasis on mental health services, case management, and advocacy which includes court advocacy although such advocates are part of total program staff.*
- *A brief statement is included on the Authorization/Cover form on the period of transition recently experienced by Courage Connection. Reference is made to increasing coordination and access to mental health for clients. The statement is worth reading.*

**Access to Services for Rural Residents:**

A Rural Court Advocate provides services to rural clients such as legal advocacy, accompaniment of clients to court hearings, and referral of clients to appropriate agencies for necessary services. Counseling services are available at our satellite Rantoul location. The creation of a specialized rural advocate position is part of our agency's effort to prioritize inclusion and access to our services for rural clients. The position reflects our commitment to ensure that we are actively reaching out to engage rural areas in order to improve the quality of services related to domestic violence that are offered in those communities. Our 24/7 domestic violence hotline is also available, which can include safety planning, crisis intervention, and information/referrals. We provide taxis and bus service for victims fleeing a domestic violence situation to our shelter. Staff distribute brochures and agency information to sister agencies and community groups in rural areas that we support. A Rural Court Advocate provides on-site services for rural residents in Champaign, Douglas, Ford, and Piatt counties via on-site court house assistance or through our Rantoul satellite location. Referrals for all our services are also available through this advocate, and our counseling services are also provided at the Rantoul site.

**Access to Services for Members of Underserved or Underrepresented Minority Populations:**

Our primary efforts in this area are our Rural Court Advocate and Bi-Lingual Advocate positions; they provide emotional support and education to domestic violence victims who are rural residents or Spanish speakers, respectively. These programs actively seek ways to address the barriers that rural and Spanish-speaking victims face in seeking support, while working to increase access to services and facilitate empowerment of individuals to live independently and free from abuse. Language can be a barrier to receiving services because of the inability of an agency to communicate in the client's native language, while location can also prevent access due to lack of presence of service agencies in rural areas. These advocates provide OP information, assistance, support, or translation in the courthouse, as well as one on one case management, advocacy, and life skills training. They provide assistance to victims who are Spanish-speaking immigrants and/or having issues with legal status, often offering referrals to other community partners. The program includes focused support groups where victims who are Spanish speakers can meet with one another. There is significant community outreach; advocates work to inform law enforcement, judges, and communities about Courage Connection's services to encourage referrals in/from these underserved areas. The Rural Court Advocate travels extensively to rural communities in the Champaign, Douglas, Ford, and Piatt counties to meet with clients via court house visits or in our Rantoul satellite location. Assistance with OPs, translation, or support in other court-related proceedings is carried out at county courthouses. The Bi-Lingual Advocate offers case-management services, advocacy, and other support services at our emergency shelter or transitional housing location. Advocates work with flexibility to accommodate the needs of clients, often meeting where is most convenient for the client and at their request.

*Staff Comments:*

- *Statements are consistent with PY20 application. Rural residents may access services through different means. Program indicates a presence in Rantoul for both court advocacy and counseling, although how often staff are present is not indicated, and some services may have since been discontinued or curtailed. DV hotline operates 24/7. Transportation to shelter is offered.*



- *Outreach and engagement with criminal justice system partners is also mentioned.*
- *Underrepresented populations specifically addressed in the response are services to Spanish-speaking victims and continued discussion of services targeted to rural areas. While the information on Spanish-speaking victims is helpful, that the narrative does not address other underrepresented/underserved populations is a weakness and should be corrected.*

**Residency:** Total Served in PY2019 = 590 and in first half of PY2020 = 376

<b>Champaign</b>	282 (47.8%) for PY19	168 (44.7%) for PY20
<b>Urbana</b>	174 (29.5%) for PY19	129 (34.3%) for PY20
<b>Rantoul</b>	53 (9.0%) for PY19	32 (8.5%) for PY20
<b>Mahomet</b>	19 (3.2%) for PY19	15 (4.0%) for PY20
<b>Other Champaign County</b>	62 (10.5%) for PY19	32 (8.5%) for PY20

**Demographics:** Total Served in PY2019 = 590

<b>Age</b>	
Ages 0-6 -----	108 (18.3%)
Ages 7-12 -----	45 (7.6%)
Ages 13-18 -----	17 (2.9%)
Ages 19-59 -----	405 (68.6%)
Ages 60-75+ -----	15 (2.5%)
<b>Race</b>	
White -----	268 (45.4%)
Black / AA -----	217 (36.8%)
Asian / PI -----	11 (1.9%)
Other (incl. Native American and Bi-racial) -	94 (15.9%)
<b>Gender</b>	
Male -----	86 (14.6%)
Female -----	504 (85.4%)
<b>Ethnicity</b>	
Of Hispanic or Latino/a origin -----	78 (13.2%)
Not of Hispanic or Latino/a Origin -----	512 (86.8%)

## Program Performance Measures

### CONSUMER ACCESS:

Any person who is a victim of domestic violence or fleeing from domestic violence is eligible for our services. Others who are impacted by domestic violence (such as family members) may be eligible. Services do not have a maximum length, with the exception of residential services. Emergency shelter is a maximum of 45 days, and transitional shelter is a maximum of one year. There is the ability to extend to ensure discharge to a safe location. There are no limits to how often an individual or family can utilize either shelter. Eligibility is based upon self-report of domestic violence, as required by best practice and the accreditation from the Illinois Coalition Against Domestic Violence (ICADV). Individuals who are interested in accessing services do so through walk-in or by contacting our 24/7 domestic violence hotline. Through our hotline they have access to on-staff multi-lingual Domestic Violence-trained employees, interpretation services, and can receive/make calls through services for the hard-of-hearing. Some clients are referred by one of our partner organizations in the Champaign community. Our agency conducts a number of community education service events in an effort to increase understanding about domestic violence and possible responses. These include professional trainings, public trainings with community organizations, reaching out to law enforcement and judges, and presentations in schools.

**Of those seeking assistance or referred, 100% will receive services/support.**

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

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

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

**Additional Demographic Data:** Languages Spoken, to ensure translation can be provided or a multi-lingual client advocate can be assigned when necessary. Veteran Status, Sexual Orientation, Noncash Benefits/Health Insurance,

physical/mental health needs, and any other unique needs. Pregnancy Status is requested during intakes so that safety and comprehensive care can be provided. Client and service data are entered on a daily basis into InfoNet and are reviewed quarterly by IDHS and ICADV. To the degree possible, measurement will be reported on Champaign County residents only. Champaign County accounts for approximately 90% of clients served.

*Staff Comments:*

- *Outreach, referral, access and eligibility for services are all covered. Maximum of length of stay for residential services is identified. Immediate access is available through 24-hour hotline. 100% of referred clients are immediately assessed and 95% immediately engage.*
- *Program references ICADV accreditation standards for setting eligibility.*

**CONSUMER OUTCOMES:**

For ensuring survivors achieve an improved sense of safety and self-empowerment, we will measure the degree to which residential clients discharge into improved, safer environments. Based on exit data, we will measure "Reason for Leaving", using the categories "Completed program", "Left for housing opportunity before completing program", and "Needs could not be met by project" as positive indicators of an improved, safer environment. Anticipating 200 clients, with some duplication, we expect at least 160 exits (80%) will meet this goal.

We will also measure a survivor's skills and confidence to move to a more positive situation (or a more rapid removal from a dangerous one) by asking clients to report improvements following service provision in their understanding of items such as understanding of safety planning, community resources, legal rights, the effects of abuse, and sense of safety and knowledge that abuse is not their fault. This survey covers all programs within the agency, and we expect 90% of responses to positive. While we attempt to survey every client upon termination of services, due to InfoNet restrictions on recording more than one survey per client ever, the base number of surveyed clients is lower, approximately 100. (90% of 100 = 90).

To measure residential discharge location, we use the exit discharge form, established by InfoNet. This is completed by staff present at exit in collaboration with the client. (When the client leaves without notice, the form is completed to the best of our ability; the outcome here typically will not fall within the "positive" definition, as we cannot confirm the accuracy of the destination.) Anticipating 200 clients, with some duplication, we expect at least 160 exits (80%) will meet this goal.

To measure a survivor's skills and confidence to move to a more positive situation (or a more rapid removal from a dangerous one), we use survey responses generated by IDHS and the Illinois Coalition Against Domestic Violence (ICADV) as recorded in InfoNet. Survey questions asked are in accordance with IDHS and ICADV standards, and vary slightly depending on the service. Primary-serving staff administer the survey, which is completed by the client. While we attempt to survey every client upon termination of services, due to InfoNet restrictions on recording more than one survey per client ever, the base number of surveyed clients is lower, approximately 100. (90% of 100 = 90).

Our public education goals and outcomes will be accounted for under the Utilization/Production Report.

**Outcome gathered from all participants? Yes Anticipate 1,000 total participants for the year.**

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

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

**Estimated level of change for this outcome is:** The primary goal of our services is increased safety as it is self-defined by the client. This can be measured by # of OPs granted or departures to "positive" locations for clients. However, returning autonomy and control to victims who have had it systemically removed is the ultimate goal and only effective and ethical way to re-empower victims.

*Staff Comments:*

- *The section is not formatted according to instructions but does contain the basic elements requested. Two sets of outcomes are identified, accompanied by performance measure target and evaluation tools and methods. No benchmarks are indicated for either outcome.*
- *One outcome focuses on the question of clients discharging to a safer environment. The other outcome is tied to survivor's improved skills.*

**UTILIZATION:**

**Treatment Plan Clients (TPCs): 425** - A residential client who has opened a new case in the quarter and has been in shelter for at least 3 days, or a non-residential client who has opened a new case in the quarter and has received at least 3 services in the quarter. "New" means the client has not been previously engaged as a client in the operating FY.

In FY20, we will maintain our FY19 target number at 350. We anticipate 200 will receive services from our Therapist and/or Counselors. A client can receive residential and non-residential (e.g. counseling) services simultaneously, but only counted once in the total.

**Non-Treatment Plan Clients (NTPCs):** 110 A residential client who has opened a new case in the operating quarter and has been in shelter for less than 3 days in the operating quarter \*and\* had less than 3 non-residential services during the operating quarter, or a non-residential client who has opened a new case in the operating quarter and received less than 3 services in the quarter. "New" means the client has not been previously engaged in the operating FY. In FY19, our target number is 100, and two quarters in we have served 51. In FY20, we will maintain our target number at 100.

**Service Contacts (SCs):** 600 The number of phone contacts received via our 24/7 domestic violence hotline, or calls initiated/returned in response to a referral, that do NOT involve a current or former client. In FY19, our target number was 600, and two quarters in we have served 303. In FY20, we will maintain our target number at 600. To the degree possible, measurement will be reported on Champaign County residents only. Champaign County residents account for approximately 90% of all clients served.

**Community Service Events (CSEs):** 150 contacts that promote the program and serve to inform the public about domestic violence, including public presentations, consultations with community groups and/or caregivers, and school class presentations, as well as any media in which our staff engage for the same purpose. In FY19, our target number was 150, and two quarters in we have served 87. In FY20, we will maintain our target number at 150.

**Other:** 0 NOTE: In relation to Service Contacts, the category would include all InfoNet categories under "Hotline Information" except "Hotline - has client ID" and "Hotline - Information & Referral (not a DV victim)". While this measurement could preclude counting a client who had an ID from services more than a year ago (and thus otherwise would be counted as "new"), it is presumed that most calls in this category are from TPC and those that are not are either soon to become TPCs or are too brief to justify the duplication risk in counting this category.

**Staff Comments:**

- Section was not updated from PY20. Program uses state InfoNet system to track utilization.
- There are limitations to how data can be retrieved in relation to CCMHB service categories, explained in the note following the Other category. This is partly responsible for how TPCs and NTPCs will be tracked. The target for TPCs and NTPCs includes continuing as well as new clients, but the accompanying narrative only speaks to the subset of new clients. Targets for all categories but CSEs appear low when compared to past performance.

**PY2021 Annual Target (per Utilization Form)**

	TPC	NTPC	SC	CSE
Annual Target	425	110	600	150

**PY2020 First two quarters (per submitted Service Activity Reports)**

	TPC	NTPC	SC	CSE
First Quarter	145	43	190	26
Second Quarter	140	48	327	49
Annual Target	425	110	600	150

**PY2019 all four quarters (per submitted Service Activity Reports)**

	TPC	NTPC	SC	CSE
First Quarter	167	34	167	40
Second Quarter	68	17	136	47
Third Quarter	70	20	150	30
Fourth Quarter	175	39	186	34
Annual Target	425	115	600	150

**Financial Analysis**

**PY2021 CCMHB Funding Request:** \$127,000      **PY2021 Total Program Budget:** \$1,444,367

**Proposed Change in Funding - PY2020 to PY2021 = 1.4%**

**Current Year Funding (PY2020):** \$125,268 (original award was \$127,000, adjusted due to staff vacancy)

PY2019 request and award were for \$127,000. PY2018 request and award were for \$66,948.

**CCMHB request is for 9% of total program revenue.**

Other sources are: United Way \$85,000 (6%); Grants - VAWA LEP \$17,433 (1%); Grants - IDHS DV \$451,976 (31%); Grants - VOCA \$673,810 (47%); Grants - VOCA LEP \$36,520 (3%); and Grants - HUD \$51,128 (4%).

*Staff Comment:*

- *CCMHB percentage of total program revenue is essentially the same as in PY20.*
- *CCMHB funding will be used to meet match requirements of the two largest grants, IDHS DV and ICADV VOCA. Budget Narrative references use of CCMHB funds as match.*

**Expenses:** Personnel related costs of \$127,000 are the only expense charged to CCMHB at 100% of \$127,000.

**Total Agency Budget shows a SURPLUS of \$67**

**Total Program Budget shows a SURPLUS of \$228,751**

**Total CCMHB Budget shows a BALANCED BUDGET**

*Staff Comment: Why is this funding needed if the program has a surplus of \$228,751?*

**Program Staff - CCMHB Funds:** 0.45 FTE Indirect and 2.68 FTE Direct. Total CCMHB = 3.13 FTEs.

**Total Program Staff:** 3.63 FTE Indirect and 19.40 FTE Direct. Total Program = 23.03 FTEs.

*Staff Comment:*

- *Staffing pattern supported with CCMHB funds includes: about half of the fulltime therapist (.48 FTE), 30% each of two fulltime counselors, and 20% each of eight client advocates – five fulltime and three part-time (.8 FTE). One of the counselor positions was vacant at time of application. Indirect staff costs include portions of executive director, financial manager, and program assistant, with majority allocated to the financial manager position.*

## **CCMHB PY21 Priorities and Decision Support Criteria**

**Priority: System of Care for Children, Youth, Families:** *Program provides range of services and supports to victims of domestic violence. CCMHB funds support client advocates, counselors, and a therapist position.*

### **Agency Cultural and Linguistic Competence Plan**

*Courage Connection submitted a comprehensive CLC Plan for FY21. The National CLAS Standards were utilized to plan action steps to promote cultural and linguistic competence agency-wide. Courage Connections provides their primary documents in English and Spanish to the clients who are served. In addition, they maintain translation and interpretation tools, including relationships with volunteer-based East Central Illinois Refugee Mutual Assistance Center and paid professional services. Annual training is provided for all staff and leadership through a practice of cultural humility by incorporating the value of cultural competence in discussions, meeting agendas, and practices. Courage Connection submitted their 2<sup>nd</sup> Quarter CLC reports for FY20.*

### **Overarching Decision Support Criteria**

**Underserved Populations and Countywide Access:** *Program serves victims of domestic violence. Countywide access is limited to 24/7 hotline. Primary access points are in Champaign, Urbana, and Rantoul. Underserved population addressed in application focuses on services to Spanish-speaking population.*

**Inclusion and Anti-Stigma:** *Program activity includes community education on domestic violence in an effort to reduce stigma and raise awareness.*

**Outcomes:** *Access and consumer outcomes are sufficient to measure impact of proposed services. Utilization needs some updating and corrections.*

**Coordinated System:** *Courage Connection is the only provider certified by the state to assist victims of domestic violence. Provider does work with other social service agencies to meet needs of victim/family. Courage Connection is pursuing state certification to provide DV training of cosmetologists.*

**Budget and Program Connectedness:** *100% of CCMHB funds are allocated to personnel expenses. Staff supported are key to meeting health needs of clients, particularly the therapist, and coordination of care. Budget narrative includes concise descriptions of revenue stream, personnel, and statement on use of CCMHB funds as match.*

**Approach/Methods/Innovation:** *Provider references use of Eye Movement Desensitization and Reprocessing (EMDR) in therapy, explains its origins, and the three step approach using it in therapy. References are cited and a link provided for*

more information. The therapist is trained in the use of this model.

**Evidence of Collaboration:** Section has not been updated from PY20 application. The response only refers to having a written agreement with one other provider and working toward completing another. Collaboration with other providers is mentioned. Omitted is that the agency has started to attend bi-monthly Crisis Intervention Team (CIT) Steering Committee meetings. This is an important development that should have been included.

**Staff Credentials:** Qualifications for the client advocates, counselors, and therapist are listed. Section goes on to note certifications/licensing and specialized training of the counselors and particularly the therapist.

**Resource Leveraging:** Yes. CCMHB funds account for 9% of total program budget and are used as match for at least two other substantial contracts. **Other Pay Sources** N/A **Client Fees** No **Sliding Scale** No

## Process Considerations & Caveats

**Contracting Considerations:** If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2021 contract:

- Remove reference to Connections store from Location/Frequency section of program plan narrative.
- Revise underrepresented/underserved population response.
- Correct/edit Utilization section.
- Require program track, and include in quarterly report narrative section, an accounting of clients engaged in therapy and then those engaged in counseling.
- A two-year term would be appropriate for this contract.



**Agency: Cunningham Children's Home**  
**Program: ECHO Housing and Employment Support**

*Draft PY2021 Program Summary*

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PY2021 CCMHB Funding Request: \$101,604      PY2021 Total Program Budget: \$101,604  
Proposed Change in Funding - PY2020 to PY2021 = 6.1%  
Current Year (PY2020) Request and Award: \$95,773. PY2019 request/award = \$90,000.

**Focus of Application:** Mental Health

**Type of Contract:** Grant

**Allocation Priority:** Innovative Practices and Access to Behavioral Health Services

## Services and People Served

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

**Staff Comments:**

- *Population to be served is clearly stated along with possible mitigating circumstances. It includes adults and families who are homeless or at risk of homelessness. Young adults with a prior history with the Provider may also be served.*
- *General overview of referral sources and process is described. Some clients may, due to the severity of presenting conditions, be referred as necessary to other providers, e.g. inpatient substance use disorder treatment, but will be determined on a case by case basis during intake.*

**Scope, Location, and Frequency of Service(s):**

- Housing linkages through partnerships with local landlords offering affordable housing. Housing assistance includes help with subsidy/voucher applications, apartment seeking, navigating lease arrangements, household set up, and mediating housing conflicts.
  - Employment supports including career assessment, resume development, job and life skills, coaching, counseling, and linkage to occupational training. For clients who may be eligible, ECHO will access vocational programming for participants who would benefit from a subsidized job placement and more intensive on-the-job coaching.
  - Participants potentially eligible for social security receive application support.
  - A holistic approach to supportive services by resolving any barriers to housing and employment stability (e.g., basic needs, child care, legal issues, documentation needs, physical health, substance abuse and mental health).
- One full time case manager will provide assessment, planning, skill development, and resource connections. Supervisory staff will be available as back up when assigned staff are unavailable (e.g., crisis situations, vacations, medical leave). Flexible funds are available for expenses that often accompany a new job or move (e.g., interview clothing, uniforms, apartment application fees, basic hygiene, household items) or to provide engagement incentives. For additional assistance related to rental deposits, utilities in arrears, or furniture, we leverage community partnerships as available (e.g., churches, RPC, townships).

**Location / Frequency:** Services are provided in-home, in-community or in-office with the majority of services being provided in community settings. While ECHO has a general framework for service frequency (described later), participants receive services at a frequency and duration negotiated with each participant based on their individual needs. To aid in retention, participants receive at least monthly contact after stable housing and employment are secured. Participants receive a follow up contact one year post-discharge to assure housing and employment retention. Individuals possessing a housing voucher require on-going case management services and remain in program for an indeterminate length of time.

**Staff Comments:**

- *Services include case management and employment and housing supports. Services leverage existing relationships with landlords and employers developed through the agency's work with transition age young adults. Assistance with applying for social security disability or supplemental income may be provided. Specific examples of types of housing and employment supports are listed.*
- *Services may be office-based but primarily occur in natural settings.*
- *Length of engagement involves regular contact through placement in housing and employment and for 90 days thereafter, followed by monthly contact for one year, and then contact one year post discharge. Clients placed in housing through a permanent supportive housing voucher will continue to receive case management to maintain eligibility for the voucher, per federal match requirements.*

**Access to Services for Rural Residents:**

ECHO works with individual program participants to identify their social support needs and capitalizes on existing supportive relationships, when possible. As such, we assist participants in developing housing and employment in any community throughout Champaign County. Specific community service event efforts will be made to engage and serve residents outside of Champaign, Urbana, and Savoy in order to ensure that individuals in historically underserved townships have access to services. This will include coordinating events with the Community Service Center of Northern Champaign County and townships other than our current partnerships with Champaign and Cunningham Townships. In this next grant cycle, we will begin reaching out to local authorities, schools and/or community resource providers, as available, in these more rural communities. Access to service will be individualized based on the individual's and/or family's needs and geographic location. The target population can be transient, so it is expected that efforts will include active location of identified individuals and families throughout Champaign County in order to engage and maintain services. As outreach and engagement is critical to individuals and families accessing this service, it is expected that the majority of services will be in community settings, including formal or informal temporary housing arrangements and on the "street" engagement efforts throughout Champaign County.

**Access to Services for Members of Underserved or Underrepresented Minority Populations:**

ECHO's primary population includes those of low income who are at risk of or experiencing homelessness. As such, the program will access Cunningham's extensive experience with the transitional living system of care including navigating employment, housing and public benefit resources. The program also has a collaborative relationship with the UpCenter and the University of Illinois LGBTQ Resource Center in order to accept referrals for this population as well as identify and provide LGBTQ supports for our participants who are disproportionately represented in the homeless population. The program has longstanding partnerships with other mental health service providers to assist with meeting the ongoing mental health needs of individuals participating in the program. While not specifically targeting racial or ethnic groups, Cunningham promotes culturally responsive services through staff training and linkages to diverse culturally responsive partners. Access to service will be individualized based on the individual's/family's needs and geographic location, and it is expected that the majority of services will be in community environments where underserved or underrepresented groups are likely to be found.

**Staff Comments:**

- *Response addresses access for rural residents and for underrepresented populations, particularly LGBTQ youth/young adults at-risk of homelessness. Expanding contacts in rural communities is planned for the new program year. Outreach followed by engagement in natural settings is primary approach to service delivery for rural as well as underrepresented populations.*
- *Services primarily benefit Champaign and Urbana residents, hence the plan to increase outreach to rural Champaign County and presence at the Community Service Center of Northern Champaign County in Rantoul. Based on PY19 data, program has been successful in engaging Black women.*

**Residency: Total Served in PY2019 = 45 and in first half of PY2020 = 32**

<b>Champaign</b>	32 (71.1%) for PY19	25 (78.1%) for PY20
<b>Urbana</b>	8 (17.8%) for PY19	7 (21.9%) for PY20
<b>Rantoul</b>	2 (4.4%) for PY19	0 (.0%) for PY20
<b>Mahomet</b>	0 for PY19 and PY20	
<b>Other Champaign County</b>	3 (6.7%) for 2019	0 for PY20

**Demographics: Total Served in PY2019 = 45**

<b>Age</b>	
Ages 13-18 -----	2 (4.4%)
Ages 19-59 -----	42 (93.3%)
Ages 60-75+ -----	1 (2.2%)
<b>Race</b>	
White -----	6 (13.3%)
Black / AA -----	35 (77.8%)
Other (incl. Native American and Bi-racial) -	4 (8.9%)
<b>Gender</b>	
Male -----	16 (35.6%)
Female -----	29 (64.4%)
<b>Ethnicity</b>	
Not of Hispanic or Latino/a Origin -----	45 (100.0%)

## Program Performance Measures

### CONSUMER ACCESS:

ECHO serves individuals and families considered homeless or at-risk of homelessness as defined as:

- Lacking permanent housing including those with residence in a shelter or transitional housing program.
- Living on the streets, abandoned building/vehicle, or in any other unstable/non-permanent situation.
- Considered “doubled up,” referring to a situation where individuals are unable to maintain housing and are forced to stay with a series of friends and/or extended family members.
- Previously homeless individuals released from prison or hospital if they do not have a stable housing situation to which they can return.
- Individuals and families at imminent risk of becoming homeless.

Eligibility will be determined on an ongoing basis based on referral-report, self-report, and staff observation of living environments to determine if an individual or family meets the definitions above. Clients refusing to cooperate with services provided/offered may be referred to other community resources.

The target population will learn about the program through referral sources, staff engagement efforts within the community, outreach events, community fliers, and online through the agency’s website.

**Of those seeking assistance or referred, 50% will receive services/support.**

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

**Within 30 days of assessment, 50% of those assessed will engage in services.**

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

**Additional Demographic Data:** other system involvement (e.g., DCFS, DOC, Medicaid, Social Security), grade level completed, marital status, language, religion, and disability type (if applicable).

#### Staff Comments:

- *Access Outcome response meets expectations. “Homeless” and “at-risk of homelessness” are defined. Eligibility relies on referral report, self-report, and staff observation. Program is accessed through referral sources and community outreach/events/website.*
- *Targets for assessment of those referred and then engage are identified.*

### CONSUMER OUTCOMES:

We expect the impact of this program to be that people secure and maintain stable housing and employment, as well as other basic supports, creating hope for a better future. Expected outcomes include:



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

*Measured by:*

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

**Outcome gathered from all participants?** No. Outcomes information will be collected for participants who enroll in the ECHO program and become treatment plan clients (TPC). Non-treatment plan clients (NTPC) will be excluded from outcome measures. NTPC include those that do not enroll in the ECHO program (contact is cursory and services are very limited) and a few participants who enroll, but do not engage in the assessment and/or service planning processes.

**Anticipate 44 total participants for the year.**

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

**Is there a target or benchmark level for program services?** Yes. Benchmarks for program outcomes are available based on performance data from the first 12-18 months of the ECHO program. These benchmarks include the following:

Of the 30 clients enrolled in ECHO (both TPC and NTPC) during the first 18 months of the program:

1. 18 (60%) have obtained or been discharged to permanent housing. Eleven (11) of those 18 (61%) obtained permanent housing in less than 90 days.
3. 12 of those 18 (67%) maintained stable housing for more than 90 days. Of those that did not, most chose to discharge shortly after housing was obtained so stability is unknown.
4. 9 of 30 clients (30%) maintained some level of employment and an additional 12 clients (40%) received SSI/SSDI
5. 4 of 4 clients (100%) who completed pre- and post-measures of Life Skills Assessment improved
6. No benchmark data is available for the financial literacy measure which is a new outcome this fiscal year.

**Estimated level of change for these outcomes:**

- 65% of TPC clients will obtain permanent housing within 120 days of assessment
- 75% of TPC clients served will maintain permanent housing for at least 90 days
- 75% of TPC clients will achieve employment and/or obtain applicable SSI/SSDI benefits

- 90% of TPC clients with two Life Skills Assessment measures will demonstrate improved scores
- 90% of TPC clients will improve financial literacy skills as measured in pre and post assessments
- 70% of participants will complete a satisfaction survey during program enrollment
- 90% of survey respondents will provide an overall rating of 4.0 or higher on satisfaction with services

**Staff Comments:**

- *Consumer outcomes are well defined. Performance targets and method for collecting data to evaluate outcomes are clearly stated, as are benchmarks, with one omission, and estimated level of change.*
- *Benchmarks section is either missing #2 or needs to be renumbered.*

**UTILIZATION:**

**Treatment Plan Clients (TPCs):** 20 - those individuals actively accepting services and meeting with a case manager resulting in a service plan.

**Non-Treatment Plan Clients (NTPCs):** 24 - Eligible individuals that enroll in program services, but do not engage in the assessment and service planning process; and Eligible individuals referred or identified through street engagement efforts who have contact with program staff (and may receive some referral or hard services), but do not enroll in the ECHO program.

**Service Contacts (SCs):** 568 - number of TPC clients (20) multiplied by 26 contacts (assumes an average estimated weekly service contacts for the first four months, twice monthly for the next two months and monthly for the next 6 months). This results in an estimated 520 TPC Service Contacts for TPC clients. Service Contacts include both direct service provision and collateral contacts (e.g., originating referral source, family member). The service contacts for NTPCs (24) will vary, but are estimated at a minimum of 2 contacts each (48 contacts total).

**Community Service Events (CSEs):** 25 - outreach and referral development to temporary housing resources, food kitchens, other potential referral sources, and homeless advocacy efforts, as well as distribution of materials to promote the program. Anticipated community Service Events for the FY 21 period include meetings with police departments, human service agencies, landlord and/or tenant groups, Mental Health and Disabilities Council, Human Services Council, Champaign County Continuum of Service Providers to the Homeless, the PACE disABILITY Expo and various other contacts with local agencies and resources relevant to the needs of the homeless population.

**Other:** 0 – We reduced our target number of TPC clients from 24 in FY20 to 20 in FY21. Clients with SPC vouchers often have a longer program enrollment period resulting in less client turnover. We increased the NTPC clients from 20 to 24 in FY21 anticipating that increased community outreach may result in more clients with contacts that do not result in program enrollment. The number of service contacts was reduced from weekly to twice monthly during the fifth and sixth months of enrollment to more accurately reflect client service trajectories; however, the intensity of client contacts remains individualized based on needs.

**Staff Comments:**

- *Program has made adjustments to projected number of clients contacted and then engaged, as well as anticipated contacts with individual clients based on experience from PY19 and first half of PY20.*
- *Program incorrectly refers to the name of the disAbility Resource Expo.*

**PY2021 Annual Target (per Utilization Form)**

	TPC	NTPC	SC	CSE
Annual Target	20	24	568	25

**PY2020 First two quarters (per submitted Service Activity Reports)**

	TPC	NTPC	SC	CSE
First Quarter	15	0	120	1
Second Quarter	2	3	124	26
Annual Target	24	20	876	24

**PY2019 all four quarters (per submitted Service Activity Reports)**

	TPC	NTPC	SC	CSE
First Quarter	7	8	114	5
Second Quarter	7	14	167	3
Third Quarter	14	3	125	5
Fourth Quarter	17	0	133	7
Annual Target	24	6	876	24

# Financial Analysis

PY2021 CCMHB Funding Request: \$101,604 PY2021 Total Program Budget: \$101,604

Proposed Change in Funding - PY2020 to PY2021 = 6.1%

Current Year (PY2020) Request and Award: \$95,773. PY2019 request/award = \$90,000.

**CCMHB request is for 100% of total program revenue.**

*Staff Comments:*

- *CCMHB is the sole funder. PY21 would be the third year for the program. PY19 award was \$90,000, as requested, and program has requested increases in the range of 6%. Program reconfigured budget for PY21 application. In the past, other sources were identified but not entirely related to the purpose of the program. Agency has been awarded a state contract to provide services to Runaway Homeless Youth.*

**Expenses:** Personnel related costs of \$88,000 are the primary expense charged to CCMHB at 87% of \$101,104.

Other expenses are: Professional Fees/Consultants \$108; Consumables \$630; General Operating \$113; Occupancy \$2,500 (2%); Conferences/Staff Development \$683; Local Transportation \$3,000 (3%); Specific Assistance \$5,000 (5%); Equipment Purchases \$500; Lease/Rental \$150; Membership Dues \$120; and Miscellaneous \$300.

*Staff Comments:*

- *As the sole funder, CCMHB will be responsible for all program expenses. Specific assistance are flex funds to assist families served when no other resource is available, estimated amount per client is \$100 - \$200.*
- *Transportation expense is for staff travel to engage clients or related activities.*
- *Professional fees include ECHO's portion of audit cost.*
- *Conferences/Staff Development line supports professional development for program staff. Most of the other expenses are indirect administrative costs allocated to the program.*

**Total Agency Budget shows a DEFICIT of \$2,403,243**

**Total Program Budget shows a BALANCED BUDGET**

**Total CCMHB Budget shows a SURPLUS of \$500 (due to entry in depreciation) needs correcting - must be balanced.**

**Program Staff - CCMHB Funds:** 0.00 FTE Indirect and 1.45 FTE Direct. Total CCMHB = 1.45 FTEs.

**Total Program Staff:** 0.00 FTE Indirect and 1.45 FTE Direct. Total Program = 1.45 FTEs.

*Staff Comment:*

- *Staffing pattern includes 1 fulltime Employment Counselor, 30% of a Case Manager, and small percentages ranging from 1% to 6% of program support and supervisory staff time allocated to the program.*
- *Error on Personnel Form misrepresents percentage of indirect staff time charged to the program. Cost of indirect staff allocated to the program is \$6,099 or 6% of total request.*

## CCMHB PY21 Priorities and Decision Support Criteria

**Priority: Innovative Practices and Access to Behavioral Health Services:** *Program provides case management and housing and employment supports to adults who are or at risk of homelessness.*

### Agency Cultural and Linguistic Competence Plan

*Cunningham Children's Home serves youth and their families who have been impacted by trauma. They submitted an extensive CLC Plan for FY21 that utilized the National CLAS Standards to guide their actions and how they will implement cultural and linguistic competence as an organization. Burgos Training will be utilized to train all staff with direct client contact, their supervisors, and administrative staff with substantial contact with clients on how to seek language services in a culturally appropriate way through DCFS. All treatment materials will be reviewed with client by staff members to ensure understanding of service deliveries and treatment options. Cunningham has incorporated training and an aspect of wellness to ensure that trauma-informed principles are implemented in the care of the youth and staff. Agency submitted the CLC 2<sup>nd</sup> Quarter report for FY 20.*

### Overarching Decision Support Criteria

**Underserved Populations and Countywide Access:** *Program targets adults who are homeless or at risk of homelessness. Includes commitment for increased outreach and engagement efforts targeted to rural areas. Additional outreach will target LGBTQ population. Program has been successful engaging Black adult women.*

**Inclusion and Anti-Stigma:** *Addresses building cultural and linguistic competence, especially engaging youth and families in solutions. Proposal does not speak directly to reducing stigma, but the agency is active in community awareness/anti-stigma efforts and related collaborations. While a partner in the past, the reference to being involved in Alliance for Inclusion and Respect is no longer the case.*

**Outcomes:** *Access and Consumer Outcome sections are comprehensive. Consumer outcomes, performance targets, and evaluation methods are clearly stated and well done.*

**Coordinated System:** *Program is an active member of the Continuum of Service Providers to the Homeless, participates in Human Services Council, and engages in homeless awareness events such as CU at Home's "One Winter Night." Multiple agencies involved with social services engaged in meeting the needs of the homeless population are referenced.*

**Budget and Program Connectedness:** *CCMHB is the sole funder for the program. Budgeted expenses and staffing pattern align with services.*

**Approach/Methods/Innovation:** *Proposal references specific employment and housing models and case manager training in benefits assistance. Links to referenced models are provided.*

**Evidence of Collaboration:** *Agency lists multiple providers and collaborative bodies with whom it has written agreements, including many directly involved with serving the homeless population. Agency is an active member of the Continuum of Service Providers to the Homeless.*

**Staff Credentials:** *Qualifications and training of direct service staff and program supervisors are referenced. Extent of training is comprehensive.*

**Resource Leveraging:** *No. CCMHB is the sole source of support listed. Program reconfigured budget for PY21 application. In the past, other sources were identified but not entirely related to the purpose of the program. Agency has been awarded a state contract to provide services to Runaway Homeless Youth. Also see Provider statement under "Other Pay Sources."*

**Other Pay Sources:** *Cunningham receives in-kind donations of clothing, toiletries, etc. that are used to supplement client needs. In addition, participants eligible for WIOA funded services will access additional support through our Vocational Options program. Cunningham is applying for state and federal homeless youth grants that will expand the service array for youth up to age 24. It is anticipated that this will extend the reach of these project due to an overlapping eligibility for 18-24 year olds. Those participants will be redirect to the homeless youth funded programs that provide more intensive housing supports. Client Fees No Sliding Scale No*

## **Process Considerations & Caveats**

**Contracting Considerations:** *If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2021 contract:*

- *Minor edits to program section required.*
- *Correct error in indirect staff section of Personnel Form.*
- *Expense form should be revised to balance CCMHB budget; remove Depreciation from program column.*
- *A two-year term would be appropriate for this contract.*



**Agency: Cunningham Children's Home**  
**Program: Parenting Model Planning/Implementation**

*Draft PY2021 Program Summary*

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PY2021 CCMHB Funding Request: \$403,107      PY2021 Total Program Budget: \$403,107  
Proposed Change in Funding - PY2020 to PY2021 = 43.5%  
Current Year Funding (PY2020): \$280,955 (100% of request) (NEW in PY2020)

**Focus of Application:** Mental Health  
**Type of Contract:** Grant  
**Allocation Priority:** System of Care for Children, Youth, and Families

## Services and People Served

**Target Population:** This program provides trauma-informed, culturally responsive, therapeutic services for the entire family, as provided by either a bachelors or masters level professional, for caregivers and their youth, age 10 through age 17, who live in Champaign County and who have either become involved, or are at risk of becoming involved, in the juvenile justice system. These trauma-informed therapeutic services will promote resiliency in these families. Eligible youth will include both adjudicated and non-adjudicated minors and many will have existing behavioral and/or emotional challenges, resulting from their past experiences of trauma and some will have been given mental health diagnoses. Youth who potentially may be considered ineligible for this program are those who have been identified as sex offenders, who have an IQ below 65, who have gang involvement, who have a murder conviction and who experience active psychosis. However, each's youth's current level of risk, functioning, and engagement in other services intended to address these concerns will be carefully considered. All referrals will be evaluated individually and the admission decision will be made after taking into consideration the unique needs of that family. Some families may be referred to other services as well.

**Staff Comments:**

- Program targets youth age 10 -17 at risk of or involved in the juvenile justice system and parent/caregiver.
- Section identifies some youth who may not be considered appropriate for services and may not be served. Risk assessment will determine eligibility for program including those meeting exclusionary criteria.

**Scope, Location, and Frequency of Service(s):**

**Scope:** The needs of each family will be triaged upon referral and the youth may be found to be eligible for either Brief Services (30 days) or Full Services (4-10 months).

- Full Service Cases (Treatment Plan Clients) are offered to families who, upon referral, have made a clear commitment to engaging in services. Full service cases will include an assessment and either a treatment planning process (masters-level) or intervention planning process (bachelors-level).
- Brief Service Cases (Non-Treatment Plan Clients) are offered to families who, upon referral, either appear to be resistant to engaging in services, or whose needs may be best met through other services offered in the community. Brief Service Cases allow staff time to make appropriate referrals or to creatively engage these families in culturally responsive ways, so that a subsequent Full Service Case may be successfully opened.

The therapeutic services will be provided according to the Attachment, Regulation, and Competency (ARC) treatment framework and include:

- Individual therapy services for the youth (Full - masters)
- Family therapy services for the youth and their family (Full - masters)
- Psychoeducation services for the youth (Full or Brief - masters or bachelors)
- Psychoeducation services for the caregivers (Full or Brief - masters or bachelors)
- Care coordination services for the youth (Full or Brief - bachelors or masters)
- Intensive family engagement services (Brief - bachelors or masters)
- Aftercare Services (Full - bachelors or masters)

After exhausting community resources, flexible funds will be available to cover expenses related to therapeutic supplies for families that support regulation skills. These funds will also be available to help connect a youth to a community activity or resource that would serve as a protective factor.

Location/Frequency: Through our efforts to provide services in settings that allow families appropriate comfort and privacy, we have secured the following sites: Rantoul Community Service Center, Youth Assessment Center and HopeSprings. We are exploring additional sites that include the Juvenile Detention Center and schools within Champaign County. The appropriateness of in-home services will be determined on a case by case basis. Each family will be asked to participate in an average of 3 in-person sessions or a minimum of 2 in-person sessions and 1 phone session on a monthly basis. Additional sessions can be provided when families need them.

*Staff Comments:*

- *Model to be implemented is Attachment, Regulation, and Competency (ARC). Model was selected and approved by CCMHB as part of the planning process implemented in the first half of PY20. The goal is to deflect youth from further penetration into the juvenile justice system while building family resiliency.*
- *Length of engagement will be based on assessed need. Two tracks will be offered to accommodate level of need. General descriptions of types of services offered based on level of need, staff responsible, and frequency are provided. Services will be provided at various sites appropriate to the population including use of Community Service Center of Northern Champaign County in Rantoul and possibly in the family's home.*

**Access to Services for Rural Residents:**

Eligible youth and their families from anywhere within Champaign County will be able to participate in the program through a mix of home-based and site-based services. The needs of families living in rural areas who present with barriers to access and engagement will be addressed on a case by case basis. Families with barriers to service access due to transportation needs will be provided with gas cards and transportation services. In such cases, staff will also be willing to travel to the specific rural areas of families and problem solve other possible comfortable, safe, and confidential community locations, if home-based services are found to not be an effective option. When the barriers experienced by families living in rural areas are particularly challenging to overcome, the team will work creatively to mitigate them. Our program has been designed to include the option of providing an additional 30 days of Brief Services to allow staff time to provide intensive family engagement services, so that barriers can be mitigated. These intensive family engagement services may involve collaboration with The Youth & Family Peer Support Alliance to help to ensure that the families are supported. The service location needs of eligible youth and their families residing in rural areas of Champaign County will be planned for on an individualized basis. The safety of the families and program staff plays a significant role in where services will be provided. The community-based sites previously noted will also be options for families who live in rural areas. However, if needed, other safe and private community spaces in rural areas, such as public libraries and churches, will be explored if home-based services are not found to be an effective option.

**Access to Services for Members of Underserved or Underrepresented Minority Populations:**

Cunningham has longstanding relationships with community partners that will assist with meeting the needs of underserved and underrepresented youth and their families. Cunningham promotes culturally responsive services through staff training and linkages to diverse culturally responsive partners. For example, Cunningham has a collaborative relationship with the UpCenter and the University of Illinois LGBTQ Resource Center in order to accept referrals for this population as well as to identify and provide LGBTQ support. When the barriers to engagement in services experienced by underserved or underrepresented families are particularly challenging to overcome, program staff may collaborate with The Youth & Family Peer Support Alliance to ensure that these families are supported. Bilingual and translation service needs of families will be addressed on a case by case basis through available community resources. Cunningham has a comprehensive plan for Cultural and Linguistic Competence (CLC). The plan outlines how CLC is defined and supported through various policies and procedures. The CLC plan outlines in detail how marginalized and underrepresented populations will be engaged. Actions on the CLC plan have been matched with the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care. The service location needs of eligible youth and their families who are a part of underserved or underrepresented groups will be planned for on an individualized basis. The safety of the program staff and families plays a significant role in where services will be provided. However, the level of comfort of the families is another significant factor in determining service locations. Safe and private community spaces in the neighborhoods of the families, such as public libraries and churches, will be explored if home-based services are not found to be an effective option.

*Staff Comments:*

- *Approaches to engaging rural residents and those in underserved communities are comprehensive. Services will be offered in various sites, and in the home or other natural settings as appropriate. Assistance with transportation, gas cards, may also be used to assist rural residents to participate in services. Length of engagement may also be extended.*
- *Narrative on reaching underserved/underrepresented populations references existing partnerships as well as commitments defined in the Cultural and Linguistic Competence Plan for the agency. As an example, program plans to utilize peer support through the Youth and Family Peer Support Alliance to engage families, and The UP Center as a referral source.*

**Residency & Demographic Data** – N/A (program implemented in PY2020 Q3).

## Program Performance Measures

**CONSUMER ACCESS:** Eligible youth: will live in Champaign County; be aged 10 through 17; will have become involved, or are at risk of becoming involved, in the juvenile justice system; and may be experiencing emotional/behavioral concerns, truancy, domestic violence, probation, pattern of chronic offenses, or felony charge. Potential exclusionary criteria will be carefully assessed based on current level of risk, functioning, and engagement in other services intended to address these concerns: substance use; IQ below 65; juvenile sex offenses; murder conviction; gang involvement; and active psychosis. The needs of each youth and their family who are referred to this program will be evaluated on a case by case basis to determine if their needs can best be met by this program. The Associate Director and the Intake & Admissions Specialist from Cunningham will determine eligibility for each referred youth and their family. The possible exclusionary criteria will be considered carefully based on the scope of the training, education and experience of the program staff at that time and the other services that the family is receiving to address these concerns. People in the target population will learn about the program through our community partners who send referrals, by our staff's engagement and outreach efforts within the community, through fliers that will be distributed in public spaces throughout Champaign County, and online through Cunningham's website.

**Of those seeking assistance or referred, 80% will receive services/support.**

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

**Within 30 days of assessment, 50% of those assessed will engage in services.**

**People will engage in services, for 7 months average for Full Service Cases (4 months minimum; 10 maximum)**

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

**Staff Comments:**

- *Referral process, eligibility criteria, and projected length of engagement are addressed. Community partners are expected to generate referrals. Some of these sources will also be service sites. Eligibility with exclusionary criteria is clearly described.*
- *Section also includes anticipated time frames from referral to assessment to engagement, with service targets.*

**CONSUMER OUTCOMES:** This program provides therapeutic services to families of youth, age 10 through 17, who have become or who are at risk of becoming involved with the juvenile justice system in Champaign County. The program will provide youth and their families with trauma-informed, culturally sensitive therapeutic services intended to promote resiliency through the use of the Attachment, Regulation, and Competency (ARC) treatment framework. The program will strengthen the trauma-informed caregiving skills of caregivers. The program will help these youth and their families understand the impact that past experiences of trauma have had on their current level of functioning and/or behaviors that have brought them to the attention of the juvenile justice system. The impact of this program will extend beyond the 75 youth that will be served because the entire family can be included in services. We will track the total number of participants at the time of case closing so this can be measured. Additionally, the impact of this program will extend to the community partners working in the fields of mental health, education and juvenile justice in Champaign County. The program will strengthen the trauma-informed knowledge of community partners through collaborative efforts when serving families. Additionally, trainings will be provided by the ARC developers and trainers. These trainings will reach more than 100 community members. We expect that the impact of this program will be positive outcomes for youth in the areas of decreased trauma symptoms and delinquency behaviors and increased positive connections and protective factors. Outcomes will include:

**Outcome 1:** Presenting problems of the youth positively change over time

**Outcome 2:** Trauma-informed caregiving skills strengthened

**Outcome 3:** Increased identification/utilization of natural supports by family

**Outcome 4:** Improved protective factors for family

**Measurement of Outcome 1:** The program will use the following questionnaire:

- Strengths and Difficulties Questionnaire (SDQ) - <http://www.sdqinfo.com/b7.html>
  - SDQ for 10 year olds:
    - SDQ(P)4-10 – Parent Report Measure (ages 4-10) Baseline version
    - SDQ(P)4-10 FU – Parent Report Measure (ages 4-10) Follow up version
  - SDQ for ages 11 through 17:
    - SDQ(P)11-17 – Parent Report Measure; Baseline version
    - SDQ(P)11-17 FU - Parent Report Measure; Follow up version
    - SDQ(S)11-17 – Youth self-report measure; Baseline version
    - SDQ(S)11-17 FU – Youth self-report measure; Follow-up version

**Measurement of Outcome 2:** Trauma-informed caregiver skills being strengthened will be measured through caregiver self-report and staff observation during this next year. Cunningham will work with the developers of the Attachment, Regulation, and Competency (ARC) treatment framework to conduct a Needs Assessment that will inform the development of a quantitative measurement tool for caregivers' skill development progress.

**Measurements of Outcomes 3 & 4:** The program will use the following assessment survey and scale:

- Protective Factors Survey, 2nd Edition (PFS-2) - <https://static1.squarespace.com/static/586370cec534a5dbdedba846/t/5c4f755b4d7a9c3614d360dd/1548711265804/PFS-2+User+Manual+10.22.18.pdf>
  - Program staff will help the caregiver complete the PFS-2.
- Youth Connections Scale (YCS) - <https://casw.umn.edu/wp-content/uploads/2013/12/YCSTool.pdf>
  - Program staff will help the youth complete the YCS.
  - Cunningham will modify the YCS to better fit the needs of the youth that will be served in this program, as some of the components of this tool include child welfare language. These modifications will not impact our ability to measure changes in the relevant components.

**Outcome gathered from all participants?** No. Outcome information will be gathered only for each youth who participates in the Full Services component of this program. The program will serve a total 75 unduplicated participants, which includes a combination of Full and Brief Service cases.

**Anticipate 75 total participants for the year.**

**Will collect outcome at intake & discharge for Outcomes 1,3, and 4; quarterly & at discharge for Outcome 2.**

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

**Outcome 1:** Presenting problems of the youth positively changing over time will be measured by comparing the scores for youth on the Strengths and Difficulties Questionnaire to the norms provided.

**Outcome 2:** Strengthening of trauma-informed caregiver skills will be measured through caregiver self-report and staff observation. No normative data is available due to the lack of a formal assessment tool for the Attachment, Regulation and Competency treatment framework.

**Outcomes 3 & 4:** Increased natural supports and improved protective factors will be measured as follows:

- Youth Connections Scale (YCS)
  - Due to the modification of the YCS, no normative data will be available; targets will be based on youth's progress in increasing their scores for:
    - Number of Supportive Adult Connections
    - Strength of Youth Connections
- Protective Factors Survey, 2nd Edition (PFS-2)
  - Though the PFS-2 has reliability and validity data, no normative data is available. Targets will be based on improved scores on the protective factors subscales:
    - Family Functioning/Resiliency
    - Social Emotional Support
    - Concrete Support
    - Child Development/Knowledge of Parenting
    - Nurturing and Attachment



Baseline data will be collected on each measure to better understand the needs of the youth and families being served.

**Estimated level of change for these outcomes:**

Level of Change for Outcome 1: 75% of Full service cases will demonstrate the following:

- Strengths and Difficulties Questionnaire
  - Total Difficulties Score decreased by 4
  - Prosocial Score increased by 1

Level of Change for Outcome 2: 75% of caregivers will report and demonstrate improved caregiving skills

Level of Change for Outcomes 3 & 4: 75% of Full service cases will demonstrate the following:

- Youth Connections Scale:
  - Number of Supportive Adult Connections increased by 2
  - Strength of Youth Connections increased by 1
- Protective Factors Survey-2nd Edition
  - All Subscales increased by 1

*Staff Comment:*

- *Consumer outcome section is comprehensive in its discussion and presentation of outcomes, performance measures, evaluation methods and tools, benchmarks, and estimated levels of change.*

**UTILIZATION:**

**Treatment Plan Clients (TPCs):** 50 Full Service Cases are offered to families who, upon referral, have made a commitment to engaging in services, or who clearly would benefit from the full service array offered by this program. Youth and their families, who receive Full Services from this program, will be considered either the treatment (or intervention) plan clients.

**Non-Treatment Plan Clients (NTPCs):** 25 Brief Service Cases are offered to families who, upon referral, have either appear to be resistant to engaging in services, or whose needs may be able to best be met through other services offered in the Champaign County community. Brief Service Cases allow staff time to either make appropriate referrals or to creatively engage these families in culturally responsive ways, including possibly recruiting the support of other community partners, so that a subsequent Full Service Case may be successfully opened. Youth and their families, who receive Brief Services from this program, will be considered the non-treatment plan clients.

**Service Contacts (SCs):** 1,125. Full and Brief Service Cases service contacts will preferably be provided through three in-person sessions per month. Services will minimally be provided through two in-person sessions and one phone call per month. This year, as we build our program, at least 75 youth (50 Full & 25 Brief) will be served.

A minimum of 1125\* service contacts with caregivers or youth will be completed:

• 50 Full x 3 contacts per month x 7 months = 1050 + • 25 Brief x 3 contacts per month x 1 month = 75

\*Please note: Additional contacts with community partners will also be completed.

**Community Service Events (CSEs):** 10. Cunningham will promote this new program by visiting with community partners to explain this new program, invite new referrals, and strengthen trauma-informed practices county wide. These community partners include, but are not limited to, the Youth Assessment Center, the State's Attorney, and Probation and Court Services. Cunningham intends to complete 10 Community Service Events during the expanse of the coming year.

**Other:** 0 Unique to our program is the influence of offering Attachment, Regulation, and Competency (ARC) treatment framework trainings to partners in the juvenile justice system serving this population. In this FY21 grant cycle, Cunningham will dedicate administrative time to build collaboration and advance trauma informed efforts within the juvenile justice system. Solidifying our system of care positions our community to access additional funding and offer other interventions to enhance and sustain our overall effectiveness. Over this second year, we will leverage agency institutional knowledge, experience and training to reduce future training and consultation expenses.

*Staff Comments:*

- *Services categories are well defined. TPCs and NTPCs represent level of engagement by youth and families in the two different levels of service. Service Contacts represent engagement with participating youth with additional detail on how target was calculated.*
- *An error in posting narrative on Service Contacts and Community Service Events needs to be corrected on the application Program Plan Part I form. The narratives have been corrected here.*

**PY2021 Annual targets (per Utilization Form)**

	TPC	NTPC	SC
Annual Target	50	25	1125

**PY2020 First two quarters (per submitted Service Activity Reports)**

	TPC	NTPC
First Quarter FY20	0	0
Second Quarter FY20	0	0
Annual Target	13	12

**Financial Analysis**

**PY2021 CCMHB Funding Request: \$403,107      PY2021 Total Program Budget: \$403,107**

**Proposed Change in Funding - PY2020 to PY2021 = 43.5%**

**Current Year Funding (PY2020): \$280,955 (100% of request) (NEW in PY2020)**

**CCMHB request is for 100% of total program revenue.**

*Staff Comment:*

- *CCMHB is the sole funder. Increase in amount requested over PY20 reflects moving from a six-month planning phase/six month start-up/implementation to a full year of implementation.*

**Expenses:** Personnel related costs of \$313,415 are the primary expense charged to CCMHB at 78% of \$403,107. Other expenses are: Professional Fees/Consultants \$47,000 (12%); Consumables \$1,500; General Operating \$4,500; Occupancy \$7,000 (2%); Conferences/Staff Development \$2,000; Local Transportation \$4,000; Specific Assistance \$18,750 (5%); Equipment Purchases \$1,000; Lease/Rental \$1,067; Membership Dues \$1,000; and Miscellaneous \$1,875.

*Staff Comments:*

- *As the sole funder, CCMHB will be responsible for all program expenses. Professional Fees/Consultants includes 2 day on-site training plus four online sessions, plus clinical and system consultation and outcome measurement support by the developer of the ARC model. Train the Trainer is part of the expense. No mention of budgeting for audit. Trainings need to be split out to "Conferences/Staff Development."*
- *Specific assistance are flex funds to assist families served when no other resource is available: estimated amount per family is \$250. Miscellaneous includes recognition activities, incentives for completing follow-up surveys as part of outcome data collection. Other expense lines support basic operating and start-up costs for the program including purchase of phones, office supplies, and furniture.*
- *Program anticipates reduction in Professional Fees/Consultation line in subsequent years through development and leveraging of staff expertise and train-the-trainer capabilities.*

**Total Agency Budget shows a DEFICIT of \$2,403,243**

**Total Program Budget shows a BALANCED BUDGET**

**Total CCMHB Budget shows a BALANCED BUDGET**

**Program Staff - CCMHB Funds:** 0.00 FTE Indirect and 5.19 FTE Direct. Total CCMHB = 5.19 FTEs

**Total Program Staff:** 0.00 FTE Indirect and 5.19 FTE Direct. Total Program = 5.19 FTEs.

*Staff Comments:*

- *Program is in the process of filling positions. When fully operational, staffing pattern will include two fulltime therapists, two fulltime family support specialists, an Associate Director and Clinical Coordinator each assigned to the program half-time, plus 14% of the Director of Community Services and 5% of the Quality Improvement Director's time. Error on Personnel Form misrepresents percentage of indirect staff time charged to the program. Cost of indirect staff allocated to the program is \$7,765 or 2% of total request.*

**CCMHB PY21 Priorities and Decision Support Criteria**

**Priority: Behavioral Health Supports which Reduce Incarceration:** *While not the priority selected, program would qualify under this priority as it serves young people who are at risk of or involved with the juvenile justice system.*

**Priority: System of Care for Children, Youth, Families:** *Application was submitted under and aligns with this priority. Proposes to serve families using the Attachment, Regulation, and Competency (ARC) model applying trauma-informed, culturally responsive, therapeutic services to build family resiliency.*

## **Agency Cultural and Linguistic Competence Plan**

*Cunningham Children's Home serves youth and their families who have been impacted by trauma. They submitted an extensive CLC Plan for FY21 that utilized the National CLAS Standards to guide their actions and how they will implement cultural and linguistic competence as an organization. Burgos Training will be utilized to train all staff with direct client contact, their supervisors, and administrative staff with substantial contact with clients on how to seek language services in a culturally appropriate way through DCFS. All treatment materials will be reviewed with client by staff members to ensure understanding of service deliveries and treatment options. Cunningham has incorporated training and an aspect of wellness to ensure that trauma-informed principles are implemented in the care of the youth and staff. Agency submitted the CLC 2<sup>nd</sup> Quarter report for FY 20.*

## **Overarching Decision Support Criteria**

**Underserved Populations and Countywide Access:** *Approaches to engaging rural residents and those in underserved communities are comprehensive.*

**Inclusion and Anti-Stigma:** *Addresses building cultural and linguistic competence. Expresses awareness of such competence when initially engaging youth and families and will collaborate with other youth and family peer supports as needed in this process.*

**Outcomes:** *Access and Consumer Outcome sections are comprehensive. The Consumer Outcome section is particularly noteworthy.*

**Coordinated System:** *Relevant community-based service providers (and specific services) are identified for coordination and referrals; includes a commitment to coordinating within the juvenile justice system and with other community partners and stakeholders to further the community's broader juvenile delinquency diversion efforts.*

**Budget and Program Connectedness:** *CCMHB is the sole funder. Staffing pattern supports service structure. Expenses include on-going training and consultation from ARC and for addressing other family needs as well as the general operation of the program.*

**Approach/Methods/Innovation:** *Background on the ARC model is provided. The developer of ARC has committed training and consultation by her team during implementation within the juvenile justice system. Other support service models are also be investigated by Cunningham Children's Home to augment use of ARC. Links to the ARC model and others are provided.*

**Evidence of Collaboration:** *Identifies relevant collaborative agreements with a wide range of providers and stakeholders from youth and peer support to the University of Illinois School of Social Work. While listed here, the agency has since chosen to withdraw from Alliance for Inclusion and Respect.*

**Staff Credentials:** *Qualifications and training for primary staff, therapists and family support specialists, program coordinator as well as supervisors are listed, with brief description of respective roles.*

**Resource Leveraging:** *No. CCMHB is the sole funder for the program.*

**Other Pay Sources** None. **Client Fees** No **Sliding Scale** No

## **Process Considerations & Caveats**

### **Contracting Considerations:**

If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2021 contract:

- *Correct error in Service Contact and Community Service Event definitions.*
- *Correct error in indirect staff section of Personnel Form.*
- *Update program name.*
- *Adjust expense form - trainings should be split out to "Conferences/Staff Development."*
- *A two-year term would be appropriate for this contract.*



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

*Draft PY2021 Program Summary*

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PY2021 CCMHB Funding Request: \$130,181      PY2021 Total Program Budget: \$191,851  
Proposed Change in Funding - PY2020 to PY2021 = 20.2%  
Current Year Funding (PY2020): \$108,301 (original award was \$110,195, adjusted due to staff vacancy)

Focus of Application: Mental Health  
Type of Contract: Grant  
Priority: System of Care for Children, Youth, and Families

## Services and People Served

**Target Population:** The CU Trauma & Resilience Initiative (CUTRI) works to increase: Our community's comprehension of trauma; Our community's capacity to respond to individuals impacted by trauma/violence; and Trauma informed practice among organizations/groups so caregiver trauma is reduced as is the retraumatization of their clients. Specifically, we focus on filling gaps in our current service area & addressing the needs of three populations:

- (a) Young adults, caregivers (seniors & mothers), & families with young children/school-age children who have been inappropriately & adversely impacted by high rates of community violence & adversity. These are the majority of the people we serve and support. We will be working with Garden Hills, the Historic North End (First Street to Goodwin East & West), University & Bradley (North & South), & East Urbana. Fresh Start participants, their families & partners, could also be served.
- (b) Community-level peer leaders & "natural helpers" such as parents, grandparents, individuals in the faith community, school volunteers, local business leaders, & others.
- (c) Organizations & providers committed to becoming more trauma informed & improving their policies, procedures & practices to create better outcomes for their clients & the community.

**Staff Comments:**

- *Program seeks to increase understanding of the impact of trauma. Intent is to address needs of residents in neighborhoods disproportionately impacted by community violence, natural support networks within these communities, and professionals engaging with those impacted by trauma.*

### Scope, Location, and Frequency of Service(s):

- Scope:**
- a. Improve community's & provider's trauma informed alignment with SAMHSA's principles – realize, recognize, respond & avoid retraumatizing individuals, staff, organizations & communities.
  - b. Increase community's effective response to impacted individuals' needs through usage of assessments/screens, collaboration, & monthly educational activities.
  - c. Multiply culturally competent 'informal' helpers, responders, & mental health supports via training, education, & resource sharing.
  - d. Increase access to trauma informed/culturally responsive skills-based groups & resiliency building opportunities via:
    - 4 evidence-based psychoeducation groups for mothers & caregivers impacted by community violence;
    - Four 8-week groups for adults (18-26) impacted by gun violence (distress tolerance, affect regulation, & helpful thinking skills);
    - 24 psychoeducation groups/workshops for teens/young adults on wellness and growth designed to build social connections that integrate art, music, culture & civic engagement.

Research shows that recovery & post-traumatic growth occurs with these group-based interventions. Led by paraprofessionals (co-facilitated by peers/community members), they are more cost-effective than traditional therapeutic services and less difficult to obtain.

e. CUTRI continues to build the Community Violence Response network and look for resources (funding/organizational) to grow sustainable Hospital Violence Response teams & Care teams.

f. Learning Collaboratives to sustain and support systems change where organizations receive:

- training on the basics of trauma, trauma informed care & resilience;
- specialized training for direct service &/or supervisors on effective trauma informed practice;
- baseline & ongoing assessment of their trauma informed readiness & adaptation of trauma informed practices/principles; collaborative capacity improvement, &
- 9 months of consultation. Topics include: Trauma informed screening/assessment; Strength based planning/assessments; Wellness planning/resiliency building workforce development strategies.

Each organization organizes a “change team;” which recommends and supports the implementation of policies, procedures & practices that align with the Trauma Informed Values: Safety, Trustworthiness, Voice/Choice, Peer Leadership, Collaboration, Empowerment, & Culturally Responsiveness.

Location / Frequency: Because of feedback from those we have served, we will secure an office and see families there and host groups there. We will also have regular drop-in hours where the office will be staffed. We will also offer groups in the community and at sites where we are invited. Training & Learning Collaboratives will occur at agency sites/locations. We host community meetings & trainings at the library & in a variety of welcoming places in the community. New Covenant Fellowship has hosted our longer more intensive trainings & we anticipate that relationship will continue.

Staff Comments:

- *Provides trainings open to the community and organizations to increase capacity to informally and formally respond to traumatic events, particularly gun violence, as well as individual/group support services to address those directly impacted. Consultation follows organizations' engagement in learning collaboratives.*
- *Program proposes to establish an office independent of Don Moyer Boys and Girls Club to serve families and host group sessions as well as offer drop-in hours.*
- *The PY20 program proposal included implementation of Neighborhood Champion care teams to provide crisis support in neighborhoods impacted. That initiative appears to be discontinued. Funding for PY20 was increased from \$50,000 to \$110,000 to primarily to support this effort. Replacing care teams appear to be the psycho-educational groups and Community Violence Response network listed as items d and e. The title is the extent of information provided on the Community Violence Response network and how it would function. Beyond the training that has been a consistent hallmark of the program, the approach to engaging community members in direct services has shifted year to year.*
- *Increased emphasis on the impact of trauma on communities disproportionately impacted by violence began with the federal grant award supporting the ACCESS Initiative ten years ago and has continued to be supported by the CCMHB. The CUNC Project Director has been leading trauma training in the community since that time.*

#### **Access to Services for Rural Residents:**

Data shows that incidents of community violence have primarily been centralized in Champaign, Urbana, & Rantoul. The larger CU TRI effort will provide education, advocacy & training activities for communities outside of CU. We have been extremely successful at reaching our target population, over ½ of the referrals to the program thus far have come from word of mouth. However, we also engage in targeted outreach to typically underserved populations by partnering with organizations that have strong community ties to host & participate in community events/health fairs and other outreach efforts. We actively use social media and do targeted outreach on Facebook and Instagram. Also, we have made presentations at schools, churches, and to community groups to the targeted audience.

#### **Access to Services for Members of Underserved or Underrepresented Minority Populations:**

The model we are using is designed to reduce stigma around help-seeking behaviors, realizing & normalizing signs & symptoms of trauma, & increasing utilization & access to trauma informed services & supports when needed. Additionally, essential components of being a trauma informed community according to SAMSHA include helping to realize the impact of trauma, recognize the signs and symptoms, change responses to those who have been impacted, and avoid retraumatizing those impacted by trauma, providers, and communities. Each of these are aligned with stigma reduction & improving culturally responsive practices. More specifically, we partnered with First Followers and DREAM on an ICJIA violence prevention grant and received funding to develop a marketing campaign focused on public education and stigma reduction. We will continue to partner with First Followers & the Community Violence Response team to build on these marketing & community education efforts. Individuals from underserved and

underrepresented communities will be served in their neighborhood or community unless they identify alternative preferable locations. We will meet people wherever they are and where ever we are requested.

**Staff Comments:**

- Opportunities to participate in planned events and services open to rural Champaign County. However, precipitating traumatic events have been concentrated in Champaign, Urbana, and to a lesser extent Rantoul, making those communities the focal point for outreach, training, and services.
- Under residency data, the "Other" category does not represent rural Champaign County; these are people dislocated due to community violence or for whom data was not able to be collected. Champaign and Urbana are the communities served. Demographic data is for the prior program year and had a much lower number served over the year.

**Residency: Total Served in first half of PY2020 = 38**

<b>Champaign</b>	13 (40.6%) for PY20
<b>Urbana</b>	11 (34.4%) for PY20
<b>Rantoul</b>	0 (.0%) for PY20
<b>Mahomet</b>	0 (.0%) for PY20
<b>Other Champaign County</b>	14 (25.0%) for PY20

**Demographics: Total Served in PY2019 = 15**

<b>Age</b>	
Ages 0-6 -----	0 (0%)
Ages 7-12 -----	0 (0%)
Ages 13-18 -----	1 (7%)
Ages 19-59 -----	12 (80%)
Ages 60-75+ -----	2 (13%)
<b>Race</b>	
White -----	1 (7%)
Black / AA -----	14 (93%)
<b>Gender</b>	
Male -----	1 (7%)
Female -----	14 (93%)
<b>Ethnicity</b>	
Not of Hispanic or Latino/a Origin -----	15 (100.0%)

## Program Performance Measures

**CONSUMER ACCESS:** Anyone who is affected by community violence & adversity is eligible. If they are referred, seek us, show up at a group we will assume they are eligible. We conduct some trauma screening and assessments to help us be aware of trauma triggers & to design our interventions to be most effective to meet their needs. Organizations that are interested in participating in our learning collaborative will apply to participate in the process. They will be accessed by their interest, ability & capacity to participate in the process. We will anticipate that anyone who wishes to participate in our programming is eligible for our services/supports. Rarely, because of the complexity of needs or risks working with us is not suitable until they are stabilized. But we still engage with those families/individuals and serve as a bridge to connect them to the right level of care/support. Our screening is merely designed to determine needs & help the family/individual identify the types of support they need. Individuals will be notified about the program through multiple access points: community education, law enforcement informational cards, schools, medical facilities, TRUCE Peace-seekers, ministers/faith connectors, and community members. We will be available at community meetings and events.

**Of those seeking assistance or referred, 75% will receive services/support.**

**Within 2 days from referral, 75% of those referred will be assessed.**

**Within 5 days of assessment, 75% of those assessed will engage in services.**

**People will engage in services, on average, for 12-15 weeks.**

**Additional Demographic Data:** It is optional but individuals who fully complete a response plan may provide: family household data, current/former service involvement/use, & information about schools. We will also conduct on household size and experiences of community violence.

**Staff Comments:**

- Outreach, referral, and engagement are provided, accompanied by timeframes. Referral and engagement process is also discussed in more detail under Consumer Outcomes.
- Eligibility is tied to persons/families impacted by violence. Screening is for identifying need, as anyone presenting/self-identifying will be served. Organizations wanting to engage in training/learning collaborative will be assessed to determine commitment prior to participation.

### **CONSUMER OUTCOMES:**

(1) Referrals to the Program – 100 individuals/families impacted by community violence/adversity will be referred for group-based services and supports. Referrals will continue to come from Carle ER, law enforcement, community partners, schools, Youth Assessment Center, Head Start, the Alliance, DREAAM, mentoring programs, and other community & self-referral sources. 75 individuals will attend/participate in a psycho-education group.

(2) Information, Linkage & Engagement Contacts (150) – Every individual/family referred to the program will receive some resource or a connection to a resource or support.

(3) We will be conducting a trauma symptom screening and a resilience assessment: 75% of participants who participate in at least 4 weeks of support will report:

- Improvements in trauma-related symptoms – we do not have baseline data but will look to identify a measure of change,
- Feeling supported & reconnected back to their community,
- Having new useful coping skills/distress tolerance skills,
- An identified natural or community resource, and
- 100% will receive information about trauma, toxic stress, PTSD & will understand these things better.
- We anticipate we will refer 20 individuals for more intensive services and supports and everyone will receive at least 2 referrals to community-based services/resources and/or supports.

Other communities have been able to document reductions in recidivism, significant changes in community violence or gun violence related crimes, & better engagement with other services that help address substance abuse, education, mental health & other needs.

#### Learning Collaborative:

1. 90% of those participating in the learning collaborative organizational assessment/training process will report improvements in their understanding of trauma, having more tools to respond to people impacted by trauma, and are more able to avoid retraumatizing themselves and others.

2. All the organizations participating in the learning collaboratives will identify a change plan with 2-3 targeted goals with clear implementation strategies & timelines.

#### Direct Service:

(1) Referral data will be collected via referral forms

(2) Trauma screenings and resilience assessments will be collected either before an intervention occurs or during the first week of a group/individual intervention

(3) Evaluations are conducted at the end of every individual session and the end of every intervention/group session

(4) Participants receiving a trauma informed intervention (individual or group) will complete a pre-post KAB assessment to help us evaluate the intervention's outcomes

#### Trauma Informed Organizational Assessment:

The tool used is based on Falloot & Harris's Creating Cultures of Trauma Informed Care Organizational Assessment that is aligned to measure an organization's knowledge about trauma/trauma informed care & cultural competency; use of trauma informed practices; alignment & use of trauma informed practices related to the following domains: safety, trustworthiness, collaboration, peer leadership/consumer voice, & empowerment. The trauma informed organizational assessments also help organizations reflect on how their policies, procedures & practice might traumatize or retraumatize the communities they serve, their staff, & their clients.

**Outcome gathered from all participants?** No. We will not intentionally screen out people to provide outcome information. We simply know that because of confidentiality, concerns about safety, and also attrition some people will not complete assessment, screening, or other evaluation process.

Similarly, some organizations may not be capable of participating in a baseline organizational assessment

**Anticipate 275 total participants for the year.**

**Will collect outcome information:** Intake and referral data will be collected at entry. Outcome and assessment data will be collected at the end services.

**Is there a target or benchmark level for program services?** Yes. Benchmarks come from the research on 'best practices to help individuals who have been impacted by community crisis (what is needed to help individuals become more resilient. Organizations who participate in the trauma informed care implementation effort will complete a baseline survey and change will be measured at the end of their participation in the process. We will also ask organizations to consider providing additional assessment data after the completion of their involvement so that we can measure change over time.

**Estimated level of change for this outcome:** Because we do not yet have baseline data, we do not have a clear estimated level of change for either our group based interventions or our learning collaboratives. We will have some sense of this when we complete our Program Outcomes report at the end of this FY20 fiscal year.

**Staff Comments:**

- *Outcomes, evaluation methods, and tools are identified. Performance targets are referenced for the learning collaborative. Baseline/benchmarks are available but not identified. Program anticipates being able to generate baseline data and estimated level of change using PY20 outcomes or through surveys completed at outset of interventions/trainings.*
- *Portions of Consumer Outcome response relate to access and utilization.*

**UTILIZATION:**

**Non-Treatment Plan Clients (NTPCs):** 75 Individuals who receive psychoeducation, trauma informed intervention, or group-based supports.

**Service Contacts (SCs):** 250 =

Linkage & Referrals contacts to other programs/services (150)

Referrals to our program for screening & assessment (100).

**Community Service Events (CSEs)** 250 =

Support/Skill Building Groups for Caregivers – Four (8-week groups) -32 sessions

Support/Skill Guild Groups/Opportunities for Young Adults – 4 (6-week groups) – 24

Educational workshops for the targeted audience (community-based) – 40 workshops

Individual Coaching/Skill Building Sessions - 35

Healing Solutions – Two 40 hour trainings/ 1 Youth Specific Training (20 hours)= 32

Monthly educational events, UPTV, radio show =18

Meetings for Community Educators, Hear 4 U Supports - 24

Learning Collaboratives training events

Baseline Trainings - 5

Organizational/ change team meetings for each of the sites plus additional support - 30

Quarterly learning collaborative conjoint meeting - 6

Specialized training - 4

**Staff Comments:**

- *Program will no longer report TPCs, clients who received wraparound services. NTPCs redefined from PY20 crisis intervention/supports to individual intervention or group participants. PY21 target is combined total of PY20 target for TPCs and NTPCs. Service contacts is essentially unchanged. Some redefinition of CSEs has been made to reflect the reconfigured approach targeted to communities impacted by violence and to social/human service providers.*

**PY21 Annual targets (per Utilization Form)**

	TPC	NTPC	SC	CSE	
<i>Annual Target</i>	0	75	250	250	
<b>PY2020 First two quarters (per submitted Service Activity Reports)</b>					
PY20 Mid-Year Total	19	17	181	49	
<i>PY20 Target</i>	40	35	255	23	
<b>From CUAP CUNC submitted quarterly Service Activity reports:</b>					
PY19 Full-Year Total	0	17	72	80	869
<i>PY19 Target</i>	0	15	50	70	300
PY18 Full-Year Total	6	13	60	64	380
<i>PY18 Target</i>	0	30	70	70	290



# Financial Analysis

PY2021 CCMHB Funding Request: \$130,181      PY2021 Total Program Budget: \$191,851

Proposed Change in Funding - PY2020 to PY2021 = 20.2%

Current Year Funding (PY2020): \$108,301 (original award was \$110,195, adjusted due to staff vacancy)

CCMHB request is for 68% of total program revenue.

Other from various Contributions = \$41,670 (22%) and City of Champaign Grant = \$20,000 (10%).

Staff Comments:

- CCMHB is primary source of support for the program. Over the last three years support from CCMHB has continued to increase with little support from other funders. Source of in-kind contributions is explained in relation to offsetting specific expenses rather than as revenue and totals under \$34,000 rather than the \$41,670 listed as revenue. This approach is a change from PY20 Budget Narrative.
- PY21 Budget Narrative is confusing, with descriptions of in-kind contributions a mix of donated services and references to pursuing other grant funds (which is not an in-kind contribution) to support the specific item.
- Elsewhere in the proposal reference is made to an ICJIA award received as part of a collaborative effort with two other agencies for violence prevention and anti-stigma activities. Those funds are not listed in the revenue section of the budget.

Expenses: Personnel related costs of \$83,131 are the primary expense charged to CCMHB at 64% of \$130,181.

Other expenses: Professional Fees/Consultants \$18,000 (14%); Client Wages/Benefits \$2,160 (2%); Consumables \$3,500 (3%); General Operating \$5,555 (4%); Occupancy \$6,000 (5%); and Miscellaneous \$11,835 (9%).

Staff Comments:

- Questionable expense: under Professional Fees/Consultants, a CPA is listed at a cost of \$6,000 without explanation as to why, when Don Moyer Boys and Girls Club has a Director of Finance. The expense is not identified in relation to the CCMHB-required audit, making it a duplicated expense.
- Client wages and benefits are for two community members with lived experience to participate in events. Since this expense is limited to particular events, it may be more appropriately classified as Professional Fees/Consultants. Also client wages/benefits expense is not included in the agency column of the expense form.
- Consumables expense is for food at trainings and community events.
- Occupancy is an office space expense but includes a partial in-kind contribution to offset a portion of rent and the utility expenses.
- Miscellaneous represents an administrative fee charged to the contract in lieu of indirect charges. In the past the fee was 15%. Admin fees calculated at 10% of expenses.

Total Agency Budget shows a SURPLUS of \$128,582

Total Program Budget shows a SURPLUS of \$3

Total CCMHB Budget shows a BALANCED BUDGET

Program Staff to be Funded by CCMHB: 0 FTE Indirect and 1.57 FTE Direct. Total CCMHB = 1.57 FTEs

Total Program Staff: 0 FTE Indirect and 1.83 FTE Direct. Total Program = 1.83 FTEs

Staff Comments:

- CCMHB is the main source of support for direct service staff. The fulltime CUNC Director is budgeted at 87% of their time to CCMHB funds. CUNC Program Assistant position is less than fulltime (.83 FTE) and is charged as .7 FTE to the CCMHB. The balance of staff salaries is charged to the City of Champaign contract.

## CCMHB PY21 Priorities and Decision Support Criteria

**Priority: System of Care for Children, Youth, Families:** Program targets communities impacted by gun violence.

Provides trainings open to the community and organizations to increase capacity to informally and formally respond to traumatic events, particularly gun violence, and individual/group support services to address those directly impacted.

## Agency Cultural and Linguistic Competence Plan

Don Moyer Boys and Girls Club provides programming for youth in the community; in addition, several programs provide services for Champaign County youth, family, children's mental health awareness activities, and trauma-

*informed training. DMBC submitted the CLC Plan from FY20. Timeframes will need to be updated based on the FY21 Timeline. In the CLC Plan, all staff and board members will receive annual cultural competence training. All staff members read and sign the CLC Plan annually, and each program serves a unique target population so that many strategies of engagement and outreach are used to reach marginalized and underserved populations of Champaign County. The policy for Language and Communication assistance is outlined in the employee handbook and is updated annually. Two to four opportunities will be provided at Club youth/families' events to discuss services which have been delivered. An annual satisfaction survey will be given to youth and families to evaluate programs and services offered by the DMBC. Each year the CLC Committee assesses the physical facility to reflect the population of focus, to be welcoming, clean, and attractive by providing cultural art, magazines, refreshments and community meeting space. The CLC Plan actions matched the National CLAS Standards. DMBC submitted the 2nd CLC 2nd Quarter report.*

## **Overarching Decision Support Criteria**

**Underserved Populations and Countywide Access:** *Gun violence and the trauma it produces have been concentrated in Champaign, Urbana, and to a lesser extent Rantoul, making those communities the focal point for outreach, training, and services. Events are open to rural communities and organizations.*

**Inclusion and Anti-Stigma:** *Model is trauma-informed, reducing stigma as does approach to community engagement.*

**Outcomes:** *Access and Consumer Outcomes are identified. Consumer outcomes are provided for the various targeted groups and activities. Benchmarks will be determined through the course of PY21.*

**Coordinated System:** *Other similar services may be available in the community but do not specifically address trauma of community gun violence. Proposal plans to fill this gap through community-based trainings and groups. The learning collaboratives targeted to agencies are intended to strengthen their capacity to understand and respond to community violence. Proposal does identify other organizations it has engaged in learning collaboratives.*

**Budget and Program Connectedness:** *Issues with the Budget Narrative: In-kind contributions are mix of donations and grants yet to be identified. In-kind revenue listed does not match expense totals. Program proposes to establish new office.*

**Approach/Methods/Innovation:** *Models forming the basis for proposed approach and associated research supporting its use are referenced. Links to the various sources are provided.*

**Evidence of Collaboration:** *List of existing partners is provided, is a mix of large and small providers and stakeholders. Many are involved in responding to the needs of communities in which gun violence is occurring.*

**Staff Credentials:** *Qualifications of CUNC Director are included with description of responsibilities. Qualifications and duties of other contractual positions and possibly interns are present. Program assistant position is not addressed.*

**Resource Leveraging:** *No. In the past the CCMHB has been the sole source of funding. For PY21, the City of Champaign has committed funds to the program. In-kind contributions continue to be a source of support.*

**Other Pay Sources** We always utilize existing resources. **Client Fees** No **Sliding Scale** No

## **Process Considerations & Caveats**

**Contracting Considerations:** If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2021 contract:

- *Expand on operation/function of Community Violence Response network in Scope of Services section.*
- *The Budget Narrative needs to be reworked.*
- *Expenses not supported with a commitment of an in-kind contribution or grant need to be removed.*
- *Correction to Revenue and Expense Forms – City of Champaign grant revenue and client wages/benefits expense.*
- *An accounting of the ICJIA violence prevention grant award – funding and activities supported - is warranted.*
- *An updated CLC Plan should be developed prior to contract.*



CHAMPAIGN COUNTY  
DEVELOPMENTAL  
DISABILITIES BOARD  
CHAMPAIGN COUNTY  
MENTAL HEALTH BOARD

Agency: FirstFollowers

## Program: FirstSteps Community Re-entry House

Draft PY2021 Program Summary

PY2021 CCMHB Funding Request: \$60,000 PY2021 Total Program Budget: \$98,000  
Current Year Funding (PY2020): N/A – a NEW request

Focus of Application: Mental Health

Type of Contract: Grant

Allocation Priority: Behavioral Health Supports Which Reduce Incarceration

### Services and People Served

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

**Staff Comments:**

- *Adult men reentering the community following incarceration, who require transitional housing and access to other supports that can include mental health and substance use disorder treatment.*
- *Prior Champaign County residency is not mentioned here. As the program's only formal grant-based source of support, residency in Champaign County prior to incarceration and documentation of persons' mental illness and/or substance use disorder diagnosis should be a condition of the contract.*

**Scope, Location, and Frequency of Service(s):**

**Scope:** FirstStepsCommunity House is a transition house for people returning home after incarceration. Our project will provide rent free housing in a five bedroom house donated for use by the Housing Authority of Champaign. We will house 2-4 people at a time. We will provide furniture, appliances, some basic clothing items, food until the person has the means to pay for their own either through employment or Link Card, Internet, computers, kitchen equipment, basic tools for cleaning and exercise equipment. In addition, we will have a case manager, a community navigator, an overnight supervisor and a Co-Director from FirstFollowers. They will assist the residents in transition, help them set up plans of action and goals, provide transportation to potential employment or service opportunities, and facilitate their integration into the community. The Mental Health Board will fund two part-time staff and the costs of the utilities for the house.

**Location/Frequency:** This will take place at our transition house, 206 W. Ells Ave, Champaign. It is a 24/7 program. Some program activities will also take place at our drop-in center at Bethel AME Church and at our annex at 314 Cottage Court, Champaign.

**Staff Comments:**

- *New program proposal to provide support services to residents of a transitional housing program who were previously incarcerated. Description of anticipated assistance and staffing pattern. Program expects to have 2 – 4 residents at any given time and under the Utilization section of the application projects a total of 11 residents over the course of the program year.*
- *Statement regarding staffing pattern and utilities being the expenses CCMHB will fund is misleading. CCMHB funds support indirect staff as well as a wide range of other expenses associated with this new program proposal. The Expense Form lists total expenses charged to CCMHB of \$62,000 out of total program expenses of \$77,600, equal to 80% of all program costs.*

**Access to Services for Rural Residents:**

We are open to all those returning from incarceration with a special focus on those originally from Champaign County. We have set up communications with individuals in IDOC from Champaign County whose release date is drawing near.

We are taking applications from them for places in our house. We are open to individuals from anywhere in the county. Like everyone else, if they are chosen for the house, services will take place at the house.

**Access to Services for Members of Underserved or Underrepresented Minority Populations:**

All those coming home from prison are part of those populations. Plus, our house has a great impact on their families, who are also from those populations by relieving them from some of the burdens of trying to address the situations and shoulder the financial responsibility of individuals coming home after incarceration.

In the house, like everyone else.

*Staff Comments:*

- *Program indicates it does not intend to limit access to transitional housing and associated support services to Champaign County residents but would employ targeted outreach to that population.*
- *With minority populations being overrepresented in jail and prison, people served in this program are more likely to have access to the transitional housing and support services.*

## **Program Performance Measures**

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

**Of those seeking assistance or referred, 10% will receive services/support.**

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

**Within 180 days of assessment, 5% of those assessed will engage in services.**

**People will engage in services, on average, for 3 months to one year.**

**Additional Demographic Data:** number of children, history of employment, history of mental illness, history of substance abuse

*Staff Comments:*

- *Outreach, referral and intake process is described. Metric for assessing person is mentioned without providing any detail on what that entails. History of mental illness and/or substance use disorder diagnosis will be documented during the intake process.*
- *Length of stay projected at 3 to 12 months.*

### **CONSUMER OUTCOMES:**

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

This data will be connected through the notes of the case manager and the monthly reports compiled by the Co-Director. We will also do an exit interview when the residents leave. We will track employment applications, number of job interviews, jobs secured, and how many of our residents secure a housing voucher through the Housing Authority when they leave. The Housing Authority has set aside vouchers for those who successfully complete our transition house program.

**Outcome gathered from all participants? Yes** Anticipate 7 total participants for the year.

**Will collect outcome information** Twice per month.

**Is there a target or benchmark level for program services? Yes.** After two weeks, resident has ID, medical card, library card, LINK card and access to any other services they need; Resident finds employment within 2 months; Resident finds alternative housing within nine months. These targets come through our policy development process workshops.

**Estimated level of change for this outcome:** This question doesn't easily apply to our program. Our aim is to put all our residents on some road to success. This road will differ depending on the person's background, skill set, education level, degree of traumatization from incarceration, and willingness to take part fully in the program.

*Staff Comments:*

- Program projects 7 new participants during the year and will collect data at regular intervals on progress achieved toward self-sufficiency. Application lists specific outcomes and references performance measures associated with each outcome. Collection of the data will occur through case notes and exit interviews.
- Program does not provide an estimated level of change. The first year can serve as the means to establish that benchmark. Possible measures could be length of stay, employment, and permanent housing. Provider can seek assistance from the Program Evaluation Team in this regard. Consistent participation in the local Continuum of Care may have assisted in identifying level of change measures via performance standards applied by HUD.

**UTILIZATION:**

**Treatment Plan Clients (TPCs):** 11 - people who live in our house for one day or longer.

**Non-Treatment Plan Clients (NTPCs):** 40 - those who apply for a place in our house but are not accepted.

**Service Contacts (SCs):** 8 - jobs acquired by residents

**Community Service Events (CSEs):** 6 - drop-in center sessions and community activities attended by residents

**Other:** 0 These categories don't fit very well with our program. We will be assessing the outcomes holistically, i.e. does the resident feel able to cope with life in the community? has living in FirstSteps provided them with what they need to succeed? It is difficult to easily define service contacts and CSE's for this population. Also, many of the people who apply for our house will remain in prison so we don't have many opportunities to provide services for them.

**Staff Comments:**

- Primary measure is number of residents in the home to be reported as TPCs. The 11 projected TPCs includes 4 existing residents plus 7 entering the home over the 12-month term of the contract. Secondary measure is NTPCs representing those who apply but are not accepted. Length of stay to qualify as TPC should be longer than one day when the projected average stay is 3-12 months. Such quick turnover should be added to definition of NTPC.
- "Other" will not to be used but could track number who successfully transition to permanent housing in the community or receive a housing voucher from Housing Authority of Champaign County. As defined, CSE target appears low considering 11 residents will be served over the course of the year but during that same time frame only six events – job fairs. Service Contacts could be expanded beyond employment to acquiring an ID, enrolling in Medicaid or other insurance or other activities residents receive assistance with from the case manager.
- Agency indicates some difficulty defining activities under each utilization category. It is not necessary or required that the four main service categories be used. It is required that at least one category be defined and target established to serve as a performance measure providing a level of responsibility and accountability. The observations shared on expanding use of "Service Contacts" and "Other" categories are provided as examples of how to one could demonstrate and document program impact.

**PY2021 Annual Target (per Utilization Form)**

	TPC	NTPC	SC	CSE	OTHER
Annual Target	11	40	8	6	0

**Financial Analysis**

**PY2021 CCMHB Funding Request:** \$60,000

**PY2021 Total Program Budget:** \$98,000

**Current Year Funding (PY2020):** N/A – a NEW request

**CCMHB request is for 61% of total program revenue. Other sources are Contributions including in-kind (\$10,000) = \$30,000 (31%), City of Urbana/Cunningham Township Grant = \$2,000 (2%), and Rental Income = \$6,000 (6%).**

**Staff Comments:**

- This is a new request for PY21 from an agency currently receiving CCMHB funding. CCMHB is the single largest source of support for the agency and program. Only agency revenue sources contributing to the support of the program are listed. Details provided on in-kind contribution in the Budget Narrative do not match revenue listed. Program revenue exceeds program expenses by over \$20,000. Total revenue is \$98,000. Total Expenses \$77,600. CCMHB expenses are over budget by \$2,000; requested funding from CCMHB is \$60,000 versus total expenses charged to CCMHB of \$62,000.

**Expenses:** Personnel-related costs of \$44,100 are the primary expense charged to CCMHB at 71% of \$62,000. Other expenses: Professional Fees/Consultants \$8,000 (13%); Consumables \$3,000 (5%); Local Transportation \$2,000 (3%); Specific Assistance \$500; Equipment Purchases \$1,000 (2%); Lease/Rental \$3,000 (5%); and Cost of Production \$400.

**Staff Comments:**

- *The house is provided free of charge plus maintenance, by the Housing Authority of Champaign County. Lease/Rental expense of \$3,000 charged to the CCMHB covers utilities that are not rental expense but an occupancy expense. Professional Fees/Consultant expense pays Peer Mentors for time spent working with residents. No funds from this expense line are earmarked for CCMHB required financial review. Specific assistance is to help residents with fees and other costs incurred as they reenter the community. Equipment is for gardening tools for residents to start a garden at the house.*
- *Justification in Budget Narrative for Consumables expense is tied to purchase of food for residents not working and not receiving SNAP benefits. No or limited income would qualify person for SNAP benefits/link card. When enrolling in Medicaid upon reentering the community one can enroll in SNAP at the same time.*
- *Details provided in the Budget Narrative on payroll taxes and benefits lines do not match expense form. No payroll taxes are charged off to CCMHB. Amount of payroll taxes listed in the program column is less than 3% of salary/wages listed. The amount budgeted is not adequate for meeting payroll tax obligations.*

**Total Agency Budget shows a SURPLUS of \$5,000**

**Total Program Budget shows a SURPLUS of \$20,400**

**Total CCMHB Budget shows a DEFICIT of \$2,000** *(This needs correcting. Balanced budget is required.)*

**Program Staff - CCMHB Funds:** 0.40 FTE Indirect and 1.00 FTE Direct. Total CCMHB = 1.40 FTEs.

**Total Program Staff:** 1.00 FTE Indirect and 1.00 FTE Direct. Total Program = 2.00 FTEs.

**Staff Comments:**

- *Personnel form is incomplete and needs to be corrected. Omitted are staff funded under the CCMHB Peer Reentry contract or other programs/contracts. Scope of services references an overnight supervisor that is not listed on the Personnel Form either.*
- *Only staff involved in the proposed program are listed on the personnel form. For direct service staff, proposal lists a half-time case manager and half-time community navigator for the agency, whose time is dedicated to the program and funded entirely with CCMHB funds. This equals a full-time direct service position to serve a projected 11 clients.*
- *For indirect staff listed, percentages of time appear incorrect, in some columns skewing time allocated to the agency, program, and CCMHB. Dollar value associated with the positions appears correct. If so, one-third of salaries/wages charged to the Board support indirect staff costs.*
- *Many of the issues present in financial forms were also present in a PY20 application and corrected with technical assistance by CCMHB staff, are again present in this application.*

## **CCMHB PY21 Priorities and Decision Support Criteria**

**Priority: Behavioral Health Supports which Reduce Incarceration:** *This is a new proposal from a currently funded provider. Program serves adults reentering the community from jail or prison who need structured short-term housing with support services.*

### **Agency Cultural and Linguistic Competence Plan**

*FirstFollowers is an organization that works with people that are returning to the community due to incarceration and connection to resources to ensure a smooth transition into the community. A CLC Plan was submitted that utilized the updated template and some of the National CLAS Standards. FirstFollowers will engage in informal conversations and focus groups to gather feedback regarding culture climate of the program. There was no information about language and communication assistance incorporated in the CLC Plan for FY21. It is recommended that additional technical assistance be provided to update the CLC Plan. FirstFollowers submitted the CLC 2<sup>nd</sup> Quarter Report for FY 20.*

### **Overarching Decision Support Criteria**

**Underserved Populations and Countywide Access:** *Emphasis is placed on providing transitional housing with support services to underrepresented/minority populations, as they are overrepresented in jails and prisons.*

**Inclusion and Anti-Stigma:** *While not addressed in the services section, reduction of stigma associated with incarceration and, by extension, return to mainstream society, is said to be a key component of FirstFollowers mission.*

**Outcomes:** *Access outcome section addresses outreach, referral, intake process. Documentation of mental illness and/or substance use disorder is alluded to as part of eligibility for services. Being a prior resident of Champaign County returning home is not mentioned here. Consumer outcomes, performance measures, and evaluation method are sufficient. Program may want to pursue additional support through Program Evaluation Team consultation bank or research HUD standards for establishing a benchmark.*

**Coordinated System:** *Program references other religious based provider serving this population. Two other providers exist but serve women, rather than men, reentering the community from prison or jail. Recognition that coordination with other social services is necessary for the success of the residents.*

**Budget and Program Connectedness:** *No. There are discrepancies between what is presented on the financial forms, included in the budget narrative, and then stated in the program narrative. There are also errors in some financial forms.*

**Approach/Methods/Innovation:** *Program uses a peer mentoring approach as an evidence-based practice. No citations or other research supporting the specific approach targeting adult men reentering the community are provided.*

**Evidence of Collaboration:** *Program cites various providers it is engaged with and which are appropriate to the population and community served.*

**Staff Credentials:** *Staff qualifications and work experience for various positions is provided. Counseling certification for case manager is mentioned, but specific credential not cited. Program staff have lived experience and training to work with the population served.*

**Resource Leveraging:** *No. CCMHB is the primary funder. Depending on how calculated, CCMHB support accounts for either 61% of program revenue or 80% of program expenses. Other than CCMHB, the only source of formal grant based support is \$2,000 allocated to the program from a \$20,000 application to the City of Urbana/ Cunningham Township.*

**Other Pay Sources** Fundraising in the community; state reentry grants which are coming online. **Client Fees** Yes  
**Sliding Scale** Yes

## **Process Considerations & Caveats**

**Contracting Considerations:** If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2021 contract:

- *Include Special Provision requiring residents of the house to have lived in Champaign County immediately prior to their incarceration and appropriate documentation be on file.*
- *Include Special Provision requiring Provider to require documentation of prospective residents' mental illness and/or substance use disorder diagnosis as part of the eligibility determination during the intake process.*
- *Revise length of stay criteria to qualify as a TPC and add to NTPC.*
- *Revise revenue and expense forms to balance. Agency revenue and expense columns do not fully represent financial condition of the agency. Personnel Form needs revisions to include other agency staff (Peer Reentry.)*
- *Work with CLC Coordinator on aspects of the Agency CLC Plan.*





# Agency: GROW in Illinois / Program: Peer-Support

## Draft PY2021 Program Summary

PY2021 CCMHB Funding Request: \$89,965      PY2021 Total Program Budget: \$122,015  
 Proposed Change in Funding - PY2020 to PY2021 = 16.5%  
 Current Year Funding (PY2020): \$77,239 (100% of request)

Focus of Application: Mental Health  
 Type of Contract: Grant  
 Priority: Innovative Practices and Access to Behavioral Health Services

## Services and People Served

**Target Population:** The GROW mutual-help; peer to peer program serves mental health sufferers of all ages, races and gender, including those seeking prevention or personal growth. Participants in GROW are referred by group members, professional mental health caregivers, other agencies, and hospitals. The GROW 12-step program complements work of professional providers. It connects people in need with others in similar situations and empowers participants to do that part which they can do for themselves and with one another. A majority of participants in the program have been hospitalized with psychiatric disorders, diagnosed with mental illness, emotional problems, including misuse of drugs and alcohol. GROW continues work with the Champaign County Sheriff's Office to organize meetings at the Champaign County Jail to serve the inmate population which began in March 2017, CCMHB priority for "Behavioral Health Supports for Adults with Justice System Involvement." Inmates, parolees and those on supervised probation fully participating in the 12-step program while incarcerated are expected to benefit personally and have an opportunity to continue their recovery and rehabilitation by attending a community group upon release. GROW is anonymous, members are required to keep confidential the personal testimonies and discussions during meetings.

**Staff Comment:**

- Peer support services for adults in recovery from mental illness or co-occurring substance use disorders. Population includes adults involved with the criminal justice system.

**Scope, Location, and Frequency of Service(s):**

**Scope:** Provide a network of GROW groups and recovery support activities including: Champaign Group; Rantoul Group; Male and Female County Jail Groups [2]; OSF Hospital Behavioral Health Orientation Group; Christian Health Services Orientation Groups; Social Activities. The goal of the GROW Program is for the personal recovery and mental health of individual sufferers which may include addictions. GROW is committed to community mental health including prevention, rehabilitation and restoration of the person to their families and society. The preferred outcome for individual participants is maturity (personal growth), and to effectively employ skills learned for coping with mental health problems. Weekly GROW group meetings of 3 to 15 members lasting up to two hours are run by GROWers who have advanced in their recovery and volunteered to be organizers for the group. The GROW Fieldworker is a GROW Seasoned Leader position most often with lived experience. Fieldworker duties include the development of new groups, quality control all GROW Groups [adherence to program], Orientations, and Social Activities in Champaign County. GROW will participate in anti-stigma awareness campaigns, disability expos, and other community health fairs.

**Location/Frequency:** GROW groups meet weekly at:

Mondays, First Presbyterian Church, Champaign  
 Tuesday [male] and Thursday [female], Champaign County Satellite Jail, Urbana  
 Thursday, First United Methodist Church, Rantoul  
 Wednesday, Champaign County Christian Health Center [monthly] and OSF Heart of Mary Medical Center [weekly, may expand to twice weekly].

Saturday, Church of the Living God [monthly].

If sufficient need, we will establish a new, community group meeting. Monthly socials within community.



**Staff Comments:**

- Peer/mutual support groups using the GROW 12 step model. Number of groups has expanded. Meetings are held once a week at various locations in Champaign, plus in Rantoul and the county jail. Two separate groups are held in the jail: one for women, one for men. Program is open to expanding number of groups.
- Program is piloting use of videoconferencing for those unable to attend in person.

**Access to Services for Rural Residents:**

GROW In Illinois provides a network of GROW groups and recovery support activities including: Champaign Group; Rantoul Groups, and County Jail Group. We are working to provide Hospital Orientation Group (OSF serves all of Champaign County and surrounding areas). The GROW field worker will meet with hospital, clinics and health care providers outside of Urbana and Champaign where rural residents seek services to introduce them to the GROW program. By its nature, the peer to peer group method relies upon meeting attendance which is hindered by transportation and distance challenges which are more problematic in rural areas. The fieldworker will work with family members, religious and community organizations to find meeting places and ways to transport GROW participants to meetings. We are experimenting with videoconferencing to allow participation by those who are unable or otherwise cannot travel to meetings. We are using social media for community outreach. Currently GROW has one group meeting in Rantoul meeting in the United Methodist church. Formation of additional rural groups in other areas are being explored. Location of new groups is to be determined, probably in a church or community center which does not charge for use.

**Access to Services for Members of Underserved or Underrepresented Minority Populations:**

GROW is working with inmates and those re-entering community after release. Many of this group are black and a few are mixed race or Hispanic. We have met with Hispanic leaders but have not yet formed a group oriented toward that demographic. Lack of a field worker whose native language is Spanish is a limitation. No outreach has been made to Asians and Africans, but we are looking toward serving that group also. GROW groups are nondenominational and are not organized by cultures, genders, or life experiences. We are partnering with Champaign County Probation regarding participation of probationers and discussing participation of sex offenders in community groups or by videoconferencing. GROW meets in public locations including churches because of cost and support by members.

**Staff Comments:**

- Access section details plans for increasing access to groups throughout the county. Outreach to rural areas is described. Program has presence in the county jail. Limitation in serving Spanish-speaking population is noted. Groups are held in natural settings convenient to participants.
- High percentage reported for Urbana residency results from groups at the Champaign County jail.

**Residency:** Total Served in PY2019 = 49 and in first half of PY2020 = 45

<b>Champaign</b>	9 (18.8%) for PY19	5 (11.1%) for PY20
<b>Urbana</b>	35 (72.9%) for PY19	35 (77.8%) for PY20
<b>Rantoul</b>	5 (10.4%) for PY19	4 (8.9%) for PY20
<b>Mahomet</b>	0 (.0%) for PY19	1 (2.2%) for PY20
<b>Other Champaign County</b>	1 (2.1%) for PY19	0 (0%) for PY20

**Demographics:** Total Served in PY2019 = 49

<b>Age</b>	
Ages 19-59 -----	46 (93.9%)
Ages 60-75+ -----	3 (6.1%)
<b>Race</b>	
White -----	29 (59.2%)
Black / AA -----	19 (38.8%)
Other (incl. Native American and Bi-racial) -	1 (2.0%)
<b>Gender</b>	
Male -----	37 (75.5%)
Female -----	12 (24.5%)
<b>Ethnicity</b>	
Of Hispanic or Latino/a origin -----	1 (2.1%)
Not of Hispanic or Latino/a Origin -----	46 (97.9%)

## Program Performance Measures

**CONSUMER ACCESS:** GROW serves anyone 18 years or older, while participation by anyone under 18 years old would need a parent's approval. There is no other criteria needed to attend GROW's Program of Growth to Maturity. Phone call and discussion with parent for those under 18 years of age. There is no other criteria needed to participate in the GROW program. From our annual surveys completed in 2018 and 2019, we surveyed 23 GROWERS and found that 4.5% of participants heard about GROW through orientations, 43.5% through family and friends, 13% through professional referral, and 39% through other means (Satellite Jail, did not remember or did not provide a response). This survey will be given again in June 2020.

**Of those seeking assistance or referred, 100% will receive services/support.**

**Within 30 days from referral, 75% of those referred will be assessed.**

**People will engage in services:** varies. Jail inmates may only participate for a few weeks. Community GROWers may participate for years.

**Additional Demographic Data:** Military service, hospitalizations, spirituality, diagnosed illness, how many medications, and attempted suicides.

**Staff Comments:**

- *Eligibility criteria based on age. GROW survey includes question on how an individual learned about GROW meetings. Results from very small sample are presented.*
- *Length of participation varies based on individual's needs.*

### CONSUMER OUTCOMES:

1. decreased hospitalization frequency – *measured by GROW Survey - Growers*
2. decreased medication use – *measured by GROW Survey - Growers*
3. increased use of social resources – *measured by Internal & GROW Survey (2-Way Social Support Scale and the NIH Toolbox Emotional Support Survey) - Growers & Fieldworker*
4. increased personal growth – *measured by internal (using guidelines from GROW book) - Fieldworker*
5. increased wellbeing – *measured by GROW Survey (Personal Wellbeing Index) - Growers*
6. increased number of participants in leadership roles – *measured by GROW Survey – Growers & tabulation sheets*
7. satisfaction with the GROW program – *measured by GROW Survey - Growers*

Participants in the GROW program recover to return to family, productive work, and community. Recoveries vary in extent, completeness, and duration. Furthermore, recovery may occur over varying lengths of time.

**Outcome gathered from all participants?** No. Only those who consented to the GROW survey and are present at a survey collection session. This will undercount participants. **Anticipate 115 total participants for the year.**

**Will collect outcome information:** 1. Once per year in the spring or summer. 2. New members of GROW will be administered a baseline survey.

**Is there a target or benchmark level for program services?** Yes. We aim to compare survey responses from baseline to follow-up, but it was difficult to collect baseline data while keeping responses confidential. We're working to make our survey digital so we can start collecting baseline surveys.

1. We would like to compare incoming GROWers at baseline to 1 year follow-up to see if hospitalization in the past year decreased from time 1 to time 2. Because we do not have enough baseline data, for now we set a target of 1 or less hospitalizations in the past year.

2. A 2001 report from the National Association of State Mental Health Program Directors describes some of the risks of taking multiple psychiatric medications at the same time, including interactions, side effects, and costs. The target was for participants to take less than 5 medications for mental health reasons.

3. Not enough baseline data for comparison currently.

4. No benchmark

5. The average range for adults in Western nations is between 70 and 80 points (International Wellbeing Group, 2013). The benchmark was for GROWERS to score within 10 points of the international average score of 70.

6. To add at least 1 leadership role per group this year.

7. No benchmark

**Estimated level of change for these outcomes:**

1. 80% of GROWERS; 2. 90% of GROWERS; 3. N/A; 4. N/A; 5. 90% of GROWERS; 6. 100% of groups; and 7. N/A.

**Staff Comments:**

- Brief outcome measure statements followed by description of evaluation process and tools. Change will be measured through comparison of results from initial survey to annual survey. Difficulty collecting initial survey is acknowledged with possible move to digital survey as an option to increase response.
- GROW has interest in survey outcome on leadership/personal growth measure to increase # of group leaders.

**UTILIZATION:**

**Non-Treatment Plan Clients (NTPCs):** 115 = 25 Continuing NTPC's and 90 First Timers to GROW meetings.  
**Service Contacts (SCs):** 1,200 - Our plans are to continue the Orientations at OSF, Champaign County Christian Health Service, and Church of the Living God which began in 2020. We are also working with Youth & Family Peer Support Alliance to cooperate in referring participants. We are continuing two community groups in Champaign and Rantoul. We will continue experimenting with group meeting by videoconferencing with outreach to rural, disabled, homebound, and those with transportation challenges that otherwise impede personal attendance. Added a second jail group for women.  
**Community Service Events (CSEs):** 4 = 2020 Disability Expo, public education about GROW and mental health, newsletter or other event, article for Self-Helper newsletter, and other events as time and staff permit.

*Staff Comments:*

- A more concise statement describing what is considered a service contact for GROW would be helpful. As presented, it appears to represent orientation and referrals to GROW, i.e. number of adults informed about GROW. NTPCs are the number attending a GROW meeting at least once. This would be a natural extension from Service Contact, informed about GROW, to NTPCs, participant in GROW. And CSEs participation by GROW in general community event or article promoting GROW.
- Target for PY21 NTPC appears appropriate. Service contact target may be overly optimistic. CSE data may be in error relating to what was meant to be counted, as CSEs match # of new NTPCs reported for 1<sup>st</sup> and 2<sup>nd</sup> quarter.

**PY2021 Annual targets (per Utilization Form)**

	NTPC	SC	CSE
Annual Target	115	1200	4
<b>From submitted quarterly Service Activity reports:</b>			
PY20 Mid-Year Total	66	433	45
PY20 Target	110	1000	4
PY19 Full-Year Total	49	588	35
PY19 Target	12	800	4

**Financial Analysis**

**PY2021 CCMHB Funding Request:** \$89,965      **PY2021 Total Program Budget:** \$122,015  
**Proposed Change in Funding - PY2020 to PY2021 = 16.5%**  
**Current Year Funding (PY2020):** \$77,239 (100% request)  
 PY19 request/award = \$20,000. PY18 request \$51,735, award \$20,000.

**CCMHB request is for 74% of total program revenue. Other from Contributions including in-kind = \$32,000 (26%).**

*Staff Comments:*

- CCMHB is essentially the sole funder of the agency and program. In-kind contributions account for \$30,000 of the \$32,000 on other support. CCMHB support for the program significantly increased from PY19 to PY20. A smaller increase is requested for PY21.

**Expenses:** Personnel related costs of \$65,280 are the primary expense charged to CCMHB at 73% of \$89,965.  
**Other expenses:** Professional Fees/Consultants \$8,500 (9%); Consumables \$1,500 (2%); General Operating \$6,085 (7%); Conferences/Staff Development \$1,000; Local Transportation \$2,900 (3%); Membership Dues \$3,600 (4%); Misc \$1,100.

*Staff Comments:*

- Except for a small expense related to fundraising, all program costs are charged off to the CCMHB.
- Professional Fees/Consultant expense line includes CCMHB required financial review (\$5,000), 990 preparation, other support services, and two new part-time fieldworkers, budgeted for 120 hours each for the year.

**Total Agency Budget shows a SURPLUS of \$1,950**  
**Total Program Budget shows a SURPLUS of \$31,950**  
**Total CCMHB Budget shows a BALANCED BUDGET**

**Program Staff - CCMHB Funds:** 0.00 FTE Indirect and 1.50 FTE Direct. Total CCMHB = 1.50 FTEs

**Total Program Staff:** 0.00 FTE Indirect and 1.50 FTE Direct. Total Program = 1.50 FTEs.

**Staff Comments:**

- *Staffing pattern includes the fulltime lead Fieldworker/Trainer and a new half-time Fieldworker position. Indirect staff support is provided by a volunteer doing administrative support and as a back-up fieldworker. The volunteer hours constitute the in-kind contribution.*

## **CCMHB PY21 Priorities and Decision Support Criteria**

**Priority: Behavioral Health Supports which Reduce Incarceration:** *Partial alignment with this priority. GROW holds two groups in the Champaign County jail.*

**Priority: Innovative Practices and Access to Behavioral Health Services:** *Proposal aligns with selected priority. Program conducts peer support groups for adults in various locations in the county.*

### **Agency Cultural and Linguistic Competence Plan**

*GROW in Illinois submitted a CLC Plan that utilized the upload option and based their actions around the National CLAS Standards. GROW is committed to ensuring that all who are receiving support for mental health issues and those seeking help will be treated in a culturally sensitive manner. GROW recognizes that mental health issues such as language, ethnicity/race, religion, sexual orientation, sex/gender roles, socioeconomic status, and age do exist across the many different cultures. GROW also recognizes the influence that culture has on many issues related to mental health including attitudes toward recovery, willingness to seek help and discussing personal problems.*

### **Overarching Decision Support Criteria**

**Underserved Populations and Countywide Access:** *Groups are held in natural settings convenient to participants. Weekly groups in Rantoul, in the jail, at churches, and a free health clinic. Videoconferencing for groups is being piloted.*

**Inclusion and Anti-Stigma:** *Peer support groups and other activities, including participation in disability Resource Expo and other anti-stigma community events, align with this priority.*

**Outcomes:** *Measures and evaluation methods are sufficient to measure impact of participation in groups. Effort to improve baseline data on participant experiences is planned.*

**Coordinated System:** *Response indicated the program is starting to develop relationships with other providers and stakeholders outside of its affiliation with GROW In America and GROW in New Jersey. GROW uses 12-step program modeled on Alcoholics Anonymous and has some similarity to programming offered by the National Alliance for Mental Illness. GROW applies the 12 step process toward understanding and coping with mental illness and recovery.*

**Budget and Program Connectedness:** *Budget Narrative provides adequate descriptions of associated revenue, expense, and personnel. To help support the lead Fieldworker/Trainer, who moved from part-time to fulltime status with CCMHB funding in PY20, proposal requests funds to add a part-time staff position and add two contractual positions.*

**Approach/Methods/Innovation:** *Prior research on GROW peer support groups and the positive outcomes associated with participation is referenced. Sources are cited.*

**Evidence of Collaboration:** *Formal and informal agreements with a number of other behavioral health providers. Agreements are in place with: Champaign County Jail, Rosecrance, and Youth & Family Peer Support Alliance (YFPSA), while informal working relationships exist with churches, hospitals, and libraries where groups are held.*

**Staff Credentials:** *Training associated with the GROW model and "lived experience" with emphasis on use of the model. Staff is pursuing certification as Certified Recovery Support Specialist from Illinois Department of Human Services.*

**Resource Leveraging:** *No. CCMHB is and has been the sole funder of local services provided by GROW. Program has expressed interest in collaborating with other providers/stakeholders on grant applications.*

**Other Pay Sources** *GROW participants are not asked to pay for attendance except for purchase of program books and sometimes to bring a snack for social following the conclusion of meetings. Client Fees No Sliding Scale No*

### **Process Considerations & Caveats**

**Contracting Considerations:** *If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2021 contract:*

- *Restate Service Contact description.*
- *Clarify PY20 activity reported as CSE.*



CHAMPAIGN COUNTY  
DEVELOPMENTAL  
DISABILITIES BOARD  
CHAMPAIGN COUNTY  
MENTAL HEALTH BOARD

## Agency: Mahomet Area Youth Club Program: MAYC Members Matter!

### Draft PY2021 Program Summary

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PY2021 CCMHB Funding Request: \$40,513      PY2021 Total Program Budget: \$177,673  
Proposed Change in Funding - PY2020 to PY2021 = 125.1%  
Current Year Funding (PY2020): \$18,000 (100% of request)

Focus of Application: Mental Health  
Type of Contract: Grant  
Priority: System of Care for Children, Youth, and Families

## Services and People Served

**Target Population:** MAYC provides critically important programming to youth between the ages of 6 and 17 in a safe, structured, learning environment. MAYC accepts membership from any student, who resides in Mahomet, Champaign County, and the surrounding area. Despite Mahomet's reputation as an upscale bedroom community, between 20 and 25% of the more than 3,000 kids in the community come from low income households. Without MAYC, many at-risk, low income kids with working parents would end up with little or no supervision in potentially dangerous situations. For Members Matter, over 50% of the students that enroll in our summer and other out of school programs and the Junior High afterschool program qualify for a financial scholarship (an increase of 10-20% from previous years). The program is inclusive and open to all students, but our preventative programming is quite successful at targeting low income families. The program is a model of inclusion and is critical to narrowing the opportunity and achievement gap between low and high income students.

**Staff Comment:**

- Program serves school aged children and youth from Mahomet area. Agency reports that 50% qualify for a Members Matter financial scholarship. Threshold for the scholarship is not identified.

**Scope, Location, and Frequency of Service(s):**

**Scope:** MAYC Members Matter! offers programs that are in alignment with the mission statement of the youth club. The program emphasizes our five core values: Character and Stewardship; Health and Life Skills; Education and Leadership; Creative Arts and Expression, and Sports and Recreation. The MAYC Junior High Club operates Monday thru Friday from 3:30pm to 6:00pm on school days, under the direct supervision of two staff, who systematically work to develop social and emotional skills and support at-risk youth with homework help. MAYC works with school principals to enroll harder-to-recruit, struggling students, such as those at risk of not being promoted, who research has shown benefit more than other students from participation in after-school activities. The program provides a safe place for 40 students at no cost, to study, socialize with peers, play sports and games, and establish meaningful relationships with caring adults. Goals for this program are consistent attendance at school, improved grades, and graduating on time. The MAYC Member Matters! out-of-school program operates Monday thru Friday from 7:00a.m. To 6:00p.m., offering activities including educational STEM related projects/activities, arts and crafts, recreation and physical fitness including swimming and trips around the community. Goals for this program are increased meaningful adult and peer connections, physical activity, knowledge of health and nutrition, food security, brain stimulating activities and retention of knowledge gained during the school year. These outcomes generally precede the attainment of long term well-being including knowledge of health, fitness, and nutrition as well as social and emotional development. Without MAYC, a great many at-risk, low income children with working parents would end up with little or no supervision in potentially dangerous situations. Ensuring that youth are involved in positive out of school activities is important for the strength and safety of a community.

**Location/Frequency:** The Jr. High afterschool club meets at MAYC. This change occurred due to the addition of the Program Director and the space limitations at the Jr. High. The Out of School Program occurs at the MAYC building over spring, winter, and summer break. It covers 13 weeks, and it occurs 5-days a week from 7:00 am to 6:00 pm except for

holidays. Additionally, we are starting to offer some one day programs for out of school days to support working families who don't have these days off.

**Staff Comments:**

- *Members Matter narrative describes after-school services for middle school students and summer programming open to students of all ages. CCMHB funding is earmarked to support programming offered at the club when school is not in session - summer months, and winter, and spring breaks, by funding part-time club staff.*
- *Range of activities offered in a safe supportive learning environment align with MAYC core values.*

**Access to Services for Rural Residents:**

The MAYC Clubhouse and the Mahomet Jr. High are outside of Champaign-Urbana. Currently, all participants in Members Matter are rural residents. Rural residents will be served at the MAYC Clubhouse for out of school programs and the Jr. High afterschool program during the school year.

**Access to Services for Members of Underserved or Underrepresented Minority Populations:**

MAYC continues to make serving underrepresented and underserved populations a priority. All youth between the ages of 6 and 17 are eligible for our Members Matter programming during school breaks, and space is held open for those youth in-need financially. As a result, 50% of the youth that participate in our summer program are eligible for scholarships. For the Jr. High Program, 70% of the youth in the program qualify for free and reduced lunch based on the Federal Guidelines. We have never turned away a referred (underserved) student from our program. The population in need economically, socially, or behaviorally are given preferential access to the program. Underserved students take part in the Jr. High Club at the end of each school day. Having it at MAYC allows for us to be open until 6pm to better accommodate working parents and accommodate more students. Our summer, winter, and spring break program occurs at the club, and our targeted population make up 50% of the attendees.

**Staff Comment:**

- *Agency and program serve Mahomet area children and youth. During periods when school is out, program has scholarships for those in financial need and reserves slots for children and youth from low-income families.*
- *Demographic data for PY19 does not indicate a racially diverse population being served. Financial hardship is the primary qualification for services.*

**Residency:** Total Served in PY2019 = 73 and in first half of PY2020 = 155

**Mahomet** 73 (100.0%) for PY19 151 (97.4%) for PY20

**Other Champaign County** 0 (.0%) for PY19 4 (2.6%) for PY20

**Demographics:** Total Served in PY2019 = 73

**Age**

Ages 0-6 ----- 14 (19.2%)

Ages 7-12 ----- 44 (60.3%)

Ages 13-18 ----- 15 (20.5%)

**Race**

White ----- 64 (87.7%)

Black / AA ----- 2 (2.7%)

Other (incl. Native American and Bi-racial) - 7 (9.6%)

**Gender**

Male ----- 40 (54.8%)

Female ----- 33 (45.2%)

**Ethnicity**

Of Hispanic or Latino/a origin ----- 7 (9.6%)

Not of Hispanic or Latino/a Origin ----- 66 (90.4%)

## Program Performance Measures

**CONSUMER ACCESS:** All youth between the ages of 6 and 17 are eligible to participate in our out of school programming. Scholarships are available with on our income-based sliding scale fees. Youth over the age of 13 are able to attend all programs for free. Participants must be a MAYC member which is an annual application and \$20 per student fee. Our Jr. High after-school program is free to all participants. It is available to anyone attending the jr. high. Parents must fill out membership and registration forms to confirm the age of the youth, and scholarship determinations are based

off of submitted income documentation. The Jr. High Program is advertised by the district on their website and through parent updates. The club also alerts members of all programs via e-mail and Facebook. The local press shares information on the club and programs regularly as well. Referrals from current or past members as well as school staff play a big role in information sharing about MAYC programs.

**Of those seeking assistance or referred, 100% will receive services/support.**

**Within 2 days from referral, 100% of those referred will be assessed.**

**Within 2 days of assessment, 75% of those assessed will engage in services.**

**People will engage in services, on average, for:** We like for students to remain involved in after school and out of school programming for at least three years.

**Additional Demographic Data:** We also collect IEP/504 eligibility, household income, family size, and family makeup.

**Staff Comments:**

- *Eligibility and enrollment process is outlined. Outreach to parents through school and community is noted.*
- *75% of those referred are expected to participate in the program.*

## **CONSUMER OUTCOMES:**

### Out of School Programs:

1. Increased enrollment numbers mirroring the increased need in the community for a safe and fun program.
2. Reduction of youth who will be home alone over the school breaks.
3. Improved relationships with peers and caring adults in the community.
4. Increased educational and recreational experiences for students of low-income families.

### Jr. High afterschool Program:

1. Ensure graduation occurs on-time. At least 90% of youth will move on to the next grade level on time.
2. Improve graduation rate. At least 80% of youth will have passing grades across Math, Science, and English.
3. Improve success in high school and leading into post-secondary education. At least 60% of students will hold steady or improve grades across Reading, Math, and Science.
4. Improved engagement and attendance. At least 75% of students will miss less than 5 days of school during school year.

*Measured by:*

### Out of School Programs:

1. Member and registration data base
- 2, 3, and 4. Parent survey/feedback

### Jr. High Program:

1. Report card data from Mahomet Schools through the Assistant Superintendent (Ensure graduation occurs on time).
2. Report card data from Mahomet Schools through the Assistant Superintendent (Improve graduation rates).
3. Report card data from Mahomet Schools through the Assistant Superintendent (Improve success in high school...)
4. Attendance records by student through the Assistant Superintendent (Improved engagement and attendance).

**Outcome gathered from all participants? Yes**      **Anticipate 150 total participants for the year.**

**Will collect outcome information Each quarter**      **Is there a target or benchmark level for program services? No**

**Estimated level of change for these outcomes:**

### Out of School Programs:

1. Enrollment of 120+ (up from 100)
2. More than 40% of parents completing survey (up from 25%)

### Jr. High:

1. Increase of 5%, to 95% of students moving on to the next grade level.
2. Increase of 10%, to 90% of students passing reading, math, and science courses.
3. Increase of 10%, to 70% of students maintaining or improving grades throughout school year
4. Increase 5%, to 80% of students with less than 5 absences.

**Staff Comment:**

- *Out of School and Jr. High programs have their own set of outcomes with performance measures and evaluation method. Outcomes and evaluation measures for Jr. High provide a more definitive assessment of program impact than those for Out of School, which seem more process-oriented, particularly the estimated level of change to be achieved.*

## **UTILIZATION:**

**Treatment Plan Clients (TPCs):** 12 - The majority of MAYC members are primarily categorized as non-treatment plan clients. In working more closely with mental health providers, social workers, school administrators and in attempting to refer individuals to service providers, MAYC anticipates that the number of treatment plan clients may increase. We currently estimate 12 TPC participants for 2021.

**Non-Treatment Plan Clients (NTPCs):** 150 - socio-economically disadvantaged youth. Many of the youth attending our programming have multiple risk factors that can potentially limit success as they progress to and through adulthood. We provide services to 150 NTPC clients.

**Service Contacts (SCs):** 2,200 - at least three homework checks a week during the school year along with three checks with parents per each session as part of our out of school offerings.

**Community Service Events (CSEs):** 200 events a year based on 50 weeks of programming. We average 4 events a week with days off for holidays and days where school is not held. We have a week off between school and summer programming at the start and end of summer.

*Staff Comment:*

- *What will be tracked under each service category is unchanged from prior year. Targets have been adjusted based on past performance.*

**PY21 Targets, per Utilization Form, Part II:**

	TPC	NTPC	SC	CSE
PY21 Target	12	150	2200	200
<b>From submitted quarterly Service Activity reports:</b>				
PY20 Mid-Year Total	10	155	1218	100
PY20 Target	5	130	2000	200
PY19 Full-Year Total	8	185	1709	200
PY19 Target	4	136	1380	200

**Financial Analysis**

**PY2021 CCMHB Funding Request:** \$40,513      **PY2021 Total Program Budget:** \$177,673

**Proposed Change in Funding - PY2020 to PY2021 = 125.1%**

**Current Year Funding (PY2020):** \$18,000 (100% of request)

**PY19 request/award = \$18,000. PY18 request/award = \$12,000. PY17 request \$15,000 and award \$12,000.**

**CCMHB request is for 23% of total program revenue. (Currently, CCMHB is 15% of total program revenue.)**

**Other sources are United Way = \$15,210 (9%); Contributions = \$90,800 (51%); and Membership Dues = \$30,350 (17%).**

*Staff Comments:*

- *CCMHB support for this program has been fairly consistent over many years. Two years ago, the program was awarded a \$6,000 increase to \$18,000. For PY21, the agency is requesting an increase of \$22,513. Other than funds awarded through United Way, all other support is from contributions and membership dues.*

**Expenses:** Personnel related costs of \$26,915 are the primary expense charged to CCMHB at 66% of \$40,513. Other expenses are: Professional Fees/Consultants \$2,250 (6%); Consumables \$3,555 (9%); General Operating \$1,742 (4%); Occupancy \$3,036 (7%); and Local Transportation \$3,015 (7%).

*Staff Comments:*

- *Increased funding supports increased personnel costs; several new positions added as the program expands to meet growing population and needs of the youth being served. See below for comments on staffing pattern.*
- *The Professional Fees expense is 50% of projected audit cost; \$2,250 allocated for audit. CCMHB expense ratio is 50% of each line listed plus payroll taxes and benefits. Salaries/wages line equals 20% of the program expense.*
- *There is a \$5,000 miscellaneous expense listed in the program budget that does not appear in the agency budget column. It is not an expense charged to CCMHB. This may result in either \$5,000 in unaccounted revenue for the program or unaccounted expense for the agency depending on how the error is corrected. If the cost is backed out of the program, it could be additional revenue to apply to CCMHB expenses and reduce CCMHB request.*

**Total Agency Budget shows a SURPLUS of \$20,195**

**Total Program Budget shows a SURPLUS of \$227**

**Total CCMHB Budget shows a BALANCED BUDGET**

**Program Staff - CCMHB Funds: 0.0 FTE Indirect and 0.69 FTE Direct. Total CCMHB = 0.69 FTEs.**



**Total Program Staff:** 0.7 FTE Indirect and 2.95 FTE Direct. Total Program = 3.65 FTEs.

**Staff Comments:**

- Supported with CCMHB funds are portions of eight different program positions ranging from 51% for the fulltime Program Director to as low as 1% of several part-time club counselors. Last year, CCMHB funds paid wages of four part-time positions in their entirety and were the only expense charged to CCMHB. All of the direct service staff positions are existing positions, although none are currently filled. Increase in support requested from CCMHB is predicated on an increase in participation in MAYC activities.

## **CCMHB PY21 Priorities and Decision Support Criteria**

**Priority: System of Care for Children, Youth, Families:** Program provides prevention-based services throughout the school year and during summer months to various school-age groups.

### **Agency Cultural and Linguistic Competence Plan**

MAYC submitted a CLC Plan that utilized the updated template and matched the actions with the National CLAS Standards. Staff will assess spaces for necessary improvement and make suggestions to the board for approval as needed. Games, toys, and related needs will be kept in good working condition and be available for use. ACTNOW standards will be reviewed to confirm facility is up to benchmarked standards. MAYC will receive CLC Training as part of the summer program orientation. MAYC will partner with school social workers, United Way, Eastern Illinois Foodbank, Mahomet Helping Hands, and other organizations to ensure that our underserved populations are aware of other resources in the community. MAYC submitted the CLC Plan 2<sup>nd</sup> Quarter Report for FY20.

### **Overarching Decision Support Criteria**

**Underserved Populations and Countywide Access:** Access is limited to Mahomet area. Scholarships are offered to children/youth from low-income families. "Underserved" relates to financial hardship. 50% of students in Out of School services receive a scholarship. For the Jr. High afterschool program, 70% are said to qualify for reduced/free lunch program at school where only 20-25% of students qualify, indicating the program is reaching an at-risk population.

**Inclusion and Anti-Stigma:** Not a focus of the application. MAYC places an emphasis on serving children and youth from low-income families. Programming is diverse, providing range of experiences and relationship building opportunities between those who may not otherwise have the chance to interact.

**Outcomes:** Program has open access and offers scholarships. Consumer outcomes and evaluation methods are different for Out of School and Jr. High Afterschool programs. Of the two sets, the Jr. High Afterschool outcomes, evaluation methods, and performance measures are more focused.

**Coordinated System:** Other providers of school aged after school and summer programming that serve other communities in Champaign County are identified. Joint field day as part of summer programming is under consideration.

**Budget and Program Connectedness:** Budget Narrative provides good detail on all revenues, expenses, and staff.

Professional Fees line includes cost for CCMHB required financial review. Staffing pattern aligns with services.

**Approach/Methods/Innovation:** Prevention-based afterschool and summer program activities. Focus is on providing a safe, positive environment with academic supports. Effectiveness is measured by growth in attendance and change in school grades. Link to supporting research on these measures is provided.

**Evidence of Collaboration:** Written agreements with school district, foodbank, and other providers as well as informal agreement with other local resources to assist with basic needs.

**Staff Credentials:** References qualifications and work experience for Program Director and Teen Coordinator positions. Club counselors are high school/college age. Club-specific training is provided to all prior to start of summer program.

**Resource Leveraging:** No. Other than local grants from CCMHB and United Way, funding comes from contributions and membership dues. **Other Pay Sources** United Way supports the Jr. High afterschool program and independent fundraising helps us offset the additional cost of the Members Matter program. **Client Fees Yes Sliding Scale Yes**

### **Process Considerations & Caveats**

**Contracting Considerations:** If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2021 contract:

- Possible \$5k discrepancy to resolve.
- If awarded, a two-year term contract would be appropriate.



**Agency: NAMI Champaign County Illinois**  
**Program: NAMI Champaign Grant App.**

*Draft PY2021 Program Summary*

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PY2021 CCMHB Funding Request: \$35,000      PY2021 Total Program Budget: \$35,000  
Proposed Change in Funding - PY2020 to PY2021 = 250%  
Current Year Funding (PY2020): \$10,000 (100% of request) (NEW this year)

Focus of Application: Mental Health  
Type of Contract: Grant  
Priority: System of Care for Children, Youth, and Families

### Services and People Served

**Target Population:**

The National Alliance on Mental Illness (NAMI) is the nation's largest grassroots mental health organization, having over 500 local affiliates. NAMI has developed formal trainings using best practices to offer free, peer-led education classes and support groups. NAMI Champaign County (NAMI CC) offers these free programs to all residents of Champaign County. Our target audience includes adults and children/youth from grade school through high school who personally experience a mental health condition, along with their family and friends. According to studies conducted by organizations such as SAMHSA, 1 in 5 U.S. adults (20%) experience mental illness each year, and 1 in 6 U.S. youth (17%) aged 6-17 experience a mental health disorder each year. The estimated population of Champaign County in 2020 is 210,104, of which 169,892 are adults (worldpopulationreview.com). If national averages are reflected, about 34,000 adults in Champaign County experience a mental illness each year. An estimated 18-20% of Champaign County residents are ages 6-17 years old. Estimating 40,000 residents in this demographic, roughly 6,800 of grade school through high school students in Champaign County experience a mental health disorder each year.

*Staff Comments:*

- Target population is defined as youth and adults experiencing mental illness and their families.
- Statistical references and role of NAMI are also mentioned.

**Scope, Location, and Frequency of Service(s):**

Scope: NAMI CC currently offers:

- NAMI Family-to-Family – An 8-week educational course for family, caregivers, and friends of individuals living with mental health conditions.
- NAMI Family & Friends – A 4-hour educational seminar that informs and supports people who have loved ones with a mental health condition.
- NAMI Family Support Group – A peer-led support group for family members, caregivers and loved ones of individuals living with a mental health condition.
- NAMI In Our Own Voice (IOOV) – A presentation where individuals with a mental health condition talk openly about what it is like to have a mental health condition.
- NAMI Ending the Silence (ETS) – Presentations for both a student audience and school staff to teach the warning signs of mental health conditions and how to seek help for oneself or others.

NAMI CC requests funding to maintain our current offerings and to launch two new programs that have been deemed priorities based on a Capacity Assessment by the Executive Director and Board of Directors:

- NAMI Provider – A 15-hour education program of in-service training that introduces mental health professionals to the unique perspectives of people with mental health conditions and their families.
- NAMI Connection Recovery Support Group – This support group is facilitated by two trained peers with lived-experience.

For such capacity building, funding to increase the Executive Director's appointment from 25% to 50% is requested. Also, as a recognized Peer Professional with NAMI Illinois, the Executive Director will initiate wellness and recovery

peer education. Funding will support peer educator/s, as well as an outreach coordinator/event planner, all to be paid an hourly wage per class/event as needed. Experienced NAMI members have been identified. These positions would be under the direction of the Executive Director, with guidance from the Board.

Location/Frequency: NAMI Provider will be held at the provider's request, either on-site at the provider's facility or at a public venue. NAMI CC has a contract with OSF Heart of Mary Medical Center for free auditorium use as a non-profit. NAMI Connection Recovery Support Group will be held at the Colony West Clubhouse, OSF, churches, or other appropriate public venues where confidentiality is assured. Support group members decide how often to meet, ranging from once a week to once a month. All of these locations are in Champaign County and we require they be ADA compliant.

**Staff Comments:**

- *Peer-led supports provided to families or persons living with mental illness, as well as community education campaigns, are primary activities offered through NAMI Champaign Chapter.*
- *Funding increase requested is to increase part-time Executive Director hours from quarter-time to half-time and to add to new activities: provider orientation and recovery support group.*

**Access to Services for Rural Residents:**

NAMI CC offers our signature programs to all communities within Champaign County. NAMI CC programs and events will be advertised through personal contacts and flyers in underserved areas, in addition to advertisements via social media, email newsletters, and website posts. NAMI Connection Recovery Support Group can be offered to any community in any venue where there is privacy and ADA compliance. NAMI Provider can be hosted by the providers themselves, or NAMI CC can reserve another venue using non-profit status. In rural areas where office space is limited, NAMI CC will coordinate with surrounding communities to find a convenient venue. NAMI CC offers our current signature programs in public venues in Champaign County. The two new programs, NAMI Provider and NAMI Connection Support Group, can be held in any town or community by meeting in any public venue that offers sufficient privacy. Meeting places must also meet the requirement of being ADA compliant.

**Access to Services for Members of Underserved or Underrepresented Minority Populations:**

NAMI CC will have well-trained volunteer program coordinators who are chosen because they have expressed and understand NAMI's mission of meeting the needs of minority populations. NAMI CC requires all program leaders to follow NAMI's standards of tolerance and inclusion of all people. NAMI CC encourages people of all demographic groups to join and take advantage of all their services. NAMI CC will offer underserved/underrepresented groups services where they are needed. NAMI CC has two places where it meets on a regular basis, but other venues could be identified. These places include OSF Heart of Mary Medical Center and the Colony West Clubhouse located in Champaign or any suitable venue within Champaign County.

**Staff Comments:**

- *Events and trainings are open to any resident. Events may be scheduled anywhere in the county. NAMI Champaign County regular membership meetings are held in Champaign. Program leaders are expected to meet standards of tolerance and inclusion. Specific outreach efforts to rural areas or underserved/underrepresented populations are not identified.*
- *No residency or demographic data is reported as the agency only reports on number of Community Service Events held. Collection of participant data is not practical under such circumstances.*

**Residency and Demographic data for first half of PY2020 = N/A (and program is new in PY2020).**

## **Program Performance Measures**

### **CONSUMER ACCESS:**

While the programs of NAMI CC focus on helping people with mental health conditions and their families, we do not have any membership or other requirements for anyone who wishes to participate in our meetings. NAMI CC asks that participants in their group meetings be 18+. Members of the community and providers are also encouraged to attend. People who attend NAMI Provider or NAMI Connection Recovery Support Group held by NAMI CC will be asked to volunteer demographic information when taking part in these programs. NAMI CC is often found by members of the community through our website, social media, provider referrals, referrals from other organizations, and by word of mouth. Advertising for all NAMI CC programs, including NAMI Provider and NAMI Connection Recovery Support Group, is done through email flyers and mailing lists of collaborators. NAMI Provider will also be marketed directly to both public and private mental health providers/professionals.

**Of those seeking assistance or referred, 100% will receive services/support.**

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

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

**People will engage in services, on average, for: NAMI CC is an open-door organization. Our members participate anywhere from a few meetings to many years.**

**Additional Demographic Data: NAMI CC will ask for a phone number and email address.**

**Staff Comments:**

- *NAMI presence in the community, along with outreach efforts, is described.*
- *Timeframes for referral process would relate to organizing events and connecting individuals to the appropriate NAMI group/training/meeting. A formal assessment would not apply to enrollment in NAMI activities.*

### **CONSUMER OUTCOMES:**

NAMI CC wants to let those who need support to understand they are not alone and that recovery is possible. The focus is to help people impacted by mental health problems and the public to have a deeper understanding of mental illness and to end the stigma that surrounds it.

NAMI Provider introduces mental health professionals to the unique perspectives of people with mental health conditions and their families. The goal is for providers to develop enhanced empathy for the daily challenges of their clients and recognize the importance of including them in all aspects of the treatment process.

NAMI Connection Recovery Support Group is confidential, peer-led support group for any adult who has experienced symptoms of a mental health condition. Participants gain insight from hearing the challenges and successes of others, and the groups are led by trained leaders with mental health conditions. NAMI's support groups are unique because they follow a structured model to ensure all participants are given an opportunity to be heard and get needed support.

NAMI CC will create or use rubrics already in use by other affiliates to assess the impact of these new programs. NAMI CC wishes to realize enhanced awareness in mental health providers that lead to positive changes in their approach to providing quality mental health care. With referrals from providers, NAMI is prepared to welcome their clients and patients in classes and support groups.

NAMI CC also wishes to realize a positive change for participants of NAMI Connection using rubrics created for this program. Facilitators are required to follow specific procedures to document groups outcomes.

NAMI CC is required to submit quarterly reports to NAMI Illinois regarding all programming and following the standards established by NAMI. These standards likewise will be used in measuring outcomes as required by the CCMHB.

NAMI CC uses appropriate evaluations for each participant in NAMI Provider and NAMI Connection. Evaluations will be collected by a presenter or facilitator and given to the Executive Director for collation to be submitted to NAMI and grantors as needed.

The rubric or survey will measure the following domains:

If they came to the presentation to seek help for themselves or a family member (yes/no).

If they came to better understand mental health issues (yes/no).

If they feel they understand more about mental illness (yes/no).

If the program increased the quality of their life (yes/no).

Would they recommend the program to others (yes/no).

Each answer quantifies as follows: Yes = 2; No = 1; Not applicable = 0

NAMI CC's Provider education course is estimated to receive 8-points on exit surveys (80%).

NAMI CC's Connection support group is estimated to receive 8-points on exit surveys (80%).

NAMI CC determines the effectiveness of its Executive Director through yearly performance evaluation done by the Board of Directors.

**Outcome gathered from all participants? Yes Anticipate 100 total participants for the year.**

**Will collect outcome information At the exit of each program.**

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

**Estimated level of change for this outcome is N/A**

**Staff Comment:**

- *NAMI will apply NAMI Illinois standards and measures to CCMHB-funded services. A five question survey will be used to evaluate the performance of various sessions.*
- *No benchmark is identified to compare performance. Program may want to establish benchmark for estimated level of change based on NAMI Illinois data or from PY20 and PY21 data.*

## UTILIZATION:

**Community Service Events (CSEs):** 65 NAMI CC's Community Service Events are the specific event itself and meetings held to plan the event. This includes the number of education/training classes (e.g. Family-to-Family, community education events, peer-run education events), the number of support groups (e.g. Family Support Group, Connection Peer Support Group), school presentations (e.g. Ending the Silence), and provider education (e.g. NAMI Provider). NAMI CC's Executive Director will coordinate and/or conduct interviews with reporters and coordinate the production of 12-24 articles in 2021. NAMI CC's Executive Director will coordinate the distribution of public service announcements via social media, webpages, newsletters, pamphlets and emails in 2021.

### Staff Comment:

- Section has been edited. NAMI will report CSEs. Target has been increased to 65 from PY20 target of 45. Activity reported through the first half of the year supports increase to new target.

### PY2021 Annual targets (per Utilization Form)

	NTPC	SC	CSE	OTHER
Annual Target	0	0	65	0

### PY2020 First two quarters (per submitted Service Activity Reports)

Mid Year Actual PY20	0	0	30	0
Annual Target			45	

## Financial Analysis

**PY2021 CCMHB Funding Request:** \$35,000      **PY2021 Total Program Budget:** \$35,000

**Proposed Change in Funding - PY2020 to PY2021 = 250%**

**Current Year Funding (PY2020):** \$10,000 (100% of request) (NEW this year)

**CCMHB request is for 100% of total program revenue.**

### Staff Comment:

- PY20 was the first year NAMI applied to the CCMHB for funding. The amount requested for PY21 is \$25,000 over the PY20 award. CCMHB is the sole program funder. Although the agency does have other revenue from contributions, none of these funds are allocated to the program, nor are any in-kind contributions. A portion of funds raised through contributions would pay 20% of the part-time Executive Director's time spent on other activities outside of the program.

**Expenses:** Personnel related costs of \$20,032 are the primary expense charged to CCMHB at 67% of \$30,000. Other expenses are: Professional Fees/Consultants \$1,928 (6%); Conferences/Staff Development \$3,440 (11%); Miscellaneous \$840 (3%); Consumables \$2,240 (7%); and General Operating \$1,520 (5%).

### Staff Comments:

- Errors in expense budget, due in part to incorrect personnel form.
- \$640 allocated for audit expense. A financial compilation will be required due to total revenue amount.
- After correcting the personnel form, Program & CCMHB budgets will still show surplus and need correcting.
- Personnel form was not completed correctly, skewing program expense column and, to a lesser degree, CCMHB expense column. 100% of the operating budget is charged to CCMHB revenue. The errors on the personnel form aside, it does appear the requested amount of \$35,000 is \$5,000 over CCMHB budgeted expenses of \$30,000.

**Total Agency Budget shows a SURPLUS of \$19,142**

**Total Program Budget shows a SURPLUS of \$25,032 (This needs correcting as we are the only funder of this program)**

**Total CCMHB Budget shows a SURPLUS of \$5,000 (This needs correcting. Balanced budget is required.)**

**Program Staff - CCMHB Funds:** 0.0 FTE Indirect and 0.00 FTE Direct. Total CCMHB = 0.00 FTEs

**Total Program Staff:** 0.0 FTE Indirect and 0.00 FTE Direct. Total Program = 0.00 FTEs.

### Staff Comments:

- Due to a personnel form error, percentage of staff dedicated to the program is not posted. However, the Budget Narrative indicates that 80% of the part-time Executive Director's position is to be charged to the program (CCMHB). If the CCMHB request were approved, the Executive Director position would move from a quarter-time to half-time position. A new Peer Educator/Outreach Coordinator position is proposed that would have a very limited number of hours.

# CCMHB PY21 Priorities and Decision Support Criteria

**Priority: Innovative Practices and Access to Behavioral Health Services:** Proposal would also align with this priority as it offers various groups and peer supports to the community as well as to specific populations, e.g. middle and high school students.

**Priority: System of Care for Children, Youth, Families:** Proposal aligns with selected priority. Seeks additional support for the executive director to coordinate NAMI activities in the community. NAMI provides peer-led programming to increase families' ability to support member with mental illness, and community education to reduce stigma.

## Agency Cultural and Linguistic Competence Plan

NAMI is a support group that serves the needs of families impacted by mental illness in Champaign County and the surrounding areas. NAMI board will allocate 8 hours of CLC Training annually. NAMI will organize a Cultural and Linguistic Competence Committee with authority to monitor goals of CLCP and create action steps. Each member will read and sign agreement that CLCP has been read, and practices will be implemented within the designated time period. NAMI Champaign continues to provide resource materials in the form of printed materials, pdf downloads, weblinks, social media postings, radio outlets, television spots, and word-of-mouth from our diverse volunteer base. NAMI Champaign has a trained Family-to-Family educator who is fluent in Spanish, Portuguese, and English. Also, a young adult presenter in Ending the Silence program is fluent in Spanish and English. NAMI uses cell-phone technology to support individuals who may not be able to meet with a person. The CLC Plan actions matched the National CLASS Standards and followed the updated template. NAMI submitted CLC Plan 2<sup>nd</sup> Quarter reports for FY20.

## Overarching Decision Support Criteria

**Underserved Populations and Countywide Access:** NAMI commits to promoting and hosting services throughout the county and references training of volunteer program facilitators on the importance of inclusion and tolerance.

**Inclusion and Anti-Stigma:** Goal of NAMI activities is reducing stigma associated with mental illness through mutual support and community education. Tolerance and acceptance of all is a basic tenet of NAMI mission.

**Outcomes:** Access and Consumer outcomes are appropriate to the volunteer-driven family focused nature of the organization. A brief five question survey will be used to evaluate various peer support groups and education courses.

**Coordinated System:** Relationship with various providers and other support groups is referenced. NAMI Champaign Chapter also engages with NAMI U of I, 211, and criminal justice system (CIT training and Stepping UP Initiative).

**Budget and Program Connectedness:** CCMHB is sole funder for the program. NAMI, in its second year applying for funding, seeks to increase initial award from \$10,000 to \$35,000. Program seeks to increase Executive Director's time and add support for new position having very limited hours. Some issues with Personnel Form skew expense columns. It appears revenue requested is \$5,000 more than projected program expenses.

**Approach/Methods/Innovation:** NAMI Champaign County is a peer-run organization recognized by SAMHSA. Research supporting value of peer-led services with links to the sources is provided.

**Evidence of Collaboration:** An MOU with GROW has been completed. Other providers NAMI works with are listed. Many are longstanding relationships.

**Staff Credentials:** Training requirements for volunteers facilitating peer-led programs referenced. Executive Director is a Certified Recovery Support Specialist (CRSS) and another NAMI peer is pursuing the credential.

**Resource Leveraging:** No. CCMHB is the sole funder for the program. Contributions made to NAMI are not allocated to the program. **Other Pay Sources** NAMI CC receives donations, membership dues, and memorials. NAMI CC collects dues from members but membership is not required to attend NAMI activities. NAMI CC receives donations from concerned community leaders and memorial donations from families of deceased community members. **Client Fees** No Sliding Scale No

## Process Considerations & Caveats

**Contracting Considerations:** If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2021 contract:

- Correct personnel form and revise expense form. CCMHB budget should balance.
- Agency is a volunteer-driven family advocacy organization under contract with the CCMHB for the first time, and this is the first time managing a government contract.



## Agency: Promise Healthcare

# Program: Mental Health Services with Promise

### Draft PY2021 Program Summary

PY2021 CCMHB Funding Request: \$350,117 PY2021 Total Program Budget: \$2,590,816

Proposed Change in Funding - PY2020 to PY2021 = 44.5%

Current Year Funding (PY2020): \$242,250 (100% of request)

Focus of Application: Mental Health

Type of Contract: Grant

Priority: Innovative Practices and Access to Behavioral Health Services

## Services and People Served

### Target Population:

Promise Healthcare, provides primary health services for the uninsured and underinsured population of Champaign County through Frances Nelson, the SmileHealthy dental programs, and satellite clinics. In 2019 Promise Healthcare served 12,500 patients. Of those that reported, 74% of our 2018 patients live below the Federal Poverty Level (FPL) and only 4% live above 200% the FPL. While open to all, the Mental Health Services with Promise Healthcare program will target providing care to those who are patients of a Promise program or our collaboration with Rosecrance. Promise Healthcare continues to provide on-site mental health services to achieve the integration of medical and behavioral health care as supported by both the National Council for Community Behavioral Healthcare (NCCBH) and the National Association of Community Health Centers (NACHC). Research conclusively supports that patients often address behavioral health issues with the primary health care provider, thus it is important to have immediate access to each other to achieve timely and appropriate diagnosis and treatment. With the support of Dr. Archana Chopra and our CCMHB Mental Health Services grant, 800-1000 patients are prescribed a behavioral health medication by their Promise primary care provider.

### Staff Comments:

- Access to mental health counseling & psychiatry available to patients or through collaboration with Rosecrance.
- Promise Healthcare is the Federally Qualified Health Center (FQHC) serving Champaign County. This section provides a general overview of the role the agency plays in meeting the needs of the uninsured/underinsured and of the importance of integrating mental health care with primary care.

### Scope, Location, and Frequency of Service(s):

**Counseling Services:** Mental health services to both adults and children will be provided by James Hamilton, LCPC (1.0 FTE) and by Shae Ellington, LCSW (1.0 FTE) to established medical patients who are referred by one of the health center's primary care medical providers. Our counseling program can accept a limited number of new patients directly to counseling. Additionally, services are offered at our Walnut St. clinic and Urbana School Health Center by Cindy Lam LCPC outside of CCMHB funding.

**Adult Psychiatry:** Dr. Archana Chopra (.50FTE), a psychiatrist, provides services for patients with acute or chronic/serious mental illness who are often in need of a behavioral health medication. Dr. Chopra is available for provider education on behavioral health issues and to meet with PCPs individually for case consultation. Dr. Chopra welcomes both internal referrals and patients new to the health center. Dr. Hayng-Sung Yang (1 FTE) and Dr. Feiteng Su (.50 FTE) are psychiatrists who work with patients supported by Promise Healthcare primary care providers, counselors, Rosecrance counselors and case managers for psychiatry visits, and patients new to Promise or Rosecrance.

**Nursing Support for Mental Health:** Janet LaValle, RN (1 FTE about .20 FTE to program) and Daneen Orwick, RN (1 FTE to program), support our patients who are prescribed psychiatric medications including anti-depressants for depression, mood stabilizers for bi-polar disorder, stimulants for ADHD and attention issues, and anti-anxiety for anxiety, panic and PTSD, and administer injection clinics. Our mental health nurses also provide extended triage coverage for

patients under the care of our psychiatrists and/or the care of our primary care providers prescribing psych meds.  
AR Claims Specialist: With CCMHB funding Promise will add staff whose work will include processing behavioral health claims denied by Medicaid managed care organizations and other payors.

Location/Frequency: Frances Nelson Health Center, 819 Bloomington Road, Champaign: Adult psychiatry on Mondays and Thursdays; Adult mental health counseling Monday – Friday. Promise Healthcare on Walnut: Adult psychiatry Monday – Friday; Adult mental health counseling Monday – Thursday (not included in CCMHB funding). Promise Healthcare at the Urbana School Health Center: Pediatric mental health counseling Fridays (not included in CCMHB funding)

**Staff Comments:**

- *Services – mental health counseling, adult psychiatry - at Frances Nelson and satellite site at Rosecrance Walnut Street location, along with support services to patients under care of psychiatrists and primary care doctors, remain in place. The exception is that the pediatric psychiatrist provided through Carle is no longer available. Counseling services have also expanded and will not require support from CCMHB funds. The CCMHB is asked to fund a new halftime Claims Specialist position.*

**Access to Services for Rural Residents:**

Although there is no priority given for rural residents, Promise Healthcare routinely sees about 20% of the clinic-- provided mental health services were for patients from outside Champaign/Urbana/Savoy. The data is tracked via zip codes for the quarterly reports. Frances Nelson and Promise Healthcare on Walnut.

**Access to Services for Members of Underserved or Underrepresented Minority Populations:**

Promise Healthcare works to execute its mission to create a healthier community by targeting delivering primary medical, behavioral health, and dental care to the underserved. We work to eliminate barriers to care including providing care to patients regardless of ability to pay, offering language interpretation for all sites and programs, and investing in ongoing cultural and linguistic competency training for board and staff. A majority of our board of directors are patients of the health center including our behavioral health services. Frances Nelson, Promise Healthcare on Walnut, Promise at the Urbana School Health Center.

**Staff Comments:**

- *Services are office-based & available at Frances Nelson and Promise Healthcare's satellite clinic at Rosecrance Walnut St facility. Agency provides care to underserved/underrepresented populations per its mission.*

**Residency:** Total Served in PY2019 = 2570 and in first half of PY2020 = 1837

<b>Champaign</b>	1,198 (46.6%) for PY19	839 (45.7%) for PY20
<b>Urbana</b>	732 (28.5%) for PY19	530 (28.9%) for PY20
<b>Rantoul</b>	267 (10.4%) for PY19	179 (9.7%) for PY20
<b>Mahomet</b>	88 (3.4%) for PY19	73 (4.0%) for PY20
<b>Other Champaign County:</b>	285 (11.1%) for PY19	216 (11.8%) for PY20

**Demographics:** Total Served in PY2019 = 2570

**Age**

Ages 0-6	18 (.7%)
Ages 7-12	43 (1.7%)
Ages 13-18	61 (2.4%)
Ages 19-59	2,109 (82.1%)
Ages 60-75+	339 (13.2%)

**Race**

White	1,581 (61.5%)
Black / AA	668 (26.0%)
Asian / PI	50 (1.9%)
Other (incl. Native American and Bi-racial)	157 (6.1%)
Not Available Qty	114 (4.4%)

**Gender**



Male -----	1,036 (40.3%)
Female -----	1,534 (59.7%)
<b>Ethnicity</b>	
Of Hispanic or Latino/a origin -----	141 (5.5%)
Not of Hispanic or Latino/a Origin ----	2,243 (87.3%)
Not Available Qty -----	186 (7.2%)

## Program Performance Measures

**CONSUMER ACCESS:** Promise Healthcare’s mental health services are available to anyone regardless of their ability to pay. Anyone is eligible for our services. [to application question -] Not applicable. Promise works on promotion several ways including working with collaborators and referring agencies and providers, marketing and social media. However, most patients learn about our mental health services through word of mouth from family and friends.

**Of those seeking assistance or referred, 100% will receive services/support.**

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

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

**People will engage in services for:** Average length of engagement in counseling services is 12-15 months. Average length of engagement in psychiatric services is ongoing.

**Additional Demographic Data:** Health coverage, veteran, migrant worker status, homelessness, and preferred language  
**Staff Comments:**

- *No restriction on eligibility for services. Target population narrative indicated that a high percentage were low-income. As the Federally Qualified Health Center serving Champaign County, no one can be turned away for inability to pay, enabling the uninsured to access care.*
- *Length of engagement for different levels of care is noted.*

**CONSUMER OUTCOMES:** We expect that clients in counseling and psychiatry will have:

1. decrease in emotional distress or mental health symptoms, and
2. work to support patients to achieve their optimal health
3. increase in percentage of denied claims that are addressed

*Measured by:*

1. Decrease in emotional distress or mental health symptoms will be measured using the Patient Stress Questionnaire (PSQ) in the electronic health record. The PSQ includes The Patient Health Questionnaire (PHQ-9), General Anxiety Disorder (GAD-7), and the AUDIT screening tool. The data will be patient reported to the behavioral health provider and entered into the electronic health record.
2. Work to support patients to achieve their optimal health can be measured by patients who are also medical patients through tracking clinical care gaps. Clinical care gaps are HRSA and CMS evidence-based standards of care. Patients of the mental health program can also anonymously report program experience through the annual patient experience survey.
3. Promise business office will measure and report the percentage of denials addressed. With changing ownership of managed care organizations, we expect the environment to be more difficult and a claims specialist to become even more critical.

**Outcome gathered from all participants?** No. Patient Stress Questionnaire (PSQ) in the electronic health record with the Patient Health Questionnaire (PHQ-9), General Anxiety Disorder (GAD-7), and the AUDIT screening tool are collected for every patient engaged in therapy as part of the initial assessment and after six months of engagement and at discharge—when known. Psychiatry does not use a tool but instead subjective clinical judgement.

**Anticipate 2100 total participants for the year.**

**Will collect outcome information throughout the year.** More detail below.

**Is there a target or benchmark level for program services?** Yes. Patient Stress Questionnaire (PSQ) in the electronic health record with the Patient Health Questionnaire (PHQ-9), and the AUDIT screening tool are collected for every patient engaged in therapy as part of the initial assessment and after six months of engagement. Psychiatry does not use a tool but instead subjective clinical judgement. Promise will also survey about 20-30 patients per provider as part of our annual patient experience survey. We expect our health center to perform at or above the Midwest community health center average on all items and providers to exceed 95% of patients scoring them as good or very good. Promise will screen for depression as part of medical visits for all eligible patients throughout the year. The CDC’s Healthy People

2020 has set a goal for 87% of patients screened with follow up plans. As Promise works to reach the HP2020 goal, we have set an internal target of 80%.

**Estimated level of change for this outcome:** Promise plans for a majority of the patients demonstrate improvement in the PSQ scores with a near majority to maintain. When using the GAF, Promise saw an increase from 40% improved GAF/C-GAS, 5% decreased and 55% stayed the same in 2019. Promise expects similar patient experience survey results in calendar year 2020 from 2019. For the goal of depression screening with a follow up plan, we improved from 52% in 2018 to 81% in 2019. In 2020 we plan to maintain the goal of 80% of appropriate medical patients are screened for depression with appropriate follow up.

**Staff Comments:**

- Outcome measures, evaluation tools, and methods for mental health patients are provided, as are benchmarks and projected level of change. For some patients, measure of client’s progress toward optimal health will occur through tracking clinical care gaps as defined by federal standards of care.
- An outcome specific to the impact of the Claims Specialist position is also listed.

**UTILIZATION:**

**Treatment Plan Clients (TPCs):** 500 counseling/1,600 psychiatry/70 child psychiatry - Continuing treatment plan patients and new patients to counseling or seeing a psychiatrist (unduplicated) will be counted in TPCs as Treatment Plan Clients. We are projecting 1,600 TPC in adult psychiatry and increasing to 500 in counseling with the HRSA funded position.

**Non-Treatment Plan Clients (NTPCs):** 850 Non Treatment Plan Clients will include patients who receive their behavioral health medications from their Promise Healthcare primary care provider due to the support provided by Dr. Chopra—usually tracked in psychiatry. We believe that we have built capacity for serving an additional 850 patients a year through PCPs. When a patient does not complete assessment or chooses to not engage in therapy with one of our therapists, this is tracked as NTPC for counseling.

**Service Contacts (SCs):** 9700 - Counseling encounters and appointments with our psychiatrists will be tracked using SC to count each encounter or kept appointment. We are projecting 7,500 psychiatry encounters and increasing to 2750 the number of encounters in counseling adding the HRSA funded position.

**Community Service Events (CSEs):** 10 – events with therapists promoting the mental health program or educating about mental health awareness outside the health center—typically a community event or health fair. As we have other staff with this responsibility, we do not project counseling CSE. For psychiatry reporting, CSE is where we will track staff and provider trainings related to behavioral health issues. In FY21 we are projecting four trainings related to behavioral health care from all-staff training on how to handle patients in crisis to bringing outside speakers to talk about managing chronic pain.

**Other:** 50 - We are not projecting Other for counseling. In the adult psychiatry tracking Promise business office will report the percentage of denials addressed as Other. As this will be a new position for Promise, we believe that the position can address at least 50% of denied claims.

**Staff Comments:**

- Each service utilization category includes a description of counseling and psychiatry-related activity to be tracked and associated target provided.
- The “Other” category will now be used to provide a target for percentage of denied claims.
- The target for child psychiatry is likely no longer applicable. Other minor corrections may also be necessary.

**PY21 Annual targets (per Utilization Form)**

	TPC	NTPC	SC	CSE
Annual Target (counseling)	500	0	2750	0
Annual Target (psychiatry)	1600	850	7500	10
Annual Target (child psychiatry)	70	0	200	0
<b>From submitted quarterly Service Activity reports:</b>				
PY20 Mid-Year Total	1897	770	5368	6
PY20 Target	2040	850	9700	10
PY19 Full-Year Total	2275	1253	10,821	12
PY19 Target	1970	850	9700	10 (counseling + psychiatry)

**Staff Comment:**

- *Data presented in tables for PY19 and PY20 combine counseling and psychiatric service quarterly report totals. Residency and demographic data are for both populations.*

## Financial Analysis

**PY2021 CCMHB Funding Request: \$350,117    PY2021 Total Program Budget: \$2,590,816**

**Proposed Change in Funding - PY2020 to PY2021 = 44.5%**

**Current Year Funding (PY2020): \$242,250 (100% of request). PY19, PY18, and PY17 request/award \$222,000.**

**CCMHB request is for 14% of total program revenue. Other sources are Contributions - various = \$357,732 (14%), Grants - US Dept HHS = \$166,991 (6%), Fee for Service (Medicaid, Medicare, private insurance) = \$1,715,976 (66%).**

*Staff Comments:*

- *Promise Healthcare is requesting an increase of \$107,867 over the amount awarded in PY20. In spite of this 45% increase, CCMHB percentage of program revenue essentially remains the same for PY21 (14%) compared to PY20 (15%) due to total program funding from other sources increasing by almost \$840,000.*

**Expenses: Personnel related costs of \$328,517 are the primary expense charged to CCMHB at 94% of \$350,117.**

**Other expenses are: Lease/Rental \$21,600 (6%).**

*Staff Comments:*

- *Increase will support a new A/R Claims Specialist plus increased salary expenses for psychiatrists, counselors, and direct clinical support.*
- *The lease/rental expense line is for office space at Frances Nelson and the satellite site at Rosecrance Walnut Street location. 100% of this program expense is allocated to CCMHB. All other expenses are charged to other sources. CCMHB allocated personnel costs equal 19% of program salaries/wages and 18% of payroll taxes.*

**Total Agency Budget, Total Program Budget, and Total CCMHB Budget are BALANCED.**

**Program Staff - CCMHB Funds: 0.50 FTE Indirect and 1.80 FTE Direct. Total CCMHB = 2.30 FTEs.**

**Total Program Staff: 3.20 FTE Indirect and 12.55 FTE Direct. Total Program = 15.75 FTEs.**

*Staff Comments:*

- *Staffing pattern for the program is extensive. Staff supported in part with CCMHB funds include three psychiatrists, two of four fulltime counselors and two nurses and a CNA. A new halftime claims specialist position supported with CCMHB funds is proposed.*
- *CCMHB is asked to support a new halftime Accounts Receivable Claims Specialist to process fee for service claims and appeals to Medicaid, Managed Care Organizations, and other payors. Such a position can reduce time between billing and payment and can increase receivables. This is the back office equivalent to enrollment coordinators or benefits case managers assisting clients with enrollment in Medicaid or other benefit plans. Once enrolled and services are billed, the claims specialist holds the payor accountable for making proper payment.*
- *As an aside, the agency has been awarded additional HHS-HRSA funds to support MH and support services. The majority of these funds are being used to add two counselors. These are the two counselor positions not supported with CCMHB funds. It should also be noted the child psychiatrist provided through Carle is no longer available to Promise Healthcare.*
- *A portion of requested increase will support increased salaries/wages to remain competitive in the marketplace.*

## CCMHB PY21 Priorities and Decision Support Criteria

**Priority: Innovative Practices and Access to Behavioral Health Services:** *Program integrates mental health (counseling and psychiatric services) with primary care at Frances Nelson and operates a satellite site for psychiatric services at the Rosecrance Walnut location.*

### Agency Cultural and Linguistic Competence Plan

*Promise Healthcare submitted an extensive and comprehensive CLC Plan that will include all aspects of the organization. Promise Healthcare utilized the template, and National CLAS Standards matched the actions in the CLC Plan. Annual Training is held at the all-staff meetings with the topics based on feedback from the Cultural Competence committee that meets quarterly. Services are provided to underserved populations in comprehensive ways in neighborhoods and through*

community partnerships. They have a language line and bilingual staff to meet the needs of the patients that require language assistance. Promise Healthcare submitted 2<sup>nd</sup> Quarter CLC Plan reports for FY20.

## **Overarching Decision Support Criteria**

**Underserved Populations and Countywide Access:** *Promise Healthcare operates Frances Nelson, the federally qualified health center (FQHC) serving Champaign County. Services are open to any person seeking care regardless of ability to pay. A high percentage of patients served by Frances Nelson live below the poverty level. Many are uninsured/underinsured. Services are office-based. Both locations are in Champaign.*

**Inclusion and Anti-Stigma:** *Addressing stigma is not a focus of the application. Governing Board includes active patients giving voice to the underserved.*

**Outcomes:** *Access outcome defines eligibility for services. Consumer outcomes, evaluation tools and methods, and benchmarks are provided. Section includes outcome specific to the performance of the new claims specialist position.*

**Coordinated System:** *Promise references other large-scale healthcare/behavioral healthcare providers serving a similar population. Promise Healthcare collaborates with all of the care providers mentioned. In addition, Promise has satellite sites at some of these providers' locations – Rosecrance Walnut location, and OSF-Community Resource Center.*

**Budget and Program Connectedness:** *Significant increase in total program budget reflects increased federal funding and anticipated increase from fee for service billings resulting from expanded capacity and claims processing as well as 45% increase requested from CCMHB. Program staff includes counselors, psychiatrists, and support staff. New claims specialist position is included as part of CCMHB requested funding.*

**Approach/Methods/Innovation:** *Research supporting integration of primary care and behavioral healthcare is referenced. Integrated care is provided at Frances Nelson and the Rosecrance satellite site. Links to sources cited are provided. National Councils endorsing this approach are also mentioned.*

**Evidence of Collaboration:** *Comprehensive list of entities Promise Healthcare has written agreements with is provided.*

**Staff Credentials:** *Licenses/qualifications for clinicians, psychiatrists, and primary nursing staff involved in delivering services and supported with CCMHB funds are provided.*

**Resource Leveraging:** *CCMHB funding accounts for 14% of total budget and pays for services to uninsured or underinsured/self-pay clients and/or services not billable to another source. Funds are not used as match. Federal grants and fee for service contracts are primary source of support. Support from contributions made to the agency and allocated to the program is also substantial.*

**Other Pay Sources** The primary source of funding for the program will be patient revenue. Most patient revenue will be billing a patient's health coverage including Medicaid, managed care plans, Medicare and commercial insurance. Promise has been able to grow patient supports and mental health services with new federal funding from HRSA. **Client Fees**

**Yes Sliding Scale** Yes

## **Process Considerations & Caveats**

**Contracting Considerations:** If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2021 contract:

- *New Claims Specialist position is vacant. Consideration should be given to pro-rating the contract and adjusting award once position filled.*
- *Revise utilization section (TPC - child psychiatry target, Service Contact target, CSE target)*
- *Due to recent difficulty meeting the requirement for independent audit report, and in consideration of the underlying issues which contributed to the difficulty, regular updates to CCMHB staff will be required. PY2021 contract will be contingent on submission of an audit which does not include significant negative findings.*
- *If awarded, a two-year term contract would be appropriate.*



Mental Health Board

# Agency: Promise Healthcare Program: Promise Healthcare Wellness

## Draft PY2021 Program Summary

PY2021 CCMHB Funding Request: \$107,987      PY2021 Total Program Budget: \$358,567  
Proposed Change in Funding - PY2020 to PY2021 = 86.2%  
Current Year Funding (PY2020): \$58,000 (100% of request).

Focus of Application: Mental Health  
Type of Contract: Grant  
Priority: Innovative Practices and Access to Behavioral Health Services

### Services and People Served

**Target Population:** Our Wellness Program will provide support, case management, medication assistance and benefit enrollment for patients with non-clinical barriers to achieving optimum medical and mental health. Specifically the program will target patients who have a mental health need, those who have psycho-social support needs, and those who have been identified as having barriers to executing their treatment plan. Promise Healthcare, provides primary health services for the uninsured and underinsured population of Champaign County through Frances Nelson, the SmileHealthy dental programs, and satellite clinics. In 2018 Promise Healthcare served 12,700 patients. Of those that reported, 73% of our 2017 patients live below the Federal Poverty Level (FPL) and less than 5% live above 200% the FPL. While open to all, the Mental Health Services with Promise Healthcare program will target providing care to those who are patients of a Promise program or our collaboration with Rosecrance.

**Staff Comments:**

- Population served are patients of Frances Nelson or satellite site at Rosecrance Walnut Street location, receiving mental health services and experiencing barriers to care.
- Promise Healthcare is the Federally Qualified Health Center (FQHC) serving Champaign County. This section provides a general overview of the role the agency plays in meeting the needs of the uninsured/underinsured.

**Scope, Location, and Frequency of Service(s):**

**Scope:** Promise Healthcare coordinators will work with patients to remove barriers from reaching optimum medical and mental health. The program does this through assisting patients with access to medications, social service needs, linkage with other agencies, and enrolling eligible patients in Medicaid and Marketplace insurance. The program is also charged with facilitating care at our Rosecrance satellite and supporting collaborations and outreach. With the support of a CCMHB grant, the center continues to provide on site mental health services at Frances Nelson and now at our satellite at Rosecrance to achieve the integration of medical and behavioral health care.

**Patient Assistance and Case Management** – The Wellness Program provides unique supports to help patients increase access to elements of their treatment plan. The project coordinators will work with our medical and mental health providers and referring partners to identify patients who need assistance removing treatment plan barriers. Our coordinators will work with patients to establish a medical home and access to behavioral health services, transportation assistance, medication assistance, utility assistance, legal assistance, dental care, food support, and more. Patients who are engaged over several contacts or assisted through several barriers are considered case management (TPC). Those assisted in one visit are counted as patient assistance (NTPC)

**Promise Healthcare on Walnut Satellite** – Wellness staff are charged with facilitating patient access to Promise Healthcare on Walnut including our primary care providers and psychiatrists.

**Community Outreach** – Wellness will be responsible for participating in community events. Events will include the Re-entry Resource Fair, Love Clinic at the Church of the Living God, Champaign Urbana Days at Douglas Park, the Disability Expo, Church Women United Back to School Event in Rantoul, St. Mary’s Latino Fair, and more.

**Service Collaboration** – Wellness will work with several agencies in town to help provide resources to our patients.  
**Location/Frequency:** Frances Nelson Health Center, 819 Bloomington Road, Champaign, Monday – Friday 7:30 – 5:30  
 Promise Healthcare on Walnut by appointment.

**Staff Comments:**

- *Program seeks to address patients' non-clinical needs that present as barriers to managing medical and mental health conditions. The support can be help with accessing food pantries, applying for energy assistance, enrolling in managed care plans, or establishing a medical home. Linkage and referral with other social service providers and for patients with more involved needs providing them case management are the primary activities performed by staff.*
- *Support at the Walnut Street satellite location focuses on managing appointments. Program seeks increase in funding as well as through commitment of other agency resources to expand capacity to address clients' needs.*

**Access to Services for Rural Residents:**

Although there is no priority given for rural residents, Promise Healthcare routinely sees about 20% of the clinic-- provided mental health services were for patients from outside Champaign/Urbana/Savoy. The data is tracked via zip codes for the quarterly reports. Frances Nelson and Promise Healthcare on Walnut

**Access to Services for Members of Underserved or Underrepresented Minority Populations:**

Promise Healthcare works to execute its mission to create a healthier community by targeting delivering primary medical, behavioral health, and dental care to the underserved. We work to eliminate barriers to care including providing care to patients regardless of ability to pay, offering language interpretation for all sites and programs, and investing in ongoing cultural and linguistic competency training for board and staff. A majority of our board of directors are patients of the health center including our behavioral health services. There is no charge for Promise Healthcare wellness support. Frances Nelson and Promise Healthcare on Walnut

**Staff Comment:**

- *Case management is available at Frances Nelson and at Promise Healthcare's satellite clinic at the Rosecrance Walnut Street facility. Promise provides care to underserved/underrepresented populations per its mission.*

**Residency:** Total Served in PY2019 = 385 and in first half of PY2020 = 108

<b>Champaign</b>	202 (52.5%) for PY19	55 (50.9%) for PY20
<b>Urbana</b>	110 (28.6%) for PY19	30 (27.8%) for PY20
<b>Rantoul</b>	41 (10.6%) for PY19	10 (9.3%) for PY20
<b>Mahomet</b>	5 (1.3%) for PY19	1 (.9%) for PY20
<b>Other Champaign County</b>	27 (7.0%) for PY19	12 (11.1%) for PY20

**Demographics:** Total Served in PY2019 = 385

<b>Age</b>	
Ages 0-6 -----	3 (.8%)
Ages 7-12 -----	6 (1.6%)
Ages 13-18 -----	1 (.3%)
Ages 19-59 -----	262 (68.1%)
Ages 60-75+ -----	113 (29.4%)
<b>Race</b>	
White -----	49 (12.7%)
Black / AA -----	58 (15.1%)
Other (incl. Native American and Bi-racial) -	4 (1.0%)
Not Available Qty -----	274 (71.2%)
<b>Gender</b>	
Male -----	198 (51.4%)
Female -----	187 (48.6%)
<b>Ethnicity</b>	
Of Hispanic or Latino/a origin -----	7 (1.8%)
Not of Hispanic or Latino/a Origin -----	106 (27.5%)
Not Available Qty -----	272 (70.6%)

## Program Performance Measures

**CONSUMER ACCESS:** Promise Healthcare coordinators assist anyone who is a Promise Healthcare patient of a program. Outreach and Enrollment assist all community members. Promise Healthcare's primary medical, behavioral health and dental services are available to anyone regardless of their ability to pay. Anyone is eligible for our services. Promise Healthcare's Wellness Program is primarily referred from our own staff and providers. Coordinators are paged to rooms and tasked in the electronic health record.

**Of those seeking assistance or referred, 100% will receive services/support.**

**Within 3 days from referral, 100% of those referred will be assessed.**

**Within 3 days of assessment, 100% of those assessed will engage in services.**

**People will engage in services:** Average length of engagement varies from one day to ongoing.

**Additional Demographic Data:** Health coverage, veteran, migrant worker status, homelessness, and preferred language

**Staff Comments:**

- *Referral and engagement process is internal to the agency, occurring within the facility/patient exam rooms. Eligibility for assistance requires the person be a patient. Assistance with enrollment in a benefit plan – Medicaid/Managed Care, may occur in advance as part of community outreach or during initial engagement.*
- *Length of engagement is driven by patient's level of need – assistance with one issue may easily be resolved (see NTPC below), whereas more complex cases may require more intensive support (see TPC below).*

### CONSUMER OUTCOMES:

1. Help patients remove barriers to their treatment plan. This will be a count of patients and the issues a patient needs support and assistance addressing to move towards wellness.

2. Maintain a percentage of mental health visits where patients do not have coverage to under 15% through outreach and enrollment efforts and help 2200 people enroll in coverage (all programs, includes non-Promise patients as well).

Financial reporting shows the percentage of patients seen by therapists and psychiatrists that were uninsured. This will be a ratio of visits and count of people enrolled in coverage.

3. The program will work to support patients to achieve their optimal health which can be measured by patients who are also medical patients through tracking clinical care gaps. Clinical care gaps are HRSA and CMS evidence-based standards of care. Patients of the mental health program can also anonymously report program experience through the annual patient experience survey.

**Outcome gathered from all participants?** No. In FY17 we worked with the Evaluation Capacity Building project to create a system to record the work of the adult wellness program. The system is to create an appointment and log number and types of assists, how patient was assisted and report out in an excel spreadsheet that can be used to determine number of encounters and numbers of assists per patient. Promise will work to conduct patient experience surveys of adult wellness work in coming year to collect outcome data. Financial reporting shows the percentage of patients seen by therapists and psychiatrists that were uninsured.

**Anticipate 635 total participants for the year.**

**Will collect outcome information through surveys as part of the patient experience survey in the fall.**

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

**Estimated level of change:** to have helped all interested patients remove barriers to their treatment plan. This will be a count of patients and the issues a patient needs support and assistance addressing to move towards wellness.

**Staff Comments:**

- *Stated outcome and performance targets are present. Evaluation is based on contacts and resolution of need. For some patients, measure of client's wellness will occur through tracking clinical care gaps as defined by federal standards of care. Behavioral health patients can also respond to annual survey and address their experience with wellness services. A survey specific to wellness service recipients is planned.*

### UTILIZATION:

**Treatment Plan Clients (TPCs):** 175 Patients who are engaged with more than one contact or assisted through several barriers are considered case management.

**Non-Treatment Plan Clients (NTPCs):** 460 NTPC patients are ones who are just helped once in a program year.

**Service Contacts (SCs):** 1500 encounters with patients assisted through adult wellness or medication assistance program. A service contact may be a referral from their primary care provider, mental health provider, or referring partner.

**Community Service Events (CSEs):** 27 total – At least twelve community service events during the grant year. Promise Healthcare will welcome referrals and seek out outreach events that will help target those involved in the criminal justice system. That could include area church programs, job fairs, and education programs. The Wellness Program will execute fifteen appropriate collaborations with area agencies, supported by our Adult Wellness Coordinator.

**Other:** 2,200 - people estimated to have been enrolled in health coverage including Medicaid and Medicaid MCOs.

**Staff Comments:**

- No changes are made to how service defined in each category. Targets for TPCs, NTPCs, and service contacts are increased based on past performance.
- Improved data collection in fourth quarter PY19 identified patients and volume of contacts that were not previously reported. That improvement is reflected in PY20 numbers too.

**PY21 Annual targets (per Utilization Form)**

	TPC	NTPC	SC	CSE	OTHER
Annual Target	175	460	1500	27	2200
<b>From submitted quarterly Service Activity reports:</b>					
PY20 Mid-Year Total	81	250	675	19	1007
PY20 Target	150	150	600	27	2000
PY19 Full-Year Total	284	101	1120	37	2283
PY19 Target	65	460	600	27	2000

**Financial Analysis**

**PY2021 CCMHB Funding Request:** \$107,987      **PY2021 Total Program Budget:** \$358,567

**Proposed Change in Funding - PY2020 to PY2021 = 86.2%**

**Current Year Funding (PY2020):** \$58,000 (100% of request). PY19, PY18, PY17 request/award = \$58,000.

**CCMHB request is for 30% of total program revenue.** Other sources are Contributions - various = \$132,467 (37%), Grants - US Dept HHS = \$82,113 (23%), and Program Service Fees = \$36,000 (10%).

**Staff Comments:**

- Promise Healthcare requests an increase of \$49,987 over the PY20 award. Provider has not requested an increase in CCMHB funding for this program since PY17.
- Last year, the CCMHB was the primary source of support. For PY21, program projects significantly increased contributions and other federal funding dedicated to the program, in addition to the increased request to CCMHB. The HHS funding comes from a Health Resources Services Administration award to provide behavioral health services and supports and has resulted in a significant increase in funds from that source being allocated to the program. The Budget Narrative states the agency plans to leverage the CCMHB funds with the increased commitment of the HHS-HRSA funds to properly staff the program.

**Expenses:** Personnel related costs of \$107,987 are 100% of expenses charged to CCMHB.

**Staff Comments:**

- All program funding, not just CCMHB, is dedicated to supporting personnel related expenses of the program.

**Total Agency Budget, Total Program Budget, and Total CCMHB Budget are all BALANCED.**

**Program Staff - CCMHB Funds:** 0.0 FTE Indirect and 2.45 FTE Direct. Total CCMHB = 2.45 FTEs.

**Total Program Staff:** 0.06 FTE Indirect and 6.90 FTE Direct. Total Program = 6.96 FTEs.

**Staff Comments:**

- Significant increases in staff assigned to the program: total program goes from 1.74 FTE in PY20, to 6.96 FTE in PY21 and CCMHB supported positions increases from 1.5 FTE in PY20 to 2.45 FTE in PY21. Wages for some existing positions are also increased to remain competitive. No indirect staff time is charged off to the CCMHB contract; 100% of CCMHB funds are allocated to direct service.
- Staffing pattern for the program includes eight positions: one new fulltime Team Lead Coordinator position (50% CCMHB), one new fulltime 340B Coordinator (50% CCMHB), one new fulltime Enrollment Coordinator (50% CCMHB), one fulltime Medical Assistance Coordinator (50% CCMHB) whose time is now fully dedicated to the program, half-time Patient Service Representative (PSR)(25% CCMHB) whose time allocated to program is also increased, and 40% of a Wellness Coordinator position (20% CCMHB). Plus two other fulltime positions, an enrollment coordinator and a case manager, who do not have any time charged to CCMHB funds. The three new positions listed are currently vacant.



# CCMHB PY21 Priorities and Decision Support Criteria

**Priority: Innovative Practices and Access to Behavioral Health Services:** Program provides supports to patients with non-clinical barriers to service including lack of insurance/benefits plan coverage. Linkage and referral with other social service providers and case management for patients with more involved/complex needs are the primary activities.

## Agency Cultural and Linguistic Competence Plan

Promise Healthcare submitted an extensive and comprehensive CLC Plan that will include all aspects of the organization. Promise Healthcare utilized the template and National CLAS Standards matched the actions in the CLC Plan. Annual Training is held at the all-staff meetings with topics based on feedback from the Cultural Competence committee that meets quarterly. Services are provided to underserved populations in comprehensive ways in neighborhoods and through community partnerships. They have a language line and bilingual staff to meet the needs of the patients that require language assistance. Promise Healthcare submitted 2<sup>nd</sup> Quarter CLC Plan reports for FY20.

## Overarching Decision Support Criteria

**Underserved Populations and Countywide Access:** Promise Healthcare operates Frances Nelson, the federally qualified health center serving Champaign County. All services are provided at Frances Nelson or satellite site at Rosecrance Walnut Street location. A high percentage of patients served by Frances Nelson live below the poverty level, are on Medicaid, or are underinsured or uninsured.

**Inclusion and Anti-Stigma:** Addressing stigma is not a focus of the application. Governing Board includes active patients, giving voice to the underserved.

**Outcomes:** Program plan identifies outcomes and performance measures. Evaluation is based on contacts and resolution of need and used as an indicator of improved wellness.

**Coordinated System:** Promise Healthcare references other providers offering similar services and coordinates with them to serve clients. Promise has satellite sites at other providers' locations – Rosecrance Walnut location, and OSF-Community Resource Center facilitating coordination of services.

**Budget and Program Connectedness:** All funding from CCMHB and other sources is allocated to personnel related expenses. Promise Healthcare increases funds allocated to the program from other sources in addition to the increased funds requested from the CCMHB. Staffing pattern for program increases from 1.74 FTE in PY20 to 6.96 FTE in PY21.

**Approach/Methods/Innovation:** Case management services are likened to those provided by community health workers, serving as an advocate and intermediary between patient and provider to address identified need. Application cites research supporting the approach described and links to sources.

**Evidence of Collaboration:** Of the comprehensive list of entities with which the agency has written agreements, most are involved in primary care/behavioral healthcare fields.

**Staff Credentials:** Education requirements, work experience, specialized credentials as appropriate, and an understanding of local resources are listed.

**Resource Leveraging:** Yes. The Budget Narrative references use of CCMHB funds to leverage federal HRSA grant to properly staff the program. The requested CCMHB increase totals just under \$50,000. HHS-HRSA funding committed to the program increases by \$72,613. There is also a significant increase in contributions allocated to the program.

**Other Pay Sources** Promise does not charge patients for this service and does have additional payment resources available to support the program beyond a small amount of community donations and federal FQHC funding. **Client Fees No Sliding Scale Yes**

## Process Considerations & Caveats

**Contracting Considerations:** If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2021 contract:

- Contributions amount on Budget Narrative needs to match the amount on Revenue form.
- Three staff positions are vacant. Consideration should be given to pro-rating the contract and adjusting award once positions filled.
- Due to difficulty meeting the requirement for independent audit report, and in consideration of the underlying issues which contributed to the difficulty, regular updates to CCMHB staff will be required. PY2021 contract will be contingent on submission of an audit which does not include significant negative findings.
- If awarded, a two-year term contract would be appropriate.



**Agency: Rape Advocacy, Counseling, & Education Services**  
**Program: Sexual Violence Counseling**

*Draft PY2021 Program Summary*

PY2021 CCMHB Funding Request: \$35,790      PY2021 Total Program Budget: \$366,056  
Current Year Funding (PY2020): N/A – a new request

Focus of Application: Mental Health  
Type of Contract: Grant  
Allocation Priority: Systems of Care for Children, Youth, and Families

**Services and People Served**

**Target Population:** The target population for this service is anyone in Champaign County who is a survivor of sexual assault or child sexual abuse and who wants our counseling services. We serve survivors aged four and above and also provide counseling to significant others of survivors. In addition, many of our counseling clients are adult survivors of child sexual abuse who received no treatment when they were young, either because they were not believed or because the family did not have the resources to obtain counseling. We serve people of all income levels and because our services are free (a condition of our federal funding) there are no income barriers for those seeking counseling. Our target population includes clients from all over the county, including rural areas and Rantoul. We offer counseling in Rantoul through a contractual counselor. While all of our counselors see a few clients from outside of Champaign County we anticipate additional state funding for the position which will cover services to clients outside of Champaign County. We are prohibited by our federal funders from providing services to perpetrators of sexual violence.

*Staff Comments:*

- *Survivors of sexual assault from age four up. Other non-offending family members/partners may also be served.*
- *Services to out of county clients would be paid from other funding.*

**Scope, Location, and Frequency of Service(s):**

**Scope:** The Counseling Program at RACES provides trauma-informed, culturally competent counseling for our target population. The counselors use different treatment modalities depending on the goals and the needs of the clients, including trauma-informed psychodynamic counseling, cognitive-behavioral counseling, EMDR, and many other approaches. Please note that we use the words counseling and therapy interchangeably to specify outpatient talk therapy conducted by a trained clinician. We have conducted an eight-session therapeutic writing group and in the coming year plan to offer both an art therapy group and a group for significant others (non-offending) with a psychoeducational focus. We also offer adjunct therapies conducted by a trained counselor along with a lay expert. The adjunct therapies have been offered in workshop format (2-4 hour single session) and have included Boxing for Survivors, Yoga for Survivors, Art Workshop for Survivors, with plans to offer Equine Therapy in the future. These services are provided by four full-time, master’s level counselors based in Urbana plus the Rantoul contractual counselor who sees 2-4 clients at any one time. We are asking CCMHB to partially fund the cost of employing a fifth full-time counselor at our Urbana location. The balance of the funding for the position will potentially come from a grant from the Office of IL Attorney General’s VCVA program. That program awarded us \$22,000 last year which we were unfortunately unable to utilize. At the time we turned down the grant they encouraged us to apply again in the future. We currently have a wait list of 25 individuals. Hiring a fifth counselor would allow us to clear that wait list and hopefully avoid such long wait times in the future.

**Location/Frequency:** RACES counseling services are offered at our Urbana office in Lincoln Square. Each counselor has a private office with comfortable seating, and we have a large conference room for group therapy or art workshops. Our Rantoul counselor has a private office and waiting area. Individual counseling sessions are typically weekly. When necessary, we see children or youth at schools during the school day; the sessions take place in a private room with a closed door.

*Staff Comments:*

- *Scope of services describes various treatment approaches used. Individual and group sessions are offered. Emphasis is placed on therapy being trauma-informed and culturally responsive.*
- *Services are office-based in Urbana and, under a contractual relationship, at the Community Service Center of Northern Champaign County in Rantoul.*
- *At time of application, the agency reported that there was a waitlist for counseling/therapy services.*

**Access to Services for Rural Residents:**

RACES serves residents from both the twin cities of Champaign and Urbana and residents of all other communities in Champaign County. These residents are welcome to receive counseling at our Urbana offices or in Rantoul. Over the past two years we have experimented with offering counseling in a smaller town (Paxton) but the service went unused; we only had one client in two years. Some clients who lived nearby said they did not want to receive counseling so close to home where someone might recognize their vehicle parked outside a counseling center; they preferred the privacy of receiving counseling in a large and anonymous building such as Lincoln Square Mall. Rural residents will be served at our Urbana office or in Rantoul.

**Access to Services for Members of Underserved or Underrepresented Minority Populations:**

At RACES we take our commitment to serving all groups seriously. Each year we compare the demographics of our client population to both the population of our service area and to the more diverse population of Champaign-Urbana. Over the past several years we have served African-American and European-Americans in proportion to their population, but have not served as many Asian-Americans or Latinx individuals as the population would indicate. To that end we are working to build stronger lines of communication and outreach with those two populations. We strive to hire a clinician who can conduct therapy in Spanish but have so far not been successful. (We do have a Spanish-speaking Advocate on staff.) RACES works diligently to provide services to LGBTQ+ and gender non-conforming individuals since they have a heightened risk of sexual victimization. We work closely with local LGBTQ support organizations to send a message that we provide inclusive, affirming and accepting services. RACES promotes our services with immigrant-serving organizations and with groups advocating for the needs of people of color. As noted above, we provide counseling in our Urbana offices or in Rantoul.

*Staff Comments:*

- *Services are office-based. Rural residents must travel to either Urbana or Rantoul. Targeted outreach to various communities and populations is on-going. Agency reviews client demographics to identify populations for increased outreach efforts.*
- *Review of client data associated with most recent counseling contracts between RACES and CCMHB finds some fluctuation in populations and ages served. In general, this is a predominately female and Champaign-Urbana based population but otherwise diverse as described above.*

**Residency and Demographics:** N/A - a new request

## **Program Performance Measures**

**CONSUMER ACCESS:** Consumers are eligible for our services if they self-identify as survivors or victims of sexual assault, rape, or child sexual abuse. We also serve significant others of eligible individuals. They must live or work in our four-county service area (Champaign, Ford, Piatt and Douglas), be able to travel to Urbana or Rantoul for counseling and cannot be known perpetrators of sexual violence. There are no income considerations but we do have a lower age limit of three years old. We do not verify eligibility. Service access is based on self-report.

We aim to make our services widely known in the county. While many survivors learn about counseling options at the ER or while receiving Advocacy services, we network with numerous local service providers, law enforcement, prosecution and medical professionals, and campus and school programs to spread the word. We also seek opportunities for media and social media stories and reach out to historically underserved populations through health fairs and via community groups. Our website is the portal to our services for many clients.

**Of those seeking assistance or referred, 95% will receive services/support.**

**Within 7 days from referral, 95% of those referred will be assessed.**

**Within 100 days of assessment, 95% of those assessed will engage in services.**

**People will engage in services, on average, for One year.**

**Additional Demographic Data:** None.

**Staff Comments:**

- *RACES serves a four county area. All clients must travel to Urbana or Rantoul for counseling. Eligibility for services is noted, as are contacts for referrals. Length of time between referral and assessment is acceptable, but 100 days as a timeframe from assessment to engaging in counseling is a concern. Length of engagement once in counseling is said to average one year.*

**CONSUMER OUTCOMES:** Historically, RACES and rape crisis centers around the state have used semi-annual service planning sessions with the client to discuss outcomes or progress. The conversations and general goals are noted in narrative form in the client's file. Standardized assessment tools are not currently utilized. One of our federal funders is working toward requiring a standardized assessment tool but we do not know when implementation will occur. If this project is funded by CCMHB we look forward to working with the CCMHB Evaluation Capacity Team to find or create and then implement an appropriate standardized tool. We believe our successful work with the team around our Prevention Education programming is a harbinger of important work to come. In our regular service planning (on intake and every 6 months afterward) we assess the client's change or stasis in the following areas: Boundaries; Healthy Communication; Coping Skills; Self-care; Self-worth; Body Image; Sexuality; Reducing Reactivity (both emotional and physical).

Therefore we propose the following outcomes:

1. 50% of clients will report increases in two of the eight domains listed above.
2. Each departing client will be offered a satisfaction survey and a stamped, self-addressed envelope in order to provide anonymous feedback on RACES' counseling services, if desired. If a client is discharged due to lack of attendance, a survey will be mailed to their address of record.

*Measured by:*

1. Current tool of structured conversation and goal-setting will be continued with each client. We will create a checklist in order to measure progress (or lack of progress) and compile the results. Data is based on survivor's perception of their experience.
2. The Associate Director - Operations will implement the new satisfaction survey. Those who choose to participate will return their responses to him.

We will work with the Evaluation Team to identify appropriate and survivor-centered assessment tools for future use.

**Outcome gathered from all participants?** Yes. **Anticipate 189 total participants for the year.**

**Will collect outcome information:** 1. Service planning will occur initially, and every six months. 2. Satisfaction surveys will be offered upon discharge.

**Is there a target or benchmark level for program services?** No. The first year of collating assessments will give us a benchmark.

**Estimated level of change for this outcome:** N/A

**Staff Comments:**

- *RACES and like providers do not currently use a standardized tool to measure client progress. Effort is made as part of client engagement/service plan to set treatment goals and track progress in client notes. If funded, program would seek assistance from the Program Evaluation Team to identify outcomes, measures, and evaluation tools.*
- *In the interim, the current approach, measuring progress across eight domains, will continue. A new client satisfaction survey will be developed and provided to clients. Estimated level of change will be based off of PY21 data collected and used as a benchmark.*

**UTILIZATION:**

**Treatment Plan Clients (TPCs):** 189 - clients who attend one or more in-person individual, couple or family sessions with a RACES counselor; also includes telephone counseling for homebound individuals but does not include calls to our 24/7 Hotline. This category does not count adjunct services or group therapy sessions. See other below.

**Other:** 2 - therapeutic groups, adjunct therapies or workshops offered. Most participants will be treatment plan clients.

**Staff Comments:**

- *Service category tracks Champaign County clients engaging in counseling. Because the proposed program is new, clients are to be new. Not counted would be those Champaign County residents who are currently being served and who continue to engage into the new program year (PY21). Services to these clients should continue to be paid with existing funding.*

- Target is 189 clients. With length of engagement on average being 1 year, target would appear overly optimistic.

**PY2021 Annual Target (per Utilization Form)**

	TPC	OTHER
Annual Target	189	2

**Financial Analysis**

**PY2021 CCMHB Funding Request: \$35,790      PY2021 Total Program Budget: \$366,056**

**Current Year Funding (PY2020): N/A – a new request**

**CCMHB request is for 10% of total program revenue. Other sources are Grants from Il Attorney General VCVA (proposed) = \$22,160 (6%), Victims of Crime Act (VOCA) through statewide organization ICASA = \$237,149 (65%), and State of Illinois General Revenue Funds = \$70,957 (19%).**

**Staff Comments:**

- *This application is a new request to CCMHB, to support the addition of one therapist position. It should be noted that CCMHB funding supported RACES' counseling services in the past. In PY2018, at the agency's request, CCMHB funds were reallocated to Sexual Violence Prevention Education activities. From PY19 to PY20, CCMHB funds increased from \$18,600 to \$63,000 to expand education services available in the County. The PY20 contract term has been extended through the end of PY21 as one of the multi-year contracts. Prior to PY18, the \$18,600 supported RACES counseling services.*
- *Program will fund ~67% of the personnel costs to support a fifth sexual violence counselor, as well as a portion of training and consumables for that position.*
- *The authorization form includes a comment on use of CCMHB funds as local match that does not appear elsewhere in the application. Such a statement is appropriate for the Budget Narrative but omitted. The local match requirement is 10% and used to leverage federal funds passed through the state. Specific statutory/contract requirements are not referenced. Total of local funds from all sources easily exceeds the match requirement; CCMHB funds alone easily exceed the required match.*

**Expenses:** Personnel related costs of \$34,840 are the primary expense charged to CCMHB at 97% of \$35,790. Other expense is for Conferences/Staff Development \$900 (3%).

**Staff Comment:**

- *The proposed funding from the Attorney General is allocated to the new therapist position. These funds would cover the balance of expenses not paid by CCMHB for the new position.*

**Total Agency Budget shows a SURPLUS of \$14,026**

**Total Program Budget shows a BALANCED BUDGET**

**Total CCMHB Budget shows a BALANCED BUDGET.** *The Budget Narrative includes a comment on the projected surplus in the agency budget. Agency is attempting to build a reserve fund using donations.*

**Program Staff - CCMHB Funds:** 0.00 FTE Indirect and 0.67 FTE Direct. Total CCMHB = 0.67 FTEs.

**Total Program Staff:** 0.00 FTE Indirect and 5.00 Direct. Total Program = 5.00 FTEs.

**Staff Comments:**

- *Four therapists currently on staff. Application seeks to add one new therapist position using CCMHB and Attorney General funding. CCMHB funds support 2/3s of the position.*
- *No indirect staff expenses are charged to the program.*

**CCMHB PY21 Priorities and Decision Support Criteria**

**Priority: Innovative Practices and Access to Behavioral Health Services:** *Application would also qualify under this priority for providing access to behavioral health services to a specialized population.*

**Priority: System of Care for Children, Youth, Families:** *New proposal submitted under this priority. Serves children age 4 through adults.*

## **Agency Cultural and Linguistic Competence Plan**

*RACES provides counseling and support to survivors of sexual assault and their families. They submitted a comprehensive plan that based their actions on the National CLAS Standards. Annual CLC training is provided to the board of directors and agency leadership and workforce. RACES subscribes to the Language Line audio interpretation service (210 languages available). Print and electronic materials are available to help clients identify the right language for this service. RACES is the only organization of this type in Champaign County that provides free counseling, prevention, and crisis support specifically designed for survivors of sexual assault. RACES collaboration is part of an area-wide Sexual Assault Response Team (SART) and University of Illinois Task Forces to prevent sexual violence. RACES submitted their CLC 2<sup>nd</sup> Quarter report for FY20.*

## **Overarching Decision Support Criteria**

**Underserved Populations and Countywide Access:** *Agency serves victims/survivors of sexual assault. Services are office-based, with counseling hours also available in Rantoul.*

**Inclusion and Anti-Stigma:** *Proposal references activities funded under a separate CCMHB contract as addressing stigma and inclusion. Counseling services address the individual's feelings of stigma.*

**Outcomes:** *Access outcome provides a general description of referral, intake, and engagement process. One concern is length of time from assessment to engagements. Consumer outcomes are identified, as is method of evaluation. Agency intends to pursue technical assistance through the Program Evaluation Team to strengthen approach. Utilization target of 189 appears overly optimistic.*

**Coordinated System:** *RACES provides services to a specialized population: survivors of sexual assault. Program plan does reference working with an I/DD agency and with the Juvenile Detention Center. Program may benefit from attending CIT Steering Committee meetings.*

**Budget and Program Connectedness:** *Budget Narrative provides adequate detail on associated revenues, expenses, and personnel for CCMHB budget. CCMHB funding provides 10% of the total program budget. The CCMHB funds combined with other new funds would add a new therapist position to the four existing positions. CCMHB funds are only charged to personnel-related costs of the new therapist.*

**Approach/Methods/Innovation:** *Individual and group sessions are offered. Emphasis is placed on therapy being trauma-informed and culturally responsive. Links to sources on treatment approaches are provided.*

**Evidence of Collaboration:** *Wide range of providers across various systems are listed that RACES has written collaboration agreements with.*

**Staff Credentials:** *Counselors are required to have Master's degrees. Many are LCSWs. The contracted position serving Rantoul is an LCPC. Additional required specialized training is listed, as are some individual counselors' credentials.*

**Resource Leveraging:** *Applicant indicates on the Authorization Form that there is state/federal local match requirement for the agency that is met with CCMHB funds. Total of CCMHB funds, without considering other local sources, exceeds required match of 10%. Budget Narrative is silent on the match requirement.*

**Other Pay Sources** None. All of our services are free. Free service provision is a requirement of our Federal Funding.

**Client Fees** No Sliding Scale No

## **Process Considerations & Caveats**

**Contracting Considerations:** If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2021 contract:

- *Add match requirement with referenced state/federal contract language to Budget Narrative.*
- *If CCMHB funds are awarded, consideration should be given to a Special Provision making the award contingent on the receipt of the Attorney General funds.*
- *A second Special Provision should specify that the CCMHB funding be used to serve new clients, with current clients continuing to be served through existing resources. This is to ensure that CCMHB funds are used to expand services and not supplant existing resources.*
- *Consider Special Provision for participation in CIT Steering Committee meetings.*



**Agency: Rattle the Stars**

**Program: Youth Suicide Prevention**

*Draft PY2021 Program Summary*

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PY2021 CCMHB Funding Request: \$118,000      PY2021 Total Program Budget: \$125,150  
Proposed Change in Funding - PY2020 to PY2021 = 114.5%  
Current Year Funding (PY2020): \$55,000 (100% of request).

**Focus of Application:** Mental Health

**Type of Contract:** Grant

**Allocation Priority:** Innovative Practices and Access to Behavioral Health Services

## Services and People Served

**Target Population:** The primary target population for our program is middle and high school aged youth living or attending public or private schools in Champaign County. Youth spend more time interacting with each other than with adults and consequently are better positioned to notice signs of suicide in their peers. Additionally, youth who experience mental health crises or suicidal thoughts are more likely to reach out to their peers rather than parents or other adults. Therefore, interpersonal interaction between youth is a primary point of initial intervention to prevent suicide. The secondary target population for our program is parents, educators, service providers, and other adults who interact with these youth. We teach youth to seek help and support from adults, and therefore adults need to know how to respond appropriately. Our program is not aimed at those experiencing thoughts of suicide but is instead focused on those who know them. While we encourage people to talk about their thoughts of and experiences with suicide, our primary focus is to educate others on how to notice those who need support and reach out to them.

**Staff comments:**

- *Primary population is youth, middle and high school age, followed by parents and other adults having regular contact with youth. The emphasis is on educating people on recognizing signs and how to respond appropriately.*

### **Scope, Location, and Frequency of Service(s):**

**Scope:** We provide consultation and support services to schools, businesses, and organizations for the development of a comprehensive suicide response plan, including prevention, intervention, and postvention. Prevention planning includes development of new activities and integrating suicide prevention into existing programs. The intervention education program teaches how to intervene with someone who may be having thoughts of suicide through skill-based instruction covering: knowledge about suicide (scope, causes, risk and protective factors), warning signs, intervening using effective communication skills (support, validation, compassion), means safety, safety planning, and accessing resources and supports. Although the core components remain the same, the program is adapted for delivery to middle and high school students, parents, educators, service providers, clergy, and others. This education program can be delivered on its own but is offered as part of the comprehensive suicide response plan. Finally, we provide recommendations and support for developing postvention plans for responding after a suicide. We have requested funding to begin offering advocacy services to individuals and families who have been affected by suicide. Advocates will assist individuals and supportive persons with learning skills to prevent suicide, including effective communication, means safety, safety plans, mitigating risk factors, building protective factors, and accessing services. Advocates will provide support for the development of self-advocacy skills for individuals and families navigating systems, including healthcare, mental health services, schools, workplaces, and the legal system, to ensure their rights are protected and that they receive appropriate supports when experiencing suicidal thoughts, attempts, or death. In order to promote our services and increase awareness of suicide, we also host and participate in various community events and activities at which we can hand out resources and information. Our consultation services and education program are to be funded by the CCMHB. The advocacy program and community events are funded through other sources.

**Location / Frequency:** The location and frequency of service delivery varies. All services are provided in schools or local

community organizations that are easily accessible to the clients. The education program may be a one-time delivery, or may be part of a comprehensive implementation plan that involves multiple contacts.

**Staff comments:**

- *Service description mentions introducing the advocacy component but note that is not supported with CCMHB funds. That activity is tied to a request submitted to United Way. The United Way funds are not listed as revenue supporting the program nor is the new Advocacy Coordinator position listed on the personnel form identified as being part of the program. That portion of the service description, while informative, should not be considered part of the scope of services supported with CCMHB funds.*
- *The prevention, intervention, and postvention activities are a continuation of current activities supported with CCMHB funds. The focus is on developing peer supports through education about mental illness, supportive communications skills, and knowledge of community resources. Assistance is available to organizations on preparing a plan to address suicide including pre- and post-intervention strategies and supports. Broader community education appears limited to participation in events.*
- *The PY21 proposal requests funds to add a new Education Coordinator position although the responsibilities of this position versus those currently provided by the Executive Director/Prevention Coordinator are not described. One might assume, since at present the organization only has the one position, Executive Director/Prevention Coordinator, that the new position is needed to perform some duties of the Prevention Coordinator and reduce the burden on the Director. Whether this will improve volume of CSEs i.e. engage schools, businesses, and other organizations in developing prevention, intervention, postvention policies and plans can only be assumed.*

**Access to Services for Rural Residents:**

We will directly contact every public and private high school and middle school in Champaign County and offer our program. We will tailor our presentation to ensure that rural residents know how to access resources in their community, and we will address barriers they may have to accessing resources in the urban areas of the county. We will also address specific factors that affect rural residents, such as greater negative perceptions of mental illness and higher rates of gun ownership. Rural residents will be served in their local schools or community organizations.

**Access to Services for Members of Underserved or Underrepresented Minority Populations:**

We will directly contact every public and private high school and middle school in Champaign County and offer our program. Prior to implementing the education program, we will learn about the population of the school or organization and will tailor our presentation to ensure that the material is relevant and accessible to all populations by considering age, race, class, gender and gender identity, sexual orientation, language, immigration status, and ability. We will use material and examples that are relevant to the specific population and will discuss how risk and protective factors and warning signs may vary based on these and other factors. We will make our written materials available in Spanish and French and in forms that are accessible to students of differing academic abilities. People from underserved/underrepresented groups will be served in their local schools or community organizations.

**Staff comments:**

- *Outreach to all middle and high schools in the county is planned with presentations delivered in the community or school. Cultural and other considerations will influence how information is presented to any given audience. Materials will be available in multiple languages.*
- *Residency data listed below is based on forms completed by participants at educational events. In reports, the agency states that such data is only collected from trainings lasting three hours or more and not all participants complete the form or complete the form in its entirety. It may be more useful to identify location of the event by zip code since the only reported category is Community Service Event. Program does not engage in direct client services, which is what typically generates this data.*

**Residency: Total Served in PY2019 = 75 and in first half of PY2020 = 4**

<b>Champaign</b>	33 (44.0%) for PY19	2 (50.0%) for PY20
<b>Urbana</b>	26 (34.7%) for PY19	2 (50.0%) for PY20
<b>Rantoul</b>	0 (.0%) for PY19	0 (.0%) for PY20
<b>Mahomet</b>	5 (6.7%) for PY19	0 (.0%) for PY20
<b>Other Champaign County</b>	11 (14.7%) for PY19	0 (.0%) for PY20

**Demographics: Total Served in PY2019 = 59**

**Age**



Ages 19-59 -----	46 (78.0%)
Ages 60-75+ -----	2 (3.4%)
Not Available Qty -----	11 (18.6%)
<b>Race</b>	
White -----	36 (61.0%)
Black / AA -----	6 (10.2%)
Asian / PI -----	3 (5.1%)
Other (incl. Native American and Bi-racial) -	4 (6.8%)
Not Available Qty -----	10 (16.9%)
<b>Gender</b>	
Male -----	10 (16.9%)
Female -----	42 (71.2%)
Not Available Qty -----	7 (11.9%)
<b>Ethnicity</b>	
Of Hispanic or Latino/a origin -----	4 (6.8%)
Not of Hispanic or Latino/a Origin -----	47 (79.7%)
Not Available Qty -----	8 (13.6%)

## Program Performance Measures

**CONSUMER ACCESS:** Our program is available to youth living in or enrolled in a public or private middle or high school in Champaign County. The program is available to any adults who have contact with or interact with these youth. We require a minimum group size of 5 and a minimum of 8 hours to conduct the complete program. When shorter time periods are required, we will select the most relevant and useful sections of the program based on the participants' needs. Eligibility is determined by self-report, but all training sessions will take place within Champaign County. We will directly contact schools and community organizations by phone or email and offer the program. We will advertise our services at community outreach events. We will promote our services on our website and social media platforms. We will collaborate with other community organizations and ask them to promote our services to their clients.

**Of those seeking assistance or referred, 100% will receive services/support.**

**Within 2 days from referral, 100% of those referred will be assessed.**

**Within 60 days of assessment, 50% of those assessed will engage in services.**

**People will engage in services, on average, for:** Youth: 2.25 hours in three sessions; Adults: 4 hours in one session

**Additional Demographic Data:** gender identity (cis- or trans-) and sexual orientation

*Staff comments:*

- *Referral and engagement process description is presented in sufficient detail. As an education targeted program, eligibility is tied to being an appropriate audience for the subject matter. Length of the training session may vary based on the needs of the requesting organization.*
- *Outreach will be targeted to all schools in Champaign County. Projected engagement is 50% of those referred - those requesting services/presentation will, within 60 days, have had a presentation. The 60-day timeframe is necessary in order to schedule, promote, and prepare for the event/training.*

## CONSUMER OUTCOMES:

1. Increase understanding of suicide and decreased adherence to myths.

2. Increased knowledge of how to respond to suicide.

3. Increased confidence to respond to suicide.

Outcomes 1, 2, 3 [*will be measured by data*] Collected from all youth and adults using pretest-posttest and follow-up questionnaires developed in conjunction with the evaluation support team which includes unique items as well as items from the following scales and questionnaires:

- Adolescent Attitudes Toward Suicide, Stigma, and Help-Seeking Behavior Questionnaire
- 2-way Social Support Scale
- Help Seeking Acceptability at School
- Adult Help for Suicidal Youth
- scale evaluating Surviving the Teens program

-scale evaluating SafeTALK program

**Outcome gathered from all participants? Yes**

**Anticipate 2000 total participants for the year.**

**Will collect outcome information** Before and after every education program and once per year from students and schools (if follow-up is allowed)

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

**Estimated level of change for this outcome: n/a**

*Staff comments:*

- *Clear concise outcome statements followed by evaluation method and tools. Section is well done with one notable exception. Considering the quality of the rest of the section, the absence of an 'estimated level of change' between pre-test and post-test is surprising.*
- *The agency was a targeted program for intensive support from the Program Evaluation Team the first year it was funded by the CCMHB, enabling the agency to design an evaluation process as the program was being developed.*

#### **UTILIZATION:**

**Community Service Events (CSEs): 200** - We will report our services as CSEs. We generally participate in school class presentations, workshop presentations, public presentations, planning meetings, media interviews, and information distribution events (speaking, tabling). The majority of these will be school class and workshop presentations of our intervention education program.

*Staff comments:*

- *PY19 was the first year of the agency/program. The training model was still being developed and the agency was establishing its presence in the community. Program underperformed target in PY19.*
- *While target was increased for PY20, reported activity through the first half of the year is on track to meet last year service level but to be well under the current target set for the program.*

#### **PY2021 Annual Target (per Utilization Form)**

	CSE
Annual Target	200

**From submitted quarterly Service Activity reports:**

PY20 Mid-Year Total	44
PY20 Target	150
PY19 Full-Year Actual	87
PY19 Target	115

## **Financial Analysis**

**PY2021 CCMHB Funding Request: \$118,000**      **PY2021 Total Program Budget: \$125,150**

**Proposed Change in Funding - PY2020 to PY2021 = 114.5%**

**Current Year Funding (PY2020): \$55,000 (100% of request).** PY2019 request/award was \$54,500.

**CCMHB request is for 94% of total program revenue.**

Other sources are United Way = \$150 (>1%) and various Contributions = \$6,750 (5%).

*Staff comments:*

- *Program is entering third year of operations. Increase requested is 115% of current award. CCMHB is essentially the sole funder. Agency has submitted a request to United Way to support new advocacy initiative. Those funds are not tied to the services proposed here so the United Way funds are not part of program revenue.*

**Expenses:** Personnel related costs of \$97,100 are the primary expense charged to CCMHB at 82% of \$118,000. Other expenses are: Professional Fees/Consultants \$7,360 (6%); Consumables \$1,500 (1%); General Operating \$3,470 (3%); Conferences/Staff Development \$6,000 (5%); Local Transportation \$1,000 (1%); Equipment Purchases \$1,300 (1%); Membership Dues \$270 (>1%).

*Staff comments:*

- *CCMHB funding pays 100% of all program expenses for personnel, professional fees, consumables, etc., the one exception being the general operating expense line that is supported with other revenue.*

- Increased funding will support additional staff to administer the education program.
- \$3,000 allocated for audit expenses.

**Total Agency Budget shows a SURPLUS of \$4,380**  
**Total Program Budget shows a SURPLUS of \$1,820**  
**Total CCMHB Budget shows a BALANCED BUDGET**

**Program Staff - CCMHB Funds:** 0.00 FTE Indirect and 2.00 FTE Direct. Total CCMHB = 2.00 FTEs.  
**Total Program Staff:** 0.00 FTE Indirect and 2.00 FTE Direct. Total Program = 2.00 FTEs.

**Staff comments:**

- Current staff is one person, the fulltime Executive Director/Founder of the agency/program. Proposal seeks to expand program staffing beyond the Executive Director who also serves as the Prevention Coordinator to include a new fulltime Education Coordinator position. Indirect staff consists of an unpaid Fundraising Coordinator.

## **CCMHB PY21 Priorities and Decision Support Criteria**

**Priority: Innovative Practices and Access to Behavioral Health Services:** Focuses on building a stronger natural support system within youth peer groups and within families and other youth involved adults, to increase capacity to recognize and respond to warning signs of suicide.

### **Agency Cultural and Linguistic Competence Plan**

*Rattle the Stars is a support program for middle school and high school students and their parents to address suicide prevention. There is also an advocacy component that supports family members of those who have died by suicide. RTS submitted a CLC Plan with actions that matched with the National CLAS Standards. Prior to implementing the education program, RTS will learn about the population of the school or organization and tailor a presentation to ensure that the material is relevant and accessible to all populations by considering age, race, class, gender and gender identity, sexual orientation, language, immigration status, and ability. RTS will use material and examples relevant to the specific population and will discuss how risk and protective factors and warning signs may vary based on these and other factors. RTS will make written materials available in Spanish and French and in forms that are accessible to students of differing academic abilities. RTS submitted and completed their 2<sup>nd</sup> Quarter CLC Plan for FY20.*

### **Overarching Decision Support Criteria**

**Underserved Populations and Countywide Access:** Plans for countywide presence and being responsive to underserved populations is addressed. Cultural and other considerations will influence how information is presented to any given audience. Based on limited residency and demographic data available, participants have been predominately female, white, and from Champaign and Urbana.

**Inclusion and Anti-Stigma:** Program focus is on increasing awareness of and response to warning signs of suicide among peers. Reducing stigma/isolation/risk is a key element of the program. Agency participates in community-wide collaborations and stages their own community awareness/education events.

**Outcomes:** Access and Consumer Outcomes sections are well done. The exception is the lack of estimated level of change under consumer outcomes.

**Coordinated System:** Program indicates no other provider offers this type of service. Program may have similarities to Mental Health First Aid for Youth, which is offered periodically in the community to adults involved with youth. Agency is active in various coordinating councils including the Champaign County Community Coalition and the Child and Adolescent Local Area Network. Regrettably, the application does not identify other partners.

**Budget and Program Connectedness:** New Education Coordinator Position is budgeted for, but no qualifications for the position or duties to be performed are identified. Target for number of Community Service Events is increased although program is well below mid-point for PY20 target. Since at present the organization only has the one position, Executive Director/Prevention Coordinator, the new position may be needed to perform some duties of the Prevention Coordinator and reduce the burden on the Director.

**Approach/Methods/Innovation:** Program presentations incorporate elements of various evidence-based models/practices. Key components the program is based on include: recognizing warning signs, asking questions about suicidal thoughts; responding with care, support and validation; and referring to resources and professional help.

*Emphasis is placed on building peers' skills to ask the right questions in the right way and to respond accordingly. The application provides links to the various models/programs incorporated into Rattle the Stars.*

**Evidence of Collaboration:** *Written collaboration agreements with Youth and Family Peer Support Alliance and Prairie Land Conflict Mediation. There do not appear to be formal agreements with school districts.*

**Staff Credentials:** *The application references education, training, and work experience of the Executive Director, who also serves as the Prevention Coordinator. Not included is any information on the qualifications required for the proposed Education Coordinator position.*

**Resource Leveraging:** *No. CCMHB is the sole funder for the program and, except for some fundraising/contributions, for the agency as well. Agency has requested an increase of \$70,150 over the PY20 award of \$55,000. Agency did submit an application to United Way but is not to support services provided under this proposal.*

**Other Pay Sources None Client Fees No Sliding Scale No**

## **Process Considerations & Caveats**

**Contracting Considerations:** *If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2021 contract:*

- *Add detail on qualifications of the new Education Coordinator under staff qualifications.*
- *In Services section, identify the roles and responsibilities of the new Education Coordinator versus those of the Prevention Coordinator.*
- *Provide an estimated level of change for Consumer Outcomes.*
- *According to an independent CPA firm's financial review submitted for the Program Year 2019, the agency was using the cash method of accounting. Accrual method is required under CCMHB funding guidelines and contracts; transition to accrual method will be required as a special contract provision.*



CHAMPAIGN COUNTY  
DEVELOPMENTAL  
DISABILITIES BOARD  
CHAMPAIGN COUNTY  
MENTAL HEALTH BOARD

## Agency: Rosecrance Central Illinois

### Program: Criminal Justice PSC

#### Draft PY2021 Program Summary

PY2021 CCMHB Funding Request: \$304,350      PY2021 Total Program Budget: \$445,527  
Proposed Change in Funding - PY2020 to PY2021 = 0%  
Current Year Funding (PY2020): \$304,350 (100% of request)

Focus of Application: Co-Occurring and/or Multiple Conditions  
Type of Contract: Grant  
Priority: Behavioral Health Supports which Reduce Incarceration

## Services and People Served

**Target Population:** The target populations for this program are individuals with behavioral health disorders and involvement in the Champaign County criminal justice system. This includes adults who are presently or within the past six months have been charged with a crime, are on some type of community supervision (probation, parole, conditional discharge, or court supervision), have been found unfit to stand trial, are on conditional release because they were found not guilty by reason of insanity, or are presently incarcerated at the Champaign County Correctional Center. The rationale for working with the justice-involved population with behavioral health needs comes from multiple sources: according to SAMHSA, the criminal justice system is the single largest source of referral to the public substance abuse treatment system, with probation and parole treatment admissions representing the highest proportion of these referrals. Research from trusted agencies, such as the Council of State Governments Justice Center and the Substance Abuse and Mental Health Services Administration (SAMHSA); a Sequential Intercept Mapping (SIM), conducted by a collective group of local stakeholders, that charted resources and gaps in our community for this particular population, and our experience as the primary behavioral health provider in this community.

#### Staff comment:

- *Population served is limited to adults with mental health or substance use disorders involved with the criminal justice system. Justification for targeting this population is based on local, state, and federal research and assessments.*

#### Scope, Location, and Frequency of Service(s):

**Scope:** Program services include screening, assessment, case management, and group therapy.

Screenings for eligibility are completed on all individuals referred or requesting services while in the jail.

Motivational Interviewing (MI) is used to engage individuals in services. MI is a goal-directed, client-centered counseling style for eliciting behavioral change by helping clients to explore and resolve ambivalence.

Assessments are completed for persons seeking case management services in the community.

Strengths-based case management is grounded in the principles that all individuals have the capacity to change and grow.

The focus is on individual strengths, not pathology. The client is the director of their care. Case managers work with those who want assistance with linkage to treatment services and resources including obtaining a state ID, finding employment, securing health insurance or obtaining a medical provider, and locating affordable housing. Group therapy includes Moral Reconnection Therapy (MRT) and Coping with Anger groups. MRT groups are offered in the jail and in the community. The term "moral" refers to moral reasoning based on Kohlberg's levels of cognitive reasoning. The word "reconnection" comes from the psychological terms "conative" and "conation," both of which refer to the process of making conscious decisions. MRT is evidence-based and seeks to decrease recidivism among criminal offenders by enhancing moral reasoning, better decision making, and more appropriate behavior. Its cognitive-behavioral approach combines elements from a variety of clinical approaches to progressively address ego, social, moral, and positive behavioral growth. Coping with Anger group is offered at the probation office and the curriculum comes from the developers of MRT. The curriculum utilizes a cognitive behavioral approach that addresses negative thinking patterns and allows for participants to

learn how to express their anger in a healthier, more productive manner. All services mentioned above would be funded by the CCMHB.

**Location/Frequency:** Treatment services for mental health and substance abuse will be provided at various Rosecrance facilities if the person chooses Rosecrance as their provider following release from the jail. Case managers will assist clients to link to the treatment provider of their choice. Case management services are provided in the community, jail, or person's home. Groups are also provided in the jail or probation. Service frequency is variable and determined based on client needs.

**Staff comments:**

- *Services are a mix of screening and assessment, community-based case management, and group therapy. Corrections staff complete brief screens on anyone booked into the jail. Those with a positive screen are referred to the case manager(s) in the jail for full screenings. Screening results determine referral, and information is discussed and shared with the person. Case management services are available to those presenting in the community or who (based on referral information provide in the jail) engage after release. Moral Reconation Therapy and Anger Management groups are offered in the jail and at probation.*
- *Staffing pattern includes one fulltime case manager in the jail, one case manager whose time is split between the jail and providing case management for those seeking to engage after release, and one case manager who works with anyone presenting from the community with a recent history of criminal justice involvement. There is also a fulltime criminal justice team leader and another team leader assigned part-time, presumably for additional support to the team as needed. 10% of the Benefits Case Manager's time is assigned to the program with the other 90% assigned to the Crisis program. The criminal justice team leader and two of the case managers are trained in MRT and 'Coping with Anger' models.*

**Access to Services for Rural Residents:**

All employees are required to have a car to be eligible for employment which enhances our ability to serve people in the community. The agency also provides vehicles for staff use. Staff will travel wherever needed and when clinically appropriate, to meet with the client and assist with linkages to treatment and resources. Rural residents will be served in the same locations as mentioned above for treatment and case management services. Case managers work with all participants to address barriers to accessing services including providing transportation whenever possible.

**Access to Services for Members of Underserved or Underrepresented Minority Populations:**

Referrals primarily come from the Champaign County jail. This population is over-represented by people of color and people who are low income and often have had little to no access to quality healthcare. Staff use the evidenced-based practices mentioned above to engage all clients referred and assist them in accessing services, obtaining IDs, applying for health benefits or locating housing. People from underserved/underrepresented groups will be served in the same locations as all other participants for treatment and case management services. Again, because our case management services are in the community, we will work with people in their homes or other locations within their community that are appropriate for the service being provided.

**Staff comments:**

- *Case management occurs at client's preferred location. Group services under this program are located at the Champaign County Courthouse and Jail. By virtue of underserved/minority populations being overrepresented in the criminal justice system, these groups have greater access to the services available through the program.*
- *Residency data is only reported on those new clients engaging in case management and reported as Treatment Plan Clients. Significant staff turnover has impacted level of service provided. Program does report 41 clients carried over from PY19 into PY20 but did not report on them as those details were in PY19 reports.*

**Residency:** Total Served in PY2019 = 102 and in first half of PY2020 = 18

<b>Champaign</b>	49 (48.0%) for PY19	8 (44.4%) for PY20
<b>Urbana</b>	33 (32.4%) for PY19	7 (38.9%) for PY20
<b>Rantoul</b>	6 (5.9%) for PY19	1 (5.6%) for PY20
<b>Mahomet</b>	2 (2.0%) for PY19	0 (.0%) for PY20
<b>Other Champaign County</b>	12 (11.8%) for PY19	2 (11.1%) for PY20

**Demographics:** Total Served in PY2019 = 78

**Age**

Ages 13-18 -----	2 (1.9%)
Ages 19-59 -----	97 (93.3%)
Ages 60-75+ -----	5 (4.8%)
<b>Race</b>	
White -----	42 (40.4%)
Black / AA -----	56 (53.8%)
Other (incl. Native American and Bi-racial) -	6 (5.8%)
<b>Gender</b>	
Male -----	70 (67.3%)
Female -----	34 (32.7%)
<b>Ethnicity</b>	
Of Hispanic or Latino/a origin -----	7 (6.7%)
Not of Hispanic or Latino/a Origin -----	80 (76.9%)
Not Available Qty -----	17 (16.3%)

## Program Performance Measures

**CONSUMER ACCESS:** Criminal justice involvement within the past six months and completed screening/assessment(s) indicating a mental health and/or substance use disorder. Jail staff completes an initial screening using the Brief Jail Mental Screening Tool (BJMHS) and the Texas University Drug Screening tool (TCUDS) for all intakes into the jail.

Positive screenings from the BJHMS and/or TCUDS prompt referrals from the jail staff to this program. Rosecrance staff completes a more thorough secondary screening interview to determine the need for mental health and/or substance abuse services. Once a client determines they want to participate in treatment they are scheduled for a full mental health or substance abuse assessment. People in the target population are given information on the program by the correctional staff in the jail and by word of mouth from inmates. Fliers that detail the services we offer are available for corrections staff to give to potential clients or they will talk to them about the linkage services that are provided in the jail.

**Of those seeking assistance or referred, 50% will receive services/support.**

**Within 15 days from referral, 70% of those referred will be assessed.**

**Within 20 days of assessment, 70% of those assessed will engage in services.**

**People will engage in services, on average, for 5 months**

**Additional Demographic Data:** None

*Staff comment:*

- Eligibility for services is clearly defined as is the process for referral, screening, and linkage.
- Projected rate of referral and engagement reflects program working with a difficult to engage population.

### CONSUMER OUTCOMES:

1. Increase clients' access to resources. The UIUC evaluation team will take a lead role in data analysis of linkage to resources and services
2. Increase clients' self-sufficiency in at least one of the four life domains being measured; Access to services, Mental Health, Substance Abuse, and Primary Health.
3. Data on the length of stay in the jail for people with MI/COD; by collecting the date of booking into the jail and the date of release for each client who engages in the program from the jail, length of stay data for the MI/COD population could be compared with that of the general population in the jail. A collaborative effort between the jail data collector, the University of Illinois evaluation team, and Rosecrance would be needed to obtain this data. This could be an area of focus for enhanced data reporting in FY21.

*Measured by:*

1. Case managers enter linkage data into a spreadsheet that the U of I Evaluation team helped design. This data will be pulled by a Rosecrance employee.
2. The Self-Sufficiency Matrix will be used to collect the data. The scores will be entered by program staff into a spreadsheet. A Rosecrance employee will provide the data.
3. Length of stay data will be obtained by program staff as they have access to the jail data. Staff will enter booking and release data into the excel spreadsheet for analysis by a Rosecrance Employee.

**Outcome gathered from all participants? Yes**

**Anticipate 150 total participants for the year.**

**Will collect outcome information:** Some at year-end, other throughout the client's participation in the program.  
**Is there a target or benchmark level for program services?** Yes. Based upon the data collected in 2018 by the University of Illinois Evaluation Team, the highest percentage of linkages made were participants involved in MRT with 84.6% of linkages to identified needs. In addition to linkages made to MRT, at least 30% of linkages were successful. Thus, participants in MRT were more likely have their needs met compared to those who were not linked to MRT. It was also shown in the data collected that 23.5% of participants with stable housing were more likely to have linkages met than those (18.2%) do not have stable housing. At this time there is no updated data to test with the Self-Sufficiency Matrix, but will continue to collect data in FY21. Our target for next fiscal year is increasing our number of linkages with participants in MRT to 87% to an identified need. In addition to MRT, we will anticipate increasing our successful linkages to 35%.

**Estimated level of change for this outcome is identified in response above.**

**Staff comments:**

- *Outcome measures and associated evaluation methods/tools are clearly defined. Provides performance targets associated with linkage to services and increased self-sufficiency.*
- *Tracking recidivism is no longer included as an outcome measure. Tracking data proved too staff intensive and involved external data sources as part of the process. This effort has been replaced by Outcome #3 and requires coordination with other partners in order to be successful.*
- *Caution is urged regarding the results reported for calendar year 2018 based on analysis by the Program Evaluation team. The results are for only one year and require a longer time frame and larger data set to draw any firm conclusions. What is available is promising, particularly for MRT.*

**UTILIZATION:**

**Treatment Plan Clients (TPCs):** 145 (100 new, 45 continuing) clients engaged in case management services. Demographic data will be reported on all Treatment Plan Clients.

**Non-Treatment Plan Clients (NTPCs):** 235 (210 new, 25 continuing) everyone who receives screening and referral information but chooses not to engage in case management services.

**Service Contacts (SCs):** 760: One service provided at the jail is collecting request slips that are reviewed by a jail case manager. Requests slips are for the inmates to communicate to our case manager for referrals, assistance, messages, and questions regarding mental health and substance abuse services. Over the last two quarters in FY 20, a total of 387 request slips have been completed. Our case manager at the jail receives these request slips and will communicate to coordinate services within Rosecrance or outside entities, and linkages to community resources.

**Staff comments:**

- *After having had a stable number of staff for several years, the program experienced significant turnover early in PY20. This has impacted program performance as reflected in the lower numbers reported for the first half of PY20.*
- *New for PY21 is the reporting of Service Contacts. This activity has been provided in the past and reported in the narrative section of quarterly reports but has not been formally tracked. The volume of request slips is substantial and requires a significant investment of the jail-based case manager(s) time.*

**PY21 Annual targets (per Utilization Form)**

	TPC	NTPC	SC
Annual Target	145	235	760

**From submitted quarterly Service Activity reports:**

PY20 Mid-Year Total	59	114	
PY20 Target	150	265	
PY19 Full-Year Total	161	256	
PY19 Target	240	590	

**Financial Analysis**

**PY2021 CCMHB Funding Request:** \$304,350      **PY2021 Total Program Budget:** \$445,527

**Proposed Change in Funding - PY2020 to PY2021 = 0%**

**Current Year Funding (PY2020):** \$304,350 (100% of request)

**PY19 request/award = \$338,643. PY18 request/award = \$300,265. PY17 request \$333,520, award \$284,080.**



**CCMHB request is for 68% of total program revenue. Other is Champaign County Re-Entry Program Grant = \$100,000 (22%); and Medicaid Program Service Fees = \$40,800 (9%).**

**Staff comment:**

- *Program did not request an increase over PY20 award. In PY19, a quarter-time data analyst position was approved but not filled and not proposed the following year.*

**Expenses:** Personnel related costs of \$232,513 are the primary expense charged to CCMHB at 76% of \$304,350. Other expenses are: Professional Fees/Consultants \$50,218 (17%); Consumables \$1,878 (1%); General Operating \$3,240 (1%); Occupancy \$10,232 (3%); Conferences/Staff Development \$1,875 (1%); Local Transportation \$3,178 (1%); Miscellaneous \$1,216 (>1%).

**Staff comments:**

- *Professional Fees/Consultants line includes audit fee and management and general indirect cost charge, among other expenses.*
- *The budget narrative provides an explanation of the allocation of indirect staff time and management and general costs to the program and references the federally approved rate of 24.7%.*

**Total Agency Budget shows a BALANCED BUDGET**

**Total Program Budget shows a BALANCED BUDGET**

**Total CCMHB Budget shows a BALANCED BUDGET**

**Program Staff - CCMHB Funds:** 0.19 FTE Indirect and 4.09 FTE Direct. Total CCMHB = 4.28 FTEs

**Total Program Staff:** 0.28 FTE Indirect and 5.60 Direct. Total Program = 5.88 FTEs

**Staff comments:**

- *Positions supported with CCMHB funds include: 1 full-time criminal justice team leader (program coordinator), funded 99% by the Board; 3 full-time case managers, one funded 100% and 2 at 75%; 10% of the benefits case manager position (with the other 90% to be charged to Crisis, Access and Benefits, per application); and 50% of another team leader.*
- *The responsibilities and relationship of this half-time team leader position to the program are not addressed in the application.*
- *The other 19% is indirect staff time allocated to the program for various administrative and support staff positions.*

## **CCMHB PY21 Priorities and Decision Support Criteria**

**Priority: Behavioral Health Supports which Reduce Incarceration:** *Program serves adults with mental health or co-occurring substance use disorders involved with the local criminal justice system.*

### **Agency Cultural and Linguistic Competence Plan**

*Rosecrance CI submitted an extensive and comprehensive CLC Plan that covers the entire organization. Rosecrance CI conducts annual cultural competence training, and each department hosts a cultural awareness and wellness event monthly. Director/Administrators will work with Rosecrance Communication staff to develop print materials (in any language other than English) for which more than 2% of total clients have identified a need for interpreters for that same language. Supervisors are consulted when the need for interpreters is identified to ensure compliance with Standard Operating Procedure (SOP) and 100% of clients in need of language assistance will receive it. Implementation of Client Concern/Compliant SOP which includes the use of Client Advocates as needed. RCI provides funding to cover sponsorship and staff resources to participate in community outreach events and activities. RCI will staff and as needed coordinate with volunteers to participate in at least 3 outreach, engagement, and advocacy events each year. RCI submitted the 2nd Quarter CLC Report for FY20.*

### **Overarching Decision Support Criteria**

**Underserved Populations and Countywide Access:** *Access is limited to adults involved with the criminal justice system. Underserved population suffer from being overrepresented in the criminal justice system, thereby increasing their access to these services.*

**Inclusion and Anti-Stigma:** *Specific effort to address stigma is not part of the scope of work but is embodied in the principles of recovery informing the staff approach to client services and care.*

**Outcomes:** *Access and consumer outcomes are well defined. Consumer outcomes are comprehensive and include new effort to track length of stay in jail. This replaces the recidivism outcome. Program has continued to utilize support available through the Program Evaluation Team.*

**Coordinated System:** *Other community resources and providers are referenced. In essence, these are services case managers can refer clients to for further assistance. The Criminal Justice Team Leader attends Reentry Council meetings and facilitates meetings of the Forensic Team, an internal criminal justice-focused service coordination group.*

**Budget and Program Connectedness:** *Budget supports staffing pattern and program services. Additional detail on the role of half-time team leader position assigned to the program and supported with CCMHB funds needs to be clarified.*

**Approach/Methods/Innovation:** *Explanation and relevance of various applied approaches is provided. Also included are links supporting evidence-based approaches to client engagement, motivational interviewing, and strengths-based management, and Moral Reconation Therapy, and Coping with Anger.*

**Evidence of Collaboration:** *Application includes a comprehensive list of local organizations/offices with whom Rosecrance has written agreements. This list focuses on groups involved with the criminal justice system and/or medical and behavioral health care system.*

**Staff Credentials:** *Good detail on qualifications including education, training and work experience for primary staff: criminal justice team leader and three case managers. No mention of qualifications or role of half-time team leader.*

**Resource Leveraging:** *CCMHB is primary source of support. If client qualifies, case management may be billed to Medicaid. Inclusion of Champaign County Reentry contract rounds out program funding but is intended to serve adults reentering the community who do not qualify for mental health services. CCMHB funds are not at this time used as match for other funding. **Other Pay Sources:** Requirements to bill Medicaid for case management are outlined. Transportation would not be billable. **Client Fees No Sliding Scale No***

## **Process Considerations & Caveats**

**Contracting Considerations:** *If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2021 contract:*

- *In Budget Narrative, provide an explanation of the role of the half-time team leader position which is supported with CCMHB funds.*
- *If awarded, a two-year term contract would be appropriate.*



**Agency: Rosecrance Central Illinois  
Program: Crisis, Access, & Benefits**

*Draft PY2021 Program Summary*

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**PY2021 CCMHB Funding Request: \$203,960    PY2021 Total Program Budget: \$1,685,792**  
**Proposed Change in Funding - PY2020 to PY2021= 0%**  
**Current Year Funding (PY2020): \$203,960 (100% of request)**

**Focus of Application: Mental Health**  
**Type of Contract: Grant**  
**Priority: Innovative Practices and Access to Behavioral Health Services**

**Services and People Served**

**Target Population:** The Crisis Line/Crisis Services serves anyone who presents by phone or in person with a mental health crisis in Champaign County. Crisis screenings are also provided to any individual under age 21 determined to be ineligible for SASS screenings by the CARES Line. Anyone from Champaign County requesting behavioral health services, but who are not linked with entitlements, can receive Benefits services. Mental Health America’s “State of Mental Health in America 2018” states one in five adults has a mental health condition. Using this formula, Champaign County has over 30,000 residents affected by mental illness, some of which need emergent assistance. This large number substantiates the critical role crisis services fills. Trained clinical professionals are necessary to ensure timely assessments, referral, and linkage to the most appropriate setting. A Benefits Case Manager helps those without access to dental, vision and healthcare resources. Once benefits are established, persons with mental illness, who often have co-occurring physical health concerns, can get needed care, avoiding more expensive care in local hospital emergency departments. Crisis Line/Crisis and Benefit-acquisition Services are critical for individuals with behavioral health needs and families in crisis, for whom Rosecrance staff may be the first link to treatment and recovery.

*Staff Comments:*

- *Emphasis is placed on serving those in crisis. Program also serves those needing assistance enrolling in Medicaid/Managed Care or other public benefits.*
- *While “Access” appears in the program name, it is no longer an identified need.*

**Scope, Location, and Frequency of Service(s):**

**Scope:** Crisis Line is a 24-hour telephone service staffed by Bachelor’s- and Master’s-level clinicians. A Master’s-level clinician oversees the day-to-day functions of the crisis line, acts as backup to the crisis clinicians by responding to crisis line calls, screening individuals that may walk-in to the Walnut office, and providing community education regarding the crisis line and behavioral health services offered by Rosecrance. Bachelor’s- and Master’s-level Crisis Clinicians provide assessments and support to determine clients’ immediate behavioral health needs. These interventions occur most often at the local emergency rooms, at Rosecrance facilities, and in collaboration with local law enforcement. The goal is to stabilize and restore functioning, and minimize disruption within the family and community. In addition, these clinicians complete intake screenings for people who present during walk-in times and are available to consult with police regarding incidents in the community. Crisis clinicians use a proprietary crisis assessment, founded in best practices and developed based on the Suicide Assessment Five-Step Evaluation and Triage (SAFE-T). The SAFE-T assists clinicians in conducting suicide assessments, using a 5-step evaluation and triage plan to identify both risk factors and protective factors, suicide inquiries, determining risk levels and potential interventions, and documenting treatment plans. Crisis clinicians are supervised by a Master’s level, licensed clinician who provides clinical expertise, case consultation, coordination of services, and serves as a backup to crisis clinicians. Benefits Case Management services are provided by a Master’s-level licensed clinician. Benefits Case Manager assists with applications, submissions, and appeal processes involved in obtaining the benefits necessary to receive behavioral health services. CCMHB-funded portion of this program is for items not covered by Medicaid. This includes activities such as coordination of the Crisis Line and of

Crisis Services, community education, clinical consultations, law enforcement consultations, and benefits case management.

**Location/Frequency:** We have an agreement with OSF in Urbana to provide 24 hour 7 day a week coverage at the hospital, we respond with law enforcement when called to help them with a crisis situation, we will also respond in the community. As safety is always an issue, if we deem a situation not to be safe to enter into we will direct those clients be seen in a hospital setting.

**Staff Comments:**

- *Scope of services omits past references to Access as a supported service. Elements of the service description mirror past Access related language but as a function of crisis team responsibilities. It appears less opportunity exists for a person to present outside of a crisis situation and be screened or referred for an assessment under this proposal. Crisis response and supports are the primary focus of the program, with benefits case management being secondary but still a vital service.*
- *CCMHB funds support activities not billable to other contracts. This would include managing the Crisis Line, community presentations, consultation, and assistance with enrolling in benefit plans including SSI/SSDI. CCMHB supports, in part, three staff positions: the Crisis Team Leader responsible for coordination crisis services; the Crisis Line Liaison; and the Benefits Case Manager.*

**Access to Services for Rural Residents:**

We are able to provide 24-7 access to the crisis line 365 days a year to anyone who calls from anywhere in the County. Crisis clinicians are able to respond with local law enforcement to rural residents' homes throughout Champaign County. Other services within the program are focused on serving individuals where they most often present with critical behavioral health needs such as the emergency departments of hospitals and at Rosecrance facilities. The Benefits Case Manager provides services in homes and other settings in the community. Assistance with transportation or linkage to other providers/resources is provided based on individual need. As much as possible the rural residents will be served in their geographic region.

**Access to Services for Members of Underserved or Underrepresented Minority Populations:**

We work with anyone who presents in person, at the hospital, paged through the CARES lines, or in the community. In the community, at the hospital, or office based.

**Staff Comments:**

- *Around the clock countywide access is provided through the Crisis Line. Virtually all crisis team contacts occur at the emergency departments and, while an option during business hours, less frequently at the Rosecrance Walnut Street facility. While potential exists for responding to clients' homes, such activity has not been evident (documented) in quarterly reports.*
- *The Crisis Team is responsible for the state's Mobile Crisis Response (MCR) program that will respond to community locations – this service is not supported with CCMHB funds.*

**Residency:** Total Served in PY2019 = 206 and in first half of PY2020 = 58

<b>Champaign</b>	118 (57.3%) for PY19	37 (63.8%) for PY20
<b>Urbana</b>	39 (18.9%) for PY19	12 (20.7%) for PY20
<b>Rantoul</b>	17 (8.3%) for PY19	2 (3.4%) for PY20
<b>Mahomet</b>	4 (1.9%) for PY19	2 (3.4%) for PY20
<b>Other Champaign County</b>	28 (13.6%) for PY19	5 (8.6%) for PY20

**Demographics:** Total Served in PY2019 = 206

<b>Age</b>	
Ages 13-18 -----	1 (.5%)
Ages 19-59 -----	195 (94.7%)
Ages 60-75+ -----	10 (4.9%)
<b>Race</b>	
White -----	122 (59.2%)
Black / AA -----	75 (36.4%)
Asian / PI -----	1 (.5%)
Other (incl. Native American and Bi-racial) -	1 (.5%)

Not Available Qty -----	7 (3.4%)
<b>Gender</b>	
Male -----	135 (65.5%)
Female -----	71 (34.5%)
<b>Ethnicity</b>	
Of Hispanic or Latino/a origin -----	4 (1.9%)
Not of Hispanic or Latino/a Origin -----	202 (98.1%)

*Staff Comment:*

- *Residency and demographic data are reported on those assisted by the Benefits Case Manager. In PY19, this data included benefit enrollment provided by Champaign County Health Care Consumers (CCHCC) under a subcontract. In PY20, the CCMHB awarded a contract directly to CCHCC. This change accounts for the drop-off in number reported through the first half of PY20.*

## Program Performance Measures

### CONSUMER ACCESS:

1. Any individuals seeking and in need of behavioral health services are eligible for services.
2. Through direct referrals, first responder requests, phone referrals, and walk-ins, individuals will be screened and assessed by a clinician to determine current behavioral health needs and to provide linkage to appropriate services and needed levels of care.

All clients meet criteria by being referred for the service or seen in the hospital. No one is turned away from receiving crisis services.

Through community events, counselors, hospitals, doctors, and police.

**Of those seeking assistance or referred, 100% will receive services/support.**

**Within 1 days from referral, 100% of those referred will be assessed.**

**Within 1 days of assessment, 100% of those assessed will engage in services.**

**People will engage in services, on average:** For Crisis or Crisis Line average length of engagement is 1-3 days with most individuals being served same day.

**Additional Demographic Data:** Date of birth is tracked in the electronic health record for all Rosecrance services, and will be reported quarterly to CCMHB. Additionally, Rosecrance also collects income level, education level, living arrangement, # of dependents, contact information, primary language, religion, veteran status, marital status, employment status, and legal status.

*Staff Comment:*

- *Eligibility, referral, and assessment are for crisis response. No person is denied access to a crisis assessment. Those not enrolled in a benefit plan would be referred to the Benefits Case Manager.*

### CONSUMER OUTCOMES:

1. It is estimated that 100% of those seeking information, screening, or referral will receive these services.
2. It is estimated that clients seeking services will be screened the same day they are referred, call, or walk-in.
3. It is estimated that 100% of referred clients will be assessed for eligibility.
4. If it is determined the individual is in crisis, services are provided same day. For all other services, such as psychiatric, case management, counseling/therapy, capacity will dictate the length of time from assessment to engagement.
5. It is estimated that 100% of eligible clients experiencing a crisis situation will be engaged in services same day. For internal referrals, the estimated percentage of eligible clients who will be engaged in services within that time frame is estimated to be less than 50%. This estimate comes from the knowledge that for those referred for full mental health assessments, typically only 50% follow through. For all referrals outside the organization, this information is not available.
6. For Crisis and Crisis Line the average length of engagement is 1-3 days with most individuals being served same day. The exception to this is Benefits Case Management engagement which could take several months for benefits determination and/or acquisition.

Outcomes 1 -6 are measured in our records. The goal is to stabilize and restore functioning, and minimize disruption within the family and community. In addition, these clinicians complete intake screenings for people who present during walk-in times and are available to consult with police regarding incidents in the community. Crisis clinicians use a proprietary crisis assessment, founded in best practices and developed based on the Suicide Assessment Five-Step

Evaluation and Triage (SAFE-T). The SAFE-T assists clinicians in conducting suicide assessments, using a 5-step evaluation and triage plan to identify both risk factors and protective factors, suicide inquiries, determining risk levels and potential interventions, and documenting treatment plans.

**Outcome gathered from all participants? Yes.**

**Anticipate 1400 total participants for the year.**

**Will collect outcome information at Every new crisis assessment.**

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

**Estimated level of change for this outcome is 100% of consumers will have a level change.**

*Staff Comments:*

- *Outcomes measures provided are to a large degree process-oriented. This section appears to include some access related measures as well as for crisis. Timeframes for completing initial screening and engagement are identified. Assessment/evaluation tool is identified for crisis contacts.*
- *Estimated level of change is not only how many but to what degree, an estimate of how much change is projected to occur and presumably for the better. What the expected impact is on those served needs to be addressed.*

**UTILIZATION:**

**Non-Treatment Plan Clients (NTPCs): 1,400 - Crisis assessments for adult and youth for those who are Champaign County residents and who are seeking Rosecrance services.**

**Service Contacts (SCs): 2,300 - Crisis Line calls.**

**Community Service Events (CSEs): 15 - educational presentations, community events or requests for consultations attended by the Crisis Line liaison and/or Supervisor of Crisis/Crisis Residential. Additional staff may join to assist with meeting specific requests.**

**Other: 200 - people served by Benefits Case Manager. Demographic data will be reported on this group, as in years past.**

*Staff Comment:*

- *NTPC has been redefined. Previously, this represented Access-related contacts – number of intake screening forms completed. It is now crisis assessments. Definitions of CSEs and Other are unchanged. Target for Other – benefit assistance has been increased and appears overly optimistic.*

**PY2021 Annual Targets (per Utilization Form)**

	NTPC	SC	CSE	OTHER
Annual Target	1400	2300	15	200
<b>From submitted quarterly Service Activity reports:</b>				
PY20 Mid-Year Total	123	1523	20	57
PY20 Target	500	3000	15	150
PY19 Full-Year Total	1060	3175	21	206
PY19 Target	500	3500	25	225

**Financial Analysis**

**PY2021 CCMHB Funding Request: \$203,960 PY2021 Total Program Budget: \$1,685,792**

**Proposed Change in Funding - PY2020 to PY2021= 0%**

**Current Year Funding (PY2020): \$203,960 (100% of request).**

PY19 request was for \$262,250, and award was \$255,440. PY18 request \$274,888, and award \$228,002. PY17 request \$306,895, and award \$255,440.

**CCMHB request is for 12% of total program revenue. Other revenue: Fee for Service contracts – various state and local sources = \$1,238,283 (73%), and Grants - IL DHS Office of Mental Health = \$240,819 (14%).**

*Staff Comments:*

- *Increase in total program revenue can be attributed to the new Mobile Crisis Response (MCR) contract with the state. The MCR contract covers services to four counties. Prior year requests to CCMHB for funding included a subcontract with Champaign County Health Care Consumers with whom the Board now contracts directly. No increase was requested over the PY20 award.*

**Expenses:** Personnel related costs of \$165,797 are the primary expense charged to CCMHB at 81% of \$203,960. Other expenses are Professional Fees/Consultants \$33,653 (16%) and Occupancy \$4,510 (2%).

**Staff Comments:**

- *Professional Fees/Consultants line includes audit fee and management and general indirect cost charge, among other expenses. The budget narrative provides an explanation of the allocation of indirect staff time and management and general costs to the program and references the federally approved rate, 24.7%.*

**Total Agency Budget shows a BALANCED BUDGET**

**Total Program Budget shows a BALANCED BUDGET**

**Total CCMHB Budget shows a BALANCED BUDGET**

**Program Staff - CCMHB Funds:** 0.19 FTE Indirect and 2.62 FTE Direct. Total CCMHB = 2.81 FTEs.

**Total Program Staff:** 1.72 FTE Indirect and 17.90 FTE Direct. Total Program = 19.62 FTEs.

**Staff Comments:**

- *While total program staff increases slightly from PY20 to PY21, there is a reduction in staff supported with CCMHB funds of about one half-time staff position. In that the program did not request an increase in funding from the CCMHB, reduced staff time billed presumably offsets increased operating costs and no requested increase. Staffing pattern supports crisis and benefits case management. Three positions (Crisis Team Leader, Crisis Line Liaison, and Benefits Case Manager) are funded, but not 100%.*

## **CCMHB PY21 Priorities and Decision Support Criteria**

**Priority: Behavioral Health Supports which Reduce Incarceration:** *Crisis services have the potential to reduce incarceration by deflecting the person to behavioral health services, particularly if coordinated with law enforcement.*

**Priority: Innovative Practices and Access to Behavioral Health Services:** *Selected priority. Program provides crisis services and benefits case management.*

## **Agency Cultural and Linguistic Competence Plan**

*Rosecrance CI submitted an extensive and comprehensive CLC Plan that covers the entire organization. Rosecrance CI conducts annual cultural competence training and each department hosts a cultural awareness and wellness event monthly. Director/Administrators will work with Rosecrance Communication staff to develop print materials (in any language other than English) for which more than 2% of total clients have identified a need for interpreters for that same language. Supervisors are consulted when the need for interpreters is identified to ensure compliance with Standard Operating Procedure (SOP) and 100% of clients in need of language assistance will receive it. Implementation of Client Concern/Compliant SOP which includes the use of Client Advocates as needed. RCI provides funding to cover sponsorship and staff resources to participate in community outreach events and activities. RCI will staff and as needed coordinate with volunteers to participate in at least 3 outreach, engagement and advocacy events each year. RCI submitted the 2nd Quarter CLC Report for FY20.*

## **Overarching Decision Support Criteria**

**Underserved Populations and Countywide Access:** *Crisis line and crisis team operate 24/7. Any individual in crisis can access services. No effort is proposed or identified to engage underserved populations. Community education activities by the Crisis Line Liaison could target underserved populations, but the application is silent on that point.*

**Inclusion and Anti-Stigma:** *Rosecrance provides person-centered, strengths-based, culturally appropriate services, including immediate access to a wide variety of services; hospital based, crisis residential, counseling, case management and psychiatry. Staff Comment: Contrary to what is stated here, Rosecrance is not providing "immediate access to" outpatient mental health counseling at this time and has reconfigured how screening and assessments are done. The Crisis Line Coordinator does engage in community education that in part promotes inclusion and reduction of stigma but is not articulated here.*

**Outcomes:** *In general, all outcomes appear process oriented. Consumer outcomes focus primarily on crisis contacts. Response to estimated level of change is incomplete and needs clarification.*

**Coordinated System:** Reference is made to other providers in the community engaged in crisis (The Pavilion at Carle Hospital emergency department) and benefit assistance (Champaign County Health Care Consumers.) Communication and cross-referral are in the mutual interest of all involved parties.

**Budget and Program Connectedness:** Budget Narrative includes adequate descriptions of associated line items and explains the allocation of Management and General expenses. Budget supports staffing pattern.

**Approach/Methods/Innovation:** Application states "Crisis clinicians use a proprietary crisis assessment that is founded in best practices and was developed based on the Suicide Assessment Five-Step Evaluation and Triage (SAFE-T)." Also referenced are various evidence-based practices employed by crisis clinicians along with source citations.

**Evidence of Collaboration:** Written agreements are in place with some healthcare providers serving Champaign County. Not listed are agreements with other behavioral healthcare providers.

**Staff Credentials:** Application includes a general statement on qualifications of Access/Crisis Clinicians, specific qualifications of positions supported with CCMHB funds, and additional information on the role of the Crisis Team leader, regarding the breadth of responsibilities.

**Resource Leveraging:** No increase in CCMHB funding is requested. Other funding in the budget is a mix of state and local sources of support, primarily through fee for services contracts. None of these other funds require a match or are the direct result of CCMHB participation in the program. Increase in total program budget is a result of Rosecrance taking responsibility for Mobile Crisis Response (Medicaid crisis response previously known as SASS).

**Other Pay Sources Medicaid or Managed Medicaid Client Fees No Sliding Scale No**

### **Process Considerations & Caveats**

**Contracting Considerations:** If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2021 contract:

- Clarify 'anticipated level of change' response under Consumer Outcomes.
- Community education targeting underserved populations needs to be stipulated (contract special provision).
- If awarded, a two-year term contract would be appropriate.





CHAMPAIGN COUNTY  
DEVELOPMENTAL  
DISABILITIES BOARD  
CHAMPAIGN COUNTY  
MENTAL HEALTH BOARD

## Agency: Rosecrance Central Illinois

### Program: Recovery Home

#### *Draft PY2021 CCMHB Program Summary*

PY2021 CCMHB Funding Request: \$200,000 PY2021 Total Program Budget: \$423,368

Proposed Change in Funding - PY2020 to PY2021 = 0%

Current Year Funding (PY2020): \$200,000 (100% of request).

Focus of Application: Substance Use Disorder

Type of Contract: Grant

Priority: Innovative Practices and Access to Behavioral Health Services

## Services and People Served

**Target Population:** The Rosecrance Recovery Home is accredited by Joint Commission and licensed by the State of Illinois. It creates an alcohol and drug free environment designed to help adults (ages 18 and older) with substance use disorders. These individuals do not already have a safe, supportive living environment in which to learn how to successfully implement a peer support recovery program while developing independent living skills in a community setting. The recovery home model demonstrates efficacy in mitigating risk of relapse and decreasing psychiatric symptoms when involved in 12-Step recovery and developing social supports (Pocin, Korcha, Bond, Galloway, 2010). Clients are referred to Rosecrance from multiple referral sources, including Champaign County Drug Court, members of the recovery community, and substance use disorder treatment providers. Traditionally, this population has had limited/no third-party fund source. In addition, neither Medicaid nor Medicaid MCO's fund Recovery Home or the accompanying case management services which are connected to higher treatment engagement and completion rates. (Case Management for Substance Abuse Treatment. Treatment Improvement Protocol # 27, US Dept. of Health and Human Services, 2004.)

#### *Staff comment:*

- *Serves adults with substance use disorders in a long-term supportive living environment while they engage in treatment. Research supporting such an approach is referenced, as is justification for requesting funding from the Board.*

#### **Scope, Location, and Frequency of Service(s):**

**Scope:** Traditionally a "step down" from Residential treatment services, the Recovery Home requires that clients receive substance abuse treatment services. Most clients receive these services through Rosecrance's Continuum of Care, including Intensive Outpatient and Outpatient Programs. The treatment needs of clients are assessed using the Diagnostic Statistical Manual (DSM-5) and The ASAM (The American Society of Addiction Medicine) Criteria.

The program requirements are mandated by Illinois Administrative Code Title 77, Part 2060, which state that recovery homes provide individualized services within a recovery-oriented system of care environment. The services consist of therapeutic interventions that facilitate: removal of barriers for safe/supportive housing; 12-Step support involvement; independent living skills; education/vocational skills; identification and use of natural supports; use of community resources; and peer support. Evidence based practices to be used include:

- 12-Step model and peer support: Engaging in support help groups contributes to better substance use outcomes by providing support, goal direction, and structure; exposure to abstinent role models; reward for substance-free activities; and a focus for building self-confidence and coping skills. (Moos & Timko, 2008);
- Level system: Utilizing a hierarchical model helps residents to gradually adjust to community living, while increasing sustainability of recovery efforts (Polcin & McAllister, 2008); and
- Case Management: Studies support utilization of case management based services in the engagement and retention of treatment and ancillary services (Rapp, Van Den Noortgate, Broekaert, & Vanderplasschen, 2014).

Staff provides weekly group services in 12-Step Recovery Study and Life Skills Workshops. Staff also provides intensive case management based on individualized service plans, support activities for daily living and relapse prevention skills;

access to vocational/educational programs; assistance in linking clients to medical, psychiatric, counseling; and dental services in the community; education on money management/budgeting; education on accessing peer or community supports and activities (i.e. church, AA/NA meetings, recreational activities); and provision of service work/volunteer/work opportunities.

**Location/Frequency:** The Rosecrance Central Illinois Recovery Home is located at 2302 Moreland Blvd. Champaign, Illinois. The facility operates 24 hours per day, 7 days per week, 365 days of the year. There are staff in the facility at all times to ensure a safe, recovery-oriented living environment is provided.

**Staff comments:**

- *The Recovery Home is an intermediate step or bridge, between in-patient residential care and intensive outpatient treatment. It may also be used by those waiting to enter residential treatment. Services provided are based on an assessment and include use of evidence-based approaches involving life skills and 12-step peer support groups, case management, and support with accessing community-based resources, primary care, and continuing substance use disorder treatment.*
- *Level of engagement in treatment - intensive outpatient or outpatient - is based on assessed need.*
- *The Recovery Home operated by Rosecrance is accredited by the Joint Commission and licensed by the State of Illinois and conforms to state standards.*

**Access to Services for Rural Residents:**

Clients in this program may be from any location. Prior to discharge from the Recovery Home, residents originating from rural parts of the county will be assisted in locating housing, jobs/education, and other resources in their area.

Transportation to/from these services will be provided by the Recovery Home Specialists for those whom transportation would be a barrier to successfully transitioning back into their home community. While the Recovery Home is located at 2302 Moreland Blvd. in Champaign, transportation to/from rural locations within Champaign County will be provided by the Recovery Home Specialists for those whom transportation would be a barrier to successfully transitioning back into their home community.

**Access to Services for Members of Underserved or Underrepresented Minority Populations:**

Rosecrance Central Illinois Recovery Home staff provides consumer-driven, strength-based, trauma-informed services with sensitivity to culture, race, ethnicity, age, gender, sexual orientation, and disability. Rosecrance provides community outreach services to engage those in underserved or underrepresented populations within the communities we serve. Staff also recognize that natural supports for persons with substance use disorders are important to their recovery, and help clients to identify and connect with natural supports, as well as traditional services and supports. While the Recovery Home is located at 2302 Moreland Blvd. in Champaign, transportation to/from locations within Champaign County will be provided by the Recovery Home Specialists for those whom transportation would be a barrier to connect with other services/supports.

**Staff comments:**

- *The Recovery Home is located in Champaign at the Rosecrance Moreland Boulevard location. Provides assistance with transportation, housing, employment as part of the transition back into the community.*
- *General statement on outreach/engagement strategies is provided.*
- *Demographic data indicates underserved/underrepresented populations have not engaged.*

**Residency:** Total Served in PY2019 = 11 and in first half of PY2020 = 15

<b>Champaign</b>	7 (63.6%) for PY19	13 (86.7%) for PY20
<b>Urbana</b>	0 (.0%) for PY19	1 (6.7%) for PY20
<b>Rantoul</b>	1 (9.1%) for PY19	0 (.0%) for PY20
<b>Mahomet</b>	1 (9.1%) for PY19	0 (.0%) for PY20
<b>Other Champaign County</b>	2 (18.2%) for PY19	1 (6.7%) for PY20

**Demographics:** Total Served in PY2019 = 11

<b>Age</b>	
Ages 19-59 -----	11 (100.0%)
<b>Race</b>	
White -----	9 (81.8%)
Other (incl. Native American and Bi-racial) -	2 (18.2%)
<b>Gender</b>	

Male -----	8 (72.7%)
Female -----	3 (27.3%)
<b>Ethnicity</b>	
Not of Hispanic or Latino/a Origin -----	11 (100.0%)

## Program Performance Measures

**CONSUMER ACCESS:** A licensed recovery home is an alcohol and drug free housing component whose rules, peer-led groups, staff activities and other structured operations are directed toward maintenance of sobriety for persons who exhibit treatment resistance, relapse potential and/or lack of suitable recovery living environments or who recently have completed substance abuse treatment services or who may be receiving such treatment services at another licensed facility. Persons interested in participating in Recovery Home services must complete an application for services. They must meet the American Society for Addiction Medicine (ASAM) criteria for Level II (intensive outpatient) or Level I (outpatient) care, and exhibit treatment resistance, relapse potential and/or lack of suitable recovery living environment. Often a “step down” from residential (ASAM Level III) services, clients will be referred to Recovery Home services from Rosecrance residential and/or other residential service providers. Other clients may be those who are waiting for residential treatment services.

**Of those seeking assistance or referred, 30% will receive services/support.**

**Within 3 days from referral, 100% of those referred will be assessed.**

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

**People will engage in services, on average, for 3 months.**

**Additional Demographic Data:** Demographic information, including residency zip code, race, ethnicity, gender, and date of birth, is tracked in the electronic health record for all Rosecrance services, and will be reported quarterly to CCMHB. Additionally, Rosecrance also collects income level, education level, living arrangement, # of dependents, contact information, primary language, religion, veteran status, marital status, employment status, and legal status.

*Staff comments:*

- *Program plan narrative explains eligibility, referral, and assessment process. Timeframes from referral to assessment to engagement, with performance targets, are identified. Program is intended to provide a seamless transition for the client moving from residential treatment into the Recovery Home or for those waiting to enter residential treatment. Projected length of time in the Recovery Home is three months.*

**CONSUMER OUTCOMES:** One of the foundational principles of lasting recovery is a strong support network and longer engagement in treatment. Recovery home settings provide on-going learning to help decrease the likelihood of relapse and a chance for residents to practice living their new lifestyle in a supportive environment.

Measurable outcomes include:

- 1) Successful linkage to items in individualized plan such as: affordable housing, vocational/educational resources, medical, dental, psychiatric/counseling services; engagement in 12-step support groups;
- 2) Step down to less intensive services
- 3) Secured housing
- 4) Secured employment or engagement in education program

The Rosecrance electronic health record (Avatar) will be used to track clients’ accomplishments in the above areas, which are also identified by SAMHSA as National Outcome Measures (NOMS).

**Outcome gathered from all participants? Yes. Anticipate 45 total participants for the year.**

**Will collect outcome information:** Client status in NOMS entered into client record at intake and at discharge.

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

**Estimated level of change for this outcome is 45% of all discharges from the Recovery Home will have accomplished the items listed in #1 above.**

*Staff comments:*

- *Overarching outcome is identified with associated measures and method for tracking.*
- *Performance target is noted for primary outcome measure.*

## UTILIZATION:

**Treatment Plan Clients (TPCs):** 31 unduplicated clients admitted to the program who have a recovery plan.

**Service Contacts (SCs):** 95 unduplicated individuals interviewed for access to Recover Home services.

**Staff comments:**

- Program was first funded in PY19 but did not begin operating until February 2019. There is an increase in the target for Service Contacts for PY21 indicating that a higher number of clients are being screened in order to meet the target for number of clients (TPCs) admitted to the Recovery Home. This is supported by the data reported for PY19 and the first half of PY20.

**PY2021 Annual Target (per Utilization Form)**

	TPC	SC
Annual Target	31	95
<b>From submitted quarterly Service Activity reports:</b>		
PY20 Mid-Year	15	65
PY20 Target	45	56
PY19 Actual	11	93 - program not implemented until Feb 1, 2019.
PY19 Target	45	56

**Financial Analysis**

**PY2021 CCMHB Funding Request: \$200,000 PY2021 Total Program Budget: \$423,368**

**Proposed Change in Funding - PY2020 to PY2021 = 0%**

**Current Year Funding (PY2020): \$200,000 (100% of request). PY19 request/award \$200,000– new that year.**

**CCMHB request is for 47% of total program revenue. Other revenue is from Program Service Fees at \$218,000 (52%) and miscellaneous sources primarily client fees of \$5,368 (1%).**

**Staff comments:**

- Amount requested from the CCMHB is unchanged from PY20 award. Program service fee revenue comes from Substance Use Prevention and Recovery (SUPR) contract but is not specific about what is billable activity.

**Expenses:** Personnel related costs of \$163,762 are the primary expense charged to CCMHB at 82% of \$200,000. Other expense is Professional Fees/Consultants \$36,238 (18%).

**Staff comments:**

- Professional Fees/Consultants line includes audit fee and management and general indirect cost charge, among other expenses. The budget narrative provides an explanation of the allocation of indirect staff time and management and general costs to the program and references the federally approved rate (24.7%).
- All other operating expenses are charged to other sources.

**Total Agency Budget shows a BALANCED BUDGET**

**Total Program Budget shows a SURPLUS of \$79,861**

**Total CCMHB Budget shows a BALANCED BUDGET**

**Staff Comment:**

- Why do they need this level of funding when the program shows almost \$80,000 in surplus budget?

**Program Staff - CCMHB Funds:** 0.12 FTE Indirect and 3.70 Direct. Total CCMHB = 3.82 FTEs.

**Total Program Staff:** 0.26 FTE Indirect and 3.70 FTE Direct. Total Program = 3.96 FTEs.

**Staff comments:**

- CCMHB funds support 100% of staff time allocated to the program. This includes fulltime three Recovery Home Specialists and one lead Recovery Home Specialists working 70% of the time. The 12% of indirect staff time allocated to the program is for various administrative and support staff positions.

**CCMHB PY21 Priorities and Decision Support Criteria**

**Priority: Innovative Practices and Access to Behavioral Health Services:** Program provides supervised supportive housing to adults engaged in treatment for substance use disorder. Program serves as a bridge between residential treatment and less intensive levels of treatment while providing other support services to residents.

**Agency Cultural and Linguistic Competence Plan**

Rosecrance CI submitted an extensive and comprehensive CLC Plan that covers the entire organization. Rosecrance CI conducts annual cultural competence training, and each department hosts a cultural awareness and wellness event monthly. Director/Administrators will work with Rosecrance Communication staff to develop print materials (in any language other than English) for which more than 2% of total clients have identified a need for interpreters for that same language. Supervisors are consulted when the need for interpreters is identified, to ensure compliance with Standard Operating Procedure (SOP) and 100% of clients in need of language assistance will receive it. Implementation of Client Concern/Compliant SOP, which includes the use of Client Advocates as needed. RCI provides funding to cover sponsorship and staff resources to participate in community outreach events and activities. RCI will staff and as needed coordinate with volunteers to participate in at least 3 outreach, engagement, and advocacy events each year. RCI submitted the 2nd Quarter CLC Report for FY20.

## **Overarching Decision Support Criteria**

**Underserved Populations and Countywide Access:** Although primarily site-based, staff offer transportation to those who need it including support as the person transitions back into the community. Outreach to underrepresented minority populations is indicated, though not in any detail which would be helpful.

**Inclusion and Anti-Stigma:** Assisting the person connect to community-based and natural supports, including 12-step groups, may reduce stigma associated with SUD. The support provided addresses barriers client's face when meeting their identified needs as part of their sustained recovery.

**Outcomes:** Access and consumer outcomes, with associated measures, are addressed in sufficient detail.

**Coordinated System:** No other state-licensed Recovery Homes in Champaign County. Excellent detail on program activities: referral to many related community supports and services; intensive case management; coordination based on individualized service plan; support for daily living, advocacy, and linkage to many resources/opportunities.

**Budget and Program Connectedness:** Yes. CCMHB revenue is allocated to personnel costs and professional fees expense lines. The other primary source of revenue supports all other operating expenses. Budget Narrative includes explanation of allocation of Management and General expenses.

**Approach/Methods/Innovation:** Cites sources with brief explanation of evidence-based practices: 12-Step model & peer support; Level system; Case management.

**Evidence of Collaboration:** Agreements (specific to Recovery Home) with: Urbana Adult Education, Eastern Illinois Food Bank, Family Services, Courage Connection, Crisis Nursery, RACES, Promise Healthcare, OSF, Carle, University of Illinois Extension, Land of Lincoln Legal Assistance Foundation, Champaign County Regional Planning Commission, Shelter Plus Care, Champaign-Urbana Public Health District, The Pavilion, and The UP Center aka Uniting Pride.

**Staff Credentials:** The Recovery Home is staffed 24 hours a day. Qualifications of team leader and specialists are referenced including education, credentials, and specialized training.

**Resource Leveraging:** Yes. CCMHB provides less than 50% of program funding. Primary source is a fee for service contract with the state. CCMHB funds are identified as being used to meet a match requirement.

**Other Pay Sources** Illinois Department of Human Services, Substance Use Prevention and Recovery Client Self-pay Client Fees Yes Sliding Scale No

## **Process Considerations & Caveats**

**Contracting Considerations:** If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2021 contract:

- Identifying specific outreach activities to underserved/underrepresented populations needs to be addressed.
- More detail on what constitutes billable activity for the fee for service revenue is of interest.
- Resolve the program budget surplus issue, possibly through revision of budget forms.
- If awarded, a two year term contract would be appropriate.



**Agency: The UP Center of Champaign County  
Program: Children, Youth & Families Program**

*Draft PY2021 Program Summary*

PY2021 CCMHB Funding Request: \$60,610      PY2021 Total Program Budget: \$71,980  
Proposed Change in Funding - PY2020 to PY2021 = 90.8%  
Current Year Funding (PY2020): \$31,768 (88% of request)

Focus of Application: Mental Health  
Type of Contract: Grant  
Priority: System of Care for Children, Youth, and Families

**Services and People Served**

**Target Population:**

LGBTQ+ Youth ages 13-18 have access to our weekly youth support group, as well as our case management program. Parents of LGBTQ+ individuals have access to our monthly parent support program. LGBTQ+ youth younger than 13 and kids of LGBTQ+ parents have access to our monthly play group program. The Children, Youth, and Families program targets LGBTQ+ youth ages 4-21 by providing services to them, their families, and county professionals who serve youth in general, with the intent of creating an overall safer and more equitable community for LGBTQ+ youth.  
*Staff comment: Serves specific population: LGBTQ+ children, youth, and families and with an emphasis on youth.*

**Scope, Location, and Frequency of Service(s):**

Scope: Uniting Pride’s services for both our general program and the CCMHB-funded Children, Youth & Families program (CYF) have three focus areas: support groups, events, and education. Through these three focuses we aim to create a Champaign County where all who identify as sexual and/or gender minorities can live full, healthy, and vibrant lives. We will deliver this mission by: 1. strengthening our community through visibility and celebration, 2. Connecting our community to each other by facilitating safe and genuine social interaction, 3. Serving as a community hub for resources and information, and 4. Advocating for our community through education. CYF follows this model with specific, reproducible programs. CCMHB funding supports staffing, promotion, and growth for these programs, as well as staff time for lesson planning, targeted outreach to rural and at-risk populations, and networking within the community of service providers. We now operate three Support Groups in CYF: Talk it UP (weekly, ages 13-18); UParent (monthly, parents of LGBTQ youth of all ages); and Play Group (monthly, ages 3-12 and their parents). Case management is provided as needed based on the Youth Coordinator’s assessment, intake surveys, and a client’s self-reported need. Referrals are provided when clinical support is appropriate, and partner providers offer reduced-cost services to Uniting Pride when specific assistance is required. Discussion topics at the support groups are developed based on needs identified by the consumers. Past topics have included interpersonal communication, healthy relationships, gender and sexual identity development, mindfulness, and emotion regulation. Groups also provide structured socialization to build interpersonal skills and develop peer-support networks. CYF also includes two major annual events for youth: the teen drag show and PrideFest and our Queer Prom.  
Location/Frequency: Talk it UP meets weekly at the University YMCA, with the intention of moving to a more accessible location that continues to provide client anonymity in 2020. Conversations are in process with multiple community organizations. UParent meets at the Urbana Free Library monthly. Play Group meets in a rotating community location or local playground, with the intention of moving to a consistent location in 2020. Conversations are in process with local leads. We use community based offsite locations for special events with a larger expected audience.

*Staff comments:*

- Services include three support groups, case management, and community events.
- Youth support group meets weekly; the other targeted to parents and families with young children meet monthly. Support group topics are determined by participant interests. Case management provides supports and referrals based on identified needs. This service is a very low volume activity with a service target of three cases in a year.

*1/6/20*

**Access to Services for Rural Residents:**

The Program provides transportation assistance in the form of mileage assistance and/or bus passes for residents who could not otherwise access services. This assistance is directed at rural residents in Champaign County. We also provide community workshops to educate teachers, DCFS employees, and other service providers in rural Champaign areas. Our Youth Program Coordinator visits all county GSAs twice annually to assess their needs, discuss Uniting Pride's program, and involve the students in online space. The Youth Program Coordinator also attends community meetings in rural townships to build network with youth services in those areas and continue to assess the potential for satellite groups outside of Champaign-Urbana. Rural residents within the county will predominantly be served in Champaign, IL at the listed locations with targeted outreach in more rural communities. Although we are engaged in ongoing data collection to measure need in smaller, outlying communities, current feedback does not support creating new groups in these communities at this time given financial constraints.

**Access to Services for Members of Underserved or Underrepresented Minority Populations:**

The Youth Program Coordinator will consistently reach out to work with local organizations serving underrepresented minority populations, specifically low-income, Black, and Latino youth who are disproportionately underrepresented in LGBTQ+ communities. CYF's program goals at this point are to develop working relationships with organizations like RPC, Boys & Girls Clubs, public schools, mental health practitioners, and CUPHD, with potential growth areas including hosting activities and events at after-school programs in the county, tabling and hosting workshops at public schools, and building strong relationships with local service providers. Talk it UP also has the intention to move at least some of its meetings off-campus to create more accessibility while preserving anonymity for underserved minority populations. Clients attending youth support programming (support group and case management) will receive services at the Uniting Pride office or in a reserved room at the University YMCA. The Youth Program Coordinator will continue to network with locations where underserved minority clients are currently receiving other services to assess the viability of satellite support spaces and to provide professional development for professionals in the field. Clients attending parent support groups will be served at the Urbana Free Library.

*Staff comments:*

- *Identifies targeted outreach to rural schools and meetings. Transportation assistance is provided as specific assistance, an expense not supported with CCMHB funds. Likely due, in part, to the assistance going to out-of-county residents participating in programming.*
- *Outreach to underrepresented populations focuses on contacts with other providers engaging the populations. The possibility of hosting meetings in underserved communities and rural areas is mentioned. Data reported for PY19 and first half of PY20 indicates limited success through these efforts.*

**Residency: Total Served in PY2019 = 20 and in first half of PY2020 = 20**

<b>Champaign</b>	7 (35.0%) for PY19	13 (65.0%) for PY20
<b>Urbana</b>	9 (45.0%) for PY19	5 (25.0%) for PY20
<b>Rantoul</b>	0 (.0%) for PY19	0 (.0%) for PY20
<b>Mahomet</b>	0 (.0%) for PY19	1 (5.0%) for PY20
<b>Other Champaign County</b>	4 (20.0%) for PY19	1 (5.0%) for PY20

**Demographics: Total Served in PY2019 = 20**

<b>Age</b>	
Ages 7-12 -----	6 (30.0%)
Ages 13-18 -----	10 (50.0%)
Ages 19-59 -----	4 (20.0%)
<b>Race</b>	
White -----	14 (70.0%)
Black / AA -----	1 (5.0%)
Other (incl. Native American and Bi-racial) -	3 (15.0%)
Not Available Qty -----	2 (10.0%)
<b>Gender</b>	

Male -----	4 (20.0%)
Female -----	9 (45.0%)
Other (may include non-binary and non-conforming people)	(35.0%)
<b>Ethnicity</b>	
Not of Hispanic or Latino/a Origin -----	18 (100.0%)

## Program Performance Measures

**CONSUMER ACCESS:** The Program is available to all LGBTQ youth and families with LGBTQ youth living in Champaign County. There are no fees assessed and Uniting Pride does not seek to bill any insurance company or other payment providers. During intake, participants provide demographic information that includes assessments of the eligibility criteria mentioned above. Participants report hearing about our Youth Programming from a variety of sources including Instagram, Facebook, the Uniting Pride website, service professionals (e.g., counselor), and community programming (e.g., Queer Prom). The Youth Program Coordinator visits all high school and middle school GSAs in the county twice annually and solicits religious education groups, after-school programs, and youth service providers to provide education as well as promote the program. Flyers are also posted in public gathering places around the county.

**Of those seeking assistance or referred, 100% will receive services/support.**

**Within 6 days from referral, 100% of those referred will be assessed.**

**Within 0 days of assessment, 100% of those assessed will engage in services.**

**People will engage in services, on average, for 6 months.**

**Additional Demographic Data:** Uniting Pride is currently working with CCMHB's Program Evaluation Team to develop further demographic data tracking processes. After many years administering the Depression, Anxiety, and Stress Scale; Personal Feelings Questionnaire, and Adolescent Drug and Alcohol Involvement Scale we have set the goal with the Targeted Partnership team to create more locally specific and growth-oriented systems to gather data which will be easier for youth to complete. We plan to derive these questions from evidence-based questions like those in the surveys previously used. Uniting Pride looks forward to presenting our new surveys to CCMHB with the Program Evaluation Team upon completion. At baseline, the needs of families participating in the families support group are assessed through open-ended questions. Following quarter one, families report perceived benefit from participating in the group, and areas of improvement for the group, through a series of open-ended questions.

*Staff comments:*

- *Eligibility for services, referral sources, and intake process are referenced. Agency is working with the Program Evaluation Team to develop process for tracking data collected through the intake process.*

**CONSUMER OUTCOMES:** There are our outcomes as defined through the Logic Model process with the Program Evaluation team. They aren't fully finalized yet as we are still in the midst of the process.

### Long Term Outcomes:

1. Independence, Self-sufficiency
2. Improved social well-being for the individual clients.
3. Increased positive visibility of LGBTQ+ individuals in Champaign County.
4. Increased support for LGBTQ+ and individuals in Champaign County.

### Short Term (Measurable) Outcomes:

1. Youth Empowerment: Increased belongingness, Increased self-efficacy, Increased self-worth, Increased social support
2. Improved interpersonal communication skills
3. Access for youth to affirming and knowledgeable resources: caregivers, educators, spiritual leaders, medical professionals
4. Increased knowledge and practical skills for professionals in supporting LGBTQ+ youth
5. Increased caregiver support

We are currently working through the indicators worksheet phase of the Program Evaluation Team's process with Markera Jones and look forward to presenting the final results upon the program's completion.

**Outcome gathered from all participants?** No. For people youth and family support programming, information will be collected and reported on all clients. However, it is not feasible to collect feedback from all people who attend our community outreach events. **Anticipate 200 total participants for the year.**

**Will collect outcome information** Quarterly or post-community engagement event.



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

**Estimated level of change for this outcome is:** youth accessing support groups or case management will report an increased ability to cope with LGBTQ-related decreased depression, anxiety, stress, substance use, and increased positive emotion. We also look forward to developing community-level metrics to assess our program's effect on the overall LGBTQ+ acceptance and literacy of Champaign County, achieving our mission of creating a Champaign County where all people who identify as gender and sexual minorities can live full, healthy, and vibrant lives.

*Staff comments:*

- *Agency is working with the Program Evaluation Team on defining outcomes measures and evaluation tools and methods. Data will be collected from support groups and case management clients, and prospective long-term and short-term measures are listed. Following the award process, the consumer access and consumer outcomes sections may be updated to reflect progress made with the Program Evaluation Team.*

**UTILIZATION:**

**Treatment Plan Clients (TPCs):** 3 - LGBTQ+ adolescents and families in need of case management services. TPCs will provide demographic information, as well as a survey asking about their present needs to develop a treatment plan. Case management includes one-on-one meetings between the Program Coordinator and the consumer to create a plan for managing distress, and connecting the adolescent to appropriate community resources. New TPCs are any individual starting case management services for the first time in FY21. Returning TPCs are individuals continuing case management services from FY20 to FY21.

**Non-Treatment Plan Clients (NTPCs):** 65 - LGBTQ children, adolescents, and families attending one of our three support groups. NTPCs will be asked to complete a form asking for the same demographic information as TPCs, as well as performance metrics. New NTPCs includes individuals attending the youth or families support groups for the first time in FY21; returning NTPCs includes individuals who attended the youth or families support group in FY20 and returned for FY21.

**Service Contacts (SCs):** 80 - individuals who contact Uniting Pride by email or social media inquiring about youth or family services or seeking referrals. Service Contacts will be tracked only by their reason for contacting Uniting Pride in a spreadsheet.

**Community Service Events (CSEs):** 50 - events held in the community with the goal of increasing sensitivity and tolerance toward LGBTQ individuals. They will also include school, church, and GSA visits with the intention of both assessing community need for LGBTQ+ education and services and promoting the support group programs. Community Service Events can include the annual Pride Festival, Queer Prom, educational events, fundraising events, social gatherings, etc.

*Staff comments:*

- *Program defines activities associated with each category. Primary activity is participation in support groups.*
- *Targets are increased for each category. Past performance does not necessarily support projected service levels except CSEs.*

**PY20 Annual targets (per Utilization Form)**

	TPC	NTPC	SC	CSE
Annual Target	3	65	80	50

**From submitted quarterly Service Activity reports:**

PY20 Mid-Year Total	0	20	28	45
PY20 Target	3	30	60	40
PY19 Full-Year Total	1	29	95	50
PY19 Target	7	36	50	30

**Financial Analysis**

**PY2021 CCMHB Funding Request:** \$60,610      **PY2021 Total Program Budget:** \$71,980

**Proposed Change in Funding - PY2020 to PY2021 = 90.8%**

**Current Year Funding (PY2020):** \$31,768 (88% of funding request)

PY19 request/award = \$18,423. PY18 request/award = \$19,000. PY17 request \$46,748, award \$19,000.

CCMHB request is for 84% of total program revenue. Other is from Contributions - various = \$11,370 (16%).

*Staff comments:*

- *The CCMHB is essentially the sole funder for the program. Program requests a 91% increase in support. The agency has no other formal contractual relationships.*

**Expenses:** Personnel related costs of \$52,450 are the primary expense charged to CCMHB at 87% of \$60,610.

Other expenses are: Professional Fees/Consultants \$3,000 (5%); Consumables \$2,000 (3%); General Operating \$1,000 (2%); Conferences/Staff Development \$500 (1%); Lease/Rental \$1,660 (3%).

*Staff comments:*

- *The CCMHB is responsible for 100% of personnel-related expenses. Professional Fees expense is for CCMHB required financial review, with \$3,000 allocated. Other expense lines are not allocated 100% to the Board but are a shared expense with contributions/fundraising revenue.*

**Total Agency Budget shows a SURPLUS of \$2,239**

**Total Program Budget shows a DEFICIT of \$1,020**

**Total CCMHB Budget shows a BALANCED BUDGET**

**Program Staff - CCMHB Funds:** 0.00 FTE Indirect and 1.5 FTE Direct. Total CCMHB = 1.5 FTEs.

**Total Program Staff:** 0.00 FTE Indirect and 1.5 FTE Direct. Total Program = 1.5 FTEs.

*Staff comments:*

- *The increase in requested support is allocated to direct service staff: Youth Program Coordinator and Program Administrator. Both positions are the only paid employees at the agency and are part-time, at .75 FTE each. Turnover has been an issue in the past, particularly with the administrator position. Both positions are funded entirely by the CCMHB. No staff time is allocated to indirect; administrative duties are the responsibility of The UP Center board.*

## **CCMHB PY21 Priorities and Decision Support Criteria**

**Priority: System of Care for Children, Youth, Families:** *Targets LGBTQ+ identifying children, youth, and families or those with a member identifying as LGBTQ+.*

### **Agency Cultural and Linguistic Competence Plan**

*The UP Center is one of the few resource centers that specializes in serving Youth who identify as LGBTQ and their family members in Champaign County. The governing board allocates time for CLC Training for board and staff. Their CLC Plan is comprehensive, addressing interagency collaboration, cultural competence assessment, and policies and practices that are culturally responsive. Rural residents will predominantly be served in Champaign, with targeted outreach in more rural communities. Although UP Center is engaged in ongoing data collection to measure need in smaller, outlying communities, current feedback does not support creating new groups in these communities at this time given financial constraints. They are looking to increase diverse backgrounds on their board of directors by engaging underrepresented communities. The UP Center matched their actions with the National CLAS Standards and utilized the updated template. UP Center completed the CLC 2<sup>nd</sup> Quarter report for FY 20.*

### **Overarching Decision Support Criteria**

**Underserved Populations and Countywide Access:** *Outreach targeting the respective populations is proposed. Past efforts have had limited success in increasing participation in support groups.*

**Inclusion and Anti-Stigma:** *Community events and other outreach promote inclusivity and seek to reduce stigma.*

**Outcomes:** *Agency is working with the Program Evaluation Team as one of three CCMHB targeted programs. Some preliminary measures are identified. This section of the application should be updated during contract negotiations.*

**Coordinated System:** *While addressed in the CLC Plan (current and planned activities), Provider responded N/A to this question as it is the only agency with the sole purpose of serving the LGBTQ+ community. Other providers serve this population but not exclusively. That the agency does not identify other partners it works with is a regrettable omission.*

**Budget and Program Connectedness:** *Budget aligns with proposed scope of services. Increase in request is for additional staff time to increase participation in support groups, and connections with rural areas and underserved/underrepresented populations.*

**Approach/Methods/Innovation:** *Response cites research with brief explanation of Relational-Cultural Theory model where individuals grow and heal through growth-fostering connections to supportive and affirming others.*

**Evidence of Collaboration:** *While addressed in the CLC Plan (with current interagency involvement and planned assessment for additional), agency responded N/A to this question, should engage with other providers, for example school districts they visit as part of their outreach work. Agency representatives have attended CA-LAN, Community Coalition, and Continuum of Care meetings – appropriate collaborations which could support their efforts.*

**Staff Credentials:** *Agency does not require any specific qualifications to provide identified services. Qualifications for current staff are listed and include Bachelor's level degrees relevant to the work performed. Some funds are allocated for staff training and development.*

**Resource Leveraging:** *No. CCMHB is and has been the only formal source of support to the agency.*

**Other Pay Sources** Personal, corporate, and other donations. We are actively seeking additional grants for programs and services. *Staff comment: No other potential revenue sources are listed in the application as supporting the agency or program.* **Client Fees** No **Sliding Scale** No

## **Process Considerations & Caveats**

**Contracting Considerations:** If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2021 contract:

- *Update access and consumer outcome measures.*
- *Revise responses to questions related to coordination and collaboration.*
- *Agency should broaden grant-based support. If awarded, the requested increase could be conditioned on leveraging of other funds as a one to one match and be pro-rated.*



**Agency: DSC**

**Program: Family Development**

*Draft PY2021 MHB I/DD Program Summary*

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**PY2021 CCMHB Funding Request: \$596,522**      **PY2021 Total Program Budget: \$793,476**  
**Proposed Change in Funding - PY2020 to PY2021= 3.0%**  
**Current Year Funding (PY2020): \$579,148 (100% of request)**

**Focus of Application: I/DD**

**Type of Contract: Grant**

**Allocation Priority: Collaboration with the CCDDDB (Young Children and their Families)**

**Services and People Served**

**Target Population:** age birth to five, with or at risk of developmental disabilities, and their families. For birth to three, developmental screening to aide in early identification, as state does not fund this. If a developmental concern is indicated, children are referred for further evaluation. Eligibility for state-funded services: under 3, with a 30% delay in one or more developmental areas, and/or an identified qualifying disability. These and enhanced services are provided with CCMHB funds for children up to age 5 and with risk but ineligible for state funding through the early intervention (EI) system. While many children are at-risk for developmental delays, waiting lists for EI due to shortage of qualified therapists. FD maximizes state funds to eligible children. State reimbursement for EI is 20% of budget; local funding at 80% allows children and families uninterrupted, comprehensive services, optimizing the potential for success.

*Reviewer: (above and below edited.) Is the need/risk determined and documented (for those not eligible for state funded services) through the instruments listed in Outcome 2 or some other method?*

**Scope, Location, and Frequency of Service(s):**

Scope: Developmental Therapy, Speech Therapy, Comprehensive Evaluation, Developmental Play Groups, Parent Support Groups, Child Care Consultation, and PLAY Project. Culturally responsive, innovative, evidence-based services fill gaps left by insufficient state reimbursement and strict eligibility criteria. Family-centered intervention maximizes the gifts and capacities of families to provide responsive intervention within familiar routines and environments. FD co-treats some families in DSC Adult Services and the Parent Wonders component of the FD program, responsive to the needs of families within this community through a coordinated system of care, including linkage and referrals.

Location/Frequency: natural environments (home visits), critical in rural areas for those isolated from services, alleviates the transportation barrier to services. Screening occurs at childcare centers, community centers, rural public schools, and public events. Services vary from weekly to monthly, based on need.

**Access to Services for Rural Residents:** Families in rural Champaign County 36% of total population. CCMHB funds allow enhanced access to rural families, with regular ongoing services in 21 different towns/villages. Program screenings occur in homes, childcare centers, and community centers. Therapies occur in the child's home.

**Access to Services for Members of Underserved or Underrepresented Minority Populations:** collaborates with rural public schools, childcare centers, churches, food pantries, and health centers to link families to services and fill gaps in services due to limited state funding. Outreach efforts and collaboration build access for those from underrepresented groups. Staff build and maintain relationships with agencies serving underrepresented groups, including the Rantoul Multicultural Community Center, the Champaign Urbana Public Health District, DCFS, the Center for Youth and Family Solutions Intact Families program, Illinois State Board of Education Prevention Initiative Programs, Urbana Early Childhood, and Carle Hospital among others.

*Reviewer: Scope of services largely unchanged from PY2020. Program serves significant percentage of rural residents; staff travel to people in their preferred settings county-wide.*

**Residency: Totals Served in PY2019 = 655 and in first half of PY2020 = 582**

<b>Champaign</b>	266 (40.6%) for PY19	241 (41.4%) for PY20
<b>Urbana</b>	141 (21.5%) for PY19	112 (19.2%) for PY20
<b>Rantoul</b>	102 (15.6%) for PY19	76 (13.1%) for PY20
<b>Mahomet</b>	38 (5.8%) for PY19	39 (6.7%) for PY20
<b>Other Champaign County</b>	108 (16.5%) for PY19	114 (19.6%) for PY20

**Demographics: Total Served in PY2019 = 655**

<b>Age</b>	
Ages 0-6 -----	655 (100.0%)
<b>Race</b>	
White -----	412 (62.9%)
Black / AA -----	141 (21.5%)
Asian / PI -----	32 (4.9%)
Other (incl. Native American and Bi-racial) -	70 (10.7%)
<b>Gender</b>	
Male -----	387 (59.1%)
Female -----	268 (40.9%)
<b>Ethnicity</b>	
Of Hispanic or Latino/a origin -----	95 (14.5%)
Not of Hispanic or Latino/a Origin -----	560 (85.5%)

### **Program Performance Measures**

**CONSUMER ACCESS:** those with evidence of need for service based on assessment, at-risk for developmental disabilities or delays. This contract supports children who are “at-risk” but ineligible for state funded EI. Families learn about the program through collaborations with local hospitals and health clinics, child care centers, Crisis Nursery, local prevention initiative programs, other agencies, outreach events such as Read Across America, disAbility Expo, Mommy Baby Expo, and the Homeschool Fair. Developmental screener participates in quarterly screening events at Urbana Early Childhood, with the C-U Home-Visiting Consortium. Child and Family Connections make referrals to FD therapists.

**Of those seeking assistance or referred, 100% will receive services/support.**

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

**Within 7 days of assessment, 90% of those assessed will engage in services.**

**People will engage in services, on average, for a one-time screening or until age five within the therapy program.**

**Additional Demographic Data:** language spoken, primary disability, and referral source.

### **CONSUMER OUTCOMES:**

**Outcome 1:** Families will identify progress in child functioning in everyday life routines, play and interactions with others. *Measured by:* Quarterly file review of parent report of child’s functional skills, play skills, and interactions as recorded on home visit contact note. Surveys will be mailed to some families at the end of the fiscal year, with questions based on evidence-based best practice as defined by the Division of Early Childhood of the Council for Exceptional Children and including feedback on program principles of child-centered, family-focused intervention, culturally responsive interactions. Parent input also sought during each home visit and incorporated in future planning.

**Outcome 2:** Children will progress in goals identified on their Individualized Family Service Plan (IFSP). *Measured by:* based on initial and ongoing evaluation, each Individualized Family Service Plan (IFSP) outlines goals and strategies for services, outcome measures. Children are evaluated using: Ages and Stages Questionnaire (ASQ), Battelle Developmental Inventory II, Infant Toddler Developmental Assessment, Preschool Language Scale, Rossetti Infant Toddler Language.

**Outcome gathered from all participants?** No. A random sample of files will be chosen for review with the specific outcomes outlined above.

**Anticipate 655 total participants for the year.**

**Will collect outcome information Quarterly.** Satisfaction surveys to random sample annually for outcome 2.

**Is there a target or benchmark level for program services?** Yes, past outcomes/results assist in establishing targets.

**FY 20 Measure:** Families identify progress in child functioning in everyday routines, play, and interactions with others.

FY 20 Target: 90%      FY 20 Mid-Year Outcome: 91%

**FY 20 Measure:** Children will make progress in goals identified by families on the IFSP.

FY 20 Target: 90%      FY 20 Mid-Year Outcome: 94%

**Estimated level of change for each outcome:** Progress for the two outcomes is defined as any level of progress as perceived by the family or proven by an assessment. For both outcomes, the quantity is 90% of those reviewed.

*Reviewer: Above and below are edited. CSEs should only include events where a presentation about the program is made, if program is funded application forms will need to be updated.*

**UTILIZATION:**

**Treatment Plan Clients (TPCs):** 655 children receiving FD services.

**Service Contacts (SCs):** 200 developmental screenings.

**Community Service Events (CSEs):** 300 opportunities to increase awareness of the importance of early identification and early intervention, reduce stigma, and promote community-based solutions.

**Other:** hours of service are reported as claims in online system.

**PY2021 Annual Target (per Utilization Form)**

	TPC	SC	CSE
Annual Target	655	200	300
<b>PY2020 mid-year</b>	<b>582</b>	<b>43</b>	<b>205</b>
Annual Target	655	200	300
<b>PY2019 actuals</b>	<b>655</b>	<b>150</b>	<b>505</b>
Annual Target	655	200	300

**Financial Analysis**

**PY2021 CCMHB Funding Request:** \$596,522      **PY2021 Total Program Budget:** \$793,476

**Proposed Change in Funding - PY2020 to PY2021=** 3.0%

**Current Year Funding (PY2020):** \$579,148 (100% of request)

PY19 request/award = \$562,280. PY18 request was for \$579,150, award \$562,280. PY17 request/award = \$562,280.

**Does the application clearly explain what is being purchased by the CCMHB?** Yes

**Does the application warrant that CCMHB funding will not supplement Medicaid?** Yes

**CCMHB request is for 75% of total program revenue.** Other is from United Way = \$47,500 (6%), DHS FFS Training \$4,303 (>1%), Program Service Fees – Early Intervention \$145,000 (18%), and Other Program Service Fees \$151 (<1%).

**Expenses:** Personnel related costs of \$484,007 are the primary expense charged to CCMHB at 81% of \$596,243. Other expenses are: Professional Fees/Consultants \$2,111 (>1%); Consumables \$4,637 (>1%); General Operating \$8,055 (1%); Occupancy \$33,751 (6%); Conferences/Staff Development \$3,809 (>1%); Local Transportation \$17,631 (3%); Equipment Purchases \$264 (>1%); Lease/Rental \$30,720 (5%); Membership Dues \$2,448 (>1%); and Miscellaneous \$8,810 (1%).

**Total Agency Budget shows a SURPLUS of \$60,559**

**Total Program Budget shows a DEFICIT of \$7,892**

**Total CCMHB Budget shows a SURPLUS of \$279** *(This needs correcting. Balanced budget required.)*

**Staff Comments:**

- Professional fees support contract workers: IT consultant, occupational therapy, speech/language pathology, psychological/social and technology services.
- No allocation for audit expense.
- Increased funding supports increased salary expense.

**Program Staff to be Funded by CCMHB:** 1.37 FTE Indirect and 6.9 FTE Direct. Total CCMHB = 8.27 FTEs.

*Comment: Lower than current year by 0.13 FTE total.*

**Total Program Staff:** 1.92 FTE Indirect and 9.30 FTE Direct. Total Program = 11.12 FTEs.

*Comment: Lower than current year by 0.16 FTE total.*

## CCMHB PY21 Priorities and Decision Support Criteria

Priority: Collaboration with the CCDDDB/Services for Young Children and their Families was selected, appropriate.

### Agency Cultural and Linguistic Competence Plan

DSC submitted a comprehensive CLC Plan for the organization. They utilized the required Benchmarks that aligned with National CLAS Standards. The CLC Plan talks about annual review by the Board of Directors that includes allocation of resources for training for board members and staff. There is an internal newsletter. The only stated plan for outreach to underserved people is through a referral through the ISC and public community events. The CLC Plan stated the organization will receive training about Trauma Informed Practices during FY21. Their formal and informal agency collaboration is outlined in the program applications. Printed Materials are provided based on the language or communication preferred by the family requesting services. The 2nd Quarter CLC Plan Report was submitted for FY20.

### Overarching Decision Support Criteria

**Underserved Populations and Countywide Access:** collaborates with rural public schools, childcare centers, churches, food pantries, and health centers to link families to services and fill gaps in services due to limited state funding.

**Inclusion and Anti-Stigma:** families shape decisions regarding outcomes and services, including intensity, duration, and location. Access to culturally responsive services begins by building relationships with each family that honor diverse customs, viewpoints, and languages as assets. Cultural competence is a process of communication between families and providers with a goal of building cultural reciprocity – understanding and open-mindedness regarding diversity. This process is embedded within the initial referral process and assessment through intervention planning and implementation. Natural supports and strengths are maximized by coaching parents and caregivers in intervention strategies and by including extended family, medical and faith-based community resources, and peer groups. FD staff partners with families to enhance self-sufficiency within families' cultural and community foundations.

**Coordinated System:** n/a. The Place for Children provides similar services using Applied Behavior Analysis (ABA). FD coordinates services, consults, shares information/resources and plans for the children and families served by both. FD staff participates in Cradle to Career, Local Area Network (LAN), Birth to 3 Coordinating Council, Local Interagency Council (LIC), Home-Visiting Consortium, and Rantoul Provider meetings with community partners.

**Budget and Program Connectedness:** Yes. Budget Narrative provides adequate detail on associated items and indirect cost allocation. As with most other applications from DSC, proposes a 3% salary increase, 5% increase in health insurance cost, staff shortage/hiring crisis.

**Approach/Methods/Innovation:** PLAY (Play and Language for Autistic Youngsters) Project is an evidence-based autism intervention helping parents develop a better connection with their child through play and helping the child improve language, development, behavior, and social skills. PLAY Project Consultant coaches families on methods, principles, and techniques to help them deliver the intervention throughout everyday interactions.

**Evidence of Collaboration:** Down Syndrome Network, Child and Family Connections, Multicultural Community Center Migrant/Seasonal Head Start, PLAY Project License Agreement, Unitarian Universalist Church playgroups, Champaign County Home-Visiting Consortium, 0 to 3 Coordinating Council, and Champaign-Urbana Public Health District.

**Staff Credentials:** Developmental Therapists, Speech Therapist, and Developmental Screening Coordinator. 5 hold Master's degrees, 1 a Bachelor's, in relevant fields. 5 are licensed/credentialed by State of Illinois EI, 2 Developmental Therapists are trained/certified for PLAY Project, 1 is a certified evaluator in ASQ Developmental training tool.

**Resource Leveraging:** current and proposed contract not used as match for other funding. **Other Pay Sources:** United Way supports less than one FTE. State EI is billed when applicable. **Client Fees No. Sliding Scale No.**

**Reviewer:** Above is edited - application includes links to sites, specific coordination activities, details on specific training and certification requirements. All overarching considerations are addressed in the application.

### Process Considerations & Caveats

**Contracting Considerations:** If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2021 contract:

- Application forms updated to reflect CSE definition requirements.
- Budgets should be adjusted so that CCMHB budget is balanced.
- This contract is recommended for a two year term.

## Draft PY2021 CCDDDB Program Summary

Agency: Champaign County Head Start/Early Head Start DDB

Program: Social-Emotional Development Svcs

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### Services and People Served

**Target Population:** Low-income children six weeks to kindergarten entry age who:

1. score above the cutoff on the Ages and Stages Questionnaire Social-Emotional (ASQ-SE) screening tool and/or
2. are referred by their parent or teacher for behavioral or social-emotional developmental concerns and for whom intensive intervention services are indicated.

### Scope, Location, and Frequency of Service(s):

**Scope:** Screening newly enrolled children for social-emotional concerns using ASQ-SE. For children with high scores, teacher consultation. Individual Observation for a child with challenging behaviors or high ASQ-SE score. Observations help with analyzing the setting, interactions, and operations to identify additional classroom support or teacher training needs. Parents and teachers complete Devereux Early Childhood Assessment (DECA), to measure child's ability to use independent thought and action to meet needs, express emotions, manage behaviors in healthy ways, and promote and maintain mutual, positive connections with other children and significant adults. Social-Emotional Development Specialist (SEDS) analyzes the data and collaborates with the family support team to identify next steps and/or referrals. Team developed support plan includes agreed-upon strategies to teach social skills and help child engage in the classroom environment successfully and identify responsive relational interventions for teachers and parents. Plans may also include referral to family doctor, developmental pediatrician, local MH agencies, early intervention (EI), or school district for further screening or assessment. Other services: Professional Development Trainings and Reflective Consultation (ongoing) to teaching and supervisory staff working to support the success of children at their sites.

Reflective Supervision to Social Skills and Prevention Coaches delivering ongoing positive behavior support to identified children and prevention strategies in the classroom.

**Location:** classrooms, homes, or community setting, meeting where the families are. **Frequency:** not addressed.

*Reviewer: Above is lightly edited. Scope of services largely unchanged from PY20.*

<b>Residency:</b>	66 = PY19	31 = PY20 (first two quarters)
Champaign Set	25 (37.9%) for PY19	12 (38.7%) for PY20
Urbana Set	22 (33.3%) for PY19	9 (29%) for PY20
Rantoul	13 (19.7%) for PY19	7 (22.6%) for PY20
Mahomet	0 (0%) for PY19	0 (0%) for PY20
Other Champaign County	6 (9%) for PY19	3 (9.7%) for PY20

### Demographics: Total Served in PY19 = 66

<b>Age</b>	
Ages 0-6 -----	66 (100.0%)
<b>Race</b>	
White -----	18 (28.1%)
Black/AA -----	43 (67.2%)
Other (incl. Native American and Bi-racial)-	3 (4.7%)
<b>Gender</b>	
Male -----	49 (74.2%)
Female -----	17 (25.8%)
<b>Ethnicity</b>	
Of Hispanic/Latinx Origin -----	2 (3%)
Not of Hispanic/Latinx Origin -----	64 (97%)



## Program Performance Measures

**CONSUMER ACCESS:** Recruitment through Champaign County libraries, elementary schools, door to door, grocery/convenience stores, town/village events, community agencies, other locations. Outreach at Disability Expo, Read Across America, Week of the Young Child, and local school district child-find activities. CCHS shares information with enrolled families about the services provided by the SEDS at parent meetings and through brochures and parent handbook. SEDS provides parent education trainings pertaining to trauma informed care, social-emotional development, and strategies to reduce challenging behaviors and increase social-emotional skills.

**Of those seeking assistance or referred, 90% will receive services/support.**

**Within 14 days from referral, 95% of those referred will be assessed.**

**Within 14 days of assessment, 90% of those assessed will engage in services.**

**People will engage in services, on average, for 9 months.**

**Additional Demographic Data:** information family structure, income, language, education, employment, military status, marital status, and housing status such as homeowner, renter, or homeless.

## CONSUMER OUTCOMES:

1. Children with behavior goals or support plans will have a reduction in frequency and duration of challenging behavior.  
*Measured by:* data on challenging behavior is collected in a variety of ways. We document antecedent-behavior-consequence, duration, frequency of behavior on behavior collection charts, behavior incident reports.
2. Children will demonstrate improvement in social skills related to resilience such as: Self-Regulation; Initiative; Relationship building/Friendship skills; Emotional Literacy; and Problem-Solving.  
*Measured by:* pre and post resilience related social skills are assessed using ASQ-SE, DECA-P2, and DECA I/T. The ASQ-SE and the DECA are completed by teachers and parents. Continuous documentation collected by teachers in teaching strategies GOLD regarding S-E skills, evaluated during Fall, Winter, Spring checkpoints.
3. Caregivers (staff, parents) will gain understanding of impact of stress and trauma on themselves and children in their care.  
*Measured by:* teachers attend trainings provided by the SEDS on Stress, Trauma informed care, and self-care during new employee orientation and staff development days. Staff fill out evaluation forms indicating understanding and feedback. Families are provided psychoeducation on stress, trauma, and resilience during home visits, family site meetings, Stress-less parties, support plan meetings. Parents are surveyed once a year to assess introduction and knowledge of these areas.
4. Caregivers (staff and parents) will strengthen their responsive caregiving skills.  
*Measured by:* teachers attend trainings provided by the SEDS on positive guidance, co-regulation, and decoding behavior during new employee orientation and staff development days. Staff fill out evaluation forms indicating understanding and feedback. Families are provided opportunities for psychoeducation on positive guidance, co-regulation, and decoding behavior during home visits, family site meetings, Stress-less parties, and support plan meetings. Parents are surveyed once a year to assess introduction and knowledge of these areas.

**Outcome gathered from all participants? Yes Anticipate 130 total participants for the year.**

**Will collect outcome information as:** ASQ:SE in fall and spring, GOLD assessments quarterly, DECA in fall and spring.

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

**Estimated level of change for this outcome:** Children enter classrooms at different developmental stages, skills, and areas of need, which makes estimating a rate of change difficult. Data collected at 3 points using Teaching Strategies GOLD to determine if skills are below, match, or exceed "widely held standards" of S-E development. Children who receive S-E services are evaluated with DECA, goal for reliable change in a positive direction and lower scores in the challenging behavior domain.

## UTILIZATION:

**Treatment Plan Clients (TPCs):** 50 new children who receive individual observations, DECA assessments, support plans, child studies, and functional behavioral analysis.

**Non-Treatment Plan Clients (NTPCs):** 50 children who need ASQ:SE reviews, IEP reviews, referrals for services, brief, one-time consultation, and in-depth informational consultation.

**Service Contacts (SCs):** 600 S-E Classroom Observations, ASQ-SE screenings, individual child observations, parent and/or teacher conferences to discuss concerns, functional behavior assessment interviews, Individual Success Plan meetings, positive behavior coaching, teacher mentoring, contact to support external referrals, parent support groups, and parent trainings.

**Community Service Events (CSEs):** 20 Birth to 6 Council meetings, Mental Health Advisory Committee, Health Advisory meetings, and Infant Mental Health meetings, Champaign Community Coalition meetings, collaboration with other agencies. **Other:** 10 mass screening events, staff training, social-emotional information for teachers to add to parent newsletters, reflective consultation, management meetings, case management and coordination, and program development. *Reviewer: CSEs should only include those meetings or events where program information is presented.*

### Financial Analysis

**PY2021 CCDDDB Funding Request:** \$121,081      **PY2021 Total Program Budget:** \$121,081  
**Proposed Change in Funding - PY2020 to PY2021:** CCMHB+CCDDDB = 8.1%  
**Current Year Funding (PY2020):** \$24,402 CCDDDB + \$87,602 CCMHB (= request)  
PY19 request/award \$73,605. PY18 and PY17 request/award \$55,645.  
**Does the application clearly explain what is being purchased by the CCDDDB?** Yes  
**Does the application warrant that CCDDDB funding will not supplement Medicaid?** Yes

**CCDDDB/CCMHB request is for 100% of total program revenue.**  
**Expenses:** Personnel related costs of \$84,706 are the primary expense charged to CCDDDB at 69% of \$121,081. Other expenses are: Consumables \$1,000 (1%); General Operating \$978 (1%); Occupancy \$27,489 (23%); Conferences/Staff Development \$5,950 (5%); and Local Transportation \$958 (1%).

**Total Agency Budget is balanced. Total Program Budget is balanced. Total CCDDDB Budget is balanced.**

**Program Staff - CCDDDB Funds:** 0 FTE Indirect and 1.11 FTE Direct. Total CCDDDB-funded staff = 1.11 FTEs  
**Total Program Staff:** 0 FTE Indirect and 2.00 FTE Direct. Total Program = 2.00 FTEs

### CCDDDB PY21 Priorities and Decision Support Criteria

**Does the plan align with one or more of the CCDDDB Priorities?** Yes, Young Children.

### Agency Cultural and Linguistic Competence Plan

*Champaign County RPC Community Services has combined their CLC Plan utilizing the National CLAS Standards. Each department will address individual benchmarks. All the required benchmarks were submitted in a comprehensive CLC Plan. CCRPC attends community meetings and collaborates with agencies that can provide services to people living with. CCRPC completed their FY20 2nd Quarter Quarterly Reports.*

### Overarching Decision Support Criteria

**Underserved Populations and Countywide Access:** families in medically underserved townships receive priority points for enrollment, as do geographically isolated families. Recruitment through libraries, elementary schools, door to door, grocery/convenience stores, community events, agencies, etc. CCHS Community Assessment to recruit where income-eligible families reside, including rural. CCHS info at community meetings and with providers who serve the same populations.

**Inclusion, Integration, and Anti-Stigma:** recruits and enrolls all children who meet eligibility requirements, including children who have developmental delays and challenging behaviors. CCHS embraces the least restrictive environment and offers this model in the classrooms and family childcare homes; annually completes ADA assessments of all facilities; diversity and inclusion training during new staff orientation and annually to increase understanding of diversity and inclusion, increase awareness of own biases and perceptions and reduce them, learn skills to communicate and interact respectfully with people without biases or misperceptions, recognize and appreciate differences, experiences, perspectives, ideas, and backgrounds of co-workers and families, and learn strategies to address conflict.

**Coordinated System:** HopeSprings provides outpatient therapy that works with individual children and their families. Local school district Pre-K programs work with at-risk preschool age children, offering preschool education and disability services. Child and Family Connections (CFC) links families to EI services for infants/toddlers with developmental delays. CCHS collaborates with providers to enhance S-E support services to enrolled children and families. Referrals when children need intensive services. Agreements with HopeSprings, 5 school districts, and CFC to decrease duplication of services, improve child find through screenings, and provide and coordinate services to children (birth to 5) diagnosed with a disability.

**Budget and Program Connectedness:** Yes. *Budget Narrative includes sufficient detail on associated items, includes GATA approved indirect cost rate, as 4.5% of salaries.*

**Person Centered Planning (PCP):** Yes

**Evidence-based, Evidence-informed, Recommended, or Promising Practice:** Center of Early Childhood Mental Health Consultation, the Illinois Association Infant Mental Health, Center on the Developing Child, Pyramid Model, and Conscious Discipline. *Reviewer: edited – see application for details and websites for evidence-based models.*

**Evidence of Collaboration:** working agreements with HopeSprings, Champaign Unit 4, Rantoul City Schools, Mahomet Middletown Early Childhood, Urbana Unit 116, Spectrum Early Childhood, and Child and Family Connections. MOU with CU Trauma and Resilience Initiative to support collaboration on Trauma Informed capacity building within the agency and community. Collaboration with CUPHD to provide health and nutrition services to children and pregnant women. Partners with CU Early to offer kindergarten ready kits to families enrolled in home-based and family childcare homes.

**Staff Credentials:** Master's in School Counseling, Doctorate in Counselor Education and Supervision, is a nationally certified counselor, has received specialized training in restorative practices and conflict mediation, Practice Based Coaching, the Pyramid Model, and early childhood MH services, is on CU TRI steering committee, and is pursuing LCPC license.

**Resource Leveraging:** No **Other Pay Sources** assistance from community providers who accept Medicaid prior to using this contract. **Client Fees** No **Sliding Scale** No **Willing to participate in DD Medicaid-waiver programs?** No

## **Process Considerations & Caveats**

**Contracting Considerations:** If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2021 contract:

- *Continue to coordinate with providers of similar services and copies of MOU once obtained.*
- *Because services for very young children are identifies as priority to the CCMHB, application forms should be submitted there.*
- *No mention of collaboration with DSC FD. Program focus less on developmental delay than historically – primarily behavioral health?*

## **Agency and Program acronyms**

BLAST – Bulldogs Learning and Succeeding Together. A Mahomet Area Youth Club program.

CAC - Children's Advocacy Center

CC – Community Choices

CCCHC – Champaign County Christian Health Center

CCDDB – Champaign County Developmental Disabilities Board

CCHCC – Champaign County Health Care Consumers

CCHS – Champaign County Head Start, a department of the Regional Planning Commission

CCMHB – Champaign County Mental Health Board

CCRPC – Champaign County Regional Planning Commission

CDS – Court Diversion Services, a program of the Regional Planning Commission.

CN - Crisis Nursery

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

Courage Connection – agency previously known as The Center for Women in Transition

DMBGC - Don Moyer Boys & Girls Club

DSC - Developmental Services Center

ECIRMAC – East Central Illinois Refugee Mutual Assistance Center

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

FDC – Family Development Center

FS - Family Service of Champaign County

FN - Frances Nelson previously known as Frances Nelson Health Center Health Center. The Federally Qualified Health Center operated by Promise Healthcare

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

MAYC - Mahomet Area Youth Club

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

PEARLS - Program to Encourage Active Rewarding Lives

PHC – Promise Healthcare

PSC - Psychological Services Center (University of Illinois)

RAC or ECIRMAC – East Central Illinois Refugee Mutual Assistance Center

RACES – Rape Advocacy, Counseling, and Education Services

RCI – Rosecrance Central Illinois

RPC – Champaign County Regional Planning Commission

UCPLL – United Cerebral Palsy Land of Lincoln chapter

UNCC – Urbana Neighborhood Community Connections Center

UP Center – Uniting in Pride Center

UW – United Way of Champaign County

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

## **Glossary of Other Terms and Acronyms**

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

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

ACA – Affordable Care Act

ACMHAI – Association of Community Mental Health Authorities of Illinois

ANSA – Adult Needs and Strengths Assessment

APN – Advance Practice Nurse

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

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

ASD – Autism Spectrum Disorder

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

ATOD – Alcohol, Tobacco and Other Drugs

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

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

CBCL – Child Behavior Checklist.

CC – Champaign County

CCBoH – Champaign County Board of Health

C-GAF – Children's Global Assessment of Functioning

CHW – Community Health Worker

CILA – Community Integrated Living Arrangement

CIT – Crisis Intervention Team; law enforcement officer trained to respond to calls involving an individual exhibiting behaviors associated with mental illness.

CLC – Cultural and Linguistic Competence

CLST – Casey Life Skills Tool

CQL – Council on Equality and Leadership

CRT – Co-Responder Team; mobile crisis response intervention coupling a CIT trained law enforcement officer with a mental health crisis worker.

CSEs - Community Service Events. Is a category of service measurement on the Part II utilization form and the actual activity to be performed should also be described in the Part I Program Performance Measures-Utilization section of the application/program plan. It relates to the number of public events (including mass media and articles), consultations with community groups and/or caregivers, classroom presentations, and small group workshops to promote a program or educate the community. Activity (meetings) directly related to planning such events may also be counted here. Actual direct service to clientele is counted elsewhere.

CSPI – Childhood Severity of Psychiatric Illness. A mental health assessment instrument.

CY – Contract Year, runs from July to following June. For example CY08 is July 1, 2007 to June 30, 2008. (Also may be referred to as Program Year – PY). Most contract agency Fiscal Years are also from July 1 to June 30 and may be interpreted as such when referenced in a Program Summary e.g. FY07

CYFS – Center for Youth and Family Solutions (formerly Catholic Charities)

DASA – Division of Alcoholism and Substance Abuse in the Illinois Department of Human Services.

DCFS – Illinois Department of Children and Family Services.

Detox – abbreviated reference to detoxification. It is a general reference to drug and alcohol detoxification program or services, e.g. Detox Program.

DD – Developmental Disability

DFI – Donated Funds Initiative, source of matching funds for some CCMHB funded contracts. The Illinois Department of Human Services administers the DFI Program funded with federal Title XX Social Services Block Grant. The DFI is a “match” program meaning community based agencies must match the DFI funding with locally generated funds. The required local match is 25 percent of the total DFI award.

DHFS – Illinois Department of Healthcare and Family Services. Previously known as IDPA (Illinois Department of Public Aid)

DHS – Illinois Department of Human Services

DMHARS – Division of Mental Health and Addiction Recovery Services. This is the new division at the Department of Human Services that brings together the Division of Alcohol and Substance Abuse and the Division of Mental Health.

DSM – Diagnostic Statistical Manual.

DSP – Direct Support Professional

DT – Developmental Training

EI – Early Intervention

EPDS – Edinburgh Postnatal Depression Scale – Screening tool used to identify mothers with newborn children who may be at risk for prenatal depression.

EPSDT – Early Periodic Screening Diagnosis and Treatment. Intended to provide comprehensive and preventative health care services for children under age 21 who are enrolled in Medicaid.

ER – Emergency Room

FACES – Family Adaptability and Cohesion Evaluation Scale

FAST – Family Assessment Tool

FFS – Fee For Service. Type of contract that uses performance based billings as the method of payment.

FOIA – Freedom of Information Act.

FQHC – Federally Qualified Health Center



FTE – Full Time Equivalent is the aggregated number of employees supported by the program. Can include employees providing direct services (Direct FTE) to clients and indirect employees such as supervisors or management (Indirect FTE).

FY – Fiscal Year, for the county runs from December to following November. Changing in 2015 to January through December.

GAF – Global Assessment of Functioning. A subjective rating scale used by clinicians to rate a client's level of social, occupational and psychological functioning. The scale included in the DSM-IV has been replaced in the DSM-V by another instrument.

GAIN-Q - Global Appraisal of Individual Needs-Quick. Is the most basic form of the assessment tool taking about 30 minutes to complete and consists of nine items that identify and estimate the severity of problems of the youth or adult.

GAIN Short Screen - Global Appraisal of Individual Needs, is made up of 20 items (four five-item subscales). The GAIN-SS subscales identify: internalizing disorders, externalizing disorders, substance use disorders, crime/violence.

HRSA – Health Resources and Services Administration. The agency is housed within the federal Department of Health and Human Resources and has responsibility for Federally Qualified Health Centers.

ICADV – Illinois Coalition Against Domestic Violence

ICASA – Illinois Coalition Against Sexual Assault

ICDVP - Illinois Certified Domestic Violence Professional

ICFDD – Intermediate Care Facility for the Developmentally Disabled

ICJIA - Illinois Criminal Justice Authority

ID – Intellectual Disability

IDOC – Illinois Department of Corrections

I&R – Information and Referral

IPLAN - Illinois Project for Local Assessment of Needs. The Illinois Project for Local Assessment of Needs (IPLAN) is a community health assessment and planning process that is conducted every five years by local health jurisdictions in Illinois. Based on the *Assessment Protocol for Excellence in Public Health* (APEX-PH) model, IPLAN is grounded in the core functions of public health and addresses public health practice standards. The completion of IPLAN

fulfills most of the requirements for Local Health Department certification under Illinois Administrative Code Section 600.400: Certified Local Health Department Code Public Health Practice Standards. The essential elements of IPLAN are:

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

ISC – Independent Service Coordination

ISP – Individual Service Plan

ISSA – Independent Service & Support Advocacy

JDC – Juvenile Detention Center

JJ – Juvenile Justice

JJPD – Juvenile Justice Post Detention

LCPC – Licensed Clinical Professional Counselor

LCSW – Licensed Clinical Social Worker

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

LPC – Licensed Professional Counselor

MAYSI – Massachusetts Youth Screening Instrument. All youth entering the JDC are screened with this tool.

MCO – Managed Care Organization. Entity under contract with the state to manage healthcare services for persons enrolled in Medicaid.

MCR – Mobile Crisis Response. Previously known as SASS. It is a state program that provides crisis intervention for children and youth on Medicaid.

MDT – Multi-Disciplinary Team

MH – Mental Health.

MHP - Mental Health Professional. Rule 132 term. Typically refers to a bachelors level staff providing services under the supervision of a QMHP.

MIDD – A dual diagnosis of Mental Illness and Developmental Disability.

MISA – A dual diagnosis condition of Mental Illness and Substance Abuse

NMT – Neurodevelopmental Model of Therapeutics

NTPC -- NON - Treatment Plan Clients – This is a new client engaged in a given quarter with case records but no treatment plan - includes: recipients of material assistance, non-responsive outreach cases, cases closed before a plan was written because the client did not want further service beyond first few contacts or cases assessed for another agency. It is a category of service measurement providing an actual number of those served in the prior program year and a projection for the coming program year on the Part II utilization form application/program plan and the actual activity to be performed should also be described in the Part I Program Performance Measures-Utilization section of the application. Similar to TPCs, they may be divided into two groups – Continuing NTPCs - clients without treatment plans served before the first day of July and actively receiving services within the first quarter of the new program year. The first quarter of the program year is the only quarter in which this data is reported. Essentially it is a case carried from one program year into the next. The other is New TPCs that is the number of new clients in a given quarter of the program year.

NREPP – National Registry of Evidence-based Programs and Practices maintained by Substance Abuse Mental Health Services Administration (SAMHSA)

OMA – Open Meetings Act.

ODD/SUD – Opioid Use Disorder/Substance Use Disorder

PAS – Pre-Admission Screening

PCI – Parent Child Interaction groups.

PCP – Person Centered Planning

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

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

PPSP – Parent Peer Support Partner

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

PTSD – Post-Traumatic Stress Disorder

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

PWI – Personal Well-being Index

PY – Program Year, runs from July to following June. For example PY08 is July 1, 2007 to June 30, 2008. (Also may be referred to as Contract Year – CY and is often the Agency Fiscal Year)

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

QIDP – Qualified Intellectual Disabilities Professional

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

SA – Substance Abuse

SAMHSA – Substance Abuse and Mental Health Services Administration, a division of the federal Department of Health and Human Services

SASS – Screening Assessment and Support Services is a state program that provides crisis intervention for children and youth on Medicaid.

SBIRT – Screening, Brief Intervention, Referral to Treatment. SAMHSA defines SBIRT as a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders.

SCs - Service Contacts/Screening Contacts. This is the number of phone and face-to-face contacts with consumers who may or may not have open cases in the program. It can include information and referral contacts or initial screenings/assessments or crisis services. May sometimes be referred to as a service encounter (SE). It is a category of service measurement providing a picture of the volume of activity in the prior program year and a projection for the coming program year on the Part II utilization form of the application/program

plan and the actual activity to be performed should also be described in the Part I Program Performance Measures-Utilization section of the application.

Seeking Safety - a present-focused treatment for clients with a history of trauma and substance abuse.

SEDS – Social Emotional Development Specialist.

SEL – Social Emotional Learning

SOAR - SSI/SSDI Outreach, Access, and Recovery. Assistance with completing applications for Social Security Disability and Supplemental Income, provided to homeless population

SSPC - Social Skills and Prevention Coaches.

SUD – Substance Use Disorder

TALKS - TALKS Mentoring (Transferring A Little Knowledge Systematically)

TPCs - Treatment Plan Clients – This is the number of service recipients with case records and treatment plans. It is a category of service measurement providing an actual number of those served in the prior program year and a projection for the coming program year on the Part II utilization form of the application/program plan and the actual activity to be performed should also be described in the Part I Program Performance Measures-Utilization section of the application. Treatment Plan Clients may be divided into two groups – Continuing TPCs - clients with treatment plans written prior to the first day of July and actively receiving services within the first quarter of the new program year. The first quarter of the program year is the only quarter in which this data is reported. Essentially it is a case carried from one program year into the next. The other is New TPCs that is the number of new clients with treatment plans written in a given quarter of the program year.

TPITOS - The Pyramid Infant-Toddler Observation Scale. Used by Champaign County Head Start.

TPOT - Teaching Pyramid Observation Tool. Used by Champaign County Head Start.

TPS – Truce Peace Seekers

WHODAS – World Health Organization Disability Assessment Schedule. It is a generic assessment instrument for health and disability and can be used across all diseases, including mental and addictive disorders. The instrument covers 6

domains: Cognition, Mobility; Self-care; Getting along; Life activities; and Participation. Replaces the Global Assessment of Functioning in the DSM-V.

WRAP – Wellness Recovery Action Plan, is a manualized group intervention for adults that guides participants through the process of identifying and understanding their personal wellness resources and then helps them develop an individualized plan to use these resources on a daily basis to manage their mental illness.

YASI – Youth Assessment and Screening Instrument. Instrument assesses risks, needs, and protective factors in youth. Instrument is used in Champaign County by the Youth Assessment Center, Juvenile Detention Center, and Parenting with Love and Limits programs.



B.C.

**DECISION MEMORANDUM**

**DATE:** March 18, 2020  
**TO:** Members, Champaign County Mental Health Board (CCMHB)  
**FROM:** Lynn Canfield, Stephanie Howard-Gallo  
**SUBJECT:** CCMHB Annual Report for Fiscal Year 2019

Attached for review and approval is the Annual Report for Fiscal Year 2019, January 1 to December 31, 2019. The preparation of the Annual Report is a collaboration among staff members and Board president. Included are a financial accounting of revenue and expenditures, agency program allocations, service activity totals by agency and program (with explanations as introduced in the FY2016 Annual Report), aggregate demographic and residency data, and service sector charts for the past year. The Three-Year Plan (FY 2019 – FY 2021) with One-Year Objectives for FY2020, approved at the November 2019 meeting, is also presented.

The attached document has blank pages omitted that will be inserted prior to distribution. The table of contents may be adjusted to reflect these added pages, but no content will change following approval by the Board.

**Decision Section**

Motion: Move to approve the Champaign County Mental Health Board Fiscal Year 2019 Annual Report.

- Approved
- Denied
- Modified
- Additional Information Needed

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# Champaign County Mental Health Board

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In fulfillment of our responsibilities under the Community Mental Health Act, the Champaign County Mental Health Board (CCMHB) presents the following documents for public review:

The CCMHB's Annual Report provides an accounting to the citizens of Champaign County of the CCMHB's activities and expenditures during the period of January 1, 2019 through December 31, 2019.

The CCMHB's Three-Year Plan for the period January 1, 2019 through December 31, 2021 presents the CCMHB's goals for development of Champaign County's system of community mental health, intellectual and developmental disabilities, and substance use disorder services and facilities, with One-Year Objectives for January 1, 2019 through December 31, 2019.

Any questions or comments regarding the CCMHB's activities or the county's behavioral health and developmental disability services can be directed to the Champaign County Mental Health Board; 1776 E. Washington; Urbana, IL 61802; phone (217) 367-5703, fax (217) 367-5741.

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**Champaign County Mental Health Board**

**Fiscal Year 2019 Annual Report & Three-Year Plan 2019-2021**

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Three-Year Plan with FY19 Objectives	

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# LISTING OF 2019 BOARD MEMBERS AND STAFF

## BOARD MEMBERS

Ms. Margaret White  
(President)

Mr. Kyle Patterson  
(Vice President)

Dr. Susan Fowler

Dr. Thom Moore

Ms. Judi O'Connor

Mr. Joseph Omo-Osagie

Ms. Elaine Palencia

Dr. Julian Rappaport

Ms. Jane Sprandel

## STAFF MEMBERS

Lynn Canfield  
Executive Director

Kim Bowdry  
Associate Director for Intellectual and Developmental Disabilities

Mark J. Driscoll  
Associate Director for Mental Health & Substance Use Disorder Services

Stephanie Howard-Gallo  
Operations & Compliance Coordinator

Shandra Summerville  
Cultural & Linguistic Competence Coordinator

Chris Wilson  
Financial Manager



## CCMHB President's Report

As the incoming President, it is my pleasure on behalf of the Champaign County Mental Health Board (CCMHB/Board) to present to the citizens of Champaign County the 2019 Annual Report. The report is statutorily required under the Illinois Community Mental Health Act (405 ILCS 20/). The Board meets the mandated reporting requirements and provides additional information detailing funded services and performance as well as including the Three-Year Plan with objectives for the new year. The following pages include a financial accounting of 2019 expenditures, amounts allocated to community agencies by program, and for the two CILA homes. Detailed descriptions of funded services by program and reported utilization follow and is accompanied by charts aggregating reported service data and the commitment of financial resources by the Board. Closing out the report is the Three-Year Plan with Fiscal Year 2020 Objectives.

While state funding started to stabilize in 2019, agencies continue to struggle in a difficult operating environment. State rates for many services continue to be inadequate. Medicaid and managed care pose enrollment, claims, and other challenges for providers and clients alike. Then there is the competitive employment market compounding existing staff shortages in the developmental disability and behavioral health fields. These are some of the overarching issues confronting providers not only in Champaign County but across the state and nationally. Locally, the cycle of violence perpetuated by youth with guns continues to plague larger communities while rural, small towns lack access to services be it due to the absence of providers, transportation issues, or stigma, all present challenges for the respective communities, stakeholders, and the Board.

Over the last year, the Board has moved to restore a family-based model for addressing needs of youth. Cunningham Children's Home was awarded a grant to complete the planning process in late 2019 and move to implementation in 2020. Another significant achievement is the collaborative effort between the Board and the Champaign County Developmental Disabilities Board to pay off the mortgage of two CILA homes purchased in 2014. In an effort to provide long-standing programs with some security regarding current contracts, the Board approved extending the term of twenty contracts representing 35% of 2019 awards. The amount of funding the Board has awarded to local agencies has continued to increase over the last three years at a rate exceeding that of the property tax levy. For contract year 2019 (7/1/18-6/30/19), the Board awarded \$4,201,929, compared to contract year 2020 (7/1/19-6/30/20) awards of \$4,562,151. As you will see in the following pages, these funds support services to the very young to the very old, to residents of our large towns and cities to our very small rural communities.

In closing, I want to thank you for your interest in the work of the CCMHB. What has been accomplished would not be possible without the commitment of my fellow volunteer board members, including outgoing members Judi O'Connor and immediate past President Margaret White. I would also like to welcome to the Board, Ms. Kathleen Wirth-Couch and Dr. Jon Paul Youakim.

Respectfully,

Joseph Omo-Osagie  
CCMHB President, 2020

A handwritten signature in black ink, appearing to read "JOE" with a subscript "3" below it, enclosed in a hand-drawn oval.

SECTION I: Financial Reports and Service Data

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**CHAMPAIGN COUNTY MENTAL HEALTH BOARD**

**ANNUAL FINANCIAL REPORT**

**1/1/19 - 12/31/19**

	2018	2019
<b>Beginning of the Year Fund Balance</b>	\$ 2,842,704	\$ 3,225,111
 <b>REVENUE</b>		
<b>General Property Taxes</b>	\$ 4,611,577	\$ 4,813,598
<b>Back Taxes, Mobile Home Tax &amp; Payment in Lieu of Taxes</b>	7,809	13,155
<b>Local Government Revenue</b>		
<b>Champ County Developmental Disabilities Board</b>	310,783	409,175
<b>Interest Earnings</b>	41,818	45,950
<b>Gifts and Donations</b>	21,613	4,706
<b>Disability Expo</b>	N/A	14,275
<b>Miscellaneous</b>	29,955	129,028
<b>TOTAL REVENUE</b>	\$ 5,023,555	\$ 5,429,887
 <b>EXPENDITURES</b>		
<b>Administration &amp; Operating Expenses:</b>		
<b>Personnel</b>	\$ 522,073	\$ 517,053
<b>Commodities</b>	10,049	11,147
<b>Services</b>	404,059	286,377
<b>Interfund Transfers*</b>	56,779	406,505
<b>Capital Outlay</b>	-	-
<b>Sub-Total</b>	\$ 992,960	\$ 1,221,082
 <b>Grants and Contributions:</b>		
<b>Program</b>	3,648,188	3,993,283
<b>Capital</b>	-	-
<b>Sub-Total</b>	\$ 3,648,188	\$ 3,993,283
 <b>TOTAL EXPENDITURES</b>	 \$ 4,641,148	 \$ 5,214,364
 <b>Fund Balance at the End of the Fiscal Year</b>	 \$ 3,225,111	 \$ 3,440,634

\*to CILA fund and to CCDDDB fund for share of revenue from Expo donations and miscellaneous

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CHAMPAIGN COUNTY MENTAL HEALTH BOARD

PROGRAM ALLOCATIONS -- FY2019

1/1/19 - 12/31/19

<u>AGENCY/PROGRAM</u>	<u>TOTAL PAID</u>
<b>CHAMPAIGN COUNTY CHILDREN'S ADVOCACY CENTER</b>	50,256.00
<b>CHAMPAIGN COUNTY CHRISTIAN HEALTH CENTER</b>	
Mental Health Care (6 months)	6,498.00
<b>CHAMPAIGN COUNTY HEALTH CARE CONSUMERS</b>	
CHW Outreach and Benefit Enrollment (6 months)	29,646.00
Justice Involved CHW Services & Benefits (6 months)	27,384.00
<b>Agency Total</b>	<u>57,030.00</u>
<b>CHAMPAIGN COUNTY REGIONAL PLANNING COMMISSION</b>	
Homeless Services System Coordination (6 months)	23,579.00
Early Childhood Mental Health Services	152,394.00
Youth Assessment Center	76,350.00
Headstart - Social/Emotional Disabilities**	80,607.00
Justice Diversion	70,192.00
<b>Agency Total</b>	<u>403,122.00</u>
<b>CHAMPAIGN URBANA AREA PROJECT</b>	
CU Neighborhood Champions (6 months)	25,004.00
TRUCE	50,000.00
<b>Agency Total</b>	<u>75,004.00</u>
<b>COMMUNITY SERVICE CENTER OF NORTHER CHAMPAIGN COUNTY</b>	
Resource Connection	67,094.00
<b>COURAGE CONNECTION</b>	
Courage Connection	124,321.00
<b>CRISIS NURSERY</b>	
Beyond Blue - Rural	75,000.00
<b>CUNNINGHAM CHILDREN'S HOME</b>	
ECHO Housing and Employment Support	92,886.00
Parenting Model Planning/Implementation (6 months)	140,472.00
<b>Agency Total</b>	<u>233,358.00</u>
<b>DEVELOPMENTAL SERVICES CENTER</b>	
Family Development Center **	281,144.00
<b>DON MOYER BOYS &amp; GIRLS CLUB</b>	
CU Neighborhood Champions (6 months)	32,358.00
Community Coalition Summer Youth Programs	107,000.00
CU Change	50,002.00
Youth and Family Organization	80,002.00
<b>Agency Total</b>	<u>269,362.00</u>
<b>DREAAM HOUSE</b>	
DREAAM House	80,000.00
<b>EAST CENTRAL ILLINOIS REFUGEE ASSISTANCE CENTER</b>	
Family Support and Strengthening	52,343.00
<b>FAMILY SERVICE</b>	
Counseling	27,502.00

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**CHAMPAIGN COUNTY MENTAL HEALTH BOARD  
PROGRAM ALLOCATIONS – FY2019  
1/1/19 - 12/31/19**

AGENCY/PROGRAM	TOTAL PAID
Self Help Center	28,682.00
Senior Counseling and Advocacy	152,345.00
<b>Agency Total</b>	<b>208,529.00</b>
 <b>FIRST FOLLOWERS</b>	
Peer Mentoring for Re-entry	82,498.00
 <b>GROW IN ILLINOIS</b>	
Peer Support (6 months)	48,614.00
 <b>MAHOMET AREA YOUTH CLUB</b>	
Members Matter	15,000.00
BLAST	18,000.00
<b>Agency Total</b>	<b>33,000.00</b>
 <b>NATIONAL ALLIANCE ON MENTAL ILLINOIS</b>	
NAMI Champaign County (6 months)	4,998.00
 <b>PROMISE HEALTHCARE</b>	
Mental Health Services	244,272.00
Wellness/Justice	58,000.00
<b>Agency Total</b>	<b>302,272.00</b>
 <b>RAPE ADVOCACY COUNSELING EDUCATION SERVICES</b>	
Sexual Violence and Prevention Education	18,276.00
 <b>RATTLE THE STARS</b>	
Youth Suicide Prevention Education	54,752.00
 <b>ROSECRANCE</b>	
Criminal Justice PSC	321,495.00
Crisis, Access, Benefits & Engagement	229,700.00
Fresh Start	79,310.00
Prevention Services	60,000.00
Recovery Home	183,326.00
Specialty Courts	203,000.00
<b>Agency Total</b>	<b>1,076,831.00</b>
 <b>UNITED CEREBRAL PALSY LAND OF LINCOLN</b>	
Vocational Training and Support (6 months)	21,620.00
 <b>UP CENTER OF CHAMPAIGN COUNTY</b>	
Children/Family/Youth Program	25,095.00
 <b>URBANA NEIGHBORHOOD CONNECTION</b>	
Community Study Center	22,500.00
 <b>GRAND TOTAL</b>	 <b>3,673,517.00</b>

\*\* Programs for people with ID/DD, per Intergovernmental Agreement with the Champaign County Developmental Disabilities Board

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## Service Totals – Brief Narrative of What the Service Categories Represent

The Champaign County Mental Health Board funds a wide range of services through local human service providers of varying size and sophistication. The CCMHB invests in services that range from helping mothers and families with newborn babies into early childhood to supporting youth through adolescence and young adulthood to assisting adults and families dealing with life's challenges to helping the elderly with activities of daily living. The not for profit and government agencies that provide services with CCMHB funds range from small agencies with only a few employees and volunteers to large multi-million dollar agencies with over a hundred employees. Descriptions of the service activities supported in current and previous years are available at <http://www.co.champaign.il.us/MHBDDDB/PublicDocuments.php> and <http://ccmhddbrds.org>.

Regardless of their size, agencies are required to report on services delivered using four categories. Those categories must be broad enough to provide a certain amount of flexibility to account for how and to whom the programs delivered services. The four categories are Community Service Event (CSE), Service Contact (SC), Non-Treatment Plan Client (NTPC), and Treatment Plan Client (TPC). Each agency is allowed to define within each category what will be reported. Definitions of CSEs and SCs relate to types of activities. Definitions of TPCs and NTPCs relate to who has been served and require a certain level of documentation associated with the service. Some programs may only report under one of the categories, others may report on all four. Which and how many categories an agency reports activity under depends on the services provided by the program.

Community Service Events (CSEs) can be public events, work associated with a news interview or newspaper article, consultations with community groups and caregivers, classroom presentations, and small group workshops and training to promote a program or educate the community. Meetings directly related to planning such events may also be counted here. Examples are the Family Service Self-Help Center planning and hosting of a self-help conference or newsletters published by the East Central Illinois Refugee Mutual Assistance Center.

A Service Contact (SC), also referred to as a screening contact or service encounter, represents the number of times a program has contact with consumers. Sometimes this can be someone who is being served by the program. Or it can be sharing of information, fielding a call about services, or doing an initial screenings or assessment. An example of a service contact would be the volume of calls answered by the Crisis Line at Rosecrance.

A Non-Treatment Plan Client (NTPC) is someone to whom services are provided and there is a record of the service but does not extend to a clinical level where a treatment plan is necessary or where one would be done but does not get completed. An example is a person who comes into the domestic violence shelter at Courage Connection but leaves within a few days before fully engaging in services.

A Treatment Plan Client (TPC) has traditionally meant people engaged in services where an assessment and treatment plan have been completed and case records are maintained. This applies to agencies such as Promise Healthcare, Rosecrance Central Illinois, and others. It can also represent an individual receiving a higher level of care within the spectrum of services provided within a program.

Most contracts are funded as grants while a few are paid on a fee for service basis. Those operating on a fee for service basis have additional detail included in the table. Fee for service detail includes number and type of units of service the program delivered to clients.

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## Utilization Summaries for PY2019 CCMHB Funded Programs

Detail on each program's performance toward defined consumer outcomes during the funding year of July 1, 2018 to June 30, 2019 is available at <http://ccmhddbrds.org>, among downloadable public files toward the bottom of the page. The relevant document is titled "CCMHB PY19 Performance Outcome Reports."

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### **Priority: Intellectual/Developmental Disabilities (Collaboration with CCDDDB)**

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#### **Champaign County Regional Planning Commission Head Start/Early Head Start Social Emotional Development Services \$73,605**

**Services:** Program seeks to identify and address social-emotional concerns in the early childhood period, as well as to promote mental health among all Head Start children. The social-emotional portion of the program focuses on aiding the development of self-regulation, problem solving skills, emotional literacy, empathy, and appropriate social skills. Accomplishments in these areas will affect a child's ability to play, love, learn and work within the home, school and other environments. All fit together to form the foundation of a mentally healthy person. **Utilization actual:** 67 TPC, 90 NTPC, 31 CSE, 594 SC, 73 Other (newsletter articles, staff training).

#### **Developmental Services Center Family Development Center \$562,280**

**Services:** Program serves children birth to five years old, with or at risk of developmental disabilities, and their families. FDC responds to needs with culturally responsive, innovative, evidence-based services. Early detection and prompt, appropriate intervention can improve developmental outcomes for children with delays and disabilities and children living in at-risk environments. Family-centered intervention maximizes the gifts and capacities of families to provide responsive intervention within familiar routines and environments. **Utilization actual:** 655 TPC, 150 SC, 505 CSE.

#### **Individual Advocacy Group CILA Expansion \$450,000 (CCMHB and CCDDDB)**

This annual investment pays for mortgage and property management costs of two of the three local small group homes run by Individual Advocacy Group, which was selected in 2014 through an RFP process to provide services to people with I/DD living in MHB/DDB owned-homes. During 2019, the CCMHB contributed a larger share in order to pay off the mortgage loan in full; the CCDDDB will continue to transfer \$50,000 into the fund each year until their total payments are equal to the CCMHB contribution. **Utilization:** 7 TPCs with staffing ratios from 1:4 to 2:3 and a choice between IAG 'Flexible Day Experience' and community day programs run by other local providers.

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

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#### **Champaign County Children's Advocacy Center (CAC) Children's Advocacy \$47,754**

**Services:** Promoting healing and justice for children/youth who have been sexually abused. The CAC provides: a family-friendly initial investigative interview site; supportive services for the child and non-offending family, promoting healing; and abuse investigation coordination. While most of the young people served are victims of sexual

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abuse, CAC services are also provided to those children/youth who are victims of severe physical abuse and to victims of child trafficking. Trauma inflicted by these crimes is deep; with the right help the young person can begin to heal. **Utilization actual:** 260 TPC, 44 NTPC, 223 SC, 13 CSE.

*Champaign County RPC Head Start/Early Head Start*

**Early Childhood Mental Health Services (NEW) \$90,120**

**Services:** Support from an Early Childhood Mental Health Assistant including: assisting teaching staff and parents in writing individualized social-emotional goals to include in lesson plans for children identified through screening; developing with parents and teaching staff an Individual Success Plan for children who exhibit challenging behaviors; offering teachers social and emotional learning strategies; monitoring children's progress and outcomes; and providing information to families and staff. Also includes facilitating meetings with a child's parent(s) and teaching staff throughout the process of the child receiving services as well as supporting parents and teaching staff with resources, training, coaching, and modeling. **Utilization actual:** 71 TPC, 119 NTPC, 2340 SC, 7 CSE, Other 86.

*Champaign Urbana Area Project CU Neighborhood Champions \$50,000*

**Services:** Designed to increase community understanding of trauma and expand community capacity to implement trauma-informed practices and procedures. The goals of this effort are: addressing the needs of those impacted by trauma and violence, and also creating more supportive and healed communities. Accomplished through training community members, focusing on youth leaders and elder helpers, and educating the community about trauma and trauma-informed practices to support the creation of community-based trauma response teams. **Utilization actual:** 17 NTPC, 73 SC, 80 CSE, Other 869.

*Champaign Urbana Area Project TRUCE \$50,000*

**Services:** Addresses gun violence preventively from a public health perspective. Under this approach, first posited by the epidemiologist creator of "Cease Fire" at the University of Chicago Gary Slutkin, the spread of violence is likened to the spread of an infectious disease and it should be treated in much the same way: go after the most infected, and stop it at its source. TRUCE engages the community in reducing violence by: 1) interrupting the transmission of the violence; 2) reducing the risk of the highest risk; and 3) changing community norms. **Utilization actual:** 3 NTPC, 93 SC, 139 CSE, 20 Other.

*Courage Connection Courage Connection \$127,000*

**Services:** A family's immediate safety is intimately connected to their long-term success. A community's stability is threatened when any family is in danger. Courage Connection's purpose is to help victims and survivors of domestic violence rebuild their lives through advocacy, housing, counseling, court advocacy, self-empowerment, community engagement, and community collaborations. **Utilization actual:** 480 TPC, 110 NTPC, 639 SC, 152 CSE.

*Don Moyer Boys & Girls Club CU Change \$100,000*

**Services:** Seeks to impact under-resourced youth with potential for high school graduation by providing group and individual support, counseling, life skills training, and exposure to positive cultural and healthy life choices. Program emphasizes academic support, community engagement, interactive, hands on learning experiences and exposure to positive life alternatives. Goals are to assist youth with navigating obstacles

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to success in the school environment, increase positive peer and community involvement and develop a positive future plan. **Utilization actual:** 76 TPC, 43 NTPC, 343 SC, 143 CSE.

***Don Moyer Boys & Girls Club Community Coalition Summer Initiatives* \$107,000**

**Services:** Services and supports provided by specialized providers, through subcontract to Don Moyer Boys and Girls Club, to engage Champaign County's youth in a range of positive summer programming: strengthening academics; developing employment skills and opportunities; athletics; music and arts instruction; etc. Supports and reinforces System of Care principles and values particularly relevant to system-involved youth impacted with emotional and environmental challenges. **Utilization actual:** 623 NTPC, 12640 SC, 60 CSE.

***Don Moyer Boys & Girls Club Youth and Family Services* \$160,000**

**Services:** Family-driven, youth-guided services for/with families and children experiencing mental health and/or emotional challenges, supports at home, in school, and in the community for optimal recovery. Partnering with caregivers to provide the best-fit, most comprehensive services and supports possible. Peer-driven support from those with lived experiences and challenges, educational opportunities to make informed decisions, and technical support to help navigate complicated systems for the best possible outcomes for you and your family. **Utilization actual:** 19 TPC, 22 NTPC, 332 SC, 38 CSE.

***DREAAM House DREAAM House* \$80,000**

**Services:** Prevention and early intervention program for boys, aimed at cultivating academic excellence and social emotional health. Designed to increase positive outcomes (academic achievement, self-efficacy, social mobility) and decrease negative outcomes (suspensions, low educational performance, violence). Evidence-informed components: 1) day-long summer program, 2) 5-day week, after-school program, 3) school-based mentoring, 4) Saturday athletic activities, and 5) family engagement and training. Embedded in each component is social emotional learning and behavioral health instruction to foster transfer of skills from DREAAM House to school to home. **Utilization actual:** 91 TPC, 205 SC, 27 CSE.

***Mahomet Area Youth Club Bulldogs Learn & Succeed Together (BLAST)* \$15,000**

**Services:** Programming for students K-12 includes enrichment activities, academic help, and cultural and community-based programming. MAYC partnered with Mahomet Seymour Schools District in this endeavor for several reasons: it allows the use of district facilities, providing a safe and structured environment, where children participate in activities in their own school community, additional contact with teachers, school staff, social workers, and guidance counselors, specialized learning spaces (including computer labs, gyms, music and art rooms), access to a variety of caring community volunteers, and most importantly, an inclusive environment that brings students from all economic backgrounds together. The B.L.A.S.T program is open to all students but specifically targets low income and/or struggling students and makes the program available at no cost. **Utilization actual:** 3 TPC, 75 NTPC, 2445 SC, 1152 CSE.

***Mahomet Area Youth Club MAYC Members Matter!* \$18,000**

**Services:** Programming for students K-12 includes enrichment activities, academic help, and cultural and community-based programming. Partnered with Mahomet Seymour Schools to allow for the use of district facilities, provide a safe and structured

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environment, participation in activities in school community, additional contact with teachers, school staff, social workers, and guidance counselors, specialized learning spaces, access to caring community volunteers, and an inclusive environment bringing students from all economic backgrounds together. **Utilization actual:** 8 TPC, 185 NTPC, 1709 SC, 200 CSE.

**Rosecrance Central Illinois Parenting with Love & Limits \$16,505** (fee for service billed activity) (program discontinued/contract terminated effective 12/31/18)

**Services:** An evidence-based family education, skill building, and therapeutic intervention model which has demonstrated effectiveness in significantly reducing aggressive behaviors, depression, attention deficit disorder problems, externalizing problems and substance use while reducing recidivism and improving family communication. After an assessment, parents and youth attend six classes, held one evening a week for six weeks. Program targets specific risk and protective factors related to delinquency and other emotional and behavioral problems. **Utilization actual:** Fee For service Billed Activity comprised 170 SCs, comprising 12 intakes, 72.25 hours of family therapy, and 33.75 hours of family centered case management, and 9.5 hours transportation assistance (case management).

**Rosecrance Central Illinois Prevention Services \$60,000**

**Services:** An evidence-based life skills and drug education curriculum for Champaign County students. Programs available for preschool through high school. Sessions on health risks associated with the use of alcohol, tobacco and other drugs. Life skills sessions may include instruction on and discussion of refusal skills, self-esteem, communicating with parents, and related social issues. The prevention team are active members of several anti-drug and anti-violence community-wide coalitions working to reduce youth substance abuse levels. **Utilization actual:** 1141 CSE.

**UP Center of Champaign County Children, Youth & Families Program \$18,423**

**Services:** Serves LGBTQ adolescents aged 11-18; LGBTQ families; and children dealing with issues related to the stigmatization of their gender and sexual identifications and identities. Services include provision of social-emotional supports; non-clinical crisis intervention; case management referrals, risk reduction strategies; strengths development; community-building events; and management of adult volunteers within this program. Program provides a weekly adolescent non-clinical support group. **Utilization actual:** 1 TPC, 29 NTPC, 95 SC, 50 CSE.

**Urbana Neighborhood Connections Community Study Center \$19,500**

**Services:** Empowerment zone where youth benefit from productive year-round academic, recreational, and social-emotional supplements. Point of contact for information, linkage and referral to community resources. Study Center provides opportunity to engage school aged youth in non-traditional, practical intervention and prevention approaches for addressing difficulties. In individual and group activities facilitated/supervised by program staff and volunteers, participants can process feelings in a secure and supportive environment. **Utilization actual:** 344 NTPC.

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**Priority: Behavioral Health Supports for People with Justice Involvement**

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*Champaign County Regional Planning Commission – Social Services*

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**Justice Diversion Program (JPD) \$65,074**

**Services:** Primary connection point for case management and services for persons who have Rantoul Police Department (RPD) Crisis Intervention Team (CIT) and/ or domestic contacts. The goal of JPD case management services is to reduce criminal recidivism and help clients develop and implement plans to become successful and productive members of the community. The JPD will also strive to develop additional community resources and access to services in Rantoul. **Utilization actual:** 40 TPC, 46 NTPC, 177 SC, 13 CSE.

**Champaign County Regional Planning Commission – Social Services  
Youth Assessment Center (YAC) \$76,350**

**Services:** Screens youth for risk factors and links youth/families to support and restorative community services. Provides an alternative to prosecution for youth involved in delinquent activity. Case managers, using Trauma Informed Care and Balanced and Restorative Justice (BARJ) principles, screen youth referred to the YAC to identify issues that might have influenced an offense and link youth to services to address the identified issues. Focused on helping youth be resilient, resourceful, responsible, and contributing members of society. **Utilization actual:** 38 TPC, 20 NTPC, 40 SC, 60 CSE.

**Family Service of Champaign County Counseling \$25,000**

**Services:** Affordable, accessible counseling services to families, couples and people of all ages. Clients are given tools and supports to successfully deal with life challenges such as divorce, marital and parent/child conflict, depression, anxiety, abuse, substance abuse/dependency and trauma. Strength-based, client driven services utilize family and other natural support systems and are respectful of the client's values, beliefs, traditions, customs and personal preferences. **Utilization actual:** 22 TPC, 30 NTPC.

**First Followers Peer Mentoring for Re-entry \$70,000**

**Services:** Mission is building strong and peaceful communities by providing support and guidance to the formerly incarcerated, their loved ones, and the community. Offers assistance in job searches, accessing housing and identification as well as emotional support to assist people during the transition from incarceration to the community. In addition, First Followers carry out advocacy work aimed at reducing the stigma associated with felony convictions and attempt to open doors of opportunity for those with a criminal background. **Utilization actual:** 25 TPC, 98 NTPC, 30 SC, 12 CSE.

**Rosecrance Central Illinois Criminal Justice PSC \$338,643**

**Services:** Problem Solving Courts (Drug Court) involved individuals receive a screening at the Champaign County Jail and, as appropriate, mental health assessment, substance abuse assessment, Moral Reconciliation Therapy and Anger Management group counseling, case management, individual and/or intensive outpatient substance abuse treatment, and linkage to additional supports as needed in the community. A subcontract with Champaign County Health Care Consumers augments services to those clients in need of obtaining and/or retaining necessary healthcare insurance and other essential benefits. **Utilization actual:** 161 TPC, 256 NTPC, Other = 138 group sessions.

**Rosecrance Central Illinois Fresh Start \$79,310**

**Services:** Aimed at addressing the root cause of the violence, customized for our community, involving a 3-pillar approach – Community, Law Enforcement, and a Case Manager. Identifies and focuses on core offenders with history of violent, gun-related

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behaviors. Supports the case manager who provides intensive case management to offenders, assisting with accessing services, such as medical, dental, behavioral health, to address immediate personal or family issues, and overcome barriers to employment, housing, education. **Utilization actual:** 6 TPC, 16 NTPC, 3 SC, 190 CSE, 29 Other.

**Rosecrance Central Illinois Specialty Courts \$203,000**

**Services:** People sentenced to Champaign County Drug Court receive substance use disorders assessment, individualized treatment planning, individual counseling sessions, and a wide array of education and therapeutic groups. Case manager provides intensive case management to connect the clients to overcome barriers to treatment, such as access to food, clothing, medical and dental services, mental health treatment, employment, housing, education, transportation, and childcare. **Utilization actual:** 48 TPC, 1478 SC, 9 CSE, Other 374 hours assessment, 431 hours case management, 4206 hours counseling. "Other" represents services funded by other sources leveraged through CCMHB support for non-billable activities crucial to the operation of the Specialty Court.

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**Priority: Innovative Practices and Access to Community Based Behavioral Health Services**

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**Community Service Center of Northern Champaign County Resource Connection \$66,596**

**Services:** A multi-service program aimed at assisting residents of northern Champaign County with basic needs and to connect them with mental health and other social services. The program serves as a satellite site for various human service agencies providing mental health, physical health, energy assistance, and related social services. We also have an emergency food pantry, provide prescription assistance, clothing and shelter coordination, and similar services for over 1,700 households in northern Champaign County. **Utilization actual:** 1357 NTPC, 4268 SC, 20 CSE, Other = 2365 contacts with other agencies using CSCNCC as a satellite site.

**Cunningham Children's Home ECHO (NEW) \$90,000**

**Services:** Program works closely with homeless individuals (or at risk of homelessness) through intensive case management and care coordination geared towards promoting permanent housing and employment and resolving barriers. The Case Manager will accomplish this by taking a holistic approach to supportive services by countering possible barriers to goal stability (e.g., basic needs, child care, physical health, and mental health). Participants will receive weekly services that last until 90 days after obtaining both housing and employment. **Utilization actual:** 45 TPC, 25 NTPC, 592 SC, 20 CSE.

**Family Service of Champaign County Self-Help Center \$28,928**

**Services:** Information about and referral to local support groups. Provides assistance to develop new support groups and maintaining and strengthening existing groups. Program maintains a database of Champaign County support groups, national groups, and groups in formation. Information is available online and in printed directory and specialized support group listings. Provides consultation services, workshops, conferences, educational packets and maintains a lending library of resource materials. **Utilization actual:** 301 CSE.

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**Family Service of Champaign County Senior Counseling & Advocacy \$142,337**

**Services:** Program offers services in the home or in the community to Champaign County seniors and their families. Caseworkers assist with needs and challenges faced by seniors, including grief, anxiety, depression, isolation, other mental health issues, family concerns, neglect, abuse, exploitation, and need for services or benefits acquisition. Program assists seniors providing care for adult children with disabilities and adults with disabilities age 18-59 experiencing abuse, neglect or financial exploitation. **Utilization actual:** 334 TPC, 392 NTPC, 5924 SC, Other = 134 caregivers.

**GROW in Illinois Peer Support \$20,000**

**Services:** Mutual-help; peer to peer 12-step program provides weekly mental health support groups for those of all races and genders. GROW compliments the work of professional providers by connecting people with others in similar situations and empowering participants to do that part which they can and must be doing for themselves and with one another. While professional providers offer diagnosis and treatment, consumer-providers offer essential rehabilitation and prevention services because of firsthand experience with the recovery process. **Utilization actual:** 49 NTPC, 588 SC, 35 CSE.

**Promise Healthcare Promise Healthcare Wellness \$58,000**

**Services:** Provides support, case management, and benefit enrollment for patients with non-clinical barriers to achieving optimum medical and mental health. Targets hundreds of patients who have a mental health diagnosis and a chronic medical condition. Coordinators work with patients to remove barriers from reaching optimum medical and mental health. Program facilitates care at satellite location and supports collaborations with other agencies and community outreach. **Utilization actual:** 284 TPC, 101 NTPC, 1120 SC, 37 CSE, Other = 2283 enrolled in healthcare coverage.

**Rattle the Stars Youth Suicide Prevention Education (NEW) \$54,500**

**Services:** Designed to build skills and improve competence to encourage intervention between peers, and by parents and adults. Covering three core areas for intervention: what to look for to recognize mental illness, mental health crises, and suicidal thoughts; how to intervene by using appropriate and effective communication skills; and accessing necessary resources for professional care. Program is developed from evidence informed models and adheres to best practices suggested by nationally recognized mental health and suicide prevention agencies. **Utilization actual:** 87 CSE.

**Rosecrance Central Illinois Recovery Home (NEW) \$83,330**

**Services:** Therapeutic interventions that facilitate: removal of barriers for safe/supportive housing; 12-Step support involvement; independent living skills; education/vocational skills; identification and use of natural supports; use of community resources; and peer support. Evidence based practices to be used include: 12-Step model and peer support; Level system; Case Management; and Contingency management initiatives. **Utilization actual:** 11 TPC, 93 SC.

**United Cerebral Palsy Land of Lincoln Vocational Training and Support \$43,238**

**Services:** Vocational support services to people with behavioral health conditions, ages 18-55, in Champaign County. Services include extended job coaching and case management to people currently employed as well as vocational training and job development to people seeking employment or improvement of skills. Job

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coaching/support services allow people to continue working in their community, receive promotions, and have the opportunity to increase hours. **Utilization actual:** 36 TPC, 40 SC, 21 CSE, Other = 2086 hours contact with clients.

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**Priority: Other/Renewal**

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**Crisis Nursery Beyond Blue – Champaign County \$75,000**

**Services:** Serves mothers who have or are at risk of developing perinatal depression (PD), targeting mothers who demonstrated risk factors for PD and are pregnant or have a child under age one. Individual and group support and education to facilitate healthy parent-child engagement. Research suggests that 10-20% of mothers suffer from PD, nearly half are undiagnosed. Beyond Blue addresses risk factors that lead to emotional disturbances and multiagency and system involvement in children. The program also works to increase awareness of PD and reduce stigma. **Utilization actual:** 31 TPC, 93 NTPC, 503 SC, 320 CSE, Other = 1101 hours of in-kind/respice care.

**East Central IL Refugee Mutual Assistance Center**

**Family Support and Strengthening \$48,239**

**Services:** Support and strengthen refugee and immigrant families transitioning and adjusting to American culture and expectations. Provides orientation, information/referral, counseling, translation/interpretation services, culturally appropriate educational workshops, and help accessing entitlement programs. Bi-monthly newsletter, and assistance to refugee/immigrant mutual support groups. Staff speaks nine languages and accesses community volunteers to communicate with clients in languages not spoken by staff. **Utilization actual:** 103 CSE, Other = 31 hours of workshops.

**Promise Healthcare Mental Health Services with Promise \$242,250**

**Services:** Promise Healthcare provides on-site mental health services to achieve the integration of medical and behavioral health care as supported by both the National Council for Community Behavioral Healthcare and the National Association of Community Health Centers. Mental health and medical providers regularly collaborate, make referrals, and even walk a patient down the hall to meet with a therapist. Patients receive mental illness treatment through counselor, psychiatrist or primary care provider. New in 2018 were the child and adolescent psychiatric services. **Utilization actual:** Counseling Services: 370 TPC, 64 NTPC, 1979 SC. Psychiatric Services: 2072 in psychiatric practice, 1179 getting psych meds through primary care, 8818 psychiatric service encounters, 12 lunch and learn sessions. Pediatric Psychiatric Services: 163 SC and 83 TPC.

**Rape Advocacy, Counseling & Education Services**

**Sexual Violence Prevention Education \$18,600**

**Services:** Rape Advocacy, Counseling & Education Services (RACES) is the only agency charged with providing comprehensive services to victims of sexual assault in Champaign County. Provides trauma-informed counseling, 24-hour crisis hotline, in-person advocacy at hospital Emergency Departments, and at meetings with law enforcement or Courthouse. Provides prevention education to thousands of local children and adults per year, and holds community events to further the aim to create a

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world free of sexual violence. **Utilization actual:** 8986 (# attending) SC, 423 CSE, Other = 13 media contacts.

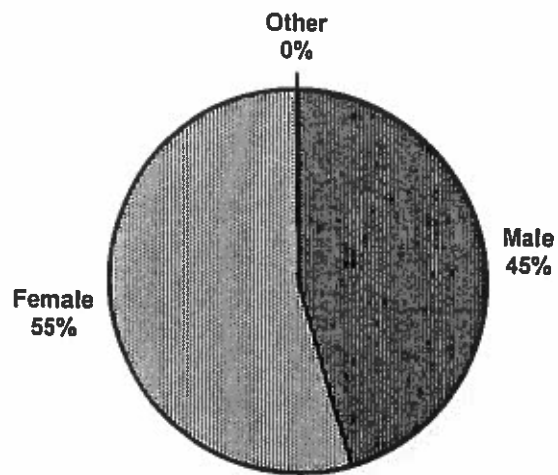
**Rosecrance Central Illinois Crisis, Access, & Benefits \$255,440**

**Services:** A 24-hour program that including Crisis Team and Crisis Line. Clinicians provide immediate intervention by responding to crisis line calls and conducting crisis assessments throughout Champaign County. The Crisis Team works closely with the hospitals, local police, the University and other local social service programs. Offers access services including information, triage, screening, assessment and referral for consumers and other members of the community. **Utilization actual:** 1060 NTPC (intake screening or mental health assessments), 3175 SC (crisis calls), 21 CSE; Other = 280 benefits applications (includes those subcontracted through CC Healthcare Consumers). Program also reports 1132 Crisis team contacts (not a subset of crisis calls).

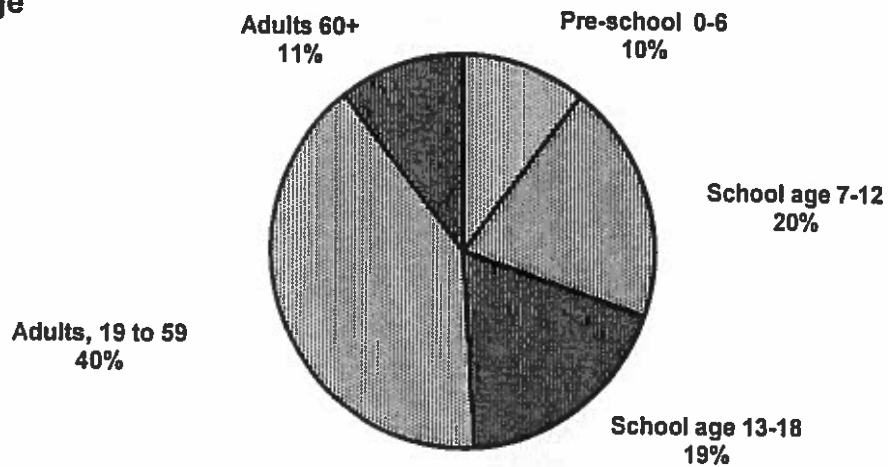
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# Demographic and Residency Data for Persons Served in Program Year 2019

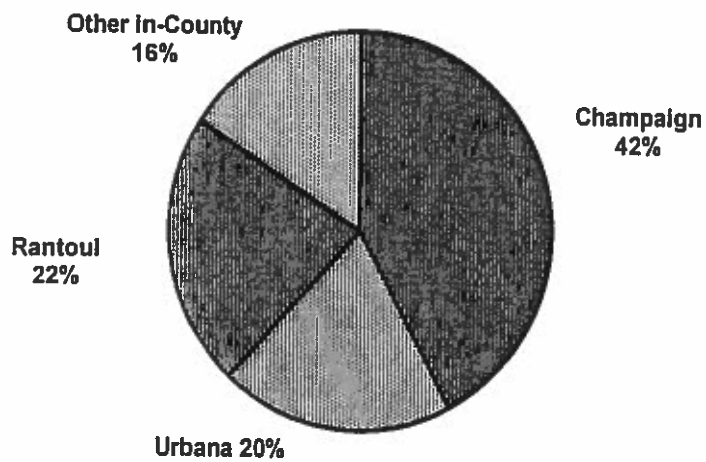
## Gender



## Age



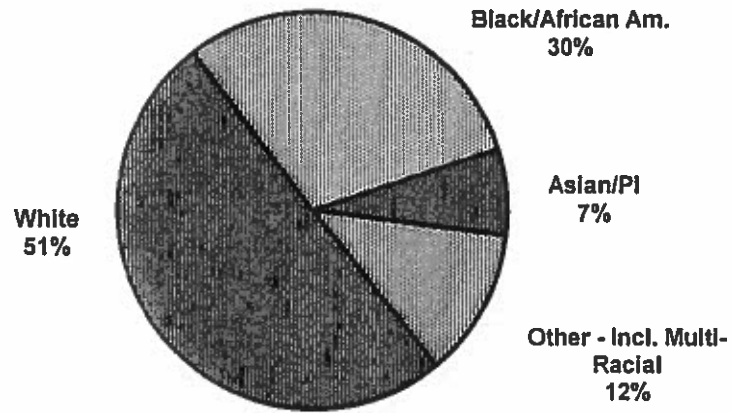
## Residency



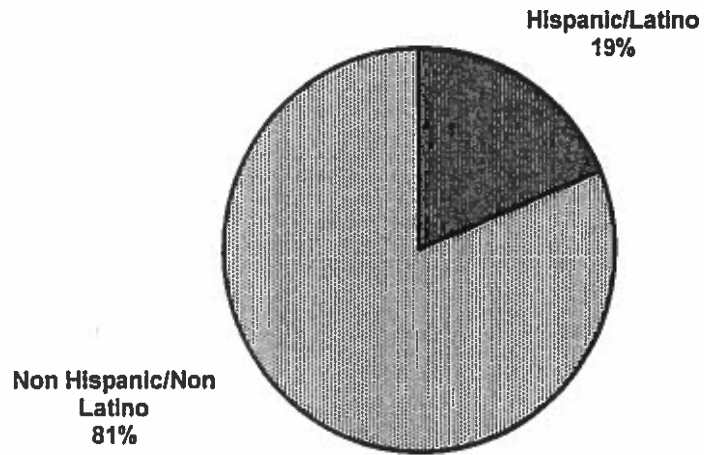
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# Demographic and Residency Data for Persons Served in Program Year 2019

## Race



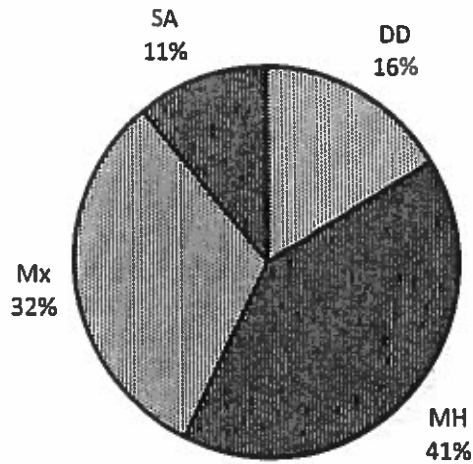
## Ethnic Origin



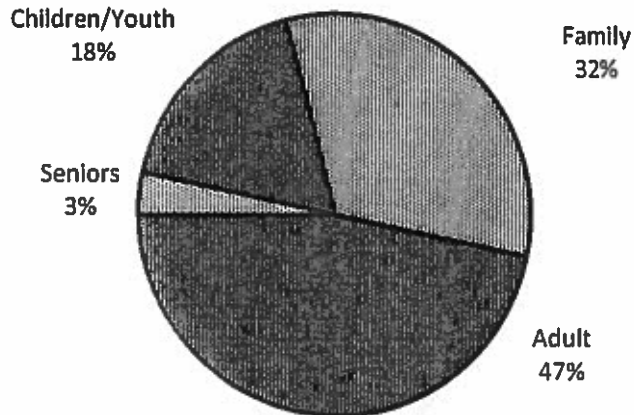
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# Funding by Sector, Population, and Service in Program Year 2019 (PY19)

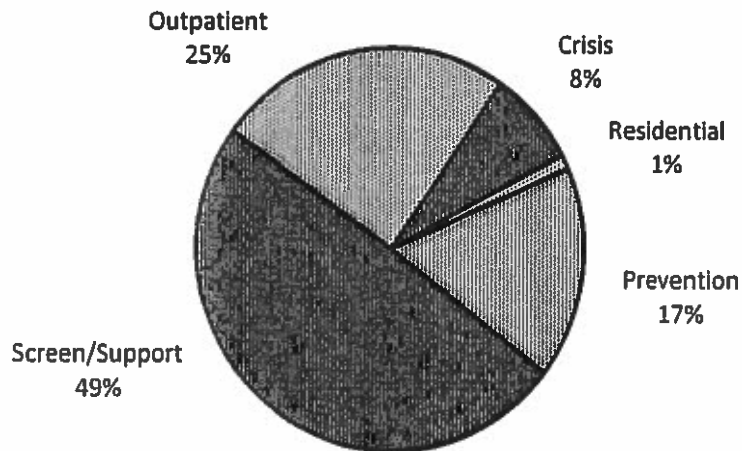
## CCMHB PY19 Appropriation by Community Mental Health Sector



## CCMHB PY19 Appropriation by Target Population



## CCMHB PY19 Appropriation by Type of Service



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SECTION II: Three-Year Plan 2019-2021  
with FY 2019 One-Year Objectives

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**CHAMPAIGN COUNTY MENTAL HEALTH BOARD  
THREE-YEAR PLAN  
FOR**

**FISCAL YEARS 2019 - 2021  
(1/1/19 – 12/31/2021)**

**WITH  
ONE YEAR OBJECTIVES  
FOR**

**FISCAL YEAR 2020  
(1/1/20 – 12/31/20)**

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## CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

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

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

### MISSION STATEMENT

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

### STATEMENT OF PURPOSES

1. To plan, coordinate, evaluate and allocate funds for the comprehensive local system of mental health, intellectual and developmental disabilities, and substance use disorder services for Champaign County.
2. To promote family-friendly community support networks for the at-risk, underserved and general populations of Champaign County.
3. To increase 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.

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## SYSTEMS OF CARE

Goal #1: Support a continuum of services to improve the quality of life experienced by individuals with mental or emotional disorders, substance use disorders, or intellectual and/or developmental disabilities and their families residing in Champaign County.

Objective #1: Expand use of evidence-informed, evidence-based, best practice, recommended, 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. (Allocation Priority/Criteria Objective)

Objective #2: Promote wellness for people with mental illnesses, substance use disorders, or intellectual and/or developmental disabilities to prevent and reduce early mortality, through support services including access to services addressing basic needs, enrollment in benefit plans and coordinated access to primary care. (Allocation Priority/Criteria Objective)

Objective #3: Support development or expansion of residential and employment supports for persons with behavioral health diagnosis not covered under expansion of Medicaid or the Affordable Care Act. (Allocation Priority/Criteria Objective)

Objective #4: Support broad based community efforts to prevent opiate overdoses and expand treatment options. (Allocation Priority/Criteria Objective)

Objective #5: Build resiliency and support recovery e.g. Peer Supports, outside of a clinical setting. (Allocation Priority/Criteria Objective)

Objective #6: Build evaluation capacity of contracted providers utilizing expertise of evaluators from the Department of Psychology at the University of Illinois to further positive outcomes of those engaging in funded services. (Policy Objective)

Objective #7: Increase providers understanding of the value of setting internal goals for advancing program performance outcome evaluation. (Policy Objective)

Objective #8: Support targeted efforts for workforce recruitment and retention initiatives, such as scholarships, loan repayment, and assistance with professional licensure fees, with level of assistance linked to length of service commitment. (Allocation Priority/Criteria Objective)

Goal #2: Sustain commitment to addressing health disparities experienced by underrepresented and diverse populations.

Objective #1: Support culturally responsive and family driven support networks for underrepresented populations, underserved populations, and general populations of Champaign County. (Allocation Priority/Criteria Objective)

Objective #2: Provide technical assistance in support of continuous improvement of cultural and linguistic competence plans to meet the needs of the population served. (Collaboration/Coordination Objective)

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Objective #3: Encourage providers and other community-based organizations to allocate resources to provide training, seek technical assistance, provide language access and communication assistance, and pursue other professional development activities for staff and governing or advisory boards to advance cultural and linguistic competence. (Allocation Priority/Criteria Objective)

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

Objective #5: Where families and communities are disproportionately impacted by incarceration, encourage the development of social networks and improved access to resources. (Policy Objective)

Objective #6: Address the needs of residents of rural areas and encourage greater engagement by community-based organizations. (Policy Objective)

Goal #3: Improve consumer access to and engagement in services.

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

Objective #2: Participate in various coordinating councils whose missions align with the needs of the populations of interest to the Board with the intent of strengthening coordination between providers in the delivery of services. (Collaboration/Coordination Objective)

Objective #3: 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. (Collaboration/Coordination Objective)

Objective #4: Engage with CUPHD, United Way, Carle Foundation Hospital, and OSF in the collaborative planning process for the next Community Health Improvement Plan. (Collaboration/Coordination Objective)

Objective #5: Increase awareness of community services and access to information on when, where, and how to apply for services. (Collaboration/Coordination Objective)

Objective #6: Explore feasibility of co-locating services in neighborhood community centers to reach underserved and underrepresented populations, including rural areas. (Collaboration/Coordination Objective)

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

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

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

Objective #3: With the CCDDDB, continue financial commitment to community-based housing for people with I/DD from Champaign County and as part of that sustained commitment, review the Community Integrated Living Arrangement (CILA) fund and recommend any changes. (Allocation Priority/Criteria Objective)

Objective #4: Collaborate with the Champaign County Board for the Care and Treatment of Persons with a Developmental Disability on promoting inclusion and respect for people with I/DD. (Collaboration/Coordination Objective)

#### 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), sustain the SAMHSA/IDHS system of care model.

Objective #1: Support the efforts of the Champaign Community Coalition and other system of care initiatives. (Collaboration/Coordination Objective)

Objective #2: Sustain support of Champaign County family-run organizations that incorporate family-driven and youth-guided principles in use of peer support specialists, and other peer-to-peer supports to assist multi-system involved youth and their families (Allocation Priority/Criteria Objective)

Objective #3: Assess the impact of community violence on the children and youth whose families and neighborhoods are most impacted and where indicated, encourage the development of appropriate supports as prevention and early intervention strategies. (Policy Objective)

Objective #4: Promote and support those targeted interventions that specifically address historical trauma experienced by African American and other minority youth disproportionately impacted in multiple systems. (Allocation Priority/Criteria Objective)

Objective #5: Sustain commitment to building systems that are trauma-informed, family-driven, youth-guided, and culturally responsive. (Policy Objective)

Objective #6: Recognizing alignment with the work of the Community Coalition, Support the goals and objectives of the Illinois Criminal Justice Information Authority "Illinois HEALS (Helping Everyone Access Linked Systems) Action Plan" and support broad based efforts to secure funding as available through Illinois HEALS. (Collaboration/Coordination Objective)

#### CRIMINAL JUSTICE AND MENTAL HEALTH SYSTEM COLLABORATION

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Goal #6: Divert from the criminal justice system, as appropriate, persons with behavioral health needs or intellectual/developmental disabilities.

Objective #1: Continue involvement in the Crisis Intervention Team Steering Committee in support of increased collaboration between law enforcement and crisis service providers on implementing mobile crisis response in the community. (Collaboration/Coordination Objective)

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 such as the Champaign County Problem Solving Court and reentry services. (Allocation Priority/Criteria Objective)

Objective #3: Support integrated planning and service coordination for adults involved in the criminal justice system through participation in the Champaign County Reentry Council or similar body to address needs identified in the Sequential Intercept Map gaps analysis. (Collaboration/Coordination Objective)

Objective #4: Through the National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD), in its partnership with the National Association of Counties (NACo), use and promote technical assistance and support through collaborative and mentorship opportunities aimed at improving outcomes for those with behavioral health needs and justice system involvement. (Collaboration/Coordination Objective)

Goal #7: In conjunction with the Champaign County Sheriff's Office and other community stakeholders, pursue a continuum of services as an alternative to incarceration and/or overutilization of local Emergency Departments for persons with behavioral health needs or developmental disabilities.

Objective #1: Support initiatives providing housing and employment supports for persons with a mental illness, substance use disorder, and/or intellectual and developmental disabilities through the Champaign County Continuum of Care or other local collaboration. (Allocation Priority/Criteria Objective)

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

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

Objective #1: Support planning process to select and implement a model with proven effectiveness engaging youth and families. (Allocation Priority/Criteria Objective)

Objective #2: Through participation on the Youth Assessment Center Advisory Board, advocate for community and education-based interventions contributing to positive youth development and decision-making. (Collaboration/Coordination Objective)

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Objective #3: Through participation and engagement in the Champaign Community Coalition and other community focused initiatives, promote and encourage multi-system collaborative approaches for prevention and reduction of youth violence. (Collaboration/Coordination Objective)

Objective #4: Utilize the principles from "Models for Change" to reduce the disproportionate minority contact with law-enforcement and involvement with the juvenile justice system. (Policy Objective)

## COMMUNITY ENGAGEMENT & ADVOCACY

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

Objective #1: Continue support for and involvement in efforts to challenge stigma and discrimination, such as the disABILITY Resource Expo: Reaching Out for Answers, Ebertfest, National Children's Mental Health Awareness Day, and other related community education events. (Collaboration/Coordination Objective)

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

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. (Collaboration/Coordination Objective)

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

Objective #5: Support Mental Health First Aid for Adults and Youth to encourage community members to provide first responder support for people that may be experiencing signs and symptoms of a crisis. (Collaboration/Coordination Objective)

Goal #10: Engage with other local, state, and federal stakeholders on emerging issues.

Objective #1: Monitor implementation of State Plan amendments, 1115 waiver pilot projects, and Managed Care by the State of Illinois, and advocate through active participation in the Association of Community Mental Health Authorities of Illinois (ACMHAI) and other statewide associations and advocacy groups. (Collaboration/Coordination Objective)

Objective #2: Track state implementation of class action suit settlements involving persons with intellectual and/or developmental disabilities or mental illness, e.g. Ligas Consent Decree and Williams Consent Decree, and advocate for the allocation of state resources sufficient to meet needs of

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clients returning to home communities or seeking fuller integration in their communities. (Policy Objective)

Objective #3: Maintain active participation in the National Association of County Behavioral Health and Developmental Disability Directors (NACHBDD), National Association of Counties (NACo), and like-minded national organizations, to understand trends, best practices, and innovations and to advocate at the federal level. (Collaboration/Coordination Objective)

Objective #4: Monitor State actions to implement terms of the NB vs Norwood Consent Decree to improve access and treatment to children and youth for community based mental health and behavioral health care under the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) provisions of the Medicaid Act. (Policy Objective)

Objective #5: Advocate at the state and federal level on the issue of behavioral health and intellectual and developmental disability workforce shortages. (Policy Objective)

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**CCMHB 2020 Meeting Schedule**

**First Wednesday after the third Monday of each month--5:45 p.m.  
Brookens Administrative Center  
Lyle Shields Room  
1776 E. Washington St., Urbana, IL (unless noted otherwise)**

*April 22, 2020 – Zoom online meeting*

*April 29, 2020 – Zoom online Study Session*

*May 13, 2020 – Study Session*

*May 20, 2020*

*June 17, 2020*

*July 15, 2020 – off cycle, different time, 4PM*

*September 23, 2020*

*October 21, 2020*

*November 18, 2020*

*December 16, 2020 - tentative*

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

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**CHAMPAIGN COUNTY  
DEVELOPMENTAL  
DISABILITIES BOARD**  

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**CHAMPAIGN COUNTY  
MENTAL HEALTH BOARD**

## **CCDDB 2020 Meeting Schedule**

### **Board Meetings**

**8:00AM except where noted**

**Brookens Administrative Building**

**1776 East Washington Street, Urbana, IL**

April 22, 2020 – **Zoom online meeting** (8AM)

May 20, 2020 – Lyle Shields Room? (8AM)

June 17, 2020 – Lyle Shields Room? (8AM)

July 15, 2020 – Lyle Shields Room (4PM) – *off cycle, different time*

August 19, 2020 – Lyle Shields Room (8AM) - *tentative*

September 23, 2020 – Lyle Shields Room (8AM)

October 21, 2020 – John Dimit Conference Room (8AM)

November 18, 2020 – John Dimit Conference Room (8AM)

December 16, 2020 – Lyle Shields Room (8AM) - *tentative*

*This schedule is subject to change due to unforeseen circumstances.*

*Please call the CCMHB/CCDDB office to confirm all meetings.*

**DRAFT July 2019 to December 2020 Meeting Schedule with Subject and Allocation  
Timeline, moving into PY2022 Process**

The schedule provides dates and subject matter of meetings of the Champaign County Mental Health Board through June 2020. 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 with potential dates listed; topics will be based on issues raised at meetings, brought by staff, or in conjunction with the Champaign County Developmental Disabilities Board. Included are tentative dates for steps in the funding allocation process for Program Year 2021 (July 1, 2020 – June 30, 2021) and deadlines related to PY2020 agency contracts. **All 2020 meetings are scheduled to begin at 5:45PM; these may be confirmed by contacting Board staff.**

<i>8/30/19</i>	<i>Agency PY2019 Fourth Quarter and Year End Reports Due</i>
<i>9/18/19</i>	<b>Regular Board Meeting</b> <i>Draft Three Year Plan 2019-2021 with FY20 Objectives</i>
<i>9/25/19</i>	<i>Study Session</i>
<i>10/23/19</i>	<b>Regular Board Meeting</b> <i>Draft Program Year 2021 (PY21) Allocation Criteria</i> <i>Community Coalition Summer Initiatives Report</i>
<i>10/25/19</i>	<i>Agency PY2020 First Quarter Reports Due</i>
<i>10/28/19</i>	<i>Agency Independent Audits, Reviews, or Compilations Due</i>
<i>10/30/19</i>	<i>Study Session</i>
<i>11/20/19</i>	<b>Regular Board Meeting</b> <i>Approve Three Year Plan with One Year Objectives</i> <i>Allocation Decision Support – PY21 Allocation Criteria</i>
<i>12/8/19</i>	<i>Public Notice to be published on or before this date, giving at least 21-day notice of application period.</i>
<i>12/18/19</i>	<b>Regular Board Meeting (tentative)</b>
<i>01/03/20</i>	<i>CCMHB/CCDDB Online System opens for Agency Registration and Applications for PY21 Funding.</i>
<i>1/22/20</i>	<b>Regular Board Meeting</b> <i>Election of Officers</i>
<i>1/31/20</i>	<i>Agency PY20 2nd Quarter &amp; CLC Progress Reports due</i>



2/7/20 *Agency deadline for submission of applications for PY2021 funding. Online system will not accept forms after 4:30PM.*

2/11/20 *List of Requests for PY2021 Funding assembled*

2/19/20 **Regular Board Meeting**  
Assignment of Board Members to Review Proposals;  
Mid-year updates on new agency programs

2/26/20 **Study Session**  
Mid-year updates on new agency programs

~~3/18/20 **Regular Board Meeting - Cancelled**  
2019 Annual Report; Discussion of Liaison Assignments~~

~~3/25/20 **Study Session - Cancelled**~~

4/15/20 *Program summaries released to Board, copies posted online with CCMHB April 22, 2020 meeting agenda*

4/22/20 **Regular Board Meeting – Zoom online**  
Program Summaries Review and Discussion

4/24/20 *Agency PY2020 3rd Quarter Reports Due*

4/29/20 **Study Session – Zoom online**  
Program Summaries Review and Discussion

5/6/20 *Allocation recommendations released to Board, copies posted online with CCMHB May 13, 2020 meeting agenda*

5/13/20 **Study Session**  
Allocation Recommendations

5/20/20 **Regular Board Meeting**  
Allocation Decisions; Authorize Contracts for PY2021

6/17/20 **Regular Board Meeting**

6/24/20 *PY2021 Contracts completed/First Payment Authorized*

07/15/20 **Regular Board Meeting, 4:00PM– off cycle, different time**  
Approve FY2021 Draft Budget

8/28/20 *Agency PY2020 4<sup>th</sup> Q Reports, CLCP Progress Reports, And Annual Performance Measures Reports due*

09/23/20 **Regular Board Meeting**

- 10/21/20                    **Regular Board Meeting**  
Draft Three Year Plan 2019-2021 with 2021 Objectives  
Release Draft Program Year 2022 Allocation Criteria
- 10/28/20                    *Agency Independent Audits, Reviews, or Compilations Due*
- 10/30/20                    *Agency PY2021 First Quarter Reports Due*
- 11/18/20                    **Regular Board Meeting**  
Approve Three Year Plan with One Year Objectives  
Allocation Decision Support – PY22 Allocation Criteria
- 12/11/20                    *Public Notice to be published on or before this date, giving  
at least 21-day notice of application period.*
- 12/16/20                    **Regular Board Meeting - tentative**

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**CHAMPAIGN COUNTY MENTAL HEALTH BOARD (CCMHB)  
BOARD MEETING**

*Minutes—February 19, 2020*

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

*5:45p.m.*

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**MEMBERS PRESENT:** Joseph Omo-Osagie, Elaine Palencia, Kyle Patterson, Julian Rappaport, Jane Sprandel, Kathleen Wirth-Couch, Jon Paul Youakim

**STAFF PRESENT:** Lynn Canfield, Mark Driscoll

**STAFF EXCUSED:** Stephanie Howard-Gallo, Shandra Summerville, Kim Bowdry, Chris Wilson

**OTHERS PRESENT:** Laura Lindsay, Courage Connection; Thomas Bates, Lisa Benson CCRPC; Patty Walters, DSC; Natalie Hall, Gail Raney, Rosecrance; Pat Ege, Cunningham; Chris Stohr, GROW; Alison Meanor, NAMI; Claudia Lennhoff, CCHCC; Sara Balgoyen, MAYC.

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**CALL TO ORDER:**

Joseph Omo-Osagie, Board President, called the meeting to order at 5:48 p.m.

**ROLL CALL:**

Roll call was taken and a quorum was present.

**CITIZEN INPUT / PUBLIC PARTICIPATION:**

None.

**APPROVAL OF AGENDA:**

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**MOTION:** Ms. Elaine Palencia moved to approve the agenda. Ms. Jane Sprandel seconded the motion. A voice vote was taken, and the motion was passed.

**PRESIDENT'S COMMENTS:**

None.

**EXECUTIVE DIRECTOR'S COMMENTS:**

Announcement of upcoming Expo and Ebertfest activities and film theme (trauma & resiliency). Watching federal legislation related to workforce development, expanded access to behavioral healthcare, and Medicaid and other coverage for those in prisons and jails. Will attend NACO Health Steering Committee and Healthy County meetings and Hill Briefing on healthcare in jails plus NACBHDD legislative and policy conference. Also tracking state legislation which would increase I/DD provider rates.

**NEW BUSINESS:**

**Champaign County Regional Planning Commission Mid-Year Report Presentation:**

Coordinator Thomas Bates and Human Services Director Lisa Benson presented on the Homeless Services System Coordination program.

**Champaign County Health Care Consumers Mid-Year Report Presentations:**

Claudia Lennhoff, Executive Director of CCHCC, presented on two programs, CHW Outreach and Benefit Enrollment and Justice Involved CHW Services and Benefits

**PY2021 Applications for Funding:**

List of applicants and amounts requested by program was included in the Board packet. Mr. Driscoll gave context. Discussion of board review of applications.

**Carle Foundation Property Tax Case Ruling:**

A memorandum from the Champaign County Deputy Director of Finance was included in the packet for information only.

**Agency Information:**

None.

**OLD BUSINESS:**

**Family Model Planning Process:**

Written progress report on the work by Cunningham Children's Home to implement the family model was included in the packet for information. Mr. Driscoll shared a handout on the selected model, ARC, and noted that the agency is setting up trainings in this model.

**Financial Assurances and Supports:**

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A Briefing Memorandum on funded agency financial accountability and capacity, copy of Online Registration form completed by agency applicants, and CCMHB Funding Guidelines were included in the packet for information.

**Schedules and Allocation Timeline:**

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

**CCDDDB INFORMATION:**

Lynn Canfield reported that the CCDDDB met this morning with a similar agenda plus an item on the progress of the mini-grant project, with requests for action on specific awards.

**APPROVAL OF CCMHB MINUTES:**

Minutes from the January 22, 2020 meeting were included in the Board packet.

**MOTION: Dr. Julian Rappaport moved to approve the CCMHB minutes from January 22, 2020. Mr. Kyle Patterson seconded the motion. Discussion: add Kathleen Wirth-Couch to list of members present. A voice vote was taken, and the amended motion was passed.**

**STAFF REPORTS:**

Reports from Mark Driscoll, Kim Bowdry, and Shandra Summerville were included in the packet for review. Dr. Rappaport commented that Mr. Driscoll's report is very helpful and in fact the first part of the packet that he reads.

**BOARD TO BOARD REPORTS:**

Ms. Palencia reported on the most recent meeting of the Champaign County Community Coalition, with listing of school and agency partnerships and CU-Trauma & Resiliency Initiative report on the need for infrastructure to respond to families in crisis; those present were encouraged to attend the Champaign City Council study session on the state grant funded Fresh Start Initiative February 25<sup>th</sup>.

**BOARD ANNOUNCEMENTS:**

None.

**OTHER BUSINESS – CLOSED SESSION:**

**MOTION: Mr. Joseph Omo-Osagie moved to go into closed session pursuant to 5 ILCS 120/2(c)(11) to consider litigation which is pending against or on behalf of Champaign County, and litigation that is probable or imminent against or on behalf of Champaign County, and that the following parties remain present: Executive Director Lynn Canfield and Associate Director Mark Driscoll. Mr. Kyle Patterson seconded. A roll**

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call vote was taken, and the motion passed, and the Board went into closed session at 7:20PM.

The Board came out of closed session at 7:35 p.m.

**MOTION:** Mr. Kyle Patterson moved to come out of closed session and return to open session. Mr. Joseph Omo-Osagie seconded. A roll call vote was taken, and the motion passed.

**ADJOURNMENT:**

The meeting adjourned at 7:36p.m.

Respectfully

Submitted by: Lynn Canfield and Mark Driscoll  
CCMHB/CCDDB Staff

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

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**CHAMPAIGN COUNTY MENTAL HEALTH BOARD (CCMHB)  
STUDY SESSION**

*Minutes—February 26, 2020*

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

*5:45p.m.*

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**MEMBERS PRESENT:** Susan Fowler, Joseph Omo-Osagie, Elaine Palencia, Kyle Patterson, Julian Rappaport, Jane Sprandel, Kathleen Wirth-Couch, Jon Paul Youakim

**STAFF PRESENT:** Lynn Canfield, Mark Driscoll, Shandra Summerville

**STAFF EXCUSED:** Stephanie Howard-Gallo, Kim Bowdry, Chris Wilson

**OTHERS PRESENT:** Allison Meanor, NAMI; Jeff Trask, Champaign County Christian Health Center; Gail Raney, Rosecrance; Chris Stohr, GROW in Illinois; Georgiana Schuster, CCDDDB and NAMI; Kim Bryan, Rattle the Stars; Joel Fletcher, State's Attorney's Office; Gail Kennedy, CCDDDB.

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**CALL TO ORDER:**

Joseph Omo-Osagie, Board President, called the study session to order at 5:50 p.m.

**ROLL CALL:**

Roll call was taken and a quorum was present.

**CITIZEN INPUT / PUBLIC PARTICIPATION:**

None.

**APPROVAL OF AGENDA:**

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**MOTION: Dr. Susan Fowler moved to approve the agenda. Ms. Jane Sprandel seconded the motion. A voice vote was taken, and the motion was passed.**

**STUDY SESSION:**

**Champaign County Christian Health Center – Mental Health Care at CCCHC PY20 Mid-Year Program Report:**

CCCHC Director Jeffrey Trask presented on the Mental Health Care program.

**NAMI Champaign County PY20 Mid-Year Program Report:**

Presentation by Allison Meanor, Director of NAMI Champaign Chapter.

**Rattle the Stars – Youth Suicide Prevention Education PY20 Mid-Year Program Report:**

Presentation by Kim Bryan, Director of Rattle the Stars.

**Rosecrance – Recovery Home PY20 Mid-Year Program Report:**

Presentation by Gail Raney, Administrator, Rosecrance Central Illinois.

**BOARD ANNOUNCEMENTS:**

Mr. Patterson reported that at their recent community board meeting, Rosecrance introduced the new Executive Director, previously at Pavilion and involved with this community.

**ADJOURNMENT:**

The Study Session adjourned at 7:12 p.m.

Respectfully

Submitted by: Lynn Canfield and Mark Driscoll  
CCMHB/CCDDB Staff

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



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***Special Joint Meeting of the CHAMPAIGN COUNTY MENTAL  
HEALTH BOARD (CCMHB) and the CHAMPAIGN COUNTY  
DEVELOPMENTAL DISABILITIES BOARD (CCDDB)***

*Minutes—February 26, 2020*

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

*6:45p.m.*

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**MEMBERS PRESENT:** Susan Fowler, Joseph Omo-Osagie, Elaine Palencia, Kyle Patterson, Julian Rappaport, Jane Sprandel, Kathleen Wirth-Couch

**STAFF PRESENT:** Lynn Canfield, Mark Driscoll, Shandra Summerville

**STAFF EXCUSED:** Stephanie Howard-Gallo, Kim Bowdry, Chris Wilson

**OTHERS PRESENT:** Georgiana Schuster, CCDDB; Joel Fletcher, State's Attorney's Office; Gail Kennedy, CCDDB.

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**CALL TO ORDER:**

Joseph Omo-Osagie, Board President, called the special meeting to order at 7:13 p.m.

**ROLL CALL:**

CCMHB: Roll call was taken and a quorum was present: Susan Fowler, Joseph Omo-Osagie, Elaine Palencia, Kyle Patterson, Julian Rappaport, Jane Sprandel, and Kathleen Wirth-Couch.  
CCDDB: Roll call was taken, a quorum was not present: Georgiana Schuster and Gail Kennedy.

**CITIZEN INPUT / PUBLIC PARTICIPATION:**

None.

**APPROVAL OF AGENDA:**

233

**MOTION:** Ms. Elaine Palencia moved to approve the agenda. Dr. Susan Fowler seconded the motion. A voice vote was taken, and the motion was passed.

**BOARD ANNOUNCEMENTS:**

None.

**OLD BUSINESS – CLOSED SESSION:**

**MOTION:** Mr. Kyle Patterson moved to go into closed session pursuant to 5 ILCS 120/2(c)(11) to consider litigation which is affecting the Champaign County Mental Health Board and the Champaign County Developmental Disabilities Board, and that the following parties remain present: Executive Director Lynn Canfield and Assistant State's Attorney Joel Fletcher and Ms. Georgiana Schuster and Dr. Gail Kennedy. Mr. Joseph Omo-Osagie seconded. Present were: Kyle Patterson, Kathleen Wirth-Couch, Jane Sprandel, Susan Fowler, Elaine Palencia, Julian Rappaport, and Joseph Omo-Osagie. A roll call vote was taken, and the motion passed, and the Board went into closed session at 7:17PM.

The Board came out of closed session at 7:39 p.m.

**MOTION:** Mr. Joseph Omo-Osagie moved to come out of closed session and return to open session. Ms. Jane Sprandel seconded. Present were: Kathleen Wirth-Couch, Jane Sprandel, Susan Fowler, Elaine Palencia, Julian Rappaport, and Joseph Omo-Osagie. A roll call vote was taken, and the motion passed.

**ADJOURNMENT:**

The meeting adjourned at 7:40p.m.

Respectfully

Submitted by: Lynn Canfield  
CCMHB/CCDDB Staff

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

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CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

2/12/20

PAGE 1

VENDOR NO	VENDOR NAME	TRN B TR DTE N CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
25	CHAMPAIGN COUNTY TREASURER	2/06/20 04 VR 53- 65			604047	2/12/20	090-053-533.50-00	FACILITY/OFFICE RENTALS	FEB OFFICE RENT	1,841.37
									VENDOR TOTAL	1,841.37 *
41	CHAMPAIGN COUNTY TREASURER	1/27/20 04 VR 620- 4			603769	1/31/20	090-053-513.06-00	EMPLOYEE HEALTH/LIFE INS	JAN HI, LI & ADMIN	3,951.15
									VENDOR TOTAL	3,951.15 *
88	CHAMPAIGN COUNTY TREASURER	1/27/20 04 VR 88- 1			603773	1/31/20	090-053-513.02-00	IMRF - EMPLOYER COST	IMRF 1/3 PR	191.19
		1/27/20 80 VR 88- 50			603773	1/31/20	090-053-513.02-00	IMRF - EMPLOYER COST	IMRF 1/3 PR FY19	920.97
		2/04/20 03 VR 88- 2			604051	2/12/20	090-053-513.02-00	IMRF - EMPLOYER COST	IMRF 1/17 PR	907.58
		2/07/20 80 VR 88- 51			604052	2/12/20	090-053-513.02-00	IMRF - EMPLOYER COST	IMRF 1/17 PR FY19	233.29
		2/04/20 03 VR 88- 4			604052	2/12/20	090-053-513.02-00	IMRF - EMPLOYER COST	IMRF 1/31 PR	1,202.36
									VENDOR TOTAL	3,455.39 *
104	CHAMPAIGN COUNTY TREASURER	2/06/20 04 VR 53- 42			604055	2/12/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	FEB EARLY CHILHD M	17,889.00
		2/06/20 04 VR 53- 42			604055	2/12/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	FEB SOC/EMOT DEV SV	7,300.00
									VENDOR TOTAL	25,189.00 *
161	CHAMPAIGN COUNTY TREASURER	2/06/20 04 VR 53- 43			604058	2/12/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	FEB HOMELESS COORD	4,464.00
		2/06/20 04 VR 53- 43			604058	2/12/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	FEB JUSTICE SYS DIV	6,275.00
		2/06/20 04 VR 53- 43			604058	2/12/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	FEB YOUTH ASSMT CTR	6,362.00
									VENDOR TOTAL	17,101.00 *
179	CHAMPAIGN COUNTY TREASURER	2/06/20 04 VR 53- 39			604060	2/12/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	FEB CAC	4,396.00
									VENDOR TOTAL	4,396.00 *

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CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

2/12/20

VENDOR NO	VENDOR NAME	TRN B	TR	CD	TRN NO	FO NO	CHECK NO	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 090 MENTAL HEALTH												
188	CHAMPAIGN COUNTY TREASURER								SOCIAL SECUR FUND188			
	1/27/20	04	VR	188-	3		603780	1/31/20	090-053-513.01-00	SOCIAL SECURITY-EMPLOYER FICA	1/3 PR	200.09
	1/27/20	80	VR	188-	94		603780	1/31/20	090-053-513.01-00	SOCIAL SECURITY-EMPLOYER FICA	1/3 PR FY19	963.79
	2/04/20	03	VR	188-	6		604061	2/12/20	090-053-513.01-00	SOCIAL SECURITY-EMPLOYER FICA	1/17 PR	949.81
	2/07/20	80	VR	188-	96		604062	2/12/20	090-053-513.01-00	SOCIAL SECURITY-EMPLOYER FICA	1/17 PR FY19	244.15
	2/04/20	03	VR	188-	9		604062	2/12/20	090-053-513.01-00	SOCIAL SECURITY-EMPLOYER FICA	1/31 PR	1,258.27
										VENDOR TOTAL		3,616.11 *
4990	ASSN OF COMMUNITY MENTAL HLTH AUTH OF IL & BRIAN EAGAN											
	2/07/20	06	VR	53-	68		604084	2/12/20	090-053-533.93-00	DUES AND LICENSES	INV 1084 1/28 1ST P	8,000.00
											VENDOR TOTAL	8,000.00 *
5780	BP COMPUTER SERVICES											
	1/23/20	92	VR	53-	492		603301	1/24/20	090-053-533.29-00	COMPUTER/INF TCH SERVICES	INV 201907 9/30	250.00
	1/23/20	92	VR	53-	492		603301	1/24/20	090-053-522.44-00	EQUIPMENT LESS THAN \$5000	INV 201905 9/30	164.00
	1/23/20	92	VR	53-	492		603301	1/24/20	090-053-522.44-00	EQUIPMENT LESS THAN \$5000	INV 201906 9/30	1,434.17
											VENDOR TOTAL	1,848.17 *
8552	BLUE DRAGON SIGNS											
	2/07/20	06	VR	53-	66		604096	2/12/20	090-053-533.98-00	DISABILITY EXPO	INV 1141 2/6	188.35
											VENDOR TOTAL	188.35 *
15123	CHAMPAIGN COUNTY CHAMBER OF COMMERCE											
	1/23/20	02	VR	53-	34		603314	1/24/20	090-053-533.98-00	DISABILITY EXPO	INV 87549 1/2	200.00
											VENDOR TOTAL	200.00 *
15127	CHAMPAIGN COUNTY CHRISTIAN HEALTH CENTER											
	2/04/20	02	VR	53-	40		604108	2/12/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	FEB MENTAL HLTH CAR	1,083.00
											VENDOR TOTAL	1,083.00 *
15184	CHAMPAIGN COUNTY HEALTH CARE CONSUMERS SUITE 208											
	2/04/20	02	VR	53-	41		604110	2/12/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	FEB CHW OUTRCH/BENF	4,941.00

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VENDOR NO	VENDOR NAME	TRN B TR	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
090	MENTAL HEALTH									
2/04/20	41	53-	41	604110	2/12/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	FEB JUSTICE INVOLVE	4,564.00	
								VENDOR TOTAL	9,505.00 *	
15400	CHAMPAIGN MULTIMEDIA GRP-MHB									
1/22/20	90 VR	53-	491	603319	1/24/20	090-053-533.70-00	LEGAL NOTICES,ADVERTISING	303190539 12/8	37.49	
1/22/20	90 VR	53-	491	603319	1/24/20	090-053-533.70-00	LEGAL NOTICES,ADVERTISING	303190946 12/11	37.48	
								VENDOR TOTAL	74.97 *	
18230	COMMUNITY SERVICE CENTER OF NORTHERN CHAMPAIGN COUNTY									
2/04/20	02 VR	53-	45	604126	2/12/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	FEB RESOURCE CONNEC	5,633.00	
								VENDOR TOTAL	5,633.00 *	
19260	CONSOLIDATED COMMUNICATIONS									
1/23/20	02 VR	28-	2	603337	1/24/20	090-053-533.33-00	TELEPHONE SERVICE	21738437760 1/1	30.34	
								VENDOR TOTAL	30.34 *	
19260	COURAGE CONNECTION									
2/04/20	02 VR	53-	46	604137	2/12/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	FEB COURAGE CONNECT	10,740.00	
								VENDOR TOTAL	10,740.00 *	
19346	CRISIS NURSERY									
2/04/20	02 VR	53-	47	604139	2/12/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	FEB BEYOND BLUE	6,250.00	
								VENDOR TOTAL	6,250.00 *	
20271	CUNNINGHAM CHILDREN'S HOME									
2/06/20	05 VR	53-	48	604140	2/12/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	FEB ECHO HOUSING/EM	7,981.00	
2/06/20	05 VR	53-	48	604140	2/12/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	FEB PARENTING MODEL	23,412.00	
								VENDOR TOTAL	31,393.00 *	
22300	DEVELOPMENTAL SERVICES CENTER OF CHAMPAIGN COUNTY INC									
2/06/20	05 VR	53-	49	604148	2/12/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	FEB FAM DEV CENTER	48,262.00	
								VENDOR TOTAL	48,262.00 *	

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VENDOR NO	VENDOR NAME	TRN B	TR	TRN DTE	CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 090 MENTAL HEALTH													
22730	DON MOYER BOYS & GIRLS CLUB												
	2/06/20	05	VR	53-	50			604152	2/12/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	FEB CU CHANGE	8,627.00
	2/06/20	05	VR	53-	50			604152	2/12/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	FEB CU NGHBRHD CHAM	5,393.00
	2/06/20	05	VR	53-	50			604152	2/12/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	FEB YOUTH/FAMILY SV	13,333.00
												VENDOR TOTAL	27,353.00 *
22870	DREAM HOUSE												
	2/07/20	04	VR	53-	13			604157	2/12/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JAN DREAM	6,666.00
	2/07/20	04	VR	53-	51			604157	2/12/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	FEB DREAM	6,666.00
												VENDOR TOTAL	13,332.00 *
24215	EAST CNTRL IL REFUGEE MUTUAL ASSIST CTR SUITE 4D												
	2/06/20	05	VR	53-	52			604162	2/12/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	FEB FAM SUP/STRENGT	4,703.00
												VENDOR TOTAL	4,703.00 *
26000	FAMILY SERVICE OF CHAMPAIGN COUNTY												
	2/06/20	05	VR	53-	53			604167	2/12/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	FEB COUNSELING	2,500.00
	2/06/20	05	VR	53-	53			604167	2/12/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	FEB SELF HELP CENTE	2,369.00
	2/06/20	05	VR	53-	53			604167	2/12/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	FEB SENIOR SNSL/ADV	13,529.00
												VENDOR TOTAL	18,398.00 *
26760	FIRST FOLLOWERS												
	2/03/20	90	VR	53-	451			604172	2/12/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	DEC PEER MNTR REENT	7,916.00
	2/03/20	02	VR	53-	16			604172	2/12/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JAN PEER MNTR REENT	7,916.00
	2/06/20	05	VR	53-	54			604172	2/12/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	FEB PEER MNTR REENT	7,916.00
												VENDOR TOTAL	23,748.00 *
27970	FREDERICK & HAGLE												
	2/07/20	06	VR	53-	70			604174	2/12/20	090-053-533.07-00	PROFESSIONAL SERVICES	7.5HR 1/15-31	1,650.00
												VENDOR TOTAL	1,650.00 *
30550	GROW IN ILLINOIS												
	2/06/20	05	VR	53-	55			604179	2/12/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	FEB PEER SUPPORT	6,436.00
												VENDOR TOTAL	6,436.00 *

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VENDOR NO	VENDOR NAME	TRN B TR DTE N CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
35050	I3 BROADBAND - CU									
	1/16/20 01 VR 53-	31		603172	1/17/20	090-053-533.29-00	COMPUTER/INF TCH SERVICES	INV 17701571 1/4	144.95	
	2/07/20 06 VR 53-	72		604191	2/12/20	090-053-533.29-00	COMPUTER/INF TCH SERVICES	INV 17878551 2/4	144.95	
								VENDOR TOTAL	289.90 *	
38625	JACK DAVIS GRAPHICS									
	1/15/20 91 VR 53-	489		603181	1/17/20	090-053-533.07-00	PROFESSIONAL SERVICES	CCMHB LOGO AIR 12/3	400.00	
								VENDOR TOTAL	400.00 *	
44570	NAHOMET AREA YOUTH CLUB									
	2/06/20 05 VR 53-	56		604227	2/12/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	FEB BLAST	1,250.00	
	2/06/20 05 VR 53-	56		604227	2/12/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	FEB MEMBERS MATTER	1,500.00	
								VENDOR TOTAL	2,750.00 *	
47590	MINUTEMAN PRESS									
	2/07/20 06 VR 53-	69		604232	2/12/20	090-053-533.98-00	DISABILITY EXPO	INV 58519 2/3	99.69	
								VENDOR TOTAL	99.69 *	
49370	NATIONAL ALLIANCE ON MENTAL ILLNESS									
	2/06/20 05 VR 53-	57		604235	2/12/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	FEB NAMI CHAMPAIGN	833.00	
								VENDOR TOTAL	833.00 *	
50106	NATL ASSC OF CNTY BEHAVRL HLTH & DEV DIS SUITE 400									
	1/27/20 05 VR 53-	37		603895	1/31/20	090-053-533.93-00	DUES AND LICENSES	2020 NACBHDD DUES	900.00	
								VENDOR TOTAL	900.00 *	
54650	PEPSI COLA CHAMPAIGN-URBANA BOTTLING									
	1/15/20 90 VR 53-	490		603201	1/17/20	090-053-522.02-00	OFFICE SUPPLIES	INV 81102953 12/17	25.68	
	1/15/20 90 VR 53-	490		603201	1/17/20	090-053-522.02-00	OFFICE SUPPLIES	INV 81103133 12/30	13.12	
	2/07/20 06 VR 53-	71		604251	2/12/20	090-053-522.02-00	OFFICE SUPPLIES	INV 81103299 1/13	13.12	
	2/07/20 06 VR 53-	71		604251	2/12/20	090-053-522.02-00	OFFICE SUPPLIES	INV 81103451 1/27	32.24	
								VENDOR TOTAL	84.16 *	

\*\*\* FUND NO. 090 MENTAL HEALTH

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VENDOR NO	VENDOR NAME	TRN B	TR	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 090 MENTAL HEALTH											
58118	QUILL CORPORATION	1/15/20	01	VR	53-	32	1/17/20	090-053-522.02-00	OFFICE SUPPLIES	INV 3664968 1/2	471.09
		1/15/20	01	VR	53-	32	1/17/20	090-053-522.44-00	EQUIPMENT LESS THAN \$5000	INV 3664968 1/2	56.76
		1/15/20	90	VR	53-	486	1/17/20	090-053-522.02-00	OFFICE SUPPLIES	INV 3352461 12/13	96.97
		1/15/20	90	VR	53-	486	1/17/20	090-053-522.02-00	OFFICE SUPPLIES	INV 3368428 12/16	14.98
		1/15/20	90	VR	53-	486	1/17/20	090-053-522.02-00	OFFICE SUPPLIES	INV 3489041 12/19	189.98
		1/27/20	06	VR	53-	36	1/31/20	090-053-522.02-00	OFFICE SUPPLIES	INV 4083755 1/16	49.28
		1/27/20	06	VR	53-	36	1/31/20	090-053-522.02-00	OFFICE SUPPLIES	INV 4086117 1/16	37.58
									VENDOR TOTAL		916.64 *
59434	RAPE, ADVOCACY, COUNSELING & EDUC SRVCS	2/06/20	05	VR	53-	59	2/12/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	FEB SEX VIOL PREV/E	5,893.00
										VENDOR TOTAL	5,893.00 *
59472	RATTLE THE STARS	2/06/20	05	VR	53-	60	2/12/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	FEB YTH SUIC PREV/E	4,583.00
										VENDOR TOTAL	4,583.00 *
61780	ROSECRANCE, INC.	2/06/20	05	VR	53-	61	2/12/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	FEB CRIMNL JUSTC PS	25,362.00
		2/06/20	05	VR	53-	61	2/12/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	FEB CRIS/ACSS/BENF	16,996.00
		2/06/20	05	VR	53-	61	2/12/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	FEB FRESH START	6,609.00
		2/06/20	05	VR	53-	61	2/12/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	FEB PREVENTION SVCS	5,000.00
		2/06/20	05	VR	53-	61	2/12/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	FEB RECOVERY HOME	16,666.00
		2/06/20	05	VR	53-	61	2/12/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	FEB SPECIALTY COURT	16,916.00
									VENDOR TOTAL		87,549.00 *
71050	SURFACE 51	1/15/20	91	VR	53-	487	1/17/20	090-053-533.07-00	PROFESSIONAL SERVICES	MHDDDB LOGO 70% 12/2	2,300.00
										VENDOR TOTAL	2,300.00 *
76867	UNIV OF IL SPONSORED PROG & RESEARCH ADM	2/06/20	05	VR	53-	64	2/12/20	090-053-533.07-00	PROFESSIONAL SERVICES	FEB MHB20-039 CONSL	6,566.00
										VENDOR TOTAL	6,566.00 *

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VENDOR NO	VENDOR NAME	TRN B	TR	CD	DATE	NO	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 090 MENTAL HEALTH														
76916	UNIVERSITY OF IL FOUNDATION-EBERTFEST										119 GREGORY, MC462			
	1/23/20	02	VR		53-	33			4545	1/24/20	090-053-533.89-00	PUBLIC RELATIONS	EBERTFEST SPONS FY2	15,000.00
													VENDOR TOTAL	15,000.00 *
77280	UP CENTER OF CHAMPAIGN COUNTY													
	2/06/20	05	VR		53-	62			604308	2/12/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	FEB CHLD/YTH/FAM PR	2,647.00
													VENDOR TOTAL	2,647.00 *
78120	URBANA NEIGHBORHOOD CONNECTION CENTER													
	2/06/20	05	VR		53-	63			604311	2/12/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	FEB COMM STUDY CNTR	2,125.00
													VENDOR TOTAL	2,125.00 *
78868	VINEYARD CHURCH													
	2/07/20	06	VR		53-	67			604328	2/12/20	090-053-533.98-00	DISABILITY EXPO	INV 2122 2/5	3,062.50
													VENDOR TOTAL	3,062.50 *
78888	VISA CARDMEMBER SERVICE - MENTAL HEALTH													
	1/23/20	05	VR		53-	35			603443	1/24/20	090-053-533.29-00	COMPUTER/INF TCH SERVICES	3930 MICROSOFT 1/5	198.00
	1/23/20	05	VR		53-	35			603443	1/24/20	090-053-522.02-00	OFFICE SUPPLIES	3930 AMAZON 1/7	17.99
	1/23/20	92	VR		53-	493			603443	1/24/20	090-053-533.95-00	CONFERENCES & TRAINING	3930 NACO 12/11	490.00
	1/23/20	92	VR		53-	493			603443	1/24/20	090-053-522.44-00	EQUIPMENT LESS THAN \$5000	3930 AMAZON 12/23	69.99
	1/28/20	01	VR		53-	38			603957	1/31/20	090-053-522.02-00	OFFICE SUPPLIES	3930 AMAZON 1/17	59.98
													VENDOR TOTAL	835.96 *
602572	BOWDRY, KIM													
	1/15/20	91	VR		53-	484			603242	1/17/20	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	110.9MILE 11/1-12/1	64.32
	1/15/20	91	VR		53-	484			603242	1/17/20	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	PARKING 11/1-12/17	10.70
													VENDOR TOTAL	75.02 *
604568	CANFIELD, LYNN													
	1/15/20	92	VR		53-	485			603246	1/17/20	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	123.5MILE 11/4-12/2	71.63
	1/15/20	92	VR		53-	485			603246	1/17/20	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	PARKING 11/4-12/27	10.25
													VENDOR TOTAL	81.88 *

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VENDOR NO	VENDOR NAME	TRN B TR	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
615068	GALLAGHER WATKIN, LAURA	1/15/20	90 VR 53- 488		603251	1/17/20	090-053-533.18-00	NON-EMPLOYEE TRAINING, SEMSOCIAL SEC TRG 11/7		500.00
								VENDOR TOTAL		500.00 *
								MENTAL HEALTH BOARD	DEPARTMENT TOTAL	415,869.60 *
								MENTAL HEALTH	FUND TOTAL	415,869.60 *

\*\*\* FUND NO. 090 MENTAL HEALTH

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VENDOR NO	VENDOR NAME	TRN B TR	TRANS NO	PO NO	CHECK NO	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
108	CHAMPAIGN COUNTY TREASURER	2/21/20 80 VR 53- 498			605119	2/28/20	090-000-172.00-00	REVENUES	RFND DDB ADMIN FY19	244.16
									VENDOR TOTAL	244.16 *
									BALANCE SHEET TOTAL	244.16 *

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\*\*\* DEPT NO. 053 MENTAL HEALTH BOARD

VENDOR NO	VENDOR NAME	TRN B TR	TRANS NO	PO NO	CHECK NO	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
16	CHAMPAIGN COUNTY TREASURER	2/20/20 80 VR 53- 494			604566	2/21/20	090-053-533.01-00	AUDIT & ACCOUNTING	SERVCSFY19 AUDITOR SERV	5,207.81
		2/20/20 80 VR 53- 494			604566	2/21/20	090-053-533.01-00	AUDIT & ACCOUNTING	SERVCSFY19 HLTH/LIFE 020	542.40
		2/20/20 80 VR 53- 495			604566	2/21/20	090-053-533.01-00	AUDIT & ACCOUNTING	SERVCSFY19 AUDITOR SERV	341.85
		2/20/20 80 VR 53- 495			604566	2/21/20	090-053-533.01-00	AUDIT & ACCOUNTING	SERVCSFY19 HLTH/LIFE 020	35.61
		2/20/20 80 VR 53- 496			604566	2/21/20	090-053-533.01-00	AUDIT & ACCOUNTING	SERVCSFY19 AUDITOR SERV	1,241.13
		2/20/20 80 VR 53- 496			604566	2/21/20	090-053-533.01-00	AUDIT & ACCOUNTING	SERVCSFY19 HLTH/LIFE 020	129.27
		2/21/20 80 VR 53- 499			605112	2/28/20	090-053-533.29-00	COMPUTER/INF TCH SERVICESFY19	COMPUTER SV 09	1,523.69
									VENDOR TOTAL	9,021.76 *

VENDOR NO	VENDOR NAME	TRN B TR	TRANS NO	PO NO	CHECK NO	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
25	CHAMPAIGN COUNTY TREASURER	3/03/20 04 VR 53- 107			605254	3/09/20	090-053-533.50-00	FACILITY/OFFICE RENTALS	MAR OFFICE RENT	1,841.37
									VENDOR TOTAL	1,841.37 *

VENDOR NO	VENDOR NAME	TRN B TR	TRANS NO	PO NO	CHECK NO	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
41	CHAMPAIGN COUNTY TREASURER	2/21/20 02 VR 620- 26			605113	2/28/20	090-053-513.06-00	EMPLOYEE HEALTH/LIFE	INS FEB HI, LI, & ADMIN	3,951.15
		3/06/20 06 VR 620- 34			605255	3/09/20	090-053-513.06-00	EMPLOYEE HEALTH/LIFE	INS MAR-MAY LIFEWORKS	29.70
									VENDOR TOTAL	3,980.85 *

VENDOR NO	VENDOR NAME	TRN B TR	TRANS NO	PO NO	CHECK NO	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
76	CHAMPAIGN COUNTY TREASURER	2/20/20 80 VR 53- 494			604570	2/21/20	090-053-533.01-00	AUDIT & ACCOUNTING	SERVCSFY19 WK COMP 020	31.24
		2/20/20 80 VR 53- 494			604570	2/21/20	090-053-533.01-00	AUDIT & ACCOUNTING	SERVCSFY19 UNEMP 020	28.81

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VENDOR NO	VENDOR NAME	TRN B	TR	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
***	FUND NO. 090	MENTAL HEALTH									
	2/20/20	80	VR	53-495		604570	2/21/20	090-053-533.01-00	AUDIT & ACCOUNTING	SERVCSFY19 WK COMP 020	2.05
	2/20/20	80	VR	53-495		604570	2/21/20	090-053-533.01-00	AUDIT & ACCOUNTING	SERVCSFY19 UNEMP 020	1.89
	2/20/20	80	VR	53-496		604570	2/21/20	090-053-533.01-00	AUDIT & ACCOUNTING	SERVCSFY19 WK COMP 020	7.45
	2/20/20	80	VR	53-496		604570	2/21/20	090-053-533.01-00	AUDIT & ACCOUNTING	SERVCSFY19 UNEMP 020	6.87
									VENDOR TOTAL		78.31 *
88	CHAMPAIGN COUNTY	TREASURER							I. M. R. F. FUND 088		
	2/20/20	01	VR	88-5		604572	2/21/20	090-053-513.02-00	IMRF - EMPLOYER COST	IMRF 2/14 PR	1,148.05
	2/20/20	80	VR	53-494		604572	2/21/20	090-053-533.01-00	AUDIT & ACCOUNTING	SERVCSFY19 IMRF 020	284.54
	2/20/20	80	VR	53-495		604572	2/21/20	090-053-533.01-00	AUDIT & ACCOUNTING	SERVCSFY19 IMRF 020	18.68
	2/20/20	80	VR	53-496		604572	2/21/20	090-053-533.01-00	AUDIT & ACCOUNTING	SERVCSFY19 IMRF 020	67.81
									VENDOR TOTAL		1,519.08 *
104	CHAMPAIGN COUNTY	TREASURER							HEAD START FUND 104		
	3/03/20	04	VR	53-83		605262	3/09/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR EARLY CHILHD M	17,889.00
	3/03/20	04	VR	53-83		605262	3/09/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR SOC/EMOT DEV SV	7,300.00
									VENDOR TOTAL		25,189.00 *
108	CHAMPAIGN COUNTY	TREASURER							DEV DIS BD FUND 108		
	2/21/20	80	VR	53-497		605119	2/28/20	090-053-571.08-00	TO DEV DISABILITY FUND108	TRFR REV SHARE 090	6,504.85
									VENDOR TOTAL		6,504.85 *
161	CHAMPAIGN COUNTY	TREASURER							REG PLAN COMM FND075		
	3/03/20	04	VR	53-84		605265	3/09/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR HOMELESS COORD	4,464.00
	3/03/20	04	VR	53-84		605265	3/09/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR JUSTICE SYS DIV	6,275.00
	3/03/20	04	VR	53-84		605265	3/09/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR YOUTH ASSMT CTR	6,362.00
									VENDOR TOTAL		17,101.00 *
176	CHAMPAIGN COUNTY	TREASURER							SELF-FUND INS FND476		
	2/18/20	80	VR	118-178		604576	2/21/20	090-053-533.20-00	INSURANCE	090 PROPERTY INS FY1	429.87
	2/18/20	80	VR	118-178		604576	2/21/20	090-053-533.20-00	INSURANCE	090 LIAB INS FY19	7,148.81
	2/18/20	01	VR	119-8		604577	2/21/20	090-053-513.04-00	WORKERS' COMPENSATION	INSWK COMP 1/3,17,31 P	211.33

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***	FUND NO. 090	MENTAL HEALTH									
179	CHAMPAIGN COUNTY TREASURER	2/18/20	80 VR	119- 76		604577	2/21/20	090-053-513.04-00	WORKERS' COMPENSATION	INSWK COMP 1/3,17,31 P	100.71
										VENDOR TOTAL	7,890.72 *
179	CHAMPAIGN COUNTY TREASURER	3/03/20	04 VR	53- 80		605268	3/09/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR CAC	4,396.00
										VENDOR TOTAL	4,396.00 *
188	CHAMPAIGN COUNTY TREASURER	2/20/20	01 VR	188- 12		604580	2/21/20	090-053-513.01-00	SOCIAL SECURITY-EMPLOYER FICA	FICA 2/14 PR	1,201.46
		2/20/20	80 VR	53- 494		604580	2/21/20	090-053-533.01-00	AUDIT & ACCOUNTING	SERVCSFY19 FICA 020	367.70
		2/20/20	80 VR	53- 495		604580	2/21/20	090-053-533.01-00	AUDIT & ACCOUNTING	SERVCSFY19 FICA 020	24.14
		2/20/20	80 VR	53- 496		604580	2/21/20	090-053-533.01-00	AUDIT & ACCOUNTING	SERVCSFY19 FICA 020	87.63
										VENDOR TOTAL	1,680.93 *
1191	ADAMS OUTDOOR ADVERTISING LP	3/06/20	08 VR	53- 109		605275	3/09/20	090-053-533.98-00	DISABILITY EXPO	INV 0320053 3/2	700.00
										VENDOR TOTAL	700.00 *
15127	CHAMPAIGN COUNTY CHRISTIAN HEALTH CENTER	3/02/20	02 VR	53- 81		605313	3/09/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR MENTAL HLTH CAR	1,083.00
										VENDOR TOTAL	1,083.00 *
15184	CHAMPAIGN COUNTY HEALTH CARE CONSUMERS	3/02/20	02 VR	53- 82		605315	3/09/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR CHW OUTRCH/BENF	4,941.00
		3/02/20	02 VR	53- 82		605315	3/09/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR JUSTICE INVOLVE	4,564.00
										VENDOR TOTAL	9,505.00 *
18230	COMMUNITY SERVICE CENTER OF NORTHERN CHAMPAIGN COUNTY	3/02/20	02 VR	53- 86		605328	3/09/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR RESOURCE CONNEC	5,633.00
										VENDOR TOTAL	5,633.00 *
19260	COURAGE CONNECTION	3/02/20	02 VR	53- 87		605336	3/09/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR COURAGE CONNECT	10,740.00
										VENDOR TOTAL	10,740.00 *

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*** FUND NO. 090 MENTAL HEALTH													
19346	CRISIS NURSERY	3/02/20	02	VR	53-88	88		605338	3/09/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR BEYOND BLUE VENDOR TOTAL	6,250.00 6,250.00 *
20271	CUNNINGHAM CHILDREN'S HOME	3/02/20	02	VR	53-89	89		605340	3/09/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR ECHO HOUSING/EM MAR PARENTING MODEL VENDOR TOTAL	7,981.00 23,412.00 31,393.00 *
22300	DEVELOPMENTAL SERVICES CENTER OF CHAMPAIGN COUNTY INC	3/02/20	02	VR	53-90	90		605345	3/09/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR FAM DEV CENTER VENDOR TOTAL	48,262.00 48,262.00 *
22730	DON MOYER BOYS & GIRLS CLUB	3/02/20	02	VR	53-91	91		605347	3/09/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR CU CHANGE MAR CU NGHBRHD CHAM MAR YOUTH/FAMILY SV VENDOR TOTAL	8,627.00 16,289.00 13,333.00 38,249.00 *
22870	DREAM HOUSE	3/02/20	02	VR	53-92	92		605351	3/09/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR DREAM VENDOR TOTAL	6,666.00 6,666.00 *
24095	EMK CONSULTING LLC	3/02/20	03	VR	53-78	78		605355	3/09/20	090-053-533.07-00	PROFESSIONAL SERVICES	INV 375 1/17 VENDOR TOTAL	1,894.00 1,894.00 *
24215	EAST CNTRL IL REFUGEE MUTUAL ASSIST CTR SUITE 4D	3/02/20	02	VR	53-93	93		605356	3/09/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR FAM SUP/STRENGT VENDOR TOTAL	4,703.00 4,703.00 *
26000	FAMILY SERVICE OF CHAMPAIGN COUNTY GRANTS	3/02/20	03	VR	53-94	94		605364	3/09/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR COUNSELING	2,500.00

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VENDOR NO	VENDOR TRN B TR	TRN NO	PO NO	CHECK NO	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 090 MENTAL HEALTH									
26760	3/02/20 03 VR 53-	94	605364	3/09/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR SELF HELP CENTE		2,369.00
	3/02/20 03 VR 53-	94	605364	3/09/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR SENIOR CNSL/ADV		13,529.00
							VENDOR TOTAL		18,398.00 *
27970	FIRST FOLLOWERS								
	3/02/20 03 VR 53-	95	605366	3/09/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR PEER MNTR REENT		7,916.00
							VENDOR TOTAL		7,916.00 *
27970	FREDERICK & HAGLE								
	3/06/20 08 VR 53-	111	605368	3/09/20	090-053-533.07-00	PROFESSIONAL SERVICES	1.5HR FEB 3/2		330.00
							VENDOR TOTAL		330.00 *
30550	GROW IN ILLINOIS								
	3/02/20 03 VR 53-	96	605377	3/09/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR PEER SUPPORT		6,436.00
							VENDOR TOTAL		6,436.00 *
35050	I3 BROADBAND - CU								
	3/06/20 08 VR 53-	112	605382	3/09/20	090-053-533.29-00	COMPUTER/INF TCH SERVICES	INV 18057251 3/4		144.95
							VENDOR TOTAL		144.95 *
44570	MAHOMET AREA YOUTH CLUB								
	3/02/20 03 VR 53-	97	605409	3/09/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR BLAST		1,250.00
	3/02/20 03 VR 53-	97	605409	3/09/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR MEMBERS MATTER		1,500.00
							VENDOR TOTAL		2,750.00 *
45436	MARTIN ONE SOURCE								
	3/06/20 08 VR 53-	110	4667	3/09/20	090-053-533.98-00	DISABILITY EXPO	INV 404196 2/27		73.71
	3/06/20 08 VR 53-	110	4667	3/09/20	090-053-533.98-00	DISABILITY EXPO	INV 404220 2/28		372.50
	3/06/20 08 VR 53-	110	4667	3/09/20	090-053-533.98-00	DISABILITY EXPO	INV 404272 3/4		385.00
							VENDOR TOTAL		831.21 *
49870	NATIONAL ALLIANCE ON MENTAL ILLNESS								
	3/02/20 03 VR 53-	98	605414	3/09/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR NAMI CHAMPAIGN		833.00
							VENDOR TOTAL		833.00 *

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*** FUND NO. 090 MENTAL HEALTH										
54650	PEPSI COLA CHAMPAIGN-URBANA BOTTLING	2/27/20 02 VR 53- 79	79		605177	2/28/20	090-053-522.02-00	OFFICE SUPPLIES	INV 81103632 2/10	13.12
		2/27/20 02 VR 53- 79	79		605177	2/28/20	090-053-522.02-00	OFFICE SUPPLIES	INV 81103801 2/24	13.12
									VENDOR TOTAL	26.24 *
58118	QUILL CORPORATION	3/02/20 03 VR 53- 75	75		605429	3/09/20	090-053-522.02-00	OFFICE SUPPLIES	INV 4600855 2/6	46.66
		3/02/20 03 VR 53- 75	75		605429	3/09/20	090-053-533.98-00	DISABILITY EXPO	INV 4600855 2/6	54.99
		3/02/20 03 VR 53- 75	75		605429	3/09/20	090-053-522.02-00	OFFICE SUPPLIES	INV 4618784 2/7	20.99
		3/02/20 03 VR 53- 75	75		605429	3/09/20	090-053-522.02-00	OFFICE SUPPLIES	INV 4646623 2/10	21.29
		3/02/20 03 VR 53- 75	75		605429	3/09/20	090-053-533.98-00	DISABILITY EXPO	INV 4646624 2/10	193.98
									VENDOR TOTAL	337.91 *
59434	RAPE, ADVOCACY, COUNSELING & EDUC SRVCS SUITE 211	3/02/20 03 VR 53- 100	100		605430	3/09/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR SEX VIOL PREV/E	5,893.00
									VENDOR TOTAL	5,893.00 *
59472	RATTLE THE STARS	3/02/20 03 VR 53- 101	101		605431	3/09/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR YTH SUIC PREV/E	4,583.00
									VENDOR TOTAL	4,583.00 *
61780	ROSECRANCE, INC.	3/02/20 03 VR 53- 102	102		605438	3/09/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR CRIMNL JUSTC PS	25,362.00
		3/02/20 03 VR 53- 102	102		605438	3/09/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR CRIS/ACCS/BENF	16,996.00
		3/02/20 03 VR 53- 102	102		605438	3/09/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR FRESH START	6,609.00
		3/02/20 03 VR 53- 102	102		605438	3/09/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR PREVENTION SVCS	5,000.00
		3/02/20 03 VR 53- 102	102		605438	3/09/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR RECOVERY HOME	16,666.00
		3/02/20 03 VR 53- 102	102		605438	3/09/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR SPECIALTY COURT	16,916.00
									VENDOR TOTAL	87,549.00 *
76609	UNITED WAY OF CHAMPAIGN COUNTY	3/02/20 03 VR 53- 106	106		605466	3/09/20	090-053-533.07-00	PROFESSIONAL SERVICES	3RD QTR 211 PATH SV	4,516.00
									VENDOR TOTAL	4,516.00 *

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***	FUND NO. 090	MENTAL HEALTH									
76867	UNIV OF IL SPONSORED PROG & RESEARCH ADM										
		3/02/20 03 VR	53- 105			605467	3/09/20	090-053-533.07-00	PROFESSIONAL SERVICES	MAR MHB20-039 CONSL	6,566.00
										VENDOR TOTAL	6,566.00 *
77280	UP CENTER OF CHAMPAIGN COUNTY										
		3/02/20 03 VR	53- 103			605469	3/09/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR CHLD/YTH/FAM PR	2,647.00
										VENDOR TOTAL	2,647.00 *
78320	URBANA NEIGHBORHOOD CONNECTION CENTER										
		3/02/20 03 VR	53- 104			605472	3/09/20	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR COMM STUDY CNTR	2,125.00
										VENDOR TOTAL	2,125.00 *
78888	VISA CARDMEMBER SERVICE - MENTAL HEALTH										
		2/19/20 06 VR	53- 73			604749	2/21/20	090-053-533.95-00	CONFERENCES & TRAINING	3930 AMERICAN 2/6	735.40
										VENDOR TOTAL	735.40 *
81610	XEROX CORPORATION										
		2/25/20 90 VR	53- 500			605220	2/28/20	090-053-533.85-00	PHOTOCOPY SERVICES	INV 239909084 2/6	285.89
										VENDOR TOTAL	285.89 *
602572	BOWDRY, KIM										
		3/02/20 03 VR	53- 76			605514	3/09/20	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	139 MILE 1/3-2/26	79.93
		3/02/20 03 VR	53- 76			605514	3/09/20	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	PARKING 1/6	2.00
										VENDOR TOTAL	81.93 *
611802	DRISCOLL, MARK										
		3/02/20 01 VR	53- 77			605535	3/09/20	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	203 MILE 1/7-2/25	116.73
										VENDOR TOTAL	116.73 *
										DEPARTMENT TOTAL	397,384.13 *
										FUND TOTAL	397,628.29 *

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