



Champaign County Mental Health Board (CCMHB) Meeting Agenda

Wednesday, December 15, 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 and CCDDDB reserve 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. Approval of CCMHB Minutes (**pages 4-8**)*
Minutes from the 11/17/2021 board meeting and joint study session are included. Action is requested.
9. New Business
 - A. Crisis Response System (**pages 9-25**)
Ms. Gail Raney, MPA/Administrator of Grant Management and Community Liaison, David Kellerhals, LCPC/Director of Mental Health, and Melissa Pappas, LCPC, CCBHC Implementation Manager, Rosecrance, will present on aspects of the expansion of crisis services in Champaign County. No board action is requested.
 - B. Community Learning Lab Project Final Report (**pages 26-49**)
Included in the packet is the final report from a student project on the I/DD workforce shortage. Board staff will provide an overview. No action is requested.
10. Old Business

- A. **Three Year Plan for 2022-2024 with One Year Objectives for 2022 (pages 50-63)***
Included in the packet are a Decision Memorandum and final draft of new Three Year Plan for board consideration and action.
- B. **PY2023 Allocation Priorities and Selection Criteria (pages 64-75)***
Included in the packet is a final draft of funding priorities and selection criteria for the Program Year 2023 for board consideration and action.
- C. **Revised CCMHB Funding Guidelines (pages 76-94)***
Included are a Decision Memorandum and final draft of revised CCMHB Requirements and Guidelines for Allocation of Funds for board action.
- D. **CILA Update (pages 95-101)**
For information only is an update on the project, along with a market analysis.
- E. **Schedules & Allocation Process Timeline (pages 102-106)**
Updated copies of CCMHB and CCDDDB meeting schedules and CCMHB allocation timeline are included in the packet.
- 11. **Agency Input**
The CCMHB reserves the authority to limit individual public participation to 5 minutes and total time to 20 minutes.
- 12. **CCDDDB Input**
- 13. **Staff Reports (pages 107-120)**
Included for information are reports from Kim Bowdry, Leon Bryson, Lynn Canfield, 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 regular meeting December 15, 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.

#8

**CHAMPAIGN COUNTY
MENTAL HEALTH BOARD
REGULAR MEETING**

Minutes—November 17, 2021

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

6:15 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: Kim Bowdry, Leon Bryson, Lynn Canfield, Stephanie Howard-Gallo, Shandra Summerville

OTHERS PRESENT: Laura Lindsey, Courage Connection; Danielle Matthews, DSC; Gail Raney, Rosecrance

CALL TO ORDER:

Mr. Joe Omo-Osagie called the meeting to order at 6:33 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 recognized the passing of Janice Mitchell and her numerous contributions to our community.

EXECUTIVE DIRECTOR'S COMMENTS:

Director Lynn Canfield briefly reviewed the agenda.

APPROVAL OF CCMHB MINUTES:

Meeting minutes from October 20, 2021 and October 27, 2021 were included in the Board packet.

MOTION: Dr. Youakim moved to approve the CCMHB minutes from October 20, 2021 and October 27, 2021. Ms. Sprandel seconded the motion. A roll call vote was taken. The motion passed.

NEW BUSINESS:

None.

Agency Information:

None.

OLD BUSINESS:

Update on CILA Project:

Included in the packet was a Decision Memorandum offering an update on the sale of CILA properties and seeking Board action. Director Canfield provided a more detailed explanation on property repairs.

MOTION: Dr. Youakim moved to authorize the Executive Director to approve additional repairs, as recommended by the real estate agent, and relist the property when these have been completed, pending similar approval by the CCDDDB. (The CCDDDB approved this motion earlier in the day) Ms. Sprandel seconded the motion. A roll call vote was taken and the motion was unanimously approved.

DRAFT PY2023 Allocation Priorities and Selection Criteria:

For information only was a DRAFT of funding priorities and selection criteria for the Program Year 2023. Also included was feedback from stakeholders, received prior to November 5. No action was requested. A final document will be presented to the Board at a later date.

DRAFT Revised CCMHB Funding Guidelines:

For review and discussion was a new draft of revised CCMHB Requirements and Guidelines for Allocation of Funds. No action was requested. A final document will be presented to the Board at a later date.

Update from 211-PATH:

Included for information only were communications from the Executive Director of PATH and 211 data reports for the period of July 1 to September 30, 2021.

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. They had similar agenda items as the CCMHB.

STAFF REPORTS:

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

BOARD TO BOARD REPORTS:

None.

BOARD ANNOUNCEMENTS:

None.

ADJOURNMENT:

The meeting adjourned at 7:13 p.m.

Respectfully

Submitted by: Stephanie Howard-Gallo
CCMHB/CCDDDB Staff

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

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

JOINT STUDY SESSION

Minutes—November 17, 2021

This Meeting Was Held Remotely and at the Brookens Administrative Center

5:45 p.m.

MEMBERS PRESENT: Joe Omo-Osagie, Thom Moore, Elaine Palencia, Julian Rappaport, Jon Paul Youakim, Anne Robin, Sue Suter, Georgiana Schuster, Matt Hausman, Daphne Maurer

MEMBERS EXCUSED: Susan Fowler, Kyle Patterson, Deb Ruesch, Kim Fisher

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

OTHERS PRESENT: Jessica McCann, RPC, Laura Lindsey, Courage Connection; Gail Raney, Rosecrance; Danielle Matthews, DSC

CALL TO ORDER:

Joe Omo-Osagie called the study session to order at 5:50 p.m. Executive Director Canfield was present at the Brookens Administrative Center as per the Open Meetings Act.

ROLL CALL:

Roll call was taken and a quorum was present.

CITIZEN INPUT / PUBLIC PARTICIPATION:

None.

PRESIDENT'S COMMENTS:

None.

STUDY SESSION:

Cultural and Linguistic Competence (CLC):

Head Start/Early Head Start Cultural and Linguistic Competence Planning—Shandra Summerville and representatives of CCRPC presented on their work together. A presentation was included in the packet as well.

Board members were given an opportunity to ask questions and discuss future steps the Board might want to take in the future.

BOARD ANNOUNCEMENTS:

None.

ADJOURNMENT:

The meeting adjourned at 6:33 p.m.

Respectfully

Submitted by: Stephanie Howard-Gallo
CCMHB/CCDDB Staff

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

#19.A

Dave Kellerhals, LCPC, Director of Mental Health, is a new edition to the Rosecrance family with over 10 years of experience providing mental health services in a variety of settings to all ages. He holds a master's degree in Clinical Counseling and is a Licensed Clinical Professional Counselor in Illinois. Dave began his career as a mobile crisis clinician in 2010, then transitioned into the inpatient psychiatric setting in 2016, and additionally began providing part-time outpatient therapy services in the community in 2020. As the Director of Mental Health at Rosecrance, he leads all mental health services in Central Illinois.

Melissa Pappas, LCPC, is the CCBHC Implementation Manager for Rosecrance Central Illinois. Melissa graduated Southern Illinois University Carbondale with a Masters in Rehabilitation Counseling in 2012. She began her career as a substance abuse clinician in Southern Illinois until moving to the Illinois Department of Corrections in 2015 as a Licensed Clinical Professional Counselor. Melissa spent over 6 years in the Department of Corrections; providing mental health services to the prison offenders and specializing in working with Offenders with life sentences. Prior to coming to Rosecrance, Melissa was a clinical supervisor in a residential treatment facility focused on treating youth males with sexually problematic behaviors.

Gail Raney is Grant Management Administrator and Community Liaison for Central Illinois. Gail has worked in the behavioral health field for over 19 years and holds a master's degree in public administration with a concentration in nonprofit management. She has held a variety of leadership positions in substance use disorders treatment organizations since 2007. Gail was the CEO of Prairie Center Health Systems at the time of merger with Rosecrance in 2018, and since then, she has been Administrator at Rosecrance Central Illinois, leading all substance use disorder programs in the region.

Mental Health Crisis-related Services

Rosecrance Central Illinois

Dave Kellerhals, LCPC
Director Of Mental Health Services

Melissa Pappas, LCPC
CCBHC Implementation Manager

Gail Raney, MPA
Grant Management Administrator and Community Liaison

December 15, 2021



rosecrance
life's waiting

Current Crisis-Related Services

- Mobile Crisis Response
- Crisis Respite
- Supervised/Supportive Residential
- Community Support

Mobile Crisis Response



- 24/7/365
- Crisis line 217-359-4141
- All ages regardless of payer source
- Assessment, Disposition, Linkage, internal follow up services
- Some crisis psychiatry appointments available

Crisis Respite (CRC)



- 7 bed unit
- Crisis stabilization
- 14 day program
- Voluntary
- Entry point in other residential services as available

Supervised/Supportive Res.

- 2 homes with 13 beds
- 6 mo. to a year program
- Voluntary
- Ideal goal is to step-down to supportive living
 - 8 unit independent apartment living
 - Access to case management
 - Goal to step-down to fully independent living



Community Support

- 3 full-time case managers
- Age 18 and up
- 60/40 community/office
- SMI population

15



New/Upcoming Services

- CCRT (Crisis Co-Response Team) – 10/4/21
- Living Room Program – Coming in 2022
- ACT (Assertive Community Treatment) – currently developing this team

Crisis Co-Response Team (CCRT)



Urbana Police Department
Paige Bennett, MSW
Behavioral Health Detective



rosecrance®

Rosecrance Mental Health Clinician
Shelby Moreland, MSW, CCRT Team
Lead

Crisis Co-Response Team (CCRT)

- Decrease dependence on 911 and criminal justice
- Upon referral, CCRT will follow up
- Recognize crisis, de-escalate, assess, and connect to services
- Strengthen community wellness
- Expansion to other first responders/law enforcement

Crisis Co-Response Team (CCRT)

The CCRT Approach

- Receive referrals from CIT Reports
- Complete follow-up contact
- Provide case management for “super utilizers”
 - connect to resources/services as needed
 - reduce 911 calls
 - avoid future crisis situations
 - gain stability within the community
- Provide public education to reduce stigma associated with mental illness

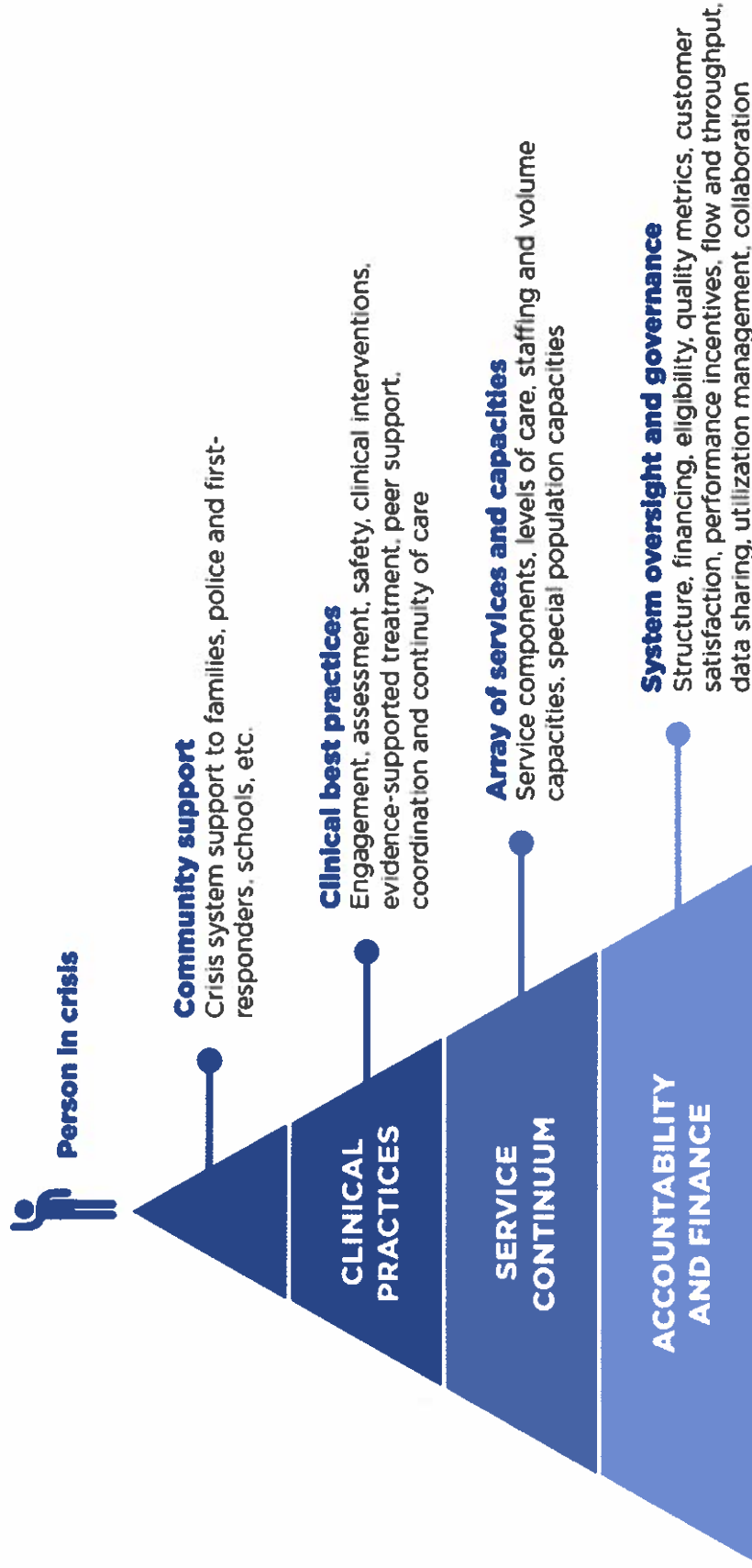
Living Room

- Coming in 2022
- Safe, comfortable, non-clinical space
 - Prior to a crisis to avoid crisis
 - After a crisis
- Peer-based services
 - Specially trained peers
 - Recovery Plans connect to resources/services as needed
 - Goal is to decrease unnecessary hospitalizations
 - Break the cycle of isolation
 - Develop peer based social networks

Assertive Community Team

- Services take place in the community/client homes
- Persons with Severe Mental Illness (SMI)
- Team of 5 being developed
 - Team Leader
 - Case Manager with lived experience
 - Vocational Case Manager
 - Certified Alcohol and Drug Counselor (CADC) Case Manager
 - Nurse

Changing Crisis Services Landscape



22

Changing Crisis Services Landscape

- **Nationally:**
 - National Suicide Hotline Designation Act of 2020
 - 988 System: July 2022
 - Substance Abuse and Mental Health Services Administration (SAMHSA) Crisis Services: Meeting Needs, Saving Lives
 - Core Principles:
 - Addressing recovery needs
 - Significant role for persons with lived experience
 - Trauma informed care
 - Utilization of zero suicide/suicide safer care
 - Safety and security protocols
 - Partnerships with local law enforcement/first responders

Changing Crisis Services Landscape

- **State of Illinois:**
 - Community Emergency Services and Supports Act (CESSA)
 - Department of Mental Health programs
 - Preserve existing community-based programs
 - Crisis Intervention
 - Mobile Crisis Teams
 - Therapy/Counseling
 - Community Support
 - Expand access to services
 - Enhance coordination of care
 - first responders, hospitals, 988 crisis call hubs

Dave Kellerhals
dkellerhals@rosecrance.org

Melissa Pappas
mpappas@rosecrance.org

Gail Raney
graney@rosecrance.org



rosecrance
life's waiting

Direct Support Professional (DSP)

Workforce Shortage



Created by

Abigail Hernandez &
Alexis Krones

Literature Review



- IDD Pilots
- NACBHDD Legislative & Policy Conference Sedgwick County Presentations
- Community Connections Career Partnership- Ohio Presentation
- NACBHDD I/DD Summit Polk County Presentation
- Low Wages And Pandemic Gut Staffing Support For Those With Disabilities by Andy Miller
- They Deserve More Website
- Association of Community Mental Health Authorities of Illinois Meeting



27

Literature Review

- Champaign County Mental Health Board Meeting Agenda
- May 2021 I/DD Community Organization Staff Survey
- Institute Membership Overview
- POLICY RESEARCH BRIEF PREDICTORS OF ANNUAL TURNOVER AMONG DIRECT SUPPORT PROFESSIONALS
- Providing Support During the COVID-19 Pandemic
- Direct Support Professionals 6-month follow-up survey | Illinois profile
- Recognizing the Role of Direct Support Professionals Act
- RTC Policy Forum



28

The Workforce Shortage

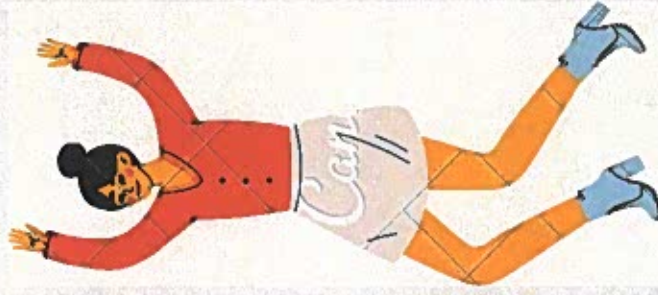
Low wages/lack of benefits

Lack of support from supervisors

Nature of the work

Increase in need

Lack of adequate training and promotion opportunities are limited



Approximate DSP Salary



Illinois

\$17,641 annually

\$8.48 an hour

Illinois ranks number 49 out of 50 states nationwide for DSP salaries

Champaign County

\$20,371 annually

Nation

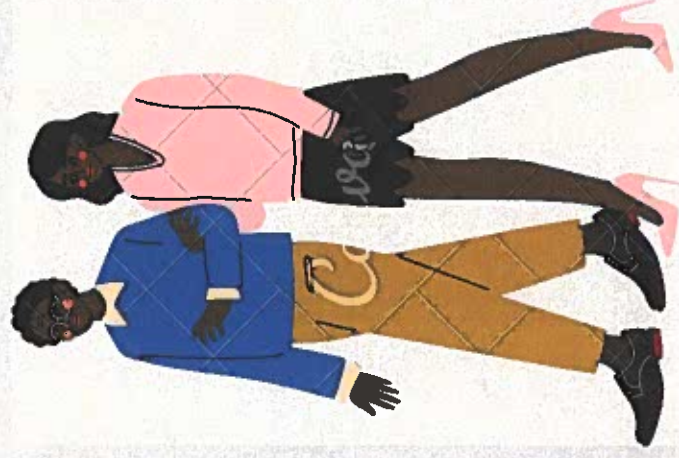
\$22,149 annually



What DSPS Had to Say About Their Pay



- "Was not great."
- "It is tempting to pick up extra days and hours" (due to low pay)
- The field needs more pay as it is constantly competing w/ hospitals & nursing homes for employees. DSPs constantly work nights and weekends so they would rather work at a hospital where this is not the case and the pay is better. This is especially true if they have higher education. The low pay gives DSPs no incentive to stay.



Interviews with DSPs

Virtual Interviews Conducted with DSPs & Their Experiences

- Often worked long, hard, inconvenient hours
 - violation of rights
- Lacked a work/life balance
- Salary was not livable
- Communication issues amongst employees at all levels
- The nature of the work is draining
- Did not receive adequate training
- VERY minimal interaction w/ or support from supervisor(s)
- Racial inequalities were prevalent, lack of diversity amongst staff, & lack of cultural competency
- Staff to patient ratio was not ideal
 - at times 1:8
 - Little to no time to work on rights, happiness, and/or enrichment of the individuals with I/DD they work with
 - instead focus was "meds, meals, & mobility"



What can be done?



- increased pay
 - currently approx. \$9/hr in CU
 - livable wage in CU: \$14.98
 - poverty wage in CU: \$6:13
- increase awareness of job description & pros/cons within it
 - stigma
 - experiences with individual with a I/DD to gain interest in DSP field
- more opportunities for promotion
- serve broader spectrum of people
 - higher priority/ better funding allocations for Illinois for services
- more supportive supervision



Give Them Credit



Communicate

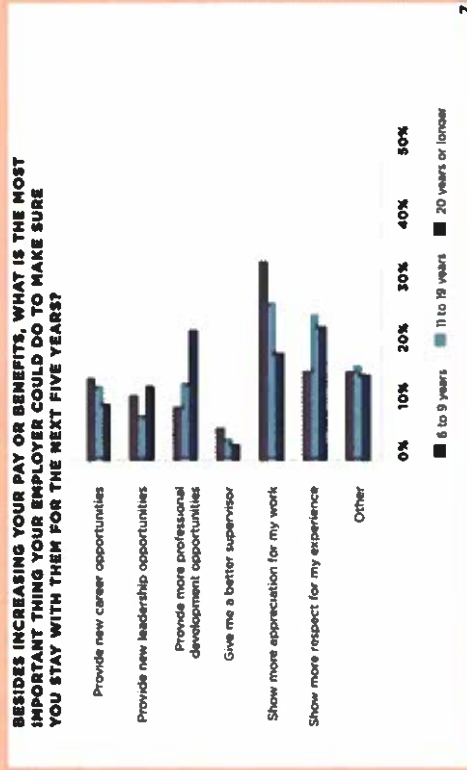
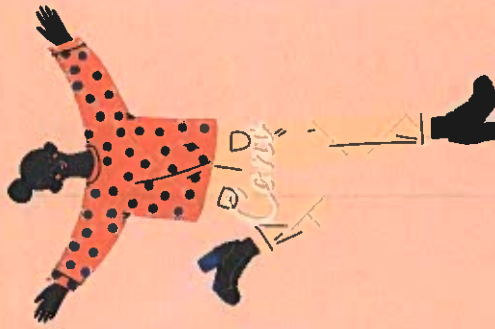
Create workspace which welcomes self-advocacy and improvement

Know their strengths

Reward and acknowledge positive work efforts and attitude

Community

Create a community within the workplace which cultivate deeper friendships



Promote Racial Equality

Make sure that everyone is treated equally:

A DSP mentioned that they had been asked to sit in during meetings for increased racial diversity and was told several times by supervisor to "fit in".

How can we address this?

- Require ALL employees to have cultural & racial diversity trainings (yearly, or as needed)
- Encourage friendly relationships
- **Acknowledge** problem, provide support, discuss more acceptable behaviors



35

Promote a better work-life balance for everyone

Step 1

Decreasing the amount of hours DSPs work while increasing their pay. This will allow time for self-care, which would likely decrease the turnover rate.

Step 2

Increasing the amount of DSPs per person served. This would create less stress and the nature of the job would be more manageable.

Step 3

Develop an improved working environment. This can be done by providing supervisors with the necessary training to be effective and supportive mentors.



The crisis also represents an opportunity.



The future of the DSP workforce



SEDGWICK COUNTY

- Recognition program
- Multi-media Community
- Recruitment Campaign

POLK COUNTY

- Professionalizing DSP workforce
- DSP workforce credentialing
- Multi-media Community
- Frontline supervisor curriculum & monetary incentives

OHIO PROVIDER RESOURCE ASSOCIATION

- Community Connections Career Partnership
 - 2 yr program which exposes high schoolers to the field through classwork and internship program
 - 32% graduates are employed in the field

Summary

- DSPs are essential workers who are being overworked, under appreciated, and paid well below the national livable wage. The DSP workforce shortage needs to be resolved to decrease employee burnout/turnover and to increase the amount of individuals with intellectual or developmental disabilities who are able to receive services. This can be done by: increasing pay, requiring supervisors to complete yearly trainings (regarding race/ethnicity competency & being an effective mentor), allowing more areas for promotion, showing DSPs they are appreciated and supported, and being sure they receive adequate training.

How did we contribute?

- Increased awareness about DSP workforce shortage
- Researched & conducted literature review on topic
- Provided a fresh viewpoint to topic
- Conducted interviews
- Created survey for data collection
 - <https://forms.gle/RswkZzh6WCn4iqed9>



Direct Support Professional (DSP) Workforce Survey Questions

Direct support professionals (DSPs) play an integral role in the lives of people with intellectual and developmental disabilities (IDD) and are often the individuals directly responsible for assisting people with IDD to live and fully participate in their communities. This group of workers have typically been employed at lower wages with limited access to benefits, contributing to high rates of turnover compared to a similarly skilled worker in the United States. The intent of this questionnaire is to examine the needs of DSPs and learn about their experiences in the field as well as with their supervisors in order to evaluate better ways to support them (Bogenschutz et al., 2014).

Your responses will be held in STRICT CONFIDENCE. Results from the survey are confidential. The results may be shared as examples of data anonymously. There are no questions which involve identifying information. Participation is completely voluntary.

Your responses are very important to us. If you decide to participate in this survey, you have the right to stop at any time. You can skip questions you prefer not to answer.

We really appreciate your participation. Thank you in advance for your valuable input to improve our understanding of the current workforce shortage affecting Direct Support Professionals.

Survey questions adopted from:

https://www.relias.com/wpcontent/uploads/2019/10/WhitePaper_IDD_DSPSurveyResults.pdf

Questionnaire

1. What do you like most about your job? (please select up to 3 answers/no more than 3 answers)

Check all that apply.

- I enjoy being with the people I support.
- I make a difference in the lives of the people I support.
- I enjoy spending time with my coworkers.
- I am fairly compensated for my work.
- My job is easy.
- My supervisor is supportive.
- My work schedule is flexible and/or fits well with my other responsibilities.
- Other

2. What do you dislike about your job?

Check all that apply.

- I feel like I am not making a difference in the lives of people I support.
- I do not enjoy spending time with my coworkers.
- I am not fairly compensated for my work.
- My job is too hard.
- My supervisor is not supportive.
- My work schedule is not flexible and/or conflicts with my other responsibilities.
- I do not enjoy spending time with the people I support.
- Other

3. How long have you worked as a direct support professional (for any employer)?

Mark only one oval.

- Less than 1 full year
- 1-5 years
- 6-10 years
- 11-19 years
- 20 years or longer

4. If the answer to the question above is less than 1 full year or 1-5 years: What topics do you think you needed more training on before you started providing direct support?

Mark only one oval.

- Nothing. I was well-prepared on my first day to support individuals.
- The conditions/disorders of the people I support.
- How to empower the people I support.
- Positive behavior supports/how to deal with behavior problems.
- How to connect the people I support to their community.
- Other: _____

5. How long have you worked for your current employer?

Mark only one oval.

Less than 1 full year

1-5 years

6-10 years

11-19 years

20 years or longer

6. With 1 being the answer that has the most impact on your work, please rank your answers to the question, "What do you like about your job?"

Mark only one oval per row.

	1	2	3	4	5	6	7	8
I enjoy being with the people I support.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I make a difference in the lives of the people I support.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I enjoy spending time with my coworkers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am fairly compensated for my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My job is easy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My supervisor is supportive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My work schedule is flexible and/or fits well with my other responsibilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. With 1 being the answer that has the most impact on your work, please rank your answers to the question, "What do you dislike about your job?"

Mark only one oval per row.

	1	2	3	4	5	6	7	8
I feel like I am not making a difference in the lives of the people I support.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do not enjoy spending time with my coworkers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am not fairly compensated for my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My job is too hard.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My supervisor is not supportive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My work schedule is not flexible and/or conflicts with my other responsibilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do not enjoy spending time with the people I support.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. What motivates you to continue working for your current employer? (check all that apply)

Check all that apply.

- The respect and appreciation my employer shows me.
- My relationships with the people I support.
- My relationships with my coworkers.
- Benefits (health insurance, retirement account, paid time off, etc.)
- The professional development the organization provides.
- The opportunities I have to move up in the organization.

Other: _____

9. Besides increasing your pay or benefits, what is the most important thing your employer could do to make sure you stay with them for the next five years?

Mark only one oval.

- Provide new career opportunities
- Provide new leadership opportunities
- Provide more professional development opportunities
- Give me a better supervisor
- Show more appreciation for my work
- Show more respect for my experience
- Other: _____

10. Besides increasing your pay or benefits, what is the most important thing your employer could do to keep you as an employee?

Mark only one oval.

- Provide opportunities for career advancement
- Provide opportunities for professional development
- Provide better/more training
- Provide more flexibility in my schedule
- Give me a better supervisor
- Other

11. Do you think you will be in this job a year from now?

Mark only one oval.

- Yes
- No
- I expect to be with the same employer but in a different position.

12. If you answered No to the above question, Why do you think you will not be in this job a year from now?

Mark only one oval.

- I am/will be going to school.
- I expect to move to a different profession.
- I expect to continue as a DSP but with a different employer.
- Other

13. Are you officially classified in your state as an essential worker?

Mark only one oval.

- Yes
- No
- I am unsure

14. Where do you currently provide your services? (check all that apply)

Check all that apply.

- Agency/facility sites (group homes, nursing homes, Intermediate Care Facilities, state operated community programs or institutions, private facilities with 16 or more people, assisted living, workshop or day training sites)
- Family or individual home(s)
- Day program(s)
- Other: _____

15. How many hours per week did you work with your primary employer where you provide direct support during the COVID-19 pandemic?

Mark only one oval.

- Less than 15 hours
- 16-30 hours
- 31-40 hours
- 41-50 hours
- 51+ hours

16. How many additional hours per week have you worked due to the COVID-19 pandemic?

Mark only one oval.

- No additional hours
- 1-15 hours
- 16-30 hours
- 31-40 hours
- 40+ hours

17. Are you, or any coworkers, no longer working because of COVID-19? (Please check all that apply)

Check all that apply.

- I am still working
- No longer working because of testing positive for COVID-19
- No longer working because of child care issues
- No longer working for fear of becoming infected
- No longer working for fear of infecting others
- No longer working because of vaccine mandate

18. In the site(s) where you work, are you short staffed (not enough workers) due to the COVID-19 pandemic?

Mark only one oval.

- Yes, we are more short-staffed than before the COVID-19 pandemic
- We were short-staffed before the COVID-19 pandemic, and continue to be equally short-staffed
- No
- I am unsure

19. If you answered Yes you were or continue to be short-staffed to the above question, how has this affected you?

20. What is the hardest part of working as a DSP?

21. What is the hardest part of working during the COVID-19 pandemic?

22. What are you doing to take care of yourself?

23. What specifically would you like your employer (or supervisor) to do differently?

24. What is the best thing your employer has done to support you?

Thank you for your participation.

This content is neither created nor endorsed by Google.

Google Forms

#10.A.



DECISION MEMORANDUM

DATE: December 15, 2021
TO: Champaign County Mental Health Board (CCMHB)
FROM: Leon Bryson, Associate Director
SUBJECT: FY2022-2024 Three Year Plan with FY2022 Objectives

Background:

As required by the Illinois Community Mental Health Act, the Champaign County Mental Health Board develops and approves a new strategic plan every three years, using results of a community needs assessment and consideration of the local, state, and federal context in which it operates. Objectives for each fiscal year are reviewed and revised annually, using information on emerging issues which has been presented and discussed during regular Board meetings. A ‘theory of change’ logic model developed in early 2021 is featured in the new Three-Year Plan, with some relevant sections referred to throughout. An initial draft of the new Three-Year Plan was presented in the September Board packet and distributed to agency providers and stakeholders. General and specific suggestions have been incorporated in the final draft.

Purpose:

The final DRAFT CCMHB Three Year Plan with Objectives for County Fiscal Year 2022 continues the commitment to many previous goals and objectives with revisions. The Plan is meant to be responsive to emerging issues, often through state and national association involvement. Proposed changes are highlighted, with new language italicized, and strikethroughs on language to be removed.

Decision Section:

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

- Approved
- Denied
- Modified
- Additional Information Needed

CHAMPAIGN COUNTY MENTAL HEALTH BOARD

THREE-YEAR PLAN

FOR

FISCAL YEARS 2022-2024

(1/1/2022 – 12/31/2024)

WITH

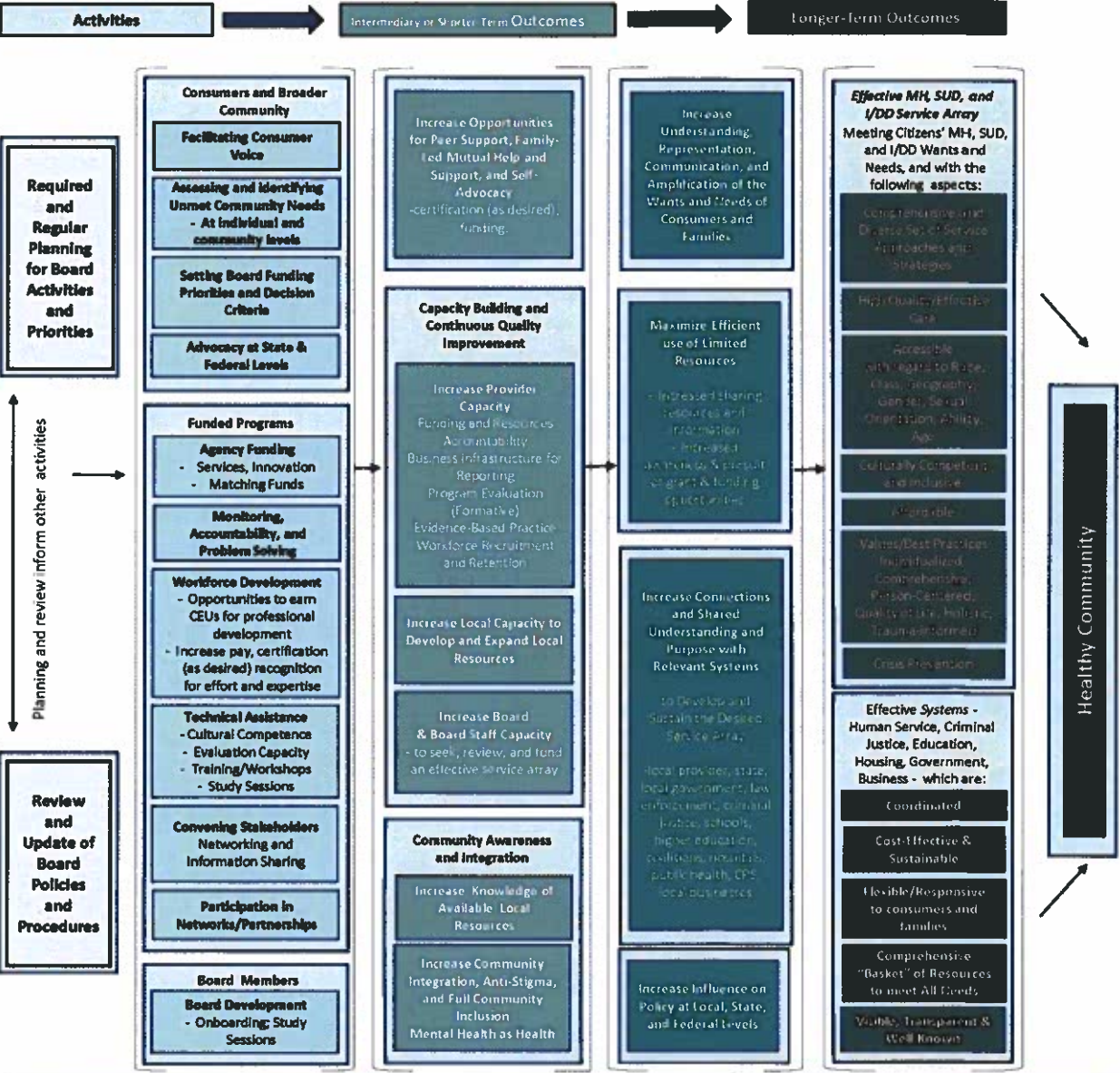
ONE YEAR OBJECTIVES

FOR

FISCAL YEAR 2022

(1/1/2022 – 12/31/2022)

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



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

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

CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

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

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

MISSION STATEMENT

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

STATEMENT OF PURPOSES

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

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

COORDINATED SYSTEMS OF CARE

Comprehensive and
Diverse Set of Service
Approaches and
Strategies

High Quality/Effective
Care

Goal #1:

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

Objective 1.1: Expand use of evidence-informed, evidence-based, best practice, recommended, and promising practice models appropriate to the presenting need **in an effort** to improve outcomes for individuals across the lifespan and for their families and supporters. (Allocation Priority/Criteria Objective)

Objective 1.2: Promote wellness for people with mental illnesses, substance use disorders, or intellectual and/or developmental disabilities to prevent and reduce early mortality, through support services including access to services addressing basic needs, enrollment in benefit plans and coordinated access to primary care. (Allocation Priority/Criteria Objective)

Objective 1.3: Support development or expansion of residential and employment supports for persons with behavioral health diagnoses **not covered under expansion of Medicaid or the Affordable Care Act, and no other payor source.** (Allocation Priority/Criteria Objective)

Objective 1.4: Support broad based community efforts to prevent **opioid overdoses, overdose deaths** and expand treatment options for **substance use disorders and addictions.** (Allocation Priority/Criteria Objective)

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

Objective 1.6: Build evaluation capacity of contracted providers utilizing expertise of evaluators from the Department of Psychology at the

University of Illinois to further improve positive outcomes of those engaging in funded services. (Policy Objective)

Objective 1.7: Increase providers' ability to set understanding of the value of setting internal goals for advancing program performance outcome evaluation. (Policy Objective)

Objective 1.8: Support targeted efforts for workforce recruitment and retention initiatives such as scholarships, loan repayment, and assistance with professional licensure fees, with level of assistance linked to length of service commitment. (Allocation Priority/Criteria Objective)

Objective 1.9: Enable providers to implement flexible responses to operations during the COVID-19 pandemic, such as supporting telehealth or other virtual service options, to maintain access and engagement with clients and community. (Collaboration/Coordination Objective)



Goal #2:
Sustain commitment to addressing health disparities experienced by underrepresented and marginalized historically underinvested populations.

Objective 2.1: Support culturally and linguistically responsive and family driven support networks for underrepresented populations, underserved populations, and general populations of Champaign County. (Allocation Priority/Criteria Objective)

Objective 2.2: Provide technical assistance in support of continuous improvement of cultural and linguistic competence plans to meet the needs of the population served. (Collaboration/Coordination Objective)

Objective 2.3: Encourage providers and other community-based organizations to allocate resources to provide training, seek technical assistance, provide language access and communication assistance, and pursue other professional development activities for staff and governing or advisory boards to advance cultural and linguistic competence. (Allocation Priority/Criteria Objective)

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

Objective 2.5: Assess and address the needs of residents of rural areas and farm communities and encourage greater engagement by community-based organizations. (Policy Objective)

Objective 2.6: Review data on the impact of COVID-19 on Champaign County residents with particular attention to underserved/involved populations and promote provider response to mitigate the adverse impact, as resources allow. (Collaboration/Coordination Objective)

Maximize Efficient use of Limited Resources
Convening Stakeholders Networking and Information Sharing
Participation in Networks/Partnerships

Goal #3:

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

Objective 3.1: Participate in various coordinating councils whose missions align with the needs of the populations of interest to the Board with the intent of strengthening coordination between providers in the delivery of services. (Collaboration/Coordination Objective)

Objective 3.2: Explore at the Board level potential for collaboration on issues of mutual interest with the C-U Public Health District and the Champaign County Board of Health. (Collaboration/Coordination Objective)

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

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

Objective 3.5: Explore feasibility of co-locating services in neighborhood community centers to reach underinvested, underserved and underrepresented populations, including in rural areas. (Collaboration/Coordination Objective)

Board Development
Onboarding; Study Sessions

Increase Board
& Board Staff Capacity
to seek, review, and fund
an effective service array

Goal #4:

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

Objective 4.1: Coordinate integration, alignment, and allocation of resources with the CCDDDB to ensure the efficacious use of resources within the intellectual/developmental disability (I/DD) service and support continuum. (Allocation Priority/Criteria Objective)

Objective 4.2: Assess alternative service strategies that empower people with I/DD and increase access to integrated settings as exemplified by the collaborative approach to the Employment First Act. (Policy Objective)

Objective 4.3: With the CCDDDB, continue financial commitment to community-based housing for people with I/DD from Champaign County and as part of that sustained commitment, review the Community Integrated Living Arrangement (CILA) fund and recommend any changes. (Allocation Priority/Criteria Objective)

Objective 4.4: Collaborate with the Champaign County Board for the Care and Treatment of Persons with a Developmental Disability (CCDDDB) on promoting inclusion and respect for people with I/DD. (Collaboration/Coordination Objective)

Objective 4.5: Collaborate with the CCDDDB for use of the funds from the sale of the CILA homes to meet the needs of Champaign County residents with I/DD with significant support needs. (Policy/Allocation Priority/Criteria Objective)

CHILDREN AND FAMILY FOCUSED PROGRAMS AND SERVICES

Increase Understanding, Representation, Communication, and Amplification of the Wants and Needs of Consumers and Families

Flexible/Responsive to consumers and families

Goal #5:

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

Objective 5.1: Support the efforts of the Champaign Community Coalition and other system of care initiatives. (Collaboration/Coordination Objective)

Objective 5.2: Sustain *and build on the successes* support of Champaign County family-run organizations that incorporate family-driven and youth-guided principles in use of peer support specialists, and other peer-to-peer supports to assist multi-system involved youth and their families (Allocation Priority/Criteria Objective)

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

Objective 5.4: Promote and support those targeted interventions that specifically address historical trauma experienced by African American and other minority youth *disproportionately impacted in multiple systems*. (Allocation Priority/Criteria Objective)

Objective 5.5: Sustain commitment to building systems that are trauma-informed, *justice-informed*, family-driven, youth-guided, and culturally responsive. (Policy Objective)

Objective 5.6: Recognizing alignment with the work of the Community Coalition, Support the goals and objectives of the Illinois Criminal Justice Information Authority "Illinois HEALS (Helping Everyone Access Linked Systems) Action Plan" and support broad based efforts to secure funding as available through Illinois HEALS. (Collaboration/Coordination Objective)

Objective #7: Acknowledging ~~Review research on~~ racial trauma as a mental health issue, ~~and~~ develop an appropriate response. (Policy Objective)

Objective 5.7: Identify or create opportunities to advocate at local, state, and national levels for full implementation and funding of safety net, screening, and crisis response for all children and families, including those with multi-system involvement or encountering multiple barriers to success and health. (Collaboration/Coordination Objective/Policy Objective)

CRIMINAL JUSTICE AND MENTAL HEALTH SYSTEM COLLABORATION

Crisis Prevention

Values/Best Practices
Individualized,
Comprehensive,
Person-Centered,
Quality of Life, Holistic,
Trauma-informed

Goal #6:

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

Objective 6.1: Continue involvement in the Crisis Intervention Team Steering Committee in support of increased collaboration between law enforcement and crisis service providers on implementing mobile crisis response in the community. (Collaboration/Coordination Objective)

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

Objective 6.3: Support integrated planning and service coordination for adults involved in the criminal justice system through participation in the Champaign County Reentry Council or similar body to address needs identified in the Sequential Intercept Map gaps analysis.
(Collaboration/Coordination Objective)

Objective 6.4: Through the National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD), in its partnership with the National Association of Counties (NACo), use and promote technical assistance and support through collaborative and mentorship opportunities aimed at improving outcomes for those with behavioral health needs and justice system involvement.
(Collaboration/Coordination Objective)

Increase Connections and Shared Understanding and Purpose with Relevant Systems
to Develop and Sustain the Desired Service Array

Comprehensive "Basket" of Resources to meet All Needs

Visible, Transparent & Well-Known

Goal #7:

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

Objective 7.1: Support initiatives providing housing and employment supports for persons with a mental illness, substance use disorder, and/or intellectual and developmental disabilities through the Champaign County Continuum of Care or other local collaborations. (Allocation Priority/Criteria Objective)

Objective 7.2: Identify options for developing jail diversion services to provide behavioral health assessments, crisis stabilization and detoxification from alcohol and/or other substances as may be necessary to serve Champaign County. Identify supports and services which reduce unnecessary incarceration and institutionalization, including behavioral health assessments, crisis stabilization, and treatment for addictions.
(Collaboration/Coordination Objective)

Objective 7.3: Support the "One Door" initiative or similar service design for mobile crisis response, assessment, referral, and post-crisis support

and engagement. Collaborate in the planning and implementation of mobile crisis response and other crisis supports. (Allocation Priority/Criteria Objective, Collaboration/Coordination Objective)

Comprehensive and Diverse Set of Service Approaches and Strategies
High Quality/Effective Care

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

Objective 8.1: Through participation on the Youth Assessment Center Advisory Board Committee, advocate for community and education-based interventions contributing to positive youth development and decision-making. (Collaboration/ Coordination Objective)

Objective 8.2: Through participation and engagement in the Champaign Community Coalition and other community focused initiatives, promote and encourage multi-system collaborative approaches for improving outcomes for youth and families and communities prevention and reduction of youth violence. (Collaboration/Coordination Objective)

Objective 8.3: Utilize the principles from "Models for Change" to reduce the disproportionate minority contact with law-enforcement and involvement with the juvenile justice system. (Policy Objective)

COMMUNITY ENGAGEMENT & ADVOCACY



Goal #9: Address the need for acceptance, inclusion and respect associated with a person's or family members' mental illness, substance use disorder, intellectual and/or developmental disability through broad based community education efforts to increase community acceptance and positive self-image.

Objective 9.1: Continue support for and involvement in efforts to promote inclusion and challenge stigma and discrimination, such as the disABILITY Resource Expo: Reaching Out for Answers, Ebertfest, National Children's Mental Health Awareness Day, and other related community education events. (Collaboration/Coordination Objective)

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

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

Objective 9.4: Encourage and support efforts to more fully integrate people with behavioral health disorders and/or intellectual and/or developmental disabilities into community life in Champaign County. (Allocation Priority/Criteria Objective)

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

Objective 9.6: Support development of web-based resources to make information on community services more accessible and user-friendly. (Collaboration/Coordination Objective)

Increase Influence on Policy at Local, State, and Federal Levels

Goal #10: Engage with other local, state, and **federal** **national** stakeholders on emerging issues.

Objective 10.1: Monitor implementation of State Plan amendments, 1115 waiver pilot projects, and Managed Care by the State of Illinois, and advocate through active participation in the Association of Community

Mental Health Authorities of Illinois (ACMHA) and other statewide associations and advocacy groups. (Collaboration/Coordination Objective)

Objective 10.2: Track state implementation of class action suit settlements involving persons with intellectual and/or developmental disabilities or mental illness, e.g. Ligas Consent Decree and Williams Consent Decree, and advocate for the allocation of state resources sufficient to meet needs of clients returning to home communities or seeking fuller integration in their communities. (Policy Objective)

Objective 10.3: Maintain active participation in the National Association of County Behavioral Health and Developmental Disability Directors (NACHBDD), National Association of Counties (NACo), and like-minded national organizations, to understand trends, best practices, and innovations and to advocate at the federal national level. (Collaboration/Coordination Objective)

Objective 10.4: Monitor State actions to implement terms of the NB vs Norwood Consent Decree to improve access and treatment to children and youth for community based mental health and behavioral health care under the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) provisions of the Medicaid Act. (Policy Objective)

Objective 10.5: Advocate at the state and federal national level on the issue of behavioral health and intellectual and developmental disability workforce shortages. (Policy Objective)



#10.B.

DECISION MEMORANDUM

DATE: December 15, 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 were presented an initial draft on October 20, which was then distributed to providers, family members, advocates, and stakeholders with a request for comments. Comments were received in support of specific sections. Using highlights and strikethroughs which will be removed in the approved final version, this draft uses feedback from Board, staff, and public:

- *Confusing statement about re-registration (page 10) will be removed.*
- *The sixth and final of Expectations for Minimal Responsiveness expands on use of technology and internet access.*

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 (CCDDB), 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. Programs should build on their successes with technology and virtual platforms, increasing training and access for direct staff and people served.

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 (CCDDB) 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 CCDDB 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 an 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.

Decision Section:

Motion to approve the CCMHB Program Year 2023 Allocation Priorities and Decision Support Criteria as described in this memorandum.

- Approved
- Denied
- Modified
- Additional Information Needed

#10.C.



DECISION MEMORANDUM

DATE: December 15, 2021
TO: Champaign County Mental Health Board (CCMHB)
FROM: Lynn Canfield, Executive Director
SUBJECT: CCMHB Requirements and Guidelines for Allocation of Funds

Background:

The Champaign County Mental Health Board establishes requirements for the allocation of funding, per the Community Mental Health Act and consistent with relevant local, state, and federal rules. The requirements should be reviewed periodically, as was done in November 2018. At that time, revisions included many to ensure financial accountability in a changing environment. Further adjustments were approved in May of 2021, to allow additional time for completion of annual independent financial audits, reviews, or compilations. Since then, many clarifications have been suggested by a consulting attorney, members of the CCMHB and the Champaign County Developmental Disabilities Board (CCDDB), and staff. A draft was discussed at October and November board meetings, and changes to the appeals process were developed. All revisions appear with highlights on new language and strikethroughs on what is to be deleted.

Purpose:

A draft “Champaign County Mental Health Board Requirements and Guidelines for Allocation of Funds” is presented for Board approval. Once approved, editing will be completed, and the final version posted at <https://www.co.champaign.il.us/mhbddb/PublicDocuments.php> and <https://ccmhddbrds.org>.

Decision Section:

Motion to approve the proposed “Champaign County Mental Health Board Requirements and Guidelines for Allocation of Funds”.

- Approved
- Denied
- Modified
- Additional Information Needed

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. Consistent with the Internal Revenue Service conflict of interest policy, no staff member of the agency or relative of a staff member will be allowed to serve on the agency board.

- (d) For-profit organizations are eligible to apply for funding but must have a community based advisory committee representative of the service area and approved by the CCMHB.
- (e) The CCMHB and Champaign County Developmental Disabilities Board (CCDDDB) may administer other funds on behalf of the Champaign County Board. An intergovernmental agreement will be executed between the respective boards defining the purpose, term, payment, and mutual responsibilities of the parties in the management of the funds. Any such activity shall have a direct relationship to the mission of the CCMHB or CCDDDB. The management of such funds will comply with the CCMHB and/or CCDDDB Funding Guidelines.
- (f) Government agencies 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.
- (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.
- (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 CCDDDB funding for three years; eligibility may be reestablished after that period by demonstrating that the compliance issue has been corrected and no others exist.
- (b) An approved provider plan indicating projected levels of expenses and revenues is required for each CCMHB funded program.
- (c) The salaries and position titles of staff charged to CCMHB funded programs must be delineated in a personnel form incorporated into the contract. Employees whose salaries are charged in whole or in part to a CCMHB contract 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.
- (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) The written formal appeal should include, at minimum: (1) a thorough explanation of what happened to cause the noncompliance; (2) proof of corrective action that has been taken, or is underway, to ensure that the root cause has been addressed and will not happen again; and (3) a plan for additional reporting by the agency and possible additional oversight by CCMHB relevant to the noncompliance for the remainder of the contract. The third component may be modified by the CCMHB, possibly incorporating input from CCMHB staff.

- (vi) CCMHB shall review information from the CCMHB Executive Director and the agency or program in arriving at a decision at the next regularly scheduled meeting following the notification of the agency, or at an intervening special meeting if the Board so chooses. All written materials for consideration should be submitted by the Provider a minimum of eight (8) days prior to the meeting of the Board. The agency shall be afforded the opportunity to discuss the issue with the CCMHB prior to a final decision. Additional information may be required for the CCMHB to arrive at their final decision.

AUDIT AND FINANCIAL ACCOUNTABILITY REQUIREMENTS

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

I. 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).
- (c) CCMHB Payment Confirmation: CCMHB payment confirmation made to an agency required by the independent auditor during the course of the audit or review or compilation is to be secured from the CCMHB office.
- (d) For Audit Only, Auditor Opinion on Supplementary Information: The independent auditor should clearly establish his/her position regarding the supplementary financial information presented in the Schedule of Operating Income by CCMHB-Funded Program and Operating Expenses by CCMHB-Funded Program. This can be done either by extending the overall opinion on the basic financial statements or by a supplementary opinion. If the independent auditor determines that the additional procedures necessary to permit a supplementary opinion on the schedules of operating income and expenses would materially increase the audit

time, he/she may alternatively state the source of the information and the extent of his/her examination and responsibility assumed, if any.

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

agency. 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. If a satisfactory report is NOT received within 12 months after the close of the agency's fiscal year, the parties agree that the CCMHB has no obligation to the agency to issue the suspended payments. 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.

#10.D



BRIEFING MEMORANDUM

DATE: December 15, 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 (CCDDDB) and the CCMHB, launched in 2014 on behalf of residents who had I/DD and complex support needs and had been unable to secure residential services in or near their home community. For several years, challenges were met by the service provider, families of those served, Independent Service Coordination staff, and CCMHB/CCDDDB members, staff, and attorneys. By 2020, difficulties securing a workforce had become insurmountable. While the I/DD workforce is a topic at state and federal levels, many providers are downsizing rather than expanding community-based services. With our CILA houses empty, the Boards made the difficult decision in July to sell them and reinvest in meaningful supports for this population.

Updates:

The first home was sold on September 10, adding **\$226,017.05** to the CILA Facilities Fund, along with insurance refund of **\$681**. Necessary repairs to the second home were identified prior to listing, and two inspections indicated the need for roof replacement.

- Removal of dead tree and landscaping stones - **\$475+\$195 DONE**
- Replace garage door and trim -**\$1876 DONE**
- Refinish hardwood flooring - **\$2275** (bid) *December likely*
- Replace broken face plates – **\$20** or less (bid) *DONE*
- Remove panel under kitchen sink, install cabinet doors - **\$850** or less *DONE*
- Repair/repaint kitchen ceiling, remove stickers, paint interior - **\$2650 DONE**
- Repair front railing, repair and restain rear deck, remove picket fence, fill in holes, plant grass seed - **\$1635 DONE**
- Remove signs from interior – *(waiting, due to potential buyer)*

95

– Roof replacement – **\$14,432 DONE**

When the home was listed in September, there were eleven realtor showings and one offer, contingent on repairs identified in the buyer's inspection report, which could not be completed by the closing date. The home was taken off the market so that we could follow up with inspections, bids, and determination of the necessity.

- Repair/replace downspouts as needed – *seeking a second bid*
- Prep and paint trim around exterior doors – *a minor repair*
- Repair auto-retract feature of garage door – **\$84 DONE**
- Finish drywall and paint garage – *not a qualifying deficiency*
- Qualified electrician to correct double tapping in electrical panel. Properly secure wiring in crawlspace. – *electrical items can be done for below \$300.*
- Professional HVAC company to inspect the heating system and the scorching issue. All repairs and/or replacement to be completed as recommended. – *servicing and inspection \$216.50 DONE - functioning normally, do not replace/repair at this time.*
- Improper filter to be replaced. – *if not already done, handyman bid.*
- Qualified plumber to replace improper piping material with appropriate materials, make necessary repairs to low water flow at left side back bathroom sink, and identify the source of the moisture and perform necessary repairs. - **\$729** (*repair shower pan and repair faucet and showerhead in master bath, repair showerhead and faucet in hall bath, install downspout extensions to correct water in crawlspace*). *Because the issue is the failing shower pan, seeking a bid to replace it.*
- Issue with standing water in the crawlspace to be corrected by the installation of a sump pit and sump pump with appropriate plumbing to move the water away from the home.
- Loose insulation in the crawlspace to be repaired or replaced as needed. – *not a qualifying deficiency, could be reattached; plumber notes downspout extensions will correct it, given the amount of seepage and lack of proper downspout extensions; sump pump may not be necessary – seeking a handyman bid.*
- Mold in the garage to be cleaned and treated by an appropriate professional.
- Miscellaneous work: replace 2 cover plates and outlet in back bathroom; repair ceiling fan in SE bedroom; replace 2 outlets on east side of kitchen island; replace doorbell button; replace garage attic access ladder; vent dryer outside. - **\$950**
- Effected subfloor and floor joists to be replaced by a qualified contractor. Any mold/milder remaining after repairs will be leaned and treated by a

professional contractor (below back bedroom shower). Bathroom flooring to be repaired or reinstalled after repairs (below back bedroom shower). –
Joists appear to be fine. First bid is \$11,722.02; second bid on December 20 - hard to find people to do this work at this time of year.

The main focus is the master bath subfloor, which if not repaired may dissuade potential buyers. Once the bathroom work is done, the water incursion problems will also be resolved. The hardwood floor repair is approved and scheduled. These repairs should settle the most important issues, and by then the seller's market may be better. We could go back to the earlier buyer with a revised list price, due to the scope of the work, and we could relist the house. *Attached is a copy of the real estate agent's most recent market analysis.*



Real Estate Market Update

November 2021

By Nick Ward

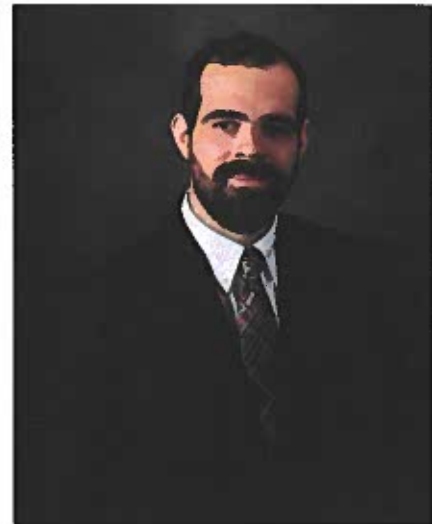
Solid information about our local market is helpful for everyone, and especially for our clients who are thinking about entering into a real estate transaction this year.

This update is based upon information supplied by the Champaign County Association of REALTORS Multiple Listing Service for all attached and detached single-family properties in Champaign, Savoy or Urbana. It is important to keep in mind that specific segments of the market may have performed better or worse than the overall market analyzed below.

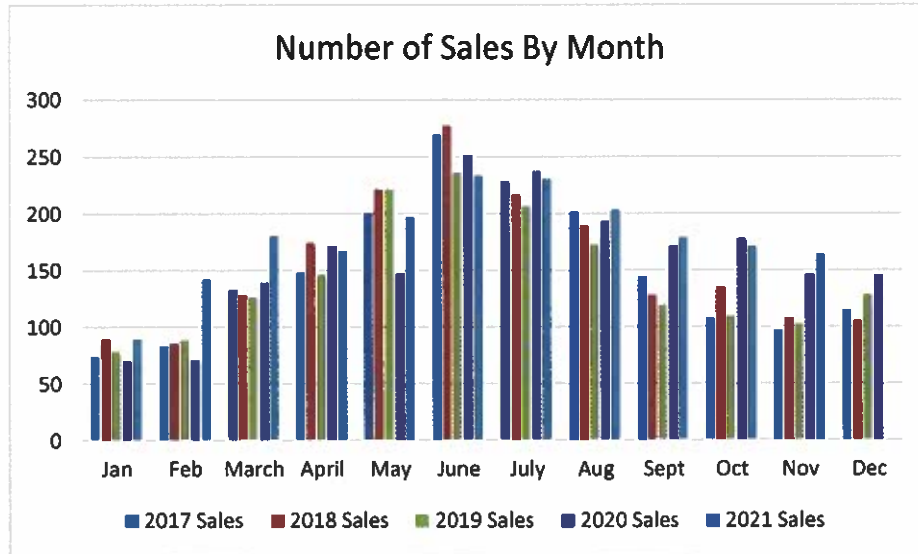
Comparing the Last 12 Months with the Previous 12 Months

For the most recent twelve months (12/01/2020-11/30/2021) the MLS reported 2,098 sales with a median sale price of \$179,700 and a reported average marketing time of 48 days. For the prior twelve months (12/01/2019-11/30/2020) the MLS reported 1,906 sales with a median sale price of \$170,000 and a reported average marketing time of 86 days.

This shows an increase in the number of sales of 192 homes or 10.1%. The median sale prices saw a 5.7% increase. There are currently 181 homes on the market with an average marketing time of 128 days. This results in a 1.0-month supply of homes in inventory, which is a significant shortage relative to historical supply demand relationships in this market.



Please note that while the number of sales still significantly higher than the historical average for the month of November, the market has slowed considerably since it's peak in July of this year.



Interest Rates

The Interest Rate Story: For most of 2017, 30-year fixed rate mortgages were available from 3.75% to 4.125%. Interest rates increased rapidly in January and February of 2018 and had remained relatively stable within the range of 4.5% to 4.75%. In September 2018, rates moved as high as 5% before starting to decline as the year ended. Beginning in 2019 rates started a decline.

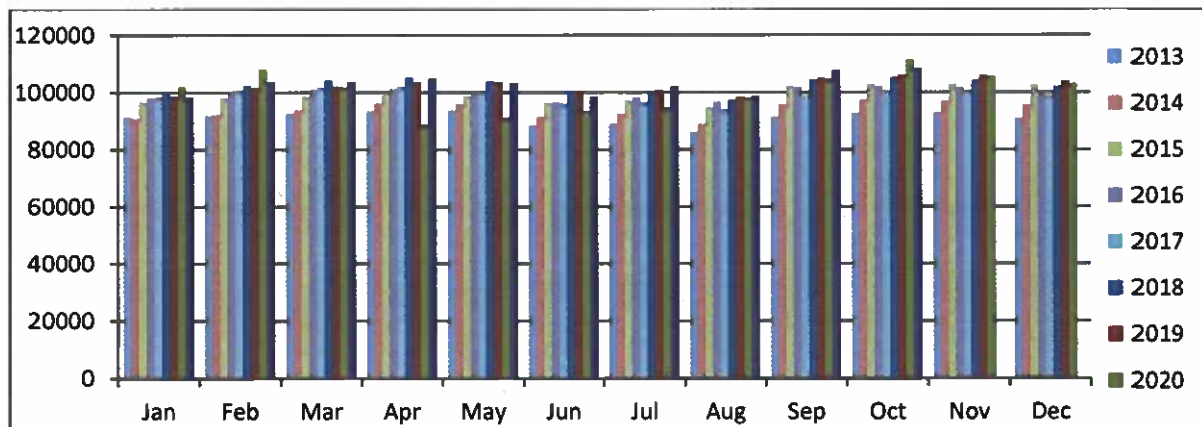
In 2020, rates varied from 3.5% to 3.6% through March. Since then, and with the advent of the novel coronavirus pandemic and the Federal Reserve cutting the interest rate, rates have been more volatile and fluctuating within the 2.5% to 3.5% range. This trend has continued in 2021. Currently, 30-year fixed rate mortgage financing is available at 3.125%. Please note that the interest rate can vary significantly between lending institutions and borrower qualifications. Contact your Joel Ward Homes agent for recommendations!

Local Employment Analysis

The close connection between employment levels and the strength of housing markets has been well established, both locally and on a national basis. **In October 2021 (the last month for which data has been published) there were 108,188 employed people in Champaign County and an unemployment rate of 3.7% In October 2020 there were 111,374 people employed with an unemployment rate of 4.2%. This results in a 2.9% decrease in the number of people employed.** The current rate of unemployment is consistent with the rates since prior to the Covid-19 pandemic.

What follows is a graph showing the number of jobs in Champaign County, by month, based upon non-seasonally adjusted U.S Bureau of Labor Statistics data.

NUMBER OF JOBS IN CHAMPAIGN COUNTY NON-SEASONALLY ADJUSTED DATE PER BLS



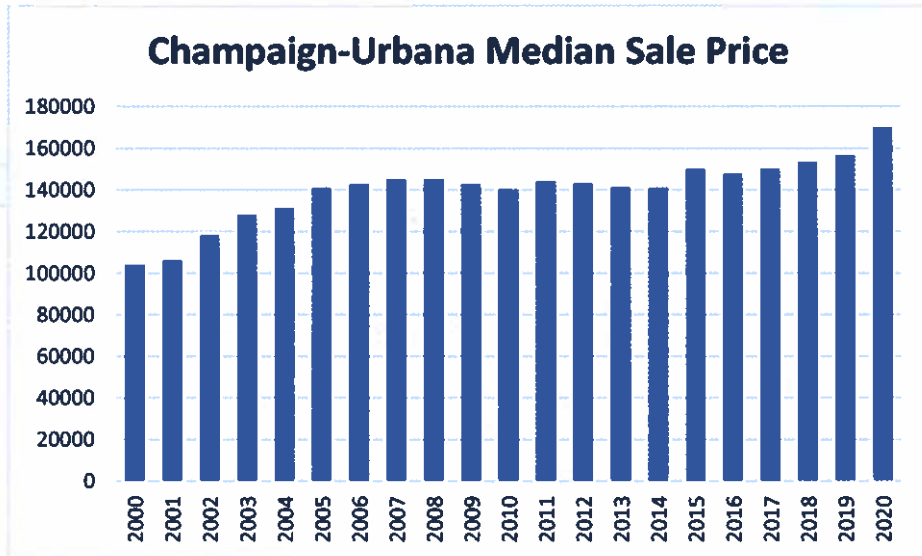
Conclusions

It is most notable that there is a significant shortage of homes in inventory, which is putting upward pressure on sales prices. This is most likely due to the combination of pent-up demand being released, along with the historically low interest rates.

What does this mean to the home seller? The market has slowed considerably since its peak earlier this year, though we are still seeing atypically short marketing times and high sales prices. There is still a significant shortage of housing available, which makes this a great time to sell. Contact your Joel Ward Homes REALTOR for the best options!

For buyers, the historic low interest rates are continuing their trend of remaining under 4.0%. Given the increase in the rate of inflation, it is likely that interest rates will increase during the coming year. However, there are many variables, and it is uncertain. The current supply of homes in inventory is exceedingly low, which is likely going to make it more difficult to find suitable housing. This makes it even more important for your REALTOR to stay current on all homes which are listed for sale and meet your criteria.

Please note that while the market is remaining a strong seller's market, the year-over-year increase in median sales price is slowing. Additionally, marketing times are slowly increasing.



Overall, Champaign-Urbana real estate has proven to be a good investment over time with an average annual appreciation rate of 2.6% since 2000, and this includes the 2009-2013 financial crisis and recession.

Remember that each particular segment of the market is different. If you are thinking about selling your home, or buying one, the best decision is to contact your Joel Ward Homes REALTOR to obtain current information about the specific segment of the market relevant to your property.

CCMHB 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

December 15 – Shields-Carter Room

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.



CCDDB 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

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 - *tentative*

September 21, 2022 – Shields-Carter Room

October 19, 2022 – Shields-Carter Room

October 26, 2022 5:45PM – Shields-Carter Room – 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/DDBMeetingDocs.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 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.**

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 Approve Three Year Plan with FY2022 Objectives Allocation Decision Support – PY23 Allocation Criteria
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
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	<i>Agency PY2023 First Quarter Reports due</i>
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	<i>Public Notice of Funding Availability to be published on or before, giving at least 21-day notice of application period.</i>

12/21/22

Regular Board Meeting (off cycle) – tentative

12/31/22

Agency Independent Audits, Reviews, or Compilations due

1/2/23

Online System opens for Applications for PY2024 Funding

#13

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

CCDDB: I am currently compiling PY2021 Utilization Samples per client and comparing any overlap between programs. I expect to include a sample of my findings in a future Board packet.

Champaign County Down Syndrome Network has not yet submitted their PY20 audit. The DSN President communicated through email that DSN selected Feller & Kuester CPAs LLP, in November, and the review will begin in early January.

I participated in Zoom meetings with DSC Family Development and the Online Reporting System developer. DSC FD has new staff and is working to report their PY22 1st Quarter claims in the Online Reporting System. All DSC FD reports were submitted before the extension deadline.

CCRPC Decision Support PCP staff consulted with me regarding the updated Preference Assessment. The Decision Support PCP team is working with the UI Evaluation Capacity team to update the Preference Assessment. Some new questions include which category a person is enrolled in on the PUNS list and time spent on waiting lists at any Champaign County provider agencies.

A letter was sent to CCRPC related to excess revenue identified in their 4th Quarter Financial Reports for the Decision Support PCP program. According to the 4th Quarter reports the program had \$2,408 in unspent revenue, which is to be returned to the CCDDB. An email was sent to CCRPC Decision Support PCP related to their 1st Quarter Expense Report. An expense was charged to the Equipment Purchases line, that was not identified in the original application.

I met with the Executive Director, a CCDDB Board Member, and the Property Manager at the Englewood home to get an update on the necessary repairs to the home. Many of the repairs at the home have already been completed.

Consultant Contracts: I reviewed FY2022 consultant contracts with the Executive Director and other staff members.

CCDDB Mini-Grant: I communicated with one Mini-Grant recipient's mother regarding two respite weekends at Camp New Hope. I also communicated with staff from Camp New Hope arrange for payment for these respite weekends. Despite the Covid-19 pandemic, this recipient was able to expend his mini-grant award, in full, by attending Camp New Hope, as originally requested.

Additional emails were sent to the families of Mini-Grant recipients with additional funds to spend by the end of the term. I made purchases at Menards to the full award for one recipient and will finalize any remaining purchases before the end of December 2021.

Learning Opportunities: Tamela Milan-Alexander presented "The Importance of Connection and Support" on November 18, 2021. Ms. Milan-Alexander first presented in December 2019. This session offered 2.0 CEUs. Social Work CEUs, approved by The University of Illinois School of Social Work approved Social Work CEUs for this session. I prepare the required documents to send to the School of Social Work for approval. 2.0 QIDP CEUs were also provided for this session.

Mary Fortune is scheduled to present "QuickBooks Navigation" on December 18, 2021. Attendees will be provided with the following: QuickBooks overview; Desktop versus online; Basic cash transaction entries; Classifications and account categories; Month-end close process; Reports; standard and CCMHB requirements. This will be a virtual workshop.

In January 2022, Laura Gallagher-Watkin is scheduled to present on 2022 Social Security changes related to the Cost-of-Living Adjustment (COLA).

MHDDAC: I participated in the November meeting of the MHDDAC. During the November meeting, members of the MHDDAC provided introductions and agency updates. The MHDDAC does not meet during the month of December.

ACMHAI: I participated in the December ACMHAI Membership Meeting, using the Zoom platform. The Best Practice Training included two presentations. Paul A. LaLonde, SHRM-CP, HR Philosopher, Vice President of People & Culture at CEDA and Owner & Founder HR Logic presented "Hiring & Retaining Workforce in a Covid World: The Great Resignation." Lore Baker, President & CEO, Association for Individual Development (AID) presented "Capacity Building in the Behavioral Healthcare Workforce." I also participated, virtually, in the ACMHAI Business Meeting.

NACBHDD: I participated in the November I/DD committee call. The main topic of discussion with the group was the DSP workforce shortage.

Disability Resource Expo: I participated in the Expo Steering Committee Meeting on December 1, 2021. The next Expo Steering Committee Meeting is scheduled for January 12, 2022. At this time, the 2022 Disability Resource Expo is being planned as an in-person event. The Expo Steering Committee will follow all CUPHD recommendations and requirements to maintain the safety of the event.

UIUC School of Social Work Community Learning Lab: UIUC students finished their work for us in early December. The videos that were created by the student group will be added to the agency pages on the Disability Resource Expo website. The Community Learning Lab students

developed a PowerPoint on their findings related to the I/DD Workforce Shortage. The PowerPoint can be found in this packet.

Other activities: I participated in the November meeting of the Transition Planning Committee. Greg Schroeder, DSC and Ashley Withers, Community Choices presented on the LEAP Program. Jim Mayer provided an update on the Youth Transition Conference.

I participated in multiple webinars. I participated in meetings with local IT companies to explore those companies taking over our IT needs in the future.

I also took some time off around Thanksgiving and in early December.

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

Staff Report-December 2021

Summary of Activity

CCMHB: Lynn and I worked on revising a final DRAFT CCMHB Three Year Plan with Objectives for County Fiscal Year 2022 to present to the Board for a decision. The Plan is designed to look at developing issues and translate that understanding into a strategic guide. The Decision Memorandum for the Board is included in the Board packet.

CCMHB staff had a few meetings with Urbana Neighborhood Connections Center's Board member and staff coordinator Beth Hand regarding the online reporting process. We provided step-by-step guidance for completing each required report. CMHB staff will continue to provide support to UNCC during this difficult transition.

I met with Ms. Gail Raney of Rosecrance and discussed the materials needed for the crisis response system presentation to present to the Board. The presentation materials are featured in the December 15th Board packet.

Financial Site Visits: Chris Wilson and I met with GROW and some of its new staff for online training with the financial forms required for reports.

Chris Wilson and I met with Don Moyer Boys & Girls Club/CUNC Mr. Ray Pratt and Ms. Karen Simms to review their financial forms.

I sent out emails to directors and financial managers of several agencies about their First Quarter reports with financial errors. Each agency was very responsive and made their corrections in the online system. No significant concerns noted at this time.

Financial Management Coaching Pilot Program: Two more CCMHB agencies have agreed to participate in the six-month bookkeeping pilot with financial consultants Ms. Mary Fortune and Ms. Regina Stevenson. The consultants will support the small agencies with keeping/preparing records of financial statements and submission of reports in a timely manner. The agencies are The Terrapin Station Sober Living, The UP Center, WIN Recovery and The Well Experience.

Criminal Justice-Mental Health: Reentry Council meeting met via zoom and went over bi-laws, IDOC Re-entry District 3 Change, and provider barriers: housing and transportation. The next meeting will be held on Wednesday, January 5, 2022, via zoom.

Crisis Intervention Team Steering Committee: The next bi-monthly CIT meeting is scheduled in January 2022.

Continuum of Service Providers to the Homeless (CSPH): The next CSPH meeting is scheduled hours after submission of this report. I will report on the meeting in the January report.

CCMHDDAC Meeting: CCMHDDAC Meeting was held via zoom. Service providers summarized their services and discussed any changes that were made in the past year. The next meeting will be January 25, 2022.

ACMHAI: I participated in the ACMHAI committee meetings. Also, I attended via zoom the ACMHAI Membership Meeting - Training and Best Practices, which was held in Chicago. The focus was a panel discussion on Behavioral Health Workforce Shortage.

Other Activities: I attended the UIUC Community Data Clinic and Champaign County Resources feedback meeting. The goal of this meeting is to improve 2-1-1 service provision and strengthen the support networks.

Lynn, Kim, and I met with U of I Social Work students on their service-learning project which is featured in the Board packet. The students presented staff with a power point presentation of the research and survey they conducted on Direct Service Professional Workforce Shortage Developmental Disability communities. The final project is excellent, and the students should be proud of their laborious efforts.

Disability Resource Expo: I attended the Steering Committee meeting for the first time. In the meeting there was discussion about resource book distribution, website promotion, Social Work student vides and the Expo planning. I was asked to be on one of the subcommittees. The next meeting is scheduled for January 12, 2022.

Learning Opportunities: I attended and participated in the presentation, *The Importance of Connection and Support* with presenter Tamela Milan-Alexander, organized by Kim Bowdry Associate Director for Champaign County Developmental Disabilities Board. Ms. Alexander shared a heart-felt story about personal trauma, positive support systems, and the importance of collaborative communities for individuals with behavioral health challenges and social disabilities.

I attended the webinar, "*Confronting the Twin Pandemics of COVID-19 and Opioid Overdose.*" Speakers discuss the current status of treatment for individuals affected by opioid use disorder and the importance of mental health support systems that include peer networks.

Executive Director's Report – Lynn Canfield, December 2021

Activities of Staff and Board Members:

To support CCMHB Three Year Plan goals 1-8 and CCDDDB Three Year Plan goals 1-7, the allocation and management of agency contracts is a primary focus. During the last few months, our focus shifted to strategic plans and PY2023 allocation priorities for each board, along with further revisions to Funding Guidelines, clarifying a number of points. We have also completed new application instructions for agencies seeking funding and are working on changes to the application forms internal to the online system, which will be open from January 3 to February 11, 2022. Contracts with service providers appear as Contributions & Grants, the largest expenditure line in each Board's budget. A small share of total costs are non-agency activities in support of individuals, families, agencies, and community, which impact Personnel, Professional Services, Expo, Public Relations, and Non-Employee Training costs and are accomplished with independent contractors, associations, or partnerships. Many activities and collaborations are referenced in other staff reports.

Anti-Stigma and Community Awareness:

(MHB goals 1, 3, 4, and 9 and DDB goals 1, 3, 5, and 8)

Resource information: 211 offers call-based and online resource information. United Way, the CCMHB, and the CCDDDB co-fund this service. A research project of the UIUC Community Data Clinic offers an online directory using these data, working to improve provider information and feedback to 211 and the UIUC CDC site. While it is not clear that the 211 provider for our region, or United Way as it seeks to implement 211 across the state, will incorporate these online enhancements, the work may support other new resource information needs: simultaneous to 211 expansion is the federal implementation of 988 for mental health crisis calls. PATH currently serves as a call center for this (previously as the National Suicide Prevention Lifeline) for other counties they serve but not for Champaign County, which relies on a local crisis line operated by Rosecrance. Rosecrance will participate with the State of Illinois in implementation of 988.

Alliance for Inclusion and Respect (AIR) social media and website continue anti-stigma messaging and promotion of member organizations and local artists/entrepreneurs. AIR will sponsor an 'anti-stigma' film, a post-screening Q&A, and an art show and sale, during the Roger Ebert's Film Festival, now scheduled for April 20-23, 2022.

disABILITY Resource Expo Steering Committee plans for virtual resource services and an October 15, 2022 in-person event at the Vineyard Church. Board staff and consultants continued working with a UIUC class on exhibitor videos to enhance the Expo website and social media.

CCMHB/CCDDDB CILA:

(MHB goal 4 and DDB goals 1 and 5)

Subsequent to the Boards' joint special meeting on July 28, I engaged with the realtor for listing of the homes, along with repairs. More information is in a Briefing Memo in this board packet. Because the core issue is the direct support professional (DSP) workforce shortage, and in order to preserve existing CILA capacity, we monitor the state and federal funding situation and raise this advocacy issue at state and national association meetings. We engaged with a group of UIUC Social Work students on the DSP workforce crisis, and their final report is included in this packet.

Support for Agency Programs:

(MHB goals 1, 3, 5, 7, and 8 and DDB goals 1, 2, 3, and 7)

Activities described in staff reports:

- Cultural and Linguistic Competence training and technical assistance; Mental Health First Aid training and coordination (Shandra Summerville).
- Collaborations: Champaign County Transition Planning Committee, Continuum of Service Providers to the Homeless, Champaign County Community Coalition, Champaign County Reentry Council, Drug Court Steering Committee, Coalition Race Relations Subcommittee, Human Services Council, New American Welcome Center, CUPHD I-Plan Behavioral Health Committee, Youth Assessment Center Advisory Committee, and more (various staff).
- Monthly Provider Trainings (Kim Bowdry) which are free of charge and offer CEUs. While the primary audience is case managers from funded programs, other providers, family advocates, and social workers also attend. Participants often suggest topics, including a workshop on using QuickBooks (this month).

County Enterprise Resource Planning (ERP) System: During 2021, the CCMHB and CCDDDB have a new expenditure related to implementation of the new county-wide ERP system, which will at minimum serve as our accounting and payroll databases. Chris Wilson is our liaison for implementation and establishment of workflows. He and I have attended several training sessions for creating invoices and deposits. Rollout will begin January 2022.

Independent Contractors: Alex Campbell of EMK offers technical support for users of our online application and reporting system. Board members interested in learning how to access forms and reports may reach him at afcambell9@msn.com or through staff. John Brusveen, CPA, reviews all agency audits, compilations, and financial reviews, summarizing findings and recommendations. CrispMedia maintains AIR and Expo websites and hosts short videos on the sites. Two bookkeeping consultants are working with two small agencies each on a pilot project to improve bookkeeping and financial reporting.

UIUC Evaluation Capacity Project. The research team works with target programs for intensive support and offers workshops and consultation bank to a broader network.

Executive Director Activities:

With less activity related to contracts, sale of CILAs, and preparing budgets, I've spent more time with our team on review of agency reports, meeting with agencies, setting up the bookkeeping pilot, discussing potential solutions for the workforce shortage, and preparing consultant contracts for 2022. The longtime coordinator of our annual Expos will now provide support to new coordinators, Allison and Dylan Boot. Another longtime contractor is seeking to retire but also offering support through the transition, so we are interviewing IT companies for an appropriate replacement. As agency audits and financial reviews have arrived, I've been able to keep up with reading them all. Whenever a negative finding or excess revenue is indicated, there is some follow up, but so far so good. Most are due at the end of the year, when I plan to be adjusting the online system for the coming applications, but other team members and a CPA consultant review all in detail.

I worked with our team on revising the Application Instructions and considering possible enhancements to the online reporting system. The new Organizational Eligibility Questionnaire, completed by all applicants for funding from the CCMHB and CCDDDB, has been incorporated into the system; as you might recall from many program summaries, some long-funded agencies will need to complete the new form prior to applying for funding, so a re-registration process has been created. With approved allocation priorities for PY2023, I will begin updating the template application forms within the online system and setting up a format for program summaries, with input from the team.

Intergovernmental/Interagency Collaborations:

(MHB goals 1, 4, 9, and 10 and DDB goals 1, 5, 8, and 9)

Champaign County Department Heads: with the County Executive, Admin staff, and other Departments' representatives, this bimonthly meeting covers budgets, ERP implementation, facilities issues, ARPA fiscal recovery fund requests, and employee recognition and benefits. A special meeting was called to consider the State's Attorney's Office's work on an OSHA-compliant COVID safety policy, for if/when the stay is lifted on the new federal vaccine mandate.

Mental Health and Developmental Disabilities Agency Council: monthly meeting of agency representatives, not all of which are funded by the Boards, for discussion of agency activities, federal and state updates, special topics, and announcements.

Metropolitan Intergovernmental Council: quarterly meeting of representatives from local government, reviewing whether to change the format, timing, topics, membership, or other.

Regional Champaign-Vermilion Executive Committee: bimonthly meeting of public and private entities responsible for community needs assessment and strategic plan. The most recent health plan/I-Plan identified behavioral health and community violence as priorities. The new community health needs assessment survey (for adults only) written by Dr. Weinzimmer of Bradley University with input from the group, is in use now. To ensure it is the 'voice of the community', respondent data will be tracked and strategies shifted if a group is underrepresented.

UIUC School of Social Work Community Learning Lab: We had student support for two CLL projects during the fall semester. A third commitment, outside of CLL, is through an instructor and repeats his class's successful efforts to create short videos of Expo exhibitors. Kim Bowdry worked with students translating documents – so far a Spanish version of the Community Needs Assessment report has been completed and posted online. We had requested a project on social connection with those who tend to be most isolated, but this was not taken up. The final report from a student group who worked with the Associate Directors and me is included in this board packet, examining the I/DD workforce shortage, likely underlying causes, and possible solutions.

Partnerships related to Underrepresented Populations and/or Justice System:

(MHB goals 1, 2, 5, 6, 7, 8, and 10 and DDB goals 1, 2, 3, and 7)

Champaign Community Coalition: monthly Goal Team meetings, now in person; updates from law enforcement; reports on positive youth programming, trauma-informed system work, and efforts to reduce community violence. The Executive Committee meets less frequently.

Crisis Intervention Team (CIT) Steering Committee: bimonthly meetings of representatives of law enforcement, EMS, hospital, behavioral health, providers of service to people with housing insecurity, support network leaders, and interested parties, to promote CIT training, review data analyzed by City of Urbana, and share updates. Lt Cory Koker of Urbana Police now leads the group, and with high turnover in many organizations, as well as crisis-response related legislative and funding developments, introductions and information-sharing are main topics. A project is under consideration to test the database developed by the UIUC CDC for ease of use by crisis response professionals, as such databases will be mandatory under Illinois law.

Youth Assessment Center Advisory Committee: quarterly meetings of law enforcement, Court Services, State's Attorney Office, service providers, Coalition staff, and school districts for discussion of the program, review of referral data, and roundtable updates. Mr. Bryson has become involved with this committee, allowing me to step back.

State and National Associations and Advocacy:

(MHB goal 10 and DDB goal 9)

Association of Community Mental Health Authorities of Illinois (ACMHAI): meetings of Executive, Legislative, Medicaid, and I/DD committees for discussion of: contracting and monitoring; state funding and policies; local budgets and levies; strategic planning; community awareness; etc. Government Strategy Associates updates the membership on state legislative activity and receives our input regarding advocacy and impact. We held a hybrid membership meeting on December 2 and 3. Training Topics: Hiring & Retaining Workforce in a COVID World: The Great Resignation - Capacity Building in the Behavioral Healthcare Workforce; and Community Emergency Services and Support Act (CESSA) Roundtable Discussion (focus on the McHenry County Police Social Worker Program). After the training, the Executive Committee met for Coordinator's annual performance review and agreed that in her first year, Ms. Dart has exceeded all expectations. The membership's business meeting included: review of new strategic plan (being developed); Treasurer's Reports; report from the Coordinator; committee reports; GSA Legislative Report; Illinois Public Health Association Report; and community reports.

Illinois Children's Mental Health Partnership: I am involved with the Treatment Workgroup, making recommendations for development of a new Children's Mental Health Plan for Illinois, which has not been updated for fifteen years. The three ICMHP workgroups are Treatment, Promotion/Prevention, and Intervention. Our final meeting has been rescheduled for January.

Institute for Behavioral Health Improvement: monthly meetings of the Community of Practice, discussing Behavioral Health and Criminal Justice. This is a six-month commitment. Due to Rosecrance' implementation of CCBHC services in Champaign and Winnebago Counties, I may continue for another session if the director from Winnebago Mental Health Board joins. He has requested that IBHI host a Community of Practice for Illinois communities to focus on the implementation of CESSA requirements. This is under consideration.

National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD): The Executive Committee reviews policies and financial information, evaluates the CEO's performance, and plans membership meetings; in the last quarter, we have hired and oriented a new CEO, Jonah Cunningham. Monthly I/DD committee calls include discussion of state and federal rules and funding, COVID impacts, and workforce crisis. The Behavioral Health and Decarceration Committee, which I co-chair, previously developed policy resolutions for NACBHDD and NACo, developed an outcomes pilot project for future federal consideration, and hosted a webinar on Illinois' Medicaid programs. Unfortunately, the committee has not met since the previous NACBHDD CEO left, so I met with the new CEO on December 8 to discuss its future. Our winter board meeting will be held on December 13 and 14, virtually, to cover: Committee Reports; Officer Turnover; 988 Implementation; Behavioral Health Workforce; and Direction Setting on Communication, Policy and Advocacy, and Internal Infrastructure. The Legislative & Policy Conference is planned as an in-person event February 12-16, 2022.

National Association of Counties (NACO): monthly Health Steering Committee calls with legislative updates, reports on special projects, local innovations, and policy priorities; quarterly Healthy Counties Advisory Board meeting on county initiatives related to racism and public health/mental health; and quarterly Stepping Up Innovator County calls. I presented at the October HSC meeting, on the need to support and advocate for an individual Bureau of Labor Statistics classification for DSPs; I also introduced the group to NACBHDD's new CEO, who then fielded many questions about behavioral health legislation.

Stephanie Howard-Gallo

**Operations and Compliance Coordinator Staff Report –
December 2021 Board Meeting**

SUMMARY OF ACTIVITY:

Audits:

Audits are due on December 31, 2021. We have received the 2020 audit from 5 agencies so far. John Brusveen will be working with us again this year as a consultant for the audits.

Quarterly Reporting:

Urbana Neighborhood Connections (UNCC, CCMHB funded) did not request an extension and missed the deadlines for both fourth and first quarters. Their funding has been suspended since September 2021. We reached out to the organization and offered any assistance they might need. On November 19th, We met with a staff member and Board member (via Zoom) for Urbana Neighborhood Connections to discuss how to catch up on reporting, their audit, and other compliance issues.

2nd Quarter reporting will be due at the end of January 2022.

Other Compliance:

Lynn, Leon and I met with First Followers (CCMHB funded) on Nov. 9th regarding a compliance issue that was resolved to our satisfaction.

I made contact with three agencies regarding various contract compliance issues which included receiving their Board minutes and eligibility requirements. No suspension letters were sent regarding these issues.

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

No report.

Notice of Funding Availability (NOFA):

The Notice of Funding Availability (NOFA) will run in the News Gazette on December 8th and December 12th. It reads:

Notification of Funding Availability – Champaign County Mental Health Board (CCMHB)/ Champaign County Board for Care and Treatment of Persons with a Developmental Disability (CCDDB) - The two funding sources utilize an online system

for submission of funding requests for the contract year which begins July 1, 2022 and ends June 30, 2023. Applicants register on the site prior to requesting funding, and if awarded a contract, successful applicants will submit required reports on this system. Per a publicly available allocation timeline, the system will be available for registration and application from January 3, 2022 at 8:00 AM CST to February 11, 2022 at 4:30 PM CST, with no consideration of late applications. Final allocation decisions will be made prior to July 1, 2022. For more information, visit www.ccmhddbrds.org. For accessible documents or technical assistance with the registration/application system, contact stephanie@ccmhb.org.

Trainings:

I attended “The Power of Connection and Support” presented by Tamela Milan-Alexander that was sponsored by the CCMHB/CCDDB and organized by Kim Bowdry.

FOIA/OMA Certification:

The Public Access Counselor’s web page is **still** being repaired, therefore the Open Meetings Act 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.
- I and the other staff members met with Alex Campbell in November to discuss updates to our online system.

2021 December 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:

First Followers

Family Service Center- Self- Help Advisory Committee Meeting- December 8, 2021

Urbana Neighborhood Connection Center- Attended the services for Executive Director Janice Mitchell.

Cultural Competence Training/Support

I am reviewing CLC Plans for PY 2022 to prepare for 2nd Quarter Reporting.

I reviewed Application Instructions, Notice for Funding Availability for PY23

CLC Coordinator Direct Service Activities

Webinar and Training Activities:

Wednesday, December 8 @ 2pm Indigenous Wisdom for Listening to Children and Families

Featuring Dr. Hinemoa Elder, MNZM, Māori child and adolescent psychiatrist and Chair of the Indigenous Working Group of the International Association of Child and Adolescent Psychiatrists and Allied Professionals

Is Doing Good Enough? Opportunities to Advance Healthcare Disparities November 18 1pm

Here is the link to the Discussion: <https://www.youtube.com/watch?v=DQZDaXo-dZg>

CESSA—Collaborating for Racial Equity and Disability Justice -December 1

“The Community Emergency Services and Support Act (CESSA) is a landmark bill made possible by the leadership of Access Living in partnership with racial justice advocates. As CESSA demonstrates, when we approach systemic oppressions collaboratively, we stand to make a change. It’s why we launched the Collab and our goal is to forge lasting and strong partnership across social justice issues to bring forward true liberation for all. Candace Coleman, State Senator Robert Peters, Cheryl Miller, and Renee Watts will discuss CESSA, cross social justice partnerships, and where we go from here.

Following the horrific shooting of Stephon Watts by a police officer, the Watts Family, Access Living, and many partner organizations, including STOP, wanted to create an alternative to police responding to mental health crises. Police response had previously resulted in

2021 December Staff Report- Shandra Summerville

Cultural and Linguistic Competence Coordinator

disproportionate arrest, violence, and killings of Black and brown people with disabilities.

Because of their collaboration and seven years' worth of work, this new law—which must be implemented by July 2022—mandates that Illinoisans will receive services from mental health professionals instead of police. Imagine a world in which this type of partnership is sustained, prioritized, and valued. The Collab will be a space for these partnerships to begin and to grow."

Source: <https://www.disabilitylead.org/events/cessa-collaborating-for-racial-equity-and-disability-justice>

Anti-Stigma Activities/Community Collaborations and Partnerships

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. This team meets bi-weekly to review data collected and develop the implementation for the spring semester. I completed the CITI (Collaborative Institute Training Initiative) Training. This will enable my participation as a community partner in research collaborative.

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. We will have our first meeting to review the ways we will support the organizations. On Thursday, December 9.

DisAbility Resource Expo-

The Steering Committee met on Wednesday, December 1st, from 10:00-11:30 am. I was not able to attend the meeting. I have decided to step down as volunteer coordinator for the Expo and serve on the volunteer committee. I will still support the committee and will no longer take on a leadership role.

ACHMAHI

I attended the Winter Quarterly Meeting on December 2nd & 3rd in Chicago, IL. There was a best practice session about "The Great Resignation". This was a HR Philosopher and Director that talked about what is needed to retain the workforce and what the leadership of organizations should consider moving forward. I also attended the Business meeting and had direct conversations about the CLC Work in Champaign County with Winnebago County and DuPage County.

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

Children's Behavioral Health Committee- I attended the meeting on November 16, 2021. We are discussing how to learn about the different evidenced based practices in Illinois. There will be a survey conducted in January 2022 that will look services in the ACMAHI Membership. The Illinois Children's Mental Health Partnership (ICMHP) is working on revising the Illinois Children's Mental Health Act that guides children's mental health services in Illinois. It has been 15 years since the Act has been reviewed. I have been reviewing the notes from those meetings and receive updates from the committee.

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>

The Pandemic's Impact on Children: COVID Vaccinations & Mental Health

https://nihcm.org/publications/the-pandemics-impact-on-children-covid-vaccinations-mental-health?utm_source=NIHCM+Foundation&utm_campaign=dad675ae61-Child_Vaccinations_Infographic_111821&utm_medium=email&utm_term=0_6f88de9846-dad675ae61-167751988

White Paper- Building Resilience

<https://www.relias.com/wp-content/uploads/2020/12/20-HHS-2793-Whitepaper-Building-Resilience.pdf>