

WEBVTT

00:06:43.840 --> 00:06:48.840

Hi, everybody on the Zoom. We have a lot of people on the Zoom, which is great.

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Um, we are still waiting for..

00:06:52.413 --> 00:06:54.413

one or two other people to arrive.

00:06:54.736 --> 00:06:56.736

So it'll be just a couple minutes.

00:11:21.835 --> 00:11:30.835

All right, um, I will call this evening's study session of the Champaign County Mental Health Board to order Wednesday, March 25th, 2026.

00:11:30.786 --> 00:11:37.786

5.45 p.m. in the Shields-Carter Room of the Bennett Administrative Center, Urbana, Illinois. May I have a roll call?

00:11:39.108 --> 00:11:41.108

Okay, I gotta do it from memory.

00:11:41.314 --> 00:11:43.314

Alejandro Gomez?

00:11:44.653 --> 00:11:46.653

um, Den Arres?

00:11:48.847 --> 00:11:50.847

Tony Nichols?

00:11:51.342 --> 00:11:53.342

Kyle Patterson.

00:11:53.790 --> 00:11:55.790

Elaine Palencia.

00:11:56.176 --> 00:11:58.176

Jane Sprandel.

00:11:59.115 --> 00:12:01.115

Jon Paul Youakim.

00:12:01.546 --> 00:12:03.546

And Molly McLay.

00:12:04.346 --> 00:12:11.346

Here. All right, with that, um, we do not have a quorum, so we cannot approve the agenda formally.

00:12:11.268 --> 00:12:14.268

But we will go ahead and proceed with the contents.

00:12:16.416 --> 00:12:18.416

of the meeting. I guess if we do not...

00:12:18.416 --> 00:12:20.772

have a quorum, then that means also no public participation.

00:12:21.718 --> 00:12:26.718

You can do that. You can... you can have public participation. I can't vote on anything, though. Yeah, okay.

00:12:27.525 --> 00:12:32.525

Um, alright, well, we will go ahead and have, uh, public participation agency input.

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Um, and there will be another point in the...

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um, not official study session that we can do that as well.

00:12:40.458 --> 00:12:45.458

Um, so as always, members of the community are welcome to speak with the Mental Health Board and share their perspectives.

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We cannot, um...

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respond directly to public input, but we may use it to inform future decisions.

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And if you would like to, uh, make public input, you can approach the podium.

00:12:57.168 --> 00:12:59.168

You can fill out a comment card.

00:12:59.179 --> 00:13:04.179

or if you're online, you can put something into the chat, or raise your hand in the Zoom.

00:13:05.044 --> 00:13:10.044

Um, I may limit individual time to 5 minutes and total time to 20 minutes.

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Um, also, um, agency representatives and others providing input that might impact board actions should be aware of the Illinois Lobbyist Registration Act and take appropriate steps to be in compliance.

00:13:22.188 --> 00:13:27.188

With that, is there anybody online or in person who would like to make public comment?

00:13:38.747 --> 00:13:47.747

All right, it does not appear that there is anyone to make public comment right now, but there will be a time later in the meeting to do that, so we will move on to Chairperson's comments.

00:13:47.747 --> 00:13:51.435

I'm Molly McClay, the chair of the Champaign County Mental Health Board.

00:13:51.913 --> 00:13:58.913

Um, and I don't have any comments tonight, because I'm very much looking forward to our presentations. So with that, I will close my comments.

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And move to our Associate Director Leon Bryson's comments.

00:14:05.306 --> 00:14:08.306

Alright, we're jumping right to it. Alright, so...

00:14:08.378 --> 00:14:13.378

Good evening. Um, this evening, you'll have the opportunity to

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Learn about two long-standing mental health

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Uh, board-funded agencies

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First, Dr. Jeniece Nance from Urbana Neighborhood Connections Center will present an overview

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Uh, of their recently funded program, the Community Study Center,

00:14:29.091 --> 00:14:31.091

Which will include outcomes,

00:14:32.119 --> 00:14:36.119

services, and youth satisfaction and successes.

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following her presentation, the Rosecrance team of Melissa Pappas, Dave Kellerhalls,

00:14:42.703 --> 00:14:45.703

And Liz Miner will join us via Zoom

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to provide updates on their goals, services, challenges,

00:14:52.947 --> 00:14:56.947

Uh, and key aspects of their certified community behavioral health

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clinic model.

00:14:59.372 --> 00:15:07.372

At this time, please join us in welcoming Dr. Nance to the microphone.
The floor is yours.

00:15:19.304 --> 00:15:21.304

Ah, thank you.

00:15:22.535 --> 00:15:28.535

Alright, well, good evening. Um, as stated, I'm Dr. Jeniece Nance. I'm
the Executive Director for Urbana Neighborhood Connections Center.

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Where our youth will grow, our parents will help, and our community will
share.

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So, um, just a brief program overview. Um, so our program participants in
the Community Study Center

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Um, they come to us for after-school enrichment, and right now we're
serving 68

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kindergarten through eighth grade students. Uh, they also are with us
during the summer, and our summer enrichment program usually hosts around
80,

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K-8 students, and then we also have an intensive literacy program, which
runs Tuesdays and Thursdays concurrent with after-school and summer
enrichment program. That's 47 kindergarten through third grade students
in intensive literacy.

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So, other programs that are non-CSC would include our College and Career
Readiness Program and our Summer Youth Employment Program.

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The demographics of UNCC, um, consist of 62 African American

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Youth, 3 biracial, 2 Caucasian, 1 Latino,

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12% extreme low income, 54% low income, and 24% middle income.

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And then our program components, um, consist of academic support, recreational activities, STEAM and cultural enrichment, social-emotional learning, transportation, and nutritious meals.

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So, when we talk about, um, what the center offers, our service offerings, um, so again, we provide nutritious meals to our students. When we are open all day during the summer, as well as on our school out days, so when our, um, school district is in

00:17:02.925 --> 00:17:09.810

session for professional development. We are open all day. And on those days, we offer breakfast, lunch, and snack.

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During our after-school program hours, we offer dinner. So, group activities are led by qualified staff. It is a mixture of staff that are trained in-house at the center, and those of us that are trained by trade. So we're either educators or social workers.

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Um, we provide homework help, we have themed days. Every day has a theme, so Math Monday, Text Tuesday, Wisdom Wednesday, Think Thursday, and Fun Friday.

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Um, so our students,

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receive math, English Language Arts, social-emotional learning, and cultural studies training. Um, these sessions are taught, uh, they're 35-minute sessions, and they're taught by caring, engaging instructors over the summertime.

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Um, and during the school year. So our 3D printing, sewing, um, all of our field trips, um, are all led by our in-house staff.

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Um, along with volunteers from the community and the University of Illinois.

00:18:06.066 --> 00:18:19.066

So the results, um, we have, you know, seen some amazing results, uh, with our young people, um, intensive literacy. We've seen a lot of, uh, growth, and we've seen a lot of, uh, level increases in our students.

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But even in our general programming, you know, just their social development, um, we have consistently enrolled around 60 youth in our programs during the school year, and around 80 or so during the summertime.

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Um, and so, one of the things, uh, recently that we noticed around January or so when this presentation was put together,

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Um, was that we had 30 boys, 38 girls, um, so we're almost neck and neck in terms of gender, which has in the past not been the case. We've been really, really girl-heavy, um, and lower on the boy end, and so we're starting to see more boys

00:18:52.681 --> 00:18:54.802

Um, being enrolled in our programming.

00:18:55.241 --> 00:19:07.241

K all the way through 8. Um, so the ages we're serving, um, again, 6, um, sorry, ages 0 to 6. We have 9 of those students, and then ages 7 to 12, we have 31.

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And then ages 13 to 18, um, that is our teen reach group. There are 28 of them.

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Um, so they are essentially our largest group is our Team Reach group.

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And then 63, um, Black students through multiracial to white, um, 68 English-speaking students, 2 that speak English, but also speak French, and then 1 that speaks English, but also Spanish. And so we have a very diverse group of students with unique needs and challenges.

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Um, and interests that we address at the Center.

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Some of our program highlights or notable accomplishments. Um, so in 2025, uh, we celebrated 15 years of service to the community. Um, it was our first gala that we had at the iHotel.

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Um, it was a very well-attended, um, and well-supported gala. Um, we also hosted our first basketball game with the Urbana Police Department, um, at the new Wellness Center, um, which is right around the corner from our center. Um, and I'm only, I'm trying not to laugh, but I... I'm still trying to figure out how I was

00:20:12.281 --> 00:20:22.281

put on the team to play. Um, so every time I think about it, it makes me laugh. Um, I thought I was coaching. But anyway, um, it was a very fun experience for our youth and our staff.

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Um, the addition of an online application feature, um, so for several years, I've wanted to make things a little bit more accessible for

families who can't come to the facility, um, or that have trouble getting to the facility, um, to fill out an application. So I wanted there to be a way for them to fill it out online. Recently, I worked with Solitude Marketing, which is a company ran by a friend of mine.

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Um, and they actually got us up to date where they can actually... parents can go online and enroll their children from our website, um, which is a really nice feature, but we do still keep in-house

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physical forms as well.

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Um, we have 4 new program participants, and actually, I'd like to add to that, because again, this was created in January, um, so we have 12 new program

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participants, um, but at the time of this presentation was created, um, we had, um, ages 6, 8, 9, and 13.

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Um, and so we do have a few more, um, as I stated. Um, several in the Team Reach group, and then two in our K-2 group.

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We have had zero black male school suspensions and two black female school suspensions out of the 68 that are currently enrolled, which is a .03%

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Um, suspension rate for our African American students. That is one of the goals that we do track at the center.

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We have had zero school expulsions and zero criminal activity, um, amongst our youth that we serve. Our family literacy program recently, which actually, I'm gonna retract that statement.

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Um, because we actually, um, had to cancel a couple sessions due to weather, um, early on.

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So, we are actually still in the Family Literacy Program, but we are finishing up within the next couple of weeks. So, it's a 10-week program.

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Um, with 10 families that we've brought in, uh, to work with them and teach them how to work with their young people on building literacy skills at home.

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And just some quick and fun, easy ways that they can engage their youth in reading if they are resistant readers.

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Um, other recent community engagements, so we have gone to the Parkland Planetarium, um, to see the prairie Skies light show and the Season of Lights. That was our first for many of our students, it was their first time going to the planetarium.

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Um, or even realizing that it exists in our community, um, that was a trip that,

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Um, yeah, I was very proud of and very happy that we were finally able to get them out there. Um, and then we had our Black History Month kickoff in honor of Janice Mitchell. That is an annual event that is open to the community, and our students participate in that. They perform, they do tributes, they also set up tables, so..

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Our students are running the show. We pretty much facilitate and bring the materials, but they run the show. They host the program, um, they do the program flyers, um, they host the Black Inventors Display Table,

00:23:10.513 --> 00:23:13.513

The information tables, um, so it was really neat.

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Just getting the chance to see them, um, again, run the show and be a part of this event.

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Um, community partnerships for our programming, um, so these are people that come in voluntarily and work with our kids, so we have the CU Fab Lab, um, which is a STEAM, it's a community-facing STEAM

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oriented program that sits on the campus of the university of Illinois, and then, um, former, uh, and I apologize, I hope I don't butcher this.

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It's either Bridgewater Banks and Lewis or Banks Bridgewater Lewis, but BBL Music Academy instructors come in and do music lessons with our students as well.

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So, participant satisfaction. Um, when I was asked to, um, speak about our participant satisfaction, um,

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I actually pulled up some of the, um, messages, because I felt like it would be good for people to see and hear directly from our parents, um, the youth that we serve.

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Um, what they're saying, what they're thinking. So, um, on the screen, there are several text messages, um, and these are...

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They're from our, uh, parent group, me, and our staff group me, um, so I made none of these up. These are real people.

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Um, that are in here, um, along with some pictures that I've included of some of the trips and products of projects that we've done.

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Um, but I guess I'll just pick out a couple, uh, comments. So, um...

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One is from a parent that we... we've had two students, um, that are her children for a long time now,

00:24:46.713 --> 00:24:53.326

And she says, as a single mom, I appreciate you all giving me a few unexpected hours of me time. Thank you so much.

00:24:54.189 --> 00:25:02.189

Um... I'm going to skip down a little bit. Thank you for all you and your staff does. I appreciate your community lessons.

00:25:02.388 --> 00:25:09.388

and love. My daughter just loves UNCC. That has been a great experience for her. Thank you, thank you, thank you.

00:25:09.652 --> 00:25:12.652

And then I'll skip over to the UNCC staff side.

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So, I know, boss lady, I hate that, but that's what they say.

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So, um, and this is someone, um, who's one of our, um, long-time staff members, um, but

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Uh, before the Mental Health Board, and I will say this again, that before, um, the Mental Health Board, uh, we reconnected, uh, we had hit kind of a rough patch.

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Um, which, you know, caused some delays, um, in payments, and me taking out personal loans, et cetera, et cetera, uh, just to make sure that we kept things going. And so, um, you know, one of our staff says, boss lady, um, and I do apologize, it's kind of hard to read,

00:25:50.887 --> 00:25:57.887

Um, but she basically just, you know, thanking me and saying that she appreciates all that I do, um, for the center and for the staff, and it doesn't go unnoticed.

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Um, and so, we have parents, um, again, on one side, and..

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You know, that's just some of the comments. I see one in the middle, um, that's, you know, congratulating the staff and saying, as a parent,

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I would like to thank you all for another great summer program. You all outdo yourselves every year.

00:26:18.022 --> 00:26:40.022

Um, and this year is no different. My son loves coming to the center. I appreciate y'all. So, um, you know, these are the comments that we work for. These are the types of, um, you know, things that we see and hear. Um, a parent recently had posted, um, on our Facebook page that she appreciated the, um, Black, Brown, and beautiful family literacy program because her son has

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improved two grade levels, um, this school year based on

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the one-on-one instruction time that he's getting with us at the center. And so, those are the things that warm our hearts, those are the things that

00:26:50.738 --> 00:27:01.671

We live for and that we work for, um, you know, at this center. And those are the types of things that, you know, mental health boards supports when they're... when you all are pouring into us, then we can turn around and pour into

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Um, our young people in this way.

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Um, so just a few, um, obstacles or constraints. Um, so..

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Um, on June 13th of last year, our newest vehicle, it was a 2024 Ford Transit 350, um, I traveled to Springfield, I believe, to get that one. Yes, to Springfield. Um, and so we didn't even have it 6 months, and it got wrecked. It was totaled, uh, by an oncoming car driver. So, the good thing is that there were no children aboard the vehicle. Um, our driver, um, was the only one that was impacted.

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And she was able to get treated pretty quickly. Everything's all good now. Um, but..

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again, the van is totaled, and so that took us down a vehicle, um, and, you know, makes routes a little bit longer.

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pickup time, a little bit longer.

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Um, but we make it work as best we can.

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Um, space continues to be an issue. Um, it's a good problem.

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It's a problem that I know is not unique to the center, um, but we definitely, um, are getting more and more requests, especially now with us having that online, um, website up and going, and we've got people... people are asking every day about, you know, when our summer applications will be available.

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Um, and we are working on that. And so, um, you know, that growth, we're only expecting

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It's to continue to grow, and, you know, with the word getting out there more and more, and with us, you know, getting more people to help us with our marketing and our advertising, um, I just can only expect that we're gonna have more of a request and more of a need, um, come into our door.

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Um, so that, of course, is, you know, again, a good problem, um, but it is a...

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an obstacle or a constraint, if you will.

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So future objectives, um...

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we want to purchase a new 15-passenger vehicle, um, to replace the old one that we had.

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Um, we are hopeful and prayerful to take ownership of our, um, now 16-year, um, property at Urbana Neighborhood Connections Center, 1401 East Main.

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Um, that is our home. Um, I spend more time there than I do at my house, and most of our staff are there with me.

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Um, for part of that time, and so, you know, it really is our home and our kids' home during the summer.

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So, we want to try, you know, at some point to look at possible expansion of our space to service more youth and families.

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Um, an installation of a shed or storage space for optimization, so our game room right now is being used as both the game room that our students play in and do team-building activities in.

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And it also doubles as a storage space, which takes up some of that room that they could potentially be using. So I've applied and applied and applied for, um, different funds to try to get a shed.

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Um, bolted to the ground outside. Um, you know, in our yard, and we just have not, you know, come across that yet, but at some point, we'd like to cross that bridge.

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Uh, recruitment of new college and career readiness program participants. Um, so we recently took a college trip. Uh, we took them to Nashville, Tennessee last week.

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And, um, we spent 3 days visiting 5 colleges, Fisk University, Tennessee State.

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Um, Meharry Medical College, um, American Baptist College in Vanderbilt University. So those are the five schools that we visited, and over those 3 days that we were there.

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Um, and, you know, it became real that we have a 2-year-old that started with us when she was really even too young to be in the program, but she was with us all day, every day, and now she's getting ready to go off to college.

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Um, and so it got real for us. It gets real for us every year when our seniors graduate. It's always a bittersweet.

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thing, and so we're gonna be recruiting more students, because we have some seniors that are graduating and going on to bigger and better things.

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Um, and then the continued..

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provision of quality programming and services, um, you know, is always our goal, um, and to make sure that our five core programs, as well as our additional programs and our additional initiatives, like the garden and the closet, stay up and running.

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Um, so we are continuously fundraising, we are continuously seeking, uh, funding opportunities, just to make sure that we are, um, keeping things afloat and able to serve

00:31:15.452 --> 00:31:19.452

the people that we're serving, and to expand those efforts.

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So, additional, uh, funding prospects. Um, so some of our current funding sources, um, are listed there on the screen. Um, I won't go through all of them, but just, you know, to point out a few. United Way of Champaign County, the City of Urbana,

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Um, and then, of course, Champaign County Mental Health Board, um, and then other potential or future funding sources. Um, so again, we... I applying and applying.

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Um, and I'm gonna continue, because I feel like at some point, all of, you know, you'll get a thousand no's, and at some point, they gotta give you a yes.

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So I'm gonna apply again for the Community Foundation of East Central Illinois, um, funding, um, to try to get a shed when they come out with their capital grants.

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Um, and then the Illinois Department of Commerce and Economic Development, um, as well as community support from donors.

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Um, so some relevant success stories. I've talked about a few, um, but here's just a few others that I'll highlight.

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Um, so we had a 7th grade student, um, that was tested at the center. Um, he came to us reading at a second grade level.

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Um, and he is now reading on a 5th grade level. Um, I personally have tutored this young man.

00:32:42.188 --> 00:32:45.188

I personally have tutored this young man, and I've watched him grow.

00:32:46.330 --> 00:32:48.330

And I've seen his eyes light up.

00:32:49.138 --> 00:32:57.138

Now, when we get ready to read, and he hated reading when we started, he would try anything he could to get out of it. He would cuss at us, he would..

00:32:57.089 --> 00:33:01.089

you know, fly out the back door, like, we'd have to catch them, literally.

00:33:01.889 --> 00:33:03.889

Um, when he first got to us, but, you know,

00:33:04.049 --> 00:33:06.049

He's reading well.

00:33:07.126 --> 00:33:10.126

He looks forward to it now. He'll come find me if I forget.

00:33:11.036 --> 00:33:14.036

Dr. Jay, are we reading today? Um, so I'm just..

00:33:14.442 --> 00:33:19.442

super excited and happy, um, to see his progress and to see where he's at now.

00:33:19.838 --> 00:33:22.838

not just with literacy, but socially as well.

00:33:23.981 --> 00:33:31.981

Um, in December, we had our College and Career Readiness Alumni Panel. Four of our former program participants, uh, three college students and one tradesperson.

00:33:32.548 --> 00:33:35.548

Return to the center to share insights with our current high school students.

00:33:36.627 --> 00:33:43.627

Um, this is something we do every year over their winter break, um, and recently, we also had one of our students who's, um, at Fort Wayne

00:33:44.282 --> 00:33:48.282

Um, in military training, he came back and, uh, was like, do you remember me?

00:33:49.162 --> 00:34:02.162

And I was looking at him like, do I? You know, it took me a second, because he's, like, full beard and mustache now, he towers over me, and I was like, um.. oh, sir, I don't think so, you know, but then the more we got to talking, I was like, oh my god, like, yes, you were..

00:34:02.228 --> 00:34:06.228

like, third grade and, you know, back when I was working with your, um..

00:34:06.694 --> 00:34:11.694

working with your group, um, as a staff member, I do remember you, um, so..

00:34:13.309 --> 00:34:31.309

So we have that happening, and then in May, we will celebrate the graduation, again, of three of our high school seniors, all of whom have been accepted into the schools of their choice. Um, so we have been really, really diligent about making sure that they've gotten in their essays on time. Um, we've had Illinois Student Assistance Commission come and do financial aid workshops with them to take some of that load off of the parents.

00:34:31.992 --> 00:34:34.992

Um, and so we are excited that they are getting to that point.

00:34:44.145 --> 00:34:46.145

That's the end. Yeah, so I..

00:34:46.899 --> 00:34:49.899

I know, abrupt ending. Um, but I do, um..

00:34:49.898 --> 00:35:01.023

So yeah, I do, again, thank you for your time and allowing me to share, um, just some of the work that we do and some of the things that we're extremely proud of. Um, the services that we've been able to provide.

00:35:05.578 --> 00:35:08.578

Hi, thank you so much for sharing.

00:35:09.433 --> 00:35:13.433

We have a small but mighty crowd here tonight, but thank you.

00:35:13.399 --> 00:35:15.399

Oh, that's great.

00:35:16.189 --> 00:35:19.189

Um, so, um, opportunity for, um,

00:35:19.622 --> 00:35:22.622

board and staff to ask questions and make comments.

00:35:22.884 --> 00:35:24.884

Yeah, I like to go first.

00:35:27.226 --> 00:35:31.226

I noticed that you're sweating because you have some water in your eyes, and don't..

00:35:32.153 --> 00:35:35.153

I don't... you know, it is kind of hot in here, so I get it.

00:35:35.121 --> 00:35:37.121

Um, as you were talking,

00:35:38.157 --> 00:35:41.157

Uh, my heart got bigger and bigger and bigger. Um..

00:35:41.811 --> 00:35:45.811

I appreciate what I heard, and I just took a few notes.

00:35:45.926 --> 00:35:48.926

Um, and I'll just bullet point it.

00:35:49.947 --> 00:35:51.947

The parents group me. I love that.

00:35:53.164 --> 00:35:58.164

Um, I know that your program is a youth and family-centered program, and so...

00:35:58.283 --> 00:36:00.283

Where you're...

00:36:01.293 --> 00:36:05.293

The youth and the families' voices are being heard, which is key.

00:36:05.945 --> 00:36:10.945

Um, providing food is essential when you're working with youth.

00:36:11.968 --> 00:36:14.968

Uh, and I also love the online application.

00:36:14.968 --> 00:36:17.017

Question that I have for you is...

00:36:17.219 --> 00:36:19.219

You mentioned you're outgrowing...

00:36:19.677 --> 00:36:21.677

um... the center.

00:36:22.458 --> 00:36:27.458

Any... could you describe what would be the ideal center for you?

00:36:27.982 --> 00:36:30.982

Oh, man. If you could have it your way.

00:36:32.424 --> 00:36:37.424

I'm gonna say two things. One of them, I don't even know if I should say, but I'm gonna say it.

00:36:37.577 --> 00:36:42.577

Um, just because, you know, this is... this is ideal. Um, this is my vision, this is what...

00:36:42.982 --> 00:36:48.982

you know, I have seen many times as I've driven through town and on the way home, on the way to work,

00:36:50.030 --> 00:36:52.030

Um, I see it one of two ways.

00:36:52.518 --> 00:36:57.518

Either we keep, you know, we always want to keep our home base, you know,

00:36:57.420 --> 00:37:09.420

Um, and I, you know, would imagine we either keep our elementary, um, primarily housed in that building, our K-5, and then across the street, there is an empty lot that's been vacant for years. It's a dart lot.

00:37:09.673 --> 00:37:17.673

Um, but it's not actually connected to that factory building, it's just an open lot across the street with nothing, and no one ever uses it.

00:37:17.673 --> 00:37:28.444

And at some point, if we can get the capital funding, I would love for us to build something for our teens in that space, and something our staff have asked about for years, um, and something my mom

00:37:29.257 --> 00:37:31.257

Uh, who founded the center really wanted was a gym.

00:37:31.333 --> 00:37:34.333

And so we either build a gym onto our space,

00:37:35.062 --> 00:37:42.062

Or we just use that area as a teen center, and then we take our kids around the corner to the new wellness center.

00:37:42.454 --> 00:37:47.454

they come up with a, um, group rate, as I've asked. And so,

00:37:47.560 --> 00:37:52.560

Um, so if not, then we build onto our teen center, um, to have a gym. Now, that's one way.

00:37:53.252 --> 00:38:05.252

The other way that I envision, um, it to work in our expansion would be, um, the lovely building that is around the corner that we used to take our kids to all the time, at Brookens Center.

00:38:05.099 --> 00:38:13.099

Um, has a phenomenal gym that I grew up playing in Saturday mornings, hoops, basketball. Our kids love playing over there.

00:38:13.718 --> 00:38:19.718

Um, there are office... true offices over there where you don't necessarily hear all the noise through the windows like we do.

00:38:19.717 --> 00:38:28.904

Um, that is designed more for, um, our children, and there are whole rooms this size where people can do activities and not have to do as much.

00:38:28.904 --> 00:38:31.663

Um, you know, to try to make it work.

00:38:32.750 --> 00:38:37.750

Um, because they're already workable spaces, and so either, you know, we get that Brookings building,

00:38:37.750 --> 00:38:40.124

Or we get a building across the street,

00:38:40.931 --> 00:38:52.931

from the center, and we split up, do our elementary and our teens, and at a certain point, we come together as one UNCC family to do activities in one facility, or like when we have our end of the summer dinner, we do that across the street.

00:38:53.682 --> 00:38:55.682

But that's... those are the two ways that I see it.

00:38:55.683 --> 00:38:58.401

either we get that whole other big space,

00:38:58.925 --> 00:39:02.925

Oh, we build onto the space that we have and just get one situated across the street.

00:39:03.892 --> 00:39:06.892

Thank you, Dr. J. I think you'll get there. Thank you, Mr. Bryson.

00:39:09.158 --> 00:39:14.158

What can we do to help you get Brookens? I love Brookens, and I miss being there. How can we...

00:39:15.442 --> 00:39:19.442

Should we beg the county board to just donate Brookens?

00:39:20.106 --> 00:39:22.106

I don't know if they like us that much, though.

00:39:22.559 --> 00:39:24.559

Yeah, yeah.

00:39:28.835 --> 00:39:42.835

Yeah, I mean, and I'm not, you know, 100% sure how that works. Um, I think our first step right now is to try to, you know, make sure that we

take ownership of the one building that we're in now, and then we look at, you know, doing that, but yeah, I mean, any advocacy

00:39:42.836 --> 00:39:49.284

Um, or support that we can get from our grantors, I think, you know, definitely couldn't hurt, um, when we're going to bid for

00:39:49.915 --> 00:39:52.915

You know, for that space, so definitely appreciate you bringing that up.

00:39:55.493 --> 00:40:00.493

I just... Brookens shouldn't be empty, it's such a great space. I'm sorry to jump in.

00:40:00.526 --> 00:40:02.526

This is a board conversation.

00:40:03.695 --> 00:40:10.695

I mean, I used to play soccer when I was a kid. Uh, there were Bannock Park District would have their soccer games over there on the field.

00:40:10.723 --> 00:40:13.723

Um, you know, just hearing your presentation,

00:40:14.014 --> 00:40:16.014

Reminds me that, like,

00:40:16.402 --> 00:40:18.402

Most of the time, you're not going to see...

00:40:18.633 --> 00:40:23.633

the fruits of your labor when you're doing work like this. Um, you get to see some of it.

00:40:25.135 --> 00:40:27.135

obviously, you don't get to see the whole life path.

00:40:27.273 --> 00:40:33.273

these kids follow, that they wouldn't have otherwise followed without this program, you know? And it's really great to see.

00:40:33.521 --> 00:40:36.521

Because you're not only, you know, helping these

00:40:37.211 --> 00:40:42.211

Children and grow, you're also helping the parents grow, too, and learn about their kids, and how to help them succeed and thrive.

00:40:42.587 --> 00:40:45.587

Um, I mean, it's a great program, um...

00:40:46.963 --> 00:40:50.963

definitely, you know, what we need more of. Uh, definitely hard to...

00:40:50.515 --> 00:40:52.515

Um...

00:40:53.086 --> 00:41:00.086

build quickly, it takes a long time, you know? And it takes a lot of effort and just persistence, and you definitely have that.

00:41:01.114 --> 00:41:04.114

Um, I did have a couple questions on...

00:41:05.087 --> 00:41:10.087

like, admission, is it just first come, first served for application, or do you guys, like, kind of...

00:41:10.088 --> 00:41:17.266

try to make sure you have a certain mix of different backgrounds for, like, socioeconomic status, academic success, things like that.

00:41:18.455 --> 00:41:27.455

Um, so we don't really have, like, um, disqualifiers or anything like that. It really is, um, you know, based on who signs up. So, kind of like a first-come, first-served, but...

00:41:27.926 --> 00:41:38.926

I mean, the reality is, we don't really turn children away. Um, and so, um, even, like, what we do usually is, like, let's say we're getting ready to enter a new term, like, we're getting ready to enter summer in a few months, so...

00:41:39.825 --> 00:41:57.825

Um, usually our students that were already at the center during the school year would kind of have, like, first dibs, so we'll open it up to those parents first, and we'll notify them, like, hey, we're getting ready to open up. You know, they still have to submit a separate enrollment form, um, but, you know, they'll know it's coming up, and then they can, if they want, then they can fill that out first.

00:41:57.827 --> 00:42:08.245

Um, and then, you know, a couple weeks later, then we open it up, and we start putting the information out there to the schools and to, you know, the community, and through our Facebook page and stuff, so...

00:42:08.919 --> 00:42:14.919

Um, that is kind of how it works, is like we just start with those that are already in the house, and they kind of open it up from there.

00:42:14.918 --> 00:42:30.320

nothing, like, in terms of income or, um, uh, or socioeconomic status, or, um... Like academic challenges, or, like... No, because even with that, like, we have, um, and that's one of the things that, on our enrollment form, like, we do have to ask, you know, if a student has

00:42:30.320 --> 00:42:46.946

an IEP, an Individualized Education Plan, or they have a 504 plan, um, to support their learning. And the reason why we ask for that is because when we're doing those courses, they are taught by licensed educators over the summer, and so we want to make sure that whatever combinations they need, they're getting even over the summer.

00:42:46.947 --> 00:42:49.590
Um, even though it's not the school year.

00:42:49.441 --> 00:42:51.441
That's really great that you have someone...

00:42:52.476 --> 00:43:00.476
that has all that background to do all that and help those kids in that way, not just someone that has a great heart that wants to just volunteer, but doesn't have, like, the expertise.

00:43:01.021 --> 00:43:03.021
to really help kids that might have other

00:43:03.027 --> 00:43:05.027
challenges that they may need help with.

00:43:05.454 --> 00:43:07.454
Um, if you...

00:43:09.539 --> 00:43:12.539
Yeah, I saw that you had the literacy, you know, intensive literacy.

00:43:12.321 --> 00:43:18.321
is that just everybody, just generally, or is that for specific kids who have academic, like,

00:43:19.749 --> 00:43:32.749
academic literacy challenges, like reading, writing, learning difficulties. So, the program is designed for kindergarten through third grade, so all of our kindergarten through third graders go through, um, testing. So they go through a testing first,

00:43:32.748 --> 00:43:38.092
And then if they test out of the program, so if they're reading above grade level, then they're automatically

00:43:39.486 --> 00:43:49.486
test it out of the program. Um, and we still do reading activities with them, of course, and text Tuesday stuff and all that, but they don't, you know, meet one-on-one with an instructor to do that intensive stuff.

00:43:49.256 --> 00:43:59.256
Um, the phonemic awareness and all that. So, um, it really is just designed for K-3, but we have had some students that, like, you know, young men that I mentioned that I work with,

00:44:00.402 --> 00:44:12.402

Um, we also put him through intensive literacy training as well, because he is in seventh grade, but he's coming in at a 2nd grade reading level. And so, um, we will make those adjustments when we need to with a student.

00:44:12.954 --> 00:44:23.954

And I guess for anyone listening, like, the most important factor in a person's life is their reading level in the third grade, because after that, you're no longer learning to read, you're reading to learn math, history, science, and if you're behind at that point,

00:44:23.953 --> 00:44:25.404

Really hard to catch up in life after that.

00:44:26.129 --> 00:44:28.129

Um... I thought I was going to...

00:44:29.230 --> 00:44:32.230

ask, um... oh, if you... do you guys...

00:44:32.905 --> 00:44:34.905

occasionally pick up that the patient, or the...

00:44:35.207 --> 00:44:41.207

patient. Let's say I'm a physician, so... No, that's alright. Does a child have a, like, a learning disorder, possibly?

00:44:42.513 --> 00:44:49.513

tell the parents that they should request an evaluation from the school for a possible reading or writing learning disorder. Often.

00:44:49.512 --> 00:44:51.604

I think next...

00:44:53.513 --> 00:45:10.513

Thursday, I want to say, either Wednesday or Thursday of next week, I have a meeting, um, that I'm going to, um, with a social worker and, um, teacher administrator at one of the schools. That's really great. ...to support the parent. The parent will be there as well, but... but yeah, we do definitely make those observations, and then we do, um,

00:45:10.513 --> 00:45:23.210

you know, recommend or suggest, you know, getting an evaluation if we see something that, you know, is concerning or something that we're like, okay, this is an unusual challenge, or this is an extreme challenge for this student.

00:45:23.355 --> 00:45:29.355

At this level. Because you seem to have more one-on-one experience than, say, a teacher mate with her

00:45:30.612 --> 00:45:33.612

or his classroom of, like, 30 people, or 30 children, and so...

00:45:34.413 --> 00:45:41.413

you might be able to pick something up that maybe someone else might have missed. So that's really great. I do really like the diverse funding that you guys have as well.

00:45:41.288 --> 00:45:45.288

The only other question I guess I had is kind of a strange one, doesn't... not too relevant, but was...

00:45:46.703 --> 00:45:52.703

Didn't the insurance cover the car being totaled, or did you have to use the money for other, uh, things that...

00:45:52.702 --> 00:45:54.340

provoke agency. Yeah.

00:45:54.482 --> 00:46:01.482

So we did get, um... we did get a, uh, refund on the vehicle. It was not exactly what

00:46:01.647 --> 00:46:08.647

I know, it never is, and you can't buy the same vehicle with the money they give you, right, from insurance? No, um, but we... to, you know,

00:46:10.120 --> 00:46:17.120

kind of, uh, keep the doors open, if you will. Um, we had to, you know, use that along with those personal loans, so...

00:46:17.881 --> 00:46:22.881

Thank you so much for being here, appreciate it. Yeah, you're welcome. Thank you for having me and allowing me to...

00:46:23.211 --> 00:46:25.211

talk about what we do.

00:46:25.462 --> 00:46:30.462

Thank you so much. Um, I have, uh, some thoughts, and maybe... I guess I'll start with

00:46:31.729 --> 00:46:43.729

Well, first of all, I am so glad that we are funding you again, and I wish more board members were here tonight, because I know that everybody was really excited, and I know the meeting that we had where we

00:46:43.731 --> 00:46:48.811

you know, approved your funding was really impactful for everybody, so I hope that...

00:46:48.810 --> 00:46:57.446

The board members who couldn't make it tonight, um, are able to, like, watch this later so that they can hear about all these great things that you're doing.

00:46:57.447 --> 00:47:05.524

Um, one thing I was wondering about, kind of along the lines of, you know, knowing how many youth are coming into your program, like, do you...

00:47:06.029 --> 00:47:11.029

How do you advertise or, like, recruit, and are you...

00:47:11.027 --> 00:47:14.905

Um, are there any new avenues you're looking at for that?

00:47:14.906 --> 00:47:37.454

Sure, so, um, we've always traditionally, um, participated in community events, large-scale community events, so, um, in the summertime, like, we take our tent out, our tablecloths, like, we, you know, we're packing up all of our materials and giveaway items, and we're going out to King Park, Douglas Park, um, we've even been out in Champaign, like, Centennial Park, and...

00:47:37.454 --> 00:47:47.429

places like that for, like, the Bright Star event that happens out there, and, um, Juneteenth, Jetty Rhodes Day, CU Day. So, like, we're at all the community events to recruit to,

00:47:48.516 --> 00:47:56.516

Um, share with community members the resources that we offer and the programming. Um, but then in the schools as well, and I think that's one of the unique

00:47:56.517 --> 00:48:07.092

um, things about my mom's position, um, who founded the center, and then I fell into that, so that my position, um, being both a district family liaison and an executive director of the center,

00:48:08.546 --> 00:48:16.546

is that, you know, having that ability during the day, as I'm in and out of different schools, to drop off our flyers and say, hey, I'm gonna put this on your front desk, you know,

00:48:16.547 --> 00:48:23.278

for when families come in, or hey, parent-teacher conference is coming up, can I post this? You know, I'm just gonna get some tape and tape it to the glass windows, and so...

00:48:24.066 --> 00:48:36.066

Um, and we're giving it to teachers as well. We're emailing it out through Skyward, so, um, there's a lot of different methods we use, um, in the schools, um, in the community, but then even just our social media, um, so...

00:48:36.066 --> 00:48:44.371

All of our staff, once, you know, if I update our flyer, or if we have an event coming up, or like when we put out the scholarship information, stuff like that, um...

00:48:44.896 --> 00:48:47.896

We create a new flyer each year, and then our staff

00:48:47.897 --> 00:48:58.482

share it from their personal social medias. Um, I always encourage them to do that, and then I share from my personal social media, but then it's also on the centers page as well.

00:48:58.360 --> 00:49:09.360

Um, for people that follow the Center's page, and so we try to keep that updated. Um, we, at one point, we did have, to answer your question about new avenues. At one point, we did have an Instagram page. It's not active anymore.

00:49:10.115 --> 00:49:19.115

Um, but we are working with one of our U of I volunteers to try to get that back up and going, too, because sometimes, I guess they say, like, a picture's worth a thousand words.

00:49:19.378 --> 00:49:25.378

And so, um, sometimes less text and more picture, um, or more, like, video, short video clips,

00:49:26.083 --> 00:49:30.083

can be more impactful, and so we want to get our Instagram page up and going again.

00:49:31.097 --> 00:49:38.097

I know how hard it can be to keep up with the social media-type stuff, but I agree that that would be...

00:49:38.607 --> 00:49:42.607

a great avenue, and I'm glad that you have, um, that students are

00:49:42.678 --> 00:49:46.678

getting involved, because I remember when I moved here for my MSW,

00:49:46.679 --> 00:49:49.102

In 2009, like, I was...

00:49:49.654 --> 00:49:55.654

Because you guys opened right around then, right? Correct, yeah. Okay, I... because I remember hearing about it when I first...

00:49:56.108 --> 00:50:03.108

Moved here, and then I, like, saw a lot of, like, friends and students, um, that I've worked with getting involved, um,

00:50:03.239 --> 00:50:05.239

But I think having, you know, sometimes...

00:50:06.563 --> 00:50:13.563

Having worked with a lot of U of I students, sometimes they're like, I want to do something, but they, you know, they're just kind of milling around.

00:50:14.346 --> 00:50:20.346

Um, so them, like, being able to, like, contribute actively to something like that seems really helpful.

00:50:20.316 --> 00:50:28.316

Um, I also... I was just really struck by your... you talking about the, um...

00:50:28.314 --> 00:50:30.314

student who, like...

00:50:31.411 --> 00:50:33.411

how he changed from, um...

00:50:33.787 --> 00:50:35.787

trying to run away from reading.

00:50:35.788 --> 00:50:38.467

to wanting to read.

00:50:38.519 --> 00:50:44.519

Um, because I think sometimes we underestimate the importance of reading.

00:50:44.731 --> 00:50:49.731

I think kind of in both directions, that not being able...

00:50:49.731 --> 00:50:55.271

to read has, like, detrimental impacts on mental health. There's so much...

00:50:55.611 --> 00:50:59.611

I mean, a lot... I'm a therapist, and a lot of people I'm just working with on, like, feeling...

00:51:00.259 --> 00:51:03.259

shame about all these different issues in their life, and I can imagine...

00:51:04.461 --> 00:51:09.461

that being a huge one, and then on the flip side, being able to read and having that

00:51:10.264 --> 00:51:14.264

Um, is such a lifeline for people to, like,

00:51:15.470 --> 00:51:17.470

That's something that nobody could ever take away.

00:51:17.762 --> 00:51:20.762

is the ability to read and to...

00:51:20.762 --> 00:51:22.879

have that as an option.

00:51:22.878 --> 00:51:28.480

When there's a lot of other things that are, like, so difficult around us to be able to be like,

00:51:29.195 --> 00:51:32.195
I can sit down with a book and read and..

00:51:32.606 --> 00:51:35.606
I mean, at times, escape. Yes. Um, it's..

00:51:35.837 --> 00:51:40.837
huge, and hearing you, like, talk about how that unlocked for that kid was just..

00:51:41.414 --> 00:51:45.414
magical, so thank you so much for your work.

00:51:45.853 --> 00:51:49.853
I did want to ask if you would share the story about the basketball.

00:51:51.041 --> 00:51:59.041
Oh, gosh. So, if you're willing to, if you don't want to, it's okay. It was hilarious. Um, well, it wasn't that day, because I was.. I thought I was gonna die.

00:51:59.041 --> 00:52:09.465
Um, but it.. so, we had scheduled the basketball game, um, to be the last day, or the second-to-last day, um, of the summer program last summer.

00:52:10.470 --> 00:52:22.470
And from my understanding, it was supposed to be, like, some of our Urbana Police Department folks on one team, and then, you know, the center forms a team with some staff and kids combined, um, and then, you know, be on opposite sides.

00:52:23.014 --> 00:52:30.014
So, I thought that I was coaching, um, opposite of, uh, Deshawn Williams, the mayor's great..

00:52:30.778 --> 00:52:41.778
very close friend of mine, but, um, I thought that we were coaching opposite, so we were talking trash, and we, you know, we come in, and we're having fun, all this stuff, and then I'm like, he's in plain clothes, I'm in plain clothes, and..

00:52:41.779 --> 00:52:50.179
But I did.. I had my little, like, gym bag. I always have a gym bag anyway, and it was in the car, and then, you know, they're like, okay, yeah, so suit up. I'm like, wait, what? Like..

00:52:51.194 --> 00:52:56.194
Suit up! I'm like, what do you mean? I'm coaching. And they're like, no, no, you're on this list as, you know, you're playing. I was like,

00:52:57.386 --> 00:53:06.386

So, I end up, uh... I didn't start, but I subbed in, um, and yeah, I felt it the next day. Um, it was...

00:53:06.333 --> 00:53:15.333

It was bad. I'm not... I'm definitely not in my 16, 17-year-old shape. Um, I will just say that, but it was fun. It was a lot of fun. The kids...

00:53:16.248 --> 00:53:21.248

You know, they played hard, um, UPD played hard, um, you know, it was...

00:53:21.445 --> 00:53:31.445

And it was just kind of cool to see, like, some of our kids interacting with, um, you know, like, Officer McKinney was one that I remember being there, um, and he's really cool. And then, um...

00:53:32.809 --> 00:53:39.809

It was another officer, I can't remember his name, but, um, but he was, like, running down the court and yelling the craziest stuff, and I'm like, what? Like...

00:53:39.809 --> 00:53:48.487

It was... but it was fun, you know? So, like I said, Overwatch... I was hurt. I was hurt physically. I was hurt. Um, but it was fun. It was a lot of fun.

00:53:49.520 --> 00:53:53.520

Thank you for sharing that, and I'm also... I'm sure the kids just, like, loved...

00:53:54.576 --> 00:54:04.576

You playing, uh, like, they... I mean, as much as it probably... They had a... they had a whole cheer section, like, opposite of me. There's a clip, a video clip of it, I think.

00:54:04.651 --> 00:54:12.651

I don't know if it's on my... I'll have to pull it up. Maybe if I find it, I'll have to send you all a link, but seriously, there was a... it was a whole cheer section that they created.

00:54:13.477 --> 00:54:25.477

across the thing. And, like, as soon as I got ready to go in, they're like, you're up, and I was trying to put everybody... you go ahead, you got it, you know, I was trying to put everybody in front of me, but they sent me out there, and the kids were across from me, and they're like, Doctor J!

00:54:25.943 --> 00:54:30.943

I was like, okay, I gotta go out here now. Like, I was trying to send anybody but me, but okay.

00:54:31.398 --> 00:54:33.398

So, yeah, it was, um...

00:54:33.712 --> 00:54:45.712

Yeah, it was definitely one of those memorable moments, though, you know? And I think that was what made it worthwhile, like, you know, was just knowing that the kids really got into it, and that they... and then some of our, like, kids were...

00:54:45.711 --> 00:54:59.195

Um, that didn't want to play initially. I think once they saw their peers having fun, or they saw, like, that it wasn't super competitive, like, it wasn't like, oh, anybody's gonna judge you if you're not the, you know, the top scorer, or, you know, you're not...

00:54:59.930 --> 00:55:05.930

The greatest defender, then they kind of got into it, and they wanted to play too, so it was cool. We got kids that weren't even initially signed up,

00:55:05.907 --> 00:55:07.907

that ended up going in the game.

00:55:09.491 --> 00:55:17.491

That's... that's an amazing story, and just seems like such an uplifting event, too. Yeah, yeah, it was. Great memory for everybody.

00:55:19.361 --> 00:55:22.361

Is there anybody else who has questions or comments?

00:55:22.774 --> 00:55:26.774

Including, we can open it up to anybody online who wants to make a comment.

00:55:27.744 --> 00:55:35.744

There are a bunch of people online, um, including a member of the DD board, Dr. Fowler is there, but I don't know if she has questions.

00:55:35.912 --> 00:55:37.912

So...

00:55:39.699 --> 00:55:41.699

Not to put anybody on the spot, but I figure there's not...

00:55:41.699 --> 00:55:45.149

As many of us here tonight, so might as well open it up.

00:55:45.150 --> 00:55:48.987

Well, I've had the opportunity to do some volunteer work.

00:55:49.914 --> 00:55:54.914

Um, at UNCC, and also meet with kids through the CASA program.

00:55:56.320 --> 00:55:59.320

And I just think it's one of the hidden jewels of our community.

00:56:00.101 --> 00:56:02.101

So, I can't say enough about it. Thank you.

00:56:03.302 --> 00:56:05.302
Good to see you!

00:56:08.786 --> 00:56:10.786
Nice to be able to join, thank you.

00:56:12.414 --> 00:56:15.414
Thank you for sharing. Is there anyone else who has comments?

00:56:22.190 --> 00:56:24.190
Is that a cup of coffee?

00:56:24.366 --> 00:56:29.366
Dr. Fowler's cup of cappuccino, or whatever that is, is looking really good.

00:56:29.810 --> 00:56:31.810
Facts.

00:56:33.907 --> 00:56:42.907
Alright, well, thank you, Dr. J, Dr. Nance, for your, uh, outstanding work that you do, and we appreciate your time here today.

00:56:43.307 --> 00:56:47.307
I especially appreciate you getting your materials to us.

00:56:47.973 --> 00:56:52.973
weigh in advance so that we could prepare and have these materials in the board for the board packet.

00:56:53.484 --> 00:56:57.484
For the board, uh, members. So, thank you again, and um...

00:56:58.631 --> 00:57:00.631
Up next, we have another...

00:57:01.254 --> 00:57:03.254
dynamic presentation.

00:57:03.924 --> 00:57:06.924
And I won't waste any time, because they've been patient.

00:57:07.892 --> 00:57:11.892
And we're excited to hear from them, and this is the, uh, Rose Grantz team.

00:57:12.277 --> 00:57:14.277
Take it away.

00:57:14.666 --> 00:57:17.666
Hi everybody, can you guys see my screen okay?

00:57:17.589 --> 00:57:19.589

Yes.

00:57:19.588 --> 00:57:27.585

All right, great. Um, I want to introduce myself. My name is Melissa Pappas. I have the honor of being the Executive Director for Rosecrance of Central Illinois.

00:57:28.181 --> 00:57:31.181

have been the Executive Director since early 20...

00:57:31.412 --> 00:57:38.412

22, and we have a phenomenal relationship with the Champaign County Mental Health Board, who really has assisted

00:57:39.170 --> 00:57:41.170

us in being able to provide

00:57:42.262 --> 00:57:46.262

a multitude of services, um, to individuals in the community.

00:57:46.586 --> 00:57:54.586

But today, I think we're going to talk about something a little bit different for you guys. We are going to talk about our Certified Community Behavioral Health Clinic.

00:57:55.722 --> 00:57:57.722

that you guys will know, um,

00:57:57.721 --> 00:58:13.160

Most by our Walnut location, so that's where our CCBHC is held, and all of the services outside, or inside of that building are considered, um, certified community behavioral health services.

00:58:13.748 --> 00:58:23.748

Um, so with me today, I have Dave Kellerhalls, who's the Director of Clinical Services for Rosecrance's Central Illinois, and Liz Miner, who is the Director of Crisis Service. So...

00:58:23.771 --> 00:58:25.771

Um, let me make sure...

00:58:25.771 --> 00:58:27.768

Dave, go ahead, take your way.

00:58:32.661 --> 00:58:37.661

I'm gonna do a quick mic check, because I'm using earbuds, and sometimes it's funky when you try to connect. Okay, good, soft thumbs up.

00:58:38.354 --> 00:58:40.354

Um, yes.

00:58:41.581 --> 00:58:44.581

Thank you for allowing us to come speak with you about CCBHC today.

00:58:44.883 --> 00:58:46.883

Um, you know, the...

00:58:47.673 --> 00:58:52.673

the model really centers on just expanding access to care and integrating mental health and substance use

00:58:52.674 --> 00:58:56.145

abuse treatment to create a more seamless and collaborative system.

00:58:56.451 --> 00:59:00.451

Um, most of you who have been, you know, either in the field or...

00:59:00.972 --> 00:59:02.972

Had some, um, encounters with

00:59:02.987 --> 00:59:04.987

mental health and substance use services, they...

00:59:05.202 --> 00:59:08.202

Sometimes we're quite siloed in the past,

00:59:08.497 --> 00:59:11.497

Um, and Rosecrance was one of those as well.

00:59:12.253 --> 00:59:14.253

And, you know, that caused...

00:59:14.858 --> 00:59:18.858

you know, you can think of an example of someone coming in for mental health services, and uh...

00:59:18.993 --> 00:59:20.993

During the assessment, someone's like, well,

00:59:21.221 --> 00:59:25.221

you've got to take care of the substance use issue before we can see you in mental health, you know, and then so they...

00:59:25.515 --> 00:59:30.515

switch them over to, um, the mental health side, whether it was a different agency or a different department within.

00:59:31.763 --> 00:59:33.763

the company and, you know, not a great...

00:59:34.894 --> 00:59:37.894

first impression for an individual coming in for services. And so...

00:59:37.895 --> 00:59:43.636

Um, that's something that, uh, is one of the cores to CCBHC, which we

00:59:44.867 --> 00:59:50.867

Um, are thankful for, because we understand that it's gotta happen at the same time. It doesn't have to be one or the other.

00:59:51.973 --> 00:59:58.973

Um, 24-7 crisis services really plays a role, um, and it's a critical access point for individuals that are

00:59:58.972 --> 01:00:00.990

coming in and seeking behavioral services.

01:00:01.257 --> 01:00:04.257

Well, Liz is going to talk a little bit more about that later.

01:00:04.595 --> 01:00:13.595

Um, but the model puts a strong emphasis on recovery, wellness, and trauma-informed practices, and is really designed to meet the unique needs of our community and ultimately improve

01:00:13.661 --> 01:00:15.661

our overall outcomes and well-being.

01:00:18.797 --> 01:00:24.797

Scope of services. So, we've got, um, in order to be a CCBHC, you've got to have

01:00:24.620 --> 01:00:26.620

the 9... these 94 services.

01:00:27.198 --> 01:00:29.198

Well, this is gonna get into those in the next slide.

01:00:29.323 --> 01:00:31.323

Um, but if for some reason,

01:00:32.009 --> 01:00:37.009

you as the agency doesn't provide that service, or directly provide that service, you can partner with

01:00:37.497 --> 01:00:41.497

DCSOs, which stands for Designated Collaborating Organizations.

01:00:42.216 --> 01:00:45.216

Um, and so that allows us to...

01:00:45.933 --> 01:00:51.933

Um, maybe not have to create a whole new program or department, um, and partner with these individuals.

01:00:52.293 --> 01:00:57.293

We're also held to the same criteria and standards that the agency holding the CCBHC does.

01:00:59.320 --> 01:01:07.320

Um, and then all of the services within CCBHC are focused on, um, you know, the individual driving the treatment goals.

01:01:07.407 --> 01:01:11.407

us meeting them where they're at, um, and helping them get closer to...

01:01:12.225 --> 01:01:18.225

either no longer needing our services, or preparing to step down or transition to a lower level of care and kind of continue

01:01:18.611 --> 01:01:22.611

that journey through the continuum to long-lasting stabilization.

01:01:24.493 --> 01:01:33.493

Um, and then also ensuring strong cultural competencies within our staff at all levels. Um, it's critical for giving every individual the best chance to reach their goals and be successful.

01:01:33.810 --> 01:01:35.810

Uh, through this continuum.

01:01:42.694 --> 01:01:45.694

also going to mic check, because it, like, muted and unmuted really fast.

01:01:45.694 --> 01:01:55.090

Go ahead, thank you, Dave. All right, hi, good evening, everybody. Um, so really with CCBHC, this... the core services that we have to have in order to be the CCBHC,

01:01:55.952 --> 01:02:03.952

Um, or a lot of them were services that we were already providing, um, but the CCBHC really allowed us to really put more intentional effort

01:02:03.678 --> 01:02:09.678

Um, and clinical focus into what does this look like for full, holistic, and human-centered care.

01:02:10.260 --> 01:02:12.260

Um, as Dave mentioned, I will get

01:02:12.784 --> 01:02:15.784

very in-depth on the crisis services one on the next slide.

01:02:15.783 --> 01:02:21.884

Um, but really, the 9 core services are 24-7 crisis access, screening assessment and diagnosis,

01:02:21.885 --> 01:02:27.350

Um, client-centered treatment planning, outpatient, uh, substance use and mental health care,

01:02:27.229 --> 01:02:36.229

primary... or outpatient primary care screenings, targeted case management, um, the psychiatric rehabilitation services, so talking about psychiatric medication access.

01:02:37.840 --> 01:02:46.840

And the things that go with that. Uh, peer support and family supports, and then, um, a continuation of intensive outpatient community-based services with a focus on veterans.

01:02:46.840 --> 01:02:51.148

The one piece of CCBHC that was really cool for us as an organization

01:02:52.133 --> 01:02:56.133

Is it really allowed us to put a bigger emphasis on peer-led recovery?

01:02:57.258 --> 01:03:03.258

Um, so we have a phenomenal team for our peer support team. It's comprised, I believe we're up to 6 phenomenal peers from the community.

01:03:03.257 --> 01:03:09.682

Um, who work with clients who are interested in services, maybe pre-contemplative, uh, have some questions, or maybe...

01:03:10.198 --> 01:03:15.198

Have been their services before, um, but want a more peer-centered approach, so they're partnered with a

01:03:15.491 --> 01:03:21.491

person with lived experience, and they walk them through their entire treatment process. So that's something we've been really excited about with CCBHC.

01:03:24.176 --> 01:03:27.176

Uh, the other component, so starting from the top, so crisis services.

01:03:27.176 --> 01:03:33.830

Um, this was not new to Rosecrantz. We have been providing 24-7 crisis services in this region for quite a long time.

01:03:33.830 --> 01:03:36.966

Um, the biggest difference with the CCBHC

01:03:37.952 --> 01:03:47.952

is that we now also have to look at crisis-based substance use. Um, so that really... what that looks like is post, um, overdose, so people who present at emergency departments,

01:03:47.953 --> 01:03:50.665

Either for intentional or unintentional overdoses.

01:03:51.656 --> 01:03:58.656

MCR, Mobile Crisis Response, now also serves as an access point to helping give that person education about medication-assisted recovery.

01:03:58.816 --> 01:04:00.816

Um, but also giving, uh,

01:04:01.999 --> 01:04:06.999

in-moment referrals for outpatient or inpatient level of care to help treat their substance use disorders.

01:04:06.835 --> 01:04:13.835

Um, we do and continue to carry, uh, Narcan, things like that, in our community bags.

01:04:13.834 --> 01:04:21.276

Um, and things like that. And then we do have access to MAR within 24 hours of a referral being made post-event.

01:04:23.993 --> 01:04:28.993

Another course service for the CCBHC is psychiatric Services.

01:04:30.070 --> 01:04:33.070

Um, the Champaign County Mental Health Board in the past has helped us

01:04:33.070 --> 01:04:40.611

with, um, youth psychiatric services, um, which really allowed Rosecrantz, um, to get a solid foundation.

01:04:41.564 --> 01:04:51.564

of providing, um, that youth care to Walnut that we didn't really have previously. Um, now we have multiple psychiatric providers.

01:04:52.632 --> 01:04:57.632

Um, that are able to serve both of our youth and adult populations.

01:04:57.947 --> 01:05:02.947

Um, what the psychiatric services really focus on is that medication education.

01:05:02.947 --> 01:05:13.487

We have a lot of clients that we see take their medications when they feel bad, um, and then when they start to feel better, medication compliance, um, sometimes.

01:05:13.487 --> 01:05:19.222

Um, dwindles, and so that education piece is huge. We have providers going

01:05:19.989 --> 01:05:24.989

to groups, or talking to families about how important, um, medication

01:05:26.466 --> 01:05:48.466

compliance is in someone's treatment. Um, we also take time in talking about how, uh, families and caregivers can really take a central role in the psychiatric, um, services that we offer. Um, we also have all of our psychiatric services integrated into our other community services.

01:05:48.466 --> 01:05:50.533

We have an assertive community treatment program.

01:05:51.286 --> 01:06:01.286

that is an intensive case management program for the seriously mentally ill population in our community, where they have their own nurse, their own psychiatrist,

01:06:01.287 --> 01:06:10.770

Um, and their own caseworkers going out and providing treatment in the community, in their homes, where the individuals feel the most comfortable and spend the most time.

01:06:10.769 --> 01:06:23.123

Um, and that integration has been huge for stabilizing this population of individuals who... who really struggle, um, with, you know, isolation and, um,

01:06:23.123 --> 01:06:27.522

you know, difficulty with follow-through of services. We have a phenomenal psychiatrist that is

01:06:28.580 --> 01:06:33.580

fully dedicated to the ACT program, so we are incredibly honored to have him.

01:06:33.425 --> 01:06:43.425

Um, and then we also added a piece of dietary education for our clients, because the CCBHC, like David said, is... and Liz said, it's really a holistic approach.

01:06:44.695 --> 01:07:00.695

So it's also about, um, physical wellness, um, and really collaborating with, um, community partners, Ascend, um, here in Urbana, um, really helps with the dietary aspects. Um, they also offer, um, disordered eating services.

01:07:00.696 --> 01:07:06.369

for individuals that come into treatment, and that is a struggle. So we expand.

01:07:07.207 --> 01:07:13.207

and partner and get people care that they need that otherwise we weren't able to do.

01:07:12.616 --> 01:07:14.616

Um...

01:07:15.053 --> 01:07:20.053

Next, David's up to talk about mental health outpatient and substance use services.

01:07:22.217 --> 01:07:30.217

Okay, and as you look at this slide, again, not much different than what we had been doing before CCBHC, but a few things that are..

01:07:30.932 --> 01:07:35.932

Um, newer in that, like, you know, the mental health and substance use has to be

01:07:35.933 --> 01:07:40.900

integrated. You may have a few individuals that... that may just have one or the other, but oftentimes,

01:07:42.610 --> 01:07:46.610

um, someone suffering from substance use issues, there's probably an underlying mental health concern.

01:07:46.241 --> 01:07:49.241

Um, and, you know, someone with mental health.

01:07:49.246 --> 01:07:51.246

issues, again, not...

01:07:52.143 --> 01:07:54.143

all the time, but there are sometimes common

01:07:54.813 --> 01:08:01.813

themes of maybe secondary substance use. So, just ensuring that, again, there's that holistic view of it. Um, if the person needs both,

01:08:01.814 --> 01:08:03.964

They get it both at the same time.

01:08:03.964 --> 01:08:07.288

Um, and so that, as well as, uh,

01:08:07.288 --> 01:08:12.288

CCBHC really frowns on waitlists, right? And so we had to get really creative to...

01:08:12.522 --> 01:08:14.522

Um...

01:08:14.678 --> 01:08:20.678

get people in quickly. And so peer support comes into play a big part of that, in that someone can start

01:08:21.431 --> 01:08:25.431

seeing somebody getting some of the emergency case management needs met, um...

01:08:25.603 --> 01:08:27.603

while they're being assigned their clinician.

01:08:28.621 --> 01:08:34.621

Um, so they've been a huge help, and then even after they're assigned the clinician, peer support's still there to help fill in the gaps, you know, in between sessions.

01:08:34.667 --> 01:08:37.667
If they need some help. Um, I think, uh,

01:08:38.918 --> 01:08:43.918
Maybe someone goes into more detail on that later, so I'll stop there, but the other thing that is

01:08:43.918 --> 01:08:46.654
I think exciting is that we've always pushed

01:08:47.530 --> 01:08:49.530
And been focused on evidence-based practices.

01:08:50.242 --> 01:08:52.242
But it was really hard to track in terms of...

01:08:52.692 --> 01:08:56.692
How are we ensuring that our clinicians are using it consistently and appropriately?

01:08:56.692 --> 01:08:58.844
And, uh, to the model.

01:08:59.409 --> 01:09:03.409
Um, and so CCBHC forced us to look at that, like, how... well, you're going to have to track it now.

01:09:03.863 --> 01:09:07.863
Um, and so, our electronic health record did not really

01:09:07.863 --> 01:09:12.389
That's not data points that they... that I could pull out, because it narrative of a progress note.

01:09:12.474 --> 01:09:15.474
Um, so we got some new technology that's pretty exciting.

01:09:15.853 --> 01:09:18.853
I won't go into detail, but it sort of sits on top of Avatar.

01:09:18.853 --> 01:09:22.683
And can pull out that data from the progress note.

01:09:22.684 --> 01:09:25.725
It creates a dashboard for our supervisors, and...

01:09:25.725 --> 01:09:27.803
And those above the supervisors as well.

01:09:27.802 --> 01:09:30.990

to help, um, give a...

01:09:31.893 --> 01:09:35.893

point in time picture of how often, what EBPs are being used,

01:09:36.785 --> 01:09:42.785

How often and how effective, and that can then be used in the clinical supervisions that we're having with our drug care staff.

01:09:42.785 --> 01:09:48.528

that's one of the... one of the super exciting things that, uh, that has come out with, um, some of the new requirements.

01:09:49.509 --> 01:09:51.509

And that's all I have for that one.

01:09:53.118 --> 01:10:00.118

And then, moving on to the treatment planning aspect, like Dave mentioned, through the CCBHC, we have to be fully integrated and holistic in our care.

01:10:00.815 --> 01:10:08.815

Um, so one really cool improvement that we were able to make with the CCBHC is we now all operate off of one shared treatment plan.

01:10:08.814 --> 01:10:13.760

So it doesn't matter what programming person is in at the Walnut location,

01:10:13.761 --> 01:10:19.077

Um, everybody is using the same treatment plan, there's no, um, questioning what

01:10:19.955 --> 01:10:21.955

clients are working on across multiple programs.

01:10:22.142 --> 01:10:24.142

Which was something really cool. And with that,

01:10:24.608 --> 01:10:29.608

Um, it really is that person and family-centered treatment planning approach in the CCBHC.

01:10:30.047 --> 01:10:40.047

Um, we have to be very individualized in our treatment planning based on their assessments. Um, everybody receives the same assessment. We don't have separate assessments for substance use or mental health.

01:10:40.309 --> 01:10:47.309

Um, so all of these pieces fit into this one spot to really capture the client's story and what the needs are.

01:10:48.150 --> 01:10:52.150

Um, we continue to have to address prevention needs, medical and behavioral health care needs.

01:10:53.182 --> 01:11:01.182

Um, so if they need dental, we, you know, put things in there as far as, you know, treatment planning on how we're going to help them achieve dental goals and things like that.

01:11:01.707 --> 01:11:06.707

um, developed with a client endorsed by the client and the family. It is a collaborative treatment planning approach.

01:11:06.707 --> 01:11:12.338

And then also having a comprehensive approach to addressing all the services and recovery supports needed.

01:11:13.521 --> 01:11:15.521

Um, as well as having documented advance directives.

01:11:16.367 --> 01:11:23.367

Uh, through the Illinois CCBHC, the CCBHC designated the IMCANS and IATP, which is a, um, what they call the treatment plan.

01:11:24.084 --> 01:11:30.084

That is the assessment that we use for all of our clients who are coming into care outside of crisis services.

01:11:30.316 --> 01:11:35.316

But then we also have to do treatment planning following any crisis, uh, events that happen.

01:11:35.542 --> 01:11:44.542

Um, that's done through the state safety plan, as well as other prevention plans and things that we do along the way as we get people who've had a crisis connected to care.

01:11:48.582 --> 01:11:51.582

And then the next piece is care coordination. Um...

01:11:52.744 --> 01:12:02.744

The CCBHC, this is one of the biggest focuses that we have to have, is how are we care coordinating across not just Rosecrans' CCBHC programs, but also with other community providers.

01:12:02.744 --> 01:12:06.511

Um, so we have a pretty big emphasis on those pieces.

01:12:07.410 --> 01:12:14.410

Uh, we help assist clients with their appointment at other providers. Uh, so peer support and clinicians and the whole care team really works together.

01:12:14.955 --> 01:12:16.955

on what does it look like, uh, for a client's week?

01:12:17.664 --> 01:12:26.664

a lot of their, um, clinicians or staff that are working with them help them keep their appointment straight, help them schedule or reschedule, um, depending on what the needs are.

01:12:26.529 --> 01:12:31.529

Um, also looking at how we can help them with benefits like their Medicaid and other public assistance.

01:12:32.121 --> 01:12:37.121

Um, so making sure that they continue to have access to needed services with minimal, um,

01:12:37.899 --> 01:12:39.899

financial impact to the client.

01:12:39.899 --> 01:12:42.619

Uh, we are partnered with Promise Healthcare, or FQHC.

01:12:43.069 --> 01:12:50.069

Um, and a couple other entities here in town, um, to help with the care coordination expectation pieces, especially when it comes to primary care.

01:12:50.065 --> 01:12:57.065

We, as Rose Grants, not primary care providers, but we have wonderful partners in the communities who help bridge that gap for our clients.

01:12:58.154 --> 01:13:05.154

Um, we also have to track our clients' admissions and discharges from, uh, inpatient, like, hospital stays,

01:13:05.574 --> 01:13:16.574

Residential facilities, um, ER visits, things like that, so we have a really cool software. We use ADT and IHPA, and those help us track, um, where our clients are after they sign an informed consent for it.

01:13:17.638 --> 01:13:20.638

So we get real-time updates as to what's going on with clients.

01:13:21.036 --> 01:13:29.036

And what their needs may be. It's been super valuable, um, when clients maybe have relapsed, overdosed, or needed higher-level psychiatric care, keeping their care team in the loop.

01:13:29.405 --> 01:13:34.405

Um, and then also with the care coordination, uh, it requires not only

01:13:35.138 --> 01:13:42.138

care coordination amongst the agencies, but also we have to include very specific people in that care coordination process, depending on the client's needs.

01:13:42.602 --> 01:13:49.602

Um, so including schools, other welfare agencies, criminal justice agencies, um, things like DCFS, DCBYS,

01:13:50.016 --> 01:13:55.016

Um, other human services organizations, uh, the VA and other acute care hospitals.

01:14:00.011 --> 01:14:10.011

Alright, so workforce. Um, so yeah, the CCBHC model is built on multi-disciplinary teams that include license medical clinical providers, case managers,

01:14:10.497 --> 01:14:16.497

crisis clinicians of various specialties and areas, peer support specialists, um,

01:14:16.658 --> 01:14:18.658

All that... that bring a strong...

01:14:19.639 --> 01:14:21.639

level of expertise in their respective disciplines, so...

01:14:22.118 --> 01:14:27.118

Um, we're... we're very lucky with Rosecrans to have a pretty robust talent acquisition team that

01:14:28.328 --> 01:14:30.328

Helps us find all these individuals that we need, and...

01:14:30.509 --> 01:14:32.509

And hopefully in a timely manner, and um...

01:14:33.136 --> 01:14:39.136

kind of take some of the weight off of the individual, like, hiring manager themselves, uh, so they can do

01:14:39.888 --> 01:14:42.888

Um, the work on the ground with supervising and managing the program.

01:14:42.888 --> 01:14:45.386

As well as, um, you know, an entire...

01:14:46.243 --> 01:14:49.243

department dedicated to staff education and development, um, and so...

01:14:49.496 --> 01:14:53.496

That comes in handy quite a bit, that, um, you know, it takes a village.

01:14:54.263 --> 01:14:56.263

Uh, to make this happen, and so to have those two

01:14:57.180 --> 01:15:01.180

Those two components has been super helpful in making it possible.

01:15:01.383 --> 01:15:04.383

Um, and so the staff development is supported through

01:15:05.277 --> 01:15:07.277

comprehensive training plans focused on

01:15:08.230 --> 01:15:10.230

on all the things you see there and more.

01:15:10.408 --> 01:15:15.408

Um, and, uh, ensuring that, uh, on a regular basis that

01:15:16.569 --> 01:15:19.569

that these competencies and, um...

01:15:19.989 --> 01:15:26.989

training components are not only being completed, but they're being applied, and that there's observation

01:15:27.908 --> 01:15:32.908

within, um, you know, even individual sessions and groups of a clinician, no matter

01:15:33.040 --> 01:15:38.040

what their level of expertise, veteran or new, is, you know, having a periodic, sort of,

01:15:38.736 --> 01:15:42.736

peer review and observation as to ensure that the things are going the way that they're supposed to.

01:15:43.821 --> 01:15:45.821

And then, of course, leveraging our DSO... DCOs,

01:15:45.820 --> 01:15:51.076

Uh, to ensure that, um, that they're doing what they're supposed to do as well, since we are also, you know,

01:15:51.266 --> 01:15:57.266

held accountable for our partners. And so, uh, making sure we have a strong partnerships with them and transparency to make sure

01:15:57.462 --> 01:16:00.462

We're all on the same page and delivering the same quality of care.

01:16:02.732 --> 01:16:10.732

So now, on to maybe the less exciting items, which is, um, kind of the financial component of a CCBHC.

01:16:10.732 --> 01:16:21.023

So, the state of Illinois received a demonstration opportunity to be a CCBHC demonstration state by

01:16:21.023 --> 01:16:34.078

the federal government, so HFS is the partner that oversees, um, the CCBHCs. And how CCBHCs work is it goes off of a prospective payment system.

01:16:35.135 --> 01:16:38.135

And so, uh, Rosecrantz gets paid

01:16:38.193 --> 01:16:45.193

per Medicaid encounter, and it's a rate that every single organization receives, and it's based on

01:16:46.149 --> 01:16:52.149

the cost that it takes to provide the service. So, nobody's PPS rate is the same.

01:16:52.891 --> 01:17:01.891

They're all different, because everybody's costs are different. And then those costs go into what the rate is. And the goal of CCBHC is to come out

01:17:01.891 --> 01:17:24.585

at nothing. Um, at \$0, right? Because, uh, the purpose of it is that you are fully able to pay all of your expenses. And that's what the PPS rate will allow you to do. And the PPS rate fluctuates. Um, and so it, um, for every so many years that you are a CCBHC, um, you can get re-rated,

01:17:25.115 --> 01:17:29.115

And, um, your rate can change based off of your costs.

01:17:29.369 --> 01:17:32.369

Um, for the services that you are providing.

01:17:32.745 --> 01:17:36.745

The thing about the PPS rate is that we only generate

01:17:36.745 --> 01:17:46.707

a rate if an individual has Medicaid. So the CCBHC, um, is primarily focused on individuals with Medicaid, family, um, adults,

01:17:47.790 --> 01:18:01.790

youth, um, uh, that there is no age range for, uh, services for CCBHC, but the primary, um, component of it is you only are able to generate a bill if they have Medicaid.

01:18:01.789 --> 01:18:10.210

If they are unfunded, self-pay, or private, you do not generate any rate. Um, so the service that you delivered

01:18:10.206 --> 01:18:12.206

goes, um...

01:18:13.399 --> 01:18:21.399

you know, not... it's non-reimbursable. However, that is okay, because, um, that is built into your... into our costs.

01:18:22.093 --> 01:18:28.093

So, the philosophy of CCBHC and the philosophy of Rosecrantz is that nobody gets turned away.

01:18:28.296 --> 01:18:30.296

Regardless of funding source,

01:18:31.201 --> 01:18:43.201

When you come into our facilities, um, you will receive the same services as somebody that has funding. Um, and so it is been an honor to be a part of this demonstration, because

01:18:43.305 --> 01:19:02.305

we don't have to be concerned about providing services to unfunded families, and those individuals don't have to be worried that their services will be cut off if they lose their funding, especially in the political climate that we're in right now, um, that it is an incredibly scary time.

01:19:02.245 --> 01:19:06.245

Um, and, um, another, uh, bit

01:19:06.565 --> 01:19:11.565

to this is that a PPS, um, rate, um,

01:19:12.038 --> 01:19:15.038

is only generated one time per day.

01:19:16.017 --> 01:19:21.017

So if a client comes in and receives 4 different services, we only get reimbursed

01:19:21.016 --> 01:19:30.217

for one of those services. Um, and so, um, that is also, though, taken into account, um, when, when you at cost.

01:19:30.522 --> 01:19:35.522

Um, but it is something that... that is very different from a fee-for-service.

01:19:35.964 --> 01:19:40.964

Um, uh, program, a fee-for-service program, you bill.

01:19:40.964 --> 01:19:46.245

You bill however long, um, that service took, and then you are reimbursed

01:19:46.426 --> 01:19:51.426

what Medicaid or, um, the insurance organization

01:19:51.806 --> 01:19:57.806

feels that that service is worth. And we all know that that rate is never how much it costs.

01:19:58.396 --> 01:20:12.396

to provide that service to any organization. Um, Rosecrantz is not special in that. There are tons of organizations in this community that, um, that have to accept a rate that we all know is unacceptable.

01:20:13.484 --> 01:20:19.484

And what CCPHC does is it takes all of that into account and reflects that in your PPS rate, so...

01:20:20.585 --> 01:20:33.585

You are getting the reimbursement for, like I said, what that service costs. It's taking into account all of the individuals that are struggling with losing their funding, um, and it is allowing places like Rosecrantz

01:20:34.665 --> 01:20:46.665

heritage, behavioral health, these are all CCPHCs in the state of Illinois, to continue to be able to service individuals, um, uh, that... that don't have funding be... because

01:20:47.209 --> 01:20:58.209

Um, of these new rates. Um, but it does come with a catch at times, right? We all know that a lot of our clients are in a multitude of services, and we know that when they walk in that door,

01:20:58.618 --> 01:21:03.618

They... we want all of them to get that service that day, because sometimes we don't know when we're gonna see them again.

01:21:03.822 --> 01:21:11.822

And so oftentimes, clients are getting 2 to 3 services in one day, only one of those services is a qualifying rate.

01:21:14.535 --> 01:21:29.535

And so there are challenges, right? Um, there are significant challenges to becoming a CCBHC. I wish it was all rainbows and sunshine. I do, for the most part. Um, it has been just an honor and such a phenomenal experience.

01:21:30.418 --> 01:21:43.418

that we have been able to take part in, along with the 19 other CCBHCs in the state of Illinois. But some of the challenges that we see are staff turnover. We had to expand, um, some of our programming

01:21:44.126 --> 01:22:05.126

to meet the requirements and add a significant amount onto our staffing plan. Um, we have launched new programs in the community, and some of those are very niche programs that you're really looking for sometimes those unicorns in the community who have such a dedication to a certain population, and that could sometimes take time.

01:22:05.137 --> 01:22:18.137

to fill. So, staff turnover, and really not turnover. Our turnover has drastically decreased since we started CCBHC, but really, it's about staff vacancies, having to open up these new positions, um,

01:22:19.181 --> 01:22:35.181

And we know that that filling positions throughout central Illinois, um, can often be a struggle. Um, another challenge for us is that unfunded population. Um, with this current administration, we know that

01:22:35.771 --> 01:22:49.771

Um, clients are losing their benefits at a quite alarming rate. We are honored to have, um, the Champaign County Mental Health Board fund our benefits case management program.

01:22:49.771 --> 01:22:56.525

You have funded that program for so many years, and that is the sole focus of that case manager.

01:22:57.447 --> 01:23:09.447

is to ensure that when, um, clients are losing their Medicaid coverage, that she, um, engages with them immediately to get them, um,

01:23:10.558 --> 01:23:18.558

to get their coverage back. Anybody that walks through our door, the first thing that we ask, um, is for their Medicaid.

01:23:19.303 --> 01:23:30.303

card or number, and we're able to look them up in our system in the state system immediately, um, because at times, we are the first people to let them know their coverage has lapsed.

01:23:30.881 --> 01:23:38.881

Um, and so we really start that process before they're even clients at Rosekrantz, um, because we know that

01:23:38.880 --> 01:23:54.928

getting them coverage not only benefits them, um, from seeking our services, but, um, physical wellness, um, as well, um, dental, um, so it's incredibly important for the community, um, that we get them covered.

01:23:54.929 --> 01:24:04.915

And so being able to have that benefits case manager, um, work on getting people their coverage back, or get them coverage they've never had it before.

01:24:04.915 --> 01:24:08.167

Um, we have found has been incredibly essential.

01:24:08.256 --> 01:24:10.256

Um, to the CCBHC.

01:24:11.104 --> 01:24:24.104

Um, Rosecrantz is also incredibly unique, um, in the sense that, yes, we have a CCBHC, but that... we offer a multitude of other services that are traditional fee-for-service or residential.

01:24:24.104 --> 01:24:33.024

So we are constantly having to straddle both sides, um, of the line, because residential programs are not considered CCBHC programs.

01:24:33.749 --> 01:24:40.749

At all. And there are also other programs that are not covered under CCBHC, and so these are two completely different systems.

01:24:40.749 --> 01:24:45.698

That they only overlap by treating the clients that are in them. Outside of that,

01:24:45.698 --> 01:24:50.492

The payment systems do not overlap, and we also cannot share staff.

01:24:50.916 --> 01:25:02.916

So the staff have to be separated as well. Um, and so we offer, like I said, a multitude of programs. We have our substance use residential program, our recovery home, our crisis residential center,

01:25:02.916 --> 01:25:11.724

We have supervised residential, our Springfield house, um, where we house individuals with serious mental illness, teaching them independence skills.

01:25:11.724 --> 01:25:27.310

Um, so that they can live independently. We have our supported residential, where we have mental health housing options for individuals, and that's permanent housing for them, um, where they can live and receive case management services for us for the rest of their lives.

01:25:27.872 --> 01:25:32.872

We have one of the largest prevention programs in the state of Illinois.

01:25:33.156 --> 01:25:47.156

That is, um, embedded in a multitude of school systems, really teaching, um, our youth, um, preventative care. Um, we also have our entire Danville location, which is all substance use.

01:25:47.078 --> 01:25:58.078

services, and then we have our Kankakee location, which is both mental health, substance use, and crisis services. So, the CCBHC, although it is incredibly important, um,

01:25:59.094 --> 01:26:13.094

to Rosecrantz of Central Illinois. It is... it is just a fraction of what we do in this community and the services that we offer. And I know everybody's thinking, but Melissa, you haven't mentioned the behavioral health urgent care, and I haven't yet.

01:26:13.094 --> 01:26:24.209

Um, because the news is not the best news. Um, the state of Illinois originally stated that the behavioral health urgent care was going to be mandatory for all organizations.

01:26:24.386 --> 01:26:29.386

Um, that received the CCBHC designation, they have since gone back on that.

01:26:29.562 --> 01:26:31.562

And have removed it.

01:26:32.742 --> 01:26:42.742

from the CCBHC, Rosecrantz was already knee-deep in construction of our behavioral health urgent care, which is located on the backside of our Moreland.

01:26:43.233 --> 01:26:51.233

location, and we knew, um, that we had really leaned on a lot of community involvement for that program, and we were not going to stop.

01:26:51.845 --> 01:26:57.845

that build-out, or that service and promise that we made to the community, so we have gone ahead

01:26:57.846 --> 01:27:04.702

And went through... and have gone ahead with finishing construction, and we will be opening up that program.

01:27:04.702 --> 01:27:15.713

at the 1st of June, um, because we made a promise to this community that we would bring a behavioral health urgent care, um, and so we are not going to go back on that, um, because the state

01:27:15.713 --> 01:27:25.675

is thinking some things over. Um, and so that is not considered a CCBHC. It will run like a traditional fee-for-service program.

01:27:25.931 --> 01:27:33.931

That program is amazing. It is a walk-in program where individuals, um, can be... can walk in, be dropped off by loved ones.

01:27:34.347 --> 01:27:37.347

be brought in by ambulance, fire, police.

01:27:37.809 --> 01:27:45.809

Um, and really, they will immediately be triaged to see where their needs are. Do they need to go to residential? Do they need to be hospitalized?

01:27:45.807 --> 01:27:52.090

Do they need to go to crisis stabilization? And we're able to do that in person and take care of them.

01:27:52.113 --> 01:27:54.113

Um, in their...

01:27:54.609 --> 01:28:00.609
immediate moment of need. Um, and so this is going to be a phenomenal program that has medical out of it,

01:28:01.139 --> 01:28:09.139
that has, um, uh, clinical services out of it, and the most important, we'll, um, have a plethora of peer support.

01:28:10.051 --> 01:28:16.051
staff in it, because, um, we have found that that, that having those peer support components in our programs

01:28:17.206 --> 01:28:22.206
um, have the greatest success for the clients that we are serving.

01:28:22.811 --> 01:28:40.811
And then, of course, the state has also decided that they may change the crisis system of care. Um, and uh, that is going to potentially have a huge impact, um, for Rosecrantz, um, because we are embedded, um, throughout the state of Illinois, providing mobile crisis response services.

01:28:40.811 --> 01:28:47.016
We have very limited information on that, but it is something new that will potentially be coming down the pike, and just something that

01:28:47.563 --> 01:29:02.563
We constantly, um, have to make sure, um, that we are prepared for. Um, so that is the end of our presentation, um, and we just want to thank you for allowing us to come and discuss

01:29:03.126 --> 01:29:06.126
Um, what's been going on at our Walnut location.

01:29:09.486 --> 01:29:15.486
Thank you very much. Um, to all three of you, um, opening it up now for, um,

01:29:16.472 --> 01:29:18.472
board members and staff members, um,

01:29:19.088 --> 01:29:25.088
And then we'll open up after that to anybody on the Zoom, so we can start with board and staff, um, any questions or comments?

01:29:27.045 --> 01:29:29.045
I do. Hi Melissa.

01:29:29.071 --> 01:29:31.071
Hi!

01:29:31.902 --> 01:29:35.902

The... one of the beautiful, um, the bright spots of

01:29:35.989 --> 01:29:39.989
my job is... and it may not be...

01:29:40.395 --> 01:29:45.395
as bright to the agencies, uh, but when I come out to do a site visit,

01:29:45.524 --> 01:29:51.524
And I get a chance to talk with you about what's going on in your, you know, with your programs.

01:29:52.594 --> 01:29:59.594
You have, uh... you, Dave, and Liz, um, just gave us...

01:30:00.252 --> 01:30:05.252
A wealth of information about what's going on, right?

01:30:05.703 --> 01:30:09.703
And I was gonna give you a scenario, because...

01:30:12.057 --> 01:30:19.057
I think sometimes, you know, you can really find out what's going on with an agency when you, you know, put them to the test, and you just ask...

01:30:19.576 --> 01:30:26.576
you know, some basic questions, but you kind of answered a lot of the scenario component that I had for you.

01:30:27.198 --> 01:30:33.198
Um, but I'll just ask it anyway. One, first of all, I appreciate, I love the, uh...

01:30:34.548 --> 01:30:37.548
Uh, the one shared treatment plan for clients. I love it.

01:30:37.971 --> 01:30:40.971
I think it's a great idea to be able to pull

01:30:41.384 --> 01:30:46.384
different, um, teams together to review just one plan

01:30:46.429 --> 01:30:51.429
With that said client. It just makes things... it streamlines everything.

01:30:51.457 --> 01:30:57.457
I also appreciate the 24-hour crisis access point. I think that's very critical.

01:30:59.275 --> 01:31:03.275
Um, the peer-led recovery. Who knows better than a peer?

01:31:03.096 --> 01:31:05.096
Right? Um...

01:31:05.110 --> 01:31:10.110

And then the family voice in the psych services. Loved that.

01:31:10.559 --> 01:31:16.559

So, the scenario that I was going... that I... I'll just briefly mention is there's a 40-year-old man

01:31:17.647 --> 01:31:19.647

He lives in Sedoris.

01:31:20.489 --> 01:31:23.489

Right? So, kind of rule, I guess, if you...

01:31:23.822 --> 01:31:31.822

kind of rule. He's an alcoholic, he has major depression, he's not, you know, he, you know, lost his family, he has no income.

01:31:32.654 --> 01:31:34.654

No insurance.

01:31:35.026 --> 01:31:39.026

Uh, he's a diabetic, and he can't find his purpose anymore.

01:31:40.746 --> 01:31:43.746

So he's got all these things going on, a myriad of things going on.

01:31:44.654 --> 01:31:49.654

Who's coming out there to see him? Who's gonna... what's the next steps?

01:31:50.199 --> 01:31:53.199

to go into Sedoris to help this gentleman.

01:31:55.952 --> 01:31:57.952

Go ahead, Liz.

01:31:57.953 --> 01:32:03.947

I'd say I... I'd say I can hop in if you want, Pappas. So, I think, uh, the one cool thing about the CCBHC is there's no such thing as a wrong door.

01:32:03.946 --> 01:32:08.885

Um, so the 40-year-old man struggling with alcohol use disorder and major depressive disorder.

01:32:08.885 --> 01:32:13.892

any... it really could be any of our teams who get first contact, depending on where the referral comes from.

01:32:13.892 --> 01:32:22.121

Um, those are people we treat every day. Uh, if it's major depressive is the major issue that day, it could be mobile crisis response, going to their home.

01:32:22.205 --> 01:32:27.205

Um, to see them and see what we can do to help provide them better care, or give them more access to care.

01:32:28.107 --> 01:32:35.107

Um, sometimes it's community-led, uh, referrals that then launch into our community support teams and peer support that can go out or make contact with them.

01:32:36.177 --> 01:32:40.177

Um, to see what their needs are, so there really is no wrong door of what the next step is.

01:32:41.218 --> 01:32:46.218

I knew you would answer that question. You kind of already provided the answers.

01:32:47.342 --> 01:32:54.342

It just... it feels like, um, this model, the CCBHC model

01:32:55.021 --> 01:32:57.021

has an internal wraparound service.

01:32:57.651 --> 01:33:02.651

component. It's all... it's... everything.. and I hate to say one-stop shop,

01:33:03.163 --> 01:33:10.163

But if we can get you through the door, we're gonna get you in the right... take... get you to the right person, the right direction.

01:33:10.812 --> 01:33:12.812

the right treatment, the right help. And so,

01:33:12.813 --> 01:33:18.196

That's beautiful to see, to hear it outlined, uh, tonight, so thank you all for...

01:33:19.038 --> 01:33:21.038

for providing this information, and I'll stop.

01:33:24.684 --> 01:33:27.684

Thank you, Leon. Um, other questions or comments?

01:33:31.832 --> 01:33:34.832

Hi, um, I'm Jon Youakim. I...

01:33:34.831 --> 01:33:36.992

Just had a couple questions, um...

01:33:37.678 --> 01:33:42.678

for psychiatry, you said you had multiple now. Are they in-house, or are they telehealth?

01:33:44.194 --> 01:33:51.194

We have one provider that is, uh, 50% in-house, 50% telehealth, and then the rest are telehealth.

01:33:51.562 --> 01:33:53.562
Okay. And then, um...

01:33:53.949 --> 01:34:01.949
for, uh, teens, uh, do you do substance use disorder services for them as well, or is it just mental health services? Okay, perfect.

01:34:02.675 --> 01:34:08.675
Um, and I know in the past couple years, uh, when we had, uh, Dr. Lisa Liggins-Chambers, she did bring up

01:34:08.674 --> 01:34:12.569
Just, um, a concern about making sure we have, uh,

01:34:12.600 --> 01:34:14.600
diverse providers, um,

01:34:14.715 --> 01:34:16.715
Can you, you know,

01:34:16.881 --> 01:34:21.881
Um, tell us about, you know, the diversity of your... of not just... not staff, but...

01:34:21.881 --> 01:34:24.303
more the counselors and the physicians

01:34:24.998 --> 01:34:27.998
Uh, that provide mental health and substance use disorder services.

01:34:29.314 --> 01:34:31.314
Yes, so, um, when those...

01:34:31.595 --> 01:34:40.595
uh, when that feedback came back, um, I think that Rosecrantz did a great job at, uh, showing, um, the diversity of the staff.

01:34:41.705 --> 01:34:51.705
Um, that we have here. Um, that has not stopped, um, with the expansion of our services. Right now, we are really focused on, um,

01:34:51.705 --> 01:34:53.965
trying to, um...

01:34:54.257 --> 01:35:05.257
hire individuals that are bilingual. Um, we have a phenomenal program that we use, but we would really like that to be an in-person experience, um, for clients.

01:35:06.209 --> 01:35:30.209

For us, um, and so we are always trying to figure out how do we meet the community's needs, how do community members come in and see people that look like them and are from the area, um, that they are from, and so we have been incredibly blessed, um, to hire a lot of individuals recently that have roots in Central Illinois, that were born and raised

01:35:30.206 --> 01:35:36.206

here that didn't just come here to go to the university, and then leave it. I think that that has really helped with,

01:35:36.980 --> 01:35:38.980

connecting with our community members.

01:35:42.364 --> 01:35:44.364

So, currently, do you have any,

01:35:44.789 --> 01:35:50.789

counselors or physicians that, um, say, like, speak Spanish, or any African American

01:35:50.789 --> 01:35:52.769

counselors or physicians?

01:35:52.769 --> 01:35:54.834

Yes.

01:35:54.834 --> 01:36:03.236

Yes, um, the majority of our programs are employed by persons of color. Um, we do have a few bilingual staff. They are mostly concentrated. I'm very lucky in crisis services.

01:36:03.220 --> 01:36:08.220

The majority of my crisis services team for MCR are Spanish speakers, people of color,

01:36:08.914 --> 01:36:12.914

Um, we have a French speaker and quite a few Arabic speakers as well on that team.

01:36:12.913 --> 01:36:20.632

Um, but across the board at our Walnut location, most of our programs are very diverse, as far as the staff who are working them and the treatment that they provide.

01:36:22.830 --> 01:36:24.830

Excellent, thank you so much. I appreciate your time.

01:36:28.662 --> 01:36:35.662

All right, I will go next. Um, they... I have, I guess, several questions. We'll see what order they come out in, because I forgot a pen.

01:36:35.659 --> 01:36:44.659

And I don't have my computer, so, um, I'll try... so I was also, um, likely on, very interested in this kind of, like, um,

01:36:44.587 --> 01:36:49.587
treatment plan, uh, is, you know, act... like, one treatment plan.

01:36:50.266 --> 01:36:55.266
that is, uh, person-centered and family-centered, and also, um,

01:36:54.892 --> 01:36:59.892
accessed by everyone on the team, and I was interested in how...

01:37:00.551 --> 01:37:06.551
That is developed? Like, is there a point person that kind of starts the process?

01:37:07.253 --> 01:37:11.253
Um, or takes, um, the lead on kind of writing everything up.

01:37:11.665 --> 01:37:13.665
Or how does that typically work?

01:37:14.732 --> 01:37:24.732
That's a really good question, Molly. Um, and... and that collaborative model is new to us. I'm going to let Dave talk a lot about it, because he oversees our whole clinical team.

01:37:24.732 --> 01:37:28.126
Um, and he... they really had to develop a new process, because

01:37:28.571 --> 01:37:31.571
Prior to this, everything was separate. So...

01:37:31.963 --> 01:37:35.963
Yeah, excuse me, and we actually had to overhaul our EHR.

01:37:36.700 --> 01:37:46.700
Which was needed for other reasons, but it's a... it's a big, uh, lift. And so, traditionally, we had a mental health treatment plan and a substitute treatment plan. They were separate, and they didn't really work together.

01:37:46.699 --> 01:37:49.246
Other than you could see the other person's plan.

01:37:49.640 --> 01:37:53.640
Um, so we had NetSmart, which is the creator of Avatar, come in,

01:37:53.445 --> 01:37:55.445
sort of revamp everything.

01:37:56.095 --> 01:37:58.095
create an integrated plan that

01:37:59.240 --> 01:38:03.240
Um, let's say the first person that makes contact and gets them in a treatment program

01:38:04.175 --> 01:38:11.175

generates theirs, um, you know, they make note of maybe some of the other needs they have. Let's say they're... they start in mental health, but they need substance use.

01:38:12.355 --> 01:38:16.355

Um, once that person's in the substance use program and getting their, sort of, intake

01:38:16.948 --> 01:38:21.948

Don and their treatment portion of it, then that clinician can literally just update it,

01:38:22.228 --> 01:38:28.228

It pulls everything through from the original, uh, person that they're still in with, and then they can add

01:38:28.904 --> 01:38:35.904

all of their pieces to it, um, finalize it, goes through the signing process for the clinician and the LPHA.

01:38:36.795 --> 01:38:42.795

And then the treatment plan, again, that gets updated every 6 months, but you can continue to update that.

01:38:42.794 --> 01:38:48.833

As they go into new programs, so psychiatry gets added, that can just be updated and put in there.

01:38:48.833 --> 01:38:57.197

And then everybody, um, everybody's objectives and interventions and responsibilities are all listed in one... one document.

01:38:58.139 --> 01:39:01.139

Really exciting, took a long time to... to get there. I didn't think that...

01:39:01.298 --> 01:39:04.298

the technology piece, would that be... would be that much of a lift, but...

01:39:04.765 --> 01:39:06.765

Um, EHRs are complicated, apparently.

01:39:07.550 --> 01:39:13.550

We also were incredibly intentional with developing behavioral health catmans, which is like a stand-up.

01:39:14.543 --> 01:39:31.543

Um, for our outpatient programs, where, um, clinicians and leaders are able to join, um, they do join, um, a weekly meeting where they are staffing cases, where they are collaborating, um, about how to, um, kind of,

01:39:31.645 --> 01:39:41.645

get clients either, uh, um, stabilized or, um, is there another program that would be a better fit for this client? And we,

01:39:41.659 --> 01:39:48.659

when we were siloed before, there was maybe an email that would go out, or you would occasionally, you know, knock on your

01:39:49.846 --> 01:40:01.846

that clinician's door and be like, hey, um, I think we share this client, and now it's this weekly collaboration of, you know, the teams, um, who are providing treatment to these community members.

01:40:01.847 --> 01:40:03.547

And we have... we've seen

01:40:04.022 --> 01:40:12.022

not only an increase in our successful discharges for our clients, but we've also seen an increase in the retention of our clients.

01:40:12.022 --> 01:40:18.649

staying in their programs, because it's not just one individual helping this person. It is an entire team of people.

01:40:19.828 --> 01:40:24.828

Yeah, that all is very cool, and as a therapist myself, I was imagining, like,

01:40:25.801 --> 01:40:34.801

the overhauling process of the, like, you know, just knowing how in my EHR, the treatment plan is, like, built in, I was just like, how do you even do that?

01:40:34.801 --> 01:40:35.458

Mm-hmm.

01:40:35.080 --> 01:40:37.080

Um, but it sounds like...

01:40:37.528 --> 01:40:45.528

you know, maybe whoever, um, the client first sees kind of kicks it off, but then each clinician is able, um, and

01:40:45.883 --> 01:40:56.883

to come in and add to it, and I guess how... it sounds like the client and their family are involved with that, too, but, like, does the client sign the treatment plan? Like, what is their involvement?

01:40:58.397 --> 01:41:00.397

Yep, there's...

01:41:00.399 --> 01:41:22.484

Yes, the client has to sign the treatment plan for it to be valid, right? We need them to be invested in their treatment just like we are, and so they are able to review their treatment plan, and sometimes they'll

disagree with it. And so we go back, um, and we will update it, um, so that they are... we get them to a point where they believe in, in kind of the services that they are going to be provided,

01:41:23.265 --> 01:41:33.265

and what the expectation of the clinician is as well, because on that treatment plan, it outlines what we are going to do to assist them, and so it also... it holds

01:41:33.118 --> 01:41:43.118

us accountable in the client's eyes. Um, and we also could have families sign the treatment plan, especially if they're taking a central role, um, in the client's treatment. We really

01:41:43.391 --> 01:41:51.391

We really want that family involvement, because we see success rates skyrocket when the client has

01:41:51.844 --> 01:41:58.844

a support system outside of Rosecrantz, or Promise, or Courage Connections. You know, we really want that

01:41:58.845 --> 01:42:02.645

that family unit, um, and that support system.

01:42:02.605 --> 01:42:04.605

while they're in treatment.

01:42:06.004 --> 01:42:13.004

Thank you very much for sharing all those details. I mean, it does seem like an ideal way to do treatment planning, especially with... I mean, I have clients who...

01:42:13.003 --> 01:42:19.570

I have my clients sign the treatment plans, and some of them are like, I've never been... I've never even looked at a treatment plan from a therapist before.

01:42:20.102 --> 01:42:29.102

So it's really good how involved they are, and that they can invite other people, like, from their family to be involved, too.

01:42:29.481 --> 01:42:32.481

Um, I was also curious about the...

01:42:32.684 --> 01:42:36.684

The technological piece about, like, lifting the evidence-based

01:42:37.135 --> 01:42:46.135

Um, outcomes and information out of the... I was just curious if you could share a little bit more about how that was constructed and how that works.

01:42:47.304 --> 01:42:50.304

Yeah, I can speak a little bit about that. So we, um..

01:42:51.776 --> 01:43:01.776

finally convinced our IT department to let us leverage AI, but it's not the AI that you would think of in terms of artificial intelligence, you know, scouring the depths of the internet.

01:43:01.777 --> 01:43:06.200

It's actually augmented, um, reality, which is more controlled.

01:43:06.796 --> 01:43:11.796

And so, uh, this company that created Eleos, it's E-L-E-O-S,

01:43:11.796 --> 01:43:16.365

Um, it initially was a note-taking assistant, so that it would

01:43:17.072 --> 01:43:19.072

help our clinicians, um,

01:43:21.040 --> 01:43:26.040

find, you know, be a little bit more clinical in their documentation, make it easier for them in terms of, um..

01:43:27.509 --> 01:43:29.509

Um, uh, uh..

01:43:30.129 --> 01:43:32.129

making their work, um..

01:43:33.636 --> 01:43:35.636

reflect in the note much better.

01:43:36.056 --> 01:43:43.056

Um, and so that.. it just started out as, like, a note-taking assistant, and then they said they also have a product that would

01:43:43.130 --> 01:43:47.130

That was for supervisors, that was this sort of compliance dashboard.

01:43:48.273 --> 01:43:54.273

And so, as well as, like, kind of scouring for the EBT uses within the notes, it also

01:43:54.760 --> 01:44:00.760

Um, it has other, uh, other components that it's tracking, like the use of the program itself,

01:44:01.428 --> 01:44:07.428

Um, you know, I think.. I believe even progress in terms of the.. how the client's doing based on the progress note.

01:44:08.291 --> 01:44:16.291

Um, so it's... it's super fascinating. We've got the note-taking piece, we're still... the compliance dashboard's, I think, still sort of in the works, but

01:44:16.201 --> 01:44:18.201
We've been able to look at it and see

01:44:18.515 --> 01:44:23.515
some of the basic stuff, like how many staff are using it. We're really trying to get buy-in, you know.

01:44:23.924 --> 01:44:28.924
The idea of AI is scary, even though it's not actual AI, it's, you know, augmented and controlled.

01:44:29.422 --> 01:44:37.422
Um, not scouring the depths of the internet. So, we've had a lot of very resistant clinicians that finally tried it and said,

01:44:38.022 --> 01:44:45.022
oh my god, I love it, you know? So... so we're seeing a goodbye, and it's a slow... slow adoption, but it's getting there, and, um, I think...

01:44:46.039 --> 01:44:51.039
the possibilities that it provides, not only for the clinician, but for us as supervisors to...

01:44:52.064 --> 01:44:58.064
to help us ensure things are going the way that we're expecting them to. It's really great. Excited to see where it goes.

01:44:59.190 --> 01:45:13.190
What's cool, Molly, is it sits on top of our avatar, which is our EHR system, and so it's just a little icon that, once a client consents to it, we're able to activate it, and then that's kind of how it moves, um,

01:45:13.482 --> 01:45:18.482
throughout the system, we really were incredibly intentional on how... on...

01:45:19.024 --> 01:45:24.024
why we wanted Elios, and we really wanted to figure out how do we give back to our clinicians.

01:45:24.642 --> 01:45:27.642
Oftentimes, when we do staff surveys, paperwork,

01:45:28.124 --> 01:45:30.124
Um, is exhausting.

01:45:31.135 --> 01:45:43.135
And burnout is incredibly high because of all of the things that you don't get into this work for, right? We don't get into this work to write a note. Um, and we don't get into this work

01:45:42.936 --> 01:45:47.936

Um, to, you know, spend all this time on our documentation, and so what... what..

01:45:48.025 --> 01:45:58.025

Elios, which is the tool that we use, offers, um, is that that pressure, um, is taken off of the clinicians, and it's able to help them..

01:45:58.614 --> 01:46:10.614

Um, through their own words, um, construct documentation, um, that they then have to go in and edit, um, and it does not create the note for them, it just creates the template that they could use then

01:46:10.424 --> 01:46:16.424

In Avatar, um, and for their note. Um, and we have seen, um,

01:46:16.868 --> 01:46:24.868

In our most recent staff survey, nobody had reported, uh, like, documentation burnout, which is, like, the first time

01:46:24.868 --> 01:46:36.786

ever, um, that we didn't hear, you know, there's just too much, I don't have time to be with my clients, and so it's doing something right, and we really wanted to figure out how could we give back to the clinicians.

01:46:36.785 --> 01:46:40.104

And this has been a phenomenal tool that we're able to do so.

01:46:42.012 --> 01:46:49.012

Thank you so much for sharing about that. I will acknowledge I have a clinician who's been a little resistant to AI myself.

01:46:49.014 --> 01:46:49.471

Yes. Mm-hmm.

01:46:49.469 --> 01:46:54.557

But I... in talking to other clinicians who have used it, um, it..

01:46:54.689 --> 01:47:00.689

I know how it can reduce the, like, the paperwork burnout, and even in ways, like,

01:47:00.689 --> 01:47:03.649

reflect back to clinicians, like,

01:47:04.881 --> 01:47:06.881

Yes.

01:47:06.881 --> 01:47:07.288

the good work they're doing, like, being able to be like,

01:47:08.890 --> 01:47:12.890

I did not realize that you could describe..

01:47:13.225 --> 01:47:21.225

Um, what happened in this session in this way, um, it can be kind of revelatory for people, it seems like, so...

01:47:21.676 --> 01:47:27.676

Um, and it does seem like a very, you know, especially with this model requiring this evidence-based

01:47:27.676 --> 01:47:37.362

Um, certain kinds of reporting, it sounds like, and tracking that the EHR didn't have built in. It seems like something that's very helpful to have on top of it.

01:47:37.518 --> 01:47:42.518

Um, I did have one other question. Uh, I'm sorry for taking up so much...

01:47:42.763 --> 01:47:44.763

time, but, um...

01:47:44.764 --> 01:47:49.644

I guess this is more regarding the financial piece. So, just to make sure I'm understanding correctly,

01:47:50.556 --> 01:47:53.556

If someone comes into a CCBHC service,

01:47:53.961 --> 01:47:56.961

who has private insurance. It cannot be billed.

01:47:57.467 --> 01:47:59.467

No.

01:48:00.009 --> 01:48:07.009

There's definitely some thoughts I have about that in terms of, like, is that, um, putting the burden on the state?

01:48:07.009 --> 01:48:13.959

to do things that insurance, you know, should be paying for, but, um, we could probably have a long conversation about that.

01:48:14.842 --> 01:48:21.842

Um, I am also wondering about the issue that you have experienced with the state, like,

01:48:22.951 --> 01:48:26.951

um, pulling back on certain items that they were going to require.

01:48:26.951 --> 01:48:34.682

what that process was like, and if there's anything else you have... you are anticipating or, like, fearing of being pulled back.

01:48:34.682 --> 01:48:40.992

not only, um, as this gets rolled out, but also given all of the threats

01:48:41.418 --> 01:48:44.418
federally, that are happening with cutting of services.

01:48:45.263 --> 01:48:51.263
Yes, I think we would be foolish to sit here and say that we were not concerned about the future.

01:48:51.452 --> 01:48:53.452
Um, I have...

01:48:54.753 --> 01:49:01.753
Hope, though, um, which I know is not, like, a tangible thing, but I do have hope that...

01:49:01.819 --> 01:49:08.819
Um, the CCBHCs in other states have been incredibly successful, and they are still receiving funding.

01:49:08.819 --> 01:49:18.292
And, um, Illinois being chosen as another demonstration state, I think that we're still moving in the right direction, and we just added

01:49:19.087 --> 01:49:21.087
four additional CCBHCs.

01:49:21.803 --> 01:49:29.803
to the state, um, not Rosecrantz, but HFS. Um, and so my hopes are that, um,

01:49:29.802 --> 01:49:35.548
They see the benefit of CCBHC is ultimately supposed to cut the cost down.

01:49:36.701 --> 01:49:42.701
for individuals that are utilizing the most expensive resources in the community, which are hospitals,

01:49:42.699 --> 01:49:49.703
Right? Um, our police departments, and so what we're hoping for is to... for, um,

01:49:49.703 --> 01:49:58.129
us to be able to provide the data that we are seeing a decrease in, an overutilization of these other services.

01:49:58.135 --> 01:50:01.135
Clients are being surrounded by support and care.

01:50:02.060 --> 01:50:09.060
And, um, they're becoming stabilized, um, and that is... that is the goal of CCBHC, and

01:50:09.877 --> 01:50:12.877
There is always concerns that

01:50:14.051 --> 01:50:20.051

The demonstration will be over, and that the state of Illinois, um, will not move forward with, uh, with the

01:50:20.212 --> 01:50:31.212

being a CCBHC state, however, um, Rosecrantz is always prepared for that. Um, and so that is why we are so blessed that we have such a diversified, um,

01:50:32.371 --> 01:50:42.371

kind of menu here, where we are... we are still in the residential, um, field, and we are still in mental health housing, because we know how important all of those services are.

01:50:42.989 --> 01:50:49.989

Um, and then I also think that when you do this work, um, you know, um, kind of,

01:50:51.010 --> 01:50:56.010

how the state operates, and they sit at tables that, unfortunately, we don't.

01:50:56.010 --> 01:51:03.725

And so, sometimes, uh, we have to learn to roll with the challenges. Um, the behavioral health urgent care was...

01:51:05.107 --> 01:51:16.107

a surprise, um, but it... it... none of that will inhibit us from moving forward with... with, uh, the promises that we've made to the community and, um, the services that we want to provide.

01:51:15.980 --> 01:51:20.980

Um, Rosecrantz is a strong organization, and we have incredibly strong

01:51:21.290 --> 01:51:32.290

um, relationships in this community with other resources, and so I really think that we try to keep that in mind. Um, but like you said, Molly, it's always a

01:51:32.281 --> 01:51:34.281

It's always a worry.

01:51:35.499 --> 01:51:41.499

Yeah, and I... I mean, hearing you describe the behavioral health urgent care, I'm honestly

01:51:41.891 --> 01:51:45.891

in shock that that would be pulled. It seems so vital.

01:51:45.891 --> 01:51:53.497

Um, so, uh, I'm glad that you're taking steps to make sure the service happens.

01:51:54.309 --> 01:51:56.309
Even without the state's support,

01:51:57.074 --> 01:52:07.074
Um, but yeah, it's definitely... it's a tough landscape to be launching something like this, but also a really important one to be launching something like this.

01:52:07.074 --> 01:52:13.981
So, um, that is all of my questions. Thank you very much for your presentation, um, and I do want to open it.

01:52:14.332 --> 01:52:20.332
Up to, um, anybody else who wants to ask questions or make comments, including anybody

01:52:20.615 --> 01:52:23.615
Um, in person or online, who also wants to.

01:52:27.399 --> 01:52:29.399
Um, this is Susan Fowler. I...

01:52:30.289 --> 01:52:32.289
I have a couple of comments, if I might.

01:52:33.376 --> 01:52:36.376
I served on the Mental Health Board for, I don't know, a long time.

01:52:36.467 --> 01:52:38.467
6 to 8 years, um...

01:52:39.529 --> 01:52:41.529
And now I'm on the developmental disability board,

01:52:42.435 --> 01:52:46.435
I've also had first-hand experience with Rosecrans, but it's been...

01:52:47.355 --> 01:52:49.355
Probably 8?

01:52:49.559 --> 01:52:52.559
It's 6 to 10 years, um, since I've been

01:52:52.509 --> 01:52:54.509
engaged in services.

01:52:55.148 --> 01:53:01.148
Um, I happen to also be a parent, and uh, as my son wasting high school,

01:53:01.676 --> 01:53:08.676
Uh, there was a desperate need, I thought, for a dual diagnosis program to serve people with

01:53:08.676 --> 01:53:13.725

Learning disabilities, uh, developmental disabilities, and mental health issues.

01:53:14.675 --> 01:53:16.675
And when I was seeking services,

01:53:17.318 --> 01:53:28.318
15, 20 years ago, they were so separate. You could not combine them. I will say that Rosecrance, with Mental Health Board funding, had a wonderful dual diagnosis program.

01:53:28.940 --> 01:53:30.940
That got a lot of young...

01:53:30.941 --> 01:53:32.919
people, like my son,

01:53:33.478 --> 01:53:35.478
into services during the...

01:53:36.205 --> 01:53:40.205
however many years that program existed. I don't think it exists anymore.

01:53:40.805 --> 01:53:45.805
Um, I will also say that the case management program in Rosecrance

01:53:47.389 --> 01:53:52.389
made it possible for us to get on the puns list and to get Social Security and Medicaid.

01:53:53.299 --> 01:53:57.299
Fabulous. I don't know that we would have ever figured it out on our own.

01:53:58.978 --> 01:54:05.978
My concern with Rosecrance a few years ago was that there was such a barrier between substance use and mental health.

01:54:06.725 --> 01:54:08.725
And I can't tell you how...

01:54:10.059 --> 01:54:12.059
excited I am.

01:54:13.248 --> 01:54:17.248
I, uh, was once told when I went in

01:54:17.092 --> 01:54:19.092
to Rosecrantz that...

01:54:19.686 --> 01:54:24.686
One clinician could not speak to another, because one clinician was on the...

01:54:24.686 --> 01:54:28.490

Substance use side, and the other was on the mental health side.

01:54:29.040 --> 01:54:34.040

And services completely fell apart for several individuals that I knew.

01:54:35.165 --> 01:54:37.165

And they ended up in...

01:54:38.024 --> 01:54:40.024

urgent hospital situations.

01:54:40.273 --> 01:54:42.273

Because of the failure

01:54:43.267 --> 01:54:46.267

for that integration of services. So I can't tell you.

01:54:47.477 --> 01:54:51.477

How excited I am about the change. I don't know when it happened.

01:54:52.469 --> 01:54:55.469

But I... I can only compliment you on it.

01:54:56.248 --> 01:54:59.248

So my comments are, I know Rosecrantz has been in...

01:54:59.298 --> 01:55:01.298

incredibly important in this community.

01:55:02.125 --> 01:55:08.125

It's been funded for a long time through the Mental Health Board. It was at one point funded jointly with the DD Board,

01:55:09.387 --> 01:55:11.387

for the dual diagnosis program.

01:55:11.939 --> 01:55:13.939

Um, I know that...

01:55:15.090 --> 01:55:20.090

I'm on the DD board, and we're funding a dual diagnosis component through the RPC.

01:55:20.276 --> 01:55:22.276

Um,

01:55:22.427 --> 01:55:24.427

I just... I would like...

01:55:24.852 --> 01:55:28.852

to encourage Rosecrantz, I think, to think about

01:55:28.852 --> 01:55:33.790

What a difference their dual diagnosis program for Mental Health DD did.

01:55:34.059 --> 01:55:37.059
Back in the, uh, teens.

01:55:37.570 --> 01:55:39.570
It was fabulous.

01:55:40.314 --> 01:55:44.314
Um, and it wasn't just to get people on puns, it was really..

01:55:45.335 --> 01:55:51.335
extremely helpful for dealing with the frustration that people with significant learning disabilities

01:55:51.983 --> 01:55:56.983
Or, um, intellectual disabilities have when they're so close to being able to

01:55:57.273 --> 01:56:01.273
Participate in the community, but they're stigmatized and they're different.

01:56:02.081 --> 01:56:04.081
And the mental health part made a huge..

01:56:04.850 --> 01:56:13.850
Huge difference. Now, I know your plate is full, so I'm encouraging that, but I, you know, I can't help but do that, because it was so important.

01:56:14.231 --> 01:56:17.231
The other thing that I would like to, um..

01:56:17.267 --> 01:56:19.267
really, um..

01:56:19.875 --> 01:56:27.875
emphasize is the importance of having that other dual diagnosis of substance use and mental health.

01:56:27.875 --> 01:56:31.729
Now, integrated, because, uh, we walked away

01:56:33.055 --> 01:56:37.055
as users from Rosecrantz, my family, because it wasn't.

01:56:38.174 --> 01:56:42.174
And I don't know that the world knows that, the community knows it.

01:56:42.002 --> 01:56:45.002
Um, I don't know how..

01:56:46.054 --> 01:56:48.054
coordinated referrals are from..

01:56:48.420 --> 01:56:50.420

For instance, um...

01:56:51.198 --> 01:56:53.198

Carle Emergency Room to Rosecrance.

01:56:54.318 --> 01:56:56.318

Maybe they are, maybe they aren't, um...

01:56:56.718 --> 01:56:58.718

Uh, but it, it, uh...

01:57:00.061 --> 01:57:05.061

I think there's still a huge gap in our community in information.

01:57:05.957 --> 01:57:09.957

for, um, families who are, um, addressing

01:57:10.501 --> 01:57:15.501

multiple issues of mental health, DD, and substance abuse, so...

01:57:16.348 --> 01:57:19.348

Um, thank you for what you've shared.

01:57:19.311 --> 01:57:21.311

I have hope again.

01:57:22.727 --> 01:57:26.727

In Rosecrantz, um, hearing that you're doing that. But, um...

01:57:28.386 --> 01:57:30.386

That's all I can say. Thank you.

01:57:32.579 --> 01:57:34.579

Thank you.

01:57:36.158 --> 01:57:38.158

Is there anyone else who would like to make comments?

01:57:38.809 --> 01:57:40.809

Go ahead.

01:57:40.810 --> 01:57:47.983

Hi, um, so I'm actually glad that I stuck around, and I wanted to hear you out. Um, awesome presentation.

01:57:47.983 --> 01:57:52.927

Um, that I just had a few questions. Um, I kind of, like, combine all three.

01:57:53.655 --> 01:58:00.655

Um, the first question that I had, so I know you mentioned that you all provide youth psychological, um, excuse me, youth psych...

01:58:01.477 --> 01:58:11.477

psychiatric services. Um, are your psych services on referral, or, um, can a family just kind of come in, or would they need to be referred by, like, a social worker, or...

01:58:12.774 --> 01:58:14.774

No, that, um, any...

01:58:14.773 --> 01:58:29.814

there's no wrong door. It could come in through a referral, it could come in in a walk-in, somebody could call and get a phone assessment, um, right away. I mean, there is... we really wanted to break down the barriers of getting, um, individuals into treatment.

01:58:29.815 --> 01:58:38.688

So, those are all, um, ways that an individual can get into any component of our care, including our psychiatric services.

01:58:38.688 --> 01:58:48.466

Thank you. And then I guess, kind of part two to that would be, do you offer general counseling or therapy services, like, aside from... for youth, aside from, like, the psychiatric?

01:58:48.567 --> 01:58:55.567

Oh, yes. Yes, we offer, um, youth case management services, we offer youth outpatient services,

01:58:55.950 --> 01:59:03.950

Um, and we have multiple youth therapists. Um, so yes, we offer all of those services outside of our Walnut building.

01:59:05.286 --> 01:59:07.286

Awesome. And then the last question I had was...

01:59:07.726 --> 01:59:13.726

Um, would you all be interested in reconnecting? Um, is that something that...

01:59:13.726 --> 01:59:19.039

Um, I mean, and I know that's kind of like an on-the-spot question. You may not even be the people

01:59:19.430 --> 01:59:40.430

to ask that too, but I'm just curious, I know, um, it's been some years, um, but Rosecrantz, um, and UNCC did have a partnership where Rosecrantz, um, were coming in, professionals were coming in and doing workshops on, like, um, substance use for our teen reach group, and then also we're doing, like, some youth dating violence prevention stuff, and...

01:59:40.352 --> 01:59:42.352

Um, some other workshops.

01:59:42.992 --> 01:59:49.992

Um, I think our person that we had had just moved to a different place, and then we, like, lost that connection, or we never really got a chance to...

01:59:50.873 --> 02:00:10.873

um, pick up with a new person. Um, but we'd love to have that, and again, even, like, built into our summer. And even if it's, you know, if that's too soon to do summer, maybe we could look at next school year. Um, but I would love to have that again, like those workshops, um, and even maybe some career talks. I'd love to have some, you know, some of your, um, clinicians come over

02:00:10.874 --> 02:00:25.498

And speak to our college and career readiness, um, program students about, like, your path that you took to becoming therapists, or, you know, um, like, different challenges and how you've overcome them and that sort of thing. So we have panels like that, and we love to have some people

02:00:25.504 --> 02:00:27.504

From rose currents, maybe come over and...

02:00:28.124 --> 02:00:30.124

do some of that, too, aside from the workshops.

02:00:35.593 --> 02:00:37.593

Awesome!

02:00:37.593 --> 02:00:39.925

Well, you are one lucky duck today, because you are talking to the right people. We are the people that you talk to. Um, and so, absolutely, absolutely, we would...

02:00:40.653 --> 02:00:53.653

Love, um, love to continue that. I'm gonna put my email in the chat, um, and you could just email me directly, and I will get you connected to the individuals that will help support all of the things that you just talked about.

02:00:53.683 --> 02:00:55.683

Awesome! Thank you!

02:00:58.551 --> 02:01:02.551

I love this. I'm... Lynn, do you want to go? Yeah, yeah.

02:01:03.860 --> 02:01:10.860

I know that folks are probably tired, I'm sorry. We do have some snacks here, and hopefully you all have snacks wherever you are, too.

02:01:11.514 --> 02:01:17.514

Okay, so I've been following the drama of the CCBHC for a long time, since the beginning.

02:01:17.404 --> 02:01:19.404

I'm gonna spare you the...

02:01:20.237 --> 02:01:24.237

the kind of attitudes that I've heard around it for all these years.

02:01:25.038 --> 02:01:28.038

Um, but I... I'm familiar with it from the perspective of

02:01:28.057 --> 02:01:30.057

advocates and the...

02:01:30.318 --> 02:01:37.318

political side of it, how it came to be. I can't even believe that it hasn't been abandoned yet.

02:01:37.879 --> 02:01:44.879

Right? Like, this is an idea that's not really new, that people understand will work, and so we only

02:01:44.879 --> 02:01:47.656

large-scale do it for a couple of years, and then we...

02:01:47.794 --> 02:01:52.794

abandon it again and call it something new 10 years later. So, I'm really happy

02:01:52.795 --> 02:01:58.376

that it's lasted this long, and that even in this very difficult last year and a half,

02:02:00.010 --> 02:02:02.010

The funding hasn't been pulled.

02:02:03.218 --> 02:02:05.218

So, wow. Um...

02:02:05.658 --> 02:02:07.658

But... but...

02:02:08.320 --> 02:02:14.320

I have a few questions, like, just within... inside of that, and then I have questions that are just, like, Rosecrance, not...

02:02:14.282 --> 02:02:16.282

CCBHC, um...

02:02:18.066 --> 02:02:25.066

In the same spirit of, like, where I can't believe that the thing is still happening, like, it's... it's taking a long... it has taken a long time

02:02:25.355 --> 02:02:28.355

to accomplish the, um, changes in the...

02:02:28.900 --> 02:02:33.900

in the law, which allow you to communicate across systems, right, forever.

02:02:34.329 --> 02:02:39.329

Um, and it also... this might be a really outdated concern, but...

02:02:39.324 --> 02:02:44.324

Should I continue to jump on if I see any kind of medic, um...

02:02:44.659 --> 02:02:49.659

Paperwork reduction legislation, such as let's not use IM CANS anymore?

02:02:50.087 --> 02:02:52.087

Like, I remember people leaving the field

02:02:52.695 --> 02:02:54.695

Because of IM CANS. Okay, so if that...

02:02:54.695 --> 02:02:59.844

If I see that, to really get behind that kind of legislation, okay.

02:02:59.844 --> 02:03:12.215

Thank you for the honest answer. Um, we're not gonna talk... and also, in the same spirit of, like, sometimes I can't believe good things keep happening, I'm not gonna talk about what we can expect during this year with Medicaid,

02:03:12.904 --> 02:03:15.904

Because that's... hasn't happened yet.

02:03:17.378 --> 02:03:22.378

Um, I met... I want to share that I did meet your prevention person yesterday,

02:03:22.263 --> 02:03:25.263

Because I can't say no to any committee,

02:03:25.945 --> 02:03:27.945

And she's amazing.

02:03:28.665 --> 02:03:30.665

So, like, I think...

02:03:31.501 --> 02:03:35.501

I think that Dr. J will be pleased with that partnership. That is a real dynamo.

02:03:35.978 --> 02:03:37.978

Um, and then my final...

02:03:38.639 --> 02:03:41.639

Just Rosecrance-related question is this.

02:03:42.349 --> 02:03:46.349

Um, I was on a call today, and they're very careful not to..

02:03:47.057 --> 02:03:49.057
To say anything on these calls,

02:03:49.833 --> 02:03:53.833
that they're not ready to go public. It was with the Department of Behavioral Health

02:03:53.833 --> 02:03:56.853
Um, and recovery, and they were talking about..

02:03:57.648 --> 02:04:01.648
Some opioid funds that are not spent yet, and their plan is to

02:04:02.234 --> 02:04:10.234
increase where they've already invested some of the opioid funding, and so I wonder if you are one of those places, because they're getting ready to..

02:04:10.242 --> 02:04:12.242
increase those funds.

02:04:12.825 --> 02:04:14.825
Do you guys know about that?

02:04:14.825 --> 02:04:18.665
We... uh, Champaign County is not one of those places, Lynn.

02:04:20.040 --> 02:04:22.040
Mm-hmm.

02:04:22.040 --> 02:04:30.781
Okay. Well, thank you for letting me know. I've got some... I got a little bit of hope, but that was only at, like, 3 o'clock, so it's not like I spent the whole day..

02:04:31.505 --> 02:04:36.505
For Rosecrance, there may be other organizations that are receiving that, so I don't..

02:04:37.294 --> 02:04:42.294
in Champaign County, so I don't want to just automatically say, like, it's... but for Rosecrance,

02:04:42.846 --> 02:04:46.846
are in Champaign County, we have not received funds

02:04:46.847 --> 02:04:48.837
from the opioid settlement funds.

02:04:48.836 --> 02:04:55.291
Okay. Because it was quite a bit of money that they haven't moved yet, and that they were talking about how to move fast.

02:04:55.865 --> 02:04:59.865

move it through current grant recipients. So, I'm sorry to hear we're not one of them.

02:05:00.804 --> 02:05:02.804

Um, okay, I think that's it, but...

02:05:02.804 --> 02:05:04.655

Yeah, thank you. Just...

02:05:05.455 --> 02:05:07.455

It's amazing that...

02:05:07.909 --> 02:05:09.909

There is still a SAMHSA, too.

02:05:09.909 --> 02:05:15.503

And it's amazing that we do continue to add states to this project, despite everything else, so...

02:05:16.473 --> 02:05:18.473

I'm gonna hang on to that.

02:05:18.846 --> 02:05:24.846

Alright. Is there anyone else who would like to ask any questions or make any comments?

02:05:24.846 --> 02:05:27.121

Either in person or online.

02:05:35.315 --> 02:05:43.315

I would say, I just want to thank Jessie Heckenmueller for all of her nice comments in the chat. Hi, Jessie, her and I go way back, we did our masters together at U of I, so it was nice seeing you in the chat tonight.

02:05:47.248 --> 02:05:58.248

truly appreciate the partnership and the collaboration over the last year. So, and I know it's... it goes way back, but I think there's been an intensity to it over the last year that's been really appreciated.

02:06:01.505 --> 02:06:09.505

I'm just very excited to see all of the collaboration between, uh, programs and, like, conversations tonight, so...

02:06:09.796 --> 02:06:13.796

Um, with that, we can go ahead, uh, thank you, um,

02:06:13.796 --> 02:06:19.571

Both to Urbana Neighborhood Connections Center and Rosecrance for your great presentations this evening.

02:06:20.270 --> 02:06:24.270

Um, and we will next move on to public participation agency input, which

02:06:24.604 --> 02:06:32.604

We've kind of already been having go on the whole time, but that's okay. Um, so if there is anybody who would like to make formal public input right now,

02:06:33.150 --> 02:06:39.150

Um, you can come forward to the podium, fill out a comment card, you can raise your hand on Zoom or put something in the chat.

02:06:39.341 --> 02:06:44.341

Um, as always, the Mental Health Board is always welcome to hear from the public. We can't...

02:06:44.272 --> 02:06:49.272

respond directly to public comment, but we can... may use it to inform future decisions, so...

02:06:49.835 --> 02:06:52.835

Is there anybody who would like to make any comment now?

02:07:00.848 --> 02:07:05.848

No one in person or online, so, um, with that, we can move on to board announcements and input.

02:07:05.848 --> 02:07:09.100

Are there any board announcements or input?

02:07:15.471 --> 02:07:23.471

Um, other than, um, I guess we could sort of merge this announcement into the final piece, which is to adjourn. We will have

02:07:23.995 --> 02:07:31.995

are a meeting in a study session in April, um, where we will have business, um, at the April 22nd meeting.

02:07:31.995 --> 02:07:39.381

But we'll begin our, um, kind of public review of the applications we've received for PY27.

02:07:40.398 --> 02:07:42.398

So those would be April 22nd and April 29th.

02:07:43.547 --> 02:07:51.547

Um, and with that, we can adjourn for the evening. So, next meeting will be April 22nd at 545 in the Shields Carter Room.

02:07:51.664 --> 02:07:53.664

of the Bennett Center in Urbana.

02:07:53.668 --> 02:07:55.668

Have a good night, everyone.

