



Champaign County Mental Health Board (CCMHB) Meeting Agenda

Wednesday, April 17, 2024, 5:45PM

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

- I. Call to order**
- II. Roll call**
- III. Approval of Agenda***
- IV. CCMHB and DDB Schedules, MHB Timeline** (pages 3-7) *No action needed.*
- V. CCMHB Acronyms and Glossary** (pages 8-19) *No action needed.*
- VI. Citizen Input/Public Participation** *All are welcome to attend the Board's meeting to observe and to offer thoughts during this time. The Chair may limit public participation to 5 minutes per person and/or 20 minutes total.*
- VII. Chairperson's Comments – Jon Paul Youakim**
- VIII. Executive Director's Comments – Lynn Canfield**
- IX. Approval of CCMHB Board Meeting Minutes** (pages 20-25)*
Minutes from the 3/20/24 CCMHB meeting and 3/27/24 joint study session with the CCDDDB are included for approval. Action is requested.
- X. Vendor Invoice Lists** (pages 26-39)*
Action is requested to accept the "Vendor Invoice Lists" and place them on file. For information are Additional Details for these expenditures.
- XI. Staff Reports - deferred due to the review of applications for funding.**
- XII. New Business**
 - a) **CCMHB 2023 Annual Report** (pages 40–93)*
A decision memorandum seeks approval for the attached DRAFT 2023 Annual Report. Action is requested.
 - b) **Audit Update and Contract Termination** (pages 94–96)*
A decision memorandum offers updates on audits and financial reviews of MHB funded agencies and possible actions regarding one contract. Action is requested.
 - c) **PY2025 Applications for Funding** (pages 97-217)
A list of applications for PY25 funding, and DRAFT program summaries on each are included to support board review and discussion. This discussion may continue during the April 24 study session.
- XIII. Old Business**

XIV. Successes and Other Agency Input

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

XV. Board to Board Reports

XVI. County Board Input

XVII. Champaign County Developmental Disabilities Board Input

XVIII. Board Announcements and Input

XIX. Adjournment

** Board action is requested.*

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



CCMHB 2024 Meeting Schedule

5:45PM Wednesday after the third Monday of each month
Brookens Administrative Building, 1776 East Washington Street, Urbana, IL
<https://us02web.zoom.us/j/81393675682> (if it is an option)

- January 17, 2024** – Shields-Carter Room
- January 24, 2024** – *Study Session* - Shields-Carter Room
- February 21, 2024** – Shields-Carter Room
- ~~**February 28, 2024** – *Study Session* Shields-Carter Room~~ **CANCELLED**
- March 20, 2024** – Shields-Carter Room
- March 27, 2024** – *Joint Study Session w CCDDDB* - Shields-Carter
- April 17, 2024** – Shields-Carter Room
- April 24, 2024** – *Study Session* - Shields-Carter Room
- May 15, 2024** – *Study Session* - Shields-Carter Room
- May 22, 2024** – Shields-Carter Room
- June 12, 2024** – Shields-Carter Room (*off cycle*)
- July 17, 2024** – Shields-Carter Room
- August 21, 2024** – Shields-Carter Room - *tentative*
- September 18, 2024** – Shields-Carter Room
- September 25, 2024** – *Joint Study Session w CCDDDB* - Shields-Carter
- October 16, 2024** – *Joint Meeting w CCDDDB* - Shields-Carter
- October 23, 2024** – Shields-Carter Room
- November 20, 2024** – Shields-Carter Room
- December 18, 2024** – Shields-Carter Room - *tentative*

This schedule is subject to change due to unforeseen circumstances.

Please email stephanie@ccmhb.org to confirm meetings or to request alternative format documents, language access, or other accommodation needed to participate.
Meetings are archived at <http://www.co.champaign.il.us/mhbddb/MHBMeetingDocs.php>

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



CCDDB 2024 Meeting Schedule

9:00AM Wednesday after the third Monday of each month
Brookens Administrative Building, 1776 East Washington Street, Urbana, IL
<https://us02web.zoom.us/j/81559124557>

January 17, 2024 – Shields-Carter Room

February 21, 2024 – Shields-Carter Room

March 20, 2024 – Shields-Carter Room

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

April 17, 2024 – Shields-Carter Room

May 22, 2024 – Shields-Carter Room

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

July 17, 2024 – Shields-Carter Room

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

September 18, 2024 – Shields-Carter Room

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

October 16, 2024 5:45PM – Shields-Carter Room – *joint meeting with the CCMHB*

October 23, 2024 – Shields-Carter Room

November 20, 2024 – Shields-Carter Room

December 18, 2024 – Shields-Carter Room – *tentative*

This schedule is subject to change due to unforeseen circumstances.

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

Meetings are posted in advance and recorded and archived at
<http://www.co.champaign.il.us/mhbddb/DDBMeetingDocs.php>

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

IMPORTANT DATES

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

The schedule offers dates and subject matter of meetings of the Champaign County Mental Health Board. Subjects are not exclusive to any given meeting, as other matters requiring Board review or action may also be addressed. Study sessions may be scheduled on topics raised at meetings, brought by staff, or in conjunction with the CCDDDB. Included are tentative dates for steps in the funding allocation process for PY25 and deadlines related to PY23 and PY24 agency contracts. **Meetings and study sessions are scheduled to begin at 5:45PM and may be confirmed by Board staff.**

- | | |
|--------------------|---|
| 12/22/23 | <i>Online system opens for applications for PY25 funding.</i> |
| 12/31/23 | <i>Agency Independent Audits, Reviews, Compilations due.</i> |
| 1/17/24 | Regular Board Meeting
Mid-Year Program Presentations |
| 1/24/24 | Study Session: Mid-Year Program Presentations |
| 1/26/24 | <i>Agency PY24 2nd Quarter and CLC progress reports due.</i> |
| 2/12/24 | <i>Deadline for submission of applications for PY25 funding
(Online system will not accept any forms after 4:30PM).</i> |
| 2/21/24 | Regular Board Meeting
Discuss list of PY25 Applications and Review Process |
| 2/28/24 | Study Session: Initial Review of Applications <i>CANCELLED</i> |
| 3/20/24 | Regular Board Meeting: 2023 Annual Report
Discussion of PY25 Funding Requests |
| 3/27/24 | Joint Study Session with CCDDDB |
| 4/10/24 | <i>Program summaries released to Board, posted</i> |

online with CCMHB April 17 meeting agenda and packet.

- 4/17/24 **Regular Board Meeting**
Board Review, Staff Summaries of Funding Requests
- 4/24/24 **Study Session**
Board Review, Staff Summaries of Funding Requests
- 4/26/24 *Agency PY2024 3rd Quarter Reports due.*
- 5/8/24 *Allocation recommendations released to Board, posted
online with CCMHB May 15 study session agenda packet.*
- 5/15/24 **Study Session:** Allocation Recommendations
- 5/22/24 **Regular Board Meeting**
Allocation Decisions; Authorize Contracts for PY2025
- 6/1/24 *For contracts with a PY24-PY25 term, all updated PY25
forms should be completed and submitted by this date.*
- 6/12/24 **Regular Board Meeting – off cycle**
Draft FY2025 Budget, Election of Officers
- 6/18/24 *Deadline for agency application/contract revisions
Deadline for agency letters of engagement w/ CPA firms.*
- 6/21/24 *PY2025 agency contracts completed.*
- 6/30/24 *Agency Independent Audits, Reviews, or Compilations due.
(only applies to those with calendar FY, check contract)*
- 7/17/24 **Regular Board Meeting**
Approve Draft FY2025 Budgets
- 8/21/24 **Regular Board Meeting - tentative**
- 8/30/24 *Agency PY2024 4th Quarter reports, CLC progress
reports, and Annual Performance Measure Reports due.*
- 9/18/24 **Regular Board Meeting**

Community Needs Assessment Report
DRAFT Program Year 2026 Allocation Criteria

- 9/25/24 **Joint Study Session with CCDDDB**
- 10/16/24 **Joint Meeting with CCDDDB**
I/DD Special Initiatives
- 10/23/24 **Regular Board Meeting**
Draft Three Year Plan 2025-2027 with 2025 Objectives
- 10/23/24 *Agency PY2025 First Quarter Reports due.*
- 11/20/24 **Regular Board Meeting**
Approve Three Year Plan with One Year Objectives
Approve PY26 Allocation Criteria
- 11/29/24 *Public Notice of Funding Availability to be published by
date, giving at least 21-day notice of application period.*
- 12/18/24 **Regular Board Meeting**– tentative
- 12/20/24 *Online system opens for applications for PY26 funding.*
- 12/30/24 *Agency Independent Audits, Reviews, Compilations due.*

Agency and Program Acronyms

AA- Alcoholics Anonymous
AIR – Alliance for Inclusion and Respect (formerly Anti-Stigma Alliance)
BLAST – Bulldogs Learning and Succeeding Together, at Mahomet Area Youth Club
CC – Community Choices
CCCAC or CAC – (Champaign County) Children’s Advocacy Center
CCCHC – Champaign County Christian Health Center
CCDDB or DDB – Champaign County Developmental Disabilities Board
CCHCC – Champaign County Health Care Consumers
CCHS – Champaign County Head Start, a department of the Champaign County Regional Planning Commission (also CCHS-EHS, for Head Start-Early Head Start)
CCMHB or MHB – Champaign County Mental Health Board
CCRPC or RPC – Champaign County Regional Planning Commission
CN - Crisis Nursery
CSCNCC - Community Service Center of Northern Champaign County, also CSC
CU TRI – CU Trauma & Resiliency Initiative
Courage Connection – previously The Center for Women in Transition
DMBGC - Don Moyer Boys & Girls Club
DREAAM – Driven to Reach Excellence and Academic Achievement for Males
DSC - Developmental Services Center
ECHO – a program of Cunningham Children’s Home
ECIRMAC or RAC – East Central Illinois Refugee Mutual Assistance Center or The Refugee Center
ECMHS - Early Childhood Mental Health Services, a program of CCRPC Head Start
FD – Family Development, previously Family Development Center, a DSC program
FPL – Federal Poverty Level
FS - Family Service of Champaign County
FST – Families Stronger Together, a program of Cunningham Children’s Home
GCAP – Greater Community AIDS Project of East Central Illinois
IAG – Individual Advocacy Group, Inc., a provider of I/DD services
MAYC - Mahomet Area Youth Club
NA- Narcotics Anonymous
NAMI – National Alliance on Mental Illness
PATH – regional provider of 211 information/call services
PEARLS - Program to Encourage Active Rewarding Lives
PHC – Promise Healthcare
PSC - Psychological Services Center (UIUC) or Problem Solving Courts (Drug Court)
RAC or ECIRMAC – East Central Illinois Refugee Mutual Assistance Center
RACES – Rape Advocacy, Counseling, and Education Services
RCI – Rosecrance Central Illinois
RPC or CCRPC – Champaign County Regional Planning Commission
UNCC – Urbana Neighborhood Community Connections Center
UP Center – Uniting Pride
UW or UWCC – United Way of Champaign County
WIN Recovery – Women in Need Recovery
YAC – Youth Assessment Center, a program of CCRPC
YFPSA-Youth & Family Peer Support Alliance

Glossary of Other Terms and Acronyms

211 – Information and referral services call service

988 – Suicide and Crisis Lifeline

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

ACA – Affordable Care Act

ACEs – Adverse Childhood Experiences

ACMHAI – Association of Community Mental Health Authorities of Illinois

ACL – federal Administration for Community Living

ACT- Acceptance Commitment Therapy

ACT – Assertive Community Treatment

ADD/ADHD – Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder

ADL – Activities of Daily Living

ALICE - Asset Limited, Income Constrained, Employed

A/N – Abuse and Neglect

ANSA – Adult Needs and Strengths Assessment

APN – Advance Practice Nurse

ARC – Attachment, Regulation, and Competency

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

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

ASD – Autism Spectrum Disorder

ASL – American Sign Language

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

ASQ-SE – Ages and Stages Questionnaire – Social Emotional screen.

ATOD – Alcohol, Tobacco, and Other Drugs

BARJ - Balanced and Restorative Justice approach

BD – Behavior Disorder

BJMHS - Brief Jail Mental Health Screening Tool

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

CALAN or LAN – Child and Adolescent Local Area Network

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

CARS - Childhood Adversities & Resilience Services, a service of the UIUC Psychological Services Center

C-CARTS – Champaign County Area Rural Transit System

CATS – Child and Adolescent Trauma Screen

CBCL – Child Behavior Checklist

CBT – Cognitive Behavioral Therapy

CC – Champaign County

CCBoH – Champaign County Board of Health

CCHVC - Champaign County Home Visiting Consortium

CCMHDDAC or MHDDAC – Champaign County Mental Health and Developmental Disabilities Agencies Council

CCSO – Champaign County Sheriff's Office

CDC – federal Centers for Disease Control and Prevention

CDS – Community Day Services, day programming for adults with I/DD, previously Developmental Training

CES – Coordinated Entry System

C-GAF – Children’s Global Assessment of Functioning

CGAS – Children’s Global Assessment Score

CHW – Community Health Worker

CILA – Community Integrated Living Arrangement, Medicaid-waiver funded residential services for people with I/DD

CIT – Crisis Intervention Team; law enforcement officer trained to respond to calls involving an individual exhibiting behaviors associated with mental illness.

CLC – Cultural and Linguistic Competence

CLST – Casey Life Skills Tool

CMS – federal Centers for Medicare and Medicaid Services

COC - Continuum of Care Program

CQL – Council on Quality and Leadership

CPTSD or c-PTSD – Complex Post-Traumatic Stress Disorder

CRSS- Certified Recovery Support Specialist

CRT – Co-Responder Team; mobile crisis response intervention coupling a CIT trained law enforcement officer with a mental health crisis worker. Also CCRT – Crisis Co-Responder Team.

CSEs – Community Service Events, as described in a funded agency’s program plan, may include 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. Meetings directly related to planning such events may also be counted here. Actual direct service to clientele is counted elsewhere.

CSPH – Continuum of Service Providers to the Homeless

CSPI – Childhood Severity of Psychiatric Illness. A mental health assessment instrument

CST – Community Support Team

CY – Contract Year, July 1-June 30. Also Program Year (PY), most agencies’ Fiscal Year (FY)

CYFS – Center for Youth and Family Solutions (formerly Catholic Charities)

DASA – Division of Alcoholism and Substance Abuse in the Illinois Department of Human Services, renamed as IDSUPR or SUPR

DBT -- Dialectical Behavior Therapy

DCFS – Illinois Department of Children and Family Services

DECA – Devereux Early Childhood Assessment for Preschoolers

DEI – Diversity, Equity, and Inclusion

Detox – abbreviated reference to detoxification, a general reference to drug and alcohol detoxification program or services, e.g. Detox Program.

DD – Developmental Disability

DDD or IDHS DDD – Illinois Department of Human Services - Division of Developmental Disabilities

DFI – Donated Funds Initiative, source of matching funds for some CCMHB funded contracts. The Illinois Department of Human Services administers the DFI Program funded with federal Title XX Social Services Block Grant. The DFI is a “match” program meaning community-based agencies must match the DFI funding with locally generated funds. The required local match is 25 percent of the total DFI award.

DHFS – Illinois Department of Healthcare and Family Services, previously IDPA (Illinois Department of Public Aid)

DHS – Illinois Department of Human Services

DMH or IDHS DMH – Illinois Department of Human Services - Division of Mental Health

DOJ – federal Department of Justice

DSM – Diagnostic Statistical Manual

DSP – Direct Support Professional, a certification required for those serving people with I/DD

DT – Developmental Therapy (children), or Developmental Training (adults), now Community Day Services

DV – Domestic Violence

EAP – Employee Assistance Program

EBP - Evidence Based Practice

EHR – Electronic Health Record

EI – Early Intervention

EPDS – Edinburgh Postnatal Depression Scale – Screening tool used to identify mothers with newborn children who may be at risk for prenatal depression.

EPSDT – Early Periodic Screening Diagnosis and Treatment. Intended to provide comprehensive and preventative health care services for children under age 21 who are enrolled in Medicaid.

ER – Emergency Room

FACES – Family Adaptability and Cohesion Evaluation Scale

FAST – Family Assessment Tool

FFS – Fee for Service, reimbursement or performance-based billings are the basis 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, which for the County is January 1 through December 31.

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.

GSRC – Gender and Sexuality Resource Center

GSA – Gender/Sexuality Alliances

HACC – Housing Authority of Champaign County

HBS – Home Based Support, a Medicaid-waiver program for people with I/DD

HCBS – Home and Community Based Supports, a federal Medicaid program

HEARTH Act – Homeless Emergency and Rapid Transition to Housing

HFS or IDHFS – Illinois Department of Healthcare and Family Services

HHS – federal department of Health and Human Services

HIC – Housing Inventory Counts

HIPPA – Health Insurance Portability and Accountability Act

HMIS – Homeless Management Information System

HRSA – Health Resources and Services Administration, housed within the federal Department of Health and Human Resources and responsible for Federally Qualified Health Centers.

HSSC – Homeless Services System Coordination

HUD – Housing and Urban Development

I&R – Information and Referral

ILAPSC – Illinois Association of Problem-Solving Courts

ICADV – Illinois Coalition Against Domestic Violence

ICASA – Illinois Coalition Against Sexual Assault

ICDVP – Illinois Certified Domestic Violence Professional

ICFDD – Intermediate Care Facility for the Developmentally Disabled

ICJIA – Illinois Criminal Justice Authority

ID or I/DD – Intellectual Disability or Intellectual/Developmental Disability

IDHFS or HFS – Illinois Department of Healthcare and Family Services

IDHS DDD or DDD – Illinois Department of Human Services Division of Developmental Disabilities

IDHS DMH or DMH – Illinois Department of Human Services - Division of Mental Health

IDOC – Illinois Department of Corrections

IDSUPR or SUPR – Illinois Division of Substance Use Prevention & Recovery

IECAM - Illinois Early Childhood Asset Map

IEP – Individualized Education Plan

I/ECMHC – Infant/Early Childhood Mental Health Consultation

IGA – Intergovernmental Agreement

IM+CANS – The Illinois Medicaid Comprehensive Assessment of Needs and Strengths

IOP – Intensive Outpatient Treatment

IPLAN - Illinois Project for Local Assessment of Needs, 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.

ISBE – Illinois State Board of Education

ISC – Independent Service Coordination

ISP – Individual Service Plan

ISSA – Independent Service & Support Advocacy

JDC – Juvenile Detention Center

JJ – Juvenile Justice

JJPD – Juvenile Justice Post Detention

LAN – Local Area Network

LCPC – Licensed Clinical Professional Counselor

LCSW – Licensed Clinical Social Worker

LGTBQ+ – Lesbian, Gay, Bi-Sexual, Transgender, Queer, plus all the gender identities and sexual orientations that letters and words cannot yet fully describe.

LIHEAP – Low Income Home Energy Assistance Program

LPC – Licensed Professional Counselor

MAP – Matching to Appropriate Placement, a tool focused on those seeking stable housing

MBSR – Mindfulness-Based Stress Reduction

MCO – Managed Care Organization. Entity under contract with the state to manage healthcare services for persons enrolled in Medicaid.

MCR – Mobile Crisis Response, previously SASS, a state program that provides crisis intervention for children and youth on Medicaid.

MDT – Multi-Disciplinary Team

MH – Mental Health

MHFA – Mental Health First Aid

MHDDAC or CCMHDDAC – Mental Health and Developmental Disabilities Agencies Council

MHP – Mental Health Professional. Rule 132 term, typically referring to a bachelor's level staff providing services under the supervision of a QMHP.

MI – Mental Illness, also Mental Impairment

MI – Motivational Interview

MIDD – A dual diagnosis of Mental Illness and Developmental Disability.

MISA – A dual diagnosis condition of Mental Illness and Substance Abuse

MOU – Memorandum of Understanding

MRT – Moral Reconciliation Therapy

NACBHDD – National Association of County Behavioral Health and Developmental Disability Directors

NACO – National Association of Counties

NADCP – National Association of Drug Court Professionals

NMT – Neurodevelopmental Model of Therapeutics

NOFA – Notice of Funding Availability

NTPC – NON Treatment Plan Clients, new clients engaged in a given quarter with case records but no treatment plan, which may include: 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 described in a funded agency's program plan. Continuing NTPCs are those without treatment plans who were 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. New TPCs are those new in a given quarter of the program year.

NREPP – National Registry of Evidence-based Programs and Practices maintained by Substance Abuse Mental Health Services Administration (SAMHSA)

OCD – Obsessive-Compulsive Disorder

ODD – Oppositional Defiant Disorder

OMA – Open Meetings Act

OP – Outpatient (treatment)

OD/SUD – Opioid Use Disorder/Substance Use Disorder

PAS – Pre-Admission Screening

PCI – Parent Child Interaction groups.

PCP – Person Centered Planning

PFS - Protective Factors Survey

PIT- Point in Time count. A count of sheltered and unsheltered homeless persons carried out on one night in the last 10 calendar days of January or at such other time as required by HUD.

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.

PLWHA – People living with HIV/AIDS

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, a database implemented by IDHS 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.

PWD – People with Disabilities

PWI – Personal Well-being Index

PY – Program Year, July 1 to June 30. Also Contract Year (CY), often agency Fiscal Year (FY)

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

QIDP – Qualified Intellectual Disabilities Professional

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

REBT -- Rational Emotive Behavior Therapy

RFI – Request for Information

RFP – Request for Proposals

RTC – Residential Treatment Center

SA – Sexual Assault

SA – Substance Abuse

SACIS – Sexual Assault Counseling and Information Service

SAD – Seasonal Affective Disorder

SAMHSA – Substance Abuse and Mental Health Services Administration, a division of the federal Department of Health and Human Services

SAMHSA NOMs – National Outcome Measures

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, phone and face-to-face contacts with consumers who may or may not have open cases in the program, can include information and referral contacts or initial screenings/assessments or crisis services, sometimes referred to as service encounter.

SDOH – Social Determinants of Health

SDQ – Strengths and Difficulties Questionnaire

Seeking Safety – present-focused treatment for clients with history of trauma and substance use

SED – Serious Emotional Disturbance

SEDS – Social Emotional Development Specialist

SEL – Social Emotional Learning

SIM – Sequential Intercept Mapping, a model developed by SAMHSA

SMI – Serious Mental Illness

SNAP – Supplemental Nutrition Assistance Program

SOAR – SSI/SSDI Outreach, Access, and Recovery, assistance with applications for Social Security Disability and Supplemental Income, provided to homeless population.

SSI – Supplemental Security Income, a program of Social Security

SSDI – Social Security Disability Insurance, a program of Social Security

SSPC – Social Skills and Prevention Coaches.

SUD – Substance Use Disorder (replaces SA – Substance Abuse)

SUPR or IDSUPR – (Illinois Division of) Substance Use Prevention & Recovery

TANF – Temporary Assistance for Needy Families

TBRA – Tenant-Based Rental Assistance

TF-CBT – Trauma-Focused Cognitive Behavioral Therapy

TPCs – Treatment Plan Clients, service participants with case records and treatment plans. Continuing TPCs are those 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. New TPCs are new clients with treatment plans written in a given quarter of the program year. Each TPC should be reported only once during a 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

TCU DS - Texas University Drug Screening tool

VAWA - Violence Against Women Act

VOCA - Victims of Crime Act

WHODAS – World Health Organization Disability Assessment Schedule, a generic assessment instrument for health and disability, 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.

WIOA – Workforce Innovation and Opportunity Act

WIC – Women, Infants, and Children, A food assistance program for pregnant women, new mothers and young children eat well and stay healthy.

WRAP – Wellness Recovery Action Plan, a manualized group intervention for adults that guides participants through identifying and understanding their personal wellness resources and helps them develop an individualized plan to use these resources daily to manage their mental illness.

YASI – Youth Assessment and Screening Instrument, assesses risks, needs, and protective factors in youth, used in Champaign County by Youth Assessment Center and Juvenile Detention Center.

**CHAMPAIGN COUNTY
MENTAL HEALTH BOARD
REGULAR MEETING**

Minutes—March 20, 2024

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

5:45 p.m.

MEMBERS PRESENT: Lisa Liggins-Chambers, Molly McLay, Chris Miner, Joe Omo-Osagie, Elaine Palencia, Jen Straub

MEMBERS EXCUSED: Jane Sprandel, Jon Paul Youakim

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

OTHERS PRESENT: Jim Hamilton, Promise Healthcare; Rachel Jackson-Gordon, UIUC Family Resiliency Center; Brenda Eakins, Keysa Haley, GROW; Nicole Frydman, UP Center; Laura Lindsey, Courage Connection; Nelson Novak, Terrapin Station Sober Living (TSSL); Cindy Crawford, Community Service Center of Northern Champaign County (CSCNCC); Amy Brown, Don Moyer Boys and Girls Club (DMBGC); Anne Percy, Cunningham Children’s Home (CCH); Danielle Matthews, DSC’ Melissa Courtwright, C-U at Home

CALL TO ORDER:

Ms. Molly McLay called the meeting to order at 5:45 p.m.

ROLL CALL:

Roll call was taken, and a quorum was present.

APPROVAL OF AGENDA:

An agenda was available for review and approved by a unanimous vote.

CCDDB and CCMHB SCHEDULES:

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

ACRONYMS and GLOSSARY:

A list of commonly used acronyms was included for information.

CITIZEN INPUT / PUBLIC PARTICIPATION:

None.

PRESIDENT’S COMMENTS:

Ms. McLay thanked everyone for attending.

EXECUTIVE DIRECTOR’S COMMENTS:

Director Canfield reviewed the agenda and the application review process.

APPROVAL OF CCMHB MINUTES:

Minutes from the 2/21/2024 board meeting were included in the packet.

MOTION: Ms. Jen Straub moved to approve the minutes from the 2/21/24 MHB meeting. Mr. Joe Omo-Osagie seconded the motion. A voice vote was taken. The motion passed.

VENDOR INVOICE LISTS:

Vendor Invoice Lists were included in the Board packet.

MOTION: Ms. Palencia moved to approve the Vendor Invoice Lists. Mr. Miner seconded the motion. A voice vote was taken, and the motion passed unanimously.

STAFF REPORTS:

A staff report was included in the packet from Lynn Canfield.

NEW BUSINESS:

PY2025 Applications for Funding:

A list of applications submitted online on or before the February 12, 2024 due date were included in the Board packet. Reviewers have been assigned. Director Canfield and Board members discussed late audits and the review process.

PY 2023 I/DD Service Activity Data:

Service Activity Data for I/DD contracts was included in the packet.

OLD BUSINESS:

Evaluation Capacity Building Project:

Rachel Jackson-Gordon from the University of Illinois Family Resiliency Center provided an oral update on the project.

Expo Update:

Information for the event on October 26, 2024 was included in the packet.

Alliance for Inclusion and Respect Update:

Information on upcoming activities was included in the Board packet.

SUCSESSES AND AGENCY INPUT:

None.

BOARD TO BOARD REPORTS:

Elaine Palencia reported on a recent Community Coalition meeting.

COUNTY BOARD INPUT:

Jen Straub reported on recent County Board activities.

CCDDB INPUT:

The CCDDB met earlier in the day, with similar agenda items.

BOARD ANNOUNCEMENTS AND INPUT:

None.

OTHER BUSINESS: Review of Closed Session Minutes

MOTION: Mr. Omo-Osagie moved to move to a closed session in order to review the status of minutes of prior closed session meetings. Ms.

Straub seconded the motion. A voice vote was taken and the motion passed.

The CCMHB entered into a closed session at 7:03 p.m. They returned to an open session at 7:08 p.m. by a roll call vote.

MOTION: Mr. Omo-Osagie moved to accept the February 19, 2020 and February 26, 2020 closed session minutes as presented, to continue maintain them as closed, and to destroy recordings of the meetings. Mr. Miner seconded the motion. A voice vote was taken and the motion passed.

ADJOURNMENT:

The meeting adjourned at 7:11 p.m.

Respectfully

Submitted by: Stephanie Howard-Gallo
CCMHB/CCDDB Operations and Compliance Coordinator

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

**CHAMPAIGN COUNTY
MENTAL HEALTH BOARD and
DEVELOPMENTAL DISABILITY BOARD
JOINT STUDY SESSION**

Minutes—March 27, 2024

*This meeting at the Brookens Administrative Center, Urbana, IL
and with remote access*

5:45 p.m.

MEMBERS PRESENT: Lisa Liggins-Chambers, Joseph Omo-Osagie, Molly McLay, Jane Sprandel, Jon Paul Youakim, Vicki Niswander, Kim Fisher, Georgiana Schuster, Anne Robin, Susan Fowler

MEMBERS EXCUSED: Elaine Palencia, Jen Straub, Chris Miner

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

OTHERS PRESENT: Paul Blobaum, Community Choices; Angie Pierce, Cunningham Children’s Home; Brenda Eakins, GROW in Illinois; Laura Lindsay, Courage Connection; Angela Yost, CCRPC; Josh Vandiver and Patty Walters, DSC

CALL TO ORDER:

Dr. Youakim called the meeting to order at 5:48 p.m.

ROLL CALL:

Roll call was taken and a quorum was present. In compliance with the CCMHB By-Laws, a motion was requested by Dr. Youakim to allow a board member’s remote attendance.

MOTION: Dr Youakim moved to allow Molly McLay to attend the meeting remotely due to illness, as is allowed by the CCMHB By-Laws. Ms. Sprandel seconded the motion. A voice vote was taken and the motion passed.

CITIZEN INPUT / PUBLIC PARTICIPATION:

None.

APPROVAL OF AGENDA:

The agenda was in the packet for review and approved.

PRESIDENT'S COMMENTS:

None.

STUDY SESSION:

Remote Supports Services: Empowering Independent Living

A copy of the presentation was included in the Board packet.

Kyle Corbin is the Director of Business Development at SafeinHome. In his 20+ year career he has experience with almost every aspect of service delivery in the intellectual and developmental disabilities field. His background offers a unique perspective when discussing Remote Supports Services and community engagement with providers, individuals, and representatives of state agencies. He has held roles in both the public and private side of service delivery and has worked closely with stakeholders in multiple states to develop rules and guidance promoting the use of Supportive Technology across the nation. He was instrumental in the push to make Ohio the first Technology First state and helped dramatically increase the number of individuals using supportive technology nationally.

Board members were given the opportunity to ask questions following each presentation.

AGENCY INPUT:

Josh Vandiver, DSC, commented on the presentation and similar efforts of the agency.

BOARD ANNOUNCEMENTS:

None.

ADJOURNMENT:

The meeting adjourned at 6:50 p.m.

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

Minutes are in draft form and subject to CCMHB approval.

Champaign County, IL

VENDOR INVOICE LIST



INVOICE	P.O.	INV DATE	CHECK RUN CHECK #	INVOICE NET	PAID AMOUNT	DUE DATE	TYPE	STS	INVOICE DESCRIPTION
10170 DEVELOPMENTAL SERVICES CENTER OF									
Mar '24	IDDSI24-080	03/01/2024	030124A 30040	20,833.00	20,833.00	03/31/2024	INV	PD	IDDSI24-080 Individual
CHECK DATE: 03/01/2024									
10424 PERSONS ASSUMING CONTROL OF THEIR ENVIRONMENT INC.									
Mar '24	IDDSI24-079	03/01/2024	030124A 30077	3,000.00	3,000.00	03/31/2024	INV	PD	IDDSI24-079 Consumer C
CHECK DATE: 03/01/2024									
				3,000.00					
				23,833.00					

2 INVOICES

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

Champaign County, IL

VENDOR INVOICE LIST



INVOICE	P.O.	INV DATE	CHECK RUN	CHECK #	INVOICE NET	PAID AMOUNT	DUE DATE	TYPE	STS	INVOICE DESCRIPTION
18223	ASSOC OF COMMUNITY MENTAL HEALTH AUTHORITIES OF IL									
24-1004	CHECK DATE: 03/15/2024	03/01/2024	031524A	30652	16,000.00	16,000.00	08/31/2024	INV	PD	2024 ACMHAI Membership
19587	DYLAN BOOT									
005	CHECK DATE: 03/22/2024	03/15/2024	032224A	30884	5,000.00	5,000.00	04/14/2024	INV	PD	Q1 2024 DISABILITY Res
10076	ALLISON M BOOT									
0020	CHECK DATE: 03/22/2024	03/15/2024	032224A	30885	5,000.00	5,000.00	04/14/2024	INV	PD	Q1 2024 DISABILITY Res
18805	C-U AT HOME									
Mar'24	MHB24-021	03/01/2024	030124A	30018	21,391.00	21,391.00	03/31/2024	INV	PD	MHB24-021 Shelter Case
Mar'24	MHB23-004	03/01/2024	030124A	29991	4,523.00	4,523.00	03/31/2024	INV	PD	MHB23-004 Homeless Ser
Mar'24	MHB23-026	03/01/2024	030124A	29994	28,936.00	28,936.00	03/31/2024	INV	PD	MHB23-026 Early Childh
Mar'24	MHB24-006	03/01/2024	030124A	29996	5,325.00	5,325.00	03/31/2024	INV	PD	MHB24-006 Children's A
Mar'24	MHB24-025	03/01/2024	030124A	29992	6,362.00	6,362.00	03/31/2024	INV	PD	MHB24-025 Youth Assess
Mar'24	Office Rent	03/01/2024	030124A	29995	2,124.55	2,124.55	03/31/2024	INV	PD	Mar'24 Office Rent 053
18259	CHAMPAIGN COUNTY HEALTH CARE CONSUMERS									
Mar'24	MHB23-066	03/01/2024	030124A	502804	7,625.00	7,625.00	03/31/2024	INV	PD	MHB23-066 Disability A
Mar'24	MHB24-044	03/01/2024	030124A	502804	7,208.00	7,208.00	03/31/2024	INV	PD	MHB24-044 CHW Outreach
Mar'24	MHB24-045	03/01/2024	030124A	502804	7,512.00	7,512.00	03/31/2024	INV	PD	MHB24-045 Justice Invo
					47,270.55					

Champaign County, IL

VENDOR INVOICE LIST



INVOICE	P.O.	INV DATE	CHECK RUN	CHECK #	INVOICE NET	PAID AMOUNT	DUE DATE	TYPE	STS	INVOICE DESCRIPTION
10148	COMMUNITY SERVICE CENTER OF NORTHERN				22,345.00					
Mar '24	MHB24-008	03/01/2024	030124A	30033	5,717.00	5,717.00	03/31/2024	INV	PD	MHB24-008 Resource Con
	CHECK DATE: 03/01/2024									
18092	COURAGE CONNECTION									
Feb '24	MHB23-007	02/01/2024	030124A	30034	10,583.00	10,583.00	02/29/2024	INV	PD	MHB23-007 Courage Conn
	CHECK DATE: 03/01/2024									
Jan '24	MHB23-007	01/01/2024	030124A	30034	10,583.00	10,583.00	01/31/2024	INV	PD	MHB23-007 Courage Conn
	CHECK DATE: 03/01/2024									
Mar '24	MHB23-007	03/01/2024	030124A	30034	10,583.00	10,583.00	03/31/2024	INV	PD	MHB23-007 Courage Conn
	CHECK DATE: 03/01/2024									
10163	CRISIS NURSERY				31,749.00					
Mar '24	MHB24-005	03/01/2024	030124A	30036	7,500.00	7,500.00	03/31/2024	INV	PD	MHB24-005 Beyond Blue
	CHECK DATE: 03/01/2024									
18305	CUNNINGHAM CHILDRENS HOME									
Mar '24	MHB23-018	03/01/2024	030124A	30037	10,604.00	10,604.00	03/31/2024	INV	PD	MHB23-018 ECHO Housing
	CHECK DATE: 03/01/2024									
Mar '24	MHB23-036	03/01/2024	030124A	30037	33,174.00	33,174.00	03/31/2024	INV	PD	MHB23-036 Families Str
	CHECK DATE: 03/01/2024									
10170	DEVELOPMENTAL SERVICES CENTER OF				43,778.00					
Mar '24	MHB24-012	03/01/2024	030124A	30040	54,681.00	54,681.00	03/31/2024	INV	PD	MHB24-012 Family Devel
	CHECK DATE: 03/01/2024									
18323	DIMOND BROS. INSURANCE LLC									
1102685		03/21/2024	032824A	31083	1,491.00	1,491.00	05/05/2024	INV	PD	Policy #EPP 0577745 Ge
	CHECK DATE: 03/28/2024									
10175	DON MOYER BOYS & GIRLS CLUB									
Feb '24	MHB24-015	02/01/2024	030124A	30042	6,250.00	6,250.00	02/29/2024	INV	PD	MHB24-015 CU Change
	CHECK DATE: 03/01/2024									
Feb '24	MHB24-022	02/01/2024	030124A	30042	13,333.00	13,333.00	02/29/2024	INV	PD	MHB24-022 Youth & Fami

Champaign County, IL



VENDOR INVOICE LIST

INVOICE	P.O.	INV DATE	CHECK RUN	CHECK #	INVOICE NET	PAID AMOUNT	DUE DATE	TYPE	STS	INVOICE DESCRIPTION
CHECK DATE:	03/01/2024									
Feb '24 MHB24-037		02/01/2024	030124A	30042	9,166.00	9,166.00	02/29/2024	INV	PD	MHB24-037 CUNC
CHECK DATE:	03/01/2024									
Mar '24 MHB24-015		03/01/2024	030124A	30042	6,250.00	6,250.00	03/31/2024	INV	PD	MHB24-015 CU Change
CHECK DATE:	03/01/2024									
Mar '24 MHB24-022		03/01/2024	030124A	30042	13,333.00	13,333.00	03/31/2024	INV	PD	MHB24-022 Youth & Fami
CHECK DATE:	03/01/2024									
Mar '24 MHB24-037		03/01/2024	030124A	30042	9,166.00	9,166.00	03/31/2024	INV	PD	MHB24-037 CUNC
CHECK DATE:	03/01/2024									
10183 ALEXANDER F CAMPBELL					57,498.00					
644-2401		01/04/2024	030124A	502808	2,449.95	2,449.95	01/20/2024	INV	PD	Q1 website support
CHECK DATE:	03/01/2024									
645-2402		01/04/2024	030124A	502808	1,118.95	1,118.95	01/20/2024	INV	PD	website hosting annual
CHECK DATE:	03/01/2024									
652-2409		03/01/2024	030824A	502856	2,449.95	2,449.95	03/15/2024	INV	PD	Q2 website support
CHECK DATE:	03/08/2024									
653-2410		03/01/2024	030824A	502856	925.00	925.00	03/15/2024	INV	PD	Expense Form and Appli
CHECK DATE:	03/08/2024									
100 EMPLOYEE VENDOR					6,943.85					
Canfield 2/23/24		02/23/2024	030124A	30132	1,149.19	1,149.19	02/29/2024	INV	PD	Travel 2/1/24 - 2/19/24
CHECK DATE:	03/01/2024									PAYEE: Canfield, Lynn
18343 FAMILY SERVICE OF CHAMPAIGN COUNTY										
Mar '24 MHB24-014		03/01/2024	030124A	30044	2,500.00	2,500.00	03/31/2024	INV	PD	MHB24-014 Counseling
CHECK DATE:	03/01/2024									
Mar '24 MHB24-016		03/01/2024	030124A	30044	2,369.00	2,369.00	03/31/2024	INV	PD	MHB24-016 Self Help Ce
CHECK DATE:	03/01/2024									
Mar '24 MHB24-017		03/01/2024	030124A	30044	14,865.00	14,865.00	03/31/2024	INV	PD	MHB24-017 Senior Couns
CHECK DATE:	03/01/2024									
10214 FIRST FOLLOWERS					19,734.00					
Mar '24 MHB23-003		03/01/2024	030124A	30048	7,916.00	7,916.00	03/31/2024	INV	PD	MHB23-003 Peer Mentori
CHECK DATE:	03/01/2024									

Champaign County, IL



VENDOR INVOICE LIST

INVOICE	P.O.	INV DATE	CHECK RUN	CHECK #	INVOICE NET	PAID AMOUNT	DUE DATE	TYPE	STS	INVOICE DESCRIPTION
Mar'24 MHB23-034 CHECK DATE: 03/01/2024		03/01/2024	030124A	30048	3,291.00	3,291.00	03/31/2024	INV	PD	MHB23-034 First Steps
10242 GROW IN ILLINOIS					11,207.00					
Feb'24 MHB23-011 CHECK DATE: 03/01/2024		02/01/2024	030124A	30058	10,798.00	10,798.00	02/29/2024	INV	PD	MHB23-011 Peer Support
Mar'24 MHB23-011 CHECK DATE: 03/01/2024		03/01/2024	030124A	30058	10,798.00	10,798.00	03/31/2024	INV	PD	MHB23-011 Peer Support
10263 I3 BROADBAND - CU					21,596.00					
3316468-1 CHECK DATE: 03/08/2024		03/04/2024	030824A	30340	144.95	144.95	04/01/2024	INV	PD	Internet service 4/4/2
19785 IMMIGRANT SERVICE OF CHAMPAIGN-URBANA										
Mar'24 MHB24-010 CHECK DATE: 03/01/2024		03/01/2024	030124A	30066	7,500.00	7,500.00	03/31/2024	INV	PD	MHB24-010 Immigrant Me
10358 MARTIN ONE SOURCE INC										
430601 CHECK DATE: 03/15/2024		02/23/2024	031524A	30726	100.00	100.00	03/24/2024	INV	PD	Disability Expo Flyers
430605 CHECK DATE: 03/28/2024		02/23/2024	032824A	31105	136.59	136.59	03/24/2024	INV	PD	Expo 700 Postcards, 5x
10765 ED MCMANUS					236.59					
4/1/24 - 10/1/24 CHECK DATE: 03/28/2024		03/19/2024	032824A	31106	500.00	500.00	04/01/2024	INV	PD	IL I/DD system of serv
10348 MCS OFFICE TECHNOLOGIES INC										
01-703861 CHECK DATE: 03/01/2024		02/23/2024	030124A	502815	2,549.00	2,549.00	03/24/2024	INV	PD	Purchase and setup of
01-704087 CHECK DATE: 03/15/2024		03/01/2024	031524A	502914	545.74	545.74	03/31/2024	INV	PD	Mar'24 MHB22-040 Manag
10423 PEPSI COLA CHAMPAIGN-URBANA BOTTLING					3,094.74					

Champaign County, IL



VENDOR INVOICE LIST

INVOICE	P.O.	INV DATE	CHECK RUN	CHECK #	INVOICE NET	PAID AMOUNT	DUE DATE	TYPE	STS	INVOICE DESCRIPTION
81103428	CHECK DATE: 03/01/2024	02/14/2024	030124A	502818	14.50	14.50	03/15/2024	INV	PD	Acct # 05734
10453 QUILL CORPORATION										
37360120	CHECK DATE: 03/01/2024	02/23/2024	030124A	502820	159.96	159.96	03/24/2024	INV	PD	Acct # 8197518
37829792	CHECK DATE: 03/28/2024	03/21/2024	032824A	502996	174.94	174.94	04/20/2024	INV	PD	Acct # 8197518
10464 RAPE, ADVOCACY, COUNSELING & EDUCATION SERVICES										
Mar'24	MHB24-002 CHECK DATE: 03/01/2024	03/01/2024	030124A	30083	6,250.00	6,250.00	03/31/2024	INV	PD	MHB24-002 Sexual Violen
Mar'24	MHB24-035 CHECK DATE: 03/01/2024	03/01/2024	030124A	30083	11,666.00	11,666.00	03/31/2024	INV	PD	MHB24-035 Sexual Traum
10488 ROSECRANCE, INC.										
Mar'24	MHB24-019 CHECK DATE: 03/01/2024	03/01/2024	030124A	30089	6,716.00	6,716.00	03/31/2024	INV	PD	MHB24-019 Benefits Cas
Mar'24	MHB24-020 CHECK DATE: 03/01/2024	03/01/2024	030124A	30089	26,666.00	26,666.00	03/31/2024	INV	PD	MHB24-020 Criminal Jus
Mar'24	MHB24-023 CHECK DATE: 03/01/2024	03/01/2024	030124A	30089	8,333.00	8,333.00	03/31/2024	INV	PD	MHB24-023 Recovery Hom
Mar'24	MHB24-027 CHECK DATE: 03/01/2024	03/01/2024	030124A	30089	6,125.00	6,125.00	03/31/2024	INV	PD	MHB24-027 Child & Fami
Mar'24	MHB24-028 CHECK DATE: 03/01/2024	03/01/2024	030124A	30089	14,833.00	14,833.00	03/31/2024	INV	PD	MHB24-028 Specialty Co
Mar'24	MHB24-030 CHECK DATE: 03/01/2024	03/01/2024	030124A	30089	17,329.00	17,329.00	03/31/2024	INV	PD	MHB24-030 Crisis Co-Re
18412 TERRAPIN STATION SOBER LIVING NFP INC										
Feb'24	MHB24-067 CHECK DATE: 03/01/2024	02/01/2024	030124A	30104	6,639.00	6,639.00	02/29/2024	INV	PD	MHB24-067 Recovery Hom
Mar'24	MHB24-067 CHECK DATE: 03/01/2024	03/01/2024	030124A	30104	6,639.00	6,639.00	03/31/2024	INV	PD	MHB24-067 Recovery Hom

Champaign County, IL

VENDOR INVOICE LIST

INVOICE	P.O.	INV DATE	CHECK RUN	CHECK #	INVOICE NET	PAID AMOUNT	DUE DATE	TYPE	STS	INVOICE DESCRIPTION
10583	UNIVERSITY OF ILLINOIS				13,278.00					
2024 Sponsor	03/08/2024	03/01/2024	030824A	30435	15,000.00	15,000.00	03/01/2024	INV	PD	2024 Ebertfest Sponsor
Mar'24 Award 112237	03/01/2024	03/01/2024	030124A	30108	10,416.00	10,416.00	03/31/2024	INV	PD	MHB23-039 Building Age
10595	UP CENTER OF CHAMPAIGN COUNTY				25,416.00					
Mar'24 MHB24-009	03/01/2024	03/01/2024	030124A	30110	15,838.00	15,838.00	03/31/2024	INV	PD	MHB24-009 Children, Yo
10597	URBANA ADULT EDUCATION				6,432.00					
Mar'24 MHB24-042	03/01/2024	03/01/2024	030124A	30112	6,432.00	6,432.00	03/31/2024	INV	PD	MHB24-042 C-U Early
10638	ELAN FINANCIAL SERVICES				-100.02					
3930 2/9/24	03/22/2024	02/09/2024	032224A	30999	-100.02	-100.02	03/07/2024	CRM	PD	4798510049573930
3930 3/11/24	03/22/2024	03/11/2024	032224A	30999	3,549.57	3,549.57	04/07/2024	INV	PD	4798510049573930 3/11/
10687	XEROX CORPORATION				3,449.55					
230640248	03/15/2024	03/01/2024	031524A	30780	199.06	199.06	03/31/2024	INV	PD	Feb'24 Xerox Copier Se
					199.06					
					554,406.88					

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

ACCOUNT DETAIL HISTORY FOR 2024 03 TO 2024 03

ORG YR/PR	OBJECT PROJ	JNL	EFF DATE	SRC	REF1	REF2	REF3	CHECK #	OB	AMOUNT	NET LEDGER BALANCE	
20000154	501001	STATIONERY AND PRINTING										
24/03	163 03/11/24	API	010358	59794				30726		100.00	100.00	
	W 031524A	Disability Expo Flyers English MARTIN ONE SOURCE IN										
24/03	400 03/22/24	API	010358	60462				31105		136.59	236.59	
	W 032824A	Expo 700 Postcards, 5x4, English MARTIN ONE SOURCE IN										
	LEDGER BALANCES	---	DEBITS:	236.59				CREDITS:		.00	236.59	
20000154	501002	OFFICE SUPPLIES										
24/03	400 03/22/24	API	010453	60467				502996		114.72	114.72	
	W 032824A	Hp 962Xl black/962 cmy ink 4PK QUILL CORPORATION										
24/03	400 03/22/24	API	010453	60467				502996		29.12	143.84	
	W 032824A	Ideal butterfly clamps large QUILL CORPORATION										
	LEDGER BALANCES	---	DEBITS:	143.84				CREDITS:		.00	143.84	
20000154	501013	DIETARY NON-FOOD SUPPLIES										
24/03	400 03/22/24	API	010453	60467				502996		31.10	31.10	
	W 032824A	Perk 10 inch paper plate 125Pk QUILL CORPORATION										
	LEDGER BALANCES	---	DEBITS:	31.10				CREDITS:		.00	31.10	
20000154	502001	PROFESSIONAL SERVICES										
24/03	93 03/01/24	API	010183	MHB24-038	59268			502856		2,449.95	2,449.95	
	W 030824A	Q2 Website Support EMK CONSULTING LLC										
24/03	93 03/01/24	API	010183	MHB24-038	59270			502856		925.00	3,374.95	
	W 030824A	Expense form and Application E EMK CONSULTING LLC										
24/03	281 03/18/24	API	010076	MHB24-048	60249			30885		4,250.00	7,624.95	
	W 032224A	Q1 2024 DISABILITY Expo Coordi BOOT BOOKS, LLC.										
24/03	281 03/18/24	API	010076	MHB24-048	60249			30885		750.00	8,374.95	

Champaign County, IL



ACCOUNT DETAIL HISTORY FOR 2024 03 TO 2024 03

ORG YR/PR	OBJECT PROJ	JNL	EFF DATE	SRC	REF1	REF2	REF3	CHECK #	OB	AMOUNT	NET LEDGER BALANCE
W 032224A	Q1 2024 AIR Coordinator						BOOT BOOKS, LLC.				
24/03	281 03/18/24	API	019587	MHB24-049	60250			30884		5,000.00	13,374.95
W 032224A	Q1 2024 DISABILITY Resource Ex BOOT										
24/03	400 03/22/24	API	010765		60461			31106		500.00	13,874.95
W 032824A	4/1/24 - 10/1/24 IL I/DD syste MCMANUS										
	LEDGER BALANCES --- DEBITS:						13,874.95	CREDITS:		.00	13,874.95
20000154	502002										
	OUTSIDE SERVICES										
24/03	185 03/06/24	API	010348	MHB22-040	59390			502914		545.74	545.74
W 031524A	Mar'24 MHB22-040 Managed IT se MCS OFFICE TECHNOLOG										
	LEDGER BALANCES --- DEBITS:						545.74	CREDITS:		.00	545.74
20000154	502003										
	TRAVEL COSTS										
24/03	281 03/18/24	API	010638		60248			30999		507.87	507.87
W 032224A	Sonesta Washington 2/12/24						VISA CARDMEMBER SERV				
24/03	281 03/18/24	API	010638		60248			30999		674.82	1,182.69
W 032224A	Phoenix Park Hotel 2/15/24						VISA CARDMEMBER SERV				
	LEDGER BALANCES --- DEBITS:						1,182.69	CREDITS:		.00	1,182.69
20000154	502007										
	INSURANCE (non-payroll)										
24/03	400 03/22/24	API	018323		60464			31083		650.00	650.00
W 032824A	General Liability Renewal						DIMOND BROS AGENCY				
24/03	400 03/22/24	API	018323		60464			31083		841.00	1,491.00
W 032824A	Commercial Property Renewal						DIMOND BROS AGENCY				
	LEDGER BALANCES --- DEBITS:						1,491.00	CREDITS:		.00	1,491.00

ACCOUNT DETAIL HISTORY FOR 2024 03 TO 2024 03

ORG YR/PR	OBJECT PROJ	JNL EFF DATE	SRC REFL	REF2	REF3	CHECK #	OB	AMOUNT	NET LEDGER BALANCE
20000154	502013		RENT						
24/03	2 03/01/24	API 000001	203	58448		29995		2,124.55	2,124.55
	W 030124A	Mar'24	Office Rent 053	CCT					
	LEDGER BALANCES	---	DEBITS:	2,124.55		CREDITS:		.00	NET: 2,124.55
20000154	502021		DUES, LICENSE & MEMBERSHIP						
24/03	163 03/11/24	API 018223	59813	30652				16,000.00	16,000.00
	W 031524A	2024	ACMHAJ Membership Dues	ASSOC OF COMMUNITY					
	LEDGER BALANCES	---	DEBITS:	16,000.00		CREDITS:		.00	NET: 16,000.00
20000154	502022		OPERATIONAL SERVICES						
24/03	281 03/18/24	API 010638	60248	30999				319.80	319.80
	W 032224A	Zoom 3/10/24	VISA	CARDMEMBER SERV					
24/03	281 03/18/24	API 010638	60248	30999				319.80	639.60
	W 032224A	Zoom 3/10/24	VISA	CARDMEMBER SERV					
	LEDGER BALANCES	---	DEBITS:	639.60		CREDITS:		.00	NET: 639.60
20000154	502024		PUBLIC RELATIONS						
24/03	93 03/01/24	API 010583	59069	30435				15,000.00	15,000.00
	W 030824A	2024	Ebertfest Sponsorship	UNIVERSITY OF ILLINO					
	LEDGER BALANCES	---	DEBITS:	15,000.00		CREDITS:		.00	NET: 15,000.00
20000154	502025		CONTRIBUTIONS & GRANTS						
24/03	2 03/01/24	API 000001	MHB24-006	58406		29996		5,325.00	5,325.00
	W 030124A	Mar'24	MHB24-006	Chi Tdren's Ad CCT					
24/03	2 03/01/24	API 000001	MHB23-004	58412		29991		4,523.00	9,848.00
	W 030124A	Mar'24	MHB23-004	Homeless Serv CCT					

Champaign County, IL



ACCOUNT DETAIL HISTORY FOR 2024 03 TO 2024 03

ORG YR/PR	OBJECT PROJ JNL EFF DATE	SRC REF1	REF2	REF3	CHECK #	OB	AMOUNT	NET LEDGER BALANCE
24/03	W 030124A	2 03/01/24	API 000001 MHB24-025	58413		29992	6,362.00	16,210.00
		Mar'24	MHB24-025 Youth Assessm CCT					
24/03	W 030124A	2 03/01/24	API 000001 MHB23-026	58517		29994	28,936.00	45,146.00
		Mar'24	MHB23-026 Early Childho CCT					
24/03	W 030124A	2 03/01/24	API 010148 MHB24-008	58415		30033	5,717.00	50,863.00
		Mar'24	MHB24-008 Resource Conn COMMUNITY SERVICE CE					
24/03	W 030124A	2 03/01/24	API 010163 MHB24-005	58417		30036	7,500.00	58,363.00
		Mar'24	MHB24-005 Beyond Blue - CRISIS NURSERY					
24/03	W 030124A	2 03/01/24	API 010170 MHB24-012	58422		30040	54,681.00	113,044.00
		Mar'24	MHB24-012 Family Develo DEVELOPMENTAL SERVIC					
24/03	W 030124A	2 03/01/24	API 010175 MHB24-015	58423		30042	6,250.00	119,294.00
		Mar'24	MHB24-015 CU Change DON MOYER BOYS & GIR					
24/03	W 030124A	2 03/01/24	API 010175 MHB24-037	58424		30042	9,166.00	128,460.00
		Mar'24	MHB24-037 CUNC DON MOYER BOYS & GIR					
24/03	W 030124A	2 03/01/24	API 010175 MHB24-022	58425		30042	13,333.00	141,793.00
		Mar'24	MHB24-022 Youth & Famil DON MOYER BOYS & GIR					
24/03	W 030124A	2 03/01/24	API 010214 MHB23-034	58429		30048	3,291.00	145,084.00
		Mar'24	MHB23-034 First Steps R FIRST FOLLOWERS					
24/03	W 030124A	2 03/01/24	API 010214 MHB23-003	58430		30048	7,916.00	153,000.00
		Mar'24	MHB23-003 Peer Mentorin FIRST FOLLOWERS					
24/03	W 030124A	2 03/01/24	API 010242 MHB23-011	58431		30058	10,798.00	163,798.00
		Mar'24	MHB23-011 Peer Support GROW IN ILLINOIS					
24/03	W 030124A	2 03/01/24	API 010464 MHB24-035	58434		30083	11,666.00	175,464.00
		Mar'24	MHB24-035 Sexual Trauma RAPE, ADVOCACY, COUN					
24/03	W 030124A	2 03/01/24	API 010464 MHB24-002	58435		30083	6,250.00	181,714.00
		Mar'24	MHB24-002 Sexual Violen RAPE, ADVOCACY, COUN					
24/03	W 030124A	2 03/01/24	API 010488 MHB24-019	58439		30089	6,716.00	188,430.00

Champaign County, IL



ACCOUNT DETAIL HISTORY FOR 2024 03 TO 2024 03

ORG YR/PR	OBJECT PROJ	JNL EFF DATE	SRC REF1	REF2	REF3	CHECK #	OB	AMOUNT	NET LEDGER BALANCE
W 030124A	030124A	Mar'24	MHB24-019	Benefits Case	ROSECRANCE, INC.				
24/03	2 03/01/24	API 010488	MHB24-027	58440		30089		6,125.00	194,555.00
W 030124A	030124A	Mar'24	MHB24-027	Child & Famil	ROSECRANCE, INC.				
24/03	2 03/01/24	API 010488	MHB24-020	58441		30089		26,666.00	221,221.00
W 030124A	030124A	Mar'24	MHB24-020	Criminal Just	ROSECRANCE, INC.				
24/03	2 03/01/24	API 010488	MHB24-030	58442		30089		17,329.00	238,550.00
W 030124A	030124A	Mar'24	MHB24-030	Cristis Co-Res	ROSECRANCE, INC.				
24/03	2 03/01/24	API 010488	MHB24-023	58443		30089		8,333.00	246,883.00
W 030124A	030124A	Mar'24	MHB24-023	Recovery Home	ROSECRANCE, INC.				
24/03	2 03/01/24	API 010488	MHB24-028	58444		30089		14,833.00	261,716.00
W 030124A	030124A	Mar'24	MHB24-028	Specialty Cou	ROSECRANCE, INC.				
24/03	2 03/01/24	API 010583	MHB23-039	58447		30108		10,416.00	272,132.00
W 030124A	030124A	Mar'24	MHB23-039	Building Agen	UNIVERSITY OF ILLINO				
24/03	2 03/01/24	API 010595	MHB24-009	58446		30110		15,838.00	287,970.00
W 030124A	030124A	Mar'24	MHB24-009	Children, You	UP CENTER OF CHAMPAI				
24/03	2 03/01/24	API 010597	MHB24-042	58421		30112		6,432.00	294,402.00
W 030124A	030124A	Mar'24	MHB24-042	C-U Early	URBANA ADULT EDUCATI				
24/03	2 03/01/24	API 018092	MHB23-007	58416		30034		10,583.00	304,985.00
W 030124A	030124A	Mar'24	MHB23-007	Courage Conne	CONNECTION				
24/03	2 03/01/24	API 018259	MHB24-044	58407		502804		7,208.00	312,193.00
W 030124A	030124A	Mar'24	MHB24-044	CHW Outreach	CHAMPAIGN COUNTY HEA				
24/03	2 03/01/24	API 018259	MHB24-045	58409		502804		7,512.00	319,705.00
W 030124A	030124A	Mar'24	MHB24-045	Justice Invol	CHAMPAIGN COUNTY HEA				
24/03	2 03/01/24	API 018259	MHB23-066	58516		502804		7,625.00	327,330.00
W 030124A	030124A	Mar'24	MHB23-066	Disability Ap	CHAMPAIGN COUNTY HEA				
24/03	2 03/01/24	API 018305	MHB23-018	58418		30037		10,604.00	337,934.00
W 030124A	030124A	Mar'24	MHB23-018	ECHO Housing	CUNNINGHAM CHILDRENS				

ACCOUNT DETAIL HISTORY FOR 2024 03 TO 2024 03

ORG YR/PR	OBJECT PROJ	JNL	EFF DATE	SRC	REF1	REF2	REF3	CHECK #	OB	AMOUNT	NET LEDGER BALANCE
24/03	W 030124A	2 03/01/24	API 018305	MHB23-036	58419			30037		33,174.00	371,108.00
			Mar'24	MHB23-036	Families Stro CUNNINGHAM CHILDRENS						
24/03	W 030124A	2 03/01/24	API 018343	MHB24-014	58426			30044		2,500.00	373,608.00
			Mar'24	MHB24-014	Counseling FAMILY SERVICE OF CH						
24/03	W 030124A	2 03/01/24	API 018343	MHB24-016	58427			30044		2,369.00	375,977.00
			Mar'24	MHB24-016	Self Help Cen FAMILY SERVICE OF CH						
24/03	W 030124A	2 03/01/24	API 018343	MHB24-017	58428			30044		14,865.00	390,842.00
			Mar'24	MHB24-017	Senior Counse FAMILY SERVICE OF CH						
24/03	W 030124A	2 03/01/24	API 018412	MHB24-067	58445			30104		6,639.00	397,481.00
			Mar'24	MHB24-067	Recovery Home TERRAPIN STATION SOB						
24/03	W 030124A	2 03/01/24	API 018805	MHB24-021	58420			30018		21,391.00	418,872.00
			Mar'24	MHB24-021	Shelter Case C-U AT HOME						
24/03	W 030124A	2 03/01/24	API 019785	MHB24-010	58433			30066		7,500.00	426,372.00
			Mar'24	MHB24-010	Immigrant Men IMMIGRANT SERVICE OF						
24/03	W 040524A	579 03/31/24	API 010185	MHB24-001	61102			31323		5,166.00	431,538.00
			Mar'24	MHB24-001	Family Suppor EAST CNTRL IL REFUGE						
24/03	W 040524A	579 03/31/24	API 018254	MHB24-029	61100			503016		2,750.00	434,288.00
			Mar'24	MHB24-029	Mental Health CHAMPAIGN COUNTY CHR						
										.00	434,288.00
										NET:	
20000154	502046									EQUIP LEASE/EQUIP RENT	
24/03	W 031524A	163 03/11/24	API 010687	248	59797			30780		199.06	199.06
			Feb'24	Xerox Copier Service	XEROX CORPORATION						
										.00	199.06
										NET:	199.06

ACCOUNT DETAIL HISTORY FOR 2024 03 TO 2024 03

ORG YR/PR	OBJECT PROJ	JNL EFF DATE	SRC REF1	REF2	REF3	CHECK #	OB	AMOUNT	NET LEDGER BALANCE
20000154	502047	SOFTWARE LICENSE & SAAS							
24/03	281 03/18/24	API 010638		60248	VISA CARDMEMBER SERV	30999		1,727.28	1,727.28
	W 032224A	Adobe 3/10/24							
24/03	607 03/26/24	API 018448 356		60994	KRONOS INC	503033		261.36	1,988.64
	W 040524A	KRONOS 1/24-12/24							
	LEDGER BALANCES	---	DEBITS:	1,988.64	CREDITS:			.00	NET: 1,988.64
20000154	502048	PHONE/INTERNET							
24/03	93 03/01/24	API 010263		59118	Internet service 4/4/24 - 5/3/ I3 BROADBAND - CU	30340		144.95	144.95
	W 030824A	Internet service 4/4/24 - 5/3/ I3 BROADBAND - CU							
24/03	302 03/13/24	API 018287		59924	CONSOLIDATED COMMUNI	30903		154.09	299.04
	W 032224A	Mental Health Phones							
	LEDGER BALANCES	---	DEBITS:	299.04	CREDITS:			.00	NET: 299.04
	GRAND TOTAL	---	DEBITS:	488,044.80	CREDITS:			.00	NET: 488,044.80

64 Records printed

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



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

DECISION MEMORANDUM

DATE: April 17, 2024
TO: Members, Champaign County Mental Health Board (CCMHB)
FROM: Stephanie Howard-Gallo, Operations & Compliance Coordinator
SUBJECT: CCMHB Annual Report for Fiscal Year 2023

Attached for review and approval is the Annual Report for Fiscal Year 2023, January 1 to December 31, 2023. The preparation of the Annual Report is a collaboration among staff members and Board president(s). Included are a financial accounting of revenue and expenditures, agency program allocations, service activity totals by agency and program (with definitions page), aggregate demographic and residency data, and service sector charts for the past year. The Three-Year Plan (FY 2022 – FY 2024) with One-Year Objectives for 2024, approved at the November 2023 meeting, is also presented.

Once approved, or revised and approved, this report will be shared with the Illinois Department of Human Services, members of the Illinois General Assembly who represent Champaign County, and the public, through posting on the County’s website and announcement in the News Gazette.

Decision Section

Motion to approve the Champaign County Mental Health Board Fiscal Year 2023 Annual Report.

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



Champaign County Mental Health Board

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, 2023 through December 31, 2023.

The CCMHB's Three-Year Plan for the period January 1, 2022 through December 31, 2024 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, 2024 through December 31, 2024.

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.

Champaign County Mental Health Board

Fiscal Year 2023 Annual Report & Three-Year Plan 2022-2024

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Three-Year Plan with FY24 Objectives	

LISTING OF 2023 BOARD MEMBERS AND STAFF

BOARD MEMBERS

Dr. Jon Paul Youakim, President

Mr. Joseph Omo-Osagie, Vice President January 1 – June 30

Ms. Molly McLay, Vice President July 1 – December 31

Mr. Matthew A. Hausman

Ms. Alexa McCoy

Dr. Lisa Liggins-Chambers

Dr. Daphne Maurer

Ms. Elaine Palencia

Ms. Jane Sprandel

Ms. Jennifer Straub

STAFF MEMBERS

Lynn Canfield
Executive Director

Kim Bowdry
Associate Director for Intellectual and Developmental Disabilities

Leon Bryson
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 President of the Champaign County Mental Health Board (CCMHB), it is my pleasure to present our 2023 Annual Report. Per the Illinois Community Mental Health Act (405 ILCS 20/), this fulfills the annual financial reporting requirement, with accounting of the year's revenues and expenditures, amounts paid to agencies by program, and costs of the I/DD Special Initiatives, a collaboration with the Champaign County Board for Care of Persons with a Developmental Disability (CCDDDB). Descriptions of funded programs and utilization data are offered, with charts showing how financial resources were committed per sector, population, and service type. Closing out the Report is the Three-Year Plan with FY 2024 Objectives.

- From January through June, the second half of Program Year 2023 (July 1, 2022 to June 30, 2023) allocations were paid out. Applications for funding for Program Year 2024 (July 1, 2023 to June 30, 2024) were submitted in February and reviewed during the spring, with final allocation decisions made in May and June. The total of these awards was \$5,723,686. From July through December, the first half of these allocations was paid out.
- The Evaluation Capacity Building project is in full swing, with strong collaboration from CCMHB- and CCDDDB-funded agencies. On November 3, the University of Illinois Family Resiliency Center sponsored an in-person Group Level Assessment (GLA) at the Champaign Public Library. The GLA is intended to generate participant-driven data and relevant action plans. Thirty-three staff members from nineteen agencies discussed evaluation strengths, weaknesses, possibilities, and threats, as well as the types and topics of future training and workshops. The project's next phases involve conducting additional analysis of the GLA, designing specialized trainings for staff, and providing one-on-one technical assistance to those organizations that expect to receive this level of support.
- During April, the CCMHB, along with its Alliance for Inclusion and Respect (AIR) partners, sponsored an anti-stigma film in the 24th annual Roger Ebert's Film Festival. Local expert, Dr. William Gingold, joined filmmakers for a post-screening discussion of intergenerational impacts of the Holocaust and relevance to today's world. On the final day of the festival, AIR hosted an art show and sale, featuring original work by artists and entrepreneurs, along with a demonstration of therapeutic art by an AIR member agency.
- On October 28, the 14th annual DISABILITY Resource Expo took place at Marketplace Mall, with 67 registered exhibitors and roughly 900 attendees. Nearly \$16,000 in cash and in-kind gifts were received, which is significantly more than the previous year! The Expo continues to perform an amazing job of linking persons with disabilities to healthcare services, resulting in a higher quality of life. The 2024 Expo should be even better!

In 2023, the CCMHB welcomed Dr. Lisa Liggins-Chambers, who stepped in to the unexpired term held by Ms. Alexa McCoy until early spring. At the end of the year, we expressed heartfelt appreciation to Mr. Matthew Hausman, who elected not to seek reappointment. His knowledge of and dedication to agencies, staff, and community were tremendously valuable.

In Champaign County, there is a mental health professional shortage, resulting in massive increases in behavioral health caseloads and limited services. Dealing with a mental health problem is difficult enough without having to deal with the societal stigmas connected with such conditions, let alone the racial, financial, and logistical challenges that many face. Individuals with co-occurring disorders are regularly held in our county jail rather than rehabilitation facilities where they can receive appropriate and essential care. This placement frequently leads to overpopulation in county jails. To make matters worse, without parity, people cannot receive the necessary quality care. As highlighted in our board meetings, agencies continue to remind us that strengthening the behavioral healthcare system will involve recruiting more psychiatrists, therapists, and counselors at a premium cost. The list goes on, and the difficulties ahead are considerable, as are our collective strength and determination. The CCMHB is dedicated to funding a comprehensive system of services and supports that ensure all community members have access to the least restrictive services to meet their needs.

It has been an honor to serve as your Board President, and I look forward to providing you with the best possible results.

Respectfully,



Jon Paul Youakim
CCMHB President

SECTION I: Financial Reports and Service Data

CHAMPAIGN COUNTY MENTAL HEALTH BOARD
ANNUAL FINANCIAL REPORT
1/1/23 - 12/31/23

	2022	2023
Beginning of the Year Fund Balance	\$ 488,978	\$ 303,457
 REVENUE		
General Property Taxes	\$ 5,492,390	\$ 5,937,146
Property Taxes - Back Tax	8,824	-
Payment in Lieu of Taxes	1,474	2,916
Mobile Home Tax	3,700	3,920
Local Government Revenue	-	-
Champ County Developmental Disabilities Board	358,450	389,194
Interest Earnings	47,855	99,693
Gifts and Donations	-	450
Disability Expo***	-	12,202
Miscellaneous	55,161	9,856
American Rescue Plan Act**	-	-
TOTAL REVENUE	\$ 5,967,854	\$ 6,455,376
 EXPENDITURES		
Administration & Operating Expenses:		
Personnel	\$ 564,444	\$ 581,916
Commodities	10,930	19,409
Services	283,065	342,831
Interfund Transfers*	6,908	132,599
Capital Outlay	-	-
Sub-Total	\$ 865,346	\$ 1,076,755
 Grants and Contributions:		
Program	5,288,028	5,227,318
Capital	-	-
Sub-Total	\$ 5,288,028	\$ 5,227,318
 TOTAL EXPENDITURES	\$ 6,153,375	\$ 6,304,073
 Fund Balance at the End of the Fiscal Year	\$ 303,457	\$ 454,761

*** Starting in 2022, Disability Expo Revenue was combined with Misc Revenue

** In 2021, ARPA Funds were received in full, but only half was expended. The other half was to be disbursed in 2022

*to CILA fund and to CCDDDB fund for share of revenue from Expo donations and miscellaneous

As of March 29, 2024, FY2023 financial statements are unaudited.

CILA FACILITIES, *now* I/DD SPECIAL INITIATIVES FUND

ANNUAL FINANCIAL REPORT

1/1/23 - 12/31/23

REVENUE	2022	2023
From Mental Health Board	\$ -	\$ -
From Developmental Disabilities Board	\$ 50,000.00	\$ -
Rent	\$ -	\$ -
Other Misc Revenue	\$ 10,442.76	\$ 23,965.96
Sale of Fixed Asset	\$ 262,044.31	\$ -
TOTAL REVENUE	<u>\$ 322,487.07</u>	<u>\$ 23,965.96</u>

EXPENDITURES

Mortgage Principal	\$ -	\$ -
Mortgage Interest	\$ -	\$ -
Commodities	\$ -	\$ -
Professional Fees	\$ 1,618.45	\$ -
Utilities	\$ 1,604.39	\$ -
Building/Landscaping Maintenance	\$ 14,059.79	\$ -
Building Improvements	\$ -	\$ -
Contributions & Grants	\$ -	\$ 142,998.00
Other Services	\$ 161.00	\$ -
TOTAL EXPENDITURES	<u>\$ 17,443.63</u>	<u>\$ 142,998.00</u>

As of March 29, 2024, FY2023 financial statements are unaudited.

**CHAMPAIGN COUNTY MENTAL HEALTH BOARD
PROGRAM ALLOCATIONS -- FY2023
1/1/23 - 12/31/23**

AGENCY/PROGRAM	TOTAL PAID
CHAMPAIGN COUNTY CHILDREN'S ADVOCACY CENTER	
Children's Advocacy Center	60,163.00
CHAMPAIGN COUNTY CHRISTIAN HEALTH CENTER	
Mental Health Care	33,000.00
CHAMPAIGN COUNTY HEALTH CARE CONSUMERS	
CHW Outreach and Benefit Enrollment	83,388.00
Disability Services	69,582.00
Justice Involved CHW Services & Benefits	83,772.00
Agency Total	236,742.00
CHAMPAIGN COUNTY REGIONAL PLANNING COMMISSION	
Headstart - Early Childhood Mental Health Services (w DD amount**)	347,235.00
Homeless Services System Coordination	54,281.00
Youth Assessment Center	76,350.00
Agency Total	477,866.00
COMMUNITY SERVICE CENTER OF NORTHERN CHAMPAIGN COUNTY	
Resource Connection	68,609.00
COURAGE CONNECTION	
Courage Connection	127,000.00
CRISIS NURSERY	
Beyond Blue Champaign County	90,000.00
C-U at Home	
Shelter Case Management	256,700.00
C-U EARLY	
C-U Early (6 months)	38,592.00
CUNNINGHAM CHILDREN'S HOME	
ECHO Housing and Employment Support	127,249.00
Families Stronger Together	398,092.00
Agency Total	525,341.00
DEVELOPMENTAL SERVICES CENTER	
Family Development **	626,348.00
DON MOYER BOYS & GIRLS CLUB	
CUNC	110,000.00
Community Coalition Summer Youth Programs	90,000.00
CU Change	87,502.00
Youth and Family Services	160,000.00
Agency Total	447,502.00
EAST CENTRAL ILLINOIS REFUGEE ASSISTANCE CENTER	
Family Support and Strengthening	62,000.00
FAMILY SERVICE	
Counseling	30,000.00
Creative Social Connectivity for Seniors (6 months)	12,502.00
Self Help Center	28,684.00
Senior Counseling and Advocacy	170,366.00
Agency Total	241,552.00
FIRST FOLLOWERS	

CHAMPAIGN COUNTY MENTAL HEALTH BOARD
PROGRAM ALLOCATIONS -- FY2023
1/1/23 - 12/31/23

AGENCY/PROGRAM	TOTAL PAID
FirstSteps Community Re-Entry House	39,500.00
Peer Mentoring for Re-entry	95,000.00
Agency Total	134,500.00
GROW IN ILLINOIS	
Peer Support	129,583.00
IMMIGRANT SERVICES OF C-U	
Immigrant Mental Health (6 months)	45,000.00
MAHOMET AREA YOUTH CLUB	
BLAST (6 months)	7,500.00
Members Matter! (6 months)	10,955.00
Agency Total	18,455.00
PROMISE HEALTHCARE	
Mental Health Services with Promise (4 months)	116,704.00
Promise Healthcare Wellness (4 months)	35,992.00
Agency Total	152,696.00
RAPE ADVOCACY COUNSELING EDUCATION SERVICES	
Sexual Trauma Therapy Services (6 months)	69,996.00
Sexual Violence Prevention Education	69,000.00
Agency Total	138,996.00
ROSECRANCE CENTRAL ILLINOIS	
Benefits Case Management	80,595.00
Child & Family Services	76,539.00
Criminal Justice PSC	320,000.00
Crisis Co-Response Team	207,948.00
Recovery Home	100,000.00
Specialty Courts	173,730.00
Agency Total	958,812.00
TERRAPIN STATION SOBER LIVING	
Recovery Home	70,336.00
UP CENTER OF CHAMPAIGN COUNTY (UNITING PRIDE)	
Children, Youth, and Families Program	138,329.00
URBANA NEIGHBORHOOD CONNECTIONS	
Community Study Center (6 months)	12,750.00
WELL EXPERIENCE	
Family Services/Well Family Care Program (2 months)	16,666.00
WIN RECOVERY	
Re-Entry & Recovery Home	101,641.00
GRAND TOTAL	5,209,179.00

** Programs for people with I/DD, per Intergovernmental Agreement with the Champaign County Developmental Disabilities Board
As of March 29, 2024, FY2023 financial statements are unaudited.

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 identifies, within each broadly defined 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: Family Service Self-Help Center planning and hosting of a biannual self-help conference; 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 on behalf of 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. Example: number of calls answered by the Crisis Line run by Rosecrance.

A Non-Treatment Plan Client (NTPC) is someone for whom services are provided and a record of the service exists but an individualized treatment plan has not been necessary or one was initiated but does completed. Example: 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, 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 or submit individual-level claims reports. For the two latter, details include number and type of units of service.

Utilization Summaries for PY2023

Champaign County Mental Health Board

Funded Programs

TPC = Treatment Plan Client
NTPC = Non-Treatment Plan Client
CSE = Community Service Event
SC = Screening Contact or Service Contact
Other = as defined in individual program contract

Many of the contract award amounts listed are not equal to actual cost of the program, as agencies are completing independent audit reports, which will be used to determine any excess revenue to be returned; excess revenue often results from understaffing, one cause of underutilization. These may result in future revisions to this report.

Detail on each program's performance toward defined consumer outcomes during the contract period, July 1, 2022 to June 30, 2023, is available at <http://ccmhddbrds.org>, among downloadable public files toward the bottom of the page. The relevant document is titled "CCMHB PY23 Performance Outcome Reports." It is also posted on our section of the County website, [Public Documents Page](#).

Priority: Collaboration with Champaign County Developmental Disabilities Board (CCDDB), Very Young Children and their Families

Champaign County Regional Planning Commission Head Start/Early Head Start Early Childhood Mental Health Services \$149,666 (for I/DD Services)

Support from Social Skills & Prevention Coaches including: collaborating with parents and staff to identify social-emotional strengths and areas of need for children; reviewing and monitoring developmental screenings for all students enrolled in HS/EHS; assisting teaching staff and parents in writing individualized social-emotional goals and action plans; supporting staff and parents in identifying individualized inter/intra-personal goals and action plans; supporting staff and parents in reflection around inter/intra-personal skills used with children to improve co-regulation, attunement, empathy, and compassionate limit setting; collaborating with stakeholders to develop Support Plans for children who engage in challenging behaviors to communicate their needs; facilitating workshops, support groups, and coaching for staff and parents on social-emotional development, compassionate caregiving, stress-management, functional behavior assessments, trauma-informed practices/leadership, and cultural competency; supporting staff in monitoring children's progress and outcomes; parenting consultation and coaching through Facebook groups and Zoom meetings; reviewing developmental screenings and makes recommendations regarding referrals, goals, services; Creates unique virtual stress management and equity-related content for local Champaign residents in

collaboration with CU TRI. (\$197,569 of the total contract is for Mental Health services, the remainder is \$149,666 for I/DD.) – *targets and data are combined for both populations and reported here.*)

Utilization targets: 90 TPC, 380 NTPC, 5 CSE, 3,000 SC, 12 Other (workshops, trainings, professional development efforts with staff and parents).

Utilization actual: 129 TPC, 362 NTPC, 5 CSE, 3,235 SC, 11 Other (workshops, trainings, professional development efforts with staff and parents).

DSC

Family Development \$596,522

Serves children birth to five years, 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 targets: 655 TPC, 200 SC, 15 CSE.

Utilization actual: 872 TPC, 272 SC, 25 CSE

Priority: System of Care for Very Young Children and Families

Champaign County RPC Head Start/Early Head Start

Early Childhood Mental Health Services \$197,569 (for MH Services)

See above for service information and year-end data, disability types combined.

Crisis Nursery

Beyond Blue – Champaign County \$90,000

Beyond Blue 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. Addresses risk factors that lead to emotional disturbances and multiagency and system involvement in children. Works to increase awareness of PD and reduce stigma.

Utilization targets: 33 TPC, 77 NTPC, 522 SC, 128 CSE, 1138 Other (hours of in-kind/respice care)

Utilization actual: 15 TPC, 70 NTPC, 310 SC, 140 CSE, 297.75 Other

Priority: System of Care for Youth and Families

Courage Connection

Courage Connection \$127,000

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 helps victims and survivors of domestic violence rebuild their lives through advocacy, housing, counseling, court advocacy, self-empowerment, community engagement, and community collaborations.

Utilization targets: 750 TPC, 200 NTPC, 700 SC, 150 CSE

Utilization actual: 563 TPC, 152 NTPC, 600 SC, 264 CSE

Cunningham Children's Home

Families Stronger Together \$398,092

Families Stronger Together provides trauma informed, culturally responsive, therapeutic services to build resiliency in families with youth age ten to seventeen who are or at risk of involvement in the juvenile justice system. Level of engagement with the family is based on assessed need and can last anywhere from one month to ten months. The therapeutic services apply the Attachment, Regulation, and Comptency (ARC) treatment framework. Range of services provided can include individual therapy, family therapy, psychoeducation services, care coordination, intensive family engagement, and aftercare.

Utilization targets: 50 TPC, 25 NTPC, 1050 SC, 10 CSE

Utilization actual: 72 TPC, 27 NTPC, 1025 SC, 17 CSE

Don Moyer Boys & Girls Club

CU Change \$100,000

The program 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. Emphasizes academic support, community engagement, interactive, hands-on learning experiences and exposure to positive life alternatives. Assists youth with navigating obstacles to success in the school environment, increasing positive peer and community involvement and developing a positive future plan.

Utilization targets: 50 TPC, 45 NTPC, 1000 SC, 144 CSE

Utilization actual: 20 TPC, 6 NTPC, 470 SC, 133 CSE

Don Moyer Boys & Girls Club

CUNC \$110,000

An initiative designed to increase community understanding of trauma and expand community capacity to implement trauma-informed practices and procedures. Goals are: addressing the needs of those impacted by trauma and violence and 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 care. Emphasis is placed on increased access to trauma informed, culturally responsive skills-based groups and resiliency building opportunities through groups for mothers and caregivers impacted by community violence; groups for adults impacted by gun violence; and groups or community workshops for teens designed to build social connections.

Utilization targets: 150 NTPC, 220 SC, 115 CSE

Utilization actual: 189 NTPC, 415 SC, 117 CSE

Don Moyer Boys & Girls Club

Community Coalition Summer Initiatives \$107,000

Services and supports 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 relative to system-involved youth impacted with emotional and environmental challenges. Reports to and through the Champaign County Community Coalition and the CCMHB.

Utilization targets: 900 NTPC, 14000 SC, 40 CSE, 500 Other

Utilization actual: 64 CSE, 22,800 SC, 1740 NTPC, 600 Other

Don Moyer Boys & Girls Club

Youth and Family Services \$160,000

Family-driven, youth-guided services for and with families and children experiencing mental health and/or emotional challenges. Supports are offered 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 each individual and their family.

Utilization targets: 30 TPC, 20 NTPC, 400 SC, 10 CSE

Utilization actual: 8 TPC, 30 NTPC, 321 SC, 50 CSE

Mahomet Area Youth Club

Bulldogs Learn & Succeed Together (BLAST) \$15,000

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, 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. Open to all students but targeting low income and/or struggling students, making the program available at no cost.

Utilization targets: 12 TPC, 80 NTPC, 2200 SC, 1000 CSE

Utilization actual: 12 TPC, 127 NTPC, 3850 SC, 601 CSE

Mahomet Area Youth Club

MAYC Members Matter! \$21,905

Emphasizes 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 3:30 to 6:00pm on school days that provides a safe place for up to 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 out-of-school program operates Monday thru Friday from 7am to 6pm, 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.

Utilization targets: 15 TPC, 150 NTPC, 5750 SC, 200 CSE

Utilization actual: 54 TPC, 365 NTPC, 5057 SC, 244 CSE

Rosecrance Central Illinois

Child & Family Services \$59,682 (New program. Started October 1st)

Serves youth ages 5 to 17 with MH disorder and possible co-occurring SUD, and their families. mental health counseling, transportation, case management, wellness, and psychiatric services. Referrals may be made by other providers, schools, hospitals, physicians, youth-serving organizations, families, and the Rosecrance mobile crisis response team. Services... [for] family members of the youth as appropriate. Care is provided by a multi-disciplinary team comprised of a mental health counselor, psychiatrist, and nurse. Mental Health Counseling and case management services are provided by a Master's-level licensed clinician... in the office, home, or other setting to create a family-driven, person-centered, trauma-informed, and culturally responsive treatment plan based on the clinical assessment.

Utilization targets: 20 TPC, 5 NTPC, 210 SC, 5 CSE

Utilization actual: 41 TPC, 10 NTPC, 475 SC, 5 CSE

UP Center (Uniting Pride) of Champaign County

Children, Youth & Families Program \$86,603

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 targets: 90 NTPC, 250 SC, 50 CSE

Utilization actual: 331 NTPC, 604 SC, 432 CSE

Urbana Neighborhood Connections

Community Study Center \$25,500

Empowerment zone which 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 targets: 75 NTPC

Utilization actual: 140 NTPC

Priority: Crisis Stabilization

CU at Home

Shelter Case Management \$256,700

The Phoenix Center functions as a daytime drop-in center. The Phoenix offers a place for homeless individuals to have access to basic hygiene services and provides activities and resources.

Advanced Shelter/Transitional Homes: C-U at Home operates a six bed Men's Recovery House, a two bed Women's House and a three-bed step above house and a small family house for those in recovery from drug and alcohol addiction.

C-U at Work: C-U at Work is a partnership with the Champaign Park District and exists to provide work opportunity and income to C-U at Home clients. Workers assist with Prosperity Gardens and trash abatement.

Street Outreach/Transportation: The street outreach team goes into the street to connect with homeless individuals. Men's and Women's Sober Emergency

Overnight Shelter: The shelter is open 7 days/week, 12 hours/day. The current shelter capacity is 48 beds for men and 14 for women. Low Barrier Emergency

Shelter for Men and Women: The shelters are open 7 days/week, 12 hours/day. The shelter is set to close April 15th.

Utilization targets: 112 TPC, 148 NTPC, 1200 SC, 90 CSE

Utilization actual: 77 TPC, 267 NTPC, 1493 SC, 66 CSE

Champaign County Health Care Consumers

Justice Involved CHW Services & Benefits \$77,394

Community Health Worker services for people at the Champaign County jail.

Services are offered on-site, to improve access to care upon discharge/release.

Provider also coordinates with related programs and coalitions, toward improved response for those in crisis or incarcerated.

Utilization targets: 30 TPC, 20 NTPC, 160 SC, 8 CSE, 8 Other (Rx fund)

Utilization actual: 82 TPC, 27 NTPC, 198 SC, 19 CSE, 11 Other (Rx fund)

Champaign County Regional Planning Commission – Community Services

Youth Assessment Center (YAC) \$76,350

Screens youth for risk factors and links youth/families to support and restorative community services. The YAC provides an alternative to prosecution for youth involved in delinquent activity. Case managers, using Trauma Informed Care and BARJ principles, screen juvenile offenders referred to our program to identify issues that might have influenced the 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 targets: 55 TPC, 20 NTPC, 40 SC, 40 CSE, 1 Other (1st time refer)

Utilization actual: 22 TPC, 3 NTPC, 27 SC, 197.5 CSE, 94 Other (1st time refer)

Family Service of Champaign County

Counseling \$30,000

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 targets: 40 TPC, 30 NTPC

Utilization actual: 29 TPC, 8 NTPC

FirstFollowers

FirstSteps Community Reentry House \$39,500

FirstSteps Community House is new program that operates a transition house for adult men returning home to Champaign County after incarceration. The program provides rent free housing in a five-bedroom house donated for use by the Housing Authority of Champaign County. Up to four men can be housed at a time. First Followers staff 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.

Projected length of engagement is between three months to a year.

Utilization targets: 6 TPC, 27 NTPC, 10 SC, 10 CSE

Utilization actual: 8 TPC, 31 NTPC, 12 SC, 8 CSE

First Followers

Peer Mentoring for Re-entry \$95,000

Mission is to build 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, we 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 targets: 120 TPC, 280 NTPC, 75 SC, 15 CSE

Utilization actual: 90 TPC, 277 NTPC, 104 SC, 14 CSE

Rosecrance Central Illinois

Criminal Justice PSC \$320,000

Individuals at the Champaign County Jail receive screening and, as appropriate, mental health assessment, substance abuse assessment, counseling, case management, individual and/or intensive outpatient substance abuse treatment, and linkage to additional supports as needed in the community.

Utilization targets: 60 TPC, 100 NTPC, 500 SC

Utilization actual: 33 TPC, 218 NTPC, 879 SC

Rosecrance Central Illinois

Crisis Co-Response (CCRT) - NEW \$207,948

The primary connection point for case management and services for persons who have Rantoul Police Department Crisis Intervention Team (CIT) and/or domestic contacts, offering case management with a goal to reduce criminal recidivism and help clients develop and implement plans to become successful and productive members of the community, offering law enforcement an alternative to formal processing. The CCRT develops additional community resources and access to services in Rantoul and rural residents of the County. The expansion covers staff responding through the Sheriff's Office plus coordination of the justice-involved efforts.

Utilization targets: 50 TPC, 140 NTPC, 250 SC, 20 CSE

Utilization actual: 122 TPC, 38 NTPC, 380 SC, 82 CSE

Rosecrance Central Illinois

Specialty Courts \$169,464

People sentenced to Champaign County Drug Court receive substance use disorder 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 targets: 45 TPC, 1000 SC, 4 CSE, 4,500 Other = # hours case management, # 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

Utilization actual: 45 TPC, 852 SC, 4 CSE, Other 508 (hours assessment, hours case management, and hours counseling)

Women in Need (WIN) Recovery

Re-Entry & Recovery Home \$93,283

Gender-responsive, trauma-informed health-promoting services for women as an alternative to incarceration upon reentry. Supports include service navigation and assistance to meet individualized self-identified needs that may include housing, case management, support plan with self-identified goals and assessments of progress, physical/mental/emotional health care services, substance misuse/trauma recovery, education, employment, legal assistance, leadership training, peer-facilitated support groups, civic participation/community outreach, family therapy/reunification, compliance with parole/probation/DCFS/other agencies, and recovery-based programming. All residents are provided curriculum books for trauma, parenting, and recovery classes.

Utilization targets: 10 CSE, 50 SC, 0 NTPC, 40 TPC

Utilization actual: 14 CSE, 55 SC, 2 NTPC, 43 TPC

Priority: Victim Services

Champaign County Children's Advocacy Center (CAC)

Children's Advocacy \$56,425

Promoting healing and justice for children/youth who have been sexually abused. Offers a family-friendly initial investigative interview site; supportive services for the child and non-offending family promoting healing; and abuse investigation coordination. Most of the young people served are victims of sexual abuse. Provides services for victims of severe physical abuse and of child trafficking. Trauma inflicted by these crimes is deep; with the right help the young person can begin to heal.

Utilization targets: 225 TPC, 45 NTPC, 270 SC, 8 CSE

Utilization actual: 224 TPC, 48 NTPC, 176 SC, 14 CSE

Priority: Closing the Gaps in Access and Care

Champaign County Christian Health Center

Mental Health Care at CCCHC \$33,000

mental health screenings, primary care, prescriptions, and referrals to specialized care as needed. Any uninsured and underinsured resident of Champaign County, typically between the ages of 18 and 64, is eligible. Primary care providers treat or refer those with MH conditions, especially anxiety and depression. With this grant CCCHC will recruit new psychiatrists, psychologists, and counselors to provide direct MH care, greatly enhancing community resources. Recruiting strategies: contacting hospitals and health care facilities to promote CCCHC; targeting organizations that have potential MH volunteers; and connecting with a

psychiatrist who runs a residency program to bring services to CCCHC patients. The expansion will support a paid part-time psychologist or psychiatrist.

Utilization targets: 60 TPC, 300 NTPC, 6 CSE

Utilization actual: 46 TPC, 425 NTPC, 10 CSE

Champaign County Health Care Consumers

CHW Outreach & Benefit Enrollment \$80,274

Enrollment in health insurance and other public benefit programs; help with maintenance of benefits; case management; education and outreach. Enrollment in Medicaid, Medicaid Managed Care, private plans through ACA Marketplace, Medicare for those eligible by virtue of age or disability, Medicare Extra Help, Medicare Savings Program to reduce the out of pocket costs, hospital/clinic financial assistance programs. Help applying for Promise Healthcare's sliding scale and completing the new patient packet. In-house Rx Fund for low-income individuals, enrollment in pharmaceutical assistance programs, SNAP and SafeLink phone program. Access to affordable dental and vision care. Case-management, referrals and advocacy to access other benefits and social services.

Utilization targets: 160 TPC, 36 NTPC, 650 SC, 8 CSE, 32 Other (Rx fund)

Utilization actual: 152 TPC, 11 NTPC, 716 SC, 14 CSE, 14 Other (Rx fund)

Champaign County Health Care Consumers

Disability Application Services \$71,500 (amended to \$51,500)

Evaluations of disabling conditions and determinations of whether to apply for SSI or SSDI or both (depending on client's work history); assistance applying for SSI and/or SSDI; appealing adverse SSI and SSDI decisions; and coordinating with attorney, if necessary to appeal decisions. CCHCC will also provide emotional/psychological support for individuals applying for SSI or SSDI. Often, the decision to apply for disability, and the process of doing so, can be challenging to the individual as they must come to terms with the idea that they are "disabled." Additional services to be provided to help facilitate approval for SSI/SSDI include helping clients to access various health services to document their disabling conditions.

Utilization targets: 30 TPC, 10 NTPC, 700 SC, 4 CSE, 7 Other (Rx fund)

Utilization actual: 60 TPC, 6 NTPC, 1,464 SC, 12 CSE, 17 Other (Rx fund)

Champaign County Regional Planning Commission – Community Services

Homeless Services System Coordination \$54,281

Coordinator position to: support, facilitate, and direct the IL-503 Continuum of Care (CoC) aka Champaign County Continuum of Service Providers to the Homeless; to support the body's mission to end homelessness in Champaign County through a coordinated network of resources for those who are homeless or at-risk of becoming homeless; coordinate efforts across the CoC membership to support its goals and the Homeless Emergency and Rapid Transition to Housing (HEARTH) Act regulations; and build and maintain collaborative

partnerships with CoC membership and affiliates, working closely with the CoC Executive Committee.

Utilization targets: 49 TPC, 40 SC, 26 CSE

Utilization actual: 18 TPC, 106 SC, 37 CSE

Community Service Center of Northern Champaign County

Resource Connection \$68,609

A multi-service program aimed at assisting residents of northern Champaign County with basic needs and connecting them with mental health and other social services. Serves as a satellite site for various human service agencies providing mental health, physical health, energy assistance, and related social services. Features an emergency food pantry, prescription assistance, clothing and shelter coordination, and similar services for over 1,700 households in northern Champaign County.

Utilization targets: 1100 NTPC, 3500 SC, 2100 Other (contacts with other agencies using CSCNCC as a satellite site), 0 CSE

Utilization actual: 1019 NTPC, 4037 SC, 811 Other, 6 CSE

Cunningham Children's Home

ECHO Housing and Employment Support \$127,249

Works closely with individuals who are homeless 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 takes 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 receive weekly services that last until 90 days after obtaining both housing and employment. Frequency of contact can vary depending on the need of the client, ranging from weekly to bi-monthly to monthly, and last up to a year.

Utilization targets: 20 TPC, 15 NTPC, 510 SC, 25 CSE

Utilization actual: 21 TPC, 7 NTPC, 768 SC, 53 CSE

East Central IL Refugee Mutual Assistance Center

Family Support and Strengthening \$62,000

Supports and strengthens 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 on staff.

Utilization targets: 114 CSE, 15 Other (hours of workshops)

Utilization actual: 114 CSE, 7 Other

Family Service of Champaign County

Creative Social Connectivity for Seniors (New) \$25,000

Two separate components work together to address the social isolation of elders by bringing engagement opportunities to their living rooms and front doors. Creativity on Wheels- will design and deliver creativity boxes specifically for elders. Each box is designed around a theme and includes components such as art supplies, art exercises designed by local artists, introspective crafts, thought-provoking questions, inspirational quote/affirmation cards, music, movement instructions, and/or fun movement aides. CU Wise TV- is a collaboration between the local aging network, Parkland College TV, Urbana Public TV, and the wider community to produce and air engaging, local content specifically for elders in Champaign County. The goal of CU Wise TV is to provide opportunities for local elders to move their bodies, exercise their brains, be creative, be entertained, and engage with their communities from their homes. CCMHB funding would support both of these services.

Utilization targets: 50 NTPC, 500 SC, 54 CSE

Utilization actual: 71 NTPC, 592 SC, 51CSE

Family Service of Champaign County

Self-Help Center \$28,930

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 target: 300 CSE

Utilization actual: 280 CSE

Family Service of Champaign County

Senior Counseling & Advocacy \$162,350

For Champaign County seniors and their families. Services are provided in the home or in the community. 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. Assists seniors providing care for adult children with disabilities and adults with disabilities age 18-59 experiencing abuse, neglect or financial exploitation.

Utilization targets: 200 TPC, 500 NTPC, 2500 SC

Utilization actual: 222 TPC, 255 NTPC, 1648 SC

GROW in Illinois

Peer Support \$129,583

Mutual-help; peer to peer 12-step program provides weekly support groups for mental health sufferers of all races and genders. GROW complements 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. Groups offered include in-person as well as virtual sessions for men and for women and are held in various locations around the County including the Champaign County Jail.

Utilization targets: 150 NTPC, 1,800 SC, 24 CSE

Utilization actual: 249 NTPC, 2068 SC, 17 CSE

Promise Healthcare

Mental Health Services with Promise \$350,117

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 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. Counseling and psychiatry are available to patients at Frances Nelson and the satellite site at the Rosecrance Walnut Street location.

Counseling Utilization targets: 475 TPC, 400 NTPC, 2200 SC

Counseling Utilization actual: 760 TPC, 393 NTPC, 3904 SC

Psychiatric Utilization targets: 1675 TPC, 950 NTPC receiving psych meds through primary care, 8000 SC psychiatric service encounters, 4 CSE lunch and learn sessions, 40% Other as denials (reported by business office).

Psychiatric Utilization actual: 3,209 TPC, 726 NTPC, 7884 psychiatric service encounters, 6 CSE lunch and learn sessions, 40% Other (claims denial rate).

Promise Healthcare

Promise Healthcare Wellness \$107,987

Support, case management, medication assistance, and benefit enrollment for patients with non-clinical barriers to achieving optimum medical and mental health care. Patients who have a mental health need, those who have psychosocial support needs, and those who have been identified as having barriers to executing their treatment plan are prioritized for Wellness services. Coordinators assist 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 Rosecrance satellite and supporting collaborations and outreach.

Utilization targets: 205 TPC, 480 NTPC, 1600 SC, 30 CSE, 2400 Other (enrolled in healthcare coverage)

Utilization actual: 517 TPC , 1,014 NTPC, 2,577 SC, 62 CSE, 1,350 Other

Rape Advocacy, Counseling & Education Services

Sexual Violence Prevention Education \$63,000

The only agency charged with providing comprehensive services to victims of sexual assault in Champaign County. Trauma-informed counseling, 24-hour crisis hotline, and in-person advocacy at hospital Emergency Departments and at meetings with law enforcement or Courthouse. Also offers prevention education to thousands of local children and adults per year and conducts community events to further the aim to create a world free of sexual violence.

Utilization targets: 4000 (# attending) SC, 600 CSE, 40 Other (JDC presentations)

Utilization actual: 7,202 (# attending) SC, 1,202 CSE, 0 Other

*Rosecrance Central Illinois***Benefits Case Management \$80,595**

Individuals from Champaign County requesting behavioral health services, but who are not linked with benefits such as Medicaid/Managed Care Organizations, Medicare, Social Security Income (SSI), Social Security Disability Insurance (SSDI), SNAP/Link Card, pharmacy assistance, and other public programs can receive Benefits Case Management services. The Benefits Case Manager primarily assists with applications, submissions, and appeal processes involved in obtaining the benefits necessary to receive coverage for behavioral health and medical services, as well as other public benefit programs.

Utilization targets: 625 SC, 250 NTPC

Utilization actual: 513 SC, 133 NTPC

*Rosecrance Central Illinois***Recovery Home \$100,000**

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 targets: 22 TPC, 65 SC

Utilization actual: 32 TPC, 58 SC

*Terrapin Station Sober Living, Inc.***Recovery Home \$61,000**

Strength-based case management, grounded in the principles that all individuals have the capacity to change and grow. Focused on individual strengths, not pathology. The individual is the director of their care and their recovery. Weekly group services and house meetings provided. Also provided: intensive individualized case management; 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 such as church, AA/NA

meetings, other sobriety based/mental health support groups, recreational activities, transportation services, and service work/volunteer/work opportunities.

Utilization targets: 13 NTPC

Utilization actual: 9 NTPC

The Well Experience

Family Services \$100,000

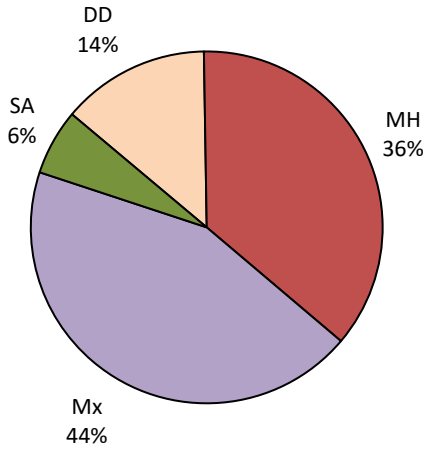
Services provided to Black/African American girls, women, teens, and families. Services include wraparound services, crisis management, mental health services, etc. and are dedicated to underserved, oppressed, and at-risk populations who are referred for services. Our goal is never to turn a family away when they need social service support. Programs provided include: Wraparound Support, Universal Support, RENEW Her, WELL Mentoring, Girls To Life, The SET, Well Teen Moms, HERE For the Girl, TEEN Talk, Family Game Night, Well Fitness, Mothering While Black, Remote Learning Hub, WELL Kids Summer, and After School Program.

Utilization targets: 12 CSE, 2000 SC, 250 NTPC, 234 TPC, 4 Other

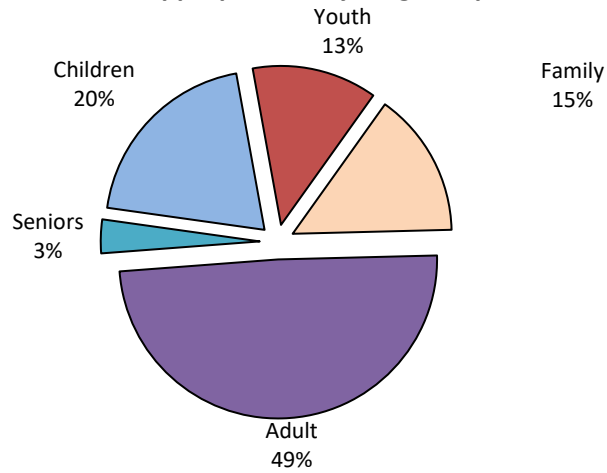
Utilization actual: 21 CSE, 4068 SC, 288 NTPC, 200 TPC, 0 Other

Appropriation of CCMHB Funds by Sector, Population, and Service - Program Year 2023

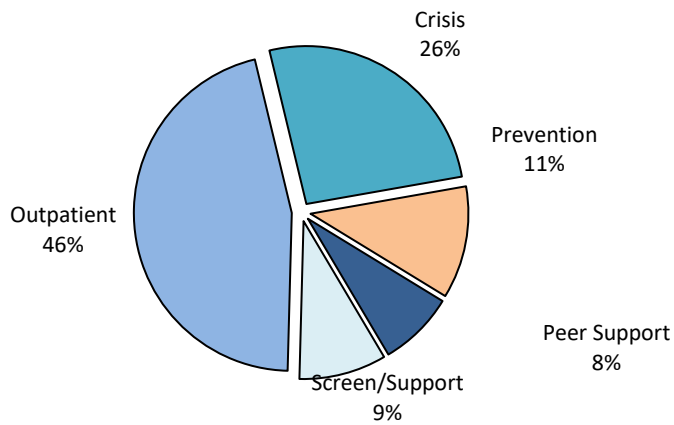
CCMHB PY23 Appropriation by Community Mental Health Sector



CCMHB PY23 Appropriation by Target Population

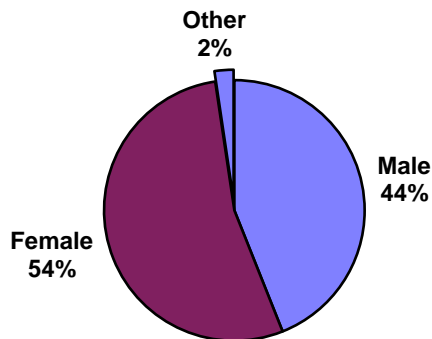


CCMHB PY23 Appropriation by Type of Service

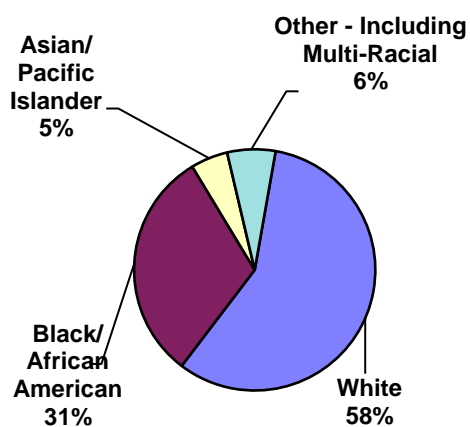


Demographic and Residency Data for People Served in PY2023

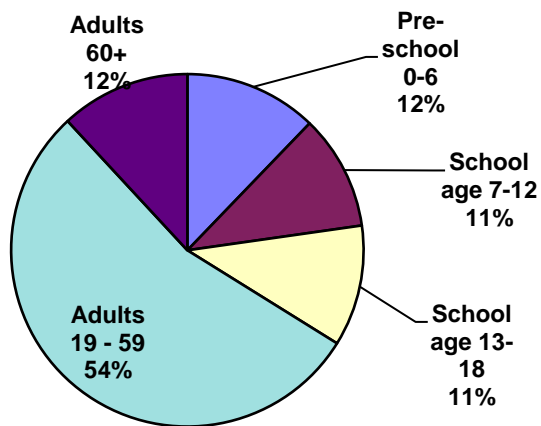
Gender



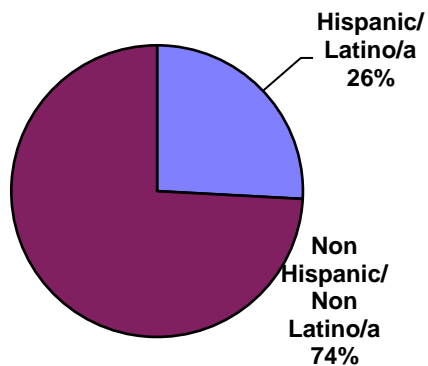
Race



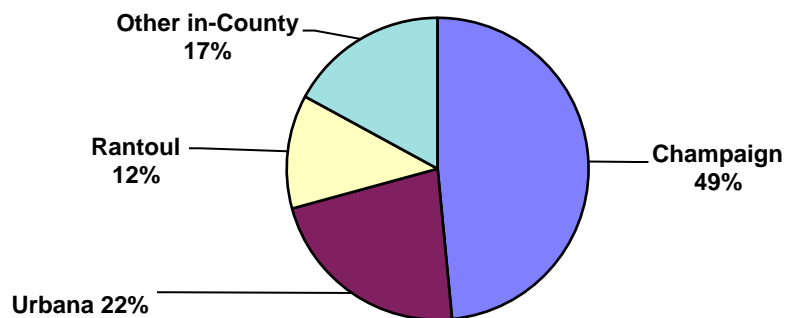
Age



Ethnic Origin



Residency



SECTION II: Three-Year Plan 2022-2024
with FY 2024 One-Year Objectives

CHAMPAIGN COUNTY MENTAL HEALTH BOARD

THREE-YEAR PLAN

FOR

FISCAL YEARS 2022-2024

(1/1/2022 – 12/31/2024)

WITH

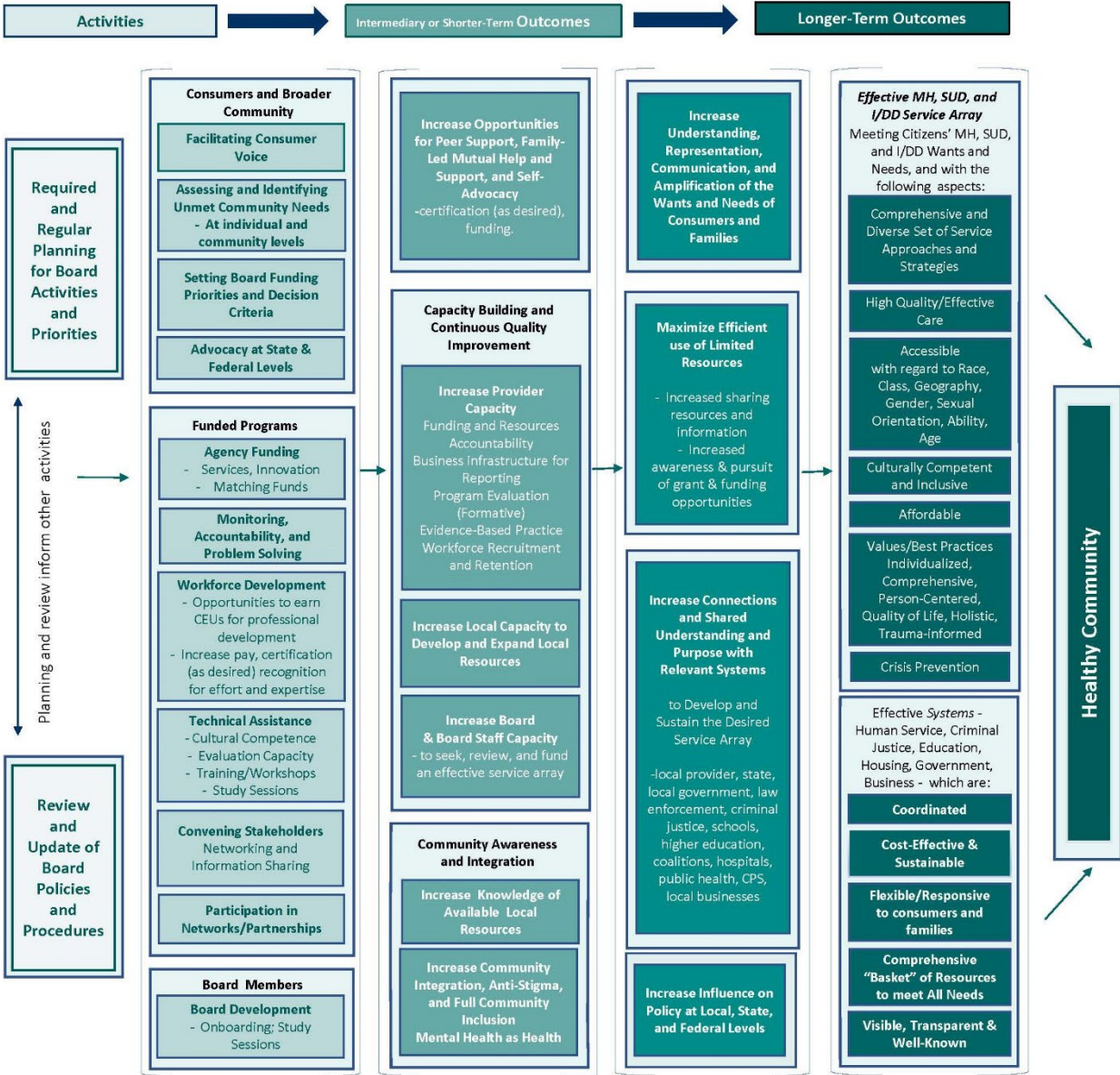
ONE YEAR OBJECTIVES

FOR

FISCAL YEAR 2024

(1/1/2024 – 12/31/2024)

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



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

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

CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

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

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

MISSION STATEMENT

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

STATEMENT OF PURPOSES

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

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

COORDINATED SYSTEMS OF CARE



Goal #1:

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

Objective 1.1: With input from people served and their loved ones, whenever possible, and with clear connection between the model and best outcomes for people served, encourage use of appropriate evidence-based, evidence-informed, recommended, innovative, or promising practice models.
(Allocation Priority/Criteria Objective)

Objective 1.2: Promote wellness for people with MI, SUD, or I/DD, to prevent and reduce early mortality, through access to services addressing basic needs, enrollment in benefit plans, and coordinated access to primary care.
(Allocation Priority/Criteria and Collaboration/Coordination Objective)

Objective 1.3: Support development or expansion of residential and employment supports for persons with behavioral health diagnoses and no other payor source.

(Allocation Priority/Criteria Objective)

Objective 1.4: Encourage and participate in community efforts to prevent overdose deaths and expand SUD prevention and treatment.

(Allocation Priority/Criteria and Collaboration/Coordination Objective)

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

(Allocation Priority/Criteria Objective)

Objective 1.6: Utilizing expertise of consultant(s) selected through RFP2022-010, build evaluation capacity of contracted providers in order to improve positive outcomes for those engaging in funded services.

(Policy Objective)

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

(Policy Objective)

Objective 1.8: Support workforce recruitment and retention initiatives, with level of assistance linked to length of service commitment or specialized trainings.

(Allocation Priority/Criteria Objective)

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

(Collaboration/Coordination Objective)

Objective 1.10: With input from people with relevant lived experience, their loved ones, service providers, and other stakeholders, and through other needs assessment activities and environmental scan, develop and review a new Three-Year Plan for 2025-2027.
(Policy Objective)



Goal #2:

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

Objective 2.1: Support an inclusive network of culturally and linguistically responsive and family driven support groups.
(Allocation Priority/Criteria Objective)

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

Objective 2.3: Encourage community-based organizations to allocate resources for training, technical assistance, outreach, language access and communication assistance, and professional development activities for all staff and governing or advisory boards, to advance cultural and linguistic competence and attract and retain a diverse professional workforce.

(Allocation Priority/Criteria Objective)

Objective 2.4: Where families and communities are disproportionately impacted by incarceration, encourage the development of social networks, peer supports and mentors, and improved access to resources.

(Allocation Priority/Criteria and Policy Objective)

Objective 2.5: Assess and address the unmet MI, SUD, or I/DD service and support needs of residents of rural areas and farm communities, with assistance from the Regional Health Plan Collaboration.

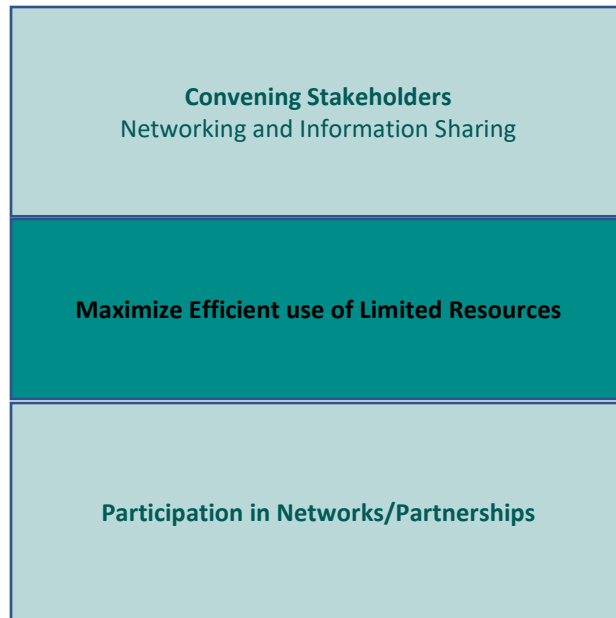
(Collaboration/Coordination and Policy Objective)

Objective 2.6: With assistance from the Regional Health Plan Collaboration, assess the impact of public health threats on racial, ethnic, gender and/or sexual minority groups or other at-risk populations in Champaign County. Encourage providers to improve health and behavioral health outcomes for all residents.

(Collaboration/Coordination and Allocation Priority/Criteria Objective)

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

(Collaboration/Coordination Objective)



Goal #3:

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

Objective 3.1: Participate in and report on various coordinating councils whose missions align with the needs of the populations of interest to the Board with the intent of strengthening coordination between providers in the delivery of services. Create opportunities for people with relevant lived experience to participate in or shape the work of these councils.

(Collaboration/Coordination Objective)

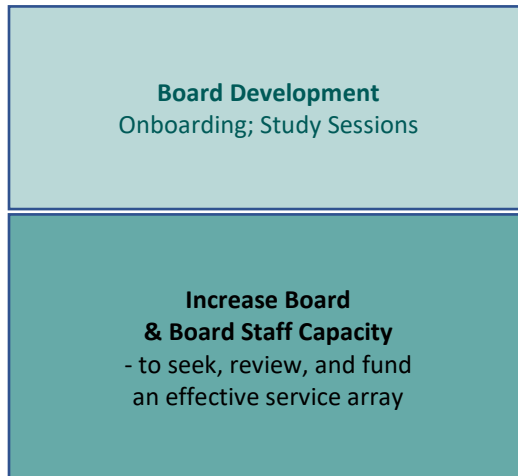
Objective 3.2: Communicate on issues of mutual interest with the C-U Public Health District (CUPHD) and the Champaign County Board, such as interpersonal and community violence or Opioid Use Disorder.

(Collaboration/Coordination Objective)

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

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

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



Goal #4:

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

Objective 4.1: Coordinate integration, alignment, and allocation of resources with the CCDDB to ensure the efficacious use of resources

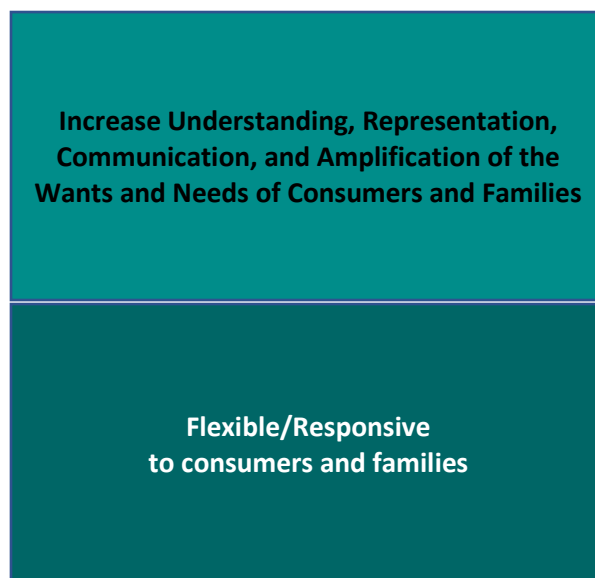
for people with I/DD.
(Allocation Priority/Criteria Objective)

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

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

Objective 4.4: Using input from people who have I/DD, collaborate with the CCDDDB for use of the funds from the sale of the CILA homes to meet the needs of Champaign County residents with I/DD with significant support needs.
(Policy and Allocation Priority/Criteria Objective)

CHILDREN AND FAMILY FOCUSED PROGRAMS AND SERVICES



Goal #5:

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

Objective 5.1: Participate in the Champaign County Community Coalition and other system of care initiatives. Strengthen relationships across the child- serving systems.

(Collaboration/Coordination Objective)

Objective 5.2: Build on the successes of Champaign County family-run organizations that incorporate family-driven and youth-guided principles in use of peer support specialists, and other peer-to-peer supports to assist multi-system involved youth and their families.

(Allocation Priority/Criteria Objective)

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

Objective 5.4: Promote and support interventions that specifically address historical trauma experienced by African American and other minority youth.

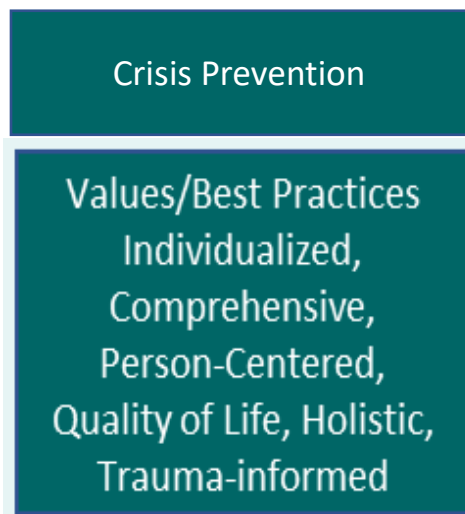
(Allocation Priority/Criteria Objective)

Objective 5.5: Sustain commitment to building systems that are trauma-informed, family-driven, youth-guided, and culturally responsive. Encourage cross-system collaborations, such as through the Child and Adolescent Local Area Network, to improve student outcomes, share resources, and foster professional growth.
(Policy and Collaboration/Coordination Objective)

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

Objective 5.7: Advocate at local, state, and national levels for full implementation and funding of safety net, screening, and crisis response for all children and families, including those who have multi-system involvement or encounter multiple barriers to success and health. Barriers include long wait times for psychiatric care and complicated or siloed regulatory and payment systems.
(Collaboration/Coordination Objective/Policy Objective)

CRIMINAL JUSTICE AND MENTAL HEALTH SYSTEM COLLABORATION



Goal #6:

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

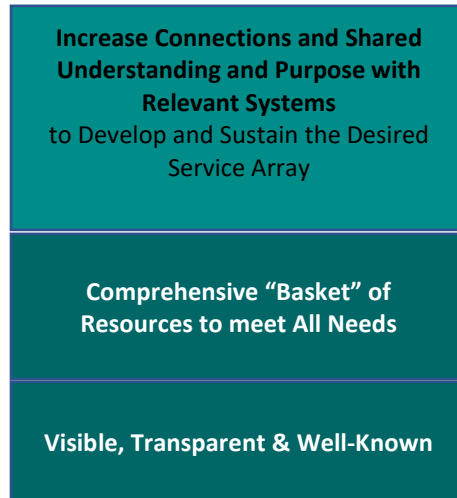
Objective 6.1: Continue involvement in the Crisis Intervention Team Steering Committee in support of increased collaboration between law enforcement and crisis service providers toward positive health and behavioral health outcomes for all Champaign County residents. Encourage and use input from people who have experienced a behavioral health crisis, along with their family members and peers. (Collaboration/Coordination Objective)

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

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

Objective 6.4: Through the National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD), in its partnership with the National Association of Counties (NACo), use and promote technical assistance and support to improve outcomes for Champaign County residents who have behavioral health needs and

justice system involvement.
(Collaboration/Coordination Objective)



Goal #7:

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

Objective 7.1: Support local collaborations to increase housing and employment supports for persons with MI, SUD, or I/DD. (Allocation Priority/Criteria and Collaboration/Coordination Objective)

Objective 7.2: Identify behavioral health assessments, crisis stabilization, treatment options, and other supports and services which reduce unnecessary incarceration, hospitalization, and institutionalization.

(Collaboration/Coordination Objective)

Objective 7.3: Collaborate in the development of a full crisis response continuum around 988, with input from people who have experienced a behavioral health crisis.

(Allocation Priority/Criteria and Collaboration/Coordination Objective)



Goal #8:

Support interventions for youth who have juvenile justice system involvement.

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

(Collaboration/Coordination Objective)

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

(Collaboration/Coordination Objective)

COMMUNITY ENGAGEMENT & ADVOCACY



Goal #9:

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

Objective 9.1: Continue efforts to promote inclusion and challenge stigma and discrimination, such as the disABILITY Resource Expo, Ebertfest, National Children’s Mental Health Awareness Day, and other related community education events. Whenever possible, include student groups or interns in these efforts.
(Collaboration/Coordination Objective)

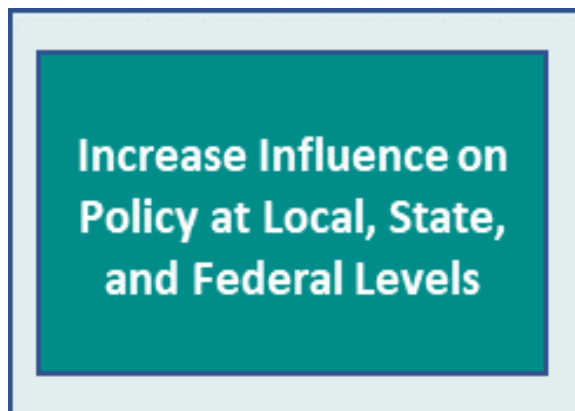
Objective 9.2: Promote SUD prevention initiatives as a community education tool targeting youth and young adults.
(Collaboration/Coordination Objective)

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

Objective 9.4: To integrate people with behavioral health disorders and/or I/DD into community life in Champaign County, seek out and share their direct input with other collaborations and leadership. Whenever possible, include these people in any collaborations which have been formed on their behalf. Emphasize inclusion as a benefit to all members of the community, regardless of ability. (Allocation Priority/Criteria Objective)

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

Objective 9.6: With input from people who have MI, SUD, or I/DD, support development of web-based resources to make information on community services and resources more accessible and user-friendly. (Collaboration/Coordination Objective)



Goal #10:

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

Objective 10.1: Monitor the local impacts of changes in Medicaid and Managed Care and advocate, through Association of Community Mental Health Authorities of Illinois (ACMHAI) and along with other statewide associations and advocacy groups for increased service capacity and service options sufficient to meet demand in Champaign County.

(Collaboration/Coordination Objective)

Objective 10.2: Track relevant class action cases, e.g., Ligas Consent Decree and Williams Consent Decree, and advocate for the allocation of state resources sufficient to meet needs of clients returning to home communities or seeking fuller integration in their communities.

(Policy Objective)

Objective 10.3: Participate in the National Association of County Behavioral Health and Developmental Disability Directors (NACHBDD), National Association of Counties (NACo), and similar organizations, to understand and report on trends, best practices, and innovations and to advocate at the national level. (Collaboration/Coordination Objective)

Objective 10.4: Track implementation of the Pathways to Success program to improve access and treatment to children and youth for community based mental health and behavioral health care under the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) provisions of the Medicaid Act.

(Policy Objective)

Objective 10.5: With other organizations whenever appropriate, advocate at the state and national levels on the issue of behavioral

health and I/DD workforce shortages. As opportunities arise, participate in planning and policy development with state agencies such as IDHS, and use these opportunities to advocate for the needs and choices of Champaign County residents, based on direct and indirect input from people with MI, SUD, or I/DD.

(Policy Objective)

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

(Collaboration/Coordination Objective)

Approved November 15, 2023



DECISION MEMORANDUM

DATE: April 17, 2024
TO: Members, Champaign County Mental Health Board (CCMHB)
FROM: Lynn Canfield, Executive Director
SUBJECT: Delays in PY23 Agency Audits and Reviews

Background:

CCMHB Requirements and Guidelines were revised in 2018 and 2021, extending audit deadlines in recognition of practical delays and providing for contract continuation, up to three months, while payments are paused. Although the deadline for audits and reviews for agencies with fiscal year July 1 to June 30 has been December 31 for three years, delays continue, with 11 past the deadline in PY21, 12 in PY22, and 9 in PY23.

The Requirements were revised again in late 2023 to align more closely with state standards, to raise thresholds triggering reviews and audits, to allow more of the cost of these products to be charged to CCMHB contracts, and to simplify compliance processes. The cancellation of contracts (in the event of prolonged delay of audit or review) is no longer automatic and requires board action. These [requirements](#) are incorporated into contracts and posted at ccmhddbrds.org and co.champaign.il.us/mhbddb/PublicDocuments.php.

The following updates are presented for information and to support board action where it may be necessary and appropriate.

Agency Audit/Review Update:

Nine of the twenty-two required audits and reviews were submitted by the December 31 deadline. Four others were submitted shortly afterward, and four since that time. All have been reviewed, with most issues addressed, and payments back on schedule. Five remain outstanding.

1. Although WIN Recovery has indicated their PY23 audit is underway, it was not submitted by March 31. When asked for an update, the

agency director attributed the delay to staff turnover and indicated she would share an update from the CPA, with estimated completion date.

2. Promise Healthcare, with 2022 audit due on or before June 30, 2023, and 2023 audit due by June 30, 2024, anticipates the former will be completed this spring and the latter by the deadline. When notified of cancellation of current contracts, Promise requested the Board reverse the cancellation. The Board voted to postpone a decision until the 2022 audit is received and reviewed. No action is needed at this time.
3. Of agencies not currently funded but owing PY23 audits: The Well Experience is still working on the PY22 audit and expects PY23 to be completed shortly after; UNCC's Board and Director returned unspent PY23 funds but has not shared a PY23 audit; MAYC's PY23 audit was submitted, but a question related to the PY22 audit remains. There is no need for board action. However, agencies are not eligible for funding until audits are shared and issues resolved.
4. The MHB has approved "additional time for the review, approval, and subsequent PY2025 contracting with any applicant whose audit or review remains outstanding as of February 12, 2024."

CCMHB Staff Opinions:

The revised Funding Requirements and Guidelines call for board action in such cases where the audit or review has been delayed over three months beyond the deadline (i.e., beyond March 31 for most). As this is new for all of us, **possible motions are presented below.**

If the Board chooses to waive contract cancellation, they might establish conditions, e.g., the agency documenting the causes of the delay and progress toward completion, and they should clarify:

- whether any payments withheld through March 2024 will continue to be held until conditions are met (or a specific date reached) or released, provided there are no other compliance issues.
- whether payments for April and beyond will be withheld until conditions are met (or a specific date reached) or released as scheduled, unless there is another compliance matter.

The prolonged audit process takes our attention away from review of applications for funding and development of future timelines and budgets, which are time-sensitive activities. It also complicates how we deal with issues raised through the audit process. Because eligibility for funding cannot be determined without the annual audit or review, we are not able to state in reviews of funding applications or the subsequent recommendations for PY25 funding whether an agency with outstanding audit is eligible for funding. Estimating future budgets and allocations is complicated by withheld payments and delayed return of unspent funds.

Decision Section:

Motion to **waive cancellation** of WIN Recovery’s PY24 contract and to allow [*specific additional time*] for completion and submission of the agency’s board-approved, independent audit report.

- Approved
- Denied
- Modified
- Additional Information Needed

Motion to continue to withhold payments related to WIN Recovery’s PY24 contract, including those which have accrued since January 1 and subsequent payments described in the contract.

- Approved
- Denied
- Modified
- Additional Information Needed

OR

Motion to **cancel** WIN Recovery’s PY24 contract due to delayed submission of the agency’s board-approved, independent audit report and to release payments withheld up to March 31 when the audit is submitted and reviewed.

- Approved
- Denied
- Modified
- Additional Information Needed

CCMHB PY2025 Agency Requests for Funding		PY2025	Primary	Secondary
Agency	Program	Request		
CCRPC - Community Services	Homeless Services System Coordination	\$54,281	EP	JSt
CU at Home	Shelter Case Management Program	\$256,700	JSt	CM
CU Early	CU Early	\$80,723	JPY	JOO
CC Head Start/Early Head Start	Early Childhood MH Svcs (MH and DD)	\$388,463	CM	JPY
CC Health Care Consumers	Disability Services	\$105,000	JSt	MM
Courage Connection	Courage Connection	\$128,038	MM	EP
Cunningham Childrens Home	ECHO Housing and Employment Support	\$203,710	CM	JSt
	Families Stronger Together	\$282,139	JOO	LLC
Don Moyer Boys and Girls Club	C-U CHANGE	\$85,575	LLC	JOO
	Community Coalition Summer Initiatives	\$107,000	JSp	MM
FirstFollowers	FirstSteps Community Reentry House	\$69,500	MM	CM
	Peer Mentoring for Reentry	\$95,000	EP	LLC
GCAP	Advocacy, Care, and Education Services - NEW	\$65,000	JSp	EP
GROW in Illinois	Peer-Support	\$159,740	EP	JOO
Rosecrance Central Illinois	Benefits Case Management	\$84,625	JOO	JPY
	Child & Family Services	\$77,175	LLC	MM
	Criminal Justice PSC	\$336,000	MM	LLC
	Crisis Co-Response Team (CCRT)	\$410,000	JPY	JSp
	Recovery Home	\$100,000	JOO	EP
	Specialty Courts	\$186,900	CM	JSt
Terrapin Station Sober Living	Recovery Home	\$90,880	LLC	CM
The UP Center of CC	Children, Youth & Families Program	\$190,056	JSp	JPY
WIN Recovery (NO AUDIT)	Community Support ReEntry Houses	\$244,342	JSt	JSp
		\$3,800,847		
	Total PY25 Requests to be reviewed	\$3,800,847		
	Total CCMHB MH/SA	\$3,543,567		
	Total CCMHB DD PY25 amount (excludes 2 yr contract)	\$257,280		
IDDSI: CCRPC	Community Life Short Term Supports	\$232,033	JPY	JSp
<i>Other PY25 obligations are two year (PY24-PY25 contracts totaling \$2,116,086)</i>				

Draft CCMHB PY2025 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff analysis and comments relate to sections of the application and, if the proposed program has been funded, to previously submitted reports.

Program: Homeless Services System Coordination

Agency: CCRPC – Community Services

Request: \$54,281

Why it matters: “Continuum of Service Providers to the Homeless (CSPH) is the Department of Housing and Urban Development’s (HUD) Continuum of Care for Champaign County... The CSPH seeks to end homelessness with client-centered services, strategic resource allocation, community engagement, and policy advocacy towards ending homelessness... the collective work of the CSPH is geared toward supporting people in crisis (homelessness) and working toward housing stability.”

Selected priority: Safety and Crisis Stabilization

Services and People Served

Who will benefit: Indirectly, Champaign County households at risk of or experiencing homelessness; may include survivors of domestic violence, people with behavioral health issues or disabilities, veterans, youth, families. Direct focus are members of the CSPH, for which coordination supports a more effective system and is required to remain competitive for state and federal funding for homeless services.

Scope of services: support, facilitation, and direction for the CSPH and its mission; support for CSPH goals and the Homeless Emergency and Rapid Transition to Housing (HEARTH) Act regulations; build and maintain collaborative partnerships within CSPH, through its Executive Committee; compliance with HEARTH Act; webinars and trainings; agendas for CoC Board and Executive Committee meetings; all responsibilities of the annual Point in Time (PIT) and Housing Inventory (HIC) Counts; coordination and support of CSPH Monitoring Committee efforts; knowledge of relevant services and programs; up to date information on homeless specific services in 211; community outreach and education on CSPH work; trainings to enhance the work of CSPH membership; continuous quality improvement process focused on the Coordinated Entry System; completion of homeless funding applications required of the CSPH; community outreach to increase membership diversity and participation; facilitate implementation and monitor progress on CSPH Strategic Plan priority areas (permanent housing, data quality and utilization, equity, lived experience representation.)

Location and frequency of services: community-based settings county-wide, primarily M-F during regular business hours but as appropriate, also evening and weekends; monthly zoom meetings of full CSPH and twice monthly Executive Committee, with subcommittee and individual meetings in person or virtually.

Staff/reviewer comment: While a request for continued funding (with no increase), the application has been updated substantially as the program moves from planning to implementation. Because the focus has been on member organizations, residency and demographic data so far are on those participants with lived experience.

Residency of 0 people served in PY23 and 5 in the first half of PY24:

Champaign 2 for PY24

Urbana 3 for PY24

Demographics of 9 people served during PY23:

Age

Ages 19-59 ----- 5

Ages 60+ ----- 1

Not Available ----- 3

Race

White ----- 1

Not Available -----	8
Gender	
Male -----	2
Female -----	7
Ethnicity	
Not of Hispanic/Latino/a Origin -----	1
Not Available -----	8

Measures of Client/Participant Access

Eligibility criteria and determination: organizations, individuals, and businesses interested in preventing, addressing, and serving households in Champaign County that are homeless or at risk for homelessness, participating in the IL-503 CSPH as a member or affiliate. Members have an MOU, attend at least 9 monthly meetings, and follow a Code of Conduct.

Outreach to eligible people: targeted outreach, e.g., through community meetings; meeting schedules and minutes, and reports posted on agency website.

Within 1 day of referral, 100% of those referred will be assessed.

Within 5 days of assessment, 100% of those assessed will engage in services.

People will engage in services, on average, for each Continuum member will participate in 9 of 12 mtgs/year.

Additional demographic data: regarding member organizations, whether public, governmental, private, non-profit, business, or person with lived experience of homelessness.

Staff comment: through this program, the collective has developed a strategic plan and will focus on implementing its goals during the next three years.

Measures of Client/Participant Outcomes

Outcomes and targets:

1. Implementation of new assessment tool for Coordinated Entry System (year-end)
2. Next Steps of the Racial Equity Assessment will be conducted within CSPH; additional analysis using the HUD Stella Performance visualization tool (equity analysis has benefit for the Continuum and improves HUD application)
3. Feedback and recommendations from people with lived experience of homelessness

Specific assessment tools and data collection:

1. Matching to Appropriate Placement (MAP) replaces the VI-SPDAT (provides link to MAP)
2. Next Steps of the Racial Equity Assessment, within CSPH membership (provides link)
3. Minutes/summaries from lived experience subcommittee and focus groups; satisfaction surveys

Outcome data gathered from all participants: Yes.

Will collect outcome data no less than bi-annually.

Measures of Utilization

Treatment Plan Clients (TPCs): 10 people with current or recent lived experience, offering feedback and recommendations to the CSPH.

Non-Treatment Plan Clients (NTPCs): 45 member organizations, with MOUs, engaging in implementation of the CSPH Strategic Plan

Community Service Events (CSEs): 30 - meetings promoting, coordinated trainings, focus groups, Point in Time count related, etc.

Service Contacts (SCs): 60 – 15 participants in each quarterly training organized by CSPH.

Staff comment: The proposed changes in targets are appropriate to the next phase of the program.

PY25 Targets	10 TPCs	45 NTPCs	60 SCs	30 CSEs
PY24 First Two Quarters (per submitted Service Activity Reports)				
First Quarter	15	0	13	6
Second Quarter	7	0	25	10
<i>Annual Targets</i>	<i>50 TPCs</i>	<i>0 NTPCs</i>	<i>40 SCs</i>	<i>26 CSEs</i>
PY23 All Four Quarters (per submitted Service Activity Reports)				
First Quarter	0	0	12	2
Second Quarter	0	0	9	2
Third Quarter	5	0	26	24
Fourth Quarter	13	0	59	9
<i>Annual Targets</i>	<i>49 TPCs</i>	<i>0 NTPCs</i>	<i>40 SCs</i>	<i>26 CSEs</i>

Financial Analysis

PY2025 CCMHB request: \$54,281

PY2025 total program budget: \$104,281

Current year funding (PY2024): \$54,281

Proposed change in funding - PY2024 to PY2025 = 0%

CCMHB request is for 74% of total program revenue.

Other program revenue is \$50,000, anticipated from Dept of HUD, CoC Planning Grant.

Personnel costs of \$40,397 are 52% of the requested amount.

Other costs are Professional Fees \$100, Consumables \$100, General Operating \$107, Occupancy \$12,927 (24%), Conferences/Staff Development \$500, and Local Transportation \$150.

Total agency budget has a surplus of \$321,112; total program and CCMHB budgets are balanced.

Program staff to be funded by CCMHB: 0.6 Direct FTE

Total program staff: 0.85 Direct FTE

Staff comment: An error exists in the Expense Form. The only personnel costs charged to this contract are 60% of a full-time Coordinator. Professional Fees will pay for IT service from MCS. General Operating will pay for computer/email services used by program staff. Occupancy covers GATA-approved indirect administrative costs. Local Transportation will pay for mileage reimbursement to staff for use of personal vehicles. More information is needed about which conferences/trainings staff will be attending.

Agency Cultural and Linguistic Competence Plan

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

Highlights from the submitted CLC Plan:

1. Offer a higher rate of pay to potential employees that are fluent in languages other than English. This action step is important because it incentivizes the recruitment of employees who can effectively communicate with diverse populations and provide culturally and linguistically appropriate care and services.
2. Review and update the Cultural and Linguistic (CLC) plan annually. This is important because it ensures that the organization's policies and practices remain current and aligned with cultural competency standards.
3. Provide language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them. This ensures that language barriers do not hinder individuals from accessing timely and quality care and services.

4. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes. This is important for assessing the effectiveness of cultural competency efforts and identifying areas for improvement.
5. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities. This ensures that the organization is continuously evaluating and improving its cultural competency practices to better meet the needs of diverse populations.

If currently funded, did the agency submit a complete CLC Progress Report for the first half of PY24? Yes.

Highlights from the submitted CLC Progress Report: All Head Start staff completed quarterly CLC on training on culturally responsive teaching and “Cross Linguistic Transfer in Bi-literacy Instruction: Why Connections Matter through as well as Welcoming Each and Every Child.” CCRPC has 4 new members involved in the cultural competency committee as a result of adding an introduction about cultural competence committee component to the new staff orientation. Six parents and five community representatives serve as members of the Policy Council and Parent committees for Head Start.

Staff comment: The Plan is inclusive of Head Start and Community Services Division. It addresses how the committee works with all the divisions of CCRPC to show how CLAS (Cultural and Linguistic Appropriate Services) are being implemented across the entire agency.

Criteria for Best Value

Budget and program connectedness: Budget Narrative describes each revenue and expense item, including how expenses were calculated and items covered in each category. The agency uses an indirect cost allocation methodology approved by the State of Illinois. Relationship between primary cost (staff) and the program activities is clear, and financial forms agree, though there appears to be an expense error.

Participant outcomes (*see above for details*): The three outcomes are specific, to be accomplished during the year, and supported with specific tools and processes. Because participants are primarily organizations, these outcomes do not directly measure and report on the impact on individuals served; instead they support strategic plan goals to transform the coordinated system toward effective, culturally appropriate supports.

Self-determination and self-direction in service planning: program focus is on collaboration and members rather than individualized service planning.

Eliminating disparities in access and care (*see above for Agency CLC Plan details*): through efforts to develop a stronger, more coordinated service system for households who are experiencing or are at risk for homelessness. Training to enhance the work of CSPH organizations that serve underserved or underrepresented minority populations, including annual non-discrimination training. Community outreach to increase membership diversity. The CSPH acknowledges that ending homelessness in Champaign County requires correcting inequitable systems. Strategic Plan includes a priority area of Equity with strategies to: conduct annual Racial Equity Analysis of the CSPH; provide annual trainings to CSPH on Gender Identity Final Rule, Non-Discrimination, and Diversity, Equity, and Inclusion; and coordinate with community stakeholders on targeted outreach to LGBTQ populations that may avoid shelter or traditional outreach method.

Promoting inclusion and reducing stigma: Engagement and feedback from those who have experienced homelessness, to improve the system and make decisions. Explicit value of empowering such individuals to make their voices heard. The intention is to provide education, reduce stigma, and evaluate program processes to provide a more inclusive and culturally responsive system. Strategic Plan includes a priority area of Lived Experience Representation with strategies for: recruitment and retention plan and position description for CSPH Executive Committee members with lived experience; seeking funding for stipends/compensation for their participation; yearly feedback (through focus groups, satisfaction surveys, town hall meetings); and recruitment of those willing to provide testimonials at CSPH meetings.

Continuation of services during public health emergency: Virtual monthly meetings, virtual/in person activities, per member preference.

Builds on successes with technology and virtual platforms, increasing training and access for staff and people served: Not a focus.

Unique features - approach: Provides details of the Housing First solution and links to evidence of its impact; describes the Coordinated Entry process for CQI and links to HUD policy brief in support; and provides rationale for Continuum of Care staffing, with supporting research links.

Unique features - staff credentials: Coordinator is an LCSW with over 15 years of experience working in social services in Champaign County, bachelor's degree in Sociology and Gender and Women's Studies and a Master of Social Work (MSW). She has worked with people experiencing homelessness and those at risk of homelessness, domestic violence survivors, people with I/DD, and University of Illinois students struggling to meet their basic needs such as housing and food insecurity. Involved with the CSPH since 2010. She is also a Nationally Certified Results Oriented Management and Accountability (ROMA) Implementer.

Unique features – resource leveraging: not used as match; anticipate federal HUD planning grant; members/people do not pay a fee; program not eligible for Medicaid.

Expectations for Minimal Responsiveness

Organizational eligibility questionnaire: Yes.

Agency capacity for financial clarity: Yes. This is a large organization with financial staff and oversight by the County Auditor and County Board.

If applicable, audit findings: N/A. CCRPC's programs are included in the County's combined audit.

If applicable, compliance issues: N/A

All forms submitted by deadline: Yes. Completed February 12.

Proposal relates directly to I/DD and how it will improve the quality of life for persons with I/DD: Yes.

Evidence that other sources of funding have been maximized: Yes; program can identify grant opportunities for other providers as well.

Coordinated system: Yes, a purpose of the program.

Written collaborative agreements: American Legion Auxiliary Unit 24, Carle Health- Community Health Initiatives, Center for Youth & Family Solutions, Champaign County Emergency Management Agency, CCHCC, CCRPC, Champaign-Ford ROE, Champaign Park District, CUMTD, CUPHD, Child Care Resource Service, City of Champaign, City of Champaign Township, City of Urbana, Community Choices, CSCNCC, Courage Connection, Crisis Nursery, CU at Home, Cunningham Children's Home, Cunningham Township, Dept of Veterans Affairs – Illiana Health Care System, DSC, Dimension-F, Eastern IL Foodbank, El-Roi House, Faith United Methodist Church, FirstFollowers, GCAP of East Central IL, Habitat for Humanity of CC, Hope Center of Vineyard Church, HACC, Land of Lincoln Legal Assistance, LifeLinks, Merci's Refuge, OSF Community Resource Center, The Pavilion, Rosecrance, Salvation Army, Street Outreach Movement, United Way of CC, UIUC Gender and Sexuality Resource Center, UIUC School of Social Work, Uniting Pride, Village of Rantoul

Referral between providers: Yes.

Process Considerations and Caveats

Contracting considerations: If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2025 contract:

- *Revisions prior to contract: details on Conferences expense and resolve any errors in expense form.*
- *Offer a two-year term.*
- *Consider continuing the PY24 special provisions.*

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

Recommendation: Pending

CCRPC – Homeless Services System Coordination

Draft CCMHB PY2025 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff analysis and comments relate to sections of the application and, if the proposed program has been funded, to previously submitted reports.

Program: Shelter Case Management Program

Agency: CU at Home

Request: \$256,700

Why it matters: "... Homelessness is a result of a crisis and is itself a crisis. The services and supports offered through the program meet the client's essential needs in the midst of that crisis. The program provides intensive case management and care coordination to assist the client in moving from crisis to stabilization, and ultimately community integration. The program eliminates the need for clients to be homeless, decreases their contact with law enforcement, or the need for clients to seek stability through hospitalization."

Selected priority: Safety and Crisis Stabilization

Services and People Served

Who will benefit: Adults in Champaign County experiencing homelessness.

Scope of services:

Mid-Barrier Shelter Program (12-18 months) provides for a client's essential needs in a 24/7, non-congregate, trauma informed environment: intensive case management (3x/week) and care coordination (daily) - client-centered, trauma informed approach to goal development, day-to-day hands-on assistance in meeting those goals... toward stability; group activities; linkage to resources to develop community network of assistance.

The Advanced Shelter is designed for clients who have graduated from Mid-Barrier, offered in a trauma informed, non-congregate setting: CM to assist in continued development of case plans and with stabilization.

Two non-funded programs:

Life Skills Program, for Mid-Barrier clients who need assistance with obtaining and implementing life skills, initiated through a CM plan, and carried out by the Life Skills Residential Team.

C-U at Work, a partnership with City of Champaign Township to provide work opportunities and income to C-U at Home clients. Workers assist with planting and managing produce from Prosperity Gardens.

Location and frequency of services: ... mid-barrier is 24/7 with services daily and 3 times a week.

Staff comment: The proposal is to fund a current program with modifications but no increase in cost.

Residency of 381 people served in PY23 and 40 in the first half of PY24:

Champaign	351 for PY23	26 for PY24
Urbana	28 for PY23	10 for PY24
Rantoul	1 for PY23	0 for PY24
Other	1 for PY23	0 for PY24

Demographics of 381 people served during PY23:

Age

Ages 13-18 -----	4
Ages 19-59 -----	345
Ages 60+ -----	32

Race

White -----	103
Black / AA -----	140
Asian / PI -----	2
Other (incl. Native American, Bi-racial)-	12
Not Available -----	124

Gender	
Male -----	255
Female -----	126
Ethnicity	
Of Hispanic/Latino/a Origin -----	6
Not of Hispanic/Latino/a Origin -----	375

Measures of Client/Participant Access

Eligibility criteria and determination: 18 or older, actively unsheltered, moderately physically independent, agreeing to meet with CM and develop case plan; self-report, demonstration of ability to get in and out of bed and around and to eat without assistance, and written agreement to CM services.

Outreach to eligible people: Referrals from partner organizations, local community street outreach, social media, community events, client-to-client referrals.

Within 3 days of referral, 95% of those referred will be assessed.

Within 3 days of assessment, 90% of those assessed will engage in services.

People will engage in services, on average, for: 12-18 months.

Additional demographic data: income.

Measures of Client/Participant Outcomes

Outcomes and targets:

- 1) 60% of program clients will graduate.
- 2) 100% ... will be entered into HMIS system for data tracking purposes.
- 3) 100% ... will have initial MH/SUD screening and referral to resources when needed.
- 4) 90% ... will develop goals and action steps from seven areas of instability (MH, physical health, SUD, income/financial, housing, life skills, and spiritual).
- 5) 100% ... will receive monthly goal evaluations.
- 6) 100% of mid-barrier clients will have a case manager assigned and receive intensive CM.
- 7) 100% of clients who engage in the Advanced Shelter Program will receive CM.
- 8) Through pre and post surveys, 70% of clients will report overall improved mental health, 80% will report improved independent living skills, 70% will report less stress, 60% will report less substance use, and 60% will report an improvement of overall physical health.

Specific assessment tools and data collection:

1-7 collected by staff, reported in Service Point/HMIS System and Apricot.

For 8, pre and post screenings administered by staff at intake and discharge, through interviews with clients.

Outcome data gathered from all participants: Yes.

Will collect outcome data monthly, quarterly, and yearly.

Staff comment: Several outcomes relate to the program's performance, some to positive changes experienced by participants. Specific targets and appropriate assessment tools and processes are associated with each.

Measures of Utilization

Treatment Plan Clients (TPCs): 55 people agreeing to CM services, with case plans.

Non-Treatment Plan Clients (NTPCs): 25 people not enrolled but in groups, transportation, or limited CM.

Community Service Events (CSEs): 50 outreach events, speaking engagements, panel discussions.

Service Contacts (SCs): 5500 contacts with clients (doesn't include additional Life Skills supports).

Staff comment: The proposal is to maintain targets at PY24 levels; the SC target may be hard to reach.

PY25 Targets 55 TPCs 25 NTPCs 5500 SCs 50 CSEs

PY24 First Two Quarters (per submitted Service Activity Reports)

First Quarter	39	5	826	18
Second Quarter	9	3	900	15

Annual Targets 55 TPCs 25 NTPCs 5500 SCs 50 CSEs

PY23 All Four Quarters (per submitted Service Activity Reports)

First Quarter	30	148	212	22
Second Quarter	30	99	236	22
Third Quarter	11	20	411	22
Fourth Quarter	6	0	634	0

Annual Targets 112 TPCs 148 NTPCs 1200 SCs 90 CSEs

Financial Analysis

PY2025 CCMHB request: \$256,700

PY2025 total program budget: \$391,605

Current year funding (PY2024): \$256,700

Proposed change in funding - PY2024 to PY2025 = 0%

CCMHB request is for 66% of total program revenue.

Other program revenue is from United Way \$50,000 (13%) and Contributions \$84,905 (22%).

Personnel costs of \$256,700 are 100% of the requested amount.

Total agency, total program, and CCMHB budgets are balanced.

Program staff to be funded by CCMHB: 4 Direct FTEs.

Total program staff: 5.5 Direct FTEs.

Staff comment: No indirect staff are to be charged to this contract. Direct staff are: 100% of a full-time Care Coordinator (vacant at time of application) and two full-time Case Managers; and 50% of another full-time Care Coordinator (vacant) and full-time Executive Director. Agency is working towards a “1 campus model.” If the agency is unable to accomplish this goal, it expects that personnel costs will increase.

Agency Cultural and Linguistic Competence Plan

Does the CLC Plan include required benchmarks and CLAS Standards? Yes

Highlights from the submitted CLC Plan: Staff will receive at least 12 hours CLC training annually. Agency will partner with an Advisory Council to review and assist with the implementation of policies, practices, and procedures that will reflect cultural and linguistic competence diversity. There will be an on-going assessment of the culturally responsive resources that are available to the clients that are served at C-U at Home.

If currently funded, did the agency submit a complete CLC Progress Report for the first half of PY24? Yes

Highlights from the submitted CLC Progress Report: Partnership with CU TRI and Karen Simms to conduct assessments on being culturally responsive and trauma informed. Work with an HR Professional to ensure policies and procedures are aligned with culturally responsive practices and procedures. Collecting client feedback from the Peer Support group. Utilizes PACE and Parkland for sign-language interpreters.

Staff comment: The CLC Plan and program plan include a lot of training and support for Trauma Informed Practices Policies and procedures. Staff have received training in MHFA. I noticed more formalized structure to receive client feedback about the services that are being provided at CU At Home.

Criteria for Best Value

Budget and program connectedness: The Budget Narrative provides information about changes in revenue and plans for PY25, notes that expenses are not significantly adjusted from prior years, and offers details on staff associated with the program and calculation of their taxes and benefits.

Participant outcomes (see above for details): Includes measures of positive impact on participants, with appropriate measurement tools.

Self-determination and self-direction in service planning: Based on individual needs, input from clients.

Eliminating disparities in access and care (see above for Agency CLC Plan details): Works with other outreach teams to identify people county-wide in need of services; resources and info to rural clients; transportation to shelter; shelter reaches diverse groups, provides access to food, clothing, etc.; services in shelter and office.

Promoting inclusion and reducing stigma: Partnership with diverse group of organizations, toward equitable service delivery system; works with Trauma and Equity Learning Collaborative for policy and service review.

Continuation of services during public health emergency: Virtual not practical for the service type.

Builds on successes with technology and virtual platforms, increasing training and access for staff and people served: Not a focus.

Unique features - approach: Details on background for the current service models, with a list of 12 sources plus links related to Reclaiming Children and Youth and to trauma-informed building design.

Unique features - staff credentials: Required trainings on Trauma Informed Care, Sexual Assault, De-escalation, Harm-Reduction, Housing First, and (ongoing) Think Cultural Health. 12 in-service hours/year on MH and SUD or as HUD approved. The team is overseen by master's level staff with experience in MH/SUD work and program supervision.

Case managers - bachelor's and experience working with clients with MH/SUD or lived experience.

Care coordinators – associate's degree or at least five years of experience working with MH or SUD.

Unique features – resource leveraging: Not used as match for other revenue, no other sources of revenue, clients are not asked to pay a fee, and the program is not eligible for Medicaid participation.

Expectations for Minimal Responsiveness

Organizational eligibility questionnaire: Yes.

Agency capacity for financial clarity: Seen in submitted reports and audit; financial professional on staff.

If applicable, audit findings: PY2023 agency audit was submitted 12/20/23, with comments on internal control and IRS filing; no unspent funds owed back to the MHB.

If applicable, compliance issues: The agency should submit their approved Board minutes in a timely manner.

All forms submitted by deadline: Yes. Completed on February 6, 2024.

Proposal relates directly to MI, SUD, or I/DD and how it will improve the quality of life for persons with MI, SUD, or I/DD: Yes.

Evidence that other sources of funding have been maximized: Yes, efforts are noted.

Coordinated system: No similar or related services are identified, could collaborate through Continuum.

Written collaborative agreements: Urbana Police Department, Drug Court, Rosecrance, GROW.

Referral between providers: Yes.

Process Considerations and Caveats

Contracting considerations: If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2025 contract:

- *Improvements during contract year: continue to develop relationships with similar/related providers.*
- *Consider continuing the PY24 special provisions.*
- *Offer a two-year term.*

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

Recommendation: Pending

Draft CCMHB PY2025 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff analysis and comments relate to sections of the application and, if the proposed program has been funded, to previously submitted reports.

Program: CU Early

Agency: CU Early

Request: \$80,723

Why it matters: "... serves at risk expectant families and children up to age 3... developmental screenings on all enrolled children alongside the parent to ensure that children are developing on track. A referral is made to Early Intervention if there is a suspected disability or concern with the Child's development... [CU Early] services are not covered by Early Intervention or under the school code..."

Selected priority: Thriving Children, Youth, and Families

Staff comment: aligns with selected priority and Collaboration with CCDDB: Young Children and their Families.

Services and People Served

Who will benefit: 20-25 'at risk' Spanish speaking families with children, prenatal to age 3; focus on teen parents and homeless families.

Scope of services: The MHB contract focus is linguistically isolated families. Program services include home visits, play groups, teen parent education/support, library groups, toy and book lending library, parent resource library, semi-annual developmental assessments, vision and hearing screenings, and intensive case management. Goals: support families of infants/toddlers as their child's first teacher; build strong foundation for learning within families; assist parents in preparing children for success in kindergarten and beyond. Baby TALK model and curriculum.

Location and frequency of services: Family home or other based on family needs - biweekly or more frequent; playgroups at Urbana Early Childhood School (agency office) - monthly; CU Early Spanish speaking groups at Douglass Libraries- weekly; home visits through a virtual option in case of illness or bad weather.

Staff comment: The request is to continue a program newly funded for PY24 which had previously been funded by ISBE. Program partners with 7 similar programs through the Champaign County Home Visiting Consortium. Application links to program site <https://uecs.usd116.org/cuearly/>

Residency of 25 people served in the first half of PY24:

Champaign 10 for PY24

Urbana 14 for PY24

Rantoul 1 for PY24

Program is newly funded in PY24.

Measures of Client/Participant Access

Eligibility criteria and determination: Every family is screened prior to enrollment, with proof of income. Baby Talk eligibility screen score of 75+.

Highest priority tier - homelessness, English language learner, income 50% of federal poverty level, DCFS involvement, history of DV or SUD.

Second tier - children with developmental delay and Individual Family Support Plan, chronic medical condition, family income 50% to 100% of federal poverty level.

Third tier – family without basic utilities, living in isolation, receiving Public Aid, SNAP, medical card, not high school graduate, family income 100%-130% federal poverty level.

Fourth tier – military service, single parent, low birth weight or prematurity.

Outreach to eligible people: word of mouth, community fairs, visitors to Urbana Early Childhood School where the program office is located, and referrals through home visiting consortium.

Within 3 days of referral, 100% of those referred will be assessed.

Within 3 days of assessment, 95% of those assessed will engage in services.

People will engage in services, on average, for 3 years.

Additional demographic data: family income, parents' languages, employment status, highest level education.

Staff comment: wait times are excellent, especially given the potential needs of children and families; section also lists the types of data collected for tracking and reporting on services, goals, etc.

Measures of Client/Participant Outcomes

Outcomes and targets:

1. Improvement of parenting skills & knowledge... 95% of parents will make progress.
2. Child development... 95% of children will make progress from one screening to the next.
3. Health care... 95% of children will be current on immunizations and well child exams.

Specific assessment tools and data collection:

1. ISBE questionnaires (completed by parent) and Piccolo parent/child interaction tool (completed by home visitor with parent).
2. ASQ and ASQ-SE every six months.
3. 45 days after enrollment, then annually – child's doctor provides records to staff to review.

Outcome data gathered from all participants: Yes.

Will collect outcome data annually, semi-annually, at 45 days and annually.

Staff comment: Individual Family Goal Plans are created by parent and home visitor upon enrollment and reviewed twice a year. Program completes a logic model annually, reviewing goals and child/family outcomes.

Measures of Utilization

Treatment Plan Clients (TPCs): 20-25 families

Non-Treatment Plan Clients (NTPCs): 5 families referred to Early Intervention (EI)

Community Service Events (CSEs): 5 – Read Across America, Prenatal Fair (Parkland), Kindergarten connection (Urbana), and presentations of CCHV Consortium, to School board, and to small groups.

Service Contacts (SCs): 484 home visits (min. 22 per TPC family) and 24 playgroups (with 5 TPC families attending each.)

Staff comment: Proposal shows slight decrease in Service Contacts.

PY25 Targets	20-25 TPCs	5 NTPCs	484 SCs	5 CSEs
PY24 First Two Quarters (per submitted Service Activity Reports)				
First Quarter	23	0	89	5
Second Quarter	2	2	116	2
<i>Annual Targets</i>	<i>20-25 TPCs</i>	<i>5 NTPCs</i>	<i>506 SCs</i>	<i>5 CSEs</i>

Financial Analysis

PY2025 CCMHB request: \$80,723

PY2025 total program budget: \$499,277

Current year funding (PY2024): \$77,184

Proposed change in funding - PY2024 to PY2025 = 4.6%

CCMHB request is for 16% of total program revenue.

Other program revenue is from ISBE Grant \$398,606, or 80%, and In-Kind Contributions \$19,950, 4%.

CU Early – CU Early

Personnel costs of \$80,723 are 100% of the requested amount.

Total agency and program budgets are identical, with a surplus of \$2, and CCMHB budget is balanced.

Program staff to be funded by CCMHB: 0 Indirect + 1 Direct = 1 FTE.

Total program staff: 1 Indirect + 4 Direct = 5 FTEs.

Staff comment: Increased request reflects 6% wage increase plus associated payroll taxes and benefits. (The funded position has the lowest salary of total program positions, and salary ranges are aligned with district standards.) Program personnel are 2 home visitors, 2 bilingual home visitors, and 1 program coordinator, all full-time: the MHB proposal is to fund 1 of the bilingual home visitors.

Agency Cultural and Linguistic Competence Plan

Does the CLC Plan include required benchmarks and CLAS Standards? Yes

Highlights from the submitted CLC Plan: Professional Development funds have been provided to attend two CLC trainings for the entire CU-Early Staff. The Bilingual Home Visitor will provide materials in the native language for the family being served. The Infant Mental Health Consultant will provide reflective supervision, guidance, and support for the CU Early Team, and the Program Coordinator will provide support and supervision to the Bilingual Home Visitor as required.

If currently funded, did the agency submit a complete CLC Progress Report for the first half of PY24? Yes

Highlights from the submitted CLC Progress Report: Uses the Curriculum Baby Talk and attended the training. They have also been collaborating with Krannert, Spurlock Museum, and The Center for Latin American and Caribbean studies (CLACS) to have a cultural celebration for Mayan Families. Currently no members of the Governing Board are people with lived experienced such as a mental illness, substance use disorder, or I/DD or who are the caregiver for such an individual.

Staff comment: CU Early is connected to the Urbana School District Early Childhood program. I reviewed the program plan and a clear description about the work of the Bilingual Home Visitor and the families being served. This program within a school district targets a barrier for families who do not speak English as a first language. CU-Early was a newly funded organization in PY24, and they have made their action more specific to the program upon my review of the CLC Plan. This will ensure they meet the funding requirements for CCMHB that will also enhance their connection with the Urbana School District Early Childhood Program.

Criteria for Best Value

Budget and program connectedness: Budget Narrative explains the primary funding source and the need for additional funding; the in-kind contribution is toys and materials (for families) provided by Head Start (United Way funds the Head Start project); all program expenses are explained, but only personnel costs are to be charged to the MHB; roles of each of the five program staff are clearly described. Financial forms match.

Participant outcomes (see above for details): The three outcomes are specific, measurable, relevant to the people served, and associated with specific assessment tools. Outcome targets are based on a logic model and updated annually with consideration for actual outcomes.

Self-determination and self-direction in service planning: Planning is driven by family/child needs, and treatment plans are individualized and include referral to other resources as appropriate and desired.

Eliminating disparities in access and care (see above for Agency CLC Plan details): Outreach through the HV Consortium to connect rural residents to providers serving their area; the program focuses on residents of Urbana and Champaign but will serve an enrolled family which has moved to a rural area, continuing home visits (virtual in the event of illness or hazardous travel). Hispanic and Mayan families are a focus and may have additional challenges for which support can be linkage to other resources and services and help with accessing those resources, to reduce financial and emotional stress and increase time for connection with the child; referrals to EI when appropriate; transition to Pre-K programs when the child turns 3; playgroups help connect families and build new communities of support. Services in locations near these families.

Promoting inclusion and reducing stigma: Improve access to community; increase families' connection to each other; improving English through songs and stories during groups; free play after groups; sharing joys and challenges of parenting; singing in all families' languages.

Continuation of services during public health emergency: Virtual option in the event of child illness or inclement weather.

Builds on successes with technology and virtual platforms, increasing training and access for staff and people served: Not a focus.

Unique features - approach: Describes and links to information about home visiting as a prevention strategy and the specific Baby TALK curriculum/model. The program is 'Quality confirmed' in that services align with the Baby Talk Critical Core Principles and concepts.

Unique features - staff credentials:

Program Coordinator - MA in Education, BS and AA in Child Development, 30 years admin experience in Birth to Five, IL Director Credential level II for professional administrators of Early Children Education.

Bilingual Home Visitor - MA in Early Childhood Ed-Early Intervention, in this position 12 years, fluent in English and Spanish.

Home Visitor - MA in Family Services, 15 years working with Birth to Five and youth, in this position 11 years.

Home Visitor - MA in Early Childhood Special Ed, 10+ years working with families and children, in this position 10 years.

Bilingual Home Visitor (MHB funded) - BA in Psychology, 10 years' working in early childhood education, with program for 3 years. All staff certified in Baby TALK curriculum.

Unique features – resource leveraging: not used as match; in-kind materials (from United Way, through Head Start); primary funding is from ISBE; refers children to state funded EI services; no client fees or sliding scale.

Expectations for Minimal Responsiveness

Organizational eligibility questionnaire: Yes.

Agency capacity for financial clarity: newly funded by MHB in PY24 but longstanding recipient of state grants.

If applicable, audit findings: n/a, not funded in PY23; program audit is included in Unit 116's combined audit.

If applicable, compliance issues: n/a

All forms submitted by deadline: Yes. Completed January 30, 2024.

Proposal relates directly to MI, SUD, or I/DD and how it will improve the quality of life for persons with MI, SUD, or I/DD: Yes.

Evidence that other sources of funding have been maximized: Yes – the ISBE funding which covered this second bilingual home visitor will again not be available for PY25.

Coordinated system: Home Visiting Consortium, with 7 partners; through other collaboration and referrals.

Written collaborative agreements: Crisis Nursery, Champaign School District Unit #4, The Well Experience, CUPHD, Young Lives, United Way, RPC (case management and Head Start), Feeding our Kids, Child and Family Connections, Champaign County Home Visiting Consortium, Champaign County Resource and Referral, and Urbana Adult Education.

Referral between providers: Yes.

Process Considerations and Caveats

Contracting considerations: If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2025 contract:

- *Revisions prior to contract: set TPC target (rather than a range).*
- *Consider continuing the PY24 special provisions.*

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

Recommendation: Pending

CU Early – CU Early

Draft CCMHB PY2025 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff analysis and comments relate to sections of the application and, if the proposed program has been funded, to previously submitted reports.

Program: Early Childhood Mental Health Svcs

Agency: Champaign County Head Start/Early Head Start

Request: \$388,463

Why it matters: "... 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 critical window between birth and 5 years...."

Selected priority: Thriving Children, Youth, and Families

Staff comment: aligns with selected priority and Collaboration with CCDDb: Young Children & their Families.

Services and People Served

Who will benefit: low-income and at-risk children enrolled in RPC Early Childhood Education (Head Start/Early Head Start) and their teachers and parent/guardians... identifying higher numbers of children with developmental delays, close to twice as many as in previous years. Consultant, coaches, and committees meet weekly to develop goals, support teachers and parents, and monitor children with demonstrated delays, concerns, or need for referrals.

Scope of services: identifies children's social-emotional strengths and areas of need, using assessments, observations (including video), and reflective conversation; reviews developmental screenings for enrolled students; supports referral to school districts or developmental pediatricians; supports staff and parents writing individualized social-emotional goals and plans; supports staff and parents in reflection around inter/intra-personal skills used with children to improve co-regulation, attunement, empathy, and compassionate limit setting; collaborates on individualized inter/intra-personal goals and action plans; collaborates on Support Plans for children who engage in challenging behaviors to communicate their needs; stages workshops, support groups, and coaching for staff and parents on social-emotional development, compassionate caregiving, stress-management, functional behavior assessments, trauma-informed practices/leadership, and cultural competency; supports staff in monitoring children's progress and outcomes; offers parenting consultation and coaching through Facebook groups and Zoom meetings; reviews developmental screenings and makes recommendations; creates unique virtual stress management and equity-related content for local Champaign residents in collaboration with CU TRI.

Location and frequency of services: assigned sites are classrooms, daycare home, participant homes, or virtual. Biweekly coaching to support parents' and teachers' relationships with children. Weekly or monthly (depending on need) reflective conversations and consultation.

Staff comment: Edited here for length, the services are as described in prior year contracts. This section states that "funding for a fourth coach was secured through an Early Head Start Expansion grant" as in prior years, but this position is not reflected in personnel forms, and the other funding not included in financial forms. Partners with 7 similar programs through the Champaign County Home Visiting Consortium.

Residency of 74 people served in PY23 and 59 in the first half of PY24:

Champaign	45 for PY23	23 for PY24
Urbana	11 for PY23	16 for PY24
Rantoul	10 for PY23	15 for PY24

Other 8 for PY23 5 for PY24

Demographics of 74 people served during PY23:

Age

Ages 0-6 ----- 70

Ages 19-59 ----- 4

Race

White ----- 16

Black / AA ----- 46

Other (incl. Native American, Bi-racial)- 12

Gender

Male ----- 42

Female ----- 32

Ethnicity

Of Hispanic/Latino/a Origin ----- 3

Not of Hispanic/Latino/a Origin ----- 69

Not Available ----- 2

Measures of Client/Participant Access

Eligibility criteria and determination: Head Start enrolled children may be eligible. Pyramid Model criteria for services: Tier 1 positive relationships with children, families, and colleagues; Tier 2 creating supportive environments; Tier 3 social emotional teaching strategies; and Tier 4 intensive individualized interventions. After screening yields a DECA score indicating eligibility or after documentation of age inappropriate or disruptive behavior in class or at home, the Social Emotional Committee determines need for SE goals. Adults meet criteria if they are a caregiver of an enrolled child and are requesting services.

Outreach to eligible people: Head Start staff learn about the program at orientation; agency shares info at parent meetings, one on one with teachers and advocates, on Facebook, and through brochures and parent handbook. Program offers parent education on trauma-informed care, social emotional development, and strategies to reduce challenging behaviors and increase social-emotional skills.

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

Within 7 days of assessment, 100% of those assessed will engage in services.

People will engage in services, on average, for 3 months to 2 years.

Additional demographic data: or Office of Head Start, family's structure, income, language, education, employment, military status, marital status, housing status.

Staff comment: Program previously used the Ages and Stages Questionnaire- Social Emotional screening. Wait times are excellent, especially given the nature of some children and families' concerns.

Measures of Client/Participant Outcomes

Outcomes and targets:

1. Children 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
2. Head Start staff will demonstrate improvement interpersonal, stress management, and caregiving skills. And a reduction in Burnout/compassion fatigue.
3. Parents will demonstrate improvement in stress management and caregiving skills.
4. Classroom management will demonstrate social-emotional sensitive interactions in fidelity with the Pyramid Model.

Specific assessment tools and data collection:

1. 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.
2. ProQOL Measure of Burnout, Compassion Fatigue, and Vicarious Trauma; and Adult DECA
3. Parenting Stress Index; and Adult DECA
4. TPOT/TPITOS - classroom management

Outcome data gathered from all participants: No, only from those involved with formal/intensive services.

Will collect outcome data 2 to 3 times a year.

Staff comment: Unchanged from current contract. Outcomes are measurable and focused on benefit to the participants (children, families, and teachers.)

Measures of Utilization

Treatment Plan Clients (TPCs): 80 new children, parents, or staff in ongoing support consultation requiring goal setting, planning, and follow-up.

Non-Treatment Plan Clients (NTPCs): 380 new children, parents, or staff receiving screening, intermittent, one-off support and consultation; recipients of psychoeducation, training, or professional development.

Community Service Events (CSEs): 5 community trainings and workshops sharing program info.

Service Contacts (SCs): 3000 meetings and observations of children, Practice Based Coaching with education staff, SE committee meetings, reflective consultation with staff and caregivers, screenings, assessments, other services with or on behalf of TPCs and NTPCs.

Other: 12 psycho-educational workshops, training, professional development efforts with staff and parents.

Staff comment: The targets are to continue at PY24 levels. Service contacts and service hours associated with TPCs are documented in online reporting system. Program provided 974 hours of service to TPCs in PY23.

PY25 Targets	80 TPCs	380 NTPCs	3000 SCs	5 CSEs	12 Other
PY24 First Two Quarters (per submitted Service Activity Reports)					
First Quarter	88	83	416	0	11
Second Quarter	13	188	373	3	8
<i>Annual Targets</i>	<i>80 TPCs</i>	<i>380 NTPCs</i>	<i>3000 SCs</i>	<i>5 CSEs</i>	<i>12 Other</i>
PY23 All Four Quarters (per submitted Service Activity Reports)					
First Quarter	86	14	700	0	3
Second Quarter	20	206	959	0	2
Third Quarter	13	43	1241	2	2
Fourth Quarter	10	99	335	3	4
<i>Annual Targets</i>	<i>90 TPCs</i>	<i>380 NTPCs</i>	<i>3000 SCs</i>	<i>5 CSEs</i>	<i>12 Other</i>

Financial Analysis

PY2025 CCMHB request: \$388,463

PY2025 total program budget: \$388,463

Current year funding (PY2024): \$347,235

Proposed change in funding - PY2024 to PY2025 = 12%

CCMHB request is for 100% of total program revenue.

Personnel costs of \$242,910 are 63% of the requested amount.

Other expenses are Professional Fees \$72,000 (19%) and Occupancy \$73,553 (19%).

Total agency, program, and CCMHB budgets are balanced.

Program staff to be funded by CCMHB: 3.2 Direct FTEs

Total program staff: 3.2 Direct FTEs

Staff comment: No indirect staff costs are assigned to the contract. 100% of 3 full-time Social Skills and Prevention Coaches) and 20% of a full-time Off-Site Program Manager are listed; none of the positions are vacant at the time of application. The Professional Fees/Consultant expense relates to Early Childhood Mental Health Consultant, who has served the program for several years. Increased request relates to increased wages to be comparable with other providers. Occupancy covers GATA-approved indirect administrative costs.

Agency Cultural and Linguistic Competence Plan

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

Highlights from the submitted CLC Plan:

1. Offer a higher rate of pay to potential employees that are fluent in languages other than English. This action step is important because it incentivizes the recruitment of employees who can effectively communicate with diverse populations and provide culturally and linguistically appropriate care and services.
2. Review and update the Cultural and Linguistic (CLC) plan annually. This is important because it ensures that the organization's policies and practices remain current and aligned with cultural competency standards.
3. Provide language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them. This ensures that language barriers do not hinder individuals from accessing timely and quality care and services.
4. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes. This is important for assessing the effectiveness of cultural competency efforts and identifying areas for improvement.
5. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities. This ensures that the organization is continuously evaluating and improving its cultural competency practices to better meet the needs of diverse populations.

If currently funded, did the agency submit a complete CLC Progress Report for the first half of PY24? Yes.

Highlights from the submitted CLC Progress Report: All Head Start staff completed quarterly CLC on training on culturally responsive teaching and "Cross Linguistic Transfer in Bi-literacy Instruction: Why Connections Matter through as well as Welcoming Each and Every Child." CCRPC has 4 new members involved in the cultural competency committee as a result of adding an introduction about cultural competence committee component to the new staff orientation. Six parents and five community representatives serve as members of the Policy Council and Parent committees for Head Start.

Staff comment: The Plan is inclusive of Head Start and Community Services Division. It addresses how the committee works with all the divisions of CCRPC to show how CLAS (Cultural and Linguistic Appropriate Services) are being implemented across the entire agency.

Criteria for Best Value

Budget and program connectedness: Budget Narrative provides detail on each revenue for the Head Start program, identifying the CCMHB grant as the only support for this program and identifies what is to be included in each expense category and how this was calculated (e.g., Occupancy covers some indirect costs, per agency's indirect cost allocation methodology approved by the State of Illinois.) Some costs will not be charged to this contract but instead covered by the agency (conferences/professional development, local transportation, consumables.) The relationships between listed personnel and the program activities are clear, with credentials identified in both the program narrative and the budget narrative, as are screenings and

outreach efforts and the Early Head Start Expansion funding which supports a fourth coach (though this is not identified in the other financial forms.)

Participant outcomes (see above for details): one outcome focuses on positive changes in children, one relates to parents' improved skills, and two relate to positive classroom/staff impacts, with appropriate assessment tools for each; 'improvement' is the target for each, rather than a specific increase in score.

Self-determination and self-direction in service planning: Families participate in planning.

Eliminating disparities in access and care (see above for Agency CLC Plan details): recruits... at local libraries, elementary schools, door to door, grocery/convenience stores, town/village events, community agencies, and many other locations... outreach at community events such as the annual Disability Expo, Read Across America, Week of the Young Child, and local school district early childhood program child-find activities... [Head Start program] must maintain at least 10% of the enrollment for children with diagnosed disabilities... serves children with health conditions such as sickle cell anemia, asthma, and diabetes.

SE Services... through center-based options strategically located in Champaign, Rantoul, and Urbana... home-based option that provides all HS/EHS services to families in their home and particularly meets the needs of families living in rural areas... Another option for families working and attending school is family childcare. Services are also provided in libraries, churches, coffee shops... virtual services... to reach more families... focus recruitment efforts where income-eligible families reside...

[Head Start] information at community meetings... [reaching] providers who serve the same populations... collaborates with Courage Connection that provides housing and supportive services to individuals and families who are victims of domestic violence.

Promoting inclusion and reducing stigma: ...embraces the least restrictive environment and offers this model in the classrooms and family childcare homes... takes seriously the need to reduce implicit bias... and the impact of structural racism... SE staff play an important role in developing and coordinating workshops, trainings, virtual content, and advocacy efforts that reduce stigma and support collective care...

Continuation of services during public health emergency: virtual options.

Builds on successes with technology and virtual platforms, increasing training and access for staff and people served: not a focus.

Unique features - approach: describes and provides links to Practice-Based Coaching, Illinois Model of Early Childhood Mental Health Consultation (SAMHSA listed EBP), Illinois Association Infant Mental Health resources, Harvard collection of research on early childhood programs, Pyramid Model, and Conscious Discipline (EBP trauma-informed approach).

Unique features - staff credentials:

Social Skills and Prevention Coach – PhD in Clinical Psychology, experience with psychological assessments and individual, group, and family therapy, experience teaching CBT and sensory and sensorimotor assessment, multilingual (French, English, Spanish.)

Social Skills and Prevention Coach – Bachelor's in Psychology, human services work for over 12 years, certified in Illinois Medicaid Comprehensive Assessment of Needs, ARC trauma training, and the Child Endangerment Risk Assessment Protocol.

Social Skills and Prevention Coach –Bachelor's in Child and Family Studies with concentration in Child Development, 4 years' experience working with children as YMCA President of Leader's Club.

ECMHC - Masters in School Counseling, Doctorate in Counselor Education and Supervision, trained in Restorative Practices, Pyramid Model of Social Emotional Learning, Practice Based Coaching, and Self-Compassion Meditation Skills. A trained trainer in Pre-K and Infant Toddler Pyramid Model, National Certified Counselor and Licensed Professional Counselor.

Unique features – resource leveraging: not used as match; while no other fund sources are listed, Infant Toddler Specialist is funded by EHS expansion funds; agency seeks assistance from Medicaid providers prior to using this funding. Clients do not pay a fee, and the program is not eligible for Medicaid participation.

Staff comment: Is the Infant Toddler Specialist the same as the fourth coach, mentioned in a different section of the program plan narrative?

Expectations for Minimal Responsiveness

Organizational eligibility questionnaire: Yes.

Agency capacity for financial clarity: Yes. This is a large organization with financial management staff, oversight by the County Auditor and County Board.

If applicable, audit findings: N/A. CCRPC's programs are included in the County's combined audit.

If applicable, compliance issues: N/A

All forms submitted by deadline: Yes. Completed February 12.

Proposal relates directly to I/DD and how it will improve the quality of life for persons with I/DD: Yes.

Evidence that other sources of funding have been maximized: Other funds are mentioned but not reported in financial plan; unclear as to whether other funding has been sought.

Coordinated system: details similar and related services, distinctions between them, referrals a focus.

Written collaborative agreements: Champaign Unit 4, Rantoul City Schools, Mahomet Middletown Early Childhood, Urbana Unit 116, Spectrum Early Childhood, and Child and Family Connections. Memorandum of Understanding with CU Trauma and Resilience Initiative to support collaboration on Trauma-Informed capacity building. Works with the CUPHD on health and nutrition services to children and pregnant women. CU Early is another partner that collaborates with Head Start to offer kindergarten-ready kits to families enrolled in home-based and family childcare homes.

Referral between providers: Yes.

Process Considerations and Caveats

Contracting considerations: If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2025 contract:

- *Revisions prior to contract: the Early Head Start Expansion grant which funds a fourth coach should be included in financial forms (personnel, expense, revenue, and budget narrative) OR if that funding and position have ended, the program plan narrative should be updated.*
- *Due to increased presentation of delays, identify specific shifts in cost and utilization.*
- *Offer a two-year term.*
- *Consider continuing the PY24 special provisions.*

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

Recommendation: Pending

Draft CCMHB PY2025 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff analysis and comments relate to sections of the application and, if the proposed program has been funded, to previously submitted reports.

Program: Disability Application Services

Agency: Champaign County Health Care Consumers

Request: \$105,000

Why it matters: "... by assisting individuals with benefits enrollment, specifically with SSI and SSDI disability applications and appeals. In addition, by working with people to help them apply for, and navigate these benefit systems, CCHCC will also be in a position to help clients identify any behavioral health needs they may have, and support them in seeking needed care, and obtaining other public benefits such as Medicaid and SNAP. Services will be provided in a compassionate, supportive, and empowering way."

Selected priority: Closing the Gaps in Access and Care

Staff comment: aligned with the selected priority as well as Safety and Crisis Stabilization

Services and People Served

Who will benefit: anyone living in Champaign County who has behavioral health issues and needs help applying for disability benefits - whether or not their disabling issues are behavioral health-related or physically health-related

Scope of services:

Evaluations of disabling conditions and determinations of whether to apply for SSI or SSDI or both (depending on client's work history); assistance applying for SSI and for SSDI; appealing adverse SSI and SSDI decisions; and coordinating with attorneys for these clients in the event that the client needs an attorney for appeal. Emotional/psychological support for individuals applying for SSI or SSDI.

Assistance accessing various health services to document disabling conditions and for care.

If needed, assistance with applications for health insurance, prescription assistance, food stamps, etc. will be provided under CCHCC's other programs.

One full-time Disability Specialist to provide these services, with supervision and assistance from other staff at .30 FTE. Services and materials will be provided in English and Spanish.

Location and frequency of services: downtown Champaign office, CSCNCC, Cunningham Township office, Daily Bread, Strides Shelter, other locations appropriate to the client (special events, hotels, libraries, coffee shops, hospitals, parking lots, etc.) After initial connection, much can be done remotely; frequency varies.

Staff comment: The proposal requests funding for a current program.

Residency of 66 people served in PY23 and 32 in the first half of PY24:

Champaign	23 for PY23	13 for PY24
Urbana	22 for PY23	11 for PY24
Rantoul	6 for PY23	2 for PY24
Mahomet	3 for PY23	1 for PY24
Other	12 for PY23	5 for PY24

Demographics of 66 people served during PY23:

Age	
Ages 19-59 -----	58
Ages 60+ -----	8
Race	
White -----	39
Black / AA -----	25

Asian / PI -----	1
Other (incl. Native American, Bi-racial)-	1
Gender	
Male -----	37
Female -----	29
Ethnicity	
Of Hispanic/Latino/a Origin -----	1
Not of Hispanic/Latino/a Origin -----	65

Measures of Client/Participant Access

Eligibility criteria and determination: Champaign County residents with MI or SUD, limited income, limited ability to participate in gainful employment; those who are homeless or in reentry from incarceration and who have disabling conditions. Documentation of residency, need, income, sometimes from referring providers.

Outreach to eligible people: word of mouth, referrals from other organizations, outreach through Strides Shelter and Daily Bread, emails, mailings, announcements at coordinating body meetings (Reentry Council, Human Services Council), disability Resource Expo, with other opportunities sought.

Within 2 days of referral, 91% of those referred will be assessed.

Within 5 days of assessment, 70% of those assessed will engage in services.

People will engage in services, on average, for: months or years (esp if appeals)

Additional demographic data: language preference/need, homelessness, criminal justice involvement.

Measures of Client/Participant Outcomes

Outcomes and targets:

- impact people's lives in very positive ways, bringing them regular monthly income and other benefits once they are approved for SSI/SSDI...
- will serve over 50 unduplicated clients... anticipate taking on 4 or 5 new clients each month, while continuing to work on the previous clients' cases. As cases advance, new clients' cases can be started.
- number of clients, number of applications started and what type of application (SSI, SSDI, both), how many applications approved, how many appeals filed, and once clients are approved, dollar amounts for lump sum back pays and monthly checks... and “ancillary” services provided by CCHCC to these clients, including Medicaid, SNAP, prescription help, housing navigation, etc.

Specific assessment tools and data collection:

- intake form (internal and specific to the program) tracks qualifying data, applications, their status, and specific amounts of money coming to clients.
- SOAR resources and process to track application progress and outcomes (for those using SOAR)
- Salesforce to track services to clients.

Outcome data gathered from all participants: Yes

Will collect outcome data – updated with each client encounter and compiled monthly.

Staff comment: outcomes are essentially the improved access which results from successful benefits enrollment, which is presumably the positive impact participants want and is also positive for systems, by leveraging other available resources; where specific targets are listed, they measure program performance; data collection tools used by staff, not associated with specific outcomes; much more detail in the application.

Measures of Utilization

Treatment Plan Clients (TPCs): 48 new – people applying for disability benefits (27 at time of application, some of whom may continue into PY25)

Non-Treatment Plan Clients (NTPCs): 2 continuing, 6 new – people in low-intensity of service

Community Service Events (CSEs): 5 public presentations, info at meetings with agencies, through media, etc

Service Contacts (SCs): 700 contacts (approx. 77 clients, 40 per)

Other: other services for clients in this program (for stabilization of crisis)

Staff comment: The proposal increases most targets for PY25, holds SC target at PY24 level.

PY25 Targets	48 TPCs	8 NTPCs	700 SCs	5 CSEs	(no specific) Other
PY24 First Two Quarters (per submitted Service Activity Reports)					
First Quarter	15	3	161	3	4
Second Quarter	11	3	373	4	6
<i>Annual Targets</i>	<i>37 TPCs</i>	<i>5 NTPCs</i>	<i>700 SCs</i>	<i>4 CSEs</i>	<i>8 Other</i>
PY23 All Four Quarters (per submitted Service Activity Reports)					
First Quarter	17	2	321	3	0
Second Quarter	13	1	384	2	6
Third Quarter	14	1	391	4	5
Fourth Quarter	16	2	368	3	6
<i>Annual Targets</i>	<i>30 TPCs</i>	<i>10 NTPCs</i>	<i>700 SCs</i>	<i>4 CSEs</i>	<i>7 Other</i>

Financial Analysis

PY2025 CCMHB request: \$105,000

PY2025 total program budget: \$112,000

Current year funding (PY2024): \$91,500

Proposed change in funding - PY2024 to PY2025 = 15%

CCMHB request is for 94% of total program revenue.

Other program revenue is from Contributions \$4,000 (4%), Fundraising \$300, Carle Grant \$1,500 (1%), and Rental Income \$1,200 (1%).

Personnel costs of \$100,954 are 96% of the requested amount.

Other expenses are Professional Fees/Consultants \$1,500 (1%) and General Operating \$2,546 (2%).

Total agency budget has a surplus of \$5,054, total program and CCMHB budgets are balanced.

Program staff to be funded by CCMHB: 0.15 Indirect + 1.20 Direct 1.35 FTEs.

Total program staff: 0.15 Indirect + 1.20 Direct 1.35 FTEs.

Staff comment: Direct staff associated with the program are 100% of the full-time Disability Application Specialist, 10% of part-time Community Health Worker, and 10% of the direct portion (half) of full-time Executive Director. Indirect staff are 10% of Financial & Communications and 5% of indirect portion (half) or full-time Executive Director. Professional Fees for this program are to cover a portion of annual audit costs. General Operating will pay for phones, printing, and postage costs.

Agency Cultural and Linguistic Competence Plan

Does the CLC Plan include required benchmarks and CLAS Standards? Yes

Highlights from the submitted CLC Plan: Agency provides information to their Board and Staff on a consistent basis based on health inequalities that impact Champaign County. Intake materials are available in Spanish and English, and language services are made available to clients. Staff Training will be held annually on specific topics, this year on disability issues and cultural competence training.

If currently funded, did the agency submit a complete CLC Progress Report for the first half of PY24? Yes.

Highlights from the submitted CLC Progress Report: "Our Board identified three new individuals for recruitment to the Board of Directors in Q2, and they will hopefully join the Board in Q3. We also continue to do education on various topics, including health disparities, throughout the year. We share articles among the

Board and staff in a continuous learning/discussion process.” Continuously engaged with the community, ensuring that outreach and education for services culturally responsive to the life after a global pandemic; working with organizations that are serving diverse populations. To ensure that the work is responsive to families that don’t speak English, services are offered in Spanish. The intake data looks at demographic that includes people who don’t have a physical address.

Staff comment: I reviewed the program plan to see how their application aligned with their CLC Plan. CHCC has had challenges scheduling their cultural competence training. Technical Assistance will be provided to ensure that the programs are aligning with the action steps and activities continue to be aligned with their action steps identified in their CLC Plan.

Criteria for Best Value

Budget and program connectedness: Program and Budget Plans are aligned, including regarding personnel. The Budget Narrative fully describes other sources of revenue (secured, anticipated, or being pursued) for the agency and for the program, the latter of which are portions of unrestricted revenues so that people not eligible through MHB may receive the service (all four are allocated at different percentages of the total available to the agency per source). It details each expense category (for the agency, total program, and this contract), items within, how amounts were calculated, and relationship to the program. Personnel costs and roles are provided, also clarifying the portions seen in Personnel form. Costs match across financial forms.

Participant outcomes (see above for details): includes measures of the program’s performance, with statement on how these lead to positive impacts on people served; appropriate data collection tools/process.

Self-determination and self-direction in service planning: individual needs direct the service.

Eliminating disparities in access and care (see above for Agency CLC Plan details): outreach and info to medically underserved townships’ offices and community locations (flyers at post offices, groceries, laundromats, etc.)... also through earned media and social media; program info to law enforcement. Service locations in CU and CSCNCC or closer to rural residents’ homes; some virtual. Engagement through referrals, walk-ins, calls, and outreach across the county. Downtown Champaign office (near bus lines) receives many walk-ins. Regular hours at Daily Bread, Strides Shelter, and CSCNCC and referrals from Cunningham Township, Urbana and Champaign schools, CUPHD, FirstFollowers, etc. – also increasing access for members of underrepresented minority populations. Once established, many virtual/email contacts. Public health approach to Community Health Worker services, meeting people where they are.

Promoting inclusion and reducing stigma: focus on people with MI or SUD needs which are ‘disabling,’ using an empowerment approach to build their sense of agency in decisions impacting them... SSI/SSDI leads to resources to live as they choose, decreasing homelessness and poverty... info shared in a straightforward, holistic way (e.g., behavioral health care = health care.) Referrals conducted so that people are treated with dignity and respect... uses sensitive and empowering approach while working on disability applications.

Continuation of services during public health emergency: Yes, most activities can be remote.

Builds on successes with technology and virtual platforms, increasing training and access for staff and people served: not a focus.

Unique features - approach: describes and links to a number of sources on: higher rate of approval for those who have advocates help with applications; higher prevalence of qualifying conditions and traumatic brain injury among people who are homeless; higher likelihood of qualifying conditions among those who’ve been incarcerated; under-enrollment of Champaign County residents. SOAR is the promising approach used.

Unique features - staff credentials: all have experience in disability applications and are SOAR-trained; on-the-job training; learning about the disabling conditions, including by working with individuals and their doctors.

Unique features – resource leveraging: not to be used as match for other source of funding (but by nature of securing benefits, this program leverages other available resources, reducing the local cost); this grant has

helped the agency secure other funding for similar services, though currently no other major, specific sources of revenue are available for the program; no client fees; not eligible for Medicaid participation.

Staff comment: application includes a statement from a program client (now terminally ill): "Without you and the help you gave me, ensuring that I would be approved for disability income, I would not have had all these years of precious life, and been there for my kids through their educations and into their launch of adulthood. You and all of CCHCC do really special and important work, and I am forever grateful to you for saving me. As you know, I gave up many times, and attempted to take my own life. You kept me going. You told me you would get me approved and that then, I would start a new chapter in my life. And you were right. These last many years have been glorious. Thank you."

Expectations for Minimal Responsiveness

Organizational eligibility questionnaire: Yes.

Agency capacity for financial clarity: known due to prior experience funding the agency.

If applicable, audit findings: PY2023 agency audit was submitted 01/03/2024. The auditor's comments regarding internal control continue as in prior years. No unspent revenue was owed back to the MHB.

If applicable, compliance issues: None.

All forms submitted by deadline: Yes.

Proposal relates directly to MI, SUD, or I/DD and how it will improve the quality of life for persons with MI, SUD, or I/DD: Yes.

Evidence that other sources of funding have been maximized: Yes.

Coordinated system: Yes, details on similar and related services and collaboration.

Written collaborative agreements: Rosecrance, Champaign County Jail, Cunningham Township, Schnucks Rx pharmacy, OSF Hospital Pharmacy, UIUC School of Social Work (BSW and MSW), OSF hospital, Carle, Cunningham Children's Home, CRIS, and Daily Bread.

Referral between providers: Yes.

Process Considerations and Caveats

Contracting considerations: If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2025 contract:

- *New special provision: work with CLC Coordinator for technical assistance; clarify disability types/severity in quarterly report comments.*
- *Offer a two-year term.*
- *Consider continuing the PY24 special provisions.*

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

Recommendation: Pending

Draft CCMHB PY2025 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff analysis and comments relate to sections of the application and, if the proposed program has been funded, to previously submitted reports.

Program: Courage Connection

Agency: Courage Connection

Request: \$128,038

Why it matters: "... Our clients are not just victims, they are survivors. They have survived interpersonal violence, and are reaching out to us to find healing. According to Boston University, interpersonal violence, also called intimate partner violence or domestic violence, is a pattern of behavior used to establish power and control over another person. Through our counseling and advocacy programs, we walk alongside our clients on their healing journey as we help them restore their sense of personal freedom, power, and well-being. All our services are also victim services but we also want to focus on this healing aspect of our work."

Selected priority: Healing from Interpersonal Violence

Staff comment: The proposal aligns with the selected priority, also relates to Safety and Crisis Stabilization.

Services and People Served

Who will benefit: Survivors of domestic violence (DV).

Scope of services:

Agency provides: information, referral, safety planning, crisis intervention through 24-hour hotline; emergency shelter for those fleeing DV; transitional housing for survivors and their children; support and education for rapid rehousing; individual and family DV counseling and therapy; advocacy-based support; bilingual services + services for all ESL clients; community education and engagement; state-mandated cosmetology/nail-technician DV training; legal advocacy; children's programming; and groups (DV education, parenting, economic empowerment, and Building Resilience And Victim Education BRAVE class.)

CCMHB funding request is to support individual and family counseling and therapy for those who have experienced DV; therapists are trauma-informed and have extensive knowledge of the cycle of abuse; these include brief crisis counseling; cognitive behavioral therapy; yoga/meditation; DV support group; BRAVE classes; and empowerment group. CCMHB partially funds hotline, emergency and transitional housing, advocacy-based support services, and children's programming. With Client Advocates, clients complete a service plan to identify goals... 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 and frequency of services: Primarily at agency locations in Urbana and Rantoul; 24/7 hotline; frequency and length of service vary across emergency shelter, transitional housing, and counseling, therapy, and advocacy services, depending on individual needs. Therapy can be virtual.

Staff comment: The proposal requests continued funding for longstanding MHB-funded program.

Residency of 695 people served in PY23 and 311 in the first half of PY24:

Champaign	333 for PY23	146 for PY24
Urbana	211 for PY23	109 for PY24
Rantoul	77 for PY23	32 for PY24
Mahomet	35 for PY23	13 for PY24
Other	39 for PY23	11 for PY24

Demographics of 311 people served during PY23:

Age		
Ages 0-6	-----	71
Ages 7-12	-----	42

Ages 13-18 -----	23
Ages 19-59 -----	532
Ages 60+ -----	27
Race	
White -----	249
Black / AA -----	250
Asian / PI -----	20
Other (incl. Native American, Bi-racial)-	176
Gender	
Male -----	86
Female -----	595
Other -----	14
Ethnicity	
Of Hispanic/Latino/a Origin -----	262
Not of Hispanic/Latino/a Origin -----	433

Measures of Client/Participant Access

Eligibility criteria and determination: Anyone who is a survivor of domestic violence (DV) or fleeing from DV; eligibility based on self-report of DV (as required by best practice and accreditation).

Outreach to eligible people: Walk-ins, 24/7 hotline, referrals from partner organizations, outreach through community education events, including to the public and stakeholders.

Within 0 days of 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, for: Varies by need, from 1 day to years.

Additional demographic data: Languages spoken, veteran status, sexual orientation, non-cash benefits/health insurance, physical/mental health needs, other unique needs, pregnancy status.

Staff comment: Section contains a note that approximately 90% of the total population served are Champaign County residents and that efforts are made to report only on those; timeframes appropriate to the service.

Measures of Client/Participant Outcomes

Outcomes and targets:

- 60% of clients (some duplication) will exit with improved sense of safety and self-empowerment... the degree to which residential clients discharge into improved, safer environments; based on exit data for the "Reason for Leaving," the categories "Completed program", "Left for housing opportunity before completing program", and "Needs could not be met by project" will be positive indicators of an improved, safer environment.
- 90% of positive survey responses on improved skills and confidence to move to a more positive situation (or a more rapid removal from a dangerous one) ... following service (all programs), clients are asked to report improvements in their understanding of... safety planning, community resources, legal rights, the effects of abuse, and sense of safety and knowledge that abuse is not their fault.

Specific assessment tools and data collection:

- InfoNet exit discharge form, completed by staff with client. When the client leaves without notice... typically will not fall within the "positive" definition.
- Survey responses generated by IDHS and the Illinois Coalition Against Domestic Violence (ICADV) as recorded in InfoNet; questions in accordance with IDHS and ICADV standards, vary slightly with the service. Primary-serving staff administers the survey, which is completed by the client.

Outcome data gathered from all participants: Yes. Attempt to survey all, but due to InfoNet restrictions on recording more than one survey per client during a particular time frame, the based number of surveyed clients is lower, approx. 100.

Will collect outcome data through exit interviews and during services.

Staff comment: Although the outcomes are presented in paragraph form and not numbered, they are measurable, with specific targets and appropriate assessment tools/processes, and they relate to positive impacts experienced by participants.

Measures of Utilization

Treatment Plan Clients (TPCs): 600 residential clients in shelter 3 or more days of the quarter in which they are reported as new + non-residential clients receiving 3 or more services in the quarter.

Non-Treatment Plan Clients (NTPCs): 150 people in shelter for fewer than 3 days or with fewer than 3 services during the quarter in which they are reported as new + non-residential clients with fewer than 3 services during the quarter.

Community Service Events (CSEs): 150 contacts to share program or DV information (includes classes, public events, consultations with other groups, and media).

Service Contacts (SCs): 750 phone contacts through the hotline or regarding referrals of new people.

Staff comment: The proposal is to increase the SC target, lower TPC and NTPC targets in PY25, and maintain CSEs at PY24 level. (Client Advocates assist clients in developing service plans.)

PY25 Targets	600 TPCs	150 NTPCs	750 SCs	150 CSEs
PY24 First Two Quarters (per submitted Service Activity Reports)				
First Quarter	183	60	206	75
Second Quarter	122	33	192	58
<i>Annual Targets</i>	<i>750 TPCs</i>	<i>200 NTPCs</i>	<i>700 SCs</i>	<i>150 CSEs</i>
PY23 All Four Quarters (per submitted Service Activity Reports)				
First Quarter	162	44	139	150
Second Quarter	139	44	99	37
Third Quarter	121	34	159	40
Fourth Quarter	141	30	203	37
<i>Annual Targets</i>	<i>750 TPCs</i>	<i>200 NTPCs</i>	<i>700 SCs</i>	<i>150 CSEs</i>

Financial Analysis

PY2025 CCMHB request: \$128,038

PY2025 total program budget: \$2,357,899

Current year funding (PY2024): \$127,000

Proposed change in funding - PY2024 to PY2025 = less than 1%

CCMHB request is for 5% of total program revenue.

Other program revenue is from United Way \$72,114 (3%), Contributions \$154,546 (7%), VAWA LEP grant \$24,935 (1%), IDHS ARPA grant \$240,000 (10%), IDHS SHP \$118,847 (5%), IDHS DV grant \$1,000,000 (42%), TBRA grant \$50,000 (2%), VOCA grant \$270,748 (11%), IDHS ETH grant \$288,591 (12%), Interest Income \$100, Rental Income \$6,980, and Miscellaneous \$3,000.

Personnel costs of \$123,038 are 96% of the requested amount.

Other expenses are Professional Fees/Consultants \$5,000 (4%).

Total agency/program budget and CCMHB budgets are balanced.

Program staff to be funded by CCMHB: 0.1 Indirect + 1.56 Direct = 1.66 FTEs.

Total program staff: 7 Indirect + 21.5 Direct = 28.5 FTEs.

Staff comment: Because the total agency and total program budgets are identical, the MHB contract can be seen as revenue-enhancement for all agency activities; because the service area is beyond Champaign County, the agency should demonstrate and use other funding for service to non-Champaign County residents, and if the state funding is used to cover non-residents, it should equally apply to Champaign County (ensuring that MHB funds are not supplanting other sources.) Direct Staff to be charged are: 34% of three full-time Counselors (one vacant at the time of application) and one full-time Therapist and 10% of two full-time Client Advocates. Indirect Staff costs are 5% of the full-time CEO and full-time Financial Manager. The only other expense to this contract is for Professional Fees/Consultant, to cover 5% of the contracted CFO costs.

Agency Cultural and Linguistic Competence Plan

Does the CLC Plan include required benchmarks and CLAS Standards? Yes

Highlights from the submitted CLC Plan: CLC Plan is signed by new staff and reviewed by staff annually. Agency has at least one member that has lived experience of DV on their board of directors. CLC Self-Assessments are conducted annually and included in the staff's supervision plan. Focus Groups are conducted regularly with the residents of Courage Connection for planning and services.

If currently funded, did the agency submit a complete CLC Progress Report for the first half of PY24? Yes

Highlights from the submitted CLC Progress Report: Courage Connection has hired a Director of Grants and Compliance who attends bimonthly trainings with different trainings and workshops on trauma-informed practices as well as a highlighted focus on inclusion and what that can look like in a healthy work environment. Policies and Procedures are being updated to be trauma-informed and free from unconscious bias with legal counsel and CU-TRI's support.

Staff comment: The agency has gone through major changes over the past 2 years. They have aligned their programs to be narrower, focused on people that have experienced DV, including men, women, and children instead of just women only. They have also enhanced residents' living quarters to ensure accessibility and ADA compliance in new facilities. They have incorporated the value of Cultural Humility and Cultural Competence in their actions and benchmarks, aligning with the CLAS Standards and CCMHB Funding Requirements.

Criteria for Best Value

Budget and program connectedness: The Budget Narrative details all other agency/program revenue, most of which are currently being pursued, and the costs of each staff person and consultant; additional funding for all staff is to come from IDHS and VOCA, and some are supported by other revenues; the consulting CFO will also be funded by IDHS. All amounts match across financial forms, other than an \$80 difference in rental income.

Participant outcomes (see above for details): Relevant measures of positive impact on people served.

Self-determination and self-direction in service planning: Client Advocates assist individuals with planning.

Eliminating disparities in access and care (see above for Agency CLC Plan details): Client Advocates - rural clients access legal advocacy, accompaniment to court hearings, referrals for other services. Counseling – Rantoul, teletherapy. 24/7 DV hotline - safety planning, crisis intervention, and information/referrals. Lyft and bus service for survivors fleeing to shelter. Community Engagement - to build relationships and share resources. Bilingual counselors at food pantries and community meeting areas to broaden awareness and help victims. Court Advocate - Champaign, Douglas, Ford, and Piatt counties courthouse or Rantoul location. All services are free of charge. Online outreach. Because DV disproportionately impacts people of color and low-income community members, the majority serve live at or below FPL. Outreach to ESL community; bilingual Advocates serve Spanish-speaking survivors, provide OP information, translation, case management, safety planning, and support groups. Service info provided to law enforcement and community organizations to encourage referrals in these underserved areas. Bilingual Advocates, Court Advocates, Therapists in Rantoul office and other; Advocates meet where convenient for the client; Crisis Counselor on-site for residential

clients; Counselors and Therapists at agency, community locations, or via web-based platforms. DV Summit co-hosted with the Community Coalition... on the impact of DV on racial and ethnic minority populations.

Promoting inclusion and reducing stigma: Immediate access to services for anyone who self-reports an experience of DV... availability does not necessarily eliminate other barriers that survivors face in receiving support... agency seeks to identify places of exclusion, stigma, discrimination, or inhibited access and work to change them... a client-driven plan identifies unmet needs and prioritizes the safety and autonomy of the client and their family... presentations on the dynamics of DV, potential responses, and services. Ongoing education is critical to continually identifying where abuse is tolerated, accepted, or normalized in our communities and improving access for those who need assistance.

Continuation of services during public health emergency: Virtual option for therapy.

Builds on successes with technology and virtual platforms, increasing training and access for staff and people served: Not a focus.

Unique features - approach: Describes and links to more info on Solution-Focused Brief Therapy; use of HIPPA-approved virtual counseling platform; many clients choose hybrid approach to counseling, leading to fewer cancellations and increased # seen by Counselors and Therapists.

Unique features - staff credentials:

Client Advocates: HS diploma, BSW or MSW preferred.

Counselors: bachelor's, master's degree preferred; experience working with DV.

Therapist: (previously an) LCSW or on path to LCSW; experience with client-driven models and SUD and MI.

The 2 current counselors and therapist have MSWs and are Licensed Social Workers (LSW).

All staff: mandated reporters, trauma-informed, 40-hr DV training, additional 80 hrs of trauma-informed training and shadowing of experienced staff members.

Unique features – resource leveraging: If approved, the contract would be used as match for other revenue; while the program plan narrative indicates “N/A” for other sources of payment for the service, it is clearly supported by other grants (many being pursued) and contributions; clients are not asked to pay a fee, and the program is eligible/willing for Medicaid participation.

Staff comment: Telehealth is used effectively, particularly in the rural population.

Expectations for Minimal Responsiveness

Organizational eligibility questionnaire: Yes.

Agency capacity for financial clarity: known due to prior experience funding the agency.

If applicable, audit findings: PY2023 agency audit was submitted 2/6/24, with finding related to internal control and no unspent funds owed back to the MHB.

If applicable, compliance issues: Agency should submit approved monthly Board minutes in a timely manner.

All forms submitted by deadline: Yes. Completed on February 12, 2024.

Proposal relates directly to MI, SUD, or I/DD and how it will improve the quality of life for persons with MI, SUD, or I/DD: Yes.

Evidence that other sources of funding have been maximized: Yes.

Coordinated system: Yes, though this is the only certified DV program in the area.

Written collaborative agreements: Crisis Nursery, RACES, CCRPC, CRIS Healthy Aging Center.

Referral between providers: Yes (details provided on referrals and collaborations).

Process Considerations and Caveats

Contracting considerations: If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2025 contract:

- CCMHB approval of use of the grant (if funded) as match for IDHS DVPI and or ICADV VOCA and VAWA.

- *Revisions prior to contract: resolve difference in reported rental income (\$6,900 in budget narrative and \$6,980 in revenue form); if any positions are not filled as of July 1, consider a lower contract amount, pro-rated by vacancies, and amended as the vacancies are filled.*
- *New special provision: modification of a current provision so that the agency will demonstrate in each quarterly report how the program does not use MHB funds to supplant other sources of funding which are meant to support all of the clients OR that they are accessing equal non-state funding for out of county clients, estimated as 10% of the total served.*
- *Consider continuing the PY24 special provisions.*
- *Offer a two-year term.*

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

Recommendation: Pending

Draft CCMHB PY2025 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff analysis and comments relate to sections of the application and, if the proposed program has been funded, to previously submitted reports.

Program: ECHO Housing and Employment Support

Agency: Cunningham Children’s Home

Request: \$203,710

Why it matters: “Housing First Approach: prioritized permanent housing as a platform from which participants can pursue goals and improve quality of life. Customized Employment: this program connects eligible participants with Illinois workNet as an approach towards competitive employment for individuals with significant disabilities that's based on determination of the individuals' strengths, needs, and interests. Case management: assists participants in applying for eligible benefits...”

Selected priority: Closing the Gaps in Access and Care

Services and People Served

Who will benefit: individuals and/or families who are homeless or at risk of homelessness

Scope of services:

Housing linkages through partnerships with local landlords offering affordable housing; help with subsidy/voucher applications, apartment seeking, navigating lease arrangements, household set up, and mediating housing conflicts.

Employment supports: career assessment, resume development, job and life skills, coaching, counseling, and linkage to occupational training; for those eligible... 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 and advocacy support.

A holistic approach to supportive services by resolving any barriers to housing and employment stability (e.g., basic needs, childcare, legal issues, documentation needs, physical health, SUD and MH).

Full time case manager will provide assessment, planning, skill development, and resource connections.

Supervisory staff as backup when assigned staff are unavailable (e.g., crisis situations, vacations, medical leave). Part-time case aide assists CM in providing supports, hard goods, and transportation.

Flexible funds are available for expenses that often accompany a new job or move (e.g., interview clothing, uniforms, apartment application fees, security deposit, basic hygiene, household items) or to provide engagement incentives. Works with community partners to secure other assistance related to rental deposits, utilities in arrears, or furniture.

Location and frequency of services: home, office, or most often community locations; frequency and duration of service based on participants’ individual needs (minimum monthly contact once stable housing + post-discharge follow up); some activities virtual.

Staff comment: This proposal is a request to fund a current program with an increase to serve more people. In PY24 Residency data below, the 2 clients reported as other were living ‘on the streets.’

Residency of 21 people served in PY23 and 20 in the first half of PY24:

Champaign	13 for PY23	12 for PY24
Urbana	8 for PY23	6 for PY24
Other	0 for PY23	2 for PY24

Demographics of 21 people served during PY23:

Age	
Ages 19-59 -----	15
Ages 60+ -----	6

Race	
White -----	9
Black / AA -----	11
Other (incl. Native American, Bi-racial)-	1
Gender	
Male -----	8
Female -----	13
Ethnicity	
Of Hispanic/Latino/a Origin -----	0
Not of Hispanic/Latino/a Origin -----	21

Measures of Client/Participant Access

Eligibility criteria and determination: homeless or at risk, defined as: lacking permanent housing...; living on the streets, abandoned vehicle or building, or in non-permanent situation; ‘doubled up’... with a series of friends or extended family; previously homeless released from prison or hospital with no stable housing; or imminent risk. Eligibility based on referral report, self-report, staff observation; can refer to other resources.

Outreach to eligible people: through referral sources (including others who have been unhoused), staff outreach efforts (events, flyers, online).

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

Within 30 days of assessment, 75% of those assessed will engage in services.

People will engage in services, on average, for: one year (with follow up 30-60 days after discharge), longer for some with vouchers.

Additional demographic data: other system involvement, grade level completed, marital status, language, disability type, and social and health history indicators.

Measures of Client/Participant Outcomes

Outcomes and targets:

Expected impacts of the program are stable housing and employment, basic supports, hope for the future.

1. 75% will obtain permanent housing within 120 days of assessment
2. 80% (of the above) will maintain permanent housing for more than 90 days (excluding any discharged prior to 90 days)
3. 70% will obtain employment within 90 days of assessment and/or will secure SSI or SSDI prior to discharge
4. 80% will show improvement in life skill mastery
5. 90% will agree or strongly agree with positive service quality statements on survey (of 80% participating)

Specific assessment tools and data collection:

For 1, 2, and 3, data are collected in Service Documentation System (SDS), using staff observation, self-report, and collateral reports.

4. Pre and Post-assessments, standardized measurement of basic life skills, administered within first 30 days of engagement, then every six months and at discharge. Completed by staff with clients, with results used in service planning; monthly program performance dashboard.

5. Participant satisfaction surveys (developed by the agency) administered annually, using a 5-point Likert scale and open ended questions; aggregate data reported annually.

Outcome data gathered from all participants: No. TPCs but not NTPCs.

Will collect outcome data aggregated monthly by program staff.

Staff comment: Outcomes are relevant to participants’ experience and the purposes of the program, with timeframes, specific targets, and appropriate assessment processes for each (and supported by more details).

Measures of Utilization

Treatment Plan Clients (TPCs): 20 – individuals actively engaged in services, with service plan.

Non-Treatment Plan Clients (NTPCs): 15 – eligible people who enroll but do not engage + eligible people referred through street engagement efforts and receive some support.

Community Service Events (CSEs): 25 – to share program info with referral sources or at public events.

Service Contacts (SCs): 510 - 480 for TPCs + 30 for NTPCs.

Other: (application contains comments on prior year performance, leading to proposed changes, and limitations on increase, related to voucher requirements.)

Staff comment: The proposal is to continue targets for SC and CSE and increase TPCs by 33%. NTPC target is reduced from 24 to 15, which had been the PY23 level.

PY25 Targets	20 TPCs	15 NTPCs	510 SCs	25 CSEs
PY24 First Two Quarters (per submitted Service Activity Reports)				
First Quarter	16	3	170	19
Second Quarter	4	2	211	15
<i>Annual Targets</i>	<i>15 TPCs</i>	<i>24 NTPCs</i>	<i>510 SCs</i>	<i>25 CSEs</i>
PY23 All Four Quarters (per submitted Service Activity Reports)				
First Quarter	16	1	213	17
Second Quarter	1	5	220	5
Third Quarter	3	1	175	15
Fourth Quarter	1	7	160	16
<i>Annual Targets</i>	<i>20 TPCs</i>	<i>15 NTPCs</i>	<i>510 SCs</i>	<i>25 CSEs</i>

Financial Analysis

PY2025 CCMHB request: \$203,710

PY2025 total program budget: \$203,710

Current year funding (PY2024): \$127,249

Proposed change in funding - PY2024 to PY2025 = 60%

CCMHB request is for 100% of total program revenue.

Personnel costs of \$159,248 are 78% of the requested amount.

Other expenses are Consumables \$2,607 (1%), General Operating \$200, Occupancy \$2,480 (1%), Conferences/Staff Development \$200, Local Transportation \$1,500, Specific Assistance \$28,800 (14%), Lease/Rental \$175, and Miscellaneous \$8,320 (4%).

Total agency budget has a deficit of \$2,264,372, total program and CCMHB budgets are balanced.

Program staff to be funded by CCMHB: 0.04 Indirect + 1.96 Direct = 2 FTEs.

Total program staff: 0.04 Indirect + 1.96 Direct = 2 FTEs.

Staff comment: Indirect staff costs are for 1% of agency total costs for each of Accounting Pool, Administration Pool, Housekeeping Pool, and Human Resources Pool, with the total of portion of salaries at \$8,519. The Direct staff associated with this contract are: 100% of full-time Employment Counselor; 50% of full-time Case Aide (vacant at the time of application); 25% of full-time Case Manager; 8% of full-time Associate Director of Community Services; 5% of full-time Program Assistant; 4% of full-time Director of Community Services; and 1% of four full-time positions (Training Assistant, Training Director, Intake Specialist, and Quality Improvement Assistant). The next largest expense is for Specific Assistance, described in the Budget Narrative and Program Plan Narrative as for flexible funds, for a variety of identified possible client needs, and emergency hotel shelter for clients. The requested increase is to serve additional clients, which includes through direct client related expenses. Consumables expense references a laptop computer – should

be charged to equipment. It is unclear if Local Transportation will reimburse staff for use of personal vehicles or covers operating costs of agency fleet vehicles. Occupancy will pay for equipment maintenance/repair, utilities, property insurance, as well as indirect costs of accounting, human resources, and administration. \$8,320 is budgeted Miscellaneous, but the budget narrative contains no explanation for what that includes.

Agency Cultural and Linguistic Competence Plan

Does the CLC Plan include required benchmarks and CLAS Standards? Yes

Highlights from the submitted CLC Plan: The agency will assess the need to have a policy connected to the CLAS Standards that will be submitted to the administrative team and board members for consideration. Staff have access to Wellness and other supports such as EAP, Mental Health Days, and Wellness Activities to reduce burnout and compassion fatigue. Client satisfaction surveys will be conducted and reviewed by the Quality Assurance Committee to determine whether changes need to be made for residents. Hope Springs provides a community-based setting for services outside of Cunningham Children’s Home. They will collaborate with community partners and increase community engagement to raise awareness in the community about the services and support offered.

If currently funded, did the agency submit a complete CLC Progress Report for the first half of PY24? Yes

Highlights from the submitted CLC Progress Report: Annual training for all staff in internal training platform and winter and summer workshops. CCH conducted an assessment on their Homeless Youth Program to assess their capacity to be trauma informed. The information is collected and put in their annual report for the community. Hope Springs and the Stronger Family program continues to collaborate with community organizations to ensure community members are aware of the services that are available. CCH started intentional efforts to engage youth displaced from their homes in Ukraine, South America, and Ethiopia. Support for youth to in safe supportive environments until they can be reunited with their families.

Staff comment: The CLC Plan and Program Plan are aligned with the CLC funding requirements. Their efforts to incorporate the CLAS Standards in the entire organizational structure are noted in the programs offered to residents of CCH. Community based services will continue to grow as they build additional partnerships and community engagement.

Criteria for Best Value

Budget and program connectedness: The Budget Narrative explains the basis for the increased request, identifies MHB as sole source of revenue, offers notes on each program-specific expense (items per category and relationship to program), describes 5% salary increases, and lists all staff associated with the program, with detail on their responsibilities to it. The Budget Narrative and Program Plan each refer to a NEW part-time case aide, which in the Personnel form is represented as full-time for the agency and half-time to this program. An additional comment addresses the projected agency budget deficit which will be handled (if necessary) by borrowing on the line of credit. Some revisions/clarifications will be helpful.

Participant outcomes (see above for details): excellent measures of positive impacts on those served.

Self-determination and self-direction in service planning: individual plans use input from assessments conducted initially and every six months, collaboration between staff and participants.

Eliminating disparities in access and care (see above for Agency CLC Plan details): works with individuals to identify social support needs and build on existing supportive relationships, including resources throughout the county; outreach events and information countywide and collaboration in Rantoul, Tolono, and Mahomet; the program primarily serves people of very low income at risk of or experiencing homelessness; collaborations with LGBTQ serving organizations (due to disproportionately homeless); culturally responsive services, individualized service locations, and virtual options.

Promoting inclusion and reducing stigma: longstanding commitment and actions related to CLAS standards (e.g., new staff training on cultural humility, ongoing related trainings); surveys identify client/staff perceptions of cultural sensitivity; system of care values; goal for people to access full range of services.

Continuation of services during public health emergency: some virtual options.

Builds on successes with technology and virtual platforms, increasing training and access for staff and people served: online training library for staff.

Unique features - approach: describes and links to info on Customized Employment, Housing First and Employment First, SOAR, Financial Literacy training; staff trauma training, homeless training; use of internal life skills assessment.

Unique features - staff credentials:

Case manager and coordinator/supervisor - minimum bachelor's in human service field.

Case aide - minimum high school diploma with 5+ years of experience in human service field.

Associate Director - master's in human service field.

All Cunningham employees are subject to a DCFS background check.

ECHO staff training on Trauma-Informed Care, Cultural Competency, Lifespan Development, Substance Use, Mental Health, Family/Social Support, Life Skills, Nurturing Independence, Community Resources, CPR, First Aid, De-escalation Techniques, Boundaries, Ethics, LGBTQ, Risk Management and Safety Planning.

ECHO Coordinator has completed SOAR training. ECHO case managers are encouraged to attend training on Motivational Interviewing offered by Illinois Collaboration on Youth (ICOY) as available.

Unique features – resource leveraging: not to be used match for other revenue; some in-kind donations; participants who are eligible for WIOA or DRS services will access those as additional supports, and the agency has DHS Runaway Homeless Youth funding for more intensive housing supports; clients are not asked to pay a fee, program is not eligible for Medicaid participation.

Staff comment: while this is unlikely to impact PY25, federal Medicaid flexibilities to cover some of the costs addressed by this program could become available in Illinois at some point; the agency is well-informed, so if this program were funded for two years (PY25-PY26) as presented here, the contract/services could adjust.

Expectations for Minimal Responsiveness

Organizational eligibility questionnaire: Yes.

Agency capacity for financial clarity: known due to prior experience funding the agency; a large, established organization with many other sources of revenue.

If applicable, audit findings: PY2023 agency audit was submitted 12/27/23, with no issues requiring follow up.

If applicable, compliance issues: First quarter reports were late resulting in payments being paused.

All forms submitted by deadline: Yes. Completed on February 9, 2024.

Proposal relates directly to MI, SUD, or I/DD and how it will improve the quality of life for persons with MI, SUD, or I/DD: Yes

Evidence that other sources of funding have been maximized: not explicitly addressed.

Coordinated system: Yes, identifies related providers and how they coordinate.

Written collaborative agreements: AIR, Center for Youth and Family Solutions, Champaign County Continuum of Care, Head Start, CUPHD, CSCNCC, Courage Connection, DREAAM, Eastern IL Foodbank, Housing Authority of Champaign County, RACES, UP Center, UIUC LGBT Resource Center, UIUC Schools of Social Work, Education, and Psychology, Urbana Adult Ed, Urbana School District, Unit 4 School District, Youth Assessment Center, Youth and Family Peer Support Alliance, Econo Lodge, Eastland Suites, Woodsprings Suites.

Referral between providers: Yes

Staff comment: among written working agreements, AIR is listed, but the agency chose to stop being a partner a few years ago, which suggests this section needs to be updated or corrected.

Process Considerations and Caveats

Contracting considerations: If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2025 contract:

- *Revisions prior to contract: revisions to financial forms (as described in Financial Analysis Staff Comments); revise any outdated details from older versions of program plan narrative.*
- *New special provision: assist the MHB in tracking any changes in state and federal funding and rules related to these services.*
- *Consider continuing the PY24 special provisions.*
- *Offer a two-year term.*

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

Recommendation: Pending

Draft CCMHB PY2025 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff analysis and comments relate to sections of the application and, if the proposed program has been funded, to previously submitted reports.

Program: Families Stronger Together

Agency: Cunningham Children’s Home

Request: \$282,139

Why it matters: “trauma informed, culturally responsive, and therapeutic and preventative services to youth... involved in or are vulnerable of being involved in the juvenile justice system. Our focus for the next two years will be primarily focused on preventative services for the younger population. FST can offer early intervention services to Treatment Plan Client (TPC) youth and families. The FST program will continue to utilize the ARC framework in working with these youth, families, and community.”

Selected priority: Thriving Children, Youth, and Families

Services and People Served

Who will benefit: adjudicated and non-adjudicated minors with behavioral, emotional, and/or legal challenges as well as multiple system involvement (e.g., legal, special education, child welfare, etc.)... and youth’s family with a goal of promoting resiliency within the entire family system... to understand how their trauma experiences has had on their current level of functioning and/or behaviors that have brought them to the attention of the juvenile justice system.

Scope of services:

Evaluation to identify immediate needs for service and goals. Use of Attachment, Regulation, and Competency (ARC) framework to promote resiliency, to strengthen the trauma-informed caregiving skills of caregivers. For Treatment Plan Clients (TPC)... aligned with Attachment, Regulation, and Competency (ARC) treatment framework: intensive family engagement services; individual therapy services for the youth; family therapy services; psychoeducation services for the youth and caregivers; community support services; referral and linkage services for the youth and caregivers; and hard goods and services.

For Non-Treatment Plan Clients (NTPC), services will focus on engagement as well as referral and linkage services and needed resources to address the youth and/or family’s immediate needs. Some youth may also be enrolled in other community-based programs (e.g., LIFT, Boys & Girls Club, JDC) where Families Stronger Together staff may participate in child and family teams and provides groups and/or activity-based services, but do not engage in assessment and treatment plan development.

After exhausting community resources, flexible funds for therapeutic supplies for families that support regulation skills... to help youth and family members access community activities and/or resources that potentially serve as protective factors (e.g., helping youth build healthy interpersonal connections).

Location and frequency of services: in-home, virtual/telehealth, Cunningham and HopeSprings sites in CU, CSCNCC, YAC, LIFT, DREAAM, and schools, with possible other sites (case by case basis); minimum 3 sessions per month for families, and service intensity/frequency based on individuals’ needs.

Staff comment: This proposal is a request for *decreased* funding for a current program, with some service levels modified due to other related programming available to eligible youth.

Residency of 51 people served in PY23 and 33 in the first half of PY24:

Champaign	18 for PY23	14 for PY24
Urbana	17 for PY23	6 for PY24
Rantoul	4 for PY23	3 for PY24
Mahomet	6 for PY23	1 for PY24
Other	6 for PY23	9 for PY24

Demographics of 51 people served during PY23:

Age

Ages 7-12 -----	12
Ages 13-18 -----	39

Race

White -----	25
Black / AA -----	17
Asian / PI -----	1
Other (incl. Native American, Bi-racial)-	8

Gender

Male -----	33
Female -----	18

Ethnicity

Of Hispanic/Latino/a Origin -----	2
Not of Hispanic/Latino/a Origin -----	49

Measures of Client/Participant Access

Eligibility criteria and determination: age 8-17, Champaign County residency, involved with or vulnerable to involvement with juvenile justice system, and who may be experiencing emotional/behavioral concerns, truancy, domestic violence, residential instability, probation, pattern of chronic offenses, or felony charge. Potential exclusionary criteria (case by case) are SUD, IQ below 65, juvenile sex offenses, murder conviction, gang involvement, active psychosis. Determined with Intake & Admission Specialist and program supervisors, also looking at youth/family specific needs being addressed by other services.

Outreach to eligible people: through community partners and referral agents, staff outreach and engagement efforts within community and schools, program brochures in public space county-wide, agency website, and Champaign County Court staff.

Within 15 days of referral, 80% of those referred will be assessed.

Within 15 days of assessment, 70% of those assessed will engage in services.

People will engage in services, on average, for: 6-12 months

Additional demographic data: other system involvement, grade level completed, and language

Measures of Client/Participant Outcomes

Outcomes and targets: Expected positive impacts of the program are decreased trauma symptoms, decreased delinquency and emotional dysregulated behaviors, and increased positive connections and protective factors. Also positive impacts on caregivers.

1: Presenting problems of the youth decrease over time

2: Trauma-informed caregiving skills strengthened

3: Improve family's protective factors (social supports, concrete supports, family functioning, nurturing and attachment)

Specific assessment tools and data collection:

1. Strengths and Difficulties Questionnaire (SDQ) – includes details on modules by age group, with Parent Measures, baseline and follow-up versions.

2. Caregiver self-report, staff observation, ARC assessment

3. Protective Factors Survey, 2nd Edition (PFS-2)

Outcome data gathered from all participants: No. Youth who are TPCs but not NTPCs

Will collect outcome data intake and discharge; for #2, quarterly and discharge

Staff comment: Outcomes are relevant to participants’ experience and the purposes of the program, appropriate assessment processes for each (supported by more details and links to info); no numeric targets.

Measures of Utilization

Treatment Plan Clients (TPCs): 40 youth and families actively engaged in services, with service plan

Non-Treatment Plan Clients (NTPCs): 75 youth and families in groups + those receiving services through collaboration with other programs (listed), can include program info and referrals

Community Service Events (CSEs): ? – program info shared with partners (refers to NEW program)

Service Contacts (SCs): 1935 - 360 for TPCs + 1575 for NTPCs

Other: (application indicates here that program can offer ARC training to juvenile justice partners, reports on successful pursuit of Juvenile Redeploy IL funding for similar services, through partnership, and notes that these services are for people who do not have access to insurance to cover the cost of services.)

Staff comment: The proposal is to adjust targets due to other programming available. CSE should have a specific numeric target and might need to be updated (not a new program).

PY25 Targets	40 TPCs	75 NTPCs	1935 SCs	? CSEs
PY24 First Two Quarters (per submitted Service Activity Reports)				
First Quarter	26	36	374	3
Second Quarter	7	71	568	1
<i>Annual Targets</i>	<i>50 TPCs</i>	<i>25 NTPCs</i>	<i>1050 SCs</i>	<i>10 CSEs</i>
PY23 All Four Quarters (per submitted Service Activity Reports)				
First Quarter	29	15	194	5
Second Quarter	8	1	256	1
Third Quarter	7	0	361	9
Fourth Quarter	7	1	308	2
<i>Annual Targets</i>	<i>50 TPCs</i>	<i>25 NTPCs</i>	<i>1050 SCs</i>	<i>10 CSEs</i>

Financial Analysis

PY2025 CCMHB request: \$282,139

PY2025 total program budget: \$282,139

Current year funding (PY2024): \$398,092

Proposed change in funding - PY2024 to PY2025 = -30%

CCMHB request is for 100% of total program revenue.

Personnel costs of \$236,508 are 84% of the requested amount.

Other expenses are Consumables \$500, General Operating \$300, Occupancy \$6,000 (2%), Conferences/Staff Development \$1,500, Local Transportation \$2,000, Specific Assistance \$10,000 (4%), Lease/Rental \$650, and Miscellaneous \$24,681 (9%).

Total agency budget has a deficit of \$2,264,372, total program and CCMHB budgets are balanced.

Program staff to be funded by CCMHB: 0.05 Indirect + 2.5 Direct = 2.55 FTEs.

Total program staff: 0.05 Indirect + 2.5 Direct = 2.55 FTEs.

Staff comment: Indirect staff costs are for 1% of agency total costs for each of Accounting, Administration, Maintenance, Housekeeping, and Human Resources Pools, with the total of portion of salaries at \$10,454. Direct staff associated with this contract are: 100% of full-time Family Therapist; 80% of full-time Family Support Specialist; 25% of another full-time Family Support Specialist; 22% of full-time Associate Director; 17% of full-time Family Services Coordinator; and 6% of full-time Director of Community Services. The next largest expense is for Miscellaneous, described in the Budget Narrative as a portion of Administration, Human

Resources, and Accounting allocations. Specific Assistance is for flexible funds, for client needs identified in the Program Plan Narrative (see scope of services, above). Occupancy will pay for maintenance/repairs and property insurance. Local Transportation will pay to reimburse staff for use of personal vehicles. The request is decreased due to a reduction in program staff despite planned increase in clients served.

Agency Cultural and Linguistic Competence Plan

Does the CLC Plan include required benchmarks and CLAS Standards? Yes

Highlights from the submitted CLC Plan: The agency will assess the need to have a policy connected to the CLAS Standards that will be submitted to the administrative team and board members for consideration. Staff have access to Wellness and other supports such as EAP, Mental Health Days, and Wellness Activities to reduce burnout and compassion fatigue. Client Satisfaction surveys will be conducted and reviewed by the Quality Assurance Committee to determine whether changes need to be made for residents. Hope Springs provides a community-based setting for to receive services outside of Cunningham Children’s Home. They will collaborate with community partners and increase community engagement to raise awareness in the community about the services and support offered.

If currently funded, did the agency submit a complete CLC Progress Report for the first half of PY24? Yes

Highlights from the submitted CLC Progress Report: Annual training for all staff in internal training platform and winter and summer workshops. CCH conducted an assessment on their Homeless Youth Program to assess their capacity to be trauma informed. The information is collected and put in their annual report for the community. Hope Springs and the Stronger Family program continues to collaborate with community organizations to ensure community members are aware of the services that are available. CCH started intentional efforts to engage youth displaced from their homes in Ukraine, South America, and Ethiopia. Support for youth to in safe supportive environments until they can be reunited with their families.

Staff comment: The CLC Plan and Program Plan align with CLC funding requirements. Their efforts to incorporate the CLAS Standards in the entire organizational structure are noted in the programs offered to residents of CCH. Community based services will continue to grow as they build additional partnerships and community engagement.

Criteria for Best Value

Budget and program connectedness: The Budget Narrative identifies MHB as sole source of revenue, offers notes on each program-specific expense (items per category and relationship to program), and lists direct staff associated with the program, with detail on their responsibilities to it. An additional comment explains the reduction in this request as relating to the new Juvenile Redeploy Illinois grant, on which Cunningham has partnered, and which may cover some needs of clients who could be served by this program. Amounts match across financial forms.

Participant outcomes (see above for details): outcomes relate to positive impacts on those served, use appropriate assessment tools/processes, no specific numeric targets

Self-determination and self-direction in service planning: plans use input from youth and family

Eliminating disparities in access and care (see above for Agency CLC Plan details): home-based and site-based services (as appropriate and safe), including telehealth; barriers addressed case by case; plan to increase rural reach; collaboration with community partners serving racial, ethnic, and gender minorities and other underinvested populations; culturally responsive services, bilingual and translation support (can be subcontracted), culturally responsive and relevant services to reduce disparities in quality of care and effectively engage those impacted.

Promoting inclusion and reducing stigma: longstanding commitment and actions related to CLAS standards (e.g., new staff training on cultural humility, ongoing related trainings); surveys identify client/staff perceptions of cultural sensitivity; system of care values; goal for comprehensive, accessible system of care.

Continuation of services during public health emergency: some virtual options, telehealth
Builds on successes with technology and virtual platforms, increasing training and access for staff and people served: not a focus

Unique features - approach: describes and links to the ARC treatment framework (trauma-informed family engagement) and to Trauma Focused Cognitive Behavioral Therapy (as an example of other EBP in use).

Unique features - staff credentials:

Associate Director of Family Services - master's level clinician

Master's level Family Services Coordinator and Family Therapists

Bachelor's level Family Support Specialists

All Cunningham employees are subject to a DCFS background check

Trainings on Boundaries, Therapeutic Crisis Intervention, Basic Safety, Cultural Competency, Child Development, CPR, First Aid, Mandated Reporter, and Behavioral Management and Licensing Standards. TCI includes more content on trauma and trauma-informed care principles. Community Services Safety Manual with guidelines, regularly discussed during case supervision; safety assessment training.

Unique features – resource leveraging: Not to be used match for other revenue; no other funding for the service; clients are not asked to pay a fee; program is not eligible for Medicaid participation.

Staff comment: The agency's work securing and implementing Redeploy Illinois funding for programming is an excellent example of interagency and cross-sector collaboration and maximizing other resources.

Expectations for Minimal Responsiveness

Organizational eligibility questionnaire: Yes

Agency capacity for financial clarity: Known due to prior experience funding the agency; a large, established organization with many other sources of revenue; very well done Budget Narrative.

If applicable, audit findings: PY2023 agency audit was submitted 12/27/23, with no issues requiring follow up.

If applicable, compliance issues: First quarter reports were late and payments were paused.

All forms submitted by deadline: Yes. Completed on February 9, 2024

Proposal relates directly to MI, SUD, or I/DD and how it will improve the quality of life for persons with MI, SUD, or I/DD: Yes

Evidence that other sources of funding have been maximized: Yes, e.g., Redeploy Illinois.

Coordinated system: Yes, identifies related providers and how they coordinate.

Written collaborative agreements: AIR, Center for Youth and Family Solutions, Champaign County Continuum of Care, Head Start, CUPHD, CSCNCC, Courage Connection, DREAAM, Eastern IL Foodbank, Rantoul City Schools, RACES, UP Center, United Way, UIUC LGBT Resource Center, UIUC Schools of Social Work, Education, and Psychology, Urbana Adult Ed, Urbana School District, Unit 4 School District, Youth Assessment Center, Youth and Family Peer Support Alliance

Referral between providers: Yes.

Staff comment: AIR is listed but not a partner, so this section may need updates.

Process Considerations and Caveats

Contracting considerations: If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2025 contract:

- *Revisions prior to contract: revise any outdated details from older versions of program plan narrative (CSE description, written collaborative agreements) and identify a numeric target for CSEs.*
- *Consider continuing the PY24 special provisions.*
- *Offer a two-year term.*

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

Recommendation: Pending

Cunningham Children's Home – Families Stronger Together

Draft CCMHB PY2025 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff analysis and comments relate to sections of the application and, if the proposed program has been funded, to previously submitted reports.

Program: CU Change

Agency: Don Moyer Boys and Girls Club

Request: \$85,575

Why it matters: "... high yield programming, mental health resources and intensive case management... to address issues encountered in the educational setting, social settings, family, and community. With a focus on... stabilization of the family unit to support youth in graduating from high school with a plan for the future."

Selected priority: Thriving Children, Youth, and Families

Services and People Served

Who will benefit: Historically underserved youth 10-17 (5th grade through high school) who are: reading one or more levels behind; in danger of being or have been held back to repeat one or more academic years; attending alternative school or with truancy issues; involved or at-risk for involvement in juvenile justice system; involved with DCFS; and/or exhibiting negative emotional/behavior due to trauma.

Scope of services: Intensive intervention and personalized guidance for navigating the complex school environment, overcoming peer pressures, and addressing family stabilization needs.

Mental Health Support: assessments will identify MH and social service needs of youth and their families... personalized interventions, progressive reviews, addressing family dynamics that could impact well-being.

Life Skills Development: problem-solving, decision making, goal setting, and effective communication to equip participants for personal challenges, maintaining healthy relationships, and navigating their lives skillfully.

Financial Literacy: budgeting, managing expenses, savings, and credit management to fortify financial understanding and promote responsible financial behavior.

Career Development: workshops on resume writing, job search strategies, interview skills, and workforce readiness, providing a head-start in pursuing future career opportunities.

Social Skills Enhancement: cultivating empathy, self-awareness, cooperation among peers and within families.

Location and frequency of services: Agency location, home, school, and other community; some virtual; frequency of program components not indicated, presumably based on client needs.

Staff comment: The proposal requests funding to continue a current program. Services section includes a great deal more detail, particularly on the objectives of the program. There are mismatches regarding the total unduplicated number of clients served, with PY23 demographic, residency, and service activity reports showing 15, 16, and 20 respectively, and PY24 residency and service activity reports showing 7 and 20.

Residency of 16 people served in PY23 and 7 in the first half of PY24:

Champaign	9 for PY23	6 for PY24
Urbana	5 for PY23	0 for PY24
Other	2 for PY23	1 for PY24

Demographics of 15 people served during PY23:

Age	
Ages 7-12 -----	8
Ages 13-18 -----	7
Race	
White -----	3
Black / AA -----	9
Other (incl. Native American, Bi-racial)-	3

Gender	
Male -----	13
Female -----	2
Ethnicity	
Of Hispanic/Latino/a Origin -----	3
Not of Hispanic/Latino/a Origin -----	12

Measures of Client/Participant Access

Eligibility criteria and determination: Champaign County residents aged 10-17, with evidence of need for service (per assessment), limited financial resources, one or more risk factors; use of program referral form, DMBGC Membership application, intake paperwork, school records and testing info.

Outreach to eligible people: Community engagement events, esp in areas where the population reside; print and social media with program info; staff outreach with community partners (access to referral form).

Within 5 days of referral, 80% of those referred will be assessed.

Within 7 days of assessment, 80% of those assessed will engage in services.

People will engage in services, on average, for: 12-24 months.

Additional demographic data: Household income, housing type, head of household, # adults and # youth in household, primary language spoken in household, diagnosed medical conditions, military status.

Measures of Client/Participant Outcomes

Outcomes and targets:

- 1: 100% of Youth will complete full intake and actively participate in intervention strategies prescribed in comprehensive plan, within the first month of the program and ongoing.
- 2: 100% of Family Members/Parents/Guardians will participate in intake and actively participate in intervention strategies prescribed in comprehensive plan, within the first month of the program and ongoing.
- 3: 85% of Youth will remain engaged in school or take required steps towards re-engaging in school, within the six months of the program and ongoing.
- 4: 80% of Youth will demonstrate an increase in positive expectations of the future, within the six months of the program and ongoing.

Specific assessment tools and data collection:

Client case notes - progress/regression towards outcomes, prescribed intervention strategies, and goals.

Goal plans will be created for all TPCs enrolled in the program.

TPCs and NTPCs will participate in quarterly goal planning meetings to discuss and document progress made towards listed goals.

Pre and Post Program Surveys - data on effectiveness of program interventions and of the program overall.

1: CANS Assessment, Case Notes, Goal Plan, Intake Paperwork, Pre and Post Program Surveys

Data Provider: MyClubHub, Youth and Family Case Manager, TPC

2: FANS Assessment, Case Notes, Goal Plan, Intake Paperwork, Pre and Post Program Surveys

Data Provider: MyClubHub, Youth and Family Case Manager, NTPC

3: Case Notes, Goal Plan, School Progress Reports and Report Cards, Attendance Records

Data Provider: MyClubHub, Youth and Family Case Manager, School District Personnel

4: Goal Plan, Case Notes, School Progress Reports and Report Cards, Service Reports from Community Partners/Providers, Pre and Post Program Surveys, Youth Life Orientation Test (YLOT)- or similar scale recognized through TA process.

Data Provider: MyClubHub, Youth and Family Case Manager, Community Partners/Providers.

Outcome data gathered from all participants: Yes.

Will collect outcome data at least monthly.

Staff comment: Outcomes focus on client participation, youth involvement in school, and a positive change experienced by youth; assessment tools and processes are identified for each. CU Change is one of three current target programs working with the Evaluation Capacity Building Project on specific outcomes and tools; they may replace CANS/FANS with a more accessible tool. Outcomes 2 and 4 seem especially important.

Measures of Utilization

Treatment Plan Clients (TPCs): 20 – youth with active treatment plan

Non-Treatment Plan Clients (NTPCs): 20 – family members and other supporters of the TPCs

Community Service Events (CSEs): 100 – attendance/presentation at community meetings or with potential referral sources, etc.

Service Contacts (SCs): 480 – communication with youth and families referred or enrolled (depending on intake, may be required weekly, biweekly, or monthly)

Staff comment: proposal is to maintain TPC and NTPC targets and increase SC and CSE targets for PY25. The very high PY25 CSE target includes numerous presentations and activities which would compete with intensive case management activities, likely too much for 1.2 FTE with so many other duties.

PY25 Targets	20 TPCs	20 NTPCs	480 SCs	100 CSEs
PY24 First Two Quarters (per submitted Service Activity Reports)				
First Quarter	2	3	9	3
Second Quarter	5	6	55	40
<i>Annual Targets</i>	<i>20 TPCs</i>	<i>20 NTPCs</i>	<i>300 SCs</i>	<i>40 CSEs</i>
PY23 All Four Quarters (per submitted Service Activity Reports)				
First Quarter	7	0	92	40
Second Quarter	4	1	98	30
Third Quarter	6	0	147	16
Fourth Quarter	3	5	133	47
<i>Annual Targets</i>	<i>20 TPCs</i>	<i>20 NTPCs</i>	<i>300 SCs</i>	<i>40 CSEs</i>

Financial Analysis

PY2025 CCMHB request: \$85,575

PY2025 total program budget: \$86,325

Current year funding (PY2024): \$75,000

Proposed change in funding - PY2024 to PY2025 = 14%

CCMHB request is for 99% of total program revenue.

Other program revenue is from Contributions \$750.

Personnel costs of \$79,675 are 93% of the requested amount.

Other expenses are Consumables \$1,250 (1%), Occupancy \$1,650 (2%), Conferences/Staff Development \$1,500 (2%), and Local Transportation \$1,500 (2%).

Total agency budget has a deficit of \$833,189, total program and CCMHB budgets are balanced.

Program staff to be funded by CCMHB: 1.2 Direct FTEs

Total program staff: 1.2 Direct FTEs

Staff comment: No indirect staff costs are associated with this program. Direct staff are 100% of a full-time CU Change Case Manager (referred to as Youth and Family Case Manager in the program plan) and 20% of the full-time Director of Operations (referred to as Chief Operating Officer in the program plan). Consumables will pay for program supplies. Occupancy will pay for a portion of the agency's office rent cost. Local

Transportation will reimburse employees for mileage for use of personal vehicles. More information about the trainings to be charged to Staff Development is requested.

Agency Cultural and Linguistic Competence Plan

Does the CLC Plan include required benchmarks and CLAS Standards? Yes

Highlights from the submitted CLC Plan: Training will be provided to the Board Members and Staff about the following topics: Cultural Competence, Diversity, Equity and Inclusion, and Trauma Informed Care. This training is now required quarterly for all staff. The facility will be assessed and modified to ensure accessibility for all the members and guests and the cultural representation. At least two focus groups will be offered to families to receive feedback about the agency's services and programs.

If currently funded, did the agency submit a complete CLC Progress Report for the first half of PY24? Yes

Highlights from the submitted CLC Progress Report: Updated Membership Requirements ensure that all students who attend programming are required to be members of the Club. DMBGC has instituted a Cultural Awareness Program that will include family cultural celebrations and has also begun completing the Standards of Organizational Effectiveness Assessment which will be used to create the agency's Continuous Quality Improvement Plan that will be presented to community stakeholders in 2024.

Staff comment: DMBC has undergone major changes in the last couple of years. In my review of their CLC Plan and program plan, they are becoming more focused on staff retention and being intentional about creating a membership experience at DMBC, aligned with the CLAS Standards and the CCMHB Funding Requirements.

Criteria for Best Value

Budget and program connectedness: The Budget Narrative supports the program plan and agrees with other financial forms, listing program revenues and expenses and the personnel related costs.

Participant outcomes (see above for details): very detailed (see above), working with ECB team.

Self-determination and self-direction in service planning: quarterly planning includes youth and families.

Eliminating disparities in access and care (see above for Agency CLC Plan details): by offering services in client homes, schools, or sites local to them, by offering some virtual supports, by providing transportation to the agency for services, and by focusing on connections with other providers and schools; outreach to underrepresented minority populations through community events and partnerships, trainings, and using survey feedback to improve services.

Promoting inclusion and reducing stigma: open to all youth and families; lists referral sources; staff meet with clients in locations best for the client; program inclusive of all child-serving systems and organizations.

Continuation of services during public health emergency: some virtual options.

Builds on successes with technology and virtual platforms, increasing training and access for staff and people served: not a focus.

Unique features - approach: provides overviews and links to information on each of Positive Action education program, Journeys Paths to Adulthood identity exploration program, SMART Moves (a Boys and Girls Clubs of America core program).

Unique features - staff credentials: Describes COO's duties and qualifications: master's in social service or related; minimum 3 years' supervisory experience in social services and intensive client case planning. Describes Case Manager's duties and qualifications: Associate degree from an accredited college or university required; advanced degree preferred, preferably in Social Work and Counseling; minimum 1 year experience working with at-risk youth and/or gang-involved youth.

Unique features – resource leveraging: not used as match for other revenue, no other pay sources, no client fees, no Medicaid participation.

Expectations for Minimal Responsiveness

Organizational eligibility questionnaire: Yes.

Agency capacity for financial clarity: known due to prior experience funding the agency.

If applicable, audit findings: PY2023 agency audit was submitted October 24, 2023, with no negative findings, \$8,743 of unspent revenue (related to staff vacancy in the program) was returned to the CCMHB.

If applicable, compliance issues: First and second quarter reports were submitted late, resulting in payments being paused. The agency should submit approved Board minutes in a timely manner.

All forms submitted by deadline: Yes. Completed February 12, 2024.

Proposal relates directly to MI, SUD, or I/DD and how it will improve the quality of life for persons with MI, SUD, or I/DD: Yes

Evidence that other sources of funding have been maximized: Not specified.

Coordinated system: Yes, details related services and partnerships.

Written collaborative agreements: Champaign Unit 4 Schools, Urbana 116 Schools, Rantoul City Schools #137; Champaign County Juvenile Probation; Champaign, Urbana, Rantoul Police Departments; Youth Assessment Center; CCRPC; UIUC School of Social Work; Rosecrance; United Way; Center for Women in Transition; Courage Connection; Cunningham Children's Home; Mahomet Area Youth Club; DREAM; Parkland College

Referral between providers: Yes

Staff comment: Center for Women in Transition is Courage Connection, so the section should be updated.

Process Considerations and Caveats

Contracting considerations: If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2025 contract:

- *Revisions prior to contract: possible revision of the CSE category; update Program Plan Narrative (CWIT, e.g.); provide more detail on Conferences/Staff Development expense, if possible.*
- *Consider continuing the PY24 special provisions, e.g., attend MHDDAC meetings.*

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

Recommendation: Pending

Draft CCMHB PY2025 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff analysis and comments relate to sections of the application and, if the proposed program has been funded, to previously submitted reports.

Program: Community Coalition Summer Initiatives

Agency: Don Moyer Boys and Girls Club

Request: \$107,000

Why it matters: "... supports the mental health needs of youth and communities, particularly during critical out-of-school time of summer months... preventing violence while fostering positive community engagement through activities and services... to enhance accessibility and remove barriers for underserved youth. Services are scarce during this period, so the initiative strives to bridge gaps by providing opportunities for growth and involvement. The Community Coalition Summer initiative will create safe and inclusive environments where our youth can flourish and realize their full potential."

Selected priority: Thriving Children, Youth, and Families

Services and People Served

Who will benefit: those aged 9 to 18 with emotional disturbances and trauma... Recognizing the vulnerability of this age group, the Coalition is committed to making a positive impact on their mental well-being...

including those who have socio-economic challenges and discrimination and are part of diverse populations.

Scope of services: a coordinated system of intervention to help address youth issues related to increased violence, lack of positive community engagement opportunities, summer academic/learning loss, lack of adult supervision and guidance, etc., that are prevalent during the summer months.

Selected partners will offer programs and activities which emphasize healthy lifestyles, academics, structured recreation, the arts, cultural awareness, positive social skills development, and positive adult interaction.

Community engagement to address community violence, racial understanding, and community advocacy.

Supports offered through specialized service providers, as subcontractors accountable to the Don Moyer Boys and Girls Club which provides administration, coordination, and support so that the programs are integrated and support system of care principles.

Location and frequency of services: locations per activity/event; held in summer, when traditional supports are less available to target population; length of service varies, and frequency varies with client participation.

Staff comment: the proposal requests funding for a longstanding special initiative of the MHB, continued from the System of Care project (2011-2017). While categories within demographic data for PY23 do not all appear to reach the same total, it appears that Hispanic/Latino/a origin was collected as an option under Race, reaching 570. Due to the timing of the contract, last two weeks of one program year and first two months of the next, we have had some challenges regarding when to record participant data.

Residency of 570 people served in PY23 and (none reported for PY24):

Champaign	380 for PY23
Urbana	148 for PY23
Rantoul	38 for PY23
Mahomet	1 for PY23
Other	3 for PY23

Demographics of 570 people served during PY23:

Age	
Ages 7-12 -----	188
Ages 13-18 -----	326
Ages 19-59 -----	57

Race	
White -----	42
Black / AA -----	492
Asian / PI -----	8
Other (incl. Native American, Bi-racial)-	10
Gender	
Male -----	416
Female -----	154
Ethnicity	
Of Hispanic/Latino/a Origin -----	18
Not of Hispanic/Latino/a Origin -----	0 (not reported)

Measures of Client/Participant Access

Eligibility criteria and determination: youth at risk or under-served, who may face challenges or lack access to resources and opportunities for support, empowerment, and engagement; contracted partners use registration process per service or activity to determine that criteria are met.

Outreach to eligible people: contracted partners provide public info and outreach to underserved areas and through Coalition community meetings.

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

Within 5 days of assessment, 100% of those assessed will engage in services.

People will engage in services, on average, for: n/a (brief activities from June through September).

Additional demographic data: none.

Measures of Client/Participant Outcomes

Outcomes and targets: For all three outcomes, 75 % of youth will:

- 1) increase community connection... meet new people, make friends, and build meaningful relationships... through teamwork and collaboration... learn the importance of working together towards a common goal. This can foster a sense of belonging and purpose... leading to increased self-esteem and confidence.
- 2) ... reduce youth-related violence in communities.... a safe and structured environment for young people during the summer months... can serve as a deterrent for engaging in violent or risky behaviors... skill building focused on conflict resolution, communication, and anger management... to effectively handle conflicts and address issues in a non-violent manner... creating a more peaceful and harmonious community.
- 3) ... enhance life skills and increase engagement in positive activities... learn practical skills such as time management, organization, leadership, and communication... by participating in activities that align with their interests and passions, youth can develop a sense of purpose and direction. This can also lead to increased engagement in positive activities beyond the program, volunteering or pursuing hobbies and interests.

Specific assessment tools and data collection:

- 1)... pre- and post-test question measures... impact of the program on an individual's sense of belonging and connection to their community. Participants rate level of connectedness on a scale from 1-10... before and after participating in the program.
- 2) ... pre- and post-test question measures... changes in violent incidents among program participants... evaluating the effectiveness of the program in reducing violence within the community. Participants indicate if they have been involved in any violent incidents in the past two months... compare with frequency of incidents after participating in the program.
- 3) ... pre- and post-test question... to measure the impact of the program on individual skill building and participation... evaluating whether participants have learned any new skills or participated in new activities as

a result of the program. Participants discuss what new skills or activities they have learned or participated in... [to show] effectiveness of the program in promoting personal growth and development.

Outcome data gathered from all participants: No. Conducted and compiled by each partner group, shared with Don Moyer for comprehensive analysis of impact. Aim for 50% of participants at pre and post tests.

Will collect outcome data at start and end of each activity or event.

Staff comment: three relevant participant outcomes with an appropriate assessment process for each.

Measures of Utilization

Non-Treatment Plan Clients (NTPCs): no target – all participants

Community Service Events (CSEs): no target – meetings with contracting organizations, community, and planning meetings

Service Contacts (SCs): no target – engagement by partner organizations with each participant, for all services and activities.

Staff comment: proposal contains a statement of the impact over time and some difficulty with tracking data due to the numerous and brief engagements. Utilization category definitions are appropriate and could have identified numeric targets; # of participants (such as the 570 noted elsewhere for PY23) will be more informative than the program-specific prior use and definition of CSE, but the challenge is understood.

PY25 Target ? NTPCs ? SCs ? CSEs

PY24 (from Service Activity Reports)

Actual in first quarter = 300 CSEs

Annual Target = 500 CSEs

PY23 actual total = 600 CSEs

Actual total = 600 CSEs

Annual Target = 500 CSEs

Financial Analysis

PY2025 CCMHB request: \$107,000

PY2025 total program budget: \$107,000

Current year funding (PY2024): \$90,000

Proposed change in funding - PY2024 to PY2025 = 16% (for many years, the contract was for \$107,000)

CCMHB request is for 100% of total program revenue.

Expenses are Professional Fees \$10,700 (for reporting and fiscal services by Don Moyer Boys and Girls Club) and General Operating \$96,300 (contracts with local organizations for short term programming).

Total agency budget has a deficit of \$833,189, total program and CCMHB budgets are balanced.

Staff comment: No staff costs are associated with this program.

Agency Cultural and Linguistic Competence Plan

Does the CLC Plan include required benchmarks and CLAS Standards? Yes

Highlights from the submitted CLC Plan: Training will be provided to Board Members and Staff about the following topics: Cultural Competence, Diversity, Equity and Inclusion, and Trauma Informed Care. This training is now required quarterly for all staff. The facility will be assessed and modified to ensure accessibility for all the members and guests and the cultural representation. At least two focus groups will be offered to families to receive feedback about the agency's services and programs.

If currently funded, did the agency submit a complete CLC Progress Report for the first half of PY24? Yes

Highlights from the submitted CLC Progress Report: Updated Membership Requirements ensure that all students who attend programming are required to be members of the Club (not applicable to this program’s participants.) DMBGC has instituted a Cultural Awareness Program that will include family cultural celebrations and has also begun completing the Standards of Organizational Effectiveness Assessment which will be used to create the agency’s Continuous Quality Improvement Plan that will be presented to community stakeholders in 2024.

Staff comment: DMBC has undergone major changes in the last couple of years. In my review of their CLC Plan and program plan, they are becoming more focused on staff retention and being intentional about creating a membership experience at DMBC, aligned with the CLAS Standards and the CCMHB Funding Requirements.

Criteria for Best Value

Budget and program connectedness: The Budget Narrative is very simple, listing MHB revenue for the program, explaining that the General Operating costs (through subcontracts with other organization) pay for materials, equipment, fees, supervision, transportation, food, and other costs for 12 short term programs, and lists partners (more may be added) – Media Doll, 1st String Basketball, YOGA, Freedom School, JAM Sessions, Campference- Midnight Basketball, That’s What She Said, Community Arts, Tailon Leitzsey-Mentoring, Slim Entertainment, Optimal Performance Athletic Academy, and Dixon All Stars. More are listed in the Program Plan Narrative: Sam Smith Youth Arts Engagement, East Central Youth for Christ, Urbana School District.

Participant outcomes (*see above for details*): three outcomes of positive changes experienced by participants are described in detail, with specific targets and timeframe and appropriate assessment process for each.

Self-determination and self-direction in service planning: not a focus, though youth choose activities.

Eliminating disparities in access and care (*see above for Agency CLC Plan details*): comprehensive outreach to youth in different neighborhoods across the county; the Coalition is a countywide collaboration of many stakeholders, coordinating efforts and sharing resources; focus on youth from underrepresented minority populations, connection through grassroots community organizations.

Promoting inclusion and reducing stigma: open to all youth and families, focus on underrepresented groups to support aspirations, inclusion, and empowerment through a range of programs; safe and welcoming, promotes understanding and diversity.

Continuation of services during public health emergency: virtual options.

Builds on successes with technology and virtual platforms, increasing training and access for staff and people served: not a focus but could be, due to the brief nature and the focus on youth.

Unique features - approach: grassroots program by community leaders, tailored to urgent needs of Champaign County youth, utilizing strengths of the community; effectiveness of mentoring/role models.

Unique features - staff credentials: local groups (many grassroots) provide short-term summer options; background checks are required of all.

Unique features – resource leveraging: not used as match for other revenue, no other pay sources, no client fees, no Medicaid participation.

Expectations for Minimal Responsiveness

Organizational eligibility questionnaire: Yes.

Agency capacity for financial clarity: known due to prior experience funding the agency.

If applicable, audit findings: PY2023 agency audit was submitted October 24, 2023, with no negative findings.

If applicable, compliance issues: First quarter reports were late, and payments were paused.

All forms submitted by deadline: Yes, completed on February 12, 2024.

Proposal relates directly to MI, SUD, or I/DD and how it will improve the quality of life for persons with MI, SUD, or I/DD: Yes

Evidence that other sources of funding have been maximized: not specified.

Coordinated system: a unique program which coordinates many programs.

Written collaborative agreements: subcontracts with partners will be developed.

Referral between providers: n/a

Process Considerations and Caveats

Contracting considerations: If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2025 contract:

- *Revisions prior to contract: identify numeric targets for the utilization categories (with the understanding that these are not easily tracked).*
- *Offer a two-year term.*
- *Consider continuing the PY24 special provisions: e.g., providing copies of subcontracts for programs in advance of their start.*

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

Recommendation: Pending

Draft CCMHB PY2025 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff analysis and comments relate to sections of the application and, if the proposed program has been funded, to previously submitted reports.

Program: First Steps Community Reentry House

Agency: FirstFollowers

Request: \$69,500

Why it matters: “Release from prison causes a crisis in many individuals who are unable to find their way in a changing world. Our house offers a foundation for people coming home providing them with the support they need to meet their needs. Our house works in tandem with staff from our drop-in center providing a wrap around service while they transition to non-prison life. We have encountered a growing demand for housing for people returning from women's prisons. Therefore, in FY 25 will add a second house for people coming home to our community from women's prisons.”

Selected priority: Safety and Crisis Stabilization

Services and People Served

Who will benefit: Individuals who have been incarcerated and released to Champaign County, priority on those showing development and initiative while incarcerated, who tend to have spent 10+ years in prison... disproportionately Black, often with history of involvement in violence or MH/SUD issues... and with a great determination to work hard and succeed.

Scope of services:

Transition house for people returning home from men's prisons: rent-free in 5-bedroom house donated by the Housing Authority, housing 2-4 people at a time, providing furniture, appliances, some basic clothing items, food until the person has the means to pay for their own (through employment or Link Card), Internet, computers, kitchen equipment, basic tools for cleaning, and exercise equipment. Case manager and Co-Director (staff) and Community Navigator (contracted) assist 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. Access to counselors and/or LCSWs to guide them through their adjustment. NEW- house for people returning from women's prisons: 3-bedroom house able to accommodate 3 individuals or 2 individuals plus children, with same amenities as the house for people returning from Men's prison but adding specialized counseling and support for parenting.

Location and frequency of services: Agency office and transition house (24/7) in Champaign, new home may be located in Urbana; frequency is presumed to be based on individual residents' needs.

Staff comment: The proposal is for funding for a current program, with increased request to expand to serve those released from women's prisons. In client Residency data below, all are listed as Champaign residents, due to the service location (house); of interest would be the residency of origin of participants.

Residency of 12 people served in PY23 and 7 in the first half of PY24:

Champaign 12 for PY23 7 for PY24

Demographics of 12 people served during PY23:

Age

Ages 19-59 ----- 12

Race

White ----- 1

Black / AA ----- 11

Gender

Male -----	12
Ethnicity	
Of Hispanic/Latino/a Origin -----	1
Not of Hispanic/Latino/a Origin -----	8
Not Available -----	3

Measures of Client/Participant Access

Eligibility criteria and determination: housing need, recent incarceration, positive disciplinary and programming record in prison, evidence of planning post-release, intention to reenter the community successfully; determined by use of application form, interview (phone), reference check, assessment metric.

Outreach to eligible people: letters into IDOC institutions to over 150 people who have been through Champaign County Courts in recent years; info at the house, with other provider agencies, through website, social media; reentry fairs within prisons.

Within 180 days of referral, 40% of those referred will be assessed.

Within 100 days of assessment, 5% of those assessed will engage in services.

People will engage in services, on average, for: 3 months to 1 year.

Additional demographic data: # children, history of employment, history of MI and SUD

Staff comment: Excellent and appropriate outreach efforts.

Measures of Client/Participant Outcomes

Outcomes and targets:

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

Specific assessment tools and data collection:

Case manager notes and the monthly reports compiled by Co-Director; exit interviews with residents.

Tracks employment applications, # job interviews, jobs secured, and # residents secure a housing voucher or other housing options through Housing Authority, which has set aside vouchers for those successfully completing this program.

Outcome data gathered from all participants: Yes

Will collect outcome data twice per month

Staff comment: Outcomes relate to the program’s performance, with implied positive impact on participants; specific targets are not identified; appropriate data collection and reporting tools and processes are described.

Measures of Utilization

Treatment Plan Clients (TPCs): no target – those living in the house 1+ days

Non-Treatment Plan Clients (NTPCs): no target – those who applied but were not accepted

Community Service Events (CSEs): no target – drop in center sessions attended by residents + community activities attended by residents

Service Contacts (SCs): no target – jobs acquired by residents

Staff comment: The proposal states that these categories don’t fit the project very well, but the definitions they’ve included are meaningful and countable – numeric targets should be identified; people residing in the home should have written individualized plans; the SCs could be reported as Other; the first category of CSEs could be SCs or Other (which is available for tracking measures which may be unique to the program.)

PY25 Targets	? TPCs	? NTPCs	? SCs	? CSEs	? Other
PY24 First Two Quarters (per submitted Service Activity Reports)					
First Quarter	5	35	3	3	
Second Quarter	2	22	4	3	
<i>Annual Targets</i>	<i>8 TPCs</i>	<i>75 NTPCs</i>	<i>8 SCs</i>	<i>8 CSEs</i>	
PY23 All Four Quarters (per submitted Service Activity Reports)					
First Quarter	3	9	5	2	
Second Quarter	2	6	2	2	
Third Quarter	2	10	3	2	
Fourth Quarter	1	6	2	2	
<i>Annual Targets</i>	<i>6 TPC</i>	<i>27 NTPCs</i>	<i>10 SCs</i>	<i>10 CSEs</i>	

Financial Analysis

PY2025 CCMHB request: \$69,500

PY2025 total program budget: \$129,500

Current year funding (PY2024): \$39,500

Proposed change in funding - PY2024 to PY2025 = 76%

CCMHB request is for 54% of total program revenue.

Other program revenue is from Contributions \$15,000 (12%), Champaign County ARPA \$25,000 (19%), In-Kind Contributions \$20,000 (15%).

Personnel costs of \$43,000 are 62% of the requested amount.

Other expenses are Professional Fees/Consultants \$11,000 (16%), Consumables \$2,000 (3%), General Operating \$9,600 (14%), Local Transportation \$500, and Specific Assistance \$3,400 (5%).

Total agency budget has a surplus of \$93,600, total program budget a deficit of \$21,500, and CCMHB budget is balanced.

Program staff to be funded by CCMHB: 0.30 Indirect + 0.8 Direct = 1.1 FTE

Total program staff: 1.6 Indirect + 0.8 Direct = 2.4 FTEs.

Staff comment: Direct Staff associated with the program are 80% of Case Manager. Indirect Staff are 30% of full-time Assistant Director (listed in the agency’s other funding request and elsewhere in this application as Co-Director.) Professional Fees are for contracted Community Navigator and those doing repairs to the home or producing promotional materials; cost of the annual audit not mentioned. In-Kind Contributions of \$30k to total agency revenue increase the agency surplus, but the \$20k allocated to this program mitigates the appearance of a program level deficit. The In-Kind Contributions mentioned in the Budget Narrative do not match other form(s).

Agency Cultural and Linguistic Competence Plan

Does the CLC Plan include required benchmarks and CLAS Standards? Yes

Highlights from the submitted CLC Plan: Apricot Data Management training is taken by the director to develop plans of action for using the collected data, particularly to highlight racial and gender justice issues. FirstFollowers will create a list of landlords who rent to people coming to community who have been released from being incarceration. Outreach and engagement activities are being planned to engage community members, family members, and people that are returning home to the community from being incarcerated.

If currently funded, did the agency submit a complete CLC Progress Report for the first half of PY24? Yes

Highlights from the submitted CLC Progress Report: FirstFollowers conducts one-on-one interviews with all their staff members and volunteers to set goals and objectives for their peer-led work. Four team members

attended a National Conference in Puerto Rico for recently incarcerated women, aligning with the goal of building more connections as a peer-led organization.

Staff comment: FirstFollowers continues to increase their capacity to serve people that are returning home from being incarcerated. I reviewed the CLC plan and program plan to ensure that the program plan aligned with the CLAS Standards and the CCMHB CLC Funding requirements. As a peer-led organization, they have incorporated the value of building social supports in addition to the training that is required by staff.

Criteria for Best Value

Budget and program connectedness: The Budget Narrative identifies sources of revenue for the program, provides details on each expense category specific to the program, and lists staff costs associated with the contract; expenses and staff match across program and financial forms. Revenues do not match all in Revenue Form; if resolved, the apparent program budget deficit may change.

Participant outcomes (see above for details): Six outcomes relate to positive impacts of the program on those who participate, data on client successes.

Self-determination and self-direction in service planning: Program supports self-determination; participants could drive individual written plans.

Eliminating disparities in access and care (see above for Agency CLC Plan details): Numerous appropriate outreach efforts are described above, focus on those originally from Champaign County and returning from incarceration, applications accepted from all with release dates upcoming; service locations in Champaign with new house possibly in Urbana; members of racial minority populations are overrepresented in the target population and comprise the majority of people served by this program.

Promoting inclusion and reducing stigma: “Building Community Through Reentry” so that residents become part of program activities and benefit from Drop In Center and Outreach efforts, all toward reducing stigma.

Continuation of services during public health emergency: not easily, due to the nature of the service.

Builds on successes with technology and virtual platforms, increasing training and access for staff and people served: not a focus of the application, but support could include training in virtual platforms.

Unique features - approach: describes and links to report on the impact of peer mentoring approach.

Unique features - staff credentials: Case Manager has 5 years CM experience in SUD and counseling certificates. Community Navigator is trained in NA and SUD facilitation, with 5 years as peer mentor. Co-Director has a PhD in Social Sciences, 20 years’ experience in project management, and is a nationally recognized expert and author on mass incarceration.

Unique features – resource leveraging: not used as match for other revenue, other pay sources are listed; the proposal indicates that clients pay a fee and that a sliding fee scale is used, but where that sliding fee scale is to be described, it claims “there are no fees” (which is consistent with the Revenue Form); the program is eligible and willing to participate in Medicaid programs, although it is currently not an enrolled participating provider, and given the size of agency and program, this may not be practical during PY25.

Expectations for Minimal Responsiveness

Organizational eligibility questionnaire: Yes

Agency capacity for financial clarity: small organization relying on financial professionals as its revenue grows.

If applicable, audit findings: PY2023 agency audit was submitted 1/2/24, will be revised and resubmitted (level of funding has reached threshold for other federal standards), with internal control issue (few staff).

If applicable, compliance issues: The agency should submit approved Board minutes in a timely manner.

All forms submitted by deadline: Yes, completed by February 9, 2024.

Proposal relates directly to MI, SUD, or I/DD and how it will improve the quality of life for persons with MI, SUD, or I/DD: Yes

Evidence that other sources of funding have been maximized: Yes, secures other relevant sources of funding.

Coordinated system: Yes.

Written collaborative agreements: Housing Authority of Champaign County, Bethel AME Church, City of Champaign, City of Urbana, DREAAM, A Cut Above Barber School, Business Elevator, Ready Set Go.

Referral between providers: Yes.

Process Considerations and Caveats

Contracting considerations: If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2025 contract:

- *Revisions prior to contract: resolve discrepancies in listed revenues and clarify agency surplus vs program deficit; identify numeric targets for utilization measures and consider using the categories differently, to more fairly represent unique qualities of the program.*
- *Resolve audit issues prior to contract start term; offer a two-year term.*
- *Improvements during contract year: develop written individualized support plans for residents.*
- *Consider continuing the PY24 special provisions.*

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

Recommendation: Pending

Draft CCMHB PY2025 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff analysis and comments relate to sections of the application and, if the proposed program has been funded, to previously submitted reports.

Program: Peer Mentoring for Re-entry

Agency: FirstFollowers

Request: \$95,000

Why it matters: “Our target population has been de-stabilized by incarceration, a profound crisis of violence (especially gun violence) and the ripple effects of poverty and structural racism. Our programs address these crises at the individual and collective levels with counseling and social/emotional supports, workforce development programs, housing, and assistance in accessing necessities like ID and transportation... help to provide a foundation for people to emerge from crisis and build a path to permanent stability.”

Selected priority: Safety and Crisis Stabilization

Services and People Served

Who will benefit: people impacted by incarceration and violence, a “group that is disproportionately Black, economically marginalized and traumatized by a range of factors from gun violence to poor education to lack of employment opportunities. It is also a cohort with great potential to transform the community if provided the appropriate opportunities, which is what we try to offer.”

Scope of services:

1) Drop-In Center - peer support for those seeking employment, housing, education. Peer Mentor Coordinator oversees this work... uptick in user population due to increasing difficulties securing housing... partnering with CCRPC to provide one year housing vouchers for people recently released from prison.

2) Workforce Development Course- for ten individuals, on: math, language and communication skills, team building, workplace etiquette, and basic construction skills. Participants receive a stipend of \$15 per hour for attendance, funded through ICJIA. Those requiring MH support are referred to “Ready, Set, Go” through the City of Champaign's Anti-Violence Initiative. Also a contract with Associated Building Contractors (ABC) for certified apprenticeship program.

3) Family Support and Trauma-Informed Care- (since 2023) developing peer mentor led support program for people with loved ones who are incarcerated... community events and public presentations on the challenges for loved ones of those incarcerated... advice and counseling for people dealing with a loved one returning to the community and confronting Post Incarceration Syndrome.

Location and frequency of services: Drop-In center and agency office in Champaign (as is backup location); frequency of drop-in services varies by participants’ needs; workforce course is 20 hrs/wk for 15 weeks.

Staff comment: The proposal is for funding for a current program growing to meet needs, not requesting increase due to use of other funds. In PY23 client data below, there is a small mismatch (98 vs 97) between the Residency and Demographic totals of Champaign County residents; in Residency data, “Other” includes 11 from rural areas, and another 8 people are described as those moving to Champaign County (various origins include parole), which is expected for the program and appropriately tracked separately. In PY24 residency data, 3 such participants are reported as Other, with no rural.

Residency of 98/106 people served in PY23 and 57 in the first half of PY24:

Champaign	60 for PY23	31 for PY24
Urbana	20 for PY23	19 for PY24
Rantoul	6 for PY23	4 for PY24
Mahomet	1 for PY23	0 for PY24
Other	11+8 for PY23	0+3 for PY24

Demographics of 97 people served during PY23:

Age

Ages 19-59 -----	93
Ages 60+ -----	4

Race

White -----	11
Black / AA -----	85
Asian / PI -----	0
Other (incl. Native American, Bi-racial)-	1

Gender

Male -----	83
Female -----	14

Ethnicity

Of Hispanic/Latino/a Origin -----	4
Not of Hispanic/Latino/a Origin -----	90
Not Available -----	3

Measures of Client/Participant Access

Eligibility criteria and determination: criminal justice system involvement and stated need for services, determined through application and interview.

Outreach to eligible people: through website, social media, flyers, agency resource guide, networks.

Within 5 days of referral, 80% of those referred will be assessed.

Within 7 days of assessment, 80% of those assessed will engage in services.

People will engage in services, on average, for: 3 days for drop in, 5 months for workforce development.

Additional demographic data: disability, housing, employment, education, criminal justice involvement.

Measures of Client/Participant Outcomes

Outcomes and targets:

1. Access to employment, education, and housing (80%)
2. Access to services (80%)
3. Provide enhanced self-esteem (90%)
4. For workforce development: basic building skills, public speaking, critical thinking, basic math (80%)

Specific assessment tools and data collection:

1. Data collection and follow up survey by volunteers or students
2. Data collection and follow up survey by volunteers
3. Focus group interviews by professional consultant
4. Focus group interviews by professional consultant; assessment tests

Outcome data gathered from all participants: Yes

Will collect outcome data every other month

Staff comment: Outcomes have numeric targets for positive changes experienced by participants; each is associated with an appropriate tool and process. Are specific assessments used for #4? Are the targets meant as “80% of all participants will improve access...” or otherwise?

Measures of Utilization

Treatment Plan Clients (TPCs): no target – those who participate in workforce development or groups

Non-Treatment Plan Clients (NTPCs): no target – those who use the drop-in center

Community Service Events (CSEs): no target – events organized or attended by the agency

Service Contacts (SCs): no target – contacts made with employers and landlords

Staff comment: Although the proposal states that these categories don't fit the project very well, the definitions they've included are meaningful and countable – numeric targets should be identified; people participating in workforce development or groups could have individualized plans, even if brief.

PY25 Targets	? TPCs	? NTPCs	? SCs	? CSEs
PY24 First Two Quarters (per submitted Service Activity Reports)				
First Quarter	14	43	5	3
Second Quarter	10	32	8	8
<i>Annual Targets</i>	<i>47 TPCs</i>	<i>140 NTPCs</i>	<i>18 SCs</i>	<i>20 CSEs</i>
PY23 All Four Quarters (per submitted Service Activity Reports)				
First Quarter	35	112	10	5
Second Quarter	60	60	75	3
Third Quarter	65	65	10	2
Fourth Quarter	40	40	9	4
<i>Annual Targets</i>	<i>120 TPCs</i>	<i>280 NTPCs</i>	<i>75 SCs</i>	<i>15 CSEs</i>

Financial Analysis

PY2025 CCMHB request: \$95,000

PY2025 total program budget: \$206,000

Current year funding (PY2024): \$95,000

Proposed change in funding - PY2024 to PY2025 = 0%

CCMHB request is for 46% of total program revenue.

Other program revenue is from Contributions \$5,000 (2%), City of Champaign \$40,000 (19%), Access 2 Justice \$12,000 (6%), Champaign County ARPA \$50,000 (24%), In-Kind Contributions \$4,000 (2%).

Personnel costs of \$37,800 are 40% of the requested amount.

Other expenses are Professional Fees/Consultants \$39,700 (42%), Consumables \$4,500 (5%), General Operating \$6,000 (6%), Conferences/Staff Development \$3,000 (3%), Local Transportation \$500, Specific Assistance \$3,000 (3%), and Cost of Production \$500.

Total agency budget has a surplus of \$93,600, total program a deficit of \$31,017, CCMHB budget is balanced.

Program staff to be funded by CCMHB: 0.48 Indirect FTE

Total program staff: 1.5 Indirect + 1 Direct = 2.5 FTEs.

Staff comment: Indirect Staff associated with this contract: 40% of the full-time Director and 8% of full-time Co-Director. The Program Plan Narrative and Budget Narrative explain that Professional Fees include payment to peer mentors, course facilitators, and curriculum designers; audit costs are not included. In-Kind Contributions of \$30k to total agency increase the agency surplus, but the \$4k portion allocated to this program mitigates the appearance of a program level deficit. It is unclear if the matching in-kind expense appears in the Total Program expense form. Some expense items listed in the Budget Narrative do not match their corresponding entries in the expense form.

Agency Cultural and Linguistic Competence Plan

Does the CLC Plan include required benchmarks and CLAS Standards? Yes

Highlights from the submitted CLC Plan: Apricot Data Management training is taken by the director to develop plans of action for using the collected data, particularly to highlight racial and gender justice issues. FirstFollowers will create a list of landlords who rent to people coming to community who have been released

from being incarceration. Outreach and engagement activities are being planned to engage community members, family members, and people that are returning home to the community.

If currently funded, did the agency submit a complete CLC Progress Report for the first half of PY24? Yes
Highlights from the submitted CLC Progress Report: FirstFollowers conducts one-on-one interviews with all their staff members and volunteers to set goals and objectives for their peer-led work. Four team members attended a National Conference in Puerto Rico for recently incarcerated women, aligning with the goal of building more connections as a peer-led organization.

Staff comment: FirstFollowers continues to increase their capacity to serve people that are returning home from being incarcerated. I reviewed the CLC plan and program plan to ensure that the program plan aligned with the CLAS Standards and the CCMHB CLC Funding requirements. As a peer-led organization, they have incorporated the value of building social supports in addition to the training that is required by staff.

Criteria for Best Value

Budget and program connectedness: The Budget Narrative identifies sources of revenue for the program, provides details on each expense category specific to the program, and lists staff costs associated with the contract. There are some mismatches between these and other financial forms which, if resolved, might change the apparent program budget deficit.

Participant outcomes (*see above for details*): Four measurable outcomes, with targets and tools, relate to positive changes for participants.

Self-determination and self-direction in service planning: Not identified.

Eliminating disparities in access and care (*see above for Agency CLC Plan details*): Outreach through social media, word of mouth, parole staff; due to location of parole and other appointments, most services are in Champaign and Urbana; members of racial minority populations and those with low income are overrepresented in the target population/people served; service locations are minority-serving institutions.

Promoting inclusion and reducing stigma: Social media and public education events; connects participants with employers; peers and students connect them with community.

Continuation of services during public health emergency: Not easily, due to the nature of the service.

Builds on successes with technology and virtual platforms, increasing training and access for staff and people served: While not a focus of the application, trainings could include use of virtual platforms.

Unique features - approach: Trauma-informed care, peer mentoring, participatory action research; provides two related links.

Unique features - staff credentials: Director – PhD candidate, Education; Co-Director - PhD, Soros Justice Fellow; Outreach Coordinator - MA, Non-Profit Management

Unique features – resource leveraging: Not used as match for other revenue, other pay sources are listed, clients are not asked to pay a fee, and the program is not eligible for Medicaid participation.

Expectations for Minimal Responsiveness

Organizational eligibility questionnaire: Yes.

Agency capacity for financial clarity: small organization relying on financial professionals as its revenue grows

If applicable, audit findings: PY2023 agency audit was submitted 1/2/24, will be revised and resubmitted (level of funding has reached threshold for other federal standards), indicates internal control issue (related to few staff), and some amount may be owed back due to payer of last resort requirement.

If applicable, compliance issues: The agency should submit their approved Board minutes in a timely manner.

All forms submitted by deadline: Yes, completed by February 9, 2024.

Proposal relates directly to MI, SUD, or I/DD and how it will improve the quality of life for persons with MI, SUD, or I/DD: Yes

Evidence that other sources of funding have been maximized: Yes, secures other relevant sources of funding.

Coordinated system: Yes.

Written collaborative agreements: Housing Authority of Champaign County, Bethel AME Church, City of Champaign, City of Urbana, DREAAM, Boyz to Men.

Referral between providers: Yes.

Process Considerations and Caveats

Contracting considerations: If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2025 contract:

- *Revisions prior to contract: resolve discrepancies in financial forms and clarify agency surplus vs program deficit; identify specific numeric targets for utilization measures.*
- *Resolve PY23 audit issues prior to contract start; offer a two-year term.*
- *Improvements during contract year: develop written individualized support plans for some participants, especially those working toward goals they have identified.*
- *Consider continuing PY24 special provisions; add agency representation on the Reentry Council Executive Committee.*

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

Recommendation: Pending

Draft CCMHB PY2025 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff analysis and comments relate to sections of the application and, if the proposed program has been funded, to previously submitted reports.

Program: Advocacy, Care, and Education Services - NEW

Agency: Greater Community AIDS Project of East Central Illinois

Request: \$65,000

Why it matters: "... bridges the gap with holistic support, empowering individuals through: Independent Living Skills... Transportation Assistance... Social Connection & Belonging..."

Selected priority: Closing the Gaps in Access and Care

Services and People Served

Who will benefit: People living with HIV/AIDS (PLWHA) and in GCAP transitional housing or emergency/rapid rehousing; PLWHA unsheltered or at risk and interested in housing assistance/supportive services; PLWHA receiving emergency assistance.

Scope of services: The agency currently offers housing assistance, emergency financial assistance, nutritional assistance, HIV education and outreach, and supportive services. All services are free of charge.

This proposal would fund a full-time Client Services Advocate to add: development of individualized treatment plans for clients, support for building skills in budgeting, finance, healthy eating, self-advocacy, communication, and self-sufficiency. It would also expand HIV/AIDS education and outreach efforts.

Location and frequency of services: Agencies' transitional housing facilities, at emergency/rapid rehousing motel units rented by the agency, and at education and outreach sites; frequency not indicated but assumed to be somewhat individualized.

Staff comment: The request is to fund a new program; much more detail in the application.

Residency and demographic data not available, a NEW program not currently funded.

Measures of Client/Participant Access

Eligibility criteria and determination: HIV status, medical evidence, self-reported housing status and income.

Outreach to eligible people: events, HIV case manager, infectious disease provider, website, social media

Within 3 days from referral, 90% of those referred will be assessed.

Within 3 days of assessment, 90% of those assessed will engage in services.

People will engage in services, on average, for: 6-18 months.

Additional demographic data: annual income, # of people and children in household, housing status.

Measures of Client/Participant Outcomes

Outcomes and targets:

1. Increased ability to meet basic needs securely and sustainably.
2. Strong social connections and support networks.
3. Confidence and self-sufficiency for long-term success.
4. Reduction in barriers that interfere with access to care.
5. Goal Achievement.

Specific assessment tools and data collection:

- 1 and 4 use Self-Sufficiency matrix.
2. Multidimensional Scale of Perceived Social Support.
3. Rosenberg Self-Esteem Scale.
5. Goal Achievement Scaling.

GCAP – Advocacy, Care, and Education Services

Outcome data gathered from all participants: Yes

Will collect outcome data quarterly

Staff comment: excellent detail is provided on each of the assessment tools, how often used, and by whom; outcomes do not have specific numeric targets but relate to consumers.

Measures of Utilization

Treatment Plan Clients (TPCs): 10-15 housing clients.

Community Service Events (CSEs): 7-10 (identifies 6 specific events and likely times of year).

Service Contacts (SCs): 20-25 individuals screened for treatment.

Other: 40-50 people receiving emergency assistance only – not long-term contact.

Staff comment: Each target is a range; specific targets are simpler to track and if not identified this year could be based on actual results (if a subsequent application/contract).

PY25 Targets 10-15 TPCs 20-25 SCs 7-10 CSEs 40-50 Other

Financial Analysis

PY2025 CCMHB request: \$65,000

PY2025 total program budget: \$0 (due to errors in Revenue form)

Current year funding (PY2024): N/A

CCMHB request is for 100% of total program revenue.

Personnel costs of \$52,936 are 81% of the requested amount.

Other expenses are Professional Fees/Consultants \$1,500 (2%), Consumables \$1,250 (2%), General Operating \$2,214 (3%), Conferences/Staff Development \$500, Local Transportation \$600, Specific Assistance \$2,000 (3%), Miscellaneous \$4,000 (6%).

Total agency budget is balanced, total program budget has \$61,286 deficit, and CCMHB budget is balanced.

Program staff to be funded by CCMHB: 0.25 Indirect + 0.62 Direct = 0.87 FTEs.

Total program staff: 0.25 Indirect + 0.62 Direct = 0.87 FTEs.

Staff comment: Multiple errors in Expense, Revenue, and Personnel Forms make accurate interpretation of the funding request difficult. Elsewhere in the application, the Client Services Advocate (direct) is described as a full-time position, suggesting another possible error in Personnel form. Professional Fees will pay for professional accounting service. Staff Development will pay for staff to attend Motivational Interviewing training. Local Transportation will pay for mileage reimbursement to staff for use of personal vehicles at the IRS rate, up to 100 miles/month. Specific Assistance will pay for furniture and items needed to transition clients from GPAC-supported housing to permanent housing. Miscellaneous will pay to cover cost of education and outreach services for clients. Further explanation of these education/outreach services may be required.

Agency Cultural and Linguistic Competence Plan

Does the CLC Plan include required benchmarks and CLAS Standards? Yes

Highlights from the submitted CLC Plan: The agency reviews policies and procedures individually and in a collaborative process with the Board. They reported that language access services are based on the needs of the clients they serve. GCAP will work with committee members and board members who meet the CLC Training Requirements.

Staff comment: GCAP is a new program that will be required to meet with the CLC Coordinator if they are funded, to receive support on how to enhance their actions outlined in the CLC Plan to align with their mission and services as described in the submitted program plan.

Criteria for Best Value

Budget and program connectedness: The Budget Narrative describes agency and program sources of revenue, with estimated amounts for most, details each anticipated expense category with items and estimated amounts for most (some do not match the Expense form), and shows calculation of indirect and direct staff costs. Expense descriptions support the program plan.

Participant outcomes (*see above for details*): includes five measurable outcomes (no numeric targets) and appropriate measurement tools/processes for each of these.

Self-determination and self-direction in service planning: individualized, with staff support, and a strengths-based approach.

Eliminating disparities in access and care (*see above for Agency CLC Plan details*): open to all county residents regardless of zip code of origin or demographic; transportation support offered; collaborates with community agencies to ensure inclusion of members of racial, ethnic, and gender minority groups.

Promoting inclusion and reducing stigma: welcoming and ADA accessible environment, reinforces non-discrimination related to current or previous drug use; harm reduction approach to care; meet clients where they are. Staff training on internal bias and stigma; destigmatizing messaging at outreach/education events.

Continuation of services during public health emergency: not identified but some proposed activities could be conducted virtually (or phone or email).

Builds on successes with technology and virtual platforms, increasing training and access for staff and people served: not a focus.

Unique features - approach: Motivational Interviewing (link provided) and strength-based approach. Also link to Housing First and Harm Reduction factsheet.

Unique features - staff credentials: Executive Director – BS in Developmental Psychology, Licensed Child Welfare Employee (DCFS), licensed Insurance Navigator, trained as HIV counselor. Client Services Advocate (interim and a volunteer) – retired nurse practitioner, over 30 years work in infectious disease.

Unique features – resource leveraging: Not identified as match for other funding. Other pay sources are Housing Opportunities for People with AIDS. People served do not pay a fee. No Medicaid participation.

Staff comment: This section of the application identifies qualifications of the Client Services Advocate, but because this is currently a volunteer, the personnel form listing is ‘to be hired.’

Expectations for Minimal Responsiveness

Organizational eligibility questionnaire: Yes.

Agency capacity for financial clarity: some errors in application financial forms.

If applicable, audit findings: The agency has not previously been funded by the CCMHB, so no prior year audit has been submitted for review.

If applicable, compliance issues: N/A

All forms submitted by deadline: Yes. Completed February 11.

Proposal relates directly to MI, SUD, or I/DD and how it will improve the quality of life for persons with MI, SUD, or I/DD: Yes.

Evidence that other sources of funding have been maximized: Not specified.

Coordinated system: CUPHD and CSPH in particular; similar and related supports are listed.

Written collaborative agreements: CUPHD, Eastern IL Foodbank, Continuum of Care/CSPH, and Uniting Pride.

Referral between providers: Yes.

Process Considerations and Caveats

Contracting considerations: If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2025 contract:

- *Revisions prior to contract: resolution of errors and mismatches across financial forms and clarification of some costs (see above); choose specific targets for utilization categories (rather than ranges.)*
- *Improvements during contract year (special provision): work with the CLC Coordinator to align CLC Plan action steps with agency mission, program goals, and CLAS standards.*
- *The total agency revenue will require an independent CPA financial review (rather than audit) within six months of the end of the contract/program year 25 (prior to December 31, 2025).*

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

Recommendation: Pending

Draft CCMHB PY2025 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff analysis and comments relate to sections of the application and, if the proposed program has been funded, to previously submitted reports.

Program: Peer-Support

Agency: GROW in Illinois

Request: \$159,740

Why it matters: "... group method and caring and sharing community provides access so that the person can learn a new way of living... education and development by adopting the GROW program and a philosophy of life. We have Weekly group meetings / Organizer and Recorder meetings, Leaders meetings, and monthly socials... services that the professionals do not provide."

Selected priority: Closing the Gaps in Access and Care

Staff comment: Aligned with the selected priority and with Safety and Crisis Stabilization (jail groups).

Services and People Served

Who will benefit: People with mental health conditions, seeking prevention or personal growth, and those who are homeless.

Scope of services:

A network of GROW groups and recovery support activities: Champaign group; groups in the County Jail (one for men, one for women); videoconference group (a community group); orientation/discussion group at OSF; Restoration Urban Ministries; First Presbyterian community groups; monthly social activities; six leadership meetings; six Organizers and Recorders meetings; bi-monthly GROW Leadership Program trainings; and monthly meeting to update the program and make changes for Cultural Competency and other.

The goal of the GROW Program is for the personal recovery (those with MI or SUD)... 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 develop skills learned for coping with mental health problems.

Weekly meetings of 3 to 15 members... run by GROWers who have advanced in their recovery and volunteered to be Organizers or Recorders for the group. Group Organizers (seasoned leaders, often with lived experience) develop new groups, ensure adherence to program, and conduct orientations and social activities. GROW will participate in anti-stigma awareness campaigns, disability expos, and other community health fairs. Website is updated regularly at www.growinamerica.org

Location and frequency of services: 1st Presbyterian Church (Champaign), Champaign County Jail, Restoration Urban Ministries, OSF, and on zoom; weekly meetings up to 2 hours each; monthly socials at various locations (church, park); gatherings, events, staff meetings, and trainings at community center in Rantoul.

Staff comment: The proposal requests funding to continue a current program, with unique approach and focus on peers. Leadership from the County Sheriff's Office indicates that the GROW activities are valued.

Residency of 249 people served in PY23 and 236 in the first half of PY24:

Champaign	126 for PY23	147 for PY24
Urbana	99 for PY23	45 for PY24
Rantoul	4 for PY23	6 for PY24
Mahomet	1 for PY23	0 for PY24
Other	7 for PY23	7 for PY24
Not indicating	12 for PY23	31 for PY24 (<i>some attending orientations choose not to share</i>)

Demographics of 249 people served during PY23:

Age

Ages 0-6 -----	4
Ages 7-12 -----	2
Ages 13-18 -----	3
Ages 19-59 -----	213
Ages 60+ -----	21
Not Available -----	6
Race	
White -----	121
Black / AA -----	114
Asian / PI -----	5
Other (incl. Native American, Bi-racial)-	2
Not Available -----	7
Gender	
Male -----	102
Female -----	144
Other -----	3
Ethnicity	
Of Hispanic/Latino/a Origin -----	2
Not of Hispanic/Latino/a Origin -----	200
Not Available -----	6

Measures of Client/Participant Access

Eligibility criteria and determination: People 18 years and older (and younger, with a parent’s approval). The monthly social includes youth and family members.

Outreach to eligible people: From 2022/23 survey of 26 GROWERS - 20.8% of participants heard about GROW through professional referral, 45% through family and friends, and 12.5% hospital orientation, 12% through other means (advertisement, Champaign County Jail, hospital stay).

Referral and engagement timelines: n/a

People will engage in services, on average, for: Those in jail may participate only a few weeks; community participants for years.

Additional demographic data: Military service, hospitalizations, spirituality, diagnosed illness, how many medications, attempted suicides.

Staff comment: Could timelines be defined for people accessing GROW for the first time, even though there is not a formal assessment?

Measures of Client/Participant Outcomes

Outcomes and targets:

1. decreased hospitalization frequency
2. decreased medication use [under medical supervision]
3. increased use of social resource
4. increased personal growth
5. increased wellbeing
6. increased number of participants in leadership roles
7. satisfaction with GROW program

Participants 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.

Specific assessment tools and data collection:

- 1, 2, and 7 – GROW survey - by Growers, who are participants
- 3. Internal & GROW Survey (2-Way Social Support Scale and the NIH Toolbox Emotional Support Survey) - Growers & Fieldworker
- 4. Internal (using guidelines from GROW book) – Fieldworker
- 5. GROW Survey (Personal Wellbeing Index) – Growers
- 6. GROW survey – Growers & tabulation sheets

Outcome data gathered from all participants: No. Those consenting to the survey and present at collection.

Will collect outcome data annually, with baseline survey for new members.

Staff comment: outcomes are positive changes for participants as a result of the program activities.

Measures of Utilization

Non-Treatment Plan Clients (NTPCs): 150 - 80 continuing + up to 250 first timers.

Community Service Events (CSEs): 24 – disability Expo, public education event, workshops, leadership meetings, socials, trainings & mtgs for organizer and recorders.

Service Contacts (SCs): 2000 – orientations, group meetings.

Other: describes surveys on all groups other than OSF orientation group, with hours for these activities and the additional trainings.

Staff comment: The proposal is to continue PY24 level targets for NTPC and CSE but increase SCs.

PY25 Targets	150 NTPCs	2000 SCs	24 CSEs
PY24 First Two Quarters (per submitted Service Activity Reports)			
First Quarter	160	534	5
Second Quarter	76	748	5
<i>Annual Targets</i>	<i>150 NTPCs</i>	<i>1800 SCs</i>	<i>24 CSEs</i>
PY23 All Four Quarters (per submitted Service Activity Reports)			
First Quarter	48	489	4
Second Quarter	40	439	5
Third Quarter	77	496	4
Fourth Quarter	84	644	4
<i>Annual Targets</i>	<i>150 NTPCs</i>	<i>1800 SCs</i>	<i>24 CSEs</i>

Financial Analysis

PY2025 CCMHB request: \$159,740

PY2025 total program budget: \$167,790

Current year funding (PY2024): \$129,583

Proposed change in funding - PY2024 to PY2025 = %

CCMHB request is for 95% of total program revenue.

Other program revenue is from Contributions \$1,000, Fundraising \$1,000, Sales of Goods and Services \$50, and In-Kind Contributions \$6,000 (4%).

Personnel costs of \$129,090 are 81% of the requested amount.

Other expenses are Professional Fees/Consultants \$12,000 (8%), Consumables \$1,200, General Operating \$5,000 (3%), Conferences/Staff Development \$500, Local Transportation \$4,200 (3%), Lease/Rental \$1,200, Membership Dues \$6,000 (4%), Fundraising Activities \$50, Miscellaneous \$500.

Total agency and program budgets are identical, with \$8,050 surplus (\$6k attributable to in-kind); CCMHB budget is balanced.

Program staff to be funded by CCMHB: 3.15 Direct FTEs.

Total program staff: 3.15 Direct FTEs.

Staff comment: Direct staff to be charged to the contract include 100% of the full-time Director/Coordinator, full time Secretary/Bookkeeper, three quarter time Field Worker, one quarter time Field Worker, and .15 Bilingual Field Worker (to be hired). No indirect staff are included; for a small agency, it is not a surprise that staff perform direct and indirect functions, but this could be described by including portions of each in each category. Total agency, total program, and CCMHB budgets are identical except for the presence of other agency/program revenue, which is not expended and results in surplus (adjusted by the in-kind contributions of volunteers' time to \$2,050); if the agency doesn't have expenses outside those related to this contract, the full request might not be needed. Professional Fees will pay for audit and 990 costs, payroll and bookkeeping services, and banking fees. General Operating will cover liability and worker's compensation insurance, postage, phone, and Zoom subscription. Conferences/Staff Development will pay for an annual meeting. Local Transportation will reimburse mileage for three staff and secretary. More information about this is needed. Lease/Rental for the office space in Rantoul. Membership Dues covers the fee paid to GROW In America. Miscellaneous Expense references travel and mileage costs, a laptop computer, and office supplies. These items need to be reallocated to the appropriate expense categories.

Agency Cultural and Linguistic Competence Plan

Does the CLC Plan include required benchmarks and CLAS Standards? Yes

Highlights from the submitted CLC Plan: GROW in Illinois is a peer support group for people living with a mental health challenge. They provide groups in the community and Champaign County jail and via video conference for people that live in Rural Communities. The curriculum is provided in English and Spanish. The Outreach worker will coordinate language services based on the needs of the "GROWER". Staff receive 4 hours of annual cultural competence training.

If currently funded, did the agency submit a complete CLC Progress Report for the first half of PY24? Yes

Highlights from the submitted CLC Progress Report: Extensive Training was completed by the Field Workers in Cultural Competence and Mental Health for the African American Populations. GROW participated in the Disability Expo and planned 2 outreach workshops to let community members know about GROW in Illinois. GROW members will partner with Immigrant Services to build capacity for language access services for people who want to attend support groups.

Staff comment: GROW in Illinois continues to build capacity to serve people with living with mental health challenges. Their program plan and CLC Plan align with their services. If they receive funding, GROW will be required to update their CLC Plan to include current staff and remove some of the names of the people responsible for carrying out services who are no longer with the organization.

Criteria for Best Value

Budget and program connectedness: The Budget Narrative explains other agency/program revenues (the largest other source is in-kind contributions valued at \$6,000), gives detail on expenses within categories and with amounts for each (conferences/staff development cost is \$2,550, different from expense form), and explains in excellent detail the responsibilities of each staff position. Costs are related to program activities, and financial forms agree (with one exception), though some should be recategorized.

Participant outcomes (see above for details): 6 of the 7 outcomes relate to positive impact experienced by individual participants, and the 7th relates to participants' progress/involvement in the program; all are relevant to the services and associated with appropriate assessment tools; they call for decreases and increases rather than specific numeric changes.

Self-determination and self-direction in service planning: not a focus.

Eliminating disparities in access and care (see above for Agency CLC Plan details): reaches people through videoconferencing and various meeting locations county-wide; office in Rantoul; fieldworkers work with family members, religious and community organizations to find places and transportation options; supports people through jail groups, during reentry, in hospital, and at shelters, reaching many who have been underserved; works with leadership of racial/ethnic minority groups; seeks a Spanish speaking fieldworker to improve reach.

Promoting inclusion and reducing stigma: through its history, the organization has been inclusive, nondenominational, anti-discriminatory, and supportive of members... [through] 12-step, peer-to-peer counseling; participation in community anti-stigma events; groups in areas where people live, work and play; diverse team reflects the community; value on helping members feel at home and live life with meaning and purpose... serves anyone willing to make changes in their lives and adopt and practice the GROW program.

Continuation of services during public health emergency: Yes, virtual options.

Builds on successes with technology and virtual platforms, increasing training and access for staff and people served: Yes.

Unique features - approach: describes research projects on the GROW model's positive impacts, notes that the GROW website offers a complete list of peer-reviewed research (not linked in this section).

Unique features - staff credentials:

Staff were working toward Certified Recovery Support Specialist (CRSS) certification. One has peer support for youth and will attend classes in the spring for CRSS. Some volunteers have training in CRSS but have not applied for certification. All staff have 4 hours of CLC training a year. GROW holds monthly training sessions on a variety of topics led by senior GROW leaders, some of whom have professional and medical degrees.

GROW field workers trained in the GROW 12-step program and peer-to-peer counseling based on the program, have 'lived experience,' and are routinely counseled not to provide advice to GROWers but refer to the 12-step program materials, books, training manuals, and other GROWers.

GROWers are asked to write their testimonies of decline and recovery citing how the program helped them change thinking, behavior, and relationships. Supplemental training includes workshops, lectures and programs preferably offered locally or nearby. GROWers attend and are invited to lead or participate in conferences and training events.

Unique features – resource leveraging: not used as match for other revenue; substantial use of volunteers (peers with lived experience); other pay sources are small amounts from contributions and fundraising; clients do not pay a fee; program is not eligible for Medicaid participation.

Expectations for Minimal Responsiveness

Organizational eligibility questionnaire: Yes.

Agency capacity for financial clarity: This small agency has a bookkeeper on staff and communicates questions and concerns to CCMHB staff when needed.

If applicable, audit findings: PY2023 agency review was submitted 2/21/24, delayed by bank information on donation, with a comment regarding the agency board-approved financial procedures, as they do not prescribe the level of segregation of duties.

If applicable, compliance issues: GROW had late 2nd quarter reports that resulted in paused payments.

All forms submitted by deadline: Yes, completed on February 7, 2024.

Proposal relates directly to MI, SUD, or I/DD and how it will improve the quality of life for persons with MI, SUD, or I/DD: Yes.

Evidence that other sources of funding have been maximized: Yes.

Coordinated system: Yes, detail on partnerships; GROW staff are active collaborators.

Written collaborative agreements: Rosecrance; Youth & Family Peer Support Alliance; CSCNCC; Champaign County Re-Entry Council; Restoration Urban Ministries; CU at Home; OSF; Champaign County Jail.

Referral between providers: Yes.

Process Considerations and Caveats

Contracting considerations: If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2025 contract:

- *Revisions prior to contract: update CLC plan; corrections and clarifications in financial forms; if the discrepancy in conferences/staff development cost were corrected in the expense form (total agency and program columns only) to agree with the budget narrative, the total agency/program surplus of \$2,050 (adjusted by excluding in-kind contributions) could be spent.*
- *Offer a two-year term.*
- *Consider continuing the PY24 special provisions.*

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

Recommendation: Pending

Draft CCMHB PY2025 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff analysis and comments relate to sections of the application and, if the proposed program has been funded, to previously submitted reports.

Program: Benefits Case Management

Agency: Rosecrance Central Illinois

Request: \$84,625

Why it matters: "... addresses the "labyrinth" of benefit enrollment and resource information stigma and barriers to care... to help clients obtain the benefits necessary to receive coverage for behavioral health and medical services, as well as other public benefit programs... may also assist clients in addressing social determinants of health (housing, employment, healthy food, etc.)..."

Selected priority: Closing the Gaps in Access and Care

Services and People Served

Who will benefit: Anyone from Champaign County requesting behavioral health services but not linked with benefits such as Medicaid/Managed Care, Medicare, Social Security Disability Insurance, SNAP/Link Card, pharmacy assistance, and other public programs... Benefit-acquisition services are critical for individuals with behavioral health needs, for whom Rosecrance staff may be the first link to treatment and recovery.

Scope of services: Assistance with applications, submissions, and appeal processes involved in obtaining the benefits necessary to receive coverage for behavioral health and medical services, as well as other public benefit programs. Navigating the application process for various entitlements can be complicated, confusing, and stressful (Pollitz, Tolbert, Hamel, Kearney, 2020; <https://www.kff.org/report-section/consumer-assistance-in-health-insurance-evidence-of-impact-and-unmet-need-issue-brief/>). This can lead people to not seek help or not engage in behavioral health and/or medical treatment, thereby exacerbating their condition. Help with reducing barriers to treatment by assisting those without access to dental, vision and healthcare resources as well as other public programs... helps clients obtain additional information about their benefits when clients have questions about any current benefits they are receiving. Once benefits are established, persons with MI or SUD, who often have co-occurring physical health concerns, are more easily able to get needed care, avoiding more expensive care in local hospital emergency departments.

Assistance accessing resources such as food, clothing, shelter, transportation, and legal services; coordinates with client's primary treatment provider; serves clients referred from all Rosecrance programs.

Location and frequency of services: office, client home, community settings, M-F 9A-530P or by appointment.

Staff comment: The proposal is for funding for a longstanding funded program, which has adapted over the years as other funding sources have changed.

Residency of 133 people served in PY23 and 72 in the first half of PY24:

Champaign	95 for PY23	46 for PY24
Urbana	25 for PY23	17 for PY24
Rantoul	8 for PY23	6 for PY24
Mahomet	2 for PY23	1 for PY24
Other	3 for PY23	2 for PY24

Demographics of 133 people served during PY23:

Age	
Ages 19-59 -----	124
Ages 60+ -----	9
Race	

White -----	87
Black / AA -----	44
Asian / PI -----	1
Other (incl. Native American, Bi-racial)-	1
Gender	
Male -----	80
Female -----	53
Ethnicity	
Of Hispanic/Latino/a Origin -----	1
Not of Hispanic/Latino/a Origin -----	132

Measures of Client/Participant Access

Eligibility criteria and determination: Rosecrance clients referred for the service, regardless of benefits status.

Outreach to eligible people: Internal referrals from other agency staff; external referrals from other providers.

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

Within 1 day of assessment, 100% of those assessed will engage in services.

People will engage in services, on average, for: 3-6 months.

Additional demographic data: income level, education level, living arrangement, # of dependents, contact info, primary language, religion, veteran status, marital status, employment status, legal status.

Staff comment: Is the service offered only to Rosecrance clients, who might be referred through other Rosecrance programs or by other providers they might be seeing (still current Rosecrance clients) – OR is the service open to anyone referred by a provider, whether internal or external to Rosecrance?

Measures of Client/Participant Outcomes

Outcomes and targets:

1. ... 100% of those seeking information, assistance with applications, or referral will receive an appointment for services.
2. ... clients seeking services will be offered an appointment within 5 business days of referral, call, or walk-in.
3. ... 100% of eligible clients will be assisted with benefits acquisition.
4. ... 600 contacts to assist clients with benefits acquisition will be completed annually.

Specific assessment tools and data collection:

All are measured in the agency's electronic health record, entered by Benefits Case Manager who also completes Benefits Referral and Tracking Worksheet on each client, with progress of application(s) submitted.

Outcome data gathered from all participants: Yes.

Will collect outcome data quarterly.

Staff comment: All of the measures relate to the program's performance (timeliness of responses, volume of service contacts), which are indirect measures of positive impact on participants.

Measures of Utilization

Non-Treatment Plan Clients (NTPCs): 250 people

Service Contacts (SCs): 600 contacts (phone calls, applications submitted, letters written, other communications) on behalf of a client to access benefits

Staff comment: The proposal is to continue PY24 targets in PY25.

PY25 Targets	250 NTPCs	600 SCs
PY24 First Two Quarters (per submitted Service Activity Reports)		
First Quarter	50	108

Second Quarter	22	107
<i>Annual Targets</i>	<i>250 NTPCs</i>	<i>600 SCs</i>
PY23 All Four Quarters (per submitted Service Activity Reports)		
First Quarter	70	126
Second Quarter	20	141
Third Quarter	24	101
Fourth Quarter	29	145
<i>Annual Targets</i>	<i>250 NTPCs</i>	<i>625 SCs</i>

Financial Analysis

PY2025 CCMHB request: \$84,625

PY2025 total program budget: \$85,225

Current year funding (PY2024): \$80,595

Proposed change in funding - PY2024 to PY2025 = 5%

CCMHB request is for 99% of total program revenue.

Other program revenue is from Interest Income \$400 and Miscellaneous \$200.

Personnel costs of \$68,483 are 81% of the requested amount.

Other expenses are Professional Fees/Consultants \$6,797 (8%), General Operating \$6,201 (7%), Occupancy \$2,612 (3%), and Local Transportation \$532.

Total agency budget has a deficit of \$297,146, total program and CCMHB budgets are balanced.

Program staff to be funded by CCMHB: 0.08 Indirect + 1 Direct = 1.08 FTEs.

Total program staff: 0.08 Indirect + 1 Direct = 1.08 FTEs.

Staff comment: Direct staff associated with the contract are 100% of the full-time Benefits Case Manager (who has served in the position for many years). Indirect Staff costs are 5% of full-time Director of Clinical Services, 2% of full time Receptionist, and 1% of full-time ES Supervisor. In addition to audit fees, benefits administration, legal services, software license and support, and recruitment services, Professional Fees also includes a portion of indirect cost. While Rosecrance uses a federally-approved indirect cost methodology of 28.95%, it is unclear how much of the \$6,797 budgeted for Professional Fees is being charged for indirect costs, and how that amount may have been calculated. Clarification is needed. General Operating will pay for phones, internet, postage, printing, and general liability insurance. Occupancy will pay for utilities, property insurance, and building/ground maintenance. Local Transportation will reimburse employees for mileage for use of their personal vehicles or for public transportation costs.

Agency Cultural and Linguistic Competence Plan

Does the CLC Plan include required benchmarks and CLAS Standards? Yes

Highlights from the submitted CLC Plan: An agency-wide DEI committee and a Community Advisory committee review the CLC Plan for CCMHB. Rosecrance works with staff to ensure program/office hours allow for accessibility that does not conflict with work hours for individuals served. There is a minimum of one CLC/DEIB activity for staff. Members of their Governing Body have lived experience with a mental illness, substance use disorder, or I/DD or are the caregiver for such an individual.

If currently funded, did the agency submit a complete CLC Progress Report for the first half of PY24? Yes

Highlights from the submitted CLC Progress Report: This past semester, Rosecrance housed 3 interns to build the workforce and develop staff. Additionally, Rosecrance has continued its "Community of Champions" and "Champions of Hope" human resources campaigns to bolster internal staff recognition and aid recruitment efforts. In alignment with the strategic plan, the Diversity, Equity, Inclusion, and Belonging (DEIB) committee continues its work to improve performance of the organization.

Staff comment: I have reviewed all the program plans for alignment with the CLC Plan. Rosecrance is a large organization; Rosecrance of Central Illinois is shifting their language from CLAS standards to DEIB. This is a drastic change from previous CLC Plans. The CLC Coordinator will meet with the leadership to learn more about this shift in their reporting about the CLAS Standards to DEIB.

Criteria for Best Value

Budget and program connectedness: Budget Narrative lists all revenue for the program, describes items within each expense category, explains that a few indirect/admin staff are charged to the program rather than allocating very small portions of all who may contribute, and explains the federal indirect cost agreement for Management & General and how costs are categorized. Amounts agree across financial forms.

Participant outcomes (see above for details): Four outcomes relate to the program's performance, indirectly relate to positive impact experienced by participants.

Self-determination and self-direction in service planning: Strengths Based CM

Eliminating disparities in access and care (see above for Agency CLC Plan details): Case Manager travels countywide to work with clients; transportation assistance and linkage to other resources; successful in reaching diverse population (provides supporting data); due to relationship between low income and poor health outcomes (over 95% of clients have very low or low income) need to expand services for this group.

Promoting inclusion and reducing stigma: "... to provide Benefits Case Management services which are person-centered, strengths-based, culturally appropriate, and include immediate access to a wide variety of behavioral health services. Access to medical and behavioral health services is improved by offering these services anywhere in Champaign County and by assisting clients to obtain the benefits necessary to receive coverage for behavioral health and medical services, as well as other public benefit programs. Additionally, addressing other social determinants of health will also help to reduce barriers/improve access to services for historically underinvested populations in Champaign County."

Continuation of services during public health emergency: Virtual options could be offered.

Builds on successes with technology and virtual platforms, increasing training and access for staff and people served: Not a focus.

Unique features - approach: Describes and links to info on Motivational Interviewing and on Strengths Based Case Management models, both evidence-based.

Unique features - staff credentials: Master's-level licensed clinician; trained in state and federal benefits acquisition guidelines and processes, SAMHSA SSI/SSDI Outreach, Access, and Recovery (SOAR) training (for assisting individuals who are at risk of homelessness and have a serious mental illness, medical impairment, and/or a co-occurring substance use disorder to apply for SSI and SSDI), Motivational Interviewing, cultural competence and diversity, and trauma-informed care.

Unique features – resource leveraging: Not used as match for other revenue but, by securing benefits for eligible people, this service leverages other sources of pay for treatment and services; there are no other sources of funding, client fees, or sliding scale, and the program is not eligible for Medicaid participation.

Expectations for Minimal Responsiveness

Organizational eligibility questionnaire: Yes.

Agency capacity for financial clarity: known due to prior experience funding the agency.

If applicable, audit findings: PY2023 agency audit was submitted 01/03/24 (delayed by technical barrier). There were no findings of concern, no unspent revenue associated with this program.

If applicable, compliance issues: None.

All forms submitted by deadline: Yes. Completed on February 9, 2024

Proposal relates directly to MI, SUD, or I/DD and how it will improve the quality of life for persons with MI, SUD, or I/DD: Yes.

Evidence that other sources of funding have been maximized: Yes.

Coordinated system: Yes.

Written collaborative agreements applicable to this program: Carle, Land of Lincoln Legal Assistance Foundation, CCHCC, OSF Hospital Urbana, Promise Healthcare, Eastern Illinois Food Bank, Courage Connection, Crisis Nursery, CCRPC, CUPHD

Referral between providers: Yes, describes relationship between similar programs.

Process Considerations and Caveats

Contracting considerations: If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2025 contract:

- *Revisions prior to contract: provide the negotiated Federal indirect cost agreement; clarify expenses specific to the program (see Financial Analysis comments above.)*
- *Consider continuing the PY24 special provisions.*
- *Offer a two-year term.*

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

Recommendation: Pending

Draft CCMHB PY2025 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff analysis and comments relate to sections of the application and, if the proposed program has been funded, to previously submitted reports.

Program: Child & Family Services

Agency: Rosecrance Central Illinois

Request: \$77,175

Why it matters: "... to improve mental health and well-being of children, youth, and families... counseling, transportation, case management, wellness, and psychiatric services for youth who have been impacted by trauma or mental, behavioral, or emotional disorders. Thus, expanding trauma-informed system capacity, providing strengths-based, coordinated, family-driven, person-centered, trauma-informed, and culturally responsive supports and services to help children and their families thrive."

Selected priority: Thriving Children, Youth, and Families

Services and People Served

Who will benefit: Youth (ages 5 to 17) and their families from Champaign County assessed as having a mental health disorder needing mental health counseling, psychiatric, and/or case management services, and who have limited financial resources to meet the cost of their care... youth and families with behavioral health needs, for whom Rosecrance staff may be the first link to treatment and recovery. Many of the clients have experienced trauma and adverse experiences such as exposure to violence, bullying, living in poverty, or dealing with the mental illness of a parent or other caregiver.

Scope of services: Mental health counseling, transportation, case management, wellness, and psychiatric services for youth... [and] family members of the youth as appropriate.

Mental Health counseling and case management services are provided by a Master's-level licensed clinician working with youth and families in the office, home, or other setting to create a family-driven, person-centered, trauma-informed, and culturally responsive treatment plan based on the clinical assessment. Counseling sessions are guided by the strengths-based treatment plan and may include individual, group, and/or family sessions, utilizing skill-building, psychoeducation, Cognitive Behavior Therapy, and Play Therapy. ... clinician may coordinate services with the psychiatrist when there is an assessed need... psychiatrist provides psychopharmacological treatment and monitors for any adverse effects of medications... supported by a licensed nurse who provides medication education, health and wellness promotion, and care coordination assistance for the youth or family members... care coordination, travel/transportation, and the services provided by the nurse are not funded by any other fund source.

Location and frequency of services: Agency office in Champaign, rented space at Rantoul's CSCNCC, schools, client homes, and other safe, private locations appropriate to the youth and family; frequency determined by individualized treatment plan, based on assessed needs.

Staff comment: The proposal is for funding for a program funded by the MHB since midyear PY23.

Residency of 41 people served in PY23 and 46 in the first half of PY24:

Champaign	17 for PY23	17 for PY24
Urbana	11 for PY23	15 for PY24
Rantoul	5 for PY23	7 for PY24
Mahomet	3 for PY23	2 for PY24
Other	5 for PY23	5 for PY24

Demographics of 41 people served during PY23 (funded for part of the year):

Age	
Ages 7-12 -----	10

Ages 13-18 -----	31
Race	
White -----	19
Black / AA -----	8
Other (incl. Native American, Bi-racial)-	14
Gender	
Male -----	11
Female -----	28
Ethnicity	
Of Hispanic/Latino/a Origin -----	8
Not of Hispanic/Latino/a Origin -----	33

Measures of Client/Participant Access

Eligibility criteria and determination: Champaign County residents aged 5-17 who have a mental health diagnosis; IM-CANS mental health assessment (required by state of Illinois) for counseling; Ohio and Columbia Scales; also identify whether a person needs psychiatric or case management services.

Outreach to eligible people: Internal referrals from Rosecrance staff, external referrals from parent organizations, pediatricians, school social workers, hospitals, case workers, other service providers.

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

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

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

Additional demographic data: Income level, education level, living arrangement, # of dependents, contact info, primary language, religion, veteran status, marital status, employment status, legal status.

Measures of Client/Participant Outcomes

Outcomes and targets:

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

Specific assessment tools and data collection:

1. Children’s Global Assessment Score (CGAS); clinician’s rating of a child’s overall functioning level.
2. Ohio Scale Problem/symptom severity... covering common problems reported by youth who receive behavioral health services. Each item is rated for severity/frequency.
3. Ohio Scale Functioning scale... rates the youth’s level of functioning in a variety of areas of daily activity...
4. Columbia Scale; used by the clinician to assess the severity and immediacy of suicide risk.

Outcome data gathered from all participants: Yes.

Will collect outcome data at program admission, then every 6 months and at discharge (if client is available).

Measures of Utilization

Treatment Plan Clients (TPCs): 30 youth/families completing assessment and treatment plan.

Non-Treatment Plan Clients (NTPCs): 10 youth/families enrolled but not with assessment or treatment plan.

Community Service Events (CSEs): 5 visits with community partners/events to explain program, etc.

Service Contacts (SCs): 250 contacts (sessions, transportation, case management, care coordination).

Staff comment: The proposal is to continue PY24 targets in PY25.

PY25 Targets	30 TPCs	10 NTPCs	5 CSEs	250 SCs
PY24 First Two Quarters (per submitted Service Activity Reports)				
First Quarter	34	0	1	173
Second Quarter	12	0	1	278
<i>Annual Targets</i>	<i>30 TPCs</i>	<i>10 NTPCs</i>	<i>5 CSEs</i>	<i>250 SCs</i>
PY23 Three Quarters (per submitted Service Activity Reports) (program started Oct 1)				
Second Quarter	12	7	2	87
Third Quarter	18	3	1	196
Fourth Quarter	11	0	2	192
<i>Annual Targets</i>	<i>20 TPCs</i>	<i>5 NTPCs</i>	<i>5 CSEs</i>	<i>210 SCs</i>

Financial Analysis

PY2025 CCMHB request: \$77,175

PY2025 total program budget: \$201,705

Current year funding (PY2024): \$73,500

Proposed change in funding - PY2024 to PY2025 = 5%

CCMHB request is for 38% of total program revenue.

Other program revenue is from Insurance \$12,346 (6%), Medicaid \$110,959 (55%), Interest Income \$850, and Miscellaneous \$375.

Personnel costs of \$17,547 are 23% of the requested amount.

Other expenses are Professional Fees/Consultants \$56,750 (74%), General Operating \$1,472 (2%), Occupancy \$694, and Local Transportation \$712.

Total agency budget has a deficit of \$297,146, total program and CCMHB budgets are balanced.

Program staff to be funded by CCMHB: 0.05 Indirect + 0.2 Direct = 0.25 FTEs.

Total program staff: 0.05 Indirect + 0.55 Direct = 0.60 FTEs.

Staff comment: Direct staff associated with the contract are 20% of a full-time Mental Health Clinician. Indirect Staff costs are 2% of full-time Director of Clinical Services, 2% of full-time Receptionist, and 1% of full-time ES Supervisor. The largest expense line is Professional Fees/Consultants, explained in the Budget Narrative as allocated per the federal indirect cost agreement, but the program plan refers to a psychiatrist and nurse (likely to be paid from this line.) It is unclear how much of the \$56,750 budgeted for Professional Fees is being charged for indirect costs, and how that amount may have been calculated – clarification is needed. General Operating will pay for phones, internet, postage, printing, and general liability insurance. Occupancy will pay for utilities, property insurance, and building/ground maintenance. Local Transportation will reimburse employees for mileage for use of their personal vehicles or for public transportation costs.

Agency Cultural and Linguistic Competence Plan

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

Highlights from the submitted CLC Plan: An agency-wide DEI committee and a Community Advisory committee review the CLC Plan for CCMHB. Rosecrance works with staff to ensure program/office hours allow for accessibility that does not conflict with work hours for individuals served. There is a minimum of one CLC/DEIB activity for staff. Members of their Governing Body have lived experience with a mental illness, substance use disorder, or I/DD or are the caregiver for such an individual.

If currently funded, did the agency submit a complete CLC Progress Report for the first half of PY24? Yes.

Highlights from the submitted CLC Progress Report: This past semester, Rosecrance housed 3 interns to build the workforce and develop staff. Additionally, Rosecrance has continued its "Community of Champions" and "Champions of Hope" human resources campaigns to bolster internal staff recognition and aid recruitment

efforts. In alignment with the strategic plan, the Diversity, Equity, Inclusion, and Belonging (DEIB) committee continues its work to improve performance of the organization.

Staff comment: I have reviewed all the program plans for alignment with the CLC Plan. Rosecrance is a large organization; Rosecrance of Central Illinois is shifting their language from CLAS standards to DEIB. This is a drastic change from previous CLC Plans. The CLC Coordinator will meet with the leadership to learn more about this shift in their reporting about the CLAS Standards to DEIB.

Criteria for Best Value

Budget and program connectedness: Budget Narrative lists all revenue for the program, describes items within each expense category, explains that a few indirect/admin staff are charged to the program rather than allocating very small portions of all who may contribute, and explains the federal indirect cost agreement for Management & General and how costs are categorized. Amounts agree across financial forms. Detail on program-specific consultant(s) – psychiatrist and nurse - is not included though their roles are described in the program plan narrative.

Participant outcomes (see above for details): Four measures of positive impact on participants, associated with appropriate assessment tools and processes; although specific numeric targets are not included, each target is ‘improvement’ which can be measured.

Self-determination and self-direction in service planning: Strengths Based CM for Youth, individual plans.

Eliminating disparities in access and care (see above for Agency CLC Plan details): Outreach through rural schools, counseling in home, school, or other appropriate location, or by telehealth; transportation if needed; case management and care coordination also countywide as needed; success in reaching diverse population; acknowledgement of healthcare disparities related to income and race, and the need to expand services.

Promoting inclusion and reducing stigma: Services which are person-centered, strengths-based, culturally appropriate, and include immediate access to a wide variety of behavioral health services. Staff training and program development to promote culturally responsive services. Outreach through face-to-face meetings, facility tours, conferences, health fairs, print, social media.

Continuation of services during public health emergency: Virtual options.

Builds on successes with technology and virtual platforms, increasing training and access for staff and people served: Not a focus.

Unique features - approach: Describes and links to info on Cognitive Behavioral Therapy, Play Therapy, Pharmacotherapy, and Strengths Based Case Management for Youth, all evidence-based practices.

Unique features - staff credentials:

Master’s-level licensed clinician, supervised by master’s level LCSW or LCPC; IM-CANS training through UIUC School of Social Work; agency training on recovery-oriented programming, evidence-based approaches to care, trauma-informed care, care coordination and integration, and continuity planning.

Board-certified, licensed psychiatrist with interest in child/adolescent psychiatry, supported by licensed nurse.

Unique features – resource leveraging: Not used as match for other revenue; other sources of funding are Medicaid or Managed Medicaid for those who have the coverage; no client fees or sliding scale; program is eligible for Medicaid participation.

Expectations for Minimal Responsiveness

Organizational eligibility questionnaire: Yes.

Agency capacity for financial clarity: Known due to prior experience funding the agency.

If applicable, audit findings: PY2023 agency audit was submitted 01/03/24 (delayed by technical barrier).

There were no findings of concern. Unspent revenue of \$8,137 associated with this program was returned; PY23 was the first year of MHB funding for this program and was not for the full year.

If applicable, compliance issues: None.

All forms submitted by deadline: Yes. Completed on February 9, 2024.

Proposal relates directly to MI, SUD, or I/DD and how it will improve the quality of life for persons with MI, SUD, or I/DD: Yes.

Evidence that other sources of funding have been maximized: Yes.

Coordinated system: Yes.

Written collaborative agreements applicable to this program: OSF Hospital Urbana, Promise Healthcare, Cunningham Children’s Home, Carle, Crisis Nursery, Champaign Unit 4 School District, Urbana School District 115, Uniting Pride (UP Center), Pavilion, Champaign County Probation, Rantoul Police Dept, Mahomet Police Dept, City of Urbana Police Dept, CCRPC Youth Assessment Center, RACES, CUPHD

Referral between providers: Yes.

Process Considerations and Caveats

Contracting considerations: If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2025 contract:

- *Revisions prior to contract: provide the negotiated Federal indirect cost agreement; clarify or revise program-specific expenses (see Financial Analysis notes above).*
- *The agency should inform the CCMHB of opportunities to advocate for statewide improvements to the system, including ‘paperwork reduction’ (i.e., replacement of IM-CANS).*
- *Consider continuing the PY24 special provisions.*
- *Offer a two-year term.*

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

Recommendation: Pending

Draft CCMHB PY2025 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff analysis and comments relate to sections of the application and, if the proposed program has been funded, to previously submitted reports.

Program: Criminal Justice PSC

Agency: Rosecrance Central Illinois

Request: \$336,000

Why it matters: "...to reduce reliance on institutional care, with qualified professionals meeting those involved with the criminal justice system where they are... jail, at probation, or in the community. Following a person-centered, client-driven plan, the staff help coordinate across systems... to assist persons in the jail as well as to help with the transition from incarceration to re-entry into the community."

Selected priority: Safety and Crisis Stabilization

Services and People Served

Who will benefit: Adults with behavioral health disorders who are/have been: presently or within the past 6 months charged with a crime; on community supervision (probation, parole, conditional discharge, or court supervision); found unfit to stand trial; on conditional release because they were found not guilty by reason of insanity; or presently incarcerated at the Champaign County Correctional Center.

Scope of services:

Eligibility screenings on all referred or requesting services while in jail. To engage in services, Motivational Interviewing (MI) - 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... all individuals have the capacity to change and grow. The focus is on individual strengths, not pathology; client directs 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. Moral Reconciliation Therapy (MRT) groups in jail and community. Coping with Anger group at Probation office. MRT is evidence-based, to decrease recidivism by enhancing better decision making and positive behaviors. Coping with Anger group is offered at the probation office, with curriculum (from developers of MRT and also a cognitive behavioral approach) to address negative thinking patterns and allow participants to learn how to express their anger in a healthier, more productive manner.

Location and frequency of services: MH/SUD treatment at Rosecrance sites (if the client chooses them upon release from jail); case managers work in locations of the client's choice/need (community, home, jail); frequency varies, based on client needs and preferences.

Staff comment: The proposal is for funding to continue a longstanding program which emerged from collaboration between the agency, the CCMHB, and County partners. Leadership from CCSO has indicated these services are valued and that the greatest threats relate to program staff turnover. In PY23, two people were from out of county but served due to presence at Champaign County jail (see data below).

Residency of 33 people served in PY23 and 22 in the first half of PY24:

Champaign	21 for PY23	10 for PY24
Urbana	4 for PY23	5 for PY24
Rantoul	3 for PY23	4 for PY24
Mahomet	1 for PY23	1 for PY24
Other	4 for PY23	2 for PY24

Demographics of 33 people served during PY23:

Age	
Ages 19-59 -----	29
Ages 60+ -----	3
Not Available -----	1
Race	
White -----	11
Black / AA -----	20
Other (incl. Native American, Bi-racial)-	2
Gender	
Male -----	23
Female -----	10
Ethnicity	
Of Hispanic/Latino/a Origin -----	2
Not of Hispanic/Latino/a Origin -----	31

Measures of Client/Participant Access

Eligibility criteria and determination: Adults with recent criminal justice involvement and assessed MH or SUD... staff complete screening interview to determine need for MH or SUD services; full assessment if client wants treatment.

Outreach to eligible people: Jail staff and word of mouth among those staying at the jail; informational flyers on the program available at jail; referrals from community partners, probation, and parole.

Within 15 days of 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: n/a

Staff comment: While the proposal states that “Jail complete initial screening of all at intake, using Brief Jail Mental Health Screening and Texas University Drug Screening tools and refer people who have positive screenings,” the current process has changed, with jail staff interviewing all who are booked and asking if they have social service needs, then communicating to the Rosecrance staff about relevant issues.

Measures of Client/Participant Outcomes

Outcomes and targets:

1. Increase client’s access to: groups, housing, employment, education, insurance, other benefits, primary care, MH/SUD treatment, transportation, or other.
2. Data on length of stay in jail for people with MI or cooccurring disorders.

Specific assessment tools and data collection:

1. Program staff enter linkage data in spreadsheet, to be analyzed by agency staff.
2. Program staff will use jail data on booking and release dates to track in excel, analyzed by agency staff.

Outcome data gathered from all participants: Yes.

Will collect outcome data quarterly and annually.

Staff comment: The first outcome measures the program’s performance in connecting people to resources, for presumed positive impact on participants, uses an appropriate tool and seeks non-specific ‘increase’; the second outcome is not complete (may be related to decreased lengths of stay).

Measures of Utilization

Treatment Plan Clients (TPCs): 45 people engaged in case management (can be impacted by the jail’s precautions to mitigate COVID).

Non-Treatment Plan Clients (NTPCs): 100 people receiving screening and referral info, choosing not to engage in case management.

Service Contacts (SCs): 500 request slips completed (also impacted by COVID restrictions at the jail).

Staff comment: Proposal is to continue PY24 targets for NTPC and SC and lower the TPC target in PY25.

PY25 Targets	45 TPCs	100 NTPCs	500 SCs
PY24 First Two Quarters (per submitted Service Activity Reports)			
First Quarter	19	88	116
Second Quarter	3	94	126
<i>Annual Targets</i>	<i>60 TPCs</i>	<i>100 NTPCs</i>	<i>500 SCs</i>
PY23 All Four Quarters (per submitted Service Activity Reports)			
First Quarter	14	57	202
Second Quarter	8	27	226
Third Quarter	6	62	228
Fourth Quarter	5	72	223
<i>Annual Targets</i>	<i>60 TPCs</i>	<i>100 NTPCs</i>	<i>500 SCs</i>

Financial Analysis

PY2025 CCMHB request: \$336,000

PY2025 total program budget: \$462,905

Current year funding (PY2024): \$320,000

Proposed change in funding - PY2024 to PY2025 = 5%

CCMHB request is for 73% of total program revenue.

Other program revenue is from Champaign County Re-entry \$100,000 (22%), Medicaid \$19,101 (4%), Interest Income \$6,722 (1%), and Miscellaneous \$1,082.

Personnel costs of \$220,110 are 66% of the requested amount.

Other expenses are Professional Fees/Consultants \$85,903 (26%), Consumables \$625, General Operating \$17,854 (5%), Occupancy \$7,435 (2%), Conferences/Staff Development \$2,242, Local Transportation \$1,831.

Total agency budget has a deficit of \$297,146, total program a \$1 deficit, CCMHB budget balanced.

Program staff to be funded by CCMHB: 0.14 Indirect + 3.56 Direct = 3.7 FTEs.

Total program staff: 0.5 Indirect + 4.8 Direct = 5.3 FTEs.

Staff comment: Direct staff associated with the contract are 95% of two full-time Case Managers, 90% of a full-time Case Manager, and 76% of full-time Team Leader-MH Court Services. Indirect Staff costs are 5% of full-time ES Technician and Director of Clinical Services and 4% of full-time Executive Director. Professional Fees/Consultants is a large expense, explained in the Budget Narrative as allocated per the federal indirect cost agreement. However, of the \$85,903 budgeted, it is unclear how much is allocated to this indirect cost agreement, or how that calculation was made – clarification is needed. Consumables will cover office/program supplies. General Operating will pay for phones, internet, postage, printing, and general liability insurance. Occupancy will pay for utilities, property insurance, and office space. Local Transportation will reimburse employees for mileage for use of their personal vehicles or for public transportation costs.

Agency Cultural and Linguistic Competence Plan

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

Highlights from the submitted CLC Plan: An agency-wide DEI committee and a Community Advisory committee review the CLC Plan for CCMHB. Rosecrance works with staff to ensure program/office hours allow for accessibility that does not conflict with work hours for individuals served. There is a minimum of one

CLC/DEIB activity for staff. Members of their Governing Body have lived experience with a mental illness, substance use disorder, or I/DD or are the caregiver for such an individual.

If currently funded, did the agency submit a complete CLC Progress Report for the first half of PY24? Yes.

Highlights from the submitted CLC Progress Report: This past semester, Rosecrance housed 3 interns to build the workforce and develop staff. Additionally, Rosecrance has continued its "Community of Champions" and "Champions of Hope" human resources campaigns to bolster internal staff recognition and aid recruitment efforts. In alignment with the strategic plan, the Diversity, Equity, Inclusion, and Belonging (DEIB) committee continues its work to improve performance of the organization.

Staff comment: I have reviewed all the program plans for alignment with the CLC Plan. Rosecrance is a large organization; Rosecrance of Central Illinois is shifting their language from CLAS standards to DEIB. This is a drastic change from previous CLC Plans. The CLC Coordinator will meet with the leadership to learn more about this shift in their reporting about the CLAS Standards to DEIB.

Criteria for Best Value

Budget and program connectedness: Budget Narrative lists all revenue for the program, describes items within each expense category, explains that a few indirect/admin staff are charged to the program rather than allocating very small portions of all who may contribute, and notes the federal indirect cost agreement for Management & General and how costs are categorized. Amounts agree across financial forms. More detail on professional fees associated with the program will be helpful.

Participant outcomes (see above for details): Two measurable outcomes of value to people served and to systems, but specific targets are needed.

Self-determination and self-direction in service planning: Strengths Based CM.

Eliminating disparities in access and care (see above for Agency CLC Plan details): Staff and agency vehicles allow travel to most clinically appropriate locations to assist with linkage to treatment and resources; referrals primarily from Champaign County jail (disproportionately from racial minority and lower income groups), evidence-based practices to engage people and connect them to resources.

Promoting inclusion and reducing stigma: Principles of recovery and the power of fellowship, hope and the desire of every human spirit to heal... clients... are not defined by their diagnosis or life events. Strengths-based CM to identify strengths and use them to achieve goals; staff educate about the disease concept and impact of trauma to help reduce shame and stigma... recovery includes physical, emotional, and spiritual aspects... healing in the context of groups helps build natural supports and reduce isolation.

Continuation of services during public health emergency: Virtual service options, but COVID mitigation at the jail can reduce participation.

Builds on successes with technology and virtual platforms, increasing training and access for staff and people served: Not a focus.

Unique features - approach: Describes and links to info on Motivational Interviewing, Strengths Based Case Management, Moral Reconciliation Therapy, and Coping with Anger model.

Unique features - staff credentials:

Case Managers: bachelor's in counseling or related, experience working with severe MI, valid driver's license.

Team Leader: master's in counseling or related, 3 years clinical experience, LCSW/LCPC or pursuing either, valid driver's license.

Current staff credentials and trainings:

Jail case manager is Medicaid credentialed as an MHP, has bachelor's in Psychology with minor in Sociology, is certified in IM+CANS and MRT; Probation case manager is Medicaid credentialed as an MHP, has bachelor's in Health Sciences with Minor in Criminology and concentration in health diversity, is certified in IM+CANS and soon in MRT; Bridge between jail and probation case manager is Medicaid credentialed as an MHP, has a

bachelor's in Social Work, is certified in IM+CANS and MRT; Team Leader has LPC, QMHP, master's in Psychology, over 4 years at Rosecrance, and certification in IM+CANS and MRT.

All have completed the required agency trainings plus those on Motivational Interviewing, MRT, Coping with Anger, and Trauma Informed Care.

Unique features – resource leveraging: Not used as match for other revenue; other sources of funding include Medicaid billing for those eligible and for the subset of services which are billable; no client fees or sliding scale; (some) eligible for Medicaid participation.

Expectations for Minimal Responsiveness

Organizational eligibility questionnaire: Yes.

Agency capacity for financial clarity: Known due to prior experience funding the agency.

If applicable, audit findings: PY2023 agency audit was submitted 01/03/24 (delayed by technical barrier). There were no findings of concern and no unspent PY23 revenue to be returned.

If applicable, compliance issues: None.

All forms submitted by deadline: Yes. Completed on February 9, 2024.

Proposal relates directly to MI, SUD, or I/DD and how it will improve the quality of life for persons with MI, SUD, or I/DD: Yes.

Evidence that other sources of funding have been maximized: Yes.

Coordinated system: Yes.

Written collaborative agreements: Carle Hospital, CCHCC, Champaign County Probation, CCRPC, Champaign County Sheriff's Office, Champaign Police Dept CUPHD, GROW, Land of Lincoln Legal Assistance, Mahomet Police Dept, OSF, Rantoul Police Dept, Pavilion, Urbana Adult Ed.

Referral between providers: Yes, focus on justice and government partners.

Process Considerations and Caveats

Contracting considerations: If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2025 contract:

- *Revisions prior to contract: provide the negotiated Federal indirect cost agreement; clarify if any professional fees are specific to the program; revise the program plan re current jail referral process.*
- *Agency should inform MHB of changes in state or federal policies which impact the program activities.*
- *Offer a two-year term.*
- *Consider continuing the PY24 special provisions.*

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

Recommendation: Pending

Draft CCMHB PY2025 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff analysis and comments relate to sections of the application and, if the proposed program has been funded, to previously submitted reports.

Program: Crisis Co-Response Team & Diversion Ctr

Agency: Rosecrance Central Illinois

Request: \$410,000

Why it matters: "...qualified professionals meeting those involved with the Urbana Police Department, Rantoul Police Department or Champaign County Sheriff's Office where they are in the community... engage people and connect them to care and deflect from criminalization or containment... to reduce contact with law enforcement, reduce hospitalization and unnecessary emergency room visits, and increase access to appropriate community-based treatment and resources. The Crisis Diversion Resource Center will enable participant connection to crisis stabilization, peer support, case management, and other resources."

Selected priority: Safety and Crisis Stabilization

Services and People Served

Who will benefit: Individuals and families in areas served by Rantoul or Urbana Police or Champaign County Sheriff's Office (CCSO), who have had Crisis Intervention Team (CIT) or domestic offense police contact, whether initiated by family or due to a police response. To fulfill an identified need for behavioral health support that goes beyond the scope and expertise of patrol officers... hard-to-reach individuals from underserved populations including lower income and ethnic minority households... [but not limited by] gender, age, income, or race/ethnicity.

Scope of services: Behavioral health support in Rantoul and Champaign County outside of C-U (which is covered by other funding)... to reduce # repeat calls to law enforcement for social emotional behavioral (SEB) needs by increasing available services, eliminating barriers to existing services and increasing individual's capacity to engage in treatment, while offering law enforcement an alternative to formal processing. Referrals from UPD, RPD and CCSO following CIT or domestic related calls, or as recommended by CCRT staff after reviewing daily police logs... immediate response on location with police after safety has been ensured. Individuals (and family if appropriate) complete a Self-Sufficiency Matrix with the CCRT staff to see if crisis can be resolved without further action (info and resources are shared) or if resolution requires a treatment plan: short-term care planning, coordination, monitoring, and linkages to housing, food, clothing, MH or SUD services, counseling, education, vocational training, financial education, employment, peer support, and other. Coordination and monitoring may continue for up to 3 months to ensure engagement. When service connection is not readily available, the program staff provide support until the individual is accepted into services, or the needs are met. Self-Sufficiency Matrix is completed again at time of discharge from the program if the person/family is available to do so.

The Crisis Diversion Resource Center provides same-day access to crisis stabilization and peer support.

Location and frequency of services: CCRT case managers alongside law enforcement, office hours at Rantoul PD and CSCNCC, outreach in client home or community locations (per client); M-F 10A-630P or other if client needs. Diversion Center – drop-in, same-day access.

Staff comment: The proposal is for funding to continue the crisis response program and add Crisis Diversion Resource Center.

Residency of 122 people served in PY23 and 60 in the first half of PY24:

Champaign	11 for PY23	4 for PY24
Urbana	20 for PY23	27 for PY24
Rantoul	49 for PY23	16 for PY24

Mahomet	7 for PY23	3 for PY24
Other	35 for PY23	10 for PY24

Demographics of 122 people served during PY23:

Age		
Ages 7-12 -----		4
Ages 13-18 -----		43
Ages 19-59 -----		62
Ages 60+ -----		13
Race		
White -----		78
Black / AA -----		31
Other (incl. Native American, Bi-racial)-		13
Gender		
Male -----		61
Female -----		61
Ethnicity		
Of Hispanic/Latino/a Origin -----		5
Not of Hispanic/Latino/a Origin -----		117

Measures of Client/Participant Access

Eligibility criteria and determination: Individuals and families in Rantoul and areas served by the Champaign County Sheriff's Office (CCSO) who have had Crisis Intervention Team (CIT) or domestic related police contact, no parameters... regarding gender, age, income, or race/ethnicity by the program. Referred or with a record of police contact. Crisis Diversion Resource Center welcomes all individuals on a drop-in, same day access basis.

Outreach to eligible people: Referred by law enforcement; outreach and program fliers.

Within 7 days of referral, 65% 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: 1-3 months.

Additional demographic data: n/a

Measures of Client/Participant Outcomes

Outcomes and targets:

1. Increase individual's capacity to engage in treatment and/or access resources, as shown on improvement in score on Self-Sufficiency Matrix.
2. Reduce number of repeat calls to law enforcement for social emotional behavioral needs. No more than 25% of the requests for law enforcement assistance for behavioral needs during the program year will be repeat requests.

Specific assessment tools and data collection:

1. Self-Sufficiency Matrix at entry and exit (TPCs) – staff enter scores into agency electronic medical record, generating quarterly reports with # and % of those with decreased level of need.
2. # repeat requests to UPD, RPD, and CCSO – tracked by CCRT Team Leader

Outcome data gathered from all participants: No, only TPCs, with exit assessment to compare change.

Will collect outcome data Quarterly.

Staff comment: Is the second outcome measure tracked by CIT forms?

Measures of Utilization

Treatment Plan Clients (TPCs): 70 people in short term care planning, coordination, monitoring.

Non-Treatment Plan Clients (NTPCs): 10 people not in need of further action or treatment plan.

Community Service Events (CSEs): 5 presentations, provider meetings or events sharing program info.

Service Contacts (SCs): 250 contacts and attempts to contact.

Other: 350 visitors to Crisis Diversion Resource Center.

Staff comment: Proposal is to continue PY24 targets in PY25 and add a measure of visits to Diversion Center.

PY25 Targets	70 TPCs	10 NTPCs	5 CSEs	250 SCs	350 Other
PY24 First Two Quarters (per submitted Service Activity Reports)					
First Quarter	29	16	24	135	
Second Quarter	31	2	21	136	
<i>Annual Targets</i>	<i>70 TPCs</i>	<i>10 NTPCs</i>	<i>50 CSEs</i>	<i>250 SCs</i>	
PY23 All Four Quarters (per submitted Service Activity Reports)					
First Quarter	2	2	26	6	
Second Quarter	24	3	16	67	
Third Quarter	53	19	21	203	
Fourth Quarter	43	14	19	104	
<i>Annual Targets</i>	<i>50 TPCs</i>	<i>140 NTPCs</i>	<i>20 CSEs</i>	<i>250 SCs</i>	

Financial Analysis

PY2025 CCMHB request: \$410,000

PY2025 total program budget: \$582,671

Current year funding (PY2024): \$207,948

Proposed change in funding - PY2024 to PY2025 = 97%

CCMHB request is for 70% of total program revenue.

Other program revenue is from Medicaid \$165,072 (28%), Interest Income \$6,545 (1%), Miscellaneous \$1,054.

Personnel costs of \$245,273 are 60% of the requested amount.

Other expenses are Professional Fees/Consultants \$127,828 (31%), Consumables \$575, General Operating \$22,363 (5%), Occupancy \$8,912 (2%), Conferences/Staff Development \$2,813, Local Transportation \$2,236.

Total agency budget has a deficit of \$297,146, total program and CCMHB budgets are balanced.

Program staff to be funded by CCMHB: 0.19 Indirect + 3.8 Direct 3.99 FTEs.

Total program staff: 0.24 Indirect + 6 Direct = 6.24 FTEs.

Staff comment: Direct staff associated with the contract are 95% of three full-time Mental Health Clinicians (one vacant) and one full-time Peer Support Specialist (also vacant). Indirect Staff costs are 4% of full-time Office Support Supervisor and half-time Receptionist, 3% of a full-time Receptionist Director of Crisis Services, and 2% of full-time Executive Director, ES Supervisor, and Director of Clinical Services. Professional Fees/Consultants is a large expense, explained in the Budget Narrative as allocated per the federal indirect cost agreement. However, of the \$127,828 budgeted, it is unclear how much is allocated to this indirect cost agreement, or how that calculation was made – clarification is needed. Consumables will cover office supplies. General Operating will pay for phones, internet, postage, printing, and general liability insurance. Occupancy will pay for utilities, property insurance, and building/ground maintenance. Local Transportation will reimburse employees for mileage for use of their personal vehicles or for public transportation costs.

Agency Cultural and Linguistic Competence Plan

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

Highlights from the submitted CLC Plan: An agency-wide DEI committee and a Community Advisory committee review the CLC Plan for CCMHB. Rosecrance works with staff to ensure program/office hours allow

for accessibility that does not conflict with work hours for individuals served. There is a minimum of one CLC/DEIB activity for staff. Members of their Governing Body have lived experience with a mental illness, substance use disorder, or I/DD or are the caregiver for such an individual.

If currently funded, did the agency submit a complete CLC Progress Report for the first half of PY24? Yes.

Highlights from the submitted CLC Progress Report: This past semester, Rosecrance housed 3 interns to build the workforce and develop staff. Additionally, Rosecrance has continued its "Community of Champions" and "Champions of Hope" human resources campaigns to bolster internal staff recognition and aid recruitment efforts. In alignment with the strategic plan, the Diversity, Equity, Inclusion, and Belonging (DEIB) committee continues its work to improve performance of the organization.

Staff comment: I have reviewed all the program plans for alignment with the CLC Plan. Rosecrance is a large organization; Rosecrance of Central Illinois is shifting their language from CLAS standards to DEIB. This is a drastic change from previous CLC Plans. The CLC Coordinator will meet with the leadership to learn more about this shift in their reporting about the CLAS Standards to DEIB.

Criteria for Best Value

Budget and program connectedness: Budget Narrative lists all revenue for the program (though the program plan narrative states there is no other funding), describes items within each expense category, explains that a few indirect/admin staff are charged to the program rather than allocating very small portions of all who may contribute, and explains the federal indirect cost agreement for Management & General and how costs are categorized. Amounts agree across financial forms. More detail on professional fees associated with the program would be helpful.

Participant outcomes (see above for details): One outcome is for direct measure positive impact on participants, associated with appropriate assessment tool and processes, though the target is 'improvement in score'; the other outcome is for positive impact on participants and systems, unclear if CIT form is used.

Self-determination and self-direction in service planning: Strengths Based CM.

Eliminating disparities in access and care (see above for Agency CLC Plan details): Focus on rural areas of the county, services offered in various locations and client homes, as appropriate and safe; through staff training and program development, special attention to National CLAS standards to reach groups disproportionately underserved and to identify and reduce barriers to care and resources.

Promoting inclusion and reducing stigma: Rather than working with law enforcement, participants meet with program staff who are trauma-informed and understand cultural competency, are referred to other resources, work on their own individual goals and plans, and meet in community spaces or home; program improvement is driven by input from clients, providers, and law enforcement.

Continuation of services during public health emergency: Not a focus.

Builds on successes with technology and virtual platforms, increasing training and access for staff and people served: Not a focus.

Unique features - approach: Describes and links to info on Self-Sufficiency Matrix and Strengths Based Case Management.

Unique features - staff credentials: Bachelor's in human or social services or related field and minimum 3 years direct client service experience or a combination of education and experience in the field; master's preferred. Staff receive training in cultural competency, motivational interviewing, Crisis Prevention Institute (CPI) and trauma informed service delivery. Program staff receive weekly supervision and are encouraged to participate in professional development trainings. The Recovery Support Specialist (RSS) in the Crisis Diversion Resource Center is an RSA with HS diploma, at least age 21, with lived experience with MH or SUD, and may be working toward a CRSS or Certified Peer Resource Specialist (CPRS) credential.

Unique features – resource leveraging: Not used as match for other revenue; no other payment sources for this support to UPD, RPD, or CCSO; no client fees or sliding scale; not eligible for Medicaid participation. Here,

the program plan narrative differs from Revenue form and Budget Narrative, which indicate Medicaid funding for the program (and two small, allocated revenues).

Expectations for Minimal Responsiveness

Organizational eligibility questionnaire: Yes.

Agency capacity for financial clarity: Known due to prior experience funding the agency

If applicable, audit findings: PY2023 agency audit was submitted 01/03/24 (delayed by technical barrier).

There were no findings of concern. Unspent revenue of \$685 associated with this program was returned.

If applicable, compliance issues: None.

All forms submitted by deadline: Yes. Completed on February 9, 2024

Proposal relates directly to MI, SUD, or I/DD and how it will improve the quality of life for persons with MI, SUD, or I/DD: Yes.

Evidence that other sources of funding have been maximized: Yes.

Coordinated system: Yes.

Written collaborative agreements: Carle Hospital, CCHCC, Champaign County Probation, CCRPC, Champaign County Sheriff's Office, CUPHD, CSCNCC, Courage Connection, Crisis Nursery, CRIS Healthy Aging, Eastern Illinois Foodbank, Family Services, GROW, Land of Lincoln Legal Assistance, Mahomet Police Dept, OSF, Rantoul Police Dept, RACES, Pavilion, Uniting Pride (UP Center), and Urbana Adult Ed.

Referral between providers: Yes, including law enforcement.

Process Considerations and Caveats

Contracting considerations: If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2025 contract:

- *Revisions prior to contract: provide the negotiated Federal indirect cost agreement; clarify other program revenues and those professional fees specific to the program.*
- *New special provisions: assist the MHB and staff in tracking changes in state and federal rules and funding for this type of service.*
- *Offer a two-year term.*
- *Consider continuing the PY24 special provisions, including seeking other funding for the program.*

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

Recommendation: Pending

Draft CCMHB PY2025 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff analysis and comments relate to sections of the application and, if the proposed program has been funded, to previously submitted reports.

Program: Recovery Home

Agency: Rosecrance Central Illinois

Request: \$100,000

Why it matters: “Accredited by Joint Commission and licensed by the State of Illinois, the Rosecrance Recovery Home creates an alcohol and drug free environment... 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. Staff assist clients in addressing “problems in living” and the social determinants of health... 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).”

Selected priority: Closing the Gaps in Access and Care

Services and People Served

Who will benefit: Adults with SUD referred from Drug Court, recovery community, SUD treatment providers, and other sources... often homeless, below poverty level, with limited or no funding for the service. (Medicaid and Medicaid MCOs do not fund those services connected to higher engagement and completion rates.)

Scope of services: A “step down” from inpatient treatment services, the Recovery Home requires clients receive SUD treatment services. While not limited to treatment at Rosecrance, most clients receive services through the agency’s continuum of services. The treatment needs of clients are assessed using the Diagnostic Statistical Manual (DSM-5) and The ASAM (The American Society of Addiction Medicine) Criteria.

Requirements mandated by Illinois Administrative Code Title 77, Part 2060 - individualized services within a recovery-oriented system of care environment, facilitating: 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.

12-Step model and peer support; Level system (hierarchical model helps residents to gradually adjust to community living, while increasing sustainability of recovery efforts); and Case Management.

CCMHB funding supports intensive case management based on client-driven, trauma-informed, culturally responsive individualized service plans to address social determinants of health, support activities for daily living and relapse prevention skills; access to vocational/educational programs; assistance linking clients to medical, psychiatric, counseling, dental, and other ancillary services in the community; education on money management/budgeting; accessing peer or community supports and activities (i.e. church, AA/NA meetings, recreational activities); and provision of service work/volunteer/work opportunities.

Location and frequency of services: Recovery Home is at Moreland Blvd in Champaign and staffed 24/7/365. CM services county-wide, per client needs and preferences; for ‘Alumni,’ special events (fellowship and peer support) throughout the county to continue building recovery resources.

Staff comment: The proposal is for funding to continue a current program. More details on services and the evidence basis for each are included in the application.

Residency of 32 people served in PY23 and 7 in the first half of PY24:

Champaign	24 for PY23	5 for PY24
Urbana	6 for PY23	2 for PY24
Rantoul	2 for PY23	0 for PY24

Demographics of 32 people served during PY23:

Age

Ages 19-59 -----	32
Race	
White -----	21
Black / AA -----	4
Asian / PI -----	1
Other (incl. Native American, Bi-racial)-	6
Gender	
Male -----	20
Female -----	12
Ethnicity	
Of Hispanic/Latino/a Origin -----	6
Not of Hispanic/Latino/a Origin -----	26

Measures of Client/Participant Access

Eligibility criteria and determination: Adults with treatment resistance, relapse potential, lack of suitable recovery living environment, who recently completed SUD or are receiving them at another licensed facility. People complete an application, meet ASAM criteria for intensive outpatient or outpatient care, and demonstrate need.

Outreach to eligible people: Referrals from outpatient counselors, spiritual leaders, recovery community, family members, other providers, or other Rosecrance programs.

Within 3 days of referral, 100% 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: 3-6 months.

Additional demographic data: Income and education levels, living arrangement, # dependents, contact info, primary language, religion, and veteran, marital, employment, and legal status.

Measures of Client/Participant Outcomes

Outcomes and targets:

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

Specific assessment tools and data collection:

1-4. Agency electronic health record - staff track client accomplishments, as National Outcome Measures (NOMS) identified by SAMHSA.

Outcome data gathered from all participants: Yes.

Will collect outcome data at intake and discharge.

Staff comment: Outcomes of positive change for participants; other than yes/no, targets are not specific.

Measures of Utilization

Treatment Plan Clients (TPCs): 22 people in program with recovery services plan.

Service Contacts (SCs): 65 people interviewed for access to Recovery Home services.

Staff comment: Proposal is to continue PY24 targets in PY25.

PY25 Targets 22 TPCs 65 SCs

PY24 First Two Quarters (per submitted Service Activity Reports)

First Quarter	9	8
Second Quarter	0	21
<i>Annual Targets</i>	<i>22 TPCs</i>	<i>65 SCs</i>
PY23 All Four Quarters (per submitted Service Activity Reports)		
First Quarter	19	25
Second Quarter	5	22
Third Quarter	6	9
Fourth Quarter	2	2
<i>Annual Targets</i>	<i>22 TPCs</i>	<i>65 SCs</i>

Financial Analysis

PY2025 CCMHB request: \$100,000

PY2025 total program budget: \$531,526

Current year funding (PY2024): \$100,000

Proposed change in funding - PY2024 to PY2025 = 0%

CCMHB request is for 19% of total program revenue.

Other program revenue is from SUPR SOR Recovery Home \$47,361 (9%), Client Fees \$24,694 (5%), SUPR Fees \$353,617 (67%), Interest Income \$5,042 (1%), Miscellaneous \$812.

Personnel costs of \$81,318 are 81% of the requested amount.

Other expenses are for Professional Fees/Consultants \$18,682 (19%).

Total agency budget has a deficit of \$297,146, total program and CCMHB budgets are balanced.

Program staff to be funded by CCMHB: 0.03 Indirect + 1.35 Direct = 1.38 FTEs.

Total program staff: 0.16 Indirect + 4 Direct = 4.16 FTEs.

Staff comment: Direct staff associated with the contract are 45% of two full-time Recovery Home Specialists and one full-time Lead Recovery Home Specialist (vacant). Indirect Staff costs are 2% of one full-time Receptionist and 1% of the full-time Executive Director. Professional Fees/Consultants is the only other expense to be charged and is explained in the Budget Narrative as allocated per the federal indirect cost agreement. However, of the \$18,682 budgeted, it is unclear how much is allocated to this indirect cost agreement, or how that calculation was made – clarification is needed.

Agency Cultural and Linguistic Competence Plan

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

Highlights from the submitted CLC Plan: An agency-wide DEI committee and a Community Advisory committee review the CLC Plan for CCMHB. Rosecrance works with staff to ensure program/office hours allow for accessibility that does not conflict with work hours for individuals served. There is a minimum of one CLC/DEIB activity for staff. Members of their Governing Body have lived experience with a mental illness, substance use disorder, or I/DD or are the caregiver for such an individual.

If currently funded, did the agency submit a complete CLC Progress Report for the first half of PY24? Yes.

Highlights from the submitted CLC Progress Report: This past semester, Rosecrance housed 3 interns to build the workforce and develop staff. Additionally, Rosecrance has continued its "Community of Champions" and "Champions of Hope" human resources campaigns to bolster internal staff recognition and aid recruitment efforts. In alignment with the strategic plan, the Diversity, Equity, Inclusion, and Belonging (DEIB) committee continues its work to improve performance of the organization.

Staff comment: I have reviewed all the program plans for alignment with the CLC Plan. Rosecrance is a large organization; Rosecrance of Central Illinois is shifting their language from CLAS standards to DEIB. This is a

drastic change from previous CLC Plans. The CLC Coordinator will meet with the leadership to learn more about this shift in their reporting about the CLAS Standards to DEIB.

Criteria for Best Value

Budget and program connectedness: Budget Narrative lists all revenue for the program, describes items within each expense category, explains that a few indirect/admin staff are charged to the program rather than allocating very small portions of all who may contribute, and explains the federal indirect cost agreement for Management & General and how costs are categorized. Amounts agree across financial forms.

Participant outcomes (*see above for details*): The 4 outcomes are all positive impacts on participants (toward long term recovery); no specific targets or assessment tools, though the outcomes are SAMHSA NOMs.

Self-determination and self-direction in service planning: Clients develop individualized service plans with staff (specific model is not identified).

Eliminating disparities in access and care (*see above for Agency CLC Plan details*): Staff support people to access resources county-wide, including through transportation support and in rural areas; Recovery Home is a 'step down' from inpatient SUD programs which serve underrepresented groups. Outreach through face to face, tours, conferences, health fairs, print and social media. Services are consumer-driven, strengths-based, trauma-informed, and sensitive to culture, race, ethnicity, age, gender, sexual orientation, disability. Cultural Inventory at intake informs service plan; staff connect people to natural supports important to their recovery.

Promoting inclusion and reducing stigma: Diverse therapeutic environment, access to community resources, monthly events celebrating client successes and cultural holidays... communal environment is new for many [so] staff assist clients with learning more about one another's backgrounds and cultures to create a safe emotional space... assistance and advocacy to access many other resources... to help clients overcome barriers to living a life of sustained recovery.

Continuation of services during public health emergency: Not a focus; primarily in person.

Builds on successes with technology and virtual platforms, increasing training and access for staff and people served: Not a focus.

Unique features - approach: Describes and links to information on 12-Step model and peer support, Level System, and Case Management.

Unique features - staff credentials:

Team Leader (bachelor's required; master's preferred; CADC required) with training and experience in SUD. Recovery Home Specialists (High School diploma required; bachelor's preferred) with special training in facilitating recovery groups, trauma-informed care, suicide risk assessment, knowledge of drugs of abuse and recovery concepts, and basic knowledge of dual diagnosis issues. Several Recovery Home Specialists are also persons with lived experience who are able to provide structure and accountability with empathy and personal insight regarding the recovery journey.

Unique features – resource leveraging: Not used as match for other revenue; other source of funding is IL Dept of Human Services SUPR daily rate (based on bed census); clients pay a fee; no sliding scale; program is not eligible for Medicaid participation.

Expectations for Minimal Responsiveness

Organizational eligibility questionnaire: Yes.

Agency capacity for financial clarity: Known due to prior experience funding the agency.

If applicable, audit findings: PY2023 agency audit was submitted 01/03/24 (delayed by technical barrier). There were no findings of concern and no unspent PY23 revenue to be returned.

If applicable, compliance issues: None.

All forms submitted by deadline: Yes. Completed on February 9, 2024.

Proposal relates directly to MI, SUD, or I/DD and how it will improve the quality of life for persons with MI, SUD, or I/DD: Yes.

Evidence that other sources of funding have been maximized: Yes.

Coordinated system: Yes. There are similar services (sober living housing) but no other accredited Recovery Homes in the County.

Written collaborative agreements specific to this program: Urbana Adult Ed, Eastern IL Food Bank, Family Service, Courage Connection, Crisis Nursery, RACES, Promise Healthcare, OSF, Carle, U of I Extension, Land of Lincoln Legal Assistance, CCRPC, Shelter Plus Care, CUPHD, Pavilion, Uniting Pride (UP Center).

Referral between providers: Yes.

Process Considerations and Caveats

Contracting considerations: If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2025 contract:

- *Revisions prior to contract: provide the negotiated Federal indirect cost agreement; clarify whether any professional fees are specific to the program or are simply pro-rated allocations.*
- *Offer a two-year term.*
- *Consider continuing the PY24 special provisions, including continuing to pursue other funding.*

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

Recommendation: Pending

Draft CCMHB PY2025 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff analysis and comments relate to sections of the application and, if the proposed program has been funded, to previously submitted reports.

Program: Specialty Courts

Agency: Rosecrance Central Illinois

Request: \$186,900

Why it matters: "... to coordinate across systems, with and on behalf of people with substance use disorders or mental illness who have justice system involvement..."

Selected priority: Safety and Crisis Stabilization

Services and People Served

Who will benefit: Adults referred from Champaign County Court; many have MH and/or SUD treatment episodes, some have been incarcerated, with needs assessed using DSM-5 and ASAM Criteria.

Scope of services:

For individuals - behavioral health assessments, individualized treatment plans, group & individual counseling services; on behalf of clients - staff participate in weekly Specialty Court team staffings and court sessions... Due to the severity of individual needs, frequent history of multiple treatment episodes, and extensive legal involvement, clients require an increased level of service which results in higher engagement in behavioral health services and increases successful completion rates... more intensive coordination and collaboration than is typical for other clients... a successful Specialty Court system that relies heavily on Rosecrance staff time spent outside of billable hours providing treatment services.

CCMHB-funded services are provided by Outreach Workers... transportation to and from appointments and court sessions; intensive case management (which connects Specialty Court clients with resources such as food, clothing, housing, medical, dental, vocational, and educational); alcohol/other drug tests; drafting of court reports; weekly staffing with the court; planning and participation in Specialty Court graduations and other special events; Specialty Court-required local, state and national trainings; and quarterly meetings.

Location and frequency of services: Rosecrance, Probation, County Jail; weekly Specialty Court team meetings; CM in people's homes and other; some virtual, telehealth; services based on individual need/plan.

Staff comment: The proposal is for funding to continue a program funded by the MHB for over 20 years, in partnership with the County's Drug Court and other County units. These partners have expressed concern with the impact of staff vacancies and turnover. In PY24, the scope of services expanded to add a Mental Health Court, which has not yet been developed by Champaign County; this application refers to the Mental Health Court Team, for which planning stalled in PY24 but may be taken up again soon.

Residency of 45 people served in PY23 and 18 in the first half of PY24:

Champaign	13 for PY23	8 for PY24
Urbana	23 for PY23	6 for PY24
Mahomet	2 for PY23	0 for PY24
Rantoul	3 for PY23	0 for PY24
Other	4 for PY23	4 for PY24

Demographics of 45 people served during PY23:

Age	
Ages 19-59 -----	40
Ages 60+ -----	5
Race	

White -----	19
Black / AA -----	22
Asian / PI -----	1
Other (incl. Native American, Bi-racial)-	3
Gender	
Male -----	32
Female -----	12
Other (nb or non-conforming) -----	1
Ethnicity	
Of Hispanic/Latino/a Origin -----	2
Not of Hispanic/Latino/a Origin -----	43

Measures of Client/Participant Access

Eligibility criteria and determination: Champaign County residents (at time of assessment and offense) willing to engage in and comply with treatment and supervision requirements of Drug Court. Court-set criteria relate to offense charge, criminal history, diagnosis, available treatment options... convicted felon, not classified as high risk dangerous, not convicted of a non-probationable offense under 20 ILCS 301/40-5, and not having a severe MI or DD which would interfere with completing requirements.

MEDIUM-HIGH RISK/HIGH NEEDS on a validated risk and needs assessment approved by the Champaign County Drug Court; assessment of SUD takes place prior to sentencing to Drug Court. IM-CANS assessment will be used for the mental health assessment.

Outreach to eligible people: Identified by defense counsel (people can request assessment for Drug Court through their attorney), State’s Attorney, law enforcement, family, friends.

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

Within 3 days of assessment, 45% of those assessed will engage in services.

People will engage in services, on average, for: minimum 1 year, average 1.5 years.

Additional demographic data: Income and education levels, living arrangement, # dependents, contact info, primary language, religion, and veteran, marital, employment, and legal status.

Measures of Client/Participant Outcomes

Outcomes and targets:

1. 15 graduates
- 2a. 65% of graduates will not experience recidivism
- 2b. 100% of individuals with potential barriers will receive CM services

Specific assessment tools and data collection:

1. SAMHSA NOMs data at admission and discharge; progress in treatment; tracked by staff in client charts
- 2a. Graduates’ recidivism tracked by County Specialty Courts Coordinator
- 2b. tracked by staff in client charts: positive changes in MH/SUD symptoms, employment, education, 12-step/peer support.

Outcome data gathered from all participants: Yes.

Will collect outcome data at intake and discharge.

Staff comment: Specific measurable targets, tracked by staff in client notes, SAMHSA National Outcomes Measures. The first measures program performance. The second relates to positive impact on participants and systems; total recidivism could be compared with having no similar service. 2b is presented as a measure of program performance, but in the response regarding assessment tools and process, the relationship to positive change for participants is described. The section includes a statement on Specialty Court goals.

Measures of Utilization

Treatment Plan Clients (TPCs): 45 Specialty Court clients with individualized treatment plan.

Service Contacts (SCs): 800 weekly Specialty Court reports.

Community Service Events (CSEs): 4 media reports and graduation events.

Other: 1000 hours of case management for Specialty Court clients.

Staff comment: Proposal is to continue PY24 targets in PY25 (a reference to PY24 should be changed to PY25.)

Actual TPCs in PY24 may be lower than anticipated due to delay in implementing a Mental Health Court.

PY25 Targets	45 TPCs	800 SCs	4 CSEs	1000 Other (hours)
PY24 First Two Quarters (per submitted Service Activity Reports)				
First Quarter	9	316	1	195
Second Quarter	9	324	1	17
Annual Targets	45 TPCs	800 SCs	4 CSEs	1000 Other (hours)
PY23 All Four Quarters (per submitted Service Activity Reports)				
First Quarter	20	181	0	155
Second Quarter	13	144	2	82
Third Quarter	7	283	0	132
Fourth Quarter	5	244	2	139
Annual Targets	60 TPCs	1000 SCs	4 CSEs	4500 Other (hours)

Financial Analysis

PY2025 CCMHB request: \$186,900

PY2025 total program budget: \$188,440

Current year funding (PY2024): \$178,000

Proposed change in funding - PY2024 to PY2025 = 5%

CCMHB request is for 99% of total program revenue.

Other program revenue is from Interest Income \$1,327, Miscellaneous \$213.

Personnel costs of \$116,170 are 62% of the requested amount.

Other expenses: Professional Fees/Consultants \$41,999 (22%), Consumables \$402, General Operating \$11,276 (6%), Occupancy \$9,548 (5%), Conferences/Staff Development \$5,102 (3%), Transportation \$2,403 (1%).

Total agency budget has a deficit of \$297,146, total program of \$234, CCMHB balanced.

Program staff to be funded by CCMHB: 0.13 Indirect + 2.07 Direct = 2.2 FTEs.

Total program staff: 0.13 Indirect + 2.07 Direct = 2.2 FTEs.

Staff comment: Direct staff associated with the contract are 95% of a full-time Outreach Worker, 85% of another full-time Outreach Worker (vacant), 20% of full-time Team Leader, and 7% of full-time Outpatient Supervisor. Indirect Staff costs are 4% of a full-time Office Supervisor and full-time Receptionist, 2% of a half-time Receptionist and full-time Office Support Supervisor, and 1% of full-time Executive Director and ES Supervisor. Professional Fees/Consultants is a large expense to be charged and is explained in the Budget Narrative as allocated per the federal indirect cost agreement. However, of the \$41,999 budgeted, it is unclear how much is allocated to this indirect cost agreement, or how that calculation was made – clarification is needed. Consumables will cover office supplies. General Operating will pay for phones, internet, postage, printing, and general liability insurance. Occupancy will pay for utilities, property insurance, and building/ground maintenance. Local Transportation will reimburse employees for mileage for use of their personal vehicles or for public transportation costs. Conferences/Staff Development will pay for registration and travel expenses for staff to attend the National Drug Court training in Anaheim, CA on May 22-25, 2024; because this will occur before the PY25 grant begins on July 1, 2024, this expense cannot be funded.

Agency Cultural and Linguistic Competence Plan

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

Highlights from the submitted CLC Plan: An agency-wide DEI committee and a Community Advisory committee review the CLC Plan for CCMHB. Rosecrance works with staff to ensure program/office hours allow for accessibility that does not conflict with work hours for individuals served. There is a minimum of one CLC/DEIB activity for staff. Members of their Governing Body have lived experience with a mental illness, substance use disorder, or I/DD or are the caregiver for such an individual.

If currently funded, did the agency submit a complete CLC Progress Report for the first half of PY24? Yes.

Highlights from the submitted CLC Progress Report: This past semester, Rosecrance housed 3 interns to build the workforce and develop staff. Additionally, Rosecrance has continued its "Community of Champions" and "Champions of Hope" human resources campaigns to bolster internal staff recognition and aid recruitment efforts. In alignment with the strategic plan, the Diversity, Equity, Inclusion, and Belonging (DEIB) committee continues its work to improve performance of the organization.

Staff comment: I have reviewed all the program plans for alignment with the CLC Plan. Rosecrance is a large organization; Rosecrance of Central Illinois is shifting their language from CLAS standards to DEIB. This is a drastic change from previous CLC Plans. The CLC Coordinator will meet with the leadership to learn more about this shift in their reporting about the CLAS Standards to DEIB.

Criteria for Best Value

Budget and program connectedness: Budget Narrative lists all revenue for the program, describes items within each expense category, explains that a few indirect/admin staff are charged to the program rather than allocating very small portions of all who may contribute, and notes the federal indirect cost agreement for Management & General and how costs are categorized. Not clear that those expenses allocated to the program were determined based on unique program needs, esp related to Professional Fees.

Participant outcomes (see above for details): Includes three outcomes related to the goals of the program. and service, with connection to positive impacts on the individual participants; could focus on individuals.

Self-determination and self-direction in service planning: Clients and teams develop individualized plans.

Eliminating disparities in access and care (see above for Agency CLC Plan details): County-wide participation, based on court referrals, with services in many locations, transportation support, other resources, and meetings with staff per individual need. Services are consumer-driven, strengths-based, trauma-informed, and sensitive to culture, race, ethnicity, age, gender, sexual orientation, disability. Cultural Inventory at intake informs service plan, and staff connect people to natural supports which are important to program completion and long-term recovery.

Promoting inclusion and reducing stigma: Quality care and access to community resources to improve participants' lives... assistance with access many other resources... advocacy with landlords and employers.

Continuation of services during public health emergency: Some virtual, telehealth.

Builds on successes with technology and virtual platforms, increasing training and access for staff and people served: Not a focus.

Unique features - approach: Describes and links to information on evidence-based intensive Case Management for people with SUD and for those with severe MI; quotes SAMHSA TIP 27.

Unique features - staff credentials:

Outreach Workers: bachelor-level, supervised by an experienced, master's level certified/licensed Outpatient Supervisor. Team Leader is a master's level clinician who provides clinical and CM services for Specialty Court participants, attends court staffing, court sessions, and Specialty Court events.

Agency internal and external training to ensure staff knowledge and skills are current within the field. As part of Certification now required by the Administrative Office of Illinois Courts, all Specialty Court Team members

are required to attend specified annual state and national trainings held by The Illinois Association of Problem-Solving Courts (ILAPSC) and National Association of Drug Court Professionals (NADCP).

Unique features – resource leveraging: Not used as match for other revenue; application describes the agency’s Charity-Care (reduction in self-pay, based on financial need) and that clients pay a fee, but no sliding scale is included; program is eligible for Medicaid participation; however, these sources of revenue are not included in the Revenue form or Budget Narrative.

Expectations for Minimal Responsiveness

Organizational eligibility questionnaire: Yes.

Agency capacity for financial clarity: Known due to prior experience funding the agency.

If applicable, audit findings: PY2023 agency audit was submitted 01/03/24 (delayed by technical barrier). There were no findings of concern and no unspent PY23 revenue to be returned.

If applicable, compliance issues: None.

All forms submitted by deadline: Yes. Completed on February 9, 2024.

Proposal relates directly to MI, SUD, or I/DD and how it will improve the quality of life for persons with MI, SUD, or I/DD: Yes.

Evidence that other sources of funding have been maximized: Yes.

Coordinated system: Yes, especially through weekly team meetings.

Written collaborative agreements: Champaign County Court, Probation, State’s Attorney, Public Defender, and Sheriff; Carle Hospital, Family Service, Cognition Works, SAFE House, Courage Connection, Urbana Adult Ed, Eastern IL Food Bank, Crisis Nursery, RACES, Promise Healthcare, OSF, CCRPC, CUPHD, and CU at Home.

Referral between providers: Yes, an important role of the program.

Process Considerations and Caveats

Contracting considerations: If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2025 contract:

- *Revisions prior to contract: provide the negotiated Federal indirect cost agreement; clarify whether client fees or Medicaid payments are other sources of revenue (revisions may be needed in program plan or financial forms); clarify whether any professional fees or other expenses are specific to the program or are simply pro-rated allocations; rework outcomes to more direct impact on people served; revise the expense related to May 2024 conference.*
- *Current staff vacancies may impact outcomes and result in amount owed back for PY24.*
- *Inform the MHB of opportunities to advocate for statewide improvements to the system, including ‘paperwork reduction’ (i.e., replacement of IM-CANS), and of relevant changes in state/federal policies.*
- *New special provisions: due to state and national attention to specialty courts, identification of educational and funding opportunities should continue.*
- *Consider continuing the PY24 special provisions.*
- *Offer a two-year term.*

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

Recommendation: Pending

Draft CCMHB PY2025 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff analysis and comments relate to sections of the application and, if the proposed program has been funded, to previously submitted reports.

Program: Recovery Home

Agency: Terrapin Station Sober Living NFP

Request: \$90,880

Why it matters: "... equitable housing for dual diagnosis persons in recovery from drug addiction, homelessness, and the justice system in a manner that is forward thinking and original."

Selected priority: Closing the Gaps in Access and Care

Services and People Served

Who will benefit: Men with SUD, MI, physical disabilities, and homelessness, in need of structured sober/recovery-based living, step down from substance use residential treatment services, transitioning from the criminal justice system such as jail, prison, probation/parole... adjusting to community living, while increasing sustainability of recovery efforts.

Scope of services: Strengths-based case management... all individuals have the capacity to change and grow. The focus is on individual strengths, not pathology; individual is the director of their care and their recovery. Staff provides group services and house meetings, intensive case management based on individualized needs, 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 such as church, AA/NA meetings, other sobriety based/mental health support groups, recreational activities, transportation services, and provision of service work/volunteer/work opportunities. Upon request staff can also provide: animal therapy, aroma therapy, transcendental meditation sessions, red light therapy, group music sessions, music lessons, drum circles, education on how to turn street smarts into legitimate entrepreneurial enterprises, health coaching (for those with eating disorders, vitamin deficiency and/or obesity), and cultural impact of drugs over the past century. Individuals are drug tested on a random basis.

Location and frequency of services: Within the Recovery Home and community locations; daily.

Staff comment: The proposal is to continue and increase funding for a current program. Intensive support includes residential with individualized treatment modes. In reported data, all are listed as Urbana residents, due to the Home's location; it may be more useful to have data on participants' address prior to treatment.

Residency of 9 people served in PY23 and 7 in the first half of PY24:

Urbana 9 for PY23 7 for PY24

Demographics of 9 people served during PY23:

Age

Ages 19-59 ----- 9

Race

White ----- 6

Black / AA ----- 2

Other (incl. Native American, Bi-racial)- 1

Gender

Male ----- 9

Ethnicity

Of Hispanic/Latino/a Origin ----- 0

Measures of Client/Participant Access

Eligibility criteria and determination: Male or male-presenting, aged 21-55, with SUD, MI, homelessness, and/or physical disability and who have 30 days of sobriety, employment within 2 weeks OR disability benefits, pass initial urine screen, no history of sex offense conviction. Telephone intake interview is followed (within 24 hours) by board of directors' discussion of whether to admit

Outreach to eligible people: Through residential treatment centers, correctional facilities, AA/NA meetings, other halfway houses, social media, internet search.

Within 3 days of referral, 100% of those referred will be assessed.

Within 1 day of assessment, 100% of those assessed will engage in services.

People will engage in services, on average, for: 3 months.

Additional demographic data: Length of sobriety of those entering and exiting, religious affiliation, sexual orientation, data related to various diagnosis, info on habits/culture surrounding an addiction.

Staff comment: That 100% of those assessed will engage in services may be an error, OR it may mean that referrals are made to other services on behalf of those the board of directors chooses not to admit.

Measures of Client/Participant Outcomes

Outcomes and targets:

Decreasing the likelihood of relapse, homelessness, recidivism

Gradually adjusting to community living

Increasing sustainability of recovery efforts

Specific assessment tools and data collection:

Tracked via individualized recovery plans and staff notes. House Manager will collect info from the individual participating in the program: Successful Completion; Recidivism Rates; Permanent housing; Length of sobriety.

Outcome data gathered from all participants: Yes.

Will collect outcome data quarterly.

Staff comment: Outcomes relate to improved well-being of participants; though specific targets for each are not included, positive changes can be measured (pre and post program) and reported. Are formal assessment tools available?

Measures of Utilization

Treatment Plan Clients (TPCs): Individuals participating (a numeric target is not included).

Staff comment: While it is appropriate for a small program to report on fewer service categories, and the move to individuals with written treatment plans is positive, there should be an estimate of the total number.

PY25 Targets ? TPCs

PY24 First Two Quarters (per submitted Service Activity Reports)

First Quarter 5

Second Quarter 2

Annual Targets 13 NTPCs

PY23 All Four Quarters (per submitted Service Activity Reports)

First Quarter 3

Second Quarter 2

Third Quarter 2

Fourth Quarter 2

Annual Targets 13 NTPCs

Financial Analysis

PY2025 CCMHB request: \$90,880

PY2025 total program budget: \$104,480

Current year funding (PY2024): \$79,677

Proposed change in funding - PY2024 to PY2025 = 14%

CCMHB request is for 87% of total program revenue.

Other program revenue is from Program Service Fees \$2,000 (2%), Sales of Goods and Services \$1,000 (1%), and Rental Income \$10,600 (10%).

Personnel costs of \$42,380 are 47% of the requested amount.

Other expenses are Professional Fees/Consultants \$8,000 (9%), Consumables \$3,000 (3%), General Operating \$6,000 (7%), Occupancy \$2,000 (2%), Local Transportation \$6,000 (7%), Specific Assistance \$4,000 (4%), Equipment Purchases \$16,000 (18%), Miscellaneous \$3,500 (4%).

Total agency budget and total program budget show a deficit of \$9,500, and CCMHB budget is balanced.

Program staff to be funded by CCMHB: 1 Direct FTE

Total program staff: 1 Direct FTE

Staff comment: The only staff costs associated with the agency, program, and contract are for 100% of the full-time House Manager. Professional Fees will pay for audit, tax filing fees, accounting services, and client vocational/academic instruction. Consumables will allow for the agency to provide hygiene supplies, over-the-counter medications, housekeeping supplies, laundry supplies, and food/drink for clients, in addition to general office/program supplies. General Operating will cover phone, internet, utilities, and postage costs, as well as informational materials, books, and films for clients. Occupancy will go towards the biannual property taxes on the home. Equipment category references new siding, new doors, new lighting, paint, water heater and HVAC system. These are capital improvements and should be budgeted under the Miscellaneous expense category. Other Equipment costs include electronics such as phones and tablets. Local Transportation includes the cost of vehicle insurance, license plate renewal, gas, and repairs/maintenance. It also mentions the possibility of purchasing a used vehicle, considered capital equipment which should be budgeted in the Miscellaneous expense category. The Miscellaneous expense category references a financial review; however, Professional Fees also mentions paying for an audit. This appears to be a duplication, and clarification is needed. Miscellaneous expense also mentions general liability insurance, which should be budgeted under the General Operating expense category instead.

Agency Cultural and Linguistic Competence Plan

Does the CLC Plan include required benchmarks and CLAS Standards? Yes

Highlights from the submitted CLC Plan: Terrapin Station will have a directory of culturally responsive resources to coordinate with the residents living there. The agency is working to create a diverse board. Since House Manager is the only staff member, they will attend training offered by CCMHB.

If currently funded, did the agency submit a complete CLC Progress Report for the first half of PY24? Yes

Highlights from the submitted CLC Progress Report: "Implementation of committee with ongoing assessment in accordance with the National Culturally and Linguistically Appropriate Services Standards. Annual training for Management and Board Member completion." There is a challenge recruiting board members and staff with lived experience.

Staff comment: Due to the house manager providing services and administration at Terrapin Station, if they are funded, they will be **required** to consult with the CLC Coordinator on building infrastructure on creating capacity for volunteers and other support. This will ensure that services for Terrapin will continue to provide quality care for people living in the Sober Home.

Criteria for Best Value

Budget and program connectedness: Budget Narrative clarifies this and the other sources of revenue to the agency/program (though there is no other grant support), with PY25 estimates based on prior year. Expenses are described in detail and include Professional Fees to cover audit, accounting, tax, and others; of some concern are Equipment Purchases (are any home modifications eligible for RPC funding?) and an Occupancy cost for property taxes (though it would seem the home is exempt, the agency has filed for exemption and explained the cause of rejection); Specific Assistance and Transportation expenses are reasonable for the population being served; Miscellaneous contains a subcategory which should be further clarified (“expense allow for employees”) and it names the financial review, the cost of which properly fits under Professional Fees. Necessary revisions to categories are noted in Financial Analysis comments above. There is detail on the paid staff role, matching the program plan, and a comment on efforts to build up other stable source of income (which may also have therapeutic benefit) and expand to include physician oversight.

Participant outcomes (*see above for details*): Outcomes are of positive changes for participants, relevant to the service; lack of detail on how they are measured.

Self-determination and self-direction in service planning: Strength Based Case Management

Eliminating disparities in access and care (*see above for Agency CLC Plan details*): Anyone meeting criteria; residency data currently include only the service location, so it is difficult to tell whether the program reaches people county-wide); demographic data do reflect some of the county’s diversity.

Promoting inclusion and reducing stigma: Fresh take and expansion on... Halfway Houses, Sober Living Homes and other well-intended and well-recognized forms of recovery programs for people with MI or SUD. Program is intended for those who are just getting out of prison, rehab, or the military as well as the homeless or people with physical disabilities. A Dual Diagnosis Recovery Home, run as democratically as possible with the House Manager being near equal parts president and housemate.

Continuation of services during public health emergency: While virtual support might be developed, this residential program is by nature in person and would need to rely on mitigation protocols.

Builds on successes with technology and virtual platforms, increasing training and access for staff and people served: Not a focus but could be developed.

Unique features - approach: Provides links to SAMHSA info on Peer Based Recovery Services and to info on Strength Based Case Management.

Unique features - staff credentials: House Manager is a peer mentor and is in recovery due to heroin induced compartment syndrome which resulted in an above knee amputation of the left leg and has driven his passion for helping others; trained in Narcan administration; Harm Reduction. A Licensed Clinical Social Worker volunteers to work with individuals as needed as well as for professional consultation (is this current?)

Unique features – resource leveraging: Not to be used as match for other revenue; other funding is from small donations; client fees are based on individual income; not eligible for Medicaid participation.

Expectations for Minimal Responsiveness

Organizational eligibility questionnaire: Yes

Agency capacity for financial clarity: A small organization relying on financial professionals.

If applicable, audit findings: PY2023 agency review was submitted 12/30/23, with auditor suggestions for annual agency board review and action; no unspent revenue to be returned.

If applicable, compliance issues: A missing 2nd quarter CLCP progress report led to payment being paused.

All forms submitted by deadline: Yes. Completed on February 10, 2024.

Proposal relates directly to MI, SUD, or I/DD and how it will improve the quality of life for persons with MI, SUD, or I/DD: Yes

Evidence that other sources of funding have been maximized: Yes. For some proposed costs, the agency should pursue and exhaust other possible resources prior to using CCMHB funds (e.g., home modifications, question of property tax), sharing documentation of the results.

Coordinated system: Yes, connected to many related services; of particular interest Narcan and clean needle exchange through CUPHD, rehab and recovery houses and correctional facility.

Written collaborative agreements: None. (Formalize with Drug Court?)

Referral between providers: Yes, esp referrals to providers of homeless/housing services and SUD treatment.

Process Considerations and Caveats

Contracting considerations: If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2025 contract:

- *Revisions prior to contract: expense category and budget narrative form revisions (see above); provide an estimated target for TPCs (who will have written treatment plans.)*
- *New special provisions: work with CLC Coordinator to develop the plan and action steps and to complete MHFA; document efforts to secure other funding for home modifications and improvements and to appeal the tax exemption finding; use Evaluation project resources to find an assessment tool.*
- *Offer a two-year term.*
- *Consider continuing the PY24 special provisions.*

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

Recommendation: Pending

Draft CCMHB PY2025 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff analysis and comments relate to sections of the application and, if the proposed program has been funded, to previously submitted reports.

Program: Children, Youth, and Families

Agency: UP Center (Uniting Pride)

Request: \$190,056

Why it matters: "... to create a county inclusive of LGBTQ+ children, youth, adults, and families by providing programming and support across the lifespan... increase participants' sense of belonging and support. The trainings we provide to Champaign County organizations, agencies, schools, and more work to build inclusive communities accepting of LGBTQ+ members. Violence, anti-LGBTQ+ rhetoric and legislation are increasing across the country, and requests for new programs and events are far surpassing current organizational capacity. Working to meet community requests and creating environments and opportunities for LGBTQ+ people to thrive is more important than ever."

Selected priority: Thriving Children, Youth, and Families

Services and People Served

Who will benefit: Sexual and gender minority youth and adults. LGBTQ+ people experience unique MH challenges and stress related to minority status and potentially hostile environments, with higher rates of depression, anxiety, SUD, suicidal ideation, and suicide deaths than for cisgender, heterosexual peers.

Scope of services: Support/social groups, specific assistance, community-building events (excluding the fundraisers), educational workshops, and online resources.

Location of services: Groups in person at agency office or other community locations and zoom, per participant preference; community conversations via Discord; staff meet with clients as needed in person or virtually; events in various locations.

Staff comment: Service section of the application includes data and rationale for the array of programs, notes increased need and increased costs, but the request is the same as PY24 due to other funding.

Residency of 331 people served in PY23 and 147 in the first half of PY24:

Champaign	145 for PY23	81 for PY24
Urbana	111 for PY23	49 for PY24
Rantoul	7 for PY23	1 for PY24
Mahomet	34 for PY23	1 for PY24
Other	34 for PY23	15 for PY24

Demographics of 331 people served during PY23:

Age

Ages 7-12 -----	6
Ages 13-18 -----	33
Ages 19-59 -----	263
Ages 60+ -----	29

Race

White -----	235
Black / AA -----	29
Asian / PI -----	27
Other (incl. Native American, Bi-racial)-	32
Not Available -----	8

Gender

Male -----	34
Female -----	186
Other -----	103
Not Available -----	8
Ethnicity	
Of Hispanic/Latino/a Origin -----	27
Not of Hispanic/Latino/a Origin -----	292
Not Available -----	12

Measures of Client/Participant Access

Eligibility criteria and determination: People self-identifying as LGBTQ+; their partners and family members; groups or organizations requesting educational workshops; anyone may attend UP public events.

Outreach to eligible people: Website, newsletter, social media, outreach events, community referrals, direct contact with staff and board members; people self-report eligibility per LGBTQ+ or ally; engagement is dependent on the participant.

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

Within 4 days of assessment, 100% of those assessed will engage in services.

People will engage in services, on average, for: one year, as long as they meet program requirements.

Additional demographic data: gender and sexual identity.

Staff comment: There may be an error regarding timeline for ‘assessment’ OR the proposal intends to reflect that people self-assess, so this measure of access isn’t as relevant as for engagement – UP staff respond to initial contacts in 1 to 3 days to share program information.

Measures of Client/Participant Outcomes

Outcomes and targets:

For people:

1. Social support will increase by 25%.
2. Self-worth will improve by 20%.

For trainings:

1. Improved knowledge about LGBTQ+ communities (25% increase).
2. Improved confidence to create LGBTQ+ affirming environments (20% increase).

Specific assessment tools and data collection:

Group participants complete a survey every 6 months; training participants complete a survey at end of each training. Administered online and compiled by staff, reported in the aggregate. Measures include:

1. Multidimensional Scale of Perceived Social Support
2. Rosenberg Self-Esteem Scale

Outcome data gathered from all participants: No. Requested of group participants through in person group, zoom, email, and server, to drive survey completion. Requested of training attendees at end of training.

Will collect outcome data every 6 months for group; after each training.

Staff comment: Agency developed an evaluation tool to assess the impact of programming and need for changes or improved materials (for participants’ specific needs).

Measures of Utilization

Non-Treatment Plan Clients (NTPCs): 100 (NEW) – those attending support groups or trainings.

Community Service Events (CSEs): 100 - to promote inclusion of LGBTQ+ individuals, organization and school/GSA visits assessing needs and promoting programs.

Service Contacts (SCs): 300 people inquiring about UP programs or seeking referrals for other resources.

Staff comment: Due to long-term participation of some, treatment plans (and TPCs) may be appropriate, particularly for those accessing multiple supports. The proposal is to continue PY24 targets for PY25.

PY25 Targets	100 NTPCs	300 SCs	100 CSEs
PY24 First Two Quarters (per submitted Service Activity Reports)			
First Quarter	100	77	120
Second Quarter	47	260	78
<i>Annual Targets</i>	<i>100 NTPCs</i>	<i>300 SCs</i>	<i>100 CSEs</i>
PY23 All Four Quarters (per submitted Service Activity Reports)			
First Quarter	79	154	85
Second Quarter	49	185	107
Third Quarter	96	137	113
Fourth Quarter	107	128	127
<i>Annual Targets</i>	<i>90 NTPCs</i>	<i>250 SCs</i>	<i>50 CSEs</i>

Financial Analysis

PY2025 CCMHB request: \$190,056

PY2025 total program budget: \$307,243

Current year funding (PY2024): \$190,056

Proposed change in funding - PY2024 to PY2025 = 0%

CCMHB request is for 62% of total program revenue.

Other program revenue is from United Way (\$33,151) 11%, Contributions (\$54,094) 18%, Fundraising (\$29,902) 10%, and Interest Income (\$40).

Personnel costs of \$132,189 are 70% of the requested amount.

Other expenses are Professional Fees/Consultants \$25,080 (13%), Consumables \$5,000 (3%), General Operating \$10,692 (6%), Conferences/Staff Development \$3,500 (2%), Specific Assistance \$1,375, Equipment Purchases \$1,750, Lease/Rental \$10,284 (5%), and Membership Dues \$186.

Total agency budget, total program budget, and CCMHB budget are balanced.

Program staff to be funded by CCMHB: 2.63 Direct FTEs.

Total program staff: 4.5 Direct FTEs.

Staff comment: There are no indirect workers listed on the Personnel Form for the agency. This is likely an error and will need to be corrected as it will impact the budget forms. There also exists an error on the General Operating line of the Expense Report which needs to be corrected. Professional Fees will pay for the financial review and an accounting consultant to evaluate and help implement improvements to their financial practices. Staff Development will pay for a subscription to the Nonprofit Leadership Lab which provides resources about board development, budgeting, fundraising, capacity building, and operations. Specific assistance will pay for binders and waist cinchers for transgender and gender non-conforming people. It will also pay to keep United Pride’s food pantry stocked and cover transportation costs for individuals without the financial means to attend Uniting Pride events. Equipment will pay to replace outdated staff computers.

Agency Cultural and Linguistic Competence Plan

Does the CLC Plan include required benchmarks and CLAS Standards? Yes

Highlights from the submitted CLC Plan: Will incorporate CLC Values as a part of their 2024 Strategic Planning for the year. Provides a Food Pantry and Gender Affirming attire in their programs “Eat UP” and “UP and Away” programs. Board and staff receive annual training and will assess training needs moving forward instead of the traditional methods they have used for the past 4 years of annual training.

If currently funded, did the agency submit a complete CLC Progress Report for the first half of PY24? Yes

Highlights from the submitted CLC Progress Report: The UP Center has become a member of the Non-Profit Leadership Lab, a resource designed to improve governance and leadership, through a culturally competent lens. Consultants, leadership, and those who create the material span a range of diverse populations as it relates to LGBTQ+ status, race, gender, disability, and more. The UP Center has been intentional about getting customer feedback from Pride Fest. They also added Spanish to the advertising materials as they learned Spanish was the second most used language from Pride Fest.

Staff comment: The UP Center is the only provider that specializes in LGBTQIA2-S in Champaign County. The program plan aligns with the CLC Plan. Due to the engagement of services in the community there has been an increased interest in the services offered by the UP Center, though the current staff have reached capacity.

Criteria for Best Value

Budget and program connectedness: The Budget Narrative provides thorough explanations of the budget plan, with details on: other agency revenues, how these were estimated, and changes in recent years (though in kind amount and fundraised amounts do not match revenue form amounts); rationale and specific costs for each expense category to be charged to the CCMHB, with amounts matching (although Membership Dues are not described); and the role of each staff person to the program. Good detail in all sections.

Participant outcomes (see above for details): Two outcomes relate to two positive impacts of groups and trainings, with measurable targets.

Self-determination and self-direction in service planning: Individual treatment plans not a focus.

Eliminating disparities in access and care (see above for Agency CLC Plan details): Open to all, hybrid and zoom increase rural residents' access; staff travel for trainings, school club visits, presentations, partnering on rural community programming, share info through print and online media, partner with rural libraries, advocate with school boards, etc. The Affirming Health Care Practitioner, Business and Faith Community directories increase awareness of affirming providers. Anti-racism framework for programs, collaboration with community orgs to build connection to and trust within disproportionately underrepresented groups. Virtual options, multiple service locations, transportation support; internal development and training for staff, board, and volunteer recruitment; community trainings and programs are accessible and inclusive and address specific needs of LGBTQ+ communities of color.

Promoting inclusion and reducing stigma: Foster a sense of belonging and inclusion, provide positive visibility, services to meet needs across the lifespan and increase access to LGBTQ+ affirming services, which enhance belongingness, social support, self-sufficiency, and self-efficacy. Reduce stigma and increase affirming practices through education and advocacy. Includes LGBTQ+ cultural competency programs, educational trainings include to public schools, healthcare providers, religious affiliates, other non-profits, etc.

Continuation of services during public health emergency: Virtual and hybrid options.

Builds on successes with technology and virtual platforms, increasing training and access for staff and people served: Yes, online programming.

Unique features – approach: Describes and links to info on Relational-Cultural Theory model; provides rationale for the proposed services, with page numbers supporting.

Unique features - staff credentials: Current staff have experience and education in nonprofit and social justice, education, volunteer management, program marketing, organizational management/governance, fundraising, program development and execution.

Volunteer group facilitators have experience as LGBTQ+ advocates, advanced degrees, and experience in education, counseling, and therapeutic work.

Board members have: degrees in Human Development and Family Studies, Women and Gender Studies, Communication, Social Work, Therapeutic Recreation; experience in education, social justice and nonprofit, program development and execution; one has DEI certification.

Unique features – resource leveraging: Not match for other funding. Other pay sources are donations, United Way grant, corporate sponsorship. Clients do not pay a fee. Not eligible for Medicaid participation.

Expectations for Minimal Responsiveness

Organizational eligibility questionnaire: Yes.

Agency capacity for financial clarity: The organization has improved processes for financial management and record-keeping, reflected in the positive independent financial review.

Audit findings: The agency's PY23 financial review was submitted on 12/29/23. No negative findings. The apparent agency budget surplus relates to funds raised to support the annual Pride event, which occurs early in the fiscal year, and these raised funds are used to cover event expenses.

If applicable, compliance issues: The agency should submit approved Board minutes in a timely manner.

All forms submitted by deadline: Yes. Submitted on February 6.

Proposal relates directly to MI, SUD, or I/DD and how it will improve the quality of life for persons with MI, SUD, or I/DD: Yes

Evidence that other sources of funding have been maximized: Yes, addressed in the application.

Coordinated system: Yes. Example is cross-listing event and service info with the UIUC Gender and Sexuality Resource Center (which doesn't serve the whole county) and collaboration on some events/programs.

Written collaborative agreements: RACES, CUPHD, Urbana Park District, Human Kinetics, Elliott Counseling, Center for Youth and Family Solutions, Cup of Tea Counseling, Community Choices, and Bodhi Counseling. Numerous working relationships and informal partnerships are also listed.

Referral between providers: Yes

Process Considerations and Caveats

Contracting considerations: If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2025 contract:

- *Revisions prior to contract: correct errors in financial forms (see Financial Analysis, staff comments).*
- *Improvements during contract year: consider written treatment plans for NTPCs who engage in multiple program activities long-term (to develop TPCs).*
- *Consider continuing the PY24 special provisions.*
- *Offer a two-year term.*

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

Recommendation: Pending

Draft CCMHB PY2025 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff analysis and comments relate to sections of the application and, if the proposed program has been funded, to previously submitted reports.

Program: Community Support ReEntry Houses

Agency: WIN Recovery

Request: \$244,342

Why it matters: "... because of the urgent, immediate needs our populations experience when entering society. There needs to be more prison reentry preparation to prepare released individuals to navigate a foreign world when released... a safe foundation during a vulnerable time of their lives. We can offer the physical house stability and the individuals that will assist them in finding professional services and wrap-around services that the community providers."

Selected priority: Safety and Crisis Stabilization

Services and People Served

Who will benefit: Justice impacted women and LGBTQ2+ individuals with SUD or co-occurring diagnoses, reentering the community.

Scope of services: Gender-responsive, trauma-informed health-promoting services as an alternative to incarceration upon reentry, including housing, case management, WIN Recovery Support Plan (self-identified goals and assessments), physical/mental health care, SUD/trauma recovery, education, employment, legal assistance, leadership training, peer groups, civic participation, family therapy/reunification, compliance with parole/probation/DCFS/other, and recovery based community programming.

Location and frequency of services: Three homes, all in Champaign - community support reentry housing or agency office; based on individual's recovery; after the onsite living phase, assistance as needed.

Staff comment: The proposal is a request is to continue funding the program, with increase to meet increased needs through additional house and staff. In Residency data below, Other includes 6 parole clients in PY23 and 2 homeless in PY24; for those on parole, the data should be zip code of residence prior to incarceration.

Residency of 43 people served in PY23 and 7 in the first half of PY24:

Champaign	24 for PY23	4 for PY24
Urbana	7 for PY23	1 for PY24
Rantoul	2 for PY23	0 for PY24
Other	10 for PY23	2 for PY24

Demographics of 43 people served during PY23:

Age	
Ages 19-59 -----	43
Race	
White -----	35
Black / AA -----	5
Asian / PI -----	0
Other (incl. Native American, Bi-racial)-	3
Gender	
Male -----	4
Female -----	38
Other -----	1
Ethnicity	
Of Hispanic/Latino/a Origin -----	3

Not of Hispanic/Latino/a Origin -----	37
Not Available -----	3

Measures of Client/Participant Access

Eligibility criteria and determination: Women or LGBTQ2+ community, from jail, prison, halfway house, or treatment center, with felony background or current criminal justice involvement; on parole, probation, or pretrial services, with DCFS involvement, MI, SUD, trauma history, or homeless; from Champaign County, with evidence of need for service and limited financial resources. Brief eligibility questionnaire, assessment by coordinator (intake form), and leadership review of case eligibility.

Outreach to eligible people: From treatment centers, Illinois Department of Corrections (IDOC), Court Services, Illinois Parole Reentry Group, and other State agencies; virtual informational sessions; word of mouth; reentry summits in Decatur and Logan Correctional Centers.

Within 2 days of referral, 100% of those referred will be assessed.

Within 2 days of assessment, 100% of those assessed will engage in services.

People will engage in services, on average, for: 275-365 days (transitional housing).

Additional demographic data: Identification documents, family reunification, criminal history, treatment completion, social economic status, income, employment status, education, recovery milestones, formerly incarcerated, and number of children.

Measures of Client/Participant Outcomes

Outcomes and targets:

12 evidence-based benchmarks from A New Way of Life’s Safe House Replication model, plus family reunification:

1. Housing stability.
2. Acquiring personal identification.
3. Maintenance of sobriety.
4. Development of self-identified goals.
5. Progress toward achieving self-identified goals.
6. Compliance with conditions of probation or parole.
7. No re-incarceration.
8. Ability to access benefits or assistance.
9. Regular attendance at recovery meetings.
10. Enrollment in school.
11. Access resources to employment.
12. Sought employment.
13. Family reunification (if applicable).

Specific assessment tools and data collection:

MissionTracker for all; data collection frequency varies with relevance to each outcome; includes details on frequency of collection of each, with self-reports by clients and documentation in staff case notes.

Outcome data gathered from all participants: Yes.

Will collect outcome data 1st phase, 2nd phase, 3rd phase, and 3 months into independent living.

Staff/reviewer comment: This section of the application includes description of the program’s theory of change model, appropriate assessment tool and process, and timeline for data collection. A threat to data collection and reporting is staff turnover and training.

Measures of Utilization

Treatment Plan Clients (TPCs): numeric target is not included – definition is unclear, possibly indicating a count of goals met rather than unduplicated number of people served (who have a treatment plan).

Non-Treatment Plan Clients (NTPCs): numeric target is not included; family members reunited with client during engagement in services.

Community Service Events (CSEs): numeric target is not included; reentry summits, educational opportunities, panel discussions, civic engagement events.

Service Contacts (SCs): numeric target is not included; people referred to the program but not eligible and therefore referred to other providers.

Staff comment: in a different section of the proposal, target is to serve 75-80 people, which may be a combination of TPCs and NTPCs; numeric targets should be included.

PY25 Targets	? TPCs	? NTPCs	? SCs	? CSEs
PY24 First Two Quarters (per submitted Service Activity Reports)				
First Quarter	5	7	3	
Second Quarter	2	12	4	
<i>Annual Targets</i>	<i>TPC-40</i>	<i>SC-40</i>	<i>CSE-10</i>	
PY23 All Four Quarters (per submitted Service Activity Reports)				
First Quarter	11	2	12	6
Second Quarter	14	0	18	2
Third Quarter	10	0	12	3
Fourth Quarter	8	0	13	3
<i>Annual Targets</i>	<i>TPC-40</i>	<i>NTPC-0</i>	<i>SC-50</i>	<i>CSE-10</i>

Financial Analysis

PY2025 CCMHB request: \$244,342

PY2025 total program budget: \$1,561,118

Current year funding (PY2024): \$110,000

Proposed change in funding - PY2024 to PY2025 = 22%

CCMHB request is for 16% of total program revenue.

Other program revenue: R3 Grant \$1,244,375 (80%), Program Service Fees \$22,401 (1.4%), IDOC \$50,000 (3%).

Personnel costs of \$123,221 are 50% of the requested amount.

Other expenses: Professional Fees/Consultants \$42,589 (17%), Consumables \$10,000 (4%), General Operating \$5,000 (2%), Occupancy \$36,432 (15%), Equipment Purchases \$6,700 (3%), Lease/Rental \$20,400 (8%).

Total agency budget, total program budget, and CCMHB budget are balanced.

Program staff to be funded by CCMHB: 0.22 Indirect FTEs + 1.5 Direct FTEs = 1.72 Total FTEs

Total program staff: 2 Indirect FTEs + 12 Direct FTEs = 14 Total FTEs

Staff comment: At the time of review of this application, WIN Recovery is currently ineligible for funding due to the missing PY23 audit, which was due 12/31/23. The requested increase would support hiring additional staff and adding a third house to Champaign County to handle an increase in clients in PY25. Professional fees will pay for professional accounting services, the cost of their audit, as well as business consulting fees. Equipment will pay for washer, dryer, microwave, and furniture for the third house.

Agency Cultural and Linguistic Competence Plan

Does the CLC Plan include required benchmarks and CLAS Standards? Yes

Highlights from the submitted CLC Plan: 5 DEI programs will be created to expand knowledge and awareness of the workable community. Annual training will be offered to staff and board members to meet the training requirements. Hard copy and a digital copy of qualified interpreters will be available to use as needed for clients who need language services.

If currently funded, did the agency submit a complete CLC Progress Report for the first half of PY24? Yes
Highlights from the submitted CLC Progress Report: Staff completed 6 hours of virtual training and 2 hours of self-taught training via State of Illinois website. Hard copies of the interpreters list were given to employees, and a list of resources in the community made available. WIN has also used Teams/ZOOM as a conduit to ensure that staff in Champaign County can utilize language access services from other staff not located in Champaign County. WIN also reported the need to ensure that peer support is at the forefront of their message to the community. WIN is a peer led organization that values all voices and wants to ensure that families are included in the journey of recovery.

Staff comment: I reviewed the CLC Plan and Program plan for alignment. Training and support will continue to be provided to WIN to ensure the CLC Plan is aligned with the program. WIN met the requirements, and additional information should be included in the CLC Plan about services offered. WIN also reported their Governing Body has people with lived experience participating in decision making process of the organization.

Criteria for Best Value

Budget and program connectedness: The Budget Narrative: provides good detail/clarifications on other revenues for the agency and program (amounts match); explains that the requested increase is to cover additional staff and a third Champaign house to serve increased number of clients in PY25; details what is to be included in each expense category and the relationship of staff to this program; and requests multi-year funding. The MHB contract is described as reimbursable, but a grant is requested (rather than fee for service or purchase of service, which are reimbursement based).

Participant outcomes (see above for details): 13 outcomes of value to participants; assessment tools.

Self-determination and self-direction in service planning: Yes.

Eliminating disparities in access and care (see above for Agency CLC Plan details): Rural residents through wraparound programs (as agency facilities are in Champaign); outreach for additional support through health and social service providers; HACC vouchers provided to those leaving the residential program can be used throughout the county... follow up includes lists of local services and support from the agency as needed. The target population is historically under-resourced; focus on bridging the gap to supports.

Promoting inclusion and reducing stigma: diverse team and leadership with relevant experience... redefine formerly incarcerated individuals' narrative, breaking stigma and discrimination faced by clients, encouraging them to share their experience, strength, and hope with the community to change the stigma. Training on intersectionality is offered to staff, clients, and board members.

Continuation of services during public health emergency: Virtual informational sessions.

Builds on successes with technology and virtual platforms, increasing training and access for staff and people served: See above.

Unique features - approach: Describes A New Way of Life (ANWOL) Reentry Project model, with link. Links to research on barriers faced by women with dual diagnoses and on merits of trauma-informed SUD treatment.

Unique features - staff credentials: Executive Director - MSW with concentration in mental health, Bachelor's in Communication, a QMHP with specialized training, support, and mentoring through SAFE House Network. Resource Director - experience with family in recovery/SUD.

Graduated residents are peer leaders, having experience with incarceration and reentry.

Unique features – resource leveraging: not to be used as match for other revenue. Other pay sources are various grants, IDOC contract, R3 (being pursued), etc. Client fees on an income-based sliding scale, for financial literacy and planning for housing voucher use; those who are working may contribute 30% of

paycheck as program fee - not required, and these funds go to client-specific programming. Not eligible for Medicaid participation, but agency has referral relationships, including to Medicaid-participating providers.
Staff comment: Section on other funding sources references FY2022, suggesting revisions may be needed.

Expectations for Minimal Responsiveness

Organizational eligibility questionnaire: Yes.

Agency capacity for financial clarity: known due to prior experience, as a funded agency.

Audit findings: The agency's PY23 audit has not been submitted at this time; causes of the delay are not clear. PY22 audit was also delayed, which delayed the board's decision on whether to fund the program in PY24.

If applicable, compliance issues: The agency should submit approved Board minutes in a timely manner. The agency has an eligible board (one Champaign County resident) and a local office, but most operations and board members are elsewhere, so it will be important that there not be a gap in local board representation and staff office.

All forms submitted by deadline: Yes. Submitted on February 12.

Proposal relates directly to MI, SUD, or I/DD and how it will improve the quality of life for persons with MI, SUD, or I/DD: Yes.

Evidence that other sources of funding have been maximized: Yes. Other funding has been pursued and should be sought as opportunities arise.

Coordinated system: Yes. Rosecrance, Pavilion, Carle Addiction, Drug Court, Probation, local Parole Reentry Group are listed as partners. Other providers of related services are also described.

Written collaborative agreements: Housing Authority of Champaign County, Illinois Department of Corrections (IDOC). (Application includes good detail about each.)

Referral between providers: Yes

Process Considerations and Caveats

Contracting considerations: If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2025 contract:

- *Revisions prior to contract: develop numeric targets for utilization measures; revise forms to remove outdated references.*
- *Audit issues should be resolved. Due to this and earlier late audit, two-year term may not be indicated.*
- *New special provision: pursue additional collaborative relationships with local providers, e.g., Christian Health Center; participate in Reentry Council and possibly Drug Court Committee.*
- *Consider continuing the PY24 special provisions.*

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

Recommendation: Pending

Draft I/DD Special Initiatives PY2025 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff analysis and comments relate to sections of the application and, if the proposed program has been funded, to previously submitted reports.

Program: Community Life Short Term Assistance - NEW

Agency: CCRPC – Community Services

Request: \$232,033

Why it matters: “... by providing financial assistance, along with supportive services to address needs and desires of furthering community life for adults with I/DD... [to] access social, developmental, and leisure activities, that may not otherwise be financially accessible... assisting individuals with I/DD toward further understanding, confidence building and longer-term self-sufficiency...”

Selected priority: Short-Term Supports for People with I/DD

Staff comment: this is a request for funding for a new program, aligned with a PY25 priority category.

Services and People Served

Who will benefit: People eligible for DDB, receiving services through a DDB funded program and those currently registered on PUNS awaiting services; seeking opportunities to expand aspects of their community life; income at or below 60% annual median; priority consideration to those with cooccurring diagnoses, requiring multiple supports or those with limited access to local services.

Scope of services: Direct funding support for activities, hobbies, courses, events, travel, entertainment, or technological devices required to access these. Aligned with person-centered plans. Coaching sessions on resource education, budgeting, self-sufficiency, social skills, etc. Satisfaction survey as follow-up. Participants will complete intake and application (with assistance).

Location and frequency of services: provided in manner most convenient and accessible for participant. CCRPC offices in Champaign, Urbana, and Rantoul or at partnering providers’ offices or community locations. Virtual or in-person. Paperwork requiring participant signature must be completed in-person. Participant engagement will be 30 days per instance of direct client funds assistance.

No residency or demographic data, as this is a NEW program request.

Measures of Client/Participant Access

Eligibility criteria and determination: PUNS enrolled and meeting income guidelines (at or below 60% Annual Median Income).

Outreach to eligible people: referrals from service providers, outreach events, flyer distribution to local committees/agencies, flyer distribution to people on PUNS list, CCRPC’s website and social media accounts, direct contact from individuals with I/DD and their families, and inter-organizational referrals.

Within 2 days of referral, 95% of those referred will be assessed.

Within 10 days of assessment, 95% of those assessed will engage in services.

People will engage in services, on average, for: 30 days per instance of direct funds assistance.

Additional demographic data: n/a (though an early section references income data)

Staff comment: Timeframes are reasonable, although high program demand may pose difficulties.

Measures of Client/Participant Outcomes

Outcomes and targets:

1 – 90% of those receiving financial assistance to purchase technology or equipment will report increased knowledge, skills, ability to engage in social or entrepreneurial activities

2 – 80%... purchase of social events or classes will report an increase in knowledge, skills, ability to engage socially, or overall wellbeing.
 3 – 50% ... purchase of travel will report increase in overall wellbeing.
 4- 90%... coaching or supportive services...will report increase in confidence to engage in the funded activity.
Specific assessment tools and data collection: Satisfaction surveys.
Outcome data gathered from all participants: Yes.
Will collect outcome data at the close of each instance of funds assistance or final case management session.

Measures of Utilization

Treatment Plan Clients (TPCs): 44 – (50% of NTPCs) people who engage in coaching sessions aimed at supporting skill development in the use of technology (or software), social, recreational, entrepreneurial, or travel costs, with financial support of the program.

Non-Treatment Plan Clients (NTPCs): 88 – individuals receiving financial assistance for technology (or software), social, recreational, entrepreneurial, or travel costs.

Community Service Events (CSEs): 8 – outreach events, presentations, meetings with other professionals.

Service Contacts (SCs): 25 – number of people seeking the service but ineligible and therefore referred to other resources/providers.

Staff comment: Service contacts and service hours associated with TPCs should be documented in the online reporting system.

PY25 Targets	44 TPCs	88 NTPCs	25 SCs	8 CSEs
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Financial Analysis

PY2025 IDDSI request: \$232,033

PY2025 Total program budget: \$232,033

Current year funding (PY2024): \$0

Proposed change in funding - PY2024 to PY2025 N/A

IDDSI request is for 100% of total program revenue.

Personnel costs of \$42,676 are 18% of the requested amount.

Other expenses are Consumables \$200, General Operating \$200, Occupancy \$13,657 (6%), Local Transportation \$300, Specific Assistance \$175,000 (75%).

Total agency budget has a surplus of \$321,112, total program budget and IDDSI budget are balanced.

Program staff to be funded by IDDSI: 0.6 Direct = 0.6 FTEs.

Total program staff: 0.6 Direct = 0.6 FTEs.

Staff comment: An error exists in the Personnel Form which may also contribute to an incorrect calculation of Payroll Taxes, Benefits, and Occupancy categories on the Expense Form. Specific Assistance is limited to a maximum of \$3,000 per client and will be used for the purchase of approved equipment or activities needed to engage in entrepreneurial, social events, hobbies, classes, recreational, or leisure activities to support client well-being. General Operating will pay for Outlook email licenses and phones by direct staff, background check fees, and IT support user fees. Local Transportation will pay for agency vehicles and mileage reimbursement for staff personal vehicles. Occupancy covers GATA-approved indirect administrative costs.

Agency Cultural and Linguistic Competence Plan

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

Highlights from the submitted CLC Plan:

1. Offer a higher rate of pay to potential employees that are fluent in languages other than English. This action step is important because it incentivizes the recruitment of employees who can effectively

communicate with diverse populations and provide culturally and linguistically appropriate care and services.

2. Review and update the Cultural and Linguistic (CLC) plan annually. This is important because it ensures that the organization's policies and practices remain current and aligned with cultural competency standards.
3. Provide language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them. This ensures that language barriers do not hinder individuals from accessing timely and quality care and services.
4. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes. This is important for assessing the effectiveness of cultural competency efforts and identifying areas for improvement.
5. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities. This ensures that the organization is continuously evaluating and improving its cultural competency practices to better meet the needs of diverse populations.

If currently funded, did the agency submit a complete CLC Progress Report for the first half of PY24? Yes.

Highlights from the submitted CLC Progress Report: All Head Start staff completed quarterly CLC on training on culturally responsive teaching and “Cross Linguistic Transfer in Bi-literacy Instruction: Why Connections Matter through as well as Welcoming Each and Every Child.” CCRPC has 4 new members involved in the cultural competency committee as a result of adding an introduction about cultural competence committee component to the new staff orientation. Six parents and five community representatives serve as members of the Policy Council and Parent committees for Head Start.

Staff comment: The Plan is inclusive of Head Start and Community Services Division. It addresses how the committee works with all the divisions of CCRPC to show how CLAS (Cultural and Linguistic Appropriate Services) are being implemented across the entire agency.

Criteria for Best Value

Budget and program connectedness: The financial forms support program activities. See financial analysis above for staff comments on details.

Participant outcomes (*see above for details*): Outcomes are person focused and relate to overall wellbeing and are associated with appropriate assessment tool and process.

Self-determination and self-direction in service planning: Person-centered Planning

Eliminating disparities in access and care (*see above for Agency CLC Plan details*): county-wide outreach, use of offices and community spaces as people prefer; connections made through community events, committees, other providers, and other RPC programs; marketing through website and social media; coordination with rural transportation providers; service locations as convenient to the people served; virtual options.

Promoting inclusion and reducing stigma: collaborates with the people served – to increase their independence, autonomy, and inclusion... through tangible access to supports; outreach events and opportunities to educate the community about abilities of people with I/DD and services they may use.

Continuation of services during public health emergency: Yes, virtual services are available.

Builds on successes with technology and virtual platforms, increasing training and access for staff and people served: Yes, training on specific technology purchases available.

Unique features - approach: notes barriers in technology access for self-advocates and caregivers. References NCI’s Core Indicator of providing access for financial assistance toward technology for the access of leisure, social or entrepreneurial activities. References NCI – I/DD data: people with I/DD experience “abundant and well-documented” benefits from taking vacations.

Unique features - staff credentials: Coordinator is a Qualified Intellectual Disability Professional (QIDP) and MSW with over 16 years of experience working in social services. Case Manager has a bachelor's degree, has worked as an ISC/QIDP for 4 years, and worked in the mental health field for 8 years.

Unique features – resource leveraging: Not to be used as match for another source of funding. Assists people with CCAMR mini-grant application for funding before purchase of items. No other pay sources, no client fees or sliding scale, no Medicaid participation.

Staff comment: Program request is in direct response to Self-Advocates' wants and desires identified during August 2023 DDB/MHB Joint Study Session.

Expectations for Minimal Responsiveness

Organizational eligibility questionnaire: Yes.

Agency capacity for financial clarity: Yes. This is a large organization with financial staff and oversight by the County Auditor and County Board.

If applicable, audit findings: N/A. CCRPC's programs are included in the County's combined audit.

If applicable, compliance issues: N/A

All forms submitted by deadline: Yes. Completed on February 12.

Proposal relates directly to I/DD and how it will improve the quality of life for persons with I/DD: Yes.

Evidence that other sources of funding have been maximized: No other funding source. Will require application to CCAMR Mini grant first.

Coordinated system: Program assists clients to utilize CCAMR mini grant prior to using DDB grant funding. RPC works closely with Champaign County IDD providers and will receive program referrals from local providers.

Written collaborative agreements: DSC, Community Choices, PACE, other RPC programs.

Referral between providers: Yes.

Process Considerations and Caveats

Contracting considerations: If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2025 contract:

- *Revisions prior to contract: resolve possible financial forms errors or mismatches.*
- *Special provisions: track contacts with people who do not have any services; coordinate with other agencies providing similar services; report quarterly via Online Reporting System; offer online technology training and access for staff and clients; require scholarship denial prior to specific assistance; align with IDHS-DDD purchase process; execute training activities in natural settings.*
- *Offer agency two-year contract term.*

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

Recommendation: Pending