



Champaign County Mental Health Board (CCMHB) Meeting Agenda

Wednesday, October 20, 2021 at 5:45PM

Shields-Carter Room, Brookens Administrative Building

1776 East Washington Street, Urbana, IL

<https://us02web.zoom.us/j/81393675682> 312-626-6799, Meeting ID: 813 9367 5682

Pursuant to the Governor's Executive Order establishing a pandemic disaster in the State of Illinois that covers the County of Champaign, and the CCMHB President's determination that holding this meeting in person is not prudent at this time due to health concerns with rising numbers of COVID-19 cases and hospitalizations being reported in the county, this meeting will be held remotely via zoom. Public comment also will be taken remotely. The public may watch the meeting live through this link or view it later in archived recordings at

<https://www.co.champaign.il.us/mhbddb/MeetingInfo.php>

Public Input: All are welcome to attend the Board's meetings, using the Zoom options or in person, in order to observe and to offer thoughts during the "Public Participation" period of the meeting. For support to participate during a meeting, let us know how we might help by emailing stephanie@ccmhb.org. If the time or format of the meeting are not convenient, you may still communicate with the Board by emailing stephanie@ccmhb.org any written comments 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 5 minutes.

1. Call to Order
2. Roll Call
3. Zoom Instructions (**page 3**)
4. Approval of Agenda*
5. Citizen Input/Public Participation
The CCMHB reserves the authority to limit individual public participation to 5 minutes and limit total time to 20 minutes.
6. President's Comments – Joseph Omo-Osagie
7. Executive Director's Comments – Lynn Canfield
8. New Business
 - A. Summer Youth Initiatives Presentation
Tracy Parsons will provide an overview of 2021 Champaign Community Coalition Summer Youth Initiatives. No action is requested.
 - B. UIUC Community Data Clinic Resource Project (**pages 4-18**)
Included for information only is a presentation on the online resource directory project. The project team leader, Jorge Rojas Alvarez, will give a summary of this work so far and of next steps. No action is requested.
 - C. DRAFT PY2023 Allocation Priorities and Selection Criteria (**pages 19-30**)
For review and discussion is an initial draft of funding allocation priorities and selection criteria for the Program Year 2023. No action is requested.
 - D. DRAFT Revised CCMHB Funding Guidelines (**pages 31-48**)

For review and discussion is an initial draft of revised CCMHB Requirements and Guidelines for Allocation of Funds. No action is requested.

E. Financial Management Coaching Pilot Project (pages 49 and 50)*

Included in the packet is a Decision Memo regarding a potential pilot project for independent consultants to offer coaching on financial management to a small set of agencies. Action is requested.

F. Request for Reconsideration of Contract Cancellation (pages 51-53)*

Included in the packet are letters from Promise Health Care and their independent CPA firm requesting reconsideration of cancellation of contracts due to no approved audit prior to the automatic deadline extension. Action is requested.

9. Agency Information (pages 54-61)

The CCMHB reserves the authority to limit individual public participation to 5 minutes and limit total time to 20 minutes. Included in the packet, for information only, is an update from Cunningham Children's Home on currently funded programs.

10. Old Business

A. Update on CILA Project (page 62 and 63)

Included for information is a Briefing Memorandum with update on the project.

B. PY2021 Utilization Report for Funded Programs (pages 64-76)

For information only, the packet includes a summary of utilization results for all CCMHB funded PY2021 programs.

C. Schedules & Allocation Process Timeline (pages 77-81)

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

11. CCDDDB Information

12. Approval of CCMHB Minutes (pages 82-85)*

Minutes from the 9/22/2021 board meeting are included in the packet. Action is requested.

13. Staff Reports (pages 86-96)

Included for information are reports from Kim Bowdry, Leon Bryson, Stephanie Howard-Gallo, and Shandra Summerville.

14. Board to Board Reports

15. Board Announcements

16. Adjournment

**Board action requested*

#3

Instructions for participating in Zoom Conference Bridge for CCMHB Meeting October 20, 2021 at 5:45 p.m.

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

Go to Join Zoom Meeting
<https://us02web.zoom.us/j/81393675682>
Meeting ID: 813 9367 5682

One tap mobile

+13126266799,,81393675682# US (Chicago)
+13017158592,,81393675682# US (Washington D.C)

Dial by your location

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

Meeting ID: 813 9367 5682

Find your local number: <https://us02web.zoom.us/u/kclgvKiumy>

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

Join with computer audio.

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

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

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

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

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

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#8.B.

Champaign County Resources: A hub for community collaboration around 2-1-1

2-1-1 is a national helpline and information service providing connections to individuals with social services. People call in or search on the internet to find resources for unmet needs, such as financial assistance to pay for rent or asking for mental health support. Despite last years' increasing poverty population in Champaign County and the COVID-19 pandemic circumstances, the number of calls has decreased¹.

Challenges of the current service

Community members report that the information on 2-1-1 website is outdated². Populations with limited levels of technological literacy find visual restrictions for the current user experience. Although Champaign County population is growing in languages diversity, the current information service only supports English. The current platform discourages connections other than phone calls.

Human service providers reported that the 2-1-1 website is disconnected from their needs³. They find issues to create referrals to their clients, impossibility to advertise their own listings and activities, and issues to suggest improvements to the current platform to meet their local needs. Consequently, service providers are not finding value in their interaction with the current website.

Improving Champaign County 2-1-1 information service

Improving Champaign County 2-1-1 services is a community partnership between the Cunningham Township Supervisor's Office, the Champaign County Mental Health Board and Disabilities Board, the United Way of Champaign, PATH Crisis Center Bloomington, and UIUC's Community Data Clinic. Our aim is to democratize this service, so that in times of crisis a collaboration and active hub of resources can be available. The project has the following objectives for Champaign County:

- Increase access to human services providers by expanding the available options to browse into the 2-1-1 directory.
- Inform the design of a new online platform by evaluating together with community partners a new web-based app.
- Improve the accuracy of the information posted on the 2-1-1 directories by encouraging users' feedback on the precision of the data presented.
- Empower the community of human services provision by including their resources, experiences, and knowledge.

¹ Decreased 12% between Jul-Dec 2019 and Jul-Dec 2020. Decreased 5% between Jan-Jun 2019 and Jan-Jun 2020. Source: 2-1-1 Counts of Champaign County at <https://uwaypath.211counts.org/>

² Additionally, 60% agencies updated their listings in 2019. In 2020, 24% agencies updated their listings by Jun, 2020. Source: Data analysis of 2-1-1 dataset for Champaign County shared by PATH Crisis Center on Jun 2020.

³ Additionally, in both 2019 and 2020, no program funded by CCMHB reported that their target population learned about their services through 2-1-1. Source: Compiled Annual Performance Outcome Reports CCMHB Funded Programs, Contract Year 2019, and 2020.

<http://co.champaign.il.us/MHBDDDB/PublicDocuments.php>

A new hub for community resources

Our partnership co-designed a prototype called Champaign County Resources – CCR. CCR delivers a directory with social media spirit. CCR supports principles of preserving a human perspective of clients’ crisis, fostering to share with others, and collaborate with service providers. CCR is intended to be a local complement to the 2-1-1 current directory, not to replace it. CCR offers the following features according to its user publics⁴:

For Clients / Participants	For Service providers
<ul style="list-style-type: none"> • Multilingual support for Spanish, French, English and the possibility to easily add other languages. • Maps and navigation for finding services or searching resources closer to client’s location. • Responsive design on mobile devices and easy to use interface, no hidden features. • Ability to know if information is correct, up to date, and report inaccuracies to service providers. 	<ul style="list-style-type: none"> • The ability to update their information in real time, so that wrong info isn’t left up on the website. • Export a list of recommended services (printed or emailed) for clients facilitating later reference. • A calendar platform for posting events to provide another outlet to advertise their events to their communities.

A fundamental feature of the hub is the creation of community processes to foster participation of service providers and clients in its continuous improvement.

- A 40-member service providers community around CCR information service who are registered on the website, attended info sessions, and updated their listings.
- Advised information technology decision making in PATH Crisis 2-1-1 to add new features based on community feedback.
- Built up a workflow in CC to include new resources, community directories, and make them visible.

A call to action

CCMHB/CCDDB has undertaken an important initiative to improve 2-1-1 information service by participating in the co-designing of CCR, attending to community meetings, and opening community spaces to present the project in the CCMHB/CCDDB meeting. These initiatives are important first steps toward enhancing 2-1-1 information service in Champaign County. But further action is necessary to make this service part of the infrastructure ecology of human services in our county. The Improving Champaign County 2-1-1 project team calls CCMHB/CCDDB executive board to:

- Lead a task force to choose a community website administrator and database curator for CCR.
- Fund and support an outreach campaign to increase the number of active service providers in CCR and co-host the public launch of the CCR.
- Submit a communication to PATH Crisis emphasizing the relevance of this project for the Champaign County.
- Co-design the connections between the DisABILITY Resource Expo and CCR.
- Support a first responders prototyping phase to comply the new CESSA mandate on maintaining an online database and resource page “to connect folks to resources related to crisis, wellness, trauma info, nutrition, stress reduction, anxiety, depression, violence prevention, suicide prevention, and substance use disorder treatment”⁵.

⁴ Community leaders elicited these needs through planning meetings and demo workshops from Jun 2020 to Jun 2021.

⁵ Illinois Public Act 102-0337 (signed on 8/21) Sec. 76.1.

211: The Role of Information Resources + Services in Crisis Response

Jorge Rojas-Alvarez, jorger3@illinois.edu

Anita Say Chan, achan@illinois.edu

Lynn Canfield, lynn@ccmhb.org

Danielle Chynoweth, Supervisor@cunninghamtownship.org

Community Data Clinic, University of Illinois at Urbana-Champaign
<https://www.communitydataclinic.com>

Presentation for CCMHB/CCDDB Executive Board

Team and Core Community



Prof. Anita S. Chan



Daniel Moon



CHAMPAIGN COUNTY
DEVELOPMENTAL
DISABILITIES BOARD
CHAMPAIGN COUNTY
MENTAL HEALTH BOARD



Cunningham Township
Supervisor's Office



Mitchell Oliver



Jorge Rojas-Alvarez



Students Pushing INnovation



United Way of
Champaign County

Issues in 2-1-1 website for user publics



Search for Services Home About Community Resources Services Adult Protective Services Volunteer Contact

PATH's online database is available to anyone looking for basic needs, crisis and mental health services, financial assistance, health care, support groups, etc.

For information on floods and other disasters, use the key word "Disaster"

Enter ZIP Code or enter city (optional)

GUIDED SEARCH
(Click a category to view available services.)

- Top 25 Services
- Basic Needs
- Consumer Services
- Criminal Justice and Legal Services
- Education
- Environment and Public Health/Safety
- Health Care
- Income Support and Employment
- Individual and Family Life
- Mental Health & Substance Abuse Services
- Organizational/Community/International Services
- Target Populations
- View All Services

SEARCH OPTIONS SEARCHED (reset)

(Examples: food, loan, job training, support group)
 (enter keyword)

(Examples: Medicaid, food crisis, meals on wheels)
 (enter name)

If you are a service provider who wishes to be added to our database or to update current information, please click here.

Copyright 2015 Crisis Center. All rights reserved.



The MISSOURI Crisis Response is a trademark and registered logo of MISSOURI Crisis.

Clients

Delays on service access and frustration by outdated information

Visual and language restrictions on the web platform

Human services agencies

Participation is restricted (update only once a year)
 Disconnected with clients because top-down unidirectional communication

Perception of inattention from the 2-1-1 provider

PATH Crisis (2-1-1 provider)

Standard product obstructs improvements
 Technological style privileges phone interaction
 Community based resources excluded by policies
 Service is underfunded

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Objectives

Increase access to human services providers by expanding the available options to browse into the 211 directory

Inform the design of a new online platform by evaluating together with community partners a web-based app

Improve the accuracy of the information posted on the 211 directories by encouraging users' feedback on the accuracy of the data presented

Empower the community of human services provision by including their resources, experiences, and knowledge

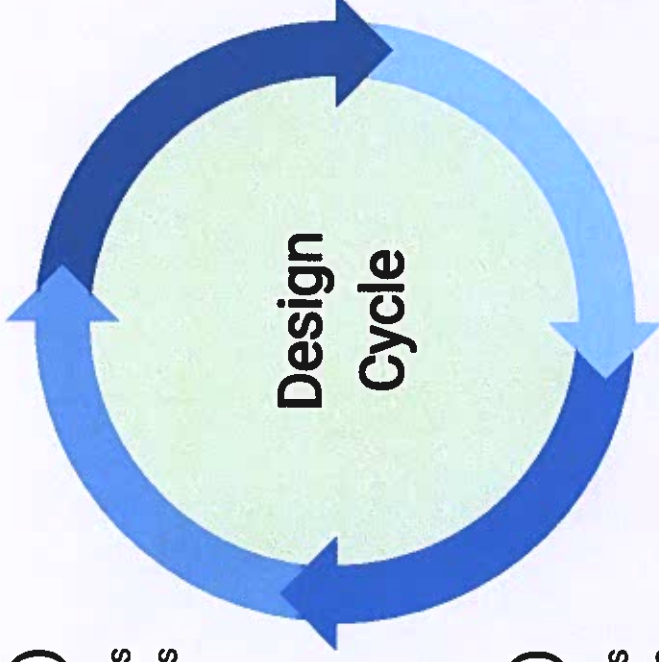
Design cycle

Evaluation (3)

Feedback and findings meetings
with core community members

Planning and Analysis (12)

Meetings and interviews with community
leaders



Demos (8)

Demonstrations for service providers
and other community partners

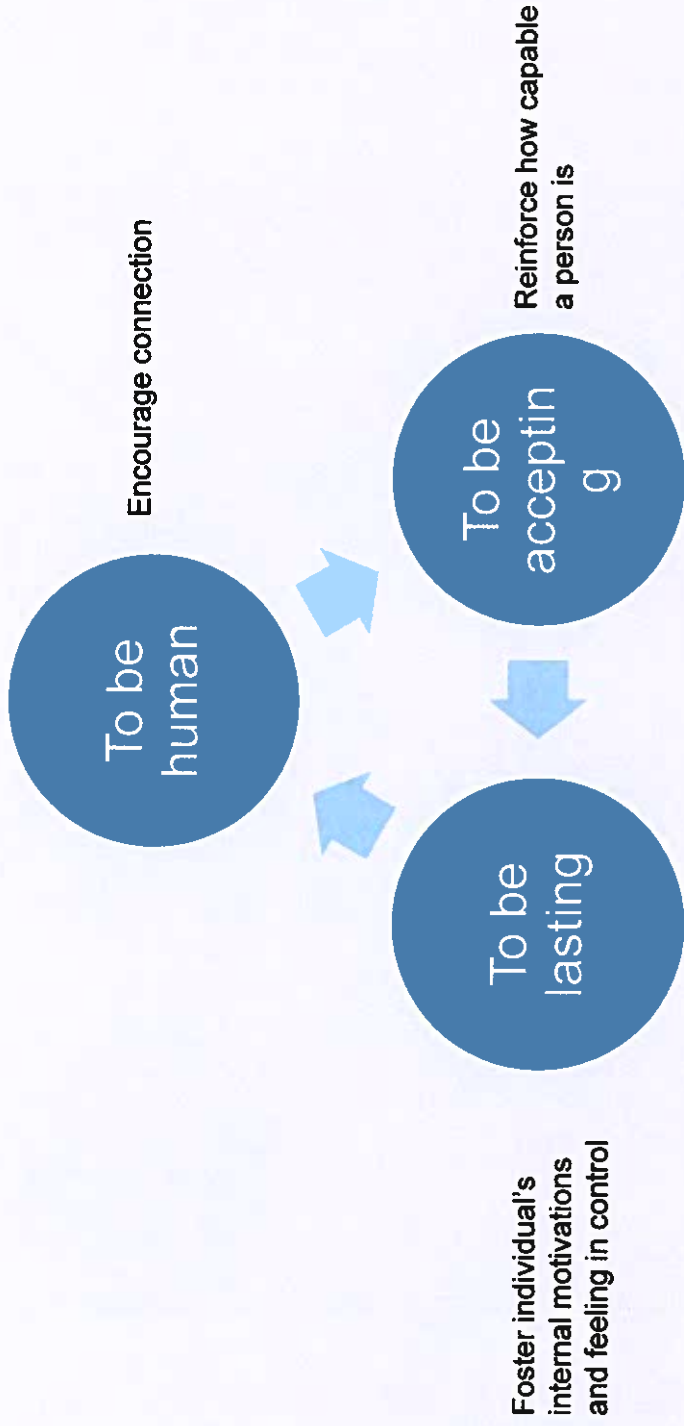
Workshops (5)

Meetings to design specific features

□ Participatory design (Schuler & Namioka, 2017)

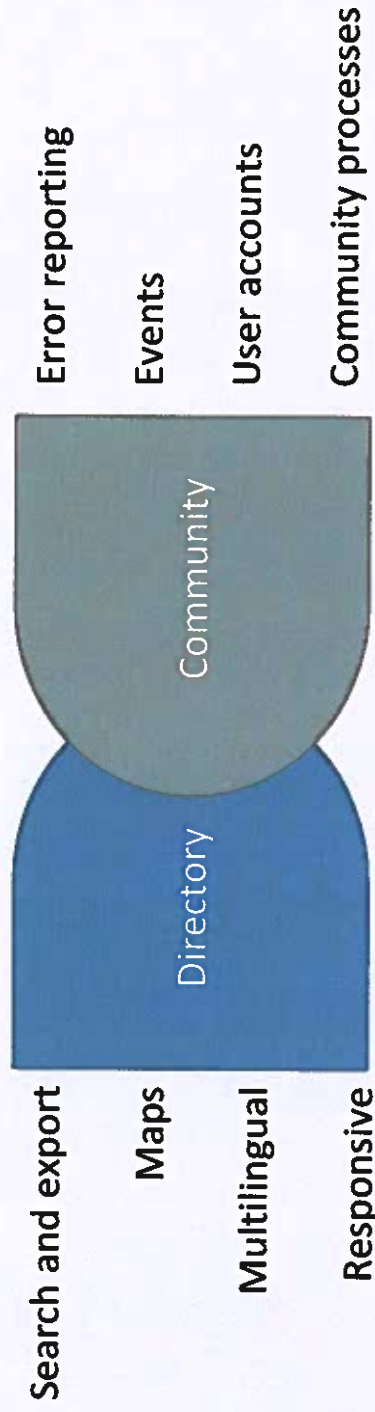
□ Patchwork Prototyping (Cameron, Floyd & Twidale, 2007) Using open-source software for prototyping

Design values of Champaign 211 Resources



Mesibov, Mari. "Designing Experiences To Improve Mental Health." *Smashing Magazine*, October 2018. <https://www.smashingmagazine.com/2018/10/designing-experiences-improving-mental-health/>.

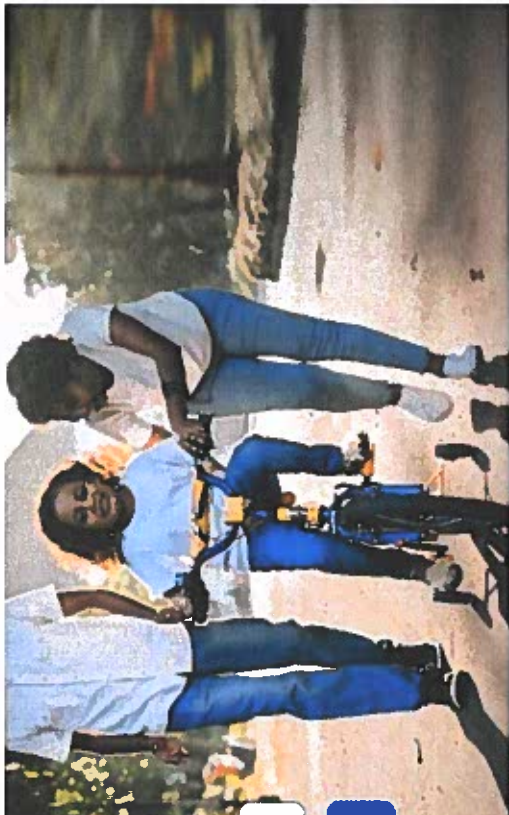
Champaign County 2-1-1 Resources



to be human, to be accepting, to be lasting

democratize, foster sharing

Get help in Champaign County



What are you looking for?



Care



Emergency



Housing



Mental Health



Transportation



Goods

Highlighted events



Luminaries of Hope and Live Nativity



Tienda Festiva Gratuita ¡Día de



[>>See More](#)



<https://champaigncountyresources.communitydataclinic.com>

Types Of Services •

Sort By •

Results Per Page •

Download •

Salvation Army of Champaign County

Rent Payment Assistance

Rent payment assistance for past due rent or rent due within 10 days

(217) 373-7832 - Voice

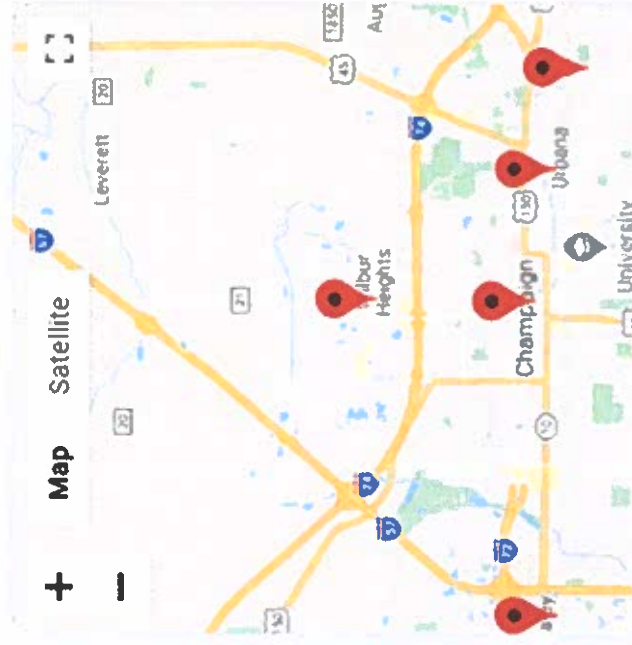
2212 N. Market Street Champaign IL 61822

Champaign Township

Rent Payment Assistance

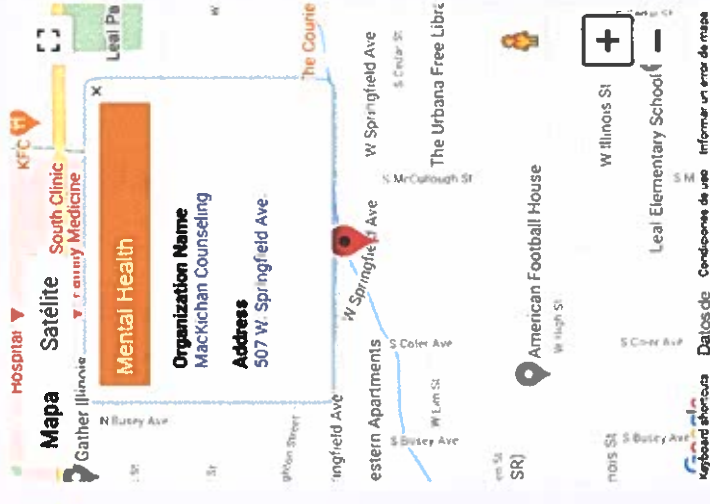
Rent or utility assistance may be available to individuals or families with an eviction notice or utility shut off notice. Assistance is available once every calendar year

(217) 352-9433 - Voice



Community process with an LGBTQ organization

- Category of services absent in the previous 2-1-1 directory
- Co-design with Uniting pride: iconography and visibility
- Need for inclusive infrastructure across the directory:
 - Inclusive registration processes (e.g., non-binary forms)
 - Use of preferred nouns and pronouns
 - Safe space for gender identity expression
 - Gender-aware designed services
 - Inclusive physical infrastructures (e.g., unisex bathrooms)
 - Report of agencies that fail to comply with inclusive practices



Ubicaciones

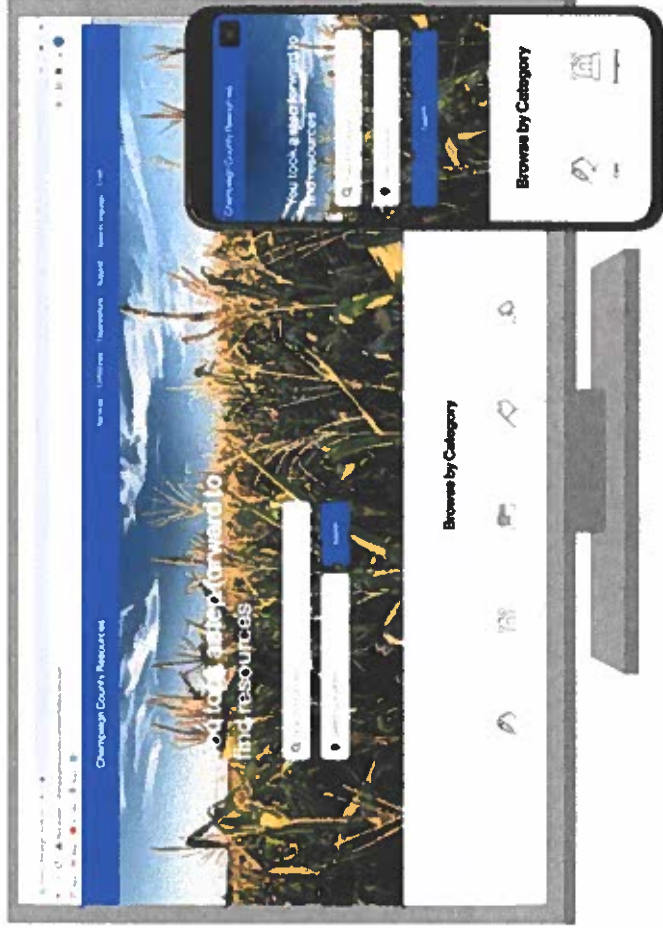
- Consorcio MacKichan
- 507 W. Springfield Ave. Urbana IL 61801
- Formularios de admisión inclusivos y portal del cliente. Baños de un solo cubículo - Uso de nombres y pronombres precisos - Tratamiento de afirmación de género
- (872) 222-7731

COMMUNITY ANNOUNCEMENT

Champaign County Resources

Online Directory Prototype for Local Social Service Providers

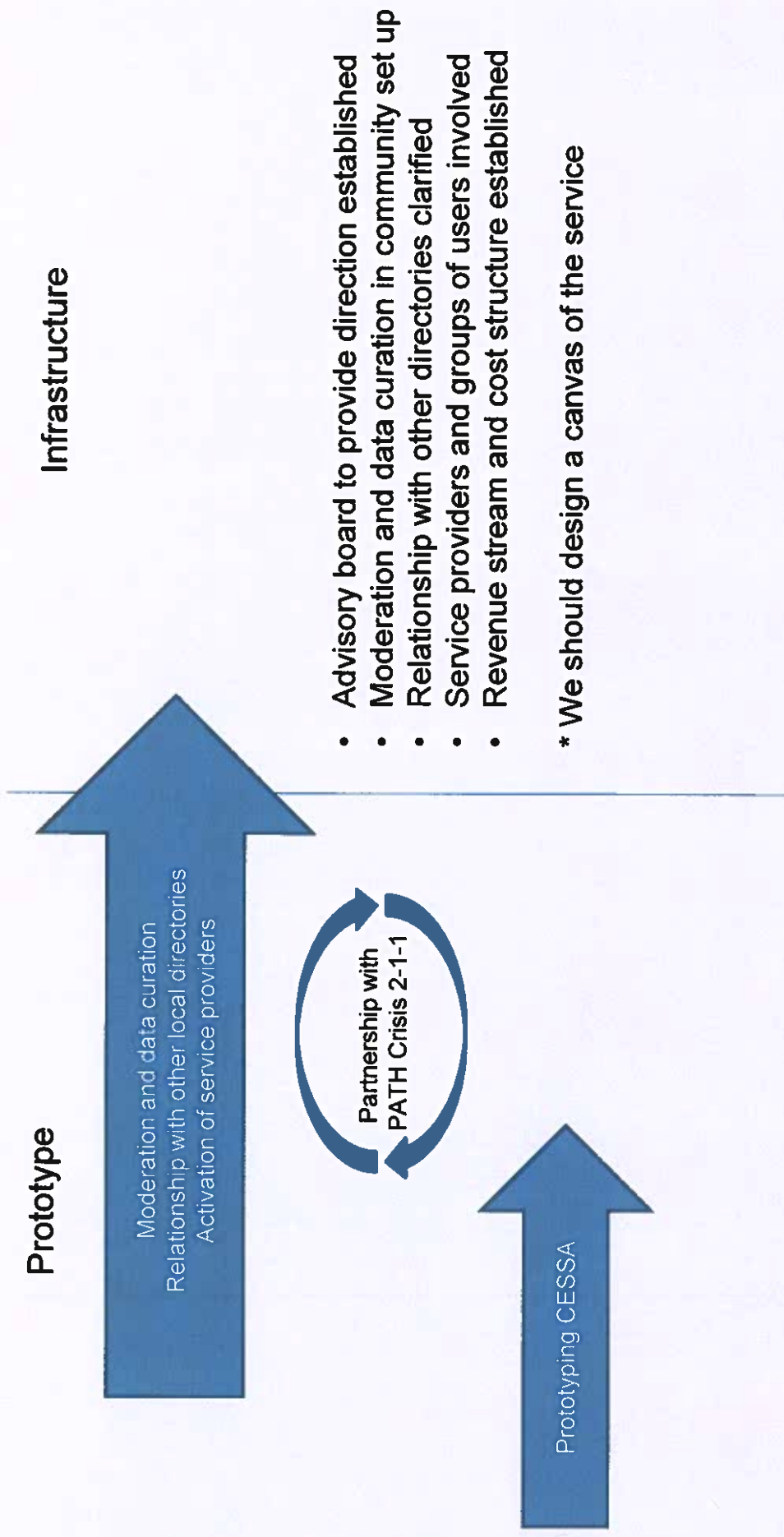
- Stage 1 (2020)**
Development
- Stage 2 (Current)**
Leadership Outreach
- Stage 3 (Summer)**
Community Outreach
- Stage 4 (TBA)**
Public Launch



<https://champaigncountresources.communitydataclinic.com/>

United Way, Champaign County Mental Health and Developmental Disabilities Boards, Cunningham Township, PATH Crisis 211, and Community Data Clinic are working

From a prototype to infrastructure



Call to action

- Co-lead a task force to design the transition from the prototype to an actual service.
- Fund and support an outreach campaign to increase the number of active service providers in CCR and co-host the public launch of the CCR.
- Submit a communication to PATH Crisis emphasizing the relevance of this project for the Champaign County.
- Co-design the connections between the DisABILITY Resource Expo and CCR.
- Support a first responders prototyping phase to comply the new CESSA

#8.C.



BRIEFING MEMORANDUM

DATE: October 20, 2021
TO: Members, Champaign County Mental Health Board (CCMHB)
FROM: Lynn Canfield, Executive Director
SUBJECT: PY2023 Allocation Priorities and Decision Support Criteria

Overview:

The purpose of this memorandum is to recommend allocation decision support criteria and funding priorities for the Champaign County Mental Health Board (CCMHB) Program Year 2023, July 1, 2022 to June 30, 2023. Funding priorities and decision support criteria are a framework for how contracts with service providers further the mission and goals of the Board. Staff recommendations are based on Board and stakeholder input and our understanding of best practices and state/federal service and payment systems. CCMHB members are presented with this initial draft, which will then be distributed to providers, family members, advocates, and stakeholders with a request for comments. A final draft will be presented for Board approval prior to the end of 2021.

Statutory Authority:

The Illinois Community Mental Health Act (405 ILCS 20/ Section 0.1 et. seq.) is the basis for CCMHB funding policies. All funds shall be allocated within the intent of the controlling act, per the laws of the State of Illinois. CCMHB Funding Guidelines require annual review of the decision support criteria and priorities to be used in the funding allocation process. Upon Board approval, this memo becomes an addendum to the Funding Guidelines, incorporated in standard operating procedures.

Operating Environment:

The story of the COVID-19 global pandemic is still being written. As noted in the CCDDDB/CCMHB 2021 Community Needs Assessment, weaknesses and gaps in our social service and health care systems have been revealed and deepened, with the virus and mitigation efforts causing great harm to people who have mental health or substance use disorders or intellectual/developmental disabilities. While the behavioral health system prepares to address the greater needs of these individuals, unpaid caregivers, children and young adults, and members of racial and ethnic minorities, it will also be stretched to treat the general population's increased alcohol and drug use, anxiety, depression, and suicidal ideation. With changes in fortune, many have become eligible for or enrolled in Medicaid for the first time; newcomers may be as unprepared for

Medicaid and the system of publicly funded community behavioral health care as the system will be for them.

In previous decision support and priorities memoranda, we described an operating environment filled with challenges for people who have mental health conditions, substance use disorders, or intellectual and developmental disabilities (I/DD), their family members and networks of supporters, and providers of service. These challenges continue and include: insufficient state/federal funding of safety net and community-based behavioral health services; loss of provider capacity, especially for people with I/DD; longer waiting lists for services; outdated and inflexible rules; state budget disruptions and program cuts; incomplete or unsuccessful service delivery and payment system redesign; a difficult to navigate service system, especially by those in crisis; complicated benefits enrollment processes; and various barriers to accessing care.

Because the COVID-19 crisis is not over, its long-term effects are not yet clear. The service system and funders should continue to be flexible and find opportunities.

- Telehealth and virtual services were implemented out of necessity, but they proved their usefulness and should continue. They also failed to reach many who would have benefited, so internet access and use must be improved.
- There is a growing appreciation of public health systems and the population health approach, which could lead to better understanding of behavioral health.
- Increased attention to mental health and substance use issues may remove some of the stigma that keeps people from treatment and recovery. While state and federal legislators have taken a great interest in these issues, efforts to strengthen the system will take time, care, and appropriations.
- Relief funding received by agencies during 2020 and 2021 is not guaranteed to continue. Some short-term funding may also complicate accounting or determination of the payor of last resort.
- The profound impacts of grief, isolation, and financial insecurity will contribute to the diseases of despair, including addiction and depression, and may persist for many years. Our service systems must be trauma-informed to promote recovery.

In spite of the complicated operating environment and unprecedented emerging needs, the CCMHB can respond more quickly to specific local needs, through direct funding of agencies, helping agencies to secure other funding, promotion of system redesign and innovation, coordination of service providers or across systems, community awareness efforts, resource information, and other strategies. The CCMHB has an interest in supports and services which improve outcomes for people and promote a healthier, more inclusive community, especially where those supports and services are not covered by other payors or not available to eligible individuals.

Assessed Needs of Champaign County Residents:

Participants in our 2021 community needs assessment commented on the strengths and shortcomings of Champaign County, with as much praise for the beautiful natural environment as concern about rising gun violence and homelessness. Some people enjoy many recreational, social, educational, and employment opportunities, and some have

none. Comments made by focus group members and people directly interviewed for the survey echoed these striking contrasts in how a single community can be experienced by different residents. One asked what would change as a result of answering our questions.

Community needs surveys conducted by other local organizations and a collaborative have also found behavioral health and gun violence to be high priorities.

Regarding mental health, substance use, I/DD, and other social services, supports, and resources, responses were consistent with previous findings and with experiences of other communities across the country. Barriers to care were not enough providers (especially those who take Medicaid and Medicare), long waiting lists, lack of resource information, distrust in providers and negative past experiences, limited ability to pay, transportation or internet barriers, services hard to figure out, and stigma.

The support needs of people with I/DD are tracked through the Illinois Department of Human Services' reports of preferences of those enrolled in PUNS. The July 14, 2021 report shows that Champaign County residents with I/DD seek: transportation, personal support, employment or structured activities, behavioral supports, speech therapy, other individual supports and therapies, out-of-home residential services, 24-hour respite, and home/vehicle modifications. Through a contract with the Champaign County Developmental Disabilities Board (CCDDDB), the Independent Service Unit asks about other preferences, and during PY2021, eligible residents prioritized going out to recreation/sports events, eating out, zoos/aquariums, parks, and movies, all activities enjoyed by other members of our community prior to the pandemic. Planning should respect the desire of people with I/DD to enjoy the same opportunities.

Expectations for Minimal Responsiveness:

Applications that do not meet these expectations are “non-responsive” and will not be considered for funding. All agencies must be registered using the online system, at <http://ccmhddbrds.org>. All required online application forms must be completed and submitted by the deadline. Accessible documents and technical assistance, limited to navigation of the online tools, are available upon request through the CCMHB staff.

1. Applicant is an eligible organization, demonstrated by responses to the Organization Eligibility Questionnaire.
2. All required application forms must be submitted by the deadline. *Late or incomplete applications will not be accepted.*
3. Proposed services or supports must relate directly to mental health, substance use disorder, or intellectual/developmental disabilities. **How will they improve quality of life for people with behavioral health conditions or I/DD?**
4. Application must include evidence that other funding sources are not available to support this program or have been maximized. Other potential sources of support should be identified and explored. This will be especially important in 2022, as federal and state opportunities may apply to projects supported by local funding.
5. Application must demonstrate coordination with providers of similar or related services. Interagency agreements should be referenced. Evidence of interagency

referral process is preferred, as this expands the service system's reach, respects client choice, and reduces risk of overservice to a few.

6. Application must describe planning for continuation of services during a public health pandemic or epidemic.

To preserve the CCMHB's emphasis on PY2023 allocation decision criteria, applications should align with one or more of the priorities below. Applications should describe the relationship between the proposed service and mental health, substance use disorders, or intellectual/developmental disabilities. Applicants are encouraged to review the PY2022 program summaries and board discussions from April and May of 2021, as observations made during the previous review cycle may inform PY2023 requests for funding.

Program Year 2023 CCMHB Priorities:

As an informed purchaser of service, the CCMHB considers best value and local needs and strengths when allocating funds. The service system, which includes programs and resources *not* funded by the CCMHB, should balance health promotion, prevention, wellness recovery supports, early intervention, effective treatments, and crisis response, and it should ensure equitable access across ages, races, and neighborhoods.

Priority – Crisis Stabilization

Community-based behavioral health supports can reduce unnecessary institutional care (hospitals, prisons, jails, e.g.) and counterproductive encounters with law enforcement or other systems not designed to address serious mental illness or addiction issues. The safety of individuals in crisis, their families, and members of their community are all important. Qualified professionals, including certified peer supporters, should engage people where they are and connect them to care and away from criminalization or containment. Without a functional crisis response system and effective interventions, individuals suffer, and other public systems are stressed. Local efforts to fill these safety net gaps may be expanded during PY2023 as a result of new state and federal rules and funding opportunities; efforts should be made to connect any new programs to existing efforts for maximum impact and for sustainability beyond local funding. Various crisis response, co-response, and follow-up approaches are being tested in collaboration with law enforcement agencies. Where there is overlap with public safety or public health interests, co-funding by appropriate entities will amplify these efforts and ensure we are not duplicating or interfering with similar work.

Supports and services should: improve health and quality of life; increase access to appropriate treatments; reduce contact with law enforcement and incarceration; reduce unnecessary hospitalization; decrease length of stay in jails and hospitals; and facilitate successful, healthy transition to the community. These may include:

- programs offering an alternative to hospitalization, arrest, booking, or charging, such as intensive case management, Assertive Community Treatment;
- enhanced crisis response (detox/stabilization, triage center, or assessment leading to care), counseling, and other supports; and
- connection to treatment for those with justice system involvement, history of crisis or hospitalization, or chronic homelessness/houselessness as a result of

mental illness or substance use disorder, through benefit enrollment, Specialty Court services, coordination of reentry and transition to community, peer mentoring and support, or other group work (Moral Reconciliation Therapy and anger management, e.g.).

Priority- Victim Services

Previously under the Crisis/Reduce Incarceration priority were services which focus on victims/survivors of domestic violence, sexual assault, or child abuse/neglect. These programs improve health outcomes for survivors, respond to the crisis when the person is ready, reduce the stigma and isolation associated with such experiences, and disrupt the cycle of violence. To ensure trauma-informed care and crisis response for people who have experienced interpersonal or community violence, programs may amplify state-funded services and supports, address increased needs, or fill gaps where other funding does not exist, such as for violence prevention education or linkage to other resources as preferred by the individual.

Priority – Innovative Practices and Access to Behavioral Health Services

Insufficient safety net systems can also lead to worsened symptoms and loss of life. During the global COVID-19 pandemic, gaps and disparities in the systems have been exaggerated. Community awareness, system advocacy and coordination, and better access to resources are needed. *Problems of living* include untreated conditions which may be compounded by financial and housing insecurity and even by the stress of attempting to find and access resources. The social determinants of health (housing, employment, healthy food, etc.) impact behavioral health but have not been the traditional purview of behavioral health systems. Collaboration and co-funding by other entities, e.g., those addressing the social determinants of health, will add value to an application and ensure that we are not duplicating or interfering with similar efforts.

Stigma, inflexible regulations, low provider capacity, difficulty securing insurance and other benefits, high cost of care even with coverage, limited transportation and language can all be barriers to effective treatment. To connect people to appropriate services which can be billed to other payors or to support innovations which are not otherwise funded, applications may propose:

- wellness and recovery supports, home visits, transportation, language services, specialized case management (in some cases used as match for supportive housing), and self-advocacy/self-determination;
- enrollment in well-matched health plans and other benefits, by enrollment specialists and system navigators, outreach and education, and benefits counseling, such as SSI/SSDI Outreach, Access, and Recovery (SOAR);
- treatment for people with severe mental illness and no insurance;
- assistance for caregivers, social connections for seniors, employment services, community living support, suicide prevention education;
- building empathy, resilience, recovery, and a greater sense of collective wellness through peer support and mentoring, groups which foster creativity and sharing of creative efforts, and stress management through physical activity, music, etc.; and

- educational or treatment programs specifically addressing racism and racial trauma, to reduce their negative mental health impacts.

Priority – System of Care for Youth and Families

Priority – System of Care for Very Young Children and Families

The CCMHB has a strong interest in programs that improve the mental health and well-being of children, youth, and families. For best outcomes and to empower families and avoid criminalizing behavioral and developmental issues, Systems of Care should be strength-based, well-coordinated, family-driven, person-centered, trauma-informed, and culturally responsive. Early involvement improves individual and community health and disrupts poverty. Year-round opportunities for all Champaign County children, from birth through young adulthood, should maximize social/emotional success and help them stay excited about learning. Success is sustainable when families and communities are resilient. Of interest are:

- family-driven and youth-guided organizations which acknowledge the role of peer support and mentoring, coordination, and system planning and advocacy;
- behavioral health supports organized through partnerships such as the Community Coalition (youth) or the Home Visitors Consortium (young children);
- evidence-based, evidence-informed, innovative, or promising programs for those who have been impacted by trauma or mental, behavioral, or emotional disorder;
- positive programs for girls, young women, and youth of any gender, mirroring those long-standing programs which focus on males; and
- expansion of trauma-informed systems efforts, to facilitate the community’s recovery from the worst impacts of the global pandemic, focusing on children and families who experienced disproportionate losses of health and security.

For youth with multi-system involvement and serious emotional disturbance, evidence-based programs may reduce encounters with law enforcement and increase engagement with appropriate, positive supports. Programs may also focus on prevention education, positive youth development, summer or after-school programming, and targeted support to mitigate the harm caused by community violence and trauma. Where these community responses overlap with public safety and public health interests, co-funding by appropriate entities will strengthen and sustain programs and ensure that CCMHB funding is not duplicating or interfering with similar efforts.

The CCMHB has funded programs for very young children and their families, including perinatal supports, early identification, prevention, and treatment. Coordination of early childhood provider organizations through a Home Visitors Consortium has led to a “no wrong door” approach for very young children and their families, building self-determination and resilience, with consideration of the negative impacts of Adverse Childhood Experiences. Programs may also serve children who have an identified developmental delay or disability (DD) or risk and may offer support to their families. These programs align with “Collaboration with the Champaign County Developmental Disabilities Board (CCDDB)” priority category below.

Priority - Collaboration with Champaign County Developmental Disabilities Board

The Intergovernmental Agreement with the Champaign County Developmental Disabilities Board (CCDDDB) requires integrated planning concerning Intellectual and Developmental Disabilities (I/DD) allocations and includes a specific CCMHB set-aside, which for PY2023 will likely total \$746,341 (PY2022 amount of \$718,521 plus an increase equal to the increase in property tax levy extension, adjusted by previous CILA contribution of \$50,000 per year).

The commitment to very young children and their families continues for PY2023, with a focus on their social-emotional and developmental needs and with involvement from and support for their families. The CCMHB has funded programs which complement those addressing the behavioral health needs of very young children and their families, and for which providers collaborate toward a System of Care for children and families. Services and supports not covered by Early Intervention, for young children with developmental and social-emotional concerns, may include:

- coordinated, home-based services addressing all areas of development and taking into consideration the needs of the family;
- early identification of delays through consultation with childcare providers, pre-school educators, medical professionals, and other service providers;
- education, coaching, and facilitation to focus on strengthening personal and family support networks; and
- identification and mobilization of individual and family gifts and capacities, to access community associations and learning spaces.

Another opportunity for Collaboration with the CCDDDB is through their new priority category for strengthening the I/DD workforce. To address this long-standing, deepening existential threat to the I/DD system, agencies may propose strategies to strengthen and stabilize the workforce, with an immediate focus on those direct support professionals performing “essential” services. Such strategies would maintain current service capacity and allow it to grow to meet the needs of all eligible residents of Champaign County.

In addition to contracts for agency programs, the Boards have shared a Community Integrated Living Arrangement (CILA) project, for the operation of small group homes for people with I/DD and complex support needs. Due to the critical workforce shortage, other appropriate uses of the fund are being explored.

Overarching Considerations:

Underserved/Underrepresented Populations and Countywide Access

Applications (proposals for funding) should describe how the program will promote access for historically underinvested populations as identified in the “2001 Surgeon General’s Report on Mental Health: Culture, Race, and Ethnicity” and by the Substance Abuse and Mental Health Services Administration. This overarching consideration further emphasizes the theme, across priority areas and service types, of connecting people to care appropriate to their needs and strengths. Correcting disparities associated with race, ethnicity, culture, and language is critically important, as the global public health pandemic has had especially harmful direct and indirect impacts on members of

racial and ethnic minorities, deepening the existing disparities. Applications should address early identification and treatment for members of underinvested populations, reduction of racial disparities in justice and child welfare systems, and the impacts of historical and community trauma. Members of these groups, people living in rural areas, and those with limited English language proficiency should have access to quality services; engagement strategies should be identified which overcome barriers related to stigma and infrastructure and reach even those who are seeking support for the first time. A Cultural and Linguistic Competence Plan (CLCP) is required of each organization applying for funding, and the online system includes a CLCP form which is consistent with requirements of Illinois Department of Human Services and which applies the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards).

Inclusion and Anti-Stigma

Applications should describe how the proposed service or support increases inclusion or reduces the stigma associated with behavioral health disorders or intellectual and/or developmental disabilities. Stigma limits people's participation, inhibits economic self-sufficiency, and increases vulnerability. It may even be a driver of declining State and Federal support for effective treatments. Stigma harms communities and individuals, especially those who are underserved or underrepresented due to sexuality, gender, race, ethnicity, immigrant/refugee/asylee status, preferred or first language, or disability. People are most safe when they have routine contacts with other people, whether co-workers, neighbors, members of a faith community, acquaintances at fitness or recreation activities, or other social clubs/networks. Community involvement helps build empathy, redefine our sense of group identity and "other", reduce stress, and decrease stigma. Young adults are at risk due not only to brain development and pressure to perform in school but also to fear of being exposed as having a behavioral health condition. Nationally, increases in suicide and substance use disorders among farmers and members of farming communities require that we improve awareness wherever traditional services are lacking but networks of support can be strengthened. Recognizing that lives are lost when stigma prevents people from receiving support, the CCMHB has an interest in building resilience, community awareness, and inclusion, as well as directly challenging negative attitudes and discriminatory practices. In spite of the American Psychiatric Association's finding that people with serious mental illness are more likely to be the victims of gun violence than perpetrators, increasing violence has also increased the stigma associated with mental illness and substance use disorders.

Outcomes

Applications should identify measures of access for people seeking to participate in the program and outcomes expected to result from this participation. For defining and measuring outcomes, the Board offers support through a research team from University of Illinois at Urbana Champaign's Department of Psychology, with training and technical assistance on 'theory of change' logic modeling, a consultation 'bank', workshops on reporting, and a template for year-end reports. Agencies using these resources may gain an advantage when competing for other funding. A 'theory of change' logic model is the preferred framework for defining outcomes of value in applications submitted to the

CCMHB. Applicant organizations already reporting on outcomes to other funders may choose to include those outcomes, if relevant, in their application for CCMHB funding. Unlike the healthcare system, where process measures dominate (e.g., lower blood pressure), behavioral health care asks if people's lives are better as a result of the service. Outcomes reflect what people want and demonstrate a program's successes. Applicants may offer insights into how COVID-19 has impacted the services they provide and the people they serve; if awarded funding for PY2023, accounting for continued or long-term impacts may be done through quarterly program reports or year-end outcome reports.

Coordinated System

Toward a more inclusive, efficient, and effective local system, applications should include evidence of collaboration and should acknowledge other resources and how they are linked. The CCMHB values partnership and collaboration, not only to avoid overserving and overspending but also to reach our least connected residents. Of interest are: combined efforts of providers and schools, support groups, hospitals, advocates, etc.; a commitment to updating information in any resource directories and databases; participation in trainings, workshops, or council meetings with providers of similar services; and partnerships which go further to make sure that all who have a need are reached and that those needs are met. Written working agreements should include details of coordinated services, referral relationships, and other partnerships. Applications for funding should acknowledge these relationships.

A joint application may be submitted by two or more agencies with common goals, proposing services and supports or shared infrastructure, such as office space, data systems, and professional services. Collocation of various organizations' supports through community centers (such as worksites, churches, libraries, other 'hubs') or mobile service may benefit people who live in rural areas or neighborhoods with low access to health, behavioral health, social services, and other resources.

Budget and Program Connectedness

Applications include a Budget Narrative which should explain the relationship between anticipated costs and program components. Clarity about what the Board is buying includes the relevance of all expenses, direct and indirect. Per Funding Guidelines, calculation and rationale should be explicit as to the relationship between each expense and the value of the program. Programs offering services billable to Medicaid or other insurance should identify non-billable activities for which the costs may be charged to the CCMHB. While CCMHB funds should not pay for activities or supports billable to another payor, the Board has an interest in programs taking advantage of multiple resources in order to secure long-term sustainability and to ensure that CCMHB funding does not supplant other public funding.

Added Value and Uniqueness

Applications should identify specific, even unique, features of the approach, the staff, and the funding mix.

- Approach/Methods/Innovation: Cite the recommended, promising, evidence-based, or evidence-informed practice and address fidelity to the model under which services are to be delivered. In the absence of such an approach to meet

defined community need, clearly describe the innovative approach, including method of evaluation, to be considered.

- Staff Credentials: Highlight staff credentials and specialized training.
- Resource Leveraging: While 'leveraging' is interpreted as local match for other funding, describe all approaches which amplify CCMHB resources: state, federal, and local funding; volunteer or student support; community collaborations. If CCMHB funds are to be used to meet a match requirement, reference the funder requiring match and identify the match amount in the Budget Narrative.

Process Considerations:

Priority areas and overarching considerations will be used as discriminating factors which influence final allocation decision recommendations. The CCMHB uses an online system for agencies applying for funding. An agency must complete the one-time registration process, including and organizational eligibility questionnaire, before receiving access to online application forms. *Note: During 2021, agencies who registered several years earlier are required to submit a new organizational eligibility questionnaire prior to the application deadline. This should not prevent them submitting PY2023 applications.*

Criteria described in this memorandum are to be used as guidance by the Board in assessing applications for funding. They are not the sole considerations in final funding decisions. Other considerations include the judgment of the Board and staff, evidence of the provider's ability to implement the services proposed, the soundness of the proposed methodology, and the administrative and fiscal capacity of the agency. Further, to be eligible to receive CCMHB funds, applications must reflect the Board's stated goals, objectives, operating principles, and public policy positions; downloadable versions of Board documents are on the public page of the online application and reporting system, at <http://ccmhddbrds.org>. Final decisions rest with the CCMHB and their judgment concerning the most appropriate and effective use of the fund, based on assessment of community needs, equitable distribution across service and support needs, and alignment with decision support criteria.

The CCMHB allocation of funding is a complex task and not a request for proposals (RFP). Applicants are not responding to a common set of specifications but rather are seeking funding to address a wide variety of support needs of people who have mental health conditions, substance use disorders, or intellectual/developmental disabilities. The nature and scope of applications may vary widely and may include prevention and early intervention models. A numerical rating/selection methodology is not relevant or feasible. Our focus is on what constitutes a best value to the community, in the service of those who have the above qualifying conditions, and is therefore based on a combination of cost and non-cost factors, reflecting an integrated assessment of the relative merits of applications using criteria and priorities approved by the CCMHB. If applications for funding are not sufficiently responsive to the criteria and priorities described in this memorandum, the CCMHB may choose to set aside funding to support RFPs with prescriptive specifications to address the priorities. The CCMHB may also choose to identify requests, including for capital and infrastructure projects, which are appropriate

for an award of funding to be issued during the Program Year 2023 but later than July 1, 2022, in the event of greater than expected Board revenue.

Caveats and Application Process Requirements:

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

- The CCMHB reserves the right to negotiate the final terms of any or all contracts with the selected applicant, and any such terms negotiated as a result of this process may be renegotiated and/or amended in order to meet the needs of Champaign County. The CCMHB reserves the right to require the submission of any revision to the application which results from negotiations conducted.
- The CCMHB reserves the right to contact any individual, agency, or employee listed in the application or to contact others who may have experience and/or knowledge of the applicant's relevant performance and/or qualifications.
- During and subsequent to its application review process, the CCMHB may deem some programs as appropriate for two-year contracts.

#8.D.

DRAFT

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

INTRODUCTION

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

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

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

GENERAL AGENCY AND ADMINISTRATIVE REQUIREMENTS

1. Eligible Applicants for CCMHB Funding

- (a) An applicant for funding may be an individual or a public or private entity providing mental health, developmental disability, or substance use disorder supports and services to residents of Champaign County.

- (b) An individual/sole proprietor who is appropriately certified or licensed by the applicable state or national board or organization that demonstrates financial reliability and stability and who demonstrates appropriate service, fiscal, and administrative accountability is eligible to apply for funding.

- (c) Not-for-profit corporations are eligible to apply for funding. The agency must be chartered as a not-for-profit corporation in the State of Illinois and must be

established as a Section 501 (C) (3) under the Internal Revenue Code. The agency must have a board of directors representative of the service area. No staff member of the agency or relative of a staff member will be allowed to serve on the agency board. *(Attorney asks, "Do you check?" Board member asks, "How closely related?" Stephanie found this <https://www.501c3.org/kb/related-board-members-of-a-nonprofit> -- did some research and found the article above helpful and it is brief. I am guessing when we adopted the "no family member" rule it was based on IRS policies -- and went to the IRS site, and they have a form for a conflict of interest policy that is required for 501c3.)*

- (d) For-profit organizations are eligible to apply for funding but must have a community based advisory committee representative of the service area and approved by the CCMHB.
- (e) The CCMHB and Champaign County Developmental Disabilities Board (CCDDB) may administer other funds on behalf of the Champaign County Board. An intergovernmental agreement will be executed between the respective boards defining the purpose, term, payment, and mutual responsibilities of the parties in the management of the funds. Any such activity shall have a direct relationship to the mission of the CCMHB or CCDDB. The management of such funds will comply with the CCMHB and/or CCDDB Funding Guidelines.
- (f) Government agencies, ~~other than taxing bodies~~, are eligible to apply with the caveat that there has been a presentation and formal review of the capability of the agency to fund the services and that funding was not available. *(Attorney asks, "Are not ALL governmental agencies a subdivision of a taxing body?")*
- (g) Departments and units within the University of Illinois and Parkland College related to the mission of the CCMHB are eligible to apply.

2. Administrative Requirements of Applicants

- (a) Corporate by-laws at a minimum shall: encourage consumer representation on the board; specify the number of members of the board and include a mandatory board rotation policy; reference term limits for each board office; describe policies for recruitment, nomination and election of board members and officers; address removal and replacement of board members; include an indemnification clause; and describe committee structures. *(Attorney asks "indemnify who?")*
- (b) The provider must have its principal offices located within Champaign County. Exceptions must be approved by the CCMHB, and if approved, the provider must have a local advisory board with a mechanism for providing direct input to the corporate board of directors.
- (c) The provider must not discriminate in the acceptance of clients, employment of personnel, appointment to the board of directors, or in any other respect on the basis of race, color, religion, gender, sexual preference, national origin, ancestry, or disability. Services shall not be denied based on a client's inability to pay.
 - (i) Any recipient of funds is required to submit a statement by its director certifying that it does not discriminate in the acceptance of clients,

employment of personnel, appointment of members of the board of directors, or in any other respect, on the basis of race, color, religion, national origin, ancestry, gender, sexual preference, or physical or mental disability.

- (ii) Should any written charge or complaint of discrimination on the basis of race, color, religion, national origin, ancestry, gender, sexual preference, or physical or mental disabilities be made against an organization receiving funds, its employees, or agents in any court or regulatory or administrative body (whether federal, state, or local), the organization shall furnish a copy of said charge or complaint to the CCMHB. Said organization shall comply with any reasonable request for information about the status of said charge or complaint. The obligations imposed by this paragraph shall be subject to and subordinate to any claim of legal privilege and any non-waivable legal requirement of confidentiality imposed by statute, administrative rule or regulation, local ordinance, court order, pre-existing contract, or collective bargaining agreement. Failure to comply with this provision shall result in immediate termination of the contract.
- (iii) The CCMHB reserves the right to conduct its own investigation into any charge or complaint of a violation of this non-discrimination requirement.
- (iv) By this non-discrimination requirement and any efforts by the CCMHB, its agents, or employees to enforce it, the CCMHB assumes no responsibility for enforcement of, or compliance by the recipient organization with, any applicable federal, state, or local laws, regulations, or ordinances prohibiting discrimination. An organization receiving funds must agree to indemnify and hold harmless the CCMHB for any liability accruing to it for any charges or complaints of discrimination or similar civil rights violations based upon the acts of the organization receiving funds, its agents, or employees and premised on the CCMHB's provision of these funds.
- (d) The provider shall implement and report on a Cultural and Linguistic Competence Plan for the agency's staff, clients, and governance board and aligned with National Culturally and Linguistically Appropriate Services standards as set forth by the US Department of Health and Human Services.
- (e) The provider shall demonstrate a willingness and ability to enter into networking agreements or contracts with other providers in order to avoid overlapping services and to ensure best outcomes for people using or seeking those services. Said agreements must be updated and on file annually. Because of the CCMHB's commitment to the principle of continuity of care, agencies and programs must demonstrate a commitment to work cooperatively with all CCMHB-funded and CCDDDB-funded agencies and programs and such other health and human service agencies as are appropriate to the target population. Detailed working agreements with particular agencies with which the agency and program have a similar mission may be required by the CCMHB.
- (f) The provider will be expected to:
 - (i) Make available for inspection by the CCMHB copies of site, monitoring compliance, licensure/certification, evaluation, and audit visit reports performed by any funding authority;

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

3. Accreditation Requirements for Eligible Applicants

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

Accredited agencies and programs shall provide the CCMHB with copies of relevant documents and correspondence between the agency and the accrediting body regarding

agency and program compliance with accreditation standards. CCMHB staff shall determine what documents and correspondence are relevant for the CCMHB monitoring purposes.

4. Organization Requirements in Lieu of Accreditation

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

5. Organization Board Meetings

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

6. Fiscal Requirements

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

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

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

ALLOCATION AND DECISION PROCESS

1. All CCMHB allocation and contracting decisions are made in meetings open to the public. Allocation decisions will be based on statutory mandates, priorities and defined criteria related to the findings of various needs assessment activities sponsored by the

CCMHB. To the extent possible, final decisions will be predicated on how well an application matches up with the statutory mandates, priorities, and criteria.

2. The CCMHB application for funding process shall include the following steps:
 - (a) Public notification of the availability of funding shall be issued via the News Gazette during the month of December. This announcement will provide information necessary for an organization to submit an application for funding and how to request access application materials.
 - (b) Funding priorities and criteria will be approved no later than the December Board meeting.
 - (c) All potential applicants must register with the CCMHB. Information on the registration process will be provided by the CCMHB upon request. Access to application forms and instructions follows completion of the registration process.
 - (d) Technical assistance by Board staff may be requested at any time prior to the due date of the application, with the caveat that availability may be limited in the final week.
 - (e) Completed application(s) will be due in the month of February on a date specified in the public notice. The CCMHB may extend the deadline due to extenuating circumstances by posting notice of the extended deadline to the CCMHB online application system.
 - (f) Access to application(s) will be provided to member(s) of the CCMHB upon a member(s) request and in a medium preferred by the member.
 - (g) The CCMHB may require some or all applicants to be present at an April or May Board meeting to answer questions about their application(s).
 - (h) Staff will complete a summary of each application, for review and discussion by the CCMHB at the April Board meeting. Program summaries will include fiscal and service data, population served, and expected outcomes in relation to the funding priorities and criteria and goals of the Board. In addition, a decision support "match-up" process comparing the application to established and contemporaneous CCMHB criteria will be provided.
 - (i) Staff will complete preliminary funding recommendations for CCMHB review and discussion at the May Board meeting. The recommendations will be presented in the form of a decision memorandum. The CCMHB shall review, discuss and come to a decision concerning authorization of funding, and a spending plan for the contract year.
 - (j) Once authorized by the CCMHB, staff will implement the spending plan and initiate the contracting process. Within the context of the final recommendations, the staff is authorized to negotiate and complete the contracts. Execution of the contracts requires the signatures of the respective Executive Directors, agency Board President, and the CCMHB President. The contract period is July 1 through June 30. Contracts may be for one or two years. Types of programs eligible for a multi-year contract period shall be defined by the CCMHB as part of the funding priorities and criteria.
 - (k) Allocation decisions of the CCMHB are final and not subject to reconsideration.
 - (l) The CCMHB does not consider out-of-cycle funding requests or proposals.

AWARD PROCESS, CONTRACTS, AND AMENDMENTS

1. Award Procedures

Agencies awarded CCMHB funds shall receive a letter of notification indicating program allocation(s). This will state the amount of the funds awarded, the effective time period of the award, name of program application receiving the award, and any additional conditions, stipulations, or need for a negotiation of provisions attached to the award.

2. Contracting Format and Implementation Procedures

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

3. Types of CCMHB Contracts

(a) Grant Contract

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

(b) Fee for Service Contract

Payment is driven by retrospective billing for units of service provided within the constraints of the contract maximum. Typically, an "advance and reconcile" approach is used, with six monthly payments of 1/12th the contract maximum from July through December, and subsequent payment amounts based on reconciliation against billings beginning in January. Billing must be relatively proportional over the course of the contract term. Whenever possible and appropriate, CCMHB contracts will establish rates based on those used by the State of Illinois. Fee for service contracts may be converted to a grant or value based payment structure.

(c) Consultation Contract

Payment is tied to a specific task or activity defined in the program plan. Typically, payment is tied to an hourly rate or completion of specific tasks (i.e., deliverables). Approved expenses associated with the consult shall be defined in the contract. Consultation contracts are not subject to the allocation process

referenced above but rather are negotiated by the Executive Director with Board President approval, with full board approval sought when deemed appropriate by the Board President.

(d) Special Initiative Contract

The format can be either grant or fee-for-service ~~and is subject to the same terms as described in the boilerplate~~. Most approved applications from “new” providers shall be classified as special initiatives for a period up to three years.

(e) Capital Contract

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

(f) Intergovernmental Agreement

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

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

5. Contract Amendments

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

- (a) The provider shall submit a formal request for an amendment to initiate the amendment process. The final decision regarding whether an amendment is necessary rests with the CCMHB Executive Director.
- (b) In general, decisions about amendments fall under the purview of staff and are executed by the Board President and Executive Director without formal action by the Board. The Board shall be informed of all contract amendments.
- (c) The Board President or the Executive Director may ask for a full CCMHB review and approval of a proposed amendment at the next regularly scheduled meeting, including a request to increase or decrease any contract award amount.
- (d) Proposed amendments that redirect approved dollars between agencies shall require the formal approval of the CCMHB.

GENERAL REQUIREMENTS FOR CCMHB FUNDING

1. CCMHB contracts shall specify the relationship between funding and services to be provided. Funding shall not be used for purposes other than those specified in the contract unless the contract has been amended.
2. The provider shall not use CCMHB funds to establish or add to a reserve fund.

3. If the provider accumulates CCMHB funds in excess of those required for two months operating expenses, written notification and an explanation must be sent to the executive director.
4. CCMHB funds shall not be used for purposes related to construction of facilities or purchase of equipment unless capital improvement is the explicit purpose of the contract or is approved as part of the program plan.
5. CCMHB may provide advance payment(s) to the provider under contract with the Board. Any advance payment will be reconciled against financial reports or other method as defined by CCMHB. Request for advance payment will follow the contract amendment process.
6. Providers shall maintain accounting systems, including expense and revenue classifications that can accurately and appropriately report and verify financial transactions using CCMHB forms and comply with the provisions for audits. Providers may be required to institute special accounting procedures to resolve identified problems in financial accountability.
7. Providers shall notify the CCMHB of any applications for funding submitted to other public and private funding organizations for services funded by the CCMHB, especially those that could result in a funding overlap.
8. Provider Reporting Requirements
 - (a) Financial and service reporting requirements are delineated in the contract ~~boilerplate~~ and are subject to revision from year to year. In general, quarterly financial and program reports are required for all fee for service, special initiative, and grant contracts. Monthly billings are required for fee for service contracts.
 - (b) Change in the Provider's corporate status shall be reported within 30 days of the change.
 - (c) Change in the Provider's accreditation status shall be reported within 30 days of the change.
 - (d) The Provider shall notify the CCMHB about accreditation and/or licensing site visits by the State of Illinois or accrediting organizations.
 - (e) Additional reporting requirements may be included as provisions of the contract.
9. Monitoring and Evaluation
 - (a) CCMHB staff shall conduct Provider financial and program site visits no less than every two years for the purposes of verifying reported financial and service information and reviewing compliance with the approved Program and Financial Plan.
 - (b) CCMHB may survey all non-accredited agencies and programs for compliance with CCMHB Requirements in Lieu of Accreditation on an annual basis.
 - (c) CCMHB staff may seek information to demonstrate continued compliance of all agencies and programs with appropriate standards in the interim between accreditation or certification surveys. Such information may address both

individual agency and program issues as necessary, and system-wide issues and may be obtained through such activities as periodic reports, on-site reviews, and special studies.

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

10. Non-Compliance with the Terms and Conditions of the Contract

- (a) The CCMHB Executive Director or their representative shall notify the Provider Executive Director and Provider Board President in writing of any non-compliance issue. The Provider shall provide a corrective action plan within 10 days and correct the deficiency within 30 days of receipt of the notification. Upon approval of the plan, CCMHB staff shall monitor implementation. If corrective action is not implemented within specified time frames, action may be taken to suspend, reduce, or terminate funding.
- (b) Suspension of Funding: Cause for suspension of funding shall exist when the Provider: (1) fails to comply with terms of the award letter; (2) fails to comply with terms and conditions of the contract, or; (3) fails to comply with CCMHB monitoring and reporting requirements.
- (c) The following procedures will be followed in the process of suspension of funding:
 - (i) The Provider Executive Director and Provider Board President shall be notified in writing, via certified mail, return receipt requested, by CCMHB staff that the agency funding has been suspended.
 - (ii) The notification of suspension will include a statement of the requirements with which the Provider is in non-compliance, the effective date of the suspension, and any conditions deemed appropriate for the agency to meet before termination of the suspension.
 - (iii) The Provider shall respond in writing to the CCMHB office address within ten (10) days of the date of notification of suspension. The response shall include a plan of action to correct the situation or event(s) leading to the suspension of funding, together with a time frame for such action.
 - (iv) The Provider may be requested to appear before the CCMHB.
 - (v) Failure to respond within 10 days shall be just cause for suspension of funding.
 - (vi) Failure to correct within 30 days shall be cause for suspension. A suspension of funding shall remain in effect until the non-compliance leading to the suspension has been corrected.

- (d) Reduction of the Contract Maximum: Cause for reduction of the grant award amount shall exist when a Provider fails to expend CCMHB funds or deliver services in accord with the contract, which includes approved Agency Program and Financial Plans. The following procedures will be followed in the process of reduction of funding:
- (i) The reduction of the grant amount shall be in an amount determined by the CCMHB.
 - (ii) The Provider Executive Director and Provider Board President shall be notified, in writing, via certified mail, return receipt requested, by CCMHB staff that the contract maximum is being reduced.
 - (iii) The notification of reduction will include a statement of the cause for reduction and include the amount by which the grant amount is reduced.
 - (iv) Within thirty days of the effective date of reduction, the agency may request a re-allocation of the amount by which the funding was reduced.
- (e) Termination of Funds: Due cause for termination of funding exists when a Provider fails to take adequate action to comply with CCMHB requirements within ninety days of notification of suspension of funding; or repeatedly fails to comply with requirements of the CCMHB as stated in the notification of award; the contract; the applicable provisions of this document; or in the monitoring procedures and requirements of the CCMHB. The following procedures will be followed in the process of termination of funding:
- (i) The Provider Executive Director and Board President shall be notified, in writing, via certified mail, return receipt requested by the CCMHB Executive Director that termination of funding is being recommended to the Board.
 - (ii) The notification of possible termination will include a statement of the requirements with which the Provider is non-compliant; a statement of the actions of the CCMHB taken to urge the Provider to avert termination and move to compliance with CCMHB requirements; a statement of the responses of the agency; and the effective date of the recommended termination of funding.
 - (iii) The CCMHB shall consider and take action on the termination of funding at the next regularly scheduled meeting following the notification of the agency, or at an intervening special meeting if it so chooses.
 - ~~(iv) Termination of funding will be undertaken only after the CCMHB has made reasonable effort to reach an acceptable settlement with the Provider.~~
- (f) Appeal procedures: The CCMHB Executive Director shall be responsible for implementing and interpreting the provisions pertaining to appeals. The Executive Director may however, delegate monitoring responsibility to other CCMHB staff. The following procedures will be followed in the appeal of suspension, reduction or termination of funding:
- (i) The Provider may appeal the decision to suspend, reduce, or terminate funding by submitting a written request that details the reasons for reconsideration within fourteen (14) days of being notified of the staff decision.

- (ii) The Executive Director shall review information from both the CCMHB monitoring staff and the Provider in arriving at a decision.
- (iii) Any decision by the Executive Director that a Provider is in non-compliance with ~~these provisions of this chapter~~ shall be communicated in writing to the agency or program within fourteen (14) calendar days of receipt of the appeal.
- (iv) Only decisions by the CCMHB Executive Director of non-compliance by a Provider with provisions of these policies may be appealed to the CCMHB. Such appeals must be made in writing by the Provider.
- (v) CCMHB shall review information from the CCMHB Executive Director and the agency or program in arriving at a decision at the next regularly scheduled meeting following the notification of the agency, or at an intervening special meeting if the Board so chooses. The agency shall be afforded the opportunity to discuss the issue with the CCMHB prior to a final decision.

AUDIT AND FINANCIAL ACCOUNTABILITY REQUIREMENTS

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

Prior to the execution of a contract between the provider and the CCMHB, the provider will demonstrate engagement with an independent CPA firm, through a letter from the firm stating that they will be performing the audit, review, or compilation, and specifying the timeline.

1. Independent Audit (for agencies with \$300,000 total revenue or greater)

- (a) An independent CPA firm performs an audit to provide a high level of assurance regarding the accuracy of financial statements, resulting in a formal report expressing an opinion on the presentation of the financial statements, identifying any significant or material weaknesses in internal control.
- (b) The resultant audit report is to be prepared in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in "Government Auditing Standards," issued by the Comptroller General of the United States. The report shall contain the basic financial statements presenting the financial position of the agency, the results of its operations, and changes in fund balances. The report shall also contain the auditor's opinion regarding the financial statements, taken as a whole, or an

assertion to the effect that an opinion cannot be expressed. If the auditor expressed a qualified opinion, a disclaimer of opinion, or an adverse opinion, the reason therefore must be stated. Supplementary Information (see below) will also be required with the audit.

- (c) A funded agency with total revenue of \$300,000 or greater will be required to have an audit performed by an independent audit firm. An agency with total revenue of less than \$300,000 and greater than \$30,000 may choose or be required by the CCMHB to have an independent audit performed.
- (d) If a funded agency provider is not required by another funding organization (e.g., state government, federal government, a foundation, etc.) to have an audit completed, and if one is to be completed for the CCMHB contract, the funded agency may budget for and charge up to \$8,500 (total) to CCMHB for costs associated with this requirement.

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

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

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

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

may budget for and charge up to \$2,500 (total) to CCMHB for costs associated with this requirement.

4. Shared Cost

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

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

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

(a) Schedule of Operating Income by CCMHB-Funded Program: This schedule is to be developed using CCMHB approved source classification and format modeled after the CCMHB Revenue Report form. Detail shall include separate columns listing total program as well as CCMHB-Funded only revenue. Individual sources of income should not be combined. Example: Funds received from several state or federal agencies should not be combined into one classification, such as "State of Illinois" or "Federal Government."

(b) Schedule of Operating Expenses by CCMHB-Funded Program: This schedule is to be developed using CCMHB approved operating expenses categories and format modeled after the CCMHB Expense Report form. Detail shall include separate columns listing total program as well as CCMHB-Funded only expenses. The statement is to reflect program expenses in accordance with CCMHB reporting requirements including the reasonable allocation of administrative expenses to the various programs. The schedule shall **exclude** any expense charged to the Board from the list of non-allowable expenses (above). *Attorney - "HIGHLIGHT IN REPORT already paid by the Board" and circles the word "exclude."*

(c) CCMHB Payment Confirmation: CCMHB payment confirmation made to an agency required by the independent auditor during the course of the audit or review or compilation is to be secured from the CCMHB office.

(d) For Audit Only, Auditor Opinion on Supplementary Information: The independent auditor should clearly establish his/her position regarding the supplementary financial information presented in the Schedule of Operating Income by CCMHB-Funded Program and Operating Expenses by CCMHB-Funded Program. This can be done either by extending the overall opinion on the basic financial statements or by a supplementary opinion. If the independent auditor determines that the additional procedures necessary to permit a supplementary opinion on the schedules of operating income and expenses would materially increase the audit time, he/she may alternatively state the source of the information and the extent of his/her examination and responsibility assumed, if any.

(e) Capital Improvement Funds: If the agency has received CCMHB capital improvement funds during the last year, the audit or review or compilation shall include an accounting of the receipt and use of those funds.

- (f) For Audit Only, Internal Controls: The independent auditor should communicate, in written form, material weaknesses in the agency's internal controls when it impacts on the CCMHB's funding. Copies of these communications are to be forwarded to the CCMHB with the audit report.
- (g) The independent CPA report must include, at a minimum, these items described in the "Financial Accountability Checklist":
- (i) Agency board-approved financial procedures in place that include separation of duties for preparation of payment authorization, approval of authorization and check signatories;
 - (ii) Agency board review of financial statements at Agency Board meetings and Source Document – Agency Board meeting minutes (dated);
 - (iii) Agency board Minutes with motion approving CCMHB/CCDDB grant applications for current year;
 - (iv) Agency board minutes with motion approving the budget of the fiscal year under review;
 - (v) Verification that the agency has fulfilled its response to any findings or issues cited in the most recent Auditor's issuing of a Management Letter, if applicable;
 - (vi) Demonstration of tracking of staff time (e.g. time sheets);
 - (vii) Proof of payroll tax payments for at least one quarter, with payment Dates; *(Attorney ASKS ABOUT THE OTHER THREE QUARTERS – would viewing proof of all be too much to ask of outside auditors?)*
 - (viii) Form 941 or IL-941 or UC3, comparison of payroll tax amounts and alignment to period;
 - (ix) W-2s and W-3, comparison to the gross on 941;
 - (x) Verification of 501-C-3 status (IRS Letter), if applicable;
 - (xi) IRS 990 Form or AG990-IL, confirmation that 501-C-3 status is maintained;
 - (xii) IRS 990 Form or AG990-IL for associated foundation, if applicable;
 - (xiii) Secretary of State Annual Report; and
 - (xiv) Accrual Accounting Method in use.

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

7. Late Audit, Review, or Compilation:

In the event that an independently performed audit, review, or compilation report is not submitted to the CCMHB office prior to the aforesaid six-month deadline, payments on the agency's contract(s) will be suspended for three months or until the required report is received. If the report is not received within three months, the contract(s) will be automatically terminated and no further monies paid to the agency. However, if the payments for services delivered according to the contract(s) and withheld during that three month period will be released upon submission of the required report and resolution of any negative findings. Unless a satisfactory report is

received within 12 months after the close of the agency's fiscal year, the parties agreed that the CCMHB has no obligation to the agency to pay the suspended three months of payments. An agency will not be eligible for subsequent CCMHB funding until the required report is filed and any negative findings (including the return of excess revenue) are resolved.

8. Penalty: Failure to meet these requirements shall be cause for termination or suspension of CCMHB funding.
9. If the provider organization does not comply with the requirement to produce an audit or financial review or compilation as specified, the organization shall repay all CCMHB funds allocated for such purpose.
10. Records: All fiscal and service records must be maintained for five years after the end of each budget period, and if need still remains, such as unresolved issues arising from an audit or review or compilation, related records must be retained until the matter is completely resolved.
11. At the discretion of the CCMHB, independent audit or financial review or compilation requirements may be waived for special circumstances. The waiver provision shall be specified in the contract.

EXCEPTIONS TO THE PROVISIONS OF THE FUNDING GUIDELINES

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

Approved May 26, 2021 and Revised/Approved November or December 2021

Add to contract template: The CCMHB Requirements and Guidelines for Allocation of Funds is attached hereto and incorporated into this contract by reference, except this contract will control should there be an inconsistent/contrary provision in the aforesaid Requirements and Guidelines.

#8.E.



DECISION MEMORANDUM

DATE: October 20, 2021
TO: Members, Champaign County Mental Health Board (CCMHB)
FROM: Lynn Canfield, Executive Director
SUBJECT: Financial Management Coaching Pilot Project

Background:

The purpose of this memorandum is to seek approval to negotiate and enter into contracts with consultants familiar with the needs of funded agencies and the reporting requirements of the CCMHB, Champaign County Developmental Disabilities Board (CCDDB), and other funders.

Meeting financial accountability requirements can be a challenge for organizations providing important services to eligible Champaign County residents. Even large providers are vulnerable, whether due to indirect/administrative cost margins too narrow for a robust business office or limited access to independent Certified Public Accountant firms and related consultants. Smaller organizations, including those run by volunteer peer supporters or family advocates, may establish sufficient practices but later struggle to maintain them when there is turnover either in qualified paid staff or volunteer leadership. Funding Guidelines were revised in late 2018 and May 2021 and are once again under review; some revisions ensure that all funded organizations, regardless of total budget, demonstrate a level of financial accountability and may use a portion of their CCMHB/CCDDB funding to cover the costs.

Board members have commented on the need for greater support to small, new, or peer-run organizations but agreed that this need cannot be fully met by our current staff: there is a risk of conflict in preparing financial statements and later reviewing them, and the current workload and outdated technologies also limit us. When there are questions about reporting requirements, staff offer technical assistance, but sometimes the need is greater, and sometimes organizations do not ask. As a partial solution, we have hosted bookkeeping workshops, open to all, for three years.

A pilot project offering more direct assistance has been indicated for quite a while, and the workforce shortage associated with COVID-19 makes it more relevant. The project might not be a permanent solution but could identify issues and solutions through coaching three to five organizations, training them on requirements and improving internal procedures. Appreciating and maintaining strong bookkeeping is another aim of the project. Organizations which can demonstrate accountability will more easily qualify for other funding, meet the requirements of other funders, expand their programs' reach, and make a greater impact on the community. Financial accountability also matters within an organization, and for the smallest, it can be critical for maintaining trust in the contributions of other volunteers and peers.

In recent years, we have met with six potential consultants with expertise in this area and have discussed the form and feasibility of potential pilot projects. Two well thought-out written

proposals were submitted. During this time, agencies were encouraged, through the Boards' three-year plans and funding priorities, to include shared administrative infrastructure costs in their applications, but neither a pilot project or a cost-sharing arrangement have been proposed.

Proposed Pilot:

Short term goals: Consultants will coach agencies on developing and implementing good internal controls, best practices, and general bookkeeping training/support. Agencies will improve financial accountability, with timely and accurate quarterly financial reports to the Board, 'audit-ready' internal records, timely filing of other required forms, correction of any negative audit findings, and timely approved audits/financial reviews/compilations.

Long term goals: Agencies will become self-sufficient with bookkeeping/accounting and see the value in having a trained professional, either on staff or as an independent contractor, to ensure the organization's long-term sustainability and allow for potential growth. Our evaluation of the pilot phase, with consultant and agency input, will determine if similar ongoing support is appropriate and may also inform how agencies might share bookkeeping/accounting services.

For participation in a pilot, which could begin as early as November 1, staff have considered many agencies, taking into account: compliance concerns; audit findings; total agency revenue; number of paid staff; staff or consultants dedicated to financial management; willingness to participate in extra support; and number of years receiving CCMHB/CCDDB funding. If this project is approved, we will ask about interest and match three to five agencies to a consultant.

We will develop the independent consultant contracts using proposed services at competitive rates for assessment, coaching, training, planning, etc. The two consultants have experience with assisting smaller agencies toward compliance and 'audit-readiness' as required in Funding Guidelines and current contracts.

Once engaged, consultants will assess pilot agencies' financial management practices and ability to complete reports. Consultants will also meet with CCMHB/CCDDB staff, as we are testing this approach and will incorporate lessons learned, including appropriate contract maximums for consultants to future similar projects.

Budget Impact:

Each independent consultant contract will have a total contract maximum of \$4,000 or less and will begin November 1, 2021 and extend through May 2022, paid out of FY21 and FY22. These charges are assigned to Professional Services (533.07) in the CCMHB Budgets, and for now – with no CCDDB agencies included in the project – would not be split with the CCDDB.

Decision Section:

Motion to approve CCMHB/CCDDB Executive Director to negotiate up to two contracts with independent consultants for bookkeeping/financial supports as presented in this memorandum.

- Approved
- Denied
- Modified
- Additional Information Needed

#8.F.



October 8, 2021

CCMHB/CCDDB Board of Directors & Lynn Canfield, Executive Director
1776 E. Washington St

Urbana, IL 61802

Dear Ms. Canfield and Board of Directors,

We are writing to confirm receipt of the contract termination letter we received that indicates Promise Healthcare was out of compliance with the terms and conditions of the contracts with the Champaign County Mental Health Board (CCMHB) and that our contracts #MHB21-013 (Mental Health Services) and #MHB21-041 (Wellness) will be terminated effective October 1, 2021. The reason for termination provided was failure to submit an audit report to the CCMHB within three months of the audit due date as referenced on Page 17, Section 7 of the CCMHB Funding Guidelines. The letter further stated services shall be resumed with a partial year contract (for the rest of PY2022) after an acceptable, approved audit is submitted.

Our financial audit was due to your organization by June 30, 2021. At that time, we were graciously granted an extension until September 30, 2021. While we were engaged with an audit firm at that time, we were working to complete the previous year's audits and could not begin the 2020 audit so were unable to submit timely.

We just recently received our 2020 audit (dated September 30, 2021) and provided a copy of this to CCMHB as quickly as possible – and you should have received it electronically on October 5, 2021.

We are extremely regretful for the delay but many of the circumstances were truly out of our control. Promise Healthcare lost senior leadership in 2020 and early 2021 and consultants were brought in to help during the interim. It was during this time that it was discovered that our audits were in arrears. Our board was apprised of the situation and were extremely supportive of any work that needed to be completed to bring ourselves back into compliance as quickly as possible.

Our consultants worked diligently with our board and our audit firm to begin work and they truly moved mountains to get things completed. An additional delay was that our audit firm informed us during the process, that they were having staffing issues and they could not give us a completion date. Our auditing firm did their best to address our needs, but they also had other

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clients to attend. We have heard from other community partners that this has become a common issue this year with auditing firms. Please find a support letter from the auditing firm attached for your review and consideration.

Despite these setbacks, Promise continued to deliver the necessary services to our patients and community as we had pledged to do. We share a common goal of caring for the uninsured and underinsured in Champaign County and are fully committed to providing them with these vital health care services.

We are humbly requesting a special consideration for Promise in this situation, that the CCMHB/CCDDB Board of Directors consider providing Promise Healthcare with full funding as we continued to provide the services to patients in the community. While a loss of \$111,000 (the potential loss of funding from CCMHB for July-September) may not seem like a large amount to other organizations, but for Promise it is a significant amount. We have very narrow margins and this would be a significant financial hardship.

We acknowledge that it is our responsibility to be timely with the grant requirements and while we realize the grant delivery date was not by September 30, 2021. We do believe we did our very best to work collaboratively with our lead auditor and their upline to prioritize the completion of Promise Healthcare's financial audit, CCMHB checklist, and 990 report.

We want to assure you the new leadership team at Promise and our Board have committed the resources needed to get the organization's financials caught up (2018-2021) and to ensure they will be maintained.

Thank you so very much for your consideration and additional work in this matter.

Sincerely,



Jennifer Henry, Executive Director
Rebecca Mankin, Interim Director of Finance



October 6, 2021

To Whom it May Concern:

Promise Healthcare has experienced some turnover in key management positions. The current management team includes an interim Director of Finance who started in November of 2020 and a new Executive Director who started in 2021.

From an accounting standpoint, I believe the current management team was faced with a very challenging position when they started because the Organization was approximately one year behind in recording accounting transactions.

The new management team has worked diligently in attempting to get the accounting records caught up and making improvements in internal controls as quickly as possible.

They have responded as quickly as possible to our audit requests and they have shown a fierce commitment in working to get the Organization caught up and working towards the point of a smoothly operating accounting cycle.

Cordially,

Luke Sparks

#9

Empowering Connections thru Hope and Opportunity (ECHO), a program of Cunningham Children's Home

ECHO serves individuals and families in Champaign County that are considered homeless or at-risk of homelessness under two main levels: non-treatment plan clients (NTPC) and treatment plan clients (TPC).

NTPC are eligible individuals who enroll in program services, but do not engage in the assessment and service planning process. They are referred/identified through street engagement efforts and do not fully enrolled in ECHO, but do receive some hard services and/or quickly referred to other services. We projected that we would serve 24 NTPC clients in FY21; however, only 4 NTPC clients were enrolled in the program.

We received 56 unique inquiries via self-referrals or by providers. Individuals were most often referred to Centralized Intake at RPC; however, many received referrals for additional services to meet immediate needs (e.g., Austin's Place, Courage Connection, Land of Lincoln, Rental Assistance, CU at Home, Daily Bread, etc.).

During FY21, we were involved in 34 Community Service Events (CSE) for outreach and referral development to temporary housing resources, food kitchens, other potential referral sources, and homeless advocacy efforts, as well as the distribution of materials to promote the program. We also had meetings with police departments, human service agencies, landlord and/or tenant groups, Mental Health and Disabilities Council, Human Services Council, Champaign County Continuum of Service Providers to the Homeless, the PACE disABILITY Expo and various other contacts. Further participation, not included in the CSE count, were community stakeholders meetings (Continuum of Service Providers to the Homeless, Supportive Housing Committee, Shelter Care Plus Quarterly Partners Meeting, etc.).

We served a total of 22 TPC clients across the course of the year which slightly exceeded the grant projection. The average number of clients as a caseload served on any given day was approximately 16 clients. For a period of time, our case manager was serving 18 clients. Since the beginning of July (FY22), the ECHO program has remained at a full case load, 15 cases or above.

In the Spring of 2021, a woman struggling with an addiction was seeking funding for stable housing in Champaign County for herself, her young son and her mother who was helping her with child care while she was completing a recovery program. The ECHO program staff connected the family with a landlord, assisted the family with paying the security deposit, and provided furniture, beds, and household items. After a relapse, the ECHO staff assisted the woman with getting back into another in-patient program that she successfully completed. The ECHO staff referred her to resources to continue her post high school education and to receive

supported employment assistance. The family is doing very well with housing and economic stability.

A 60+ year-old woman challenged with mental and physical health needs, insufficient housing and ongoing case management needs was referred to the ECHO program. She had suffered a stroke which left her with severe speech difficulties. ECHO staff helped her secure housing, provided assistance with the security deposit and moving services, as well as ongoing case management support. Because of her speech difficulties, the ECHO staff assisted her with navigating phone calls and accessing resources from governmental agencies and community organizations. She began expressing that the area she lived in was becoming dangerous, including many shootings. She feared for her safety, realized that she needed more support with her overall needs and accepted the assistance from the ECHO staff to tour, apply for and finally move into a supported housing unit.

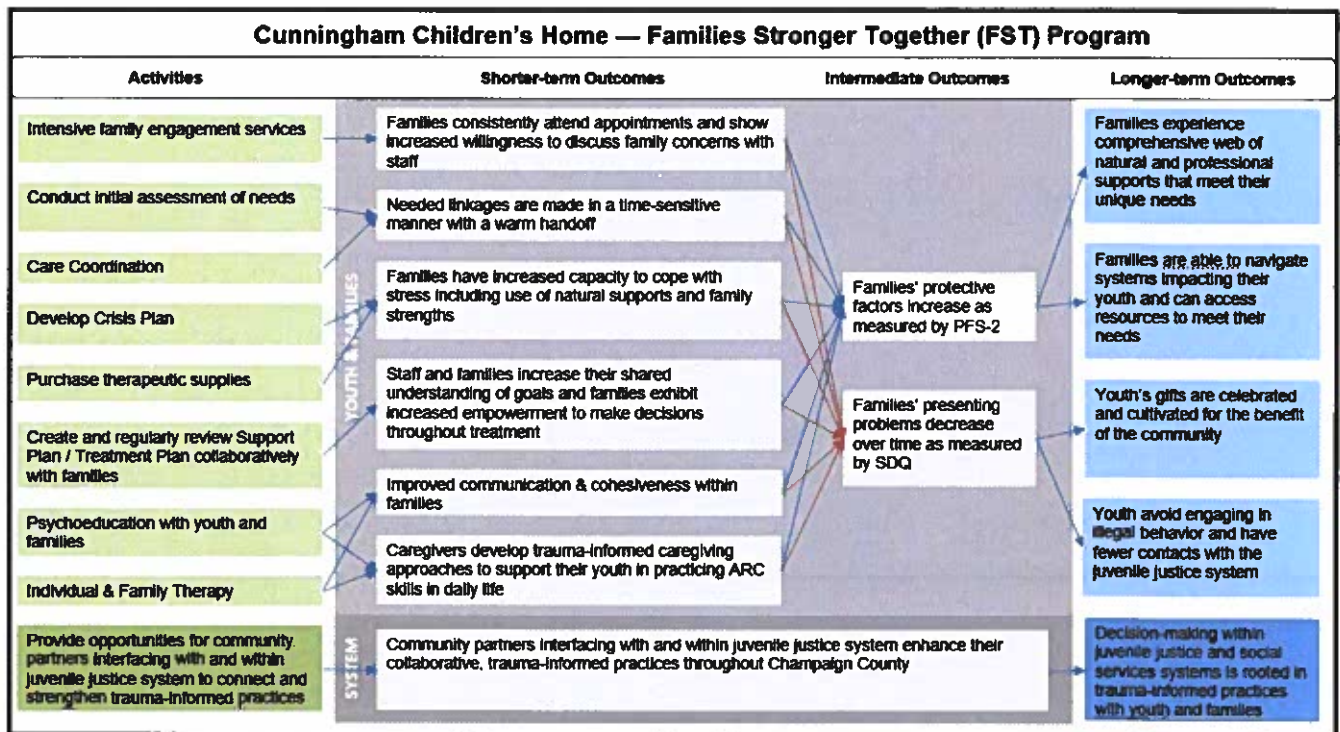
Families Stronger Together Program at Cunningham Children's Home's Report to Champaign County Mental Health Board (October 2021)

Evaluation Building Capacity

The Families Stronger Together (FST) team received incredible support from the Department of Psychology at the University of Illinois, Urbana-Champaign. The FST team worked primarily with Emily Blevins to strengthen our capacity for program evaluation at Cunningham Children's Home, with additional support from Chelsea Birchmier, Dr. Mark Aber and Dr. Nicole Allen on the following with the U of I team:

1. Logic Model and Indicators Worksheet –

The original Logic Model was developed in January 2020 before the program was accepting referrals. Based on clients served in FY'21, we updated the Logic Model to better address the needs of clients and the community. By focusing on program outcomes (i.e., goals), the Logic Model has helped provide structure to the program by identifying the activities that FST staff needed to facilitate in order to reach the short-term, intermediate, and ultimately, the longer-term outcomes for FST youth and their families. The Logic Model has helped new staff understand the program in depth and has helped program leadership with program implementation. We completed an Indicators Worksheet, a tool that the University of Illinois offered us, which helped us identify our outcome measures. Please refer to the updated Logic Model inserted below.



2. Tracking Outcomes using Dashboard

We began entering data into our electronic documentation system and researched ways to effectively measure outcomes through a Dashboard to track inputs, outputs and outcomes on a monthly basis so that we may monitor fidelity of program implementation as well as outcomes.

3. ARC Skills Acquisition Assessment Tool

The FST program applies the ARC treatment Framework to teach various coping skills to clients and caregivers. Because there was no existing tool to measure ARC skill acquisition, we developed an assessment measure for this purpose, with support from the ARC consultant, Dr. Rachel Liebman, and the ARC developer, Dr. Margaret Blaustein. The ARC Tool is used on a quarterly basis, in conjunction with treatment/support planning, to evaluate development of ARC skills for both clients and caregivers. This ARC Skills Acquisition Assessment Tool (available upon request) impacts service delivery because it structures the way that staff engage clients and provides them with psychoeducation about the developmental impacts of trauma.

Program Next Steps

Cunningham Children's Home has identified the following steps based on the Performance Outcomes Report submitted for FY'21. The COVID-19 pandemic inhibited the number of referrals that Cunningham Children's Home received during FY'21, due to several referral sources working remotely or halted (schools, the Youth Assessment Center, and courts). 41 referrals were received, 33 youth successfully admitted and 48 additional family members were served in FY'21. The FST team cultivated strong relationships with community partners, despite these challenges, and found new referral sources and enhanced collaboration to support future service delivery.

In FY'22, the FST team will serve 75 youth, including their families by employing the following strategies:

- Strengthen relationships with the newly staffed Youth Assessment Center (YAC) which includes explaining the program mission, services, and referral process.
- Strengthen relationships to continue to invite referrals from the following organizations: Probation and Court Services, Juvenile Detention Center, State's Attorney's Office, Public Defender's Office.
- Connect with all the school districts in Champaign County to explain the FST program and referral process. During most of FY21, most schools were remote, so they were not a solid referral base. During FY22 we will reach out to secure these referral pathways from all school districts, including rural districts, through mail, phone and in-person contacts with social workers, principals and superintendents. FST has already served families from Champaign, Urbana, Rantoul, Broadlands, Philo, and St. Joseph.
- Maintain regular contact with the following existing community partners: DREAM Program, The Well Experience, Comprehensive Community Based Youth Services (CCBYS) at The Center for Youth and Family Solutions (CYFS), READY Program,

HopeSprings Counseling Services, ECHO – Housing and Employment Support Program, Circle Academy, and RHY – Runaway and Homeless Youth program.

Cunningham Children’s Home is implementing the following action plans to improve referral processes, client and family engagement, and program outcome measures:

- The FST team is streamlining the referral follow-up procedures to ensure timely case opening.
- The FST team is working to improve our success in meeting the Mental Health Assessment/Comprehensive Assessment time frames, as we balance the need to address the family’s most immediate needs while also engaging them in the assessment process.
- The Quality Improvement (QI) team at Cunningham Children’s Home improved a standardized collection and recording of outcome measure and will train the FST staff and implement the end of October.
- The Cunningham leadership is finalizing decision-making guidelines for staff to promote both equitable engagement of families and safety of FST staff during the recent surge of gun violence in Champaign County. The LIFT Champaign School District Program has invited us to consider using space in their new community building. The need for more safe meeting spaces in the community became ever more apparent as a result of the following client needs:
 - In FY22, The FST team supported a family in which one adult experienced a serious injury due to gun violence. The family experienced additional threats to their safety including two home invasion attempts causing them to feel unsafe living in their home. The FST team reached out to the Champaign-Urbana Trauma Resilience Initiative to help to provide this family with free and safe housing for several days following this incident. The FST team collaborated with DREAAM and The Well Experience to ensure that the family was supported in their trauma recovery process.
 - The FST team is collaborating with ECHO – Housing and Employment Program at Cunningham Children’s Home – to jointly serve a large family, who after moving here, iexperienced homelessness. The FST team will be meeting the mental health needs of the 4 eligible youth in this family, as well as supporting the entire family as a whole in their trauma recovery process and in preventing any other system involvement or family disruptions.

ARC Treatment Framework – Training and Consultation with FST staff and Juvenile Justice efforts:

- In May 2021, Dr Blaustein provided ARC training over two half days to 52 participants across the community. Prior to the training, Dr Blaustein met with Pat Ege to adapt the presentation specifically to our audience and with a juvenile justice focus. Emily Blevins and Dr. Blaustein worked with our team to construct an evaluation used after that training to get input on the ARC training and on our next steps for our juvenile justice system. A summary is provided in the next section of this report. Since the training, we

have received several requests for additional ARC training and have considered a few juvenile justice grants.

- During FY'22, the FST program leadership, Marie Duffin, Associate Director of Family Services and Paige Garrison Day, Family Services Coordinator have begun their year-long Train-the-Trainer curriculum with one of the founding developers of the ARC Treatment Framework, Dr. Margaret Blaustein.
- The FST team continues with their ongoing consultation with the international ARC trainer, Dr. Rachel Liebman. During FY'22 the frequency of these meetings has been decreased to quarterly to prioritize fiscal responsibility and program sustainability.

Summary of Feedback on Attachment, Regulation and Competency (ARC) Training and Juvenile Justice System (May 2021):

Initial Registration:

- A range of participants from: CASA, Housing Authority, Substance Use, peer support and parent, behavior health, Schools (Champaign, Urbana, Rantoul, CIRCLE, Regional Office of Ed/READY), domestic violence advocates, court services, college/university and Families Stronger Together staff.
- Over 90% were from Champaign County and at least 85% worked with children and half of those with youth 10-17 years of age.
- Over half of the registrants were in direct service, about one third in management/administration and about one fourth in community work or education.
- Of those who attended, there was about a 65% survey return rate (52 participants and 33 respondents).

Survey questions specific to the ARC training: (Note – no pre survey)

Overall Learning re: Trauma: Agreed or Strongly Agreed: 30 out of 33 respondents

Trainer's knowledge, presentation, relevance to practice, cultural and ethnic differences reflected, and able to incorporate discussion: Agree or Strongly Agree: 32 of 33 respondents for each area

Day 1: To better understand trauma and the extent of trauma, impact on family and systems, trigger to child's behavior and survival response: Agree or Strongly Agree: 32 of 33 respondents

Day 2: To better understand trauma impact on caregiver, be comfortable with engagement strategies, to understand routines and rhythms, learned regulation strategies: Agree or Strongly Agree: 32-33 of 33 respondents

To the question: "I feel comfortable providing trauma psycho-education in my practice": Strongly agree: 19 Agree: 10 Neither agree or disagree: 4 of 33 respondents

Responses to "What did you find most helpful about this training?"

Helpful/valuable/abundant information, not redundant
 New creative ideas to try
 Solid foundation for intervention
 Focus on attachment
 Foundations for growth
 Trauma impact on brain
 Informative about trauma-informed system of care
 Nested stress/support across levels
 Check in with how we were doing throughout the sessions
 Understanding & validating how behavior "makes sense"
 Broad applicability across community roles

Survey questions specific to the Juvenile Justice questions:

Do you think we need a Juvenile Justice Council? 29 = YES 4 = NO

Are you able to find and access community resources necessary to support families who have a youth close to or involved in the juvenile justice system? YES: 23 NO: 10 out of 33

- There are services, but they are not coordinated. We need a hub to help link youth/families to those services as well as a warm hand-off to help build trust/engagement.
- It is often difficult to find something that adequately addresses the needs of the youth and their family without there being some barrier (i.e. availability of community resources, willingness to be involved, trust, lack of trust in the system and process, etc.
- Our community has the available resources; however, they are limited or have long waitlists.
- Not all families in this community have access to transportation or internet to gain access to resources in neighboring communities. There is minimal mental health support.
- Not enough people with the sensitivity to work with youth from the non-dominant groups

Identify at least two things in our juvenile justice system that are currently being done well or going in the right direction? Themes from response:

- | | |
|---|--|
| <ul style="list-style-type: none"> • JJC • Breadth of interest from many levels of community • Restorative justice • Diversionary programs • Decriminalization of truancy • Privatization of prisons/JDCs • Communication • Trauma-informed lens and counseling • Unsure | <ul style="list-style-type: none"> • Focus on rehab/nonrecidivism over punishment • Reduced arrests • YAC • Community engagement/collaboration • Safety of offender while in custody • FST • Service-to-community; referrals based on community programming • Evidence-based practices • Peer court |
|---|--|

With our juvenile justice system, identify at least 3 things we need to change, add or improve?

Prioritized by most responses:	Responses
More services for families	23
More youth programming/leadership	21
Increase knowledge of existing resources	18
Increase access to existing resources	17
Better understanding of how trauma impacts youth	16
Increase available resources	15
Have a Juvenile Justice Council	12
More diversionary programs	9
Have a Peer Court	6
[Other] Changes in policies and practices to keep our youth in our community and not sent to correctional facilities	1



#10.A.

BRIEFING MEMORANDUM

DATE: October 20, 2021
TO: Members, Champaign County Mental Health Board (CCMHB)
FROM: Lynn Canfield, Executive Director
SUBJECT: Update on CILA Facilities Project

Background:

The CILA Facilities Project is a collaboration of the Champaign County Developmental Disabilities Board (CCDDB) and the CCMHB since 2014, to address the needs of residents who have I/DD and complex support needs and who as a result had been unable to secure residential services close to home and community. Adjustments have been made to the cost- and authority- sharing agreement between the Boards regarding this project, to ensure the best interests of the County and people served. From the beginning, the project encountered challenges addressed by the service provider, parents of the people living in the homes, Independent Service Coordination Unit staff, CCMHB/CCDDB members, staff, and attorneys. By 2020, the difficulty securing a workforce had become insurmountable. While improving the I/DD service system is a topic at state and federal levels, solutions are slow in coming, and providers are now downsizing rather than expanding community-based services. With our CILA houses empty, in late July, the Boards made the difficult decision to sell them and reinvest in meaningful supports for this population.

Updates:

The first home was sold on September 10, and **\$226,017.05** was deposited into the CILA Facilities Fund. Chris Wilson requested a refund on the property insurance, depositing another **\$681**. Other transactions were payment of attorney's fees of \$700 (related to CILAs only) and \$1,113.10 in expenses charged to the designated donation (applies to one individual).

When residents of the second home moved out in July, Kim Bowdry, Chris Wilson, and I met the service provider and property manager for a walk-through, taking photos and making notes about repair needs. We have received and compared bids on almost all. Upon inspection of the attic, full roof replacement was indicated; because the roof had no hail damage, this was not covered by insurance. When the second home was listed in September, there were eleven realtor showings. An offer was made for the full list price of \$249,000, with credits for remaining repairs. Some repairs have been completed and others scheduled:

- Removal of dead tree - **\$475** (HOA requests removal of stones and stump, *awaiting bid.*)
- Replace garage door and trim -**\$1896**
- Refinish hardwood flooring - **\$2275**
- Replace broken face plates - **\$20** or less
- Remove panel under kitchen sink and install cabinet doors - **\$850** or less
- Repair/ repaint kitchen ceiling, removing stickers, interior painting - **\$2800** or less

- Remove front railing, repair and restrain rear deck, and remove picket fence - **\$1635**
- Remove signs from interior – *(waiting, due to potential buyer)*
- Roof replacement – **\$14,432**

The buyer's inspection was conducted on October 7, and the report sent on October 12. A great many additional repairs are indicated, which could not be accomplished by the closing date of October 22. These included work beyond the analysis our realtor used when setting the list price, thus beyond the authority the Boards have approved. We will take on repairs over a period of time and relist the house when ready or seek approval for a different list price.

Possible Next Steps:

Because this is a shared project of the Boards, their discussion and action will determine the next appropriate uses of the fund. Suggestions from board and staff members so far:

- Negotiate a contract with an agency to offer specific assistance to people who have I/DD and complex service needs, especially those unable to secure services within Champaign County. This assistance might cover the types of purchase we made through the 2019 CCDDDB mini-grant process or on behalf of the individual with a designated gift managed within the CILA Fund: assistive or adaptive technology; home or vehicle modifications or other equipment; summer camps; speech therapies; cooking lessons; gym memberships; transportation/travel support, etc.
- Fund programs for people who have I/DD and co-occurring behavioral or physical health issues which result in complex support needs.
- Establish a Direct Support Professional retention payment fund, from which individual DSPs who have a 'satisfactory' or better performance evaluation, or their employers on their behalf, receive a bonus payment after six and twelve months of employment in an 'essential' category (especially CILAs, some other settings may also be appropriate).
- Purchase or secure a long-term lease on a storefront space to host a permanent art gallery for showcasing and sale of the original works of many local artists who have disabilities. Stephanie Howard-Gallo and Consultant Allison Boot have the best understanding of what works and doesn't work for the artists who've participated through AIR, many of whom are people with I/DD and complex support needs. The space could include a coffee shop run by people with I/DD and room for the monthly workshops for I/DD case managers, board meetings, and groups whose work relates to the missions of the Boards.
- Include office space for CCDDDB/CCMHB staff in the above, using CILA Facilities fund for any appropriate expenses and covering other administrative costs as typically budgeted. Our requirements for a physical office have changed in the last two years. We will not need to be at Brookens to create payment vouchers, due to rollout of the County's new system in January 2022.

#10.B

Utilization Summaries for PY2021
Champaign County Mental Health Board Funded Programs

Detail on each program's performance toward defined consumer outcomes during the funding year of July 1, 2020 to June 30, 2021 is available at <http://ccmhddbrds.org>, among downloadable public files toward the bottom of the page. The relevant document is titled "CCMHB PY21 Performance Outcome Reports."

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

Priority: Intellectual/Developmental Disabilities - Collaboration with Champaign County Developmental Disabilities Board (CCDDB), focus on Young Children

Champaign County Regional Planning Commission Head Start/Early Head Start

Social Emotional Development Services \$99,615 (+CCDDB contract for \$21,466)

Seeks to identify and address social-emotional concerns in the early childhood period, as well as to promote mental health among all Head Start children. The social-emotional portion of the program focuses on aiding the development of self-regulation, problem solving skills, emotional literacy, empathy, and appropriate social skills. Accomplishments in these areas will affect a child's ability to play, love, learn and work within the home, school and other environments. All fit together to form the foundation of a mentally healthy person.

Utilization targets: 50 TPC, 50 NTPC, 20 CSE, 600 SC, 10 Other (newsletter articles, staff training)

Utilization actual: 45 TPC, 90 NTPC, 14 CSE, 729 SC, 39 Other

Developmental Services Center

Family Development Center \$596,522

Serves children birth to five years old, with or at risk of developmental disabilities, and their families. FDC responds to needs with culturally responsive, innovative, evidence-based services. Early detection and prompt, appropriate intervention can improve developmental outcomes for children with delays and disabilities and children living in at-risk environments. Family-centered intervention maximizes the gifts and capacities of families to provide responsive intervention within familiar routines and environments.

Utilization targets: 655 TPC, 200 SC, 4 CSE

Utilization actual: 828 TPC, 189 SC, 21 CSE

Individual Advocacy Group CILA Expansion \$0 (CCDDB contributed \$50,000)

This annual investment pays for mortgage and property management costs of two of the three local small group homes run by Individual Advocacy Group,

which was selected in 2014 through an RFP process to provide services to people with I/DD living in MHB/DDB owned-homes. During 2019, the CCMHB contributed a larger share in order to pay off the mortgage loan in full; the CCDDB continues to transfer \$50,000 into the fund each year until their total payments are equal to the CCMHB contribution.

Utilization: 4 TPCs with staffing ratios from 1:4 to 2:3 and a choice between IAG 'Flexible Day Experience' and day programs run by other local providers. One house closed in December 2020, the other July 2021, with all 4 individuals moving to CILAs in other counties.

Priority: System of Care for Children, Youth, and Families

Champaign County RPC Head Start/Early Head Start
Early Childhood Mental Health Services \$209,906

Support from an Early Childhood Mental Health Assistant includes assisting teaching staff and parents in writing individualized social-emotional goals to include in lesson plans for children identified through screening; developing with parents and teaching staff an Individual Success Plan for children who exhibit challenging behaviors; offering teachers social and emotional learning strategies; monitoring children's progress and outcomes; and providing information to families and staff. Facilitation of meetings with a child's parent(s) and teaching staff throughout the process of the child receiving services as well as supporting parents and teaching staff with resources, training, coaching, and modeling.

Utilization targets: 50 TPC, 80 NTPC, 1800 SC, 5 CSE, 50 Other

Utilization actual: 60 TPC, 45 NTPC, 1815 SC, 66 CSE, 874 Other

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: 425 TPC, 110 NTPC, 600 SC, 150 CSE

Utilization actual: 750 TPC, 337 NTPC, 887 SC, 166 CSE

Crisis Nursery

Beyond Blue – Champaign County \$75,000

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, 2275 Other (hours of in-kind/respice care)

Utilization actual: 27 TPC, 71 NTPC, 300 SC, 104 CSE, 374.75 Other

Cunningham Children's Home

Families Stronger Together \$403,107

The Families Stronger Together is a new program that 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 Competency (ARC) treatment framework. Services may include individual therapy, family therapy, psychoeducation services, care coordination, intensive family engagement, and aftercare.

Utilization targets: 50 TPC, 25 NTPC, 1125 SC, 10 CSE

Utilization actual: 23 TPC, 20 NTPC, 931SC, 20 CSE

DREAAM House

DREAAM \$80,000

DREAAM is a prevention and early intervention program for boys aimed at cultivating academic excellence and social emotional health. Designed to increase positive outcomes (academic achievement, self-efficacy, social mobility) and decrease negative outcomes (suspensions, low educational performance, violence). Evidence-informed components: 1) day-long summer program, 2) 5-day week, after-school program, 3) school-based mentoring, 4) Saturday athletic activities, and 5) family engagement and training. Embedded in each component is social emotional learning and behavioral health instruction to foster transfer of skills from DREAAM House to school to home.

Utilization actual: 65 TPC, 50 NTPC, 175 SC, 10 CSE

Utilization actual: 165 TPC, 76 NTPC, 408 SC, 14 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, 79 NTPC, 850 SC, 150 CSE

Utilization actual: 55 TPC, 78 NTPC, 263 SC, 117 CSE

Don Moyer Boys & Girls Club

CUNC \$110,195

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 to support the creation of community-based trauma response teams.

Utilization targets: 75 NTPC, 250 SC, 250 CSE

Utilization actual: 4 TPC, 116 NTPC, 227 SC, 183 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: 582 NTPC, 12320 SC, 40 CSE, 700 Other

Utilization actual:—Missing data. Services are still being provided.

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: 35 TPC, 20 NTPC, 400 SC, 10 CSE

Utilization actual: 20 TPC, 6 NTPC, 463 SC, 16 CSE

Mahomet Area Youth Club

Bulldogs Learn & Succeed Together (BLAST) initially \$15,000, amended to \$9,232

MAYC's BLAST 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, 85 NTPC, 1100 SC, 500 CSE

Utilization actual: 7 TPC, 13 NTPC, 1251 SC, 496 CSE

Mahomet Area Youth Club

MAYC Members Matter! initially \$18,000, amended to \$23,768

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 3:30pm 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 7:00a.m. To 6:00p.m., offering activities including educational STEM related projects/activities, arts and crafts, recreation and physical fitness including swimming and trips around the community. Goals for this program are increased meaningful adult and peer connections, physical activity, knowledge of health and nutrition, food security, brain stimulating activities and retention of knowledge gained during the school year.

Utilization targets: 12 TPC, 150 NTPC, 2200 SC, 200 CSE

Utilization actual: 26 TPC, 158 NTPC, 4328 SC, 240 CSE

NAMI Champaign County Illinois

NAMI Champaign County \$10,000

NAMI Champaign County offers free information and support to people living with mental health problems and their families. NAMI Ending the Silence is an engaging presentation that helps audience members learn about the warning signs of mental health conditions and what steps to take if you or a loved one are showing symptoms of a mental illness. Other program offerings: NAMI Family-to-Family; NAMI in Our Own Voice (IOOV); and NAMI Family Support Group.

Utilization targets: 45 CSE

Utilization actual: 104 CSE

Rape Advocacy, Counseling & Education Services

Sexual Violence Prevention Education \$63,000

Rape Advocacy, Counseling & Education Services (RACES) is 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: 1500 (# attending) SC, 200 CSE, 5 Other (presentations at the JDC)

Utilization actual: 2653 (# attending) SC, 36 CSE, 0 Other

Rosecrance Central Illinois

Prevention Services \$60,000

An evidence-based life skills and drug education curriculum for Champaign County students. Programs available for preschool through high school. Sessions on health risks associated with the use of alcohol, tobacco and other drugs. Life skills sessions may include instruction on and discussion of refusal skills, self-esteem, communicating with parents, and related social issues. Prevention team are active members of several anti-drug and anti-violence community-wide coalitions working to reduce youth substance abuse.

Utilization targets: 975 CSE

Utilization actual: 1344 CSE

UP Center (Uniting Pride) of Champaign County

Children, Youth & Families Program \$31,768

Program 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: 3 TPC, 65 NTPC, 80 SC, 50 CSE

Utilization actual: 0 TPC, 68 NTPC, 319 SC, 72 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: 125 NTPC

Utilization actual: 131 NTPC

Priority: Behavioral Health Supports which Reduce Incarceration

Champaign County Children's Advocacy Center (CAC)

Children's Advocacy \$52,754

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

Utilization targets: 220 TPC, 25 NTPC, 245 SC, 9 CSE

Utilization actual: 264 TPC, 68 NTPC, 222 SC, 9 CSE

Champaign County Health Care Consumers

Justice Involved CHW Services & Benefits \$75,140

Community Health Worker services (as below), 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: 110 TPC, 28 NTPC, 180 SC, 8 CSE, 12 Other (Rx fund)

Utilization actual: 80 TPC, 20 NTPC, 783 SC, 16 CSE, 13 Other (Rx fund)

Champaign County Regional Planning Commission – Community Services

Justice Diversion Program \$75,308

The Justice Diversion Program is 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 JDP develops additional community resources and access to services in Rantoul.

Utilization targets: 42 TPC, 70 NTPC, 200 SC, 12 CSE

Utilization actual: 14 TPC, 72 NTPC, 137 SC, 12 CSE

Champaign County Regional Planning Commission – Community Services

Youth Assessment Center (YAC) \$76,350

The YAC 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, 13 NTPC, 40 SC, 50 CSE, 50 Other (1st time refer)

Utilization actual: 16 TPC, 16 NTPC, 29 SC, 39 CSE, 10 Other (1st time referral)

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, 35 NTPC

Utilization actual: 36 TPC, 13 NTPC

FirstFollowers

FirstSteps Reentry House (NEW) \$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: 11 TPC, 40 NTPC, 8 SC, 6 CSE

Utilization actual: 5 TPC, 30 NTPC, 11 SC, 5 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: 55 TPC, 260 NTPC, 55 SC, 15 CSE

Utilization actual: 31 TPC, 89 NTPC, 31 SC, 18 CSE

Rosecrance Central Illinois

Criminal Justice PSC \$304,350

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: 145 TPC, 235 NTPC, 760 SC

Utilization actual: 67 TPC, 77 NTPC, 201 SC, 61 Other (group sessions)

Rosecrance Central Illinois

Fresh Start \$79,310

Aimed at addressing the root cause of the violence, customized for our community in coordination with the Champaign Community Coalition's Fresh Start Initiative, involving a 3-pillar approach – Community, Law Enforcement, and a Case Manager. Identifies and focuses on individuals with history of violent, gun-related behaviors. Participants are offered an alternative to violence, with intensive case management, assistance accessing services (such as medical, dental, behavioral health) to address immediate personal or family issues and to overcome barriers to employment, housing, education.

Utilization targets: 15 TPC, 10 NTPC, 10 SC, 80 CSE, 30 Other

Utilization actual: 19 TPC, 11 NTPC, 8 SC, 161 CSE, 43 Other

Rosecrance Central Illinois

Specialty Courts \$203,000

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: 60 TPC, 1500 SC, 4 CSE, 6000 Other = 600 hours case management, 5400 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: 53 TPC, 1037 SC, 4 CSE, Other 15 hours assessment, 313 hours case management, 1875 hours counseling.

Priority: Innovative Practices and Access to Behavioral Health Services

Champaign County Christian Health Center

Mental Health Care at CCCHC \$13,000

CCCHC patients may receive 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.

Utilization targets: 210 TPC, 60 NTPC, 6 CSE

Utilization actual: 48 TPC, 0 NTPC, 0 CSE

Champaign County Health Care Consumers

CHW Outreach & Benefit Enrollment \$77,960

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, 55 NTPC, 600 SC, 20 CSE, 30 Other (Rx fund)

Utilization actual: 119 TPC, 42 NTPC, 790 SC, 25 CSE, 40 Other (Rx fund)

Champaign County Regional Planning Commission – Community Services

Homeless Services System Coordination \$51,906

Homeless Services System Coordination program supports a position to: support, facilitate, and direct the IL-503 Continuum of Care (CoC); 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: 6 TPC, 40 SC, 26 CSE

Utilization actual: 10 TPC, 104 SC, 52 CSE

Community Service Center of Northern Champaign County

Resource Connection \$67,596

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: 1400 NTPC, 4500 SC, 2700 Other (contacts with other agencies using CSCNCC as a satellite site)

Utilization actual: 669 NTPC, 2970 SC, 838 Other

Cunningham Children's Home

ECHO Housing and Employment Support \$101,604

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.

Utilization targets: 20 TPC, 24 NTPC, 568 SC, 25 CSE

Utilization actual: 22 TPC, 4 NTPC, 924 SC, 34 CSE

East Central IL Refugee Mutual Assistance Center

Family Support and Strengthening \$56,440

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: 50 CSE, 15 Other (hours of workshops)

Utilization actual: 83 CSE, 15 Other

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: 289 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: 350 TPC, 500 NTPC, 3500 SC

Utilization actual: 471 TPC, 524 NTPC, 1910 SC

GROW in Illinois

Peer Support \$77,239

Mutual-help; peer to peer 12-step program provides weekly support groups for mental health sufferers of all races and genders. GROW compliments the work of professional providers by connecting people with others in similar situations and empowering participants to do that part which they can and must be doing for themselves and with one another. While professional providers offer diagnosis and treatment, consumer-providers offer essential rehabilitation and prevention services because of firsthand experience with the recovery process. 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 Champaign County Jail.

Utilization targets: 115 NTPC, 1200 SC, 4 CSE

Utilization actual: 57 NTPC, 871 SC, 10 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, the satellite site at Rosecrance Walnut Street, and Urbana School Health Center.

Utilization targets: Counseling Services: 500 TPC, 2750 SC. Psychiatric Services: 1600 TPC in psychiatric practice, 850 NTPC getting psych meds through primary care, 7500 SC psychiatric service encounters, 4 CSE lunch and learn sessions, 50 Other as denials (reported by business office).

Utilization actual: Counseling Services: 420 TPC, 1358 SC. Psychiatric Services: 1407 in psychiatric practice, 471 getting psych meds through primary care, 3962 psychiatric service encounters, 0 lunch and learn sessions, other.

Promise Healthcare

Promise Healthcare Wellness \$107,987

Support, case management, and benefit enrollment for patients with non-clinical barriers to achieving optimum medical and mental health. Targets hundreds of patients who have a mental health diagnosis and a chronic medical condition and those at risk of or who have had a justice system encounter. Coordinators work with patients to remove barriers to optimum medical and mental health.

Facilitates care at satellite location, and supports collaborations with other agencies, and community outreach.

Utilization actual: 175 TPC, 460 NTPC, 1500 SC, 27 CSE, 2200 Other
(enrolled in healthcare coverage)

Utilization actual: 288 TPC, 225 NTPC, 690 SC, 15 CSE, 1201 Other

Rattle the Stars

Youth Suicide Prevention Education \$86,500

Designed to build skills and improve competence to encourage intervention between peers, and by parents and adults. Covering three core areas for intervention: what to look for to recognize mental illness, mental health crises, and suicidal thoughts; how to intervene by using appropriate and effective communication skills; and accessing necessary resources for professional care. Program is developed from evidence informed models and adheres to best practices suggested by nationally recognized mental health and suicide prevention agencies.

Utilization targets: 200 CSE

Utilization actual: 139 CSE

Rosecrance Central Illinois

Crisis, Access, & Benefits \$203,960

A 24-hour program including Crisis Team and Crisis Line. Clinicians provide immediate intervention by responding to crisis line calls and conducting crisis assessments throughout Champaign County. The Crisis Team works closely with hospitals, local police, the University, and other local social service programs. Offers access services including information, triage, screening, assessment, and referral for consumers and members of the community.

Utilization targets: 1400 NTPC (intake screenings, mental health assessments), 2300 SC (crisis calls), 15 CSE, Other = 200 (benefits applications).

Utilization actual: 853 NTPC (intake screening or mental health assessments), 3317 SC (crisis calls), 0 CSE, Other = 106 benefits applications. Program also reports 853 Crisis team contacts (not a subset of crisis calls) and 853 mental health assessments by Crisis team.

Rosecrance Central Illinois

Recovery Home \$200,000

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: 31 TPC, 95 SC

Utilization actual: 20 TPC, 52 SC



CCMHB 2021-2022 Meeting Schedule

5:45PM Wednesday after the third Monday of each month

Brookens Administrative Building, 1776 East Washington Street, Urbana, IL

<https://us02web.zoom.us/j/81393675682> 312-626-6799, Meeting ID: 813 9367 5682

September 22 – Shields-Carter Room

October 20 – Shields-Carter Room

October 27 – *study session* - TBD

November 17 – Shields-Carter Room

December 15 – Shields-Carter Room - *tentative*

January 19, 2022 – Shields-Carter Room

January 26, 2022 – *study session* - Shields-Carter Room

February 16, 2022 – *study session* - Shields-Carter Room

February 23, 2022 – Shields-Carter Room

March 23, 2022 – Shields-Carter Room

March 30, 2022 – *study session* - Shields-Carter Room

April 20, 2022 – Shields-Carter Room

April 27, 2022 – *study session* - Shields-Carter Room

May 18, 2022 – *study session* - Shields-Carter Room

May 25, 2022 – Shields-Carter Room

June 22, 2022 – Shields-Carter Room

July 20, 2022 – Shields-Carter Room

September 21, 2022 – Shields-Carter Room

September 28, 2022 – *study session* - Shields-Carter Room

October 19, 2022 – Shields-Carter Room

October 26, 5:45PM – *study session with CCMHB* - Shields-Carter

November 16, 2022 – Shields-Carter Room (*off cycle*)

December 21, 2022 – Shields-Carter Room (*off cycle*) - *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, using the Zoom options or in person, in order to observe and to offer thoughts during "Public Participation". For support to participate, let us know how we might help by emailing stephanie@ccmhb.org.

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



CHAMPAIGN COUNTY
DEVELOPMENTAL
DISABILITIES BOARD
CHAMPAIGN COUNTY
MENTAL HEALTH BOARD

CCDDDB 2021-2022 Meeting Schedule

9:00AM Wednesday after the third Monday of each month

Brookens Administrative Building, 1776 East Washington Street, Urbana, IL

<https://us02web.zoom.us/j/81559124557> 312-626-6799, Meeting ID: 815 5912 4557

- September 22 – Putman Room
- October 20 – Shields-Carter Room
- November 17 – TBD (*Shields-Carter Room unavailable*)
- December 15 – Shields-Carter Room
- January 19, 2022 – Shields-Carter Room
- February 23, 2022 – Shields-Carter Room
- March 23, 2022 – Shields-Carter Room
- April 20, 2022 – Shields-Carter Room
- May 18, 2022 – Shields-Carter Room
- June 22, 2022 – Shields-Carter Room
- July 20, 2022 – Shields-Carter Room
- August 17, 2022 – Shields-Carter Room
- September 21, 2022 – Shields-Carter Room
- October 19, 2022 – Shields-Carter Room
- October 26, 5:45PM – Shields-Carter – study session with CCMHB
- November 16, 2022 - Shields-Carter Room
- December 21, 2022 – Shields-Carter Room

This schedule is subject to change due to unforeseen circumstances.

Please email stephanie@ccmhb.org to confirm meetings or to request alternative format documents, language access, or other accommodation needed to participate.

All meetings and study sessions include time for members of the public to address the Board.

Meetings are posted in advance and recorded and archived at

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

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

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

**IMPORTANT DATES - DRAFT 2021-2022 Meeting Schedule with Subjects,
Agency and Staff Deadlines, and Allocation Timeline for PY2023**

The schedule offers dates and subject matter of meetings of the Champaign County Mental Health Board. Subjects are not exclusive to any given meeting, as other matters requiring Board review or action may also be addressed. Study sessions may be scheduled on topics raised at meetings, brought by staff, or in conjunction with the CCDDDB. Included are tentative dates for steps in the funding allocation process for PY23 and deadlines related to PY21 and PY22 agency contracts. **Meetings and study sessions are scheduled to begin at 5:45PM; these may be confirmed by Board staff.**

8/27/21	<i>Agency PY2021 4th Q Reports, CLC Progress Reports, and Annual Performance Measure Reports due</i>
9/22/21	Regular Board Meeting Draft Three Year Plan 2022-2024 with 2022 Objectives
9/30/21	<i>Deadline for some agency revisions, if by Special Provision</i>
10/20/21	Regular Board Meeting Release Draft Program Year 2023 Allocation Criteria
10/27/21	Study Session
10/29/21	<i>Agency PY2022 First Quarter Reports Due</i>
11/17/21	Regular Board Meeting Approve Three Year Plan with FY2022 Objectives Allocation Decision Support – PY23 Allocation Criteria
12/13/21	<i>Public Notice of Funding Availability to be published on or before, giving at least 21-day notice of application period.</i>
12/15/21	Regular Board Meeting – tentative
12/31/21	<i>Agency Independent Audits, Reviews, or Compilations due</i>
1/3/22	<i>Online System opens for Applications for PY2023 Funding</i>
1/19/22	Regular Board Meeting
1/26/22	Study Session: Mid-Year Program Presentations
1/28/22	<i>Agency PY22 2nd Q Reports and CLC Progress Reports due</i>
1/31/22	<i>Deadline for updated agency eligibility questionnaires</i>
2/11/22	<i>Deadline for submission of applications for PY23 funding. Online system will not accept any forms after 4:30PM.</i>

2/16/22	Study Session: Mid-Year Program Presentations
2/16/22	<i>List of Requests for PY2023 Funding assembled</i>
2/23/22	Regular Board Meeting Discussion of Board Members' Review of Proposals; Mid-year updates on new agency programs
3/23/22	Regular Board Meeting: FY2021 Annual Report (includes utilization data from agencies for PY21)
3/30/22	Study Session: Mid-Year Program Presentations
4/13/22	<i>Program summaries released to Board, copies posted online with CCMHB April 20, 2022 meeting agenda</i>
4/20/22	Regular Board Meeting Program Summaries Review and Discussion
4/27/22	Study Session Program Summaries Review and Discussion
4/29/22	<i>Agency PY2022 3rd Quarter Reports due</i>
5/11/22	<i>Allocation recommendations released to Board; copies posted online with CCMHB study session agenda</i>
5/18/22	Study Session: Allocation Recommendations
5/25/22	Regular Board Meeting Allocation Decisions; Authorize Contracts for PY2023
6/22/22	Regular Board Meeting: Draft FY2023 Budget
6/24/22	<i>Deadline for agency application/contract revisions. Deadline for agency letters of engagement with CPA firms. PY2023 contracts completed.</i>
6/30/22	<i>Agency Independent Audits, Reviews, or Compilations due (only applies to those with calendar FY, check contract)</i>
7/20/22	Regular Board Meeting
8/26/22	<i>Agency PY2022 4th Q Reports, CLC Progress Reports, and Annual Performance Measure Reports due</i>
9/21/22	Regular Board Meeting

Draft Three Year Plan 2022-2024 with 2023 Objectives

- 9/28/22 **Study Session**
- 10/19/22 **Regular Board Meeting**
Release Draft Program Year 2024 Allocation Criteria
- 10/26/22 **Joint Study Session with CCDDDB at 5:45PM**
- 10/28/22 *Agency PY2023 First Quarter Reports due*
- 11/16/22 **Regular Board Meeting (off cycle)**
Approve Three Year Plan with One Year Objectives
Allocation Decision Support – PY24 Allocation Criteria
- 12/11/22 *Public Notice of Funding Availability to be published on or
before, giving at least 21-day notice of application period.*
- 12/21/22 **Regular Board Meeting (off cycle) - tentative**

#12

**CHAMPAIGN COUNTY
MENTAL HEALTH BOARD
REGULAR MEETING**

Minutes—September 22, 2021

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

5:45 p.m.

MEMBERS PRESENT: Joseph Omo-Osagie, Elaine Palencia, Julian Rappaport, Jon Paul Youakim, Matthew Hausman, Daphne Maurer, Jane Sprandel

MEMBERS EXCUSED: Susan Fowler, Kyle Patterson

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

OTHERS PRESENT: Laura Lindsey, Courage Connection; Pat Ege, Cunningham Children's Home; Andy Kulczycki, Community Service Center of Northern Champaign County (CSCNCC); Mark Aber, University of Illinois School of Social Work; Sara Balgoyen, Mahomet Area Youth Club (MAYC)

CALL TO ORDER:

Mr. Joe Omo-Osagie called the meeting to order at 5:45 p.m. Instructions were included in the packet.

ROLL CALL:

Roll call was taken and a quorum was present.

CITIZEN INPUT / PUBLIC PARTICIPATION:

None.

APPROVAL OF AGENDA:

The agenda was in the packet for review. The agenda was approved unanimously by a roll call vote.

PRESIDENT’S COMMENTS:

Mr. Joe Omo-Osagie spoke briefly regarding anxiety and depression for young people in schools.

EXECUTIVE DIRECTOR’S COMMENTS:

Director Lynn Canfield briefly reviewed the agenda.

NEW BUSINESS:

UIUC Evaluation Capacity Project Presentation:

Included for information was a report on PY2021 project activities. Dr. Mark Aber presented. (Appendices were included in the full report, which was posted as addendum to the board meeting, linked on the website.) Following the presentation, Board members were able to make comments and ask questions.

Community Needs Assessment Report:

Included in the packet for information was a report on Community Needs Assessment activities, to support the next Three-Year Plan and future funding priorities. (Appendices were included in the full report, which was posted as addendum to the board meeting, linked on the website.) Lynn Canfield reviewed the project. Board members generally discussed the document and what they found impactful about it.

DRAFT Three Year Plan for 2022-2024 with Objectives for FY2022 (pages 72-83)

For review and discussion were a Briefing Memorandum and DRAFT of strategic plan for 2022, 2023, and 2024. Board members and staff discussed the draft documents. The documents will be presented for final approval at a later Board meeting.

AGENCY INFORMATION:

Sara Balgoyen from Mahomet Area Youth Club made a few comments regarding the Community Needs Assessment.

OLD BUSINESS:

Revised 2022 Budgets for CCMHB and CILA Facilities Fund:

The packet included a Decision Memorandum and revised budgets for 2022, along with background information.

MOTION: Dr. Rappaport moved to approve the attached 2022 CCMHB Budget, with anticipated revenues and expenditures of \$5,951,344. Ms. Sprandel seconded the motion. A roll call vote was taken and the motion passed unanimously.

MOTION: Dr. Youakim moved to approve the attached 2022 CILA Facilities Fund Budget, with anticipated revenues and expenditures of \$50,200. Payment to this fund is consistent with the terms of the Intergovernmental Agreement between the CCDDDB and CCMHB, and full approval is contingent on CCDDDB action. Ms. Sprandel seconded the motion. A roll call vote was taken and the motion passed unanimously.

Update on CILA Project:

Included for information only was a Briefing Memorandum with an update on the CILA houses. Director Canfield provided a verbal update to the memorandum.

Communication with the County Board:

Included for information in the packet were requests for American Rescue Plan Act funding for community mental health services, organized by whole programs. These were presented to the County Board for consideration in July 2021. Also included for information were a PY2022 allocation tier sheet and tables comparing the updated PY2022 allocations with previous years.

Schedules & Allocation Process Timeline:

Copies of CCMHB and CCDDDB meeting schedules and CCMHB allocation timeline were included in the packet.

CCDDDB Information:

The CCDDDB met this morning.

APPROVAL OF CCMHB MINUTES:

Meeting minutes from July 21, 2021 and July 28, 2021 were included in the Board packet.

MOTION: Dr. Rappaport moved to approve the CCMHB minutes from July 21, 2021 and July 28, 2021. Mr. Haussman seconded the motion. A roll call vote was taken. The motion passed.

STAFF REPORTS:

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

BOARD TO BOARD REPORTS:

None.

EXPENDITURE LIST:

The Expenditure List was included in the packet.

MOTION: Mr. Haussman moved to accept the Expenditure List as presented. Dr. Maurer seconded the motion. A roll call vote was taken and the motion passed unanimously.

BOARD ANNOUNCEMENTS:

None.

ADJOURNMENT:

The meeting adjourned at 7:26 p.m.

Respectfully

Submitted by: Stephanie Howard-Gallo
CCMHB/CCDDB Staff

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

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Kim Bowdry, Associate Director for Intellectual & Developmental Disabilities Staff Report – October 2021

CCDDB: I cloned programs in the online claims system. The PY22 1st Quarter programs and claims were cloned to give agencies the ability to begin reporting PY22 2nd Quarter claims. I also completed compiling the agency Performance Outcomes Reports into one document. This document can be found in the Downloadable Files section of the Champaign County (Illinois) Mental Health Board (CCMHB) and Developmental Disabilities Board (CCDDB) Registration, Application, and Reporting System site (<https://ccmhddbrds.org>). PY22 1st Quarter Service Activity Reports are due on October 29, 2021.

Using data from the PY21 4th Quarter reports, I have compiled the 'Utilization Summaries for PY2021 CCDDB and CCMHB I/DD Programs' document, which can be found in this packet.

Champaign County Down Syndrome Network has not yet submitted their PY20 audit. Down Syndrome Network Board President shared that after speaking with another audit firm, she learned that it was going to cost DSN \$5,000 for the financial review. The DSN Board President shared her displeasure regarding this requirement via email and mentioned that she would be writing a letter to the CCDDB Board, Staff, and to the Champaign County Board stating that CCDDB/CCMHB financial reporting requirements are unfair to small organizations. I have not yet received this letter at the time of this writing.

CU Able has not yet submitted their 4th Quarter Program Report, the 4th Quarter Zip Code report, or their Demographic Report. I have reached out to CU Able staff to inquire and the reports. A letter of noncompliance was mailed to the CU Able Board President on October 4, 2021.

CCDDB Contract Amendments: On September 30, 2021, I received an email from Dave Kellerhals, Director of Mental Health Services, Rosecrance. In his email, Mr. Kellerhals explained that the CCDDB funded Coordination of Services: DD/MI grant continued to struggle to maintain staff and that Rosecrance had decided to discontinue the contract with the CCDDB. A contract amendment was completed for the Coordination of Services: DD/MI contract. The contract was terminated, effective September 30, 2021. In his email, Mr. Kellerhals confirmed that Rosecrance would continue serving people enrolled in this program and would continue to work with referring agencies.

CCDDB Mini-Grant: I communicated with one Mini-Grant recipient's mother regarding two additional respite weekends at Camp New Hope. I also communicated with staff from Camp New Hope arrange for payment for these respite weekends. I also shared information with this family about the respite weekends at Camp Timber Pointe.

Learning Opportunities: Elise Belknap is scheduled to present, “Boundary Work for Helping Professionals” on October 28, 2021. This will be another virtual event. Registration can be completed here (<https://www.eventbrite.com/e/boundary-work-for-helping-professionals-tickets-187023591597>).

NACBHDD: Mary Sowers, Executive Director of NASDDDS (National Association of State DD Directors) is scheduled to present to the NACBHDD I/DD Committee on October 20, 2021.

Disability Resource Expo: Barb Bressner, Allison Boot, and I met with Dr. Benjamin Lough’s SOCW 245 class to hear from students regarding the video project and to answer any questions related to the project.

I participated in an Expo Steering Committee Meeting on October 6, 2021. The next Expo Steering Committee Meeting is scheduled for December 1, 2021. I also joined a subcommittee that will work to vet organizations wishing to join the Expo directory. These organizations may be located outside of East Central Illinois but offering virtual services that local people can access.

UIUC School of Social Work Community Learning Lab: I am working with a group of students who are working to translate CCDDDB/CCMHB documents into Spanish, French, and Arabic. Five students signed up for this project. We asked them to begin translating the 2021 Community Needs Assessment Report and the DDB and MHB Logic Model. Additional documents will be provided to the student group, if necessary.

I am working with another group of students who are researching Certification Programs, used in other states, aimed to strengthen the DSP workforce.

Other activities: I participated in the October Human Services Council meeting. Local service providers to the homeless provided a presentation to the HSC. Presenters included: Jazmine Hernandez, Program Director – Cunningham Township Supervisor’s Office; Rob Dalhaus III, Community Outreach & Development Director – CU at Home; and Lisa Benson, Community Services Director – Champaign County Regional Planning Commission.

I participated in the October Race Relations Subcommittee Meeting. I participated in multiple meetings with UIUC Community Data Clinic and other partners involved in the Champaign County Resource Directory project.

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

I watched a previously recorded video from the Research and Training Center on Community Living at the University of Minnesota's Institute on Community Integration. Policy Forum: “The Direct Support Workforce and COVID-19: Low Wages and Racial Disparities” can be found at: <https://www.youtube.com/watch?v=6I1ZFum9uiU>.

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

Staff report—October 20, 2021 Board Meeting

Summary of Activity

CCMHB: In this Board packet is the Utilization Summaries for PY21 CCMHB and CCDDDB I/DD Programs. This aggregate report lists each program utilization results for the year. Details of each program's performance toward defined consumer outcomes during the funding year are in the combined Performance Outcome Report available at <http://ccmhddbrds.org>.

With the exception of the Urbana Neighborhood Connection Center PY21 Performance Outcome Reports, all other CCMHB PORs have been compiled into one large document and will be posted online.

CCMBH PY22 First Quarter Reports:

First Quarter reports (financial and program, zip code, demographics) will be due on October 29th by 4:30pm. Any agency needing to request an extension must be made before the due date. Otherwise, will risk having payments paused.

Three Year Plan with Draft PY22 Objectives:

At this time no comments from stakeholders and providers about modifying Objectives or Goals have been received. Staff will continue to review and revise Objectives and Goals for a final draft to be presented to the Board.

CCMHB Contract Matters:

Promise Health Care contracts were terminated due to failure to submit an FY2020 audit approved by the agency's board. CCMHB will stop preparing and holding payments until they have submitted approved audit for review. Promise Health Care has asked for reconsideration for funding and a written appeal letter is included in this Board packet.

RACES requested a reallocation of CCMHB funding for their Sexual Violence Prevention Education Program. The Board approved the contract amendment.

Financial Site Visits:

Lead by CCMHB Financial Manager Chris Wilson and staff, Courage Connections participated in their financial site visit. The purpose of financial site visit is to ensure the agency is demonstrating compliance with CCMHB funding. All agencies are notified ahead of time with a checklist of items to prepare for the site visit.

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Criminal Justice-Mental Health:

Participated in the Monthly Reentry Council Meeting. Captain Karee Voges announced that she is stepping down from the Reentry Executive Committee and from chairing the Reentry Council. We discussed Reentry program provider housing and transportation barriers updates. Misty Bell of Rosecrance presented PY 21 data to the Committee. The Reentry program is up for renewal in the coming weeks.

First Responders-UIUC Community Data Clinic Team Meeting:

An advisory committee was formed for designing new features for the Champaign County Resources (CCR) directory. This meeting focused on emergency response operators with the Urbana Police as an essential part of the recently signed the Community Emergency Services and Supports Act (CESSA). Under CESSA, law enforcement will intervene in an emergency if it is beyond the first responders' control.

CCMHDDAC Meeting:

Participated in the monthly CCMHDDAC meeting. We heard presentations from Dawn Rear about LIHEAP and Evaluation Project Presentations from Uniting Pride and RACES, Cunningham FST. GROW will present at the October 26th meeting.

Learning Opportunities:

CCMHB/CCDDB staff is collaborating with the University of Illinois School of Social Work students for service-learning projects. The students are researching workforce shortage in intellectual/developmental disabilities services system and reporting their findings and recommendations for Champaign County to staff. CCMHB/CCDDB staff meet with the students weekly for updates and discussions.

ACMHAI:

Participated in ACMHAI Committee meetings and webinars. ACMHAI Roundtable Discussion on ARPA Funds. ACMHAI Webinar: Building a System of Care for Children with Complex BH Needs

NACo:

Attended the NACo's Workforce Network. This webinar discussed the challenges of having employees return to work and the responsibilities of county human resources professionals and administrators in the current environment. Discussion included:

- Should employers mandating employee vaccinations pay for vaccines?

- If employers are requiring or encouraging employees to be vaccinated, what policies should they consider?

IPLAN Behavioral Health Workgroup Meeting:

Participated in the Work group meeting. Rosecrance staff provided programming updates including being awarded a two-year \$4 million SAMSHA federal grant to address critical needs of Champaign County residents. Rosecrance joined local law enforcement agencies to form a crisis co-responder team to work together in response to 911 calls from people experiencing a mental or behavioral health distress. Carle Hospital staff discussed their integrated primary care where patients with behavioral health issues can be seen by their primary care provider. Carle Hospital staff aim is to bring together parts of the healthcare delivery system that traditionally work in silos to residents of Champaign County.

University of Illinois Extension: Making Inroads into the Substance Use Disorder Crisis Mobilizing New Approaches to Rural SUD Services Presentation. The discussion centered around rural opioid prescriber training programs, the IL Prescription Monitoring Program Delta Counties Project, and the Substance Use Disorder Regional Leadership Center programs. This was a very informative presentation. Slides: <https://uofi.box.com/s/vntj61bvk83kp735pudlypsaevrxfn9k> .

Other Activities:

I attended the Community Service of Northern Champaign County Celebrating 50TH ANNIVERSARY in Rantoul. Kudos to Andy K. and staff for a nice event.

CCMHB Financial Manager Chris Wilson and I met with GROW and its new staff to provide instruction on how to use the online forms required for submission of documents and reports.

Stephanie Howard-Gallo

Operations and Compliance Coordinator Staff Report – October 2021 Board Meeting

SUMMARY OF ACTIVITY:

I spent the majority of the past month on vacation.

Audits:

The Promise Healthcare (CCMHB funded) contracts have been terminated effective October 1, 2021 for not submitting an audit, per the CCMHB Funding Guidelines, Page 17, section 7. A formal letter of termination has been sent by email and by USPS.

Fourth Quarter Reporting—due August 27, 2021:

Urbana Neighborhood Connections (UNCC, CCMHB funded) did not request an extension and missed the deadline. They submitted some, but not all of the reports on October 5th. Payments to them have been suspended until we receive their reports.

GROW (CCMHB funded) requested and received an extension until September 30, 2021 to submit reports. They were missing 2 reports. Payments to them were suspended. Reports were received on October 6, 2021 and payment to them was released shortly after.

Formal letters of suspension are sent by email and certified mail.

First Quarter Reporting:

First Quarter reports will be due at the end of October. I sent out a reminder to all the agencies of the upcoming due date.

Other Compliance:

Down Syndrome Network (previously CCDDDB funded) did not apply for funding from us this year. However, they remain out of compliance from last year for failure to submit an audit, which should be noted if they re-apply for funding in the next cycle.

CU Able (previously CCDDDB funded) did not apply for funding from us this year. However, they remain out of compliance from last year for failure to submit various fourth quarter reports, which should be noted if they re-apply for funding in the next cycle.

I made contact with ten of our funded agencies because we had not been receiving copies of their Board approved minutes, as is required in their contract with us.

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

I continue to look for opportunities for our artists. We had one new artist join AIR this month.

FOIA/OMA Certification:

The Public Access Counselor's web page is still being repaired, therefore the OMA electronic training, as well as the Freedom of Information Act electronic training, are inaccessible. There is no set completion date for the website repairs at this time.

Other:

- Preparing meeting materials for CCMHB/CCDDB regular meetings, special meetings, and study sessions/presentations.
- Composing minutes from the meetings.
- Attending meetings and study sessions for the CCDDB/CCMHB.

2021 October Staff Report- Shandra Summerville Cultural and Linguistic Competence Coordinator

Agency Cultural and Linguistic Competence (CLC) Technical Assistance, Monitoring, Support and Training for CCMHB/DDB Funded Agencies

Agency Support and Technical Assistance:

FY 21 CLC 4th Quarter reports were submitted by organizations with some updates and changes. Please review the last pages for updates to the reports that were submitted.

Cultural Competence Training/Support

PACE: Training will be scheduled for all staff on September 22, 2021, was postponed until October 27, 2021.

Family Service Center of Champaign County: I attended the Self-Help Advisory Council meeting on September 22, 2021. I submitted the materials for the workshop that I will be presenting for CEU's. The conference will be virtual this fall, I will provide additional support for the conference as plans are solidified. The Self-Help Workshop will be November 5th 8:30 AM-12:00 PM.

CLC Coordinator Direct Service Activities

PY22 Contract Revisions

All CLC Plan Contract revisions that were required were updated and received by the 9/30/2021 Deadline.

Webinar and Training Activities:

Navigating Trauma for Kids & Teens: Back-to-School & COVID- Tuesday, October 12, 2021

- *Discuss the ways COVID-19 has increased traumatic stress*
- *Identify ways trauma impacts the developing brain* • *Explore ways trauma presents itself in the school setting*
- *Review the ways in which parents and caregivers, teachers, and school administrators can provide support*

Series 2, Back to School in the New Normal.

Episode 2 – Normal Adolescent Behavior vs. Problematic Behavior- Rosecrance Podcast

"Who Gets Health Care and Why: AI, Race and Health Equity"- Webinar September 28, 2021

Anti-Stigma Activities/Community Collaborations and Partnerships

2021 October Staff Report- Shandra Summerville Cultural and Linguistic Competence Coordinator

C-HEARTS African American Storytelling Project:

The ASPIRE Program received funding from the University of Illinois Call to Action to Address Racism & Social Injustice Research Program. The ASPIRE program is a youth-centered intervention that is co-created between trusted adult facilitators and middle school youth that facilitates psychological health. We had a meeting on October 5 to discuss updates to the curriculum that will be implemented this year.

MI-Crew

Community Research Cooperative - ADVISORY BOARD

This is a partnership with the Community Data Clinic. This is a project that is funded by the University of Illinois, Urbana-Champaign, for Community Media, Data and Technology (CMDT) fellowships to provide annual funding and technical support to community organizations in Champaign County looking to advance promising ideas to change local communities and systems. I attended the first meeting on August 11.

C-U Trauma and Resilience Initiative

The Community Violence Response Community Committee meets monthly. I attended the meeting on September 20th virtually that was held at the American Legion. This was an open house for the Community Healing Opportunities. The purpose of the group is to discuss the areas that community members can support families that are impacted by community violence. This is ongoing work that is happening in collaboration with the Walk as One Community Coalition.

Walk as One Community Coalition

I attended the summit hosted by Courage Connection "The Courage to be Part of the Change Summit: Reducing Domestic Violence in CU" on Thursday, September 30, 2021. This was an insightful discussion about how to support DV and how gun violence is a product of Domestic Violence.

DisAbility Resource Expo-

I attended the steering committee on October 6, 2021. I have offered to serve on the committee that will vet additional resources that can be included on the website outside of Champaign County.

ACHMAH!

I attended a webinar called "Building a System of Care of For Children with Complex Behavioral Health Needs". Pathways to Success is a program for Medicaid enrolled children under the age of 21 in Illinois that are experiencing complex behavioral health needs and could benefit from additional support. The program provides access to an evidence-informed model of intensive care coordination and additional home and community-based service including Intensive In-Home, Family Peer Support, Therapeutic Mentoring and Respite. Pathways is targeted to launch on March 1, 2022.

**2021 October Staff Report- Shandra Summerville
Cultural and Linguistic Competence Coordinator
Short Reading List to continue the conversation about Racism and
Trauma as a decision maker.**

MENTAL HEALTH: Culture, Race, and Ethnicity

A SUPPLEMENT TO MENTAL HEALTH: A REPORT OF THE SURGEON GENERAL

<https://drum.lib.umd.edu/bitstream/handle/1903/22834/sma-01-3613.pdf?sequence=1&isAllowed=y>

National CLAS Standards Fact Sheet

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

Racial Bias in Health Care Artificial Intelligence

https://nihcm.org/publications/artificial-intelligences-racial-bias-in-health-care?utm_source=NIHCM+Foundation&utm_campaign=25937ad5d7-Disability+Infographic+093021&utm_medium=email&utm_term=0_6f88de9846-25937ad5d7-167751988

Kids with Disabilities Thrive with the Right Environment

<https://www.abilities.com/community/environment.html>

Champaign County Welcoming Plan

<https://universityymca.org/wp-content/uploads/2021/09/CCWP.pdf>

2021 October Staff Report- Shandra Summerville Cultural and Linguistic Competence Coordinator

2021 CCMHB/DDB Agency Cultural and Linguistic Reporting Form

<u>Agency</u>	<u>2nd Quarterly Reports Completed</u>	<u>4th Quarterly Reports Completed</u>
<u>Autism Network</u>	<u>Yes</u>	<u>Yes</u>
<u>Champaign County Down Syndrome Network (DDB)</u>	<u>No</u>	<u>Submitted</u>
<u>Champaign County Head Start(RPC) DB/MHB)</u>	<u>Yes</u>	<u>Submitted</u>
<u>Champaign County Regional Planning Commission Community Services</u>	<u>Yes</u>	<u>Submitted</u>
<u>Champaign County Christian Health Center</u>	<u>Yes</u>	<u>Submitted</u>
<u>Champaign County Healthcare Consumers</u>		<u>Submitted</u>
<u>Children's Advocacy Center</u>	<u>Yes</u>	<u>Submitted</u>
<u>Community Choices (DDB)</u>	<u>Yes</u>	<u>Submitted</u>
<u>Community Service Center of Northern Champaign County</u>	<u>Yes</u>	<u>Submitted</u>
<u>Curage Connection</u>	<u>Yes</u>	<u>Submitted</u>
<u>Genesis Nursery</u>	<u>Yes</u>	<u>Submitted</u>
<u>Good Able (DD)</u>	<u>Yes</u>	<u>Submitted</u>
<u>Inningham Children's Home</u>	<u>Yes</u>	<u>Submitted</u>
<u>KEAAM</u>	<u>Yes</u>	<u>Submitted</u>
<u>Developmental Services Center (DDB)</u>	<u>Yes</u>	<u>Submitted</u>
<u>Don Moyer's Boys and Girls Club</u>	<u>Yes</u>	<u>Submitted</u>
<u>Family Service Center</u>	<u>Yes</u>	<u>Submitted</u>
<u>First Followers</u>	<u>Yes</u>	<u>Submitted</u>
<u>FOROW Illinois</u>	<u>Yes</u>	<u>Submitted</u>
<u>Shahomet Area Youth Club</u>	<u>Yes</u>	<u>Submitted</u>
<u>AMI Illinois</u>	<u>Yes</u>	<u>Submitted</u>
<u>FACE</u>		<u>Submitted</u>
<u>Domise Healthcare Systems</u>	<u>Yes</u>	<u>Submitted</u>
<u>Hope Advocacy, Counseling & Education</u>	<u>Yes</u>	<u>Submitted</u>
<u>Little the Stars</u>		<u>Submitted</u>
<u>Refugee Assistance Center</u>	<u>Yes</u>	<u>Submitted</u>
<u>Securance C-U</u>	<u>Yes</u>	<u>Submitted</u>
<u>?(Uniting Pride) Center</u>		<u>Submitted</u>
<u>Sabana Neighborhood Connections</u>	<u>Yes</u>	<u>Submitted</u>