

Location: Shields-Carter Room, Brookens Administrative Building, 1776 East Washington Street, Urbana, IL 61802 Zoom link: https://us02web.zoom.us/j/81393675682

Date/Time: September 20, 2023/5:45 PM

This meeting will be held in person, with remote access. Members of the public may attend in person or watch the meeting live through this link. The recording will be posted later among archives at https://www.co.champaign.il.us/mhddb/MeetingInfo.php

Champaign County Mental Health Board (CCMHB) Meeting Agenda

September 20, 2023 5:45PM

In-Person at the Shields-Carter Room of Brookens Administrative Building
With Public Access In Person or through Zoom ID 813 9367 5682

- I. Call to order
- II. Roll call
- III. Approval of Agenda*
- IV. CCMHB and DDB Schedules, MHB Timeline (pages 3-8) No action needed.
- V. CCMHB Acronyms and Glossary (pages 9-21) No action needed.
- VI. Citizen Input/Public Participation All are welcome to attend the Board's meeting to observe and to offer thoughts during this time. The Chair may limit public participation to 5 minutes per person and/or 20 minutes total.
- VII. Chairperson's Comments Dr. Jon Paul Youakim
- VIII. Executive Director's Comments Lynn Canfield
 - IX. Approval of CCMHB Board Meeting Minutes (pages 22-26)*

 Minutes from the 7/19/23 CCMHB meeting and 8/16/23 CCMHB/CCDDB Joint Study Session are included for approval. Action is requested.
 - X. Vendor Invoice Lists (pages 27-43)*

 Action is requested to accept the "Vendor Invoice Lists" and place them on file. Also included, for information only, are Additional Details for these expenditures.
- XI. Staff Reports (pages 44-61)
 Included for information are reports from Kim Bowdry, Leon Bryson, Stephanie Howard-Gallo, Shandra Summerville, and Chris Wilson.

XII. New Business

- a) **CCMHB Allocation Priorities and Decision Support Criteria** (pages 62-77)

 A briefing memorandum presents DRAFT funding allocation priorities and decision support criteria for the Program Year 2025. No action is requested.
- b) I/DD Special Initiatives Fund Allocation Priorities (pages 78-93)

 A briefing memorandum presents DRAFT funding allocation priorities and decision support criteria for the Program Year 2025. No action is requested.
- c) **PY2024 Allocation Charts** (pages 94-124)
 For information only: charts describing total PY24 allocations by priority area, sector, target population, and service type; a list of all programs with brief descriptions; and charts showing portions and types of revenue for all MHB funded programs.
- d) Agency Request for Consideration (pages 125-126)*



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A formal request to waive the automatic cancellation of PY24 contracts is included in the packet. A decision memo offers context and a motion. Board action is requested.

XIII. Old Business

a) Revised 2024 Budgets (pages 127-152)*

A decision memorandum suggests revisions to 2024 budgets and requests approval. For information are the DDB budget, background details, and budget documents prepared for the County. Action is requested.

- b) **Evaluation Capacity Building Project**
 - An oral update will be provided by a UIUC Family Resiliency Center representative.
- c) **Expo Update** (pages 153-156)
 For information only are Expo materials. An oral update will be provided.
- d) **Fourth Quarter PY23 Program Service Reports** (pages 157-204)

 For information only are PY23 4th Quarter Service Activity Reports on funded agency programs. These are **not** cumulative for the full year.
- e) **211 Quarterly Update for Champaign County** (pages 205-226) For information only is an update on Champaign County 211 call activity reported by the PATH for the period of April 1 to June 30.

XIV. Agency Input

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

- XV. Board to Board Reports (pages 227-228)
 - For information and discussion are a chart of possible Board-to-Board liaison assignments and a DRAFT of liaison guidelines.
- XVI. County Board Input
- XVII. Champaign County Developmental Disabilities Board Input
- XVIII. Board Announcements and Input
- XIX. Adjournment

* Board action is requested.

For accessible documents or assistance with any portion of this packet, please <u>contact us</u> (leon@ccmhb.org).



CCMHB 2023-2024 Meeting Schedule

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

September 20, 2023 – Shields-Carter Room

September 27, 2023 Joint Study Session w CCDDB - CANCELLED

October 18, 2023 – Shields-Carter Room

October 25, 2023 – Joint Meeting with CCDDB - Shields-Carter Room

November 15, 2023 – Shields-Carter Room

December 20, 2023 – Shields-Carter Room (off cycle) - tentative

January 17, 2024 – Shields-Carter Room

January 24, 2024 – Study Session - Shields-Carter Room

February 21, 2024 – Shields-Carter Room

February 28, 2024 – Study Session - Shields-Carter Room

March 20, 2024 – Shields-Carter Room

March 27, 2024 - Joint Study Session w CCDDB - Shields-Carter

April 17, 2024 – Shields-Carter Room

April 24, 2024 – Study Session - Shields-Carter Room

May 15, 2024 – Study Session - Shields-Carter Room

May 22, 2024 – Shields-Carter Room

June 19, 2024 – Shields-Carter Room

July 17, 2024 – Shields-Carter Room

This schedule is subject to change due to unforeseen circumstances.

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

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

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



CCDDB 2023-2024 Meeting Schedule

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

September 20, 2023 – Shields-Carter Room

September 27, 2023 5:45PM - Shields-Carter Room - joint study

session with the CCMHB CANCELLED

October 18, 2023 – Shields-Carter Room

October 25, 2023 5:45PM – Shields-Carter Room – *joint meeting with the CCMHB*

November 15, 2023 – Shields-Carter Room (off cycle)

December 20, 2023 – Shields-Carter Room (off cycle) - tentative

January 17, 2024 – Shields-Carter Room

February 21, 2024 – Shields-Carter Room

March 20, 2024 – Shields-Carter Room

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

with the CCMHB

April 17, 2024 – Shields-Carter Room

May 22, 2024 – Shields-Carter Room

This schedule is subject to change due to unforeseen circumstances.

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

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

Meetings are posted in advance and recorded and archived at

http://www.co.champaign.il.us/mhbddb/DDBMeetingDocs.php

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

IMPORTANT DATES

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

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

6/1/23	For contracts with a PY23-PY24 term, all updated PY24 forms should be submitted by this date.
6/17/23	Deadline for agency application/contract revisions Deadline for agency letters of engagement w/ CPA firms PY2024 agency contracts completed
6/21/23	Regular Board Meeting Draft FY2024 Budgets, Election of Officers
6/30/23	Agency Independent Audits, Reviews, or Compilations due (only applies to those with calendar FY, check contract)
7/19/23	Regular Board Meeting
8/16/23	Regular Board Meeting - tentative CANCELLED Possible additional PY24 allocations
8/16/23	Joint Study Session with CCDDB I/DD System Planning with Self-Advocates
8/25/23	Agency PY2023 4 th Quarter reports, CLC progress reports, and Annual Performance Measure Reports due
9/20/23	Regular Board Meeting FY2024 Budgets Draft Program Year 2025 Allocation Criteria

9/27/23	Joint Study Session with CCDDB - CANCELLED
10/18/23	Regular Board Meeting Draft Three Year Plan 2022-2024 with 2024 Objectives
10/25/23	Joint Meeting with CCDDB PY25 I/DD Special Initiatives Priorities and RFPs
10/27/23	Agency PY2024 First Quarter Reports due
11/15/23	Regular Board Meeting (off cycle) Approve Three Year Plan with One Year Objectives Allocation Decision Support – PY25 Allocation Criteria
12/1/23	Public Notice of Funding Availability to be published by date, giving at least 21-day notice of application period.
12/20/23	Regular Board Meeting (off cycle) – tentative
12/22/23	Online system opens for applications for PY25 funding.
12/31/23	Agency Independent Audits, Reviews, Compilations due
1/17/24	Regular Board Meeting Mid-Year Program Presentations
1/24/24	Study Session: Mid-Year Program Presentations
1/26/24	Agency PY24 2 nd Quarter and CLC progress reports due
2/12/24	Deadline for submission of applications for PY25 funding (Online system will not accept any forms after 4:30PM)
2/21/24	Regular Board Meeting Discuss list of PY25 Applications and Review Process
2/28/24	Study Session: Initial Review of Applications
3/20/24	Regular Board Meeting: 2023 Annual Report Discussion of PY25 Funding Requests

3/27/24	Joint Study Session with CCMHB Discussion of PY25 I/DD Special Initiatives
4/10/24	Program summaries released to Board, posted online with CCMHB April 17 meeting agenda and packet
4/17/24	Regular Board Meeting Board Review, Staff Summaries of Funding Requests
4/24/24	Study Session Board Review, Staff Summaries of Funding Requests
4/26/24	Agency PY2024 3 rd Quarter Reports due
5/10/24	Allocation recommendations released to Board, posted online with CCMHB May 17 study session agenda packet
5/15/24	Study Session: Allocation Recommendations
5/22/24	Regular Board Meeting Allocation Decisions; Authorize Contracts for PY2025
6/1/24	For contracts with a PY24-PY25 term, all updated PY25 forms should be completed and submitted by this date.
6/18/24	Deadline for agency application/contract revisions Deadline for agency letters of engagement w/ CPA firms.
6/19/24	Regular Board Meeting Draft FY2025 Budget, Election of Officers
6/21/24	PY2025 agency contracts completed.
6/30/24	Agency Independent Audits, Reviews, or Compilations due (only applies to those with calendar FY, check contract)
7/17/24	Regular Board Meeting - tentative
8/21/24	Regular Board Meeting Approve Draft FY2025 Budgets

	Release Draft Program Year 2026 Allocation Criteria
8/30/24	Agency PY2024 4 th Quarter reports, CLC progress reports, and Annual Performance Measure Reports due
9/18/24	Regular Board Meeting Community Needs Assessment Report Draft Three Year Plan 2025-2027 with 2025 Objectives
9/25/24	Joint Study Session Joint with CCDDB
10/16/24	Joint Meeting with CCDDB I/DD Special Initiatives
10/23/24	Regular Board Meeting DRAFT Program Year 2026 Allocation Criteria
10/25/24	Agency PY2025 First Quarter Reports due
11/20/24	Regular Board Meeting Approve Three Year Plan with One Year Objectives Approve PY26 Allocation Criteria
11/29/24	Public Notice of Funding Availability to be published by date, giving at least 21-day notice of application period.
12/18/24	Regular Board Meeting—tentative
12/20/24	Online system opens for applications for PY26 funding.
12/31/24	Agency Independent Audits, Reviews, Compilations due.

Agency and Program Acronyms commonly used by the CCMHB

BLAST – Bulldogs Learning and Succeeding Together, a program of Mahomet Area Youth Club

CC – Community Choices

CCCAC or CAC - (Champaign County) Children's Advocacy Center

CCCHC – Champaign County Christian Health Center

CCDDB or DDB – Champaign County Developmental Disabilities Board

CCHCC – Champaign County Health Care Consumers

CCHS – Champaign County Head Start, a department of the Regional Planning Commission (also CCHS-EHS, for Head Start-Early Head Start)

CCMHB or MHB – Champaign County Mental Health Board

CCRPC or RPC – Champaign County Regional Planning Commission

CN - Crisis Nursery

CSCNCC - Community Service Center of Northern Champaign County, may also appear as CSC

CU TRI – CU Trauma & Resiliency Initiative, affiliated with the Champaign Community Coalition and CUNC, funded through Don Moyer Boys & Girls Club

Courage Connection – previously The Center for Women in Transition

DMBGC - Don Moyer Boys & Girls Club

DREAAM – Driven to Reach Excellence and Academic Achievement for Males

DSC - Developmental Services Center

ECHO – a Housing and Employment Support program of Cunningham Children's Home

ECIRMAC or RAC – East Central Illinois Refugee Mutual Assistance Center, also The Refugee Center

ECMHS - Early Childhood Mental Health Services, a program of Champaign County Regional Planning Commission Head Start Department

FD - Family Development, previously Family Development Center, a DSC program

FS - Family Service of Champaign County

FST – Families Stronger Together, a program of Cunningham Children's Home

GAP – Girls Advocacy Program, a program component of the Psychological Service Center.

IAG – Individual Advocacy Group, Inc., a provider of I/DD services

JDP – Justice Diversion Program, a Regional Planning Commission program

MAYC - Mahomet Area Youth Club

MRT – Moral Reconation Therapy, a systematic treatment strategy that seeks to decrease recidivism among juvenile and adult criminal offenders by increasing moral reasoning.

NAMI – National Alliance on Mental Illness

PATH – regional provider of 211 information/call services

PEARLS - Program to Encourage Active Rewarding Lives

PHC - Promise Healthcare

PSC - Psychological Services Center (University of Illinois)

RAC or ECIRMAC – East Central Illinois Refugee Mutual Assistance Center

RACES – Rape Advocacy, Counseling, and Education Services

RCI – Rosecrance Central Illinois

RPC or CCRPC – Champaign County Regional Planning Commission

UNCC – Urbana Neighborhood Community Connections Center

UP Center – Uniting Pride

UW or UWCC – United Way of Champaign County

WIN Recovery – Women in Need Recovery

YAC – Youth Assessment Center. Screening and Assessment Center developed by the Champaign County Regional Planning Commission-Social Services Division with Quarter Cent funding.

Glossary of Other Terms and Acronyms

211 – Similar to 411 or 911. Provides telephone access to information and referral services.

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

ACA – Affordable Care Act

ACEs – Adverse Childhood Experiences

ACMHAI – Association of Community Mental Health Authorities of Illinois

ADL- Activities of Daily Living

A/N- Abuse and Neglect

ANSA – Adult Needs and Strengths Assessment

APN - Advance Practice Nurse

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

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

ASD – Autism Spectrum Disorder

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

ATOD – Alcohol, Tobacco and Other Drugs

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

CALAN or LAN – Child and Adolescent Local Area Network

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

CBCL - Child Behavior Checklist

CBT- Cognitive Behavioral Therapy

CC – Champaign County

CCBoH – Champaign County Board of Health

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

CDC – federal Centers for Disease Control and Prevention

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

C-GAF – Children's Global Assessment of Functioning

CHW – Community Health Worker

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

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

CLC – Cultural and Linguistic Competence

CLST – Casey Life Skills Tool

CMS – federal Centers for Medicare and Medicaid Services

CQL – Council on Quality and Leadership

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

CSEs - Community Service Events. Is a category of service measurement on the Part II utilization form and the actual activity to be performed should also be described in the Part I Program Performance Measures-Utilization section of the application/program plan. It relates to the number of public events (including mass media and articles), consultations with community groups and/or caregivers,

classroom presentations, and small group workshops to promote a program or educate the community. Activity (meetings) directly related to planning such events may also be counted here. Actual direct service to clientele is counted elsewhere.

CSPH – Continuum of Service Providers to the Homeless

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

CY – Contract Year, runs from July to following June. For example CY08 is July 1, 2007 to June 30, 2008. (Also referred to as Program Year – PY). Most contract agency Fiscal Years are also from July 1 to June 30 and may be interpreted as such when referenced in a Program Summary e.g. FY23

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

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

DBT -- Dialectical Behavior Therapy

DCFS – Illinois Department of Children and Family Services.

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

DD – Developmental Disability

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

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

DHFS – Illinois Department of Healthcare and Family Services. Previously known as IDPA (Illinois Department of Public Aid)

DHS – Illinois Department of Human Services

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

DSM - Diagnostic Statistical Manual

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

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

EAP-- Employee Assistance Program

EBP: Evidence Based Practice

EHR – Electronic Health Record

EI – Early Intervention

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

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

ER - Emergency Room

FACES – Family Adaptability and Cohesion Evaluation Scale

FAST – Family Assessment Tool

FFS – Fee for Service. Type of contract that uses performance-based billings as the method of payment.

FOIA – Freedom of Information Act

FQHC – Federally Qualified Health Center

FTE – Full Time Equivalent is the aggregated number of employees supported by the program. Can include employees providing direct services (Direct FTE) to clients and indirect employees such as supervisors or management (Indirect FTE).

FY – Fiscal Year, for the county runs from December to following November. Changing in 2015 to January through December.

GAF – Global Assessment of Functioning. A subjective rating scale used by clinicians to rate a client's level of social, occupational and psychological

functioning. The scale included in the DSM-IV has been replaced in the DSM-V by another instrument.

GAIN-Q - Global Appraisal of Individual Needs-Quick. Is the most basic form of the assessment tool taking about 30 minutes to complete and consists of nine items that identify and estimate the severity of problems of the youth or adult.

GAIN Short Screen - Global Appraisal of Individual Needs, is made up of 20 items (four five-item subscales). The GAIN-SS subscales identify: internalizing disorders, externalizing disorders, substance use disorders, crime/violence.

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

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

HFS or IDHFS – Illinois Department of Healthcare and Family Services

HIPPA – Health Insurance Portability and Accountability Act

HRSA – Health Resources and Services Administration. The agency is housed within the federal Department of Health and Human Resources and has responsibility for Federally Qualified Health Centers.

I&R – Information and Referral

ICADV – Illinois Coalition Against Domestic Violence

ICASA – Illinois Coalition Against Sexual Assault

ICDVP - Illinois Certified Domestic Violence Professional

ICFDD – Intermediate Care Facility for the Developmentally Disabled

ICJIA - Illinois Criminal Justice Authority

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

IDHFS or HFS – Illinois Department of Healthcare and Family Services

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

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

IDOC – Illinois Department of Corrections

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

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

IOP – Intensive Outpatient Treatment

IPLAN - Illinois Project for Local Assessment of Needs. The Illinois Project for Local Assessment of Needs (IPLAN) is a community health assessment and planning process that is conducted every five years by local health jurisdictions in Illinois. Based on the *Assessment Protocol for Excellence in Public Health* (APEX-PH) model, IPLAN is grounded in the core functions of public health and addresses public health practice standards. The completion of IPLAN fulfills most of the requirements for Local Health Department certification under Illinois Administrative Code Section 600.400: Certified Local Health Department Code Public Health Practice Standards. The essential elements of IPLAN are:

- 1. an organizational capacity assessment;
- 2. a community health needs assessment; and
- 3. a community health plan, focusing on a minimum of three priority health problems.

ISC – Independent Service Coordination

ISP – Individual Service Plan

ISSA – Independent Service & Support Advocacy

JDC – Juvenile Detention Center

JJ – Juvenile Justice

JJPD – Juvenile Justice Post Detention

LAN – Local Area Network

LCPC - Licensed Clinical Professional Counselor

LCSW – Licensed Clinical Social Worker

LGTBQ – Lesbian, Gay, Bi-Sexual, Transgender, Queer

LPC – Licensed Professional Counselor

MBSR -- Mindfulness-Based Stress Reduction

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

MCR – Mobile Crisis Response. Previously known as SASS. It is a state program that provides crisis intervention for children and youth on Medicaid.

MDT - Multi-Disciplinary Team

MH – Mental Health

MHDDAC or CCMHDDAC – Mental Health and Developmental Disabilities Agencies Council

MHP - Mental Health Professional. Rule 132 term, typically referring to a bachelors level staff providing services under the supervision of a QMHP.

MI – Mental Illness

MI – Motivational Interview

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

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

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

NACO – National Association of Counties

NMT – Neurodevelopmental Model of Therapeutics

NOFA – Notice of Funding Availability

NTPC – NON - Treatment Plan Clients – This is a new client engaged in a given quarter with case records but no treatment plan - includes: recipients of material assistance, non-responsive outreach cases, cases closed before a plan was written because the client did not want further service beyond first few contacts or cases assessed for another agency. It is a category of service measurement providing an actual number of those served in the prior program year and a projection for the coming program year on the Part II utilization form application/program plan and the actual activity to be performed should also be described in the Part I Program Performance Measures-Utilization section of the application. Similar to TPCs, they may be divided into two groups – Continuing NTPCs - clients without treatment plans served before the first day of July and actively receiving services within the first quarter of the new program year. The first quarter of the program year is the only quarter in which this data is reported.

Essentially it is a case carried from one program year into the next. The other is New TPCs, the number of new clients in a given quarter of the program year.

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

OCD: Obsessive-Compulsive Disorder

ODD: Oppositional Defiant Disorder

OMA – Open Meetings Act

OUD/SUD – Opioid Use Disorder/Substance Use Disorder

PAS – Pre-Admission Screening

PCI – Parent Child Interaction groups.

PCP – Person Centered Planning

PLAY – Play and Language for Autistic Youngsters. PLAY is an early intervention approach that teaches parents ways to interact with their child who has autism that promotes developmental progress.

PLL – Parenting with Love and Limits. Evidenced based program providing group and family therapy targeting youth/families involved in juvenile justice system.

PPSP – Parent Peer Support Partner

PSR – Patient Service Representative; staff position providing support services to patients and medical staff.

PTSD – Post-Traumatic Stress Disorder

PUNS – Prioritization of Urgency of Need for Services. PUNS is a database implemented by the Illinois Department of Human Services to assist with planning and prioritization of services for individuals with disabilities based on level of need. An individuals' classification of need may be emergency, critical or planning.

PWI – Personal Well-being Index

PY – Program Year, runs from July 1 to following June 30. (Also referred to as Contract Year – CY - and often the Agency Fiscal Year)

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

QIDP - Qualified Intellectual Disabilities Professional

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

REBT -- Rational Emotive Behavior Therapy

RFI – Request for Information

RFP – Request for Proposals

RTC -- Residential Treatment Center

SA – Substance Abuse

SAD -- Seasonal Affective Disorder

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

SASS – Screening Assessment and Support Services is a state program that provides crisis intervention for children and youth on Medicaid.

SBIRT – Screening, Brief Intervention, Referral to Treatment. SAMHSA defines SBIRT as a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders.

SCs - Service Contacts/Screening Contacts. This is the number of phone and face-to-face contacts with consumers who may or may not have open cases in the program. It can include information and referral contacts or initial screenings/assessments or crisis services. May sometimes be referred to as a service encounter (SE). It is a category of service measurement providing a picture of the volume of activity in the prior program year and a projection for the coming program year on the Part II utilization form of the application/program plan and the actual activity to be performed should also be described in the Part I Program Performance Measures-Utilization section of the application.

SDOH – Social Determinants of Health

Seeking Safety - a present-focused treatment for clients with a history of trauma and substance abuse.

SEDS – Social Emotional Development Specialist.

SEL – Social Emotional Learning

SIM – Sequential Intercept Mapping, a model developed by SAMHSA

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

SSI – Supplemental Security Income, a program of Social Security

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

SSPC - Social Skills and Prevention Coaches.

SUD – Substance Use Disorder

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

TANF- Temporary Assistance for Needy Families

TPCs - Treatment Plan Clients – This is the number of service recipients with case records and treatment plans. It is a category of service measurement providing an actual number of those served in the prior program year and a projection for the coming program year on the Part II utilization form of the application/program plan and the actual activity to be performed should also be described in the Part I Program Performance Measures-Utilization section of the application. Treatment Plan Clients may be divided into two groups – Continuing TPCs - clients with treatment plans written prior to the first day of July and actively receiving services within the first quarter of the new program year. The first quarter of the program year is the only quarter in which this data is reported. Essentially it is a case carried from one program year into the next. The other is New TPCs that is the number of new clients with treatment plans written in a given quarter of the program year.

TPITOS - The Pyramid Infant-Toddler Observation Scale. Used by Champaign County Head Start.

TPOT - Teaching Pyramid Observation Tool. Used by Champaign County Head Start.

WHODAS – World Health Organization Disability Assessment Schedule. It is a generic assessment instrument for health and disability and can be used across all diseases, including mental and addictive disorders. The instrument covers 6 domains: Cognition, Mobility; Self-care; Getting along; Life activities; and Participation. Replaces the Global Assessment of Functioning in the DSM-V.

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

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

CHAMPAIGN COUNTY MENTAL HEALTH BOARD REGULAR MEETING

Minutes—July 19, 2023

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

5:45 p.m.

MEMBERS PRESENT: Matt Hausman, Lisa Liggins-Chambers, Daphne Maurer, Elaine

Palencia, Molly McLay, Joe Omo-Osagie, Jon Paul Youakim, Jane

Sprandel, Jen Straub

STAFF PRESENT: Kim Bowdry, Leon Bryson, Lynn Canfield, Stephanie Howard-

Gallo, Shandra Summerville, Chris Wilson

OTHERS PRESENT: Angie Pierce, Cunningham Children's Home, Jamie Olsen, DSC;

Gail Raney, Rosecrance; Brenda Eakins, Keysa Haley, GROW; Jim

Hamilton, Promise Healthcare; Laura White, CU at Home

CALL TO ORDER:

Dr. Jon Paul Youakim called the meeting to order at 5:47 p.m. CCMHB member Daphne Maurer requested to attend remotely due to illness. In compliance with the CCMHB By-Laws a motion was requested by Dr. Youakim to allow her remote attendance.

MOTION: Ms. Straub moved to allow remote attendance for Daphne Maurer for this meeting due to illness. Ms. McLay seconded the motion. All CCMHB members voted aye and the motion passed.

ROLL CALL:

Roll call was taken and a quorum was present.

APPROVAL OF AGENDA:

The agenda was presented for review. The agenda was approved unanimously by a roll call vote.

CCDDB and CCMHB SCHEDULES:

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

ACRONYMS and GLOSSARY:

A list of commonly used acronyms was included for information.

CITIZEN INPUT / PUBLIC PARTICIPATION:

None.

PRESIDENT'S COMMENTS:

None.

EXECUTIVE DIRECTOR'S COMMENTS:

Lynn Canfield reviewed the agenda.

APPROVAL OF CCMHB MINUTES:

Meeting minutes from the June 21, 2023 meeting were included in the Board packet.

MOTION: Ms. Sprandel moved to approve the CCMHB minutes from the meeting on June 21. Ms. McLay seconded the motion. A voice vote was taken. The motion passed.

VENDOR INVOICE LIST:

The Vendor Invoice List was included in the Board packet for consideration.

MOTION: Dr. Youakim moved to accept the Vendor Invoice List as presented in the Board packet. Mr. Omo-Osagie seconded the motion. A roll call vote was taken and the motion passed unanimously.

STAFF REPORTS:

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

NEW BUSINESS:

Evaluation Capacity Building Project:

An oral update from Jacinda Dariotis was provided on the project undertaken by the UIUC Family Resiliency Center to date. Relevant pages from the Proposal were included in the packet. Board members were given an opportunity to ask questions following the presentation.

UIUC Life Home Tour and Resources:

Dr. Samuel A. Olatunji from the Human Factors and Aging Laboratory/McKechnie Family LIFE Home provided a virtual tour and information about the Life Home project. Board members were given an opportunity to ask questions following the presentation.

I/DD Special Initiatives Fund:

A Briefing Memorandum provided an update on PY24 IDDSI contracts and draft priorities for PY25.

OLD BUSINESS:

Deferred Allocation Decisions for PY2024:

A Decision Memorandum offered updates and staff recommendations on funding requests that were deferred. An updated spreadsheet was included for information.

MOTION: Dr. Youakim moved to approve funding of \$110,000 recommended for WIN Recovery—Community Support ReEntry Houses subject to caveats stated in the memorandum. Ms. Palencia seconded the motion. A roll call vote was taken and the motion passed.

Quarterly Update on Community Health Plan:

An overview of current priorities and activities of the Regional Community Health Plan group was included in the packet.

Agency Input:

None.

Board to Board Reports:

None.

County Board Input:

Ms. Straub provided an update on potentially available ARPA funds.

CCDDB Input:

The CCDDB met earlier in the day.

Board Announcements:

None.

ADJOURNMENT:

The meeting adjourned at 7:16 p.m.

Respectfully

Submitted by: Stephanie Howard-Gallo

CCMHB/CCDDB Staff

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

CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARD AND MENTAL HEALTH BOARD JOINT STUDY SESSION

Minutes—August 16, 2023

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

5:45 p.m.

MEMBERS PRESENT: Joe Omo-Osagie, Matt Hausmann, Molly McLay, Jane Sprandel,

Jen Straub, Jon Paul Youakim, Anne Robin, Vicki Niswander,

Georgiana Schuster, Kim Fisher

STAFF PRESENT: Kim Bowdry, Leon Bryson, Lynn Canfield, Stephanie Howard-

Gallo, Shandra Summerville, Chris Wilson

OTHERS PRESENT: Kentrell Graham, Danielle Kalakowski, Darrin Chatman, Patty

Walters, Vickie Tolf, Danielle Matthews, DSC; Becca Obuchowski, Jennifer Buoy, Hannah Sheets, Jasmine H., Community Choices; Angela Yost, Jessica McCann, CCRPC; Susan Fowler, Citizen

CALL TO ORDER:

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

ROLL CALL:

Roll call was taken and a quorum was present.

CITIZEN INPUT / PUBLIC PARTICIPATION:

None.

APPROVAL OF AGENDA:

The agenda was in the packet for review.

PRESIDENT'S COMMENTS:

None.

EXECUTIVE DIRECTOR'S COMMENTS:

None.

STUDY SESSION:

Study Session - "Preferences of Champaign County Residents with I/DD"

To assist the boards in planning and prioritizing for the next funding cycle, advocates led the discussion. Participants from Community Choices' Human Rights & Advocacy Group: Eric Beasley, Jennifer Buoy, Jasmine Hague, and Tobie Wood Representing Advocates at DSC (new group name TBD): Darrin Chatman, Kentrell Graham, and Danielle Kolakowski. Included in the packet to support this discussion and subsequent planning, were memorandum collecting input from people with I/DD and on their behalf.

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

BOARD ANNOUNCEMENTS:

None.

ADJOURNMENT:

The meeting adjourned at 7:58 p.m.

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

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Champaign County, IL

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18805 C-U AT HOME Jul'23 MHB24-021 CHECK DATE: 07/21/2023	07/01/2023	072123A	22010	21,391.00	21,391.00 07/31/2023 INV PD	MHB24-
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18259 CHAMPAIGN COUNTY HEALTH CARE CONSUMERS	HEALTH CARE CONSUMERS					
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Jul'23 MHB24-044 CHECK DATE: 07/06/2023	07/01/2023	070723A	21371	7,208.00	7,208.00 07/31/2023 INV PD	MHB24-
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10563 TROPHYTIME, INC.						
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•	CHECK # OB	21869 ARDSON	22315 CARDMEMBER SERV	501613 NRDSON	CREDITS:		21349	22501	CREDITS:		22017 AIGN MULTIMEDIA	CREDITS:		22315 CARDMEMBER SERV	
	REF3	3-058 42271 Health RICHA	43033 ary 6/29 VISA	3-058 43635 Health RICHA	1,554.00		41140 CCT	43606 CCT	4,249.10	AL NOTICES	42526 Report CHAMP	14.00		43033 est 6/16 VISA	
OBJECT PROJ	YR/PR JNL EFF DATE SRC REF1 REF2 20000154 502005 TRAINING PROGRAMS	23/07 133 07/05/23 API 019784 MHB23-058 42271 W 071423A MHB23-058 Youth Mental Health RICHARDSON	23/07 505 07/19/23 API 010638 43033 22315 w 072823A City of Champaign Library 6/29 VISA CARDMEMBER SERV	23/07 716 07/27/23 API 019784 MHB23-058 43635 w 080423A MHB23-058 Youth Mental Health RICHARDSON	LEDGER BALANCES DEBITS:	20000154 502013 RENT	23/07 2 07/01/23 API 000001 203 w 070723A Jul'23 Office Rent	23/07 713 07/27/23 API 000001 203 w 080423A Aug'23 Office Rent 053	LEDGER BALANCES DEBITS:	20000154 502019 ADVERTISING, LEGAL NOTICES	23/07 369 07/12/23 API 010115 42526 22017 w 072123A Notice of CCMHB Annual Report CHAMPAIGN MULTIMEDIA	LEDGER BALANCES DEBITS:	20000154 502024 PUBLIC RELATIONS	23/07 505 07/19/23 API 010638 43033 22315 w 072823A Uniting Pride - Pridefest 6/16 VISA CARDMEMBER SERV	

Report generated: 08/07/2023 11:58 User: cmw11006 Program ID: glacthst

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NET LEDGER BALANCE		4,523.00	10,885.00	39,821.00	45,538.00	53,038.00	107,719.00	197,719.00	203,969.00	213,135.00	226,468.00	229,759.00	237,675.00	248,473.00	255, 189.00	261,314.00	287,980.00	305,309.00
AMOUNT		4,523.00	6,362.00	28,936.00	5,717.00	7,500.00	54,681.00	00.000,06	6,250.00	9,166.00	13,333.00	3,291.00	7,916.00	10,798.00	6,716.00	6,125.00	26,666.00	17,329.00
CHECK # OB		21345	21346	21347	1106 COMMUNITY SERVICE CE	21383 SIS NURSERY	.114 21388 DEVELOPMENTAL SERVIC	21389 MOYER BOYS & GIR	.117 21389 DON MOYER BOYS & GIR	21389 MOYER BOYS & GIR	21389 MOYER BOYS & GIR	21405 ST FOLLOWERS	21405 ST FOLLOWERS	.125 21410 GROW IN ILLINOIS	21448 SECRANCE, INC.	21448 SECRANCE, INC.	21448 SECRANCE, INC.	41130 21448 T ROSECRANCE, INC.
OBJECT PROJ JNL EFF DATE SRC REF1 REF2 REF3	CONTRIBUTIONS & GRANTS	23/07 2 07/01/23 API 000001 MHB23-004 41101 W 070723A MHB23-004 Homeless Services Sy CCT	23/07	23/07 2 07/01/23 API 000001 MHB23-026 41116 W 070723A MHB23-026 Early Childhood Ment CCT	23/07 2 07/01/23 API 010148 MHB24-008 41106 W 070723A MHB24-008 Resource Connection COM	23/07 2 07/01/23 API 010163 MHB24-005 41109 W 070723A MHB24-005 Beyond Blue - Champa CRISIS NURSERY	23/07 2 07/01/23 API 010170 MHB24-012 41114 W 070723A MHB24-012 Family Development DEV	23/07 2 07/01/23 API 010175 MHB24-031 41115 W 070723A MHB24-031 Coalition Summer Ini DON MOYER BOYS	23/07 2 07/01/23 API 010175 MHB24-015 41117 W 070723A MHB24-015 CU Change DON	23/07 2 07/01/23 API 010175 MHB24-037 41118 W 070723A MHB24-037 CUNC DON	23/07 2 07/01/23 API 010175 MHB24-022 41119 W 070723A MHB24-022 Youth & Family Sevic DON MOYER BOYS &	23/07 2 07/01/23 API 010214 MHB23-034 41123 W 070723A MHB23-034 First Steps Re-Entry FIRST FOLLOWERS	23/07 2 07/01/23 API 010214 MHB23-003 41124 W 070723A MHB23-003 Peer Mentoring for R FIRST	23/07 2 07/01/23 API 010242 MHB23-011 41125 W 070723A MHB23-011 Peer Support GRO	23/07 2 07/01/23 API 010488 MHB24-019 41127 W 070723A MHB24-019 Benefits Case Manage ROSECRANCE, INC	23/07 2 07/01/23 API 010488 MHB24-027 41128 W 070723A MHB24-027 Child & Family Servi ROSECRANCE,	23/07 2 07/01/23 API 010488 MHB24-020 41129 w 070723A MHB24-020 Criminal Justice PSC ROSECRANCE,	23/07 2 07/01/23 API 010488 MHB24-030 41130 W 070723A MHB24-030 Crisis Co-Response T ROS
ORG OBJE YR/PR JNL	54 5	23/07 W 07072	23/07 w 07072	23/07 w 07072	23/07 w 07072	23/07 w 07072	23/07 w 07072	23/07 w 07072	23/07 W 07072	23/07 W 07072	23/07 w 07072	23/07 w 07072	23/07 W 07072	23/07 W 07072	23/07 w 07072	23/07 w 07072	23/07 w 07072	23/07 w 07072





N	00 313,642.00	328,475.00	344,313.00	350,745.00	361,328.00	364,078.00	371,286.00	378,911.00	386,423.00	397,027.00	00 430,201.00	00 432,701.00	00 435,070.00	00 449,935.00	00 457,435.00	00 463,685.00	00 475,351.00	00 483,124.00
	3 8,333.00	14,833.00	15,838.00	6,432.00	10,583.00	2,750.00	7,208.00	7,625.00	7,512.00	10,604.00	33,174.00	2,500.00	2,369.00	14,865.00	7,500.00	6,250.00	11,666.00	7,773.00
7	41131 CHECK # 21448 ROSECRANCE, INC.	41133 21448 ROSECRANCE, INC.	41134 21468 F UP CENTER OF CHAMPAI	41170 21471 URBANA ADULT EDUCATI	41	41168 21370 CHAMPAIGN COUNTY CHR	41094 21371 en CHAMPAIGN COUNTY HEA	41096 21371 ti CHAMPAIGN COUNTY HEA	41100 21371 HW CHAMPAIGN COUNTY HEA	305 MHB23-018 41111 21386 Housing and Emp CUNNINGHAM CHILDRENS	41112 21386 TO CUNNINGHAM CHILDRENS	41120 21403 FAMILY SERVICE OF CH	41121 21403 FAMILY SERVICE OF CH	41222 21403 & FAMILY SERVICE OF CH	41227 21426 ea IMMIGRANT SERVICE OF	41409 21445 Pr RAPE, ADVOCACY, COUN	41410 21445 ap RAPE, ADVOCACY, COUN	42265 21919 d WIN RECOVERY INC
OBJECT PROJ	23/07 2 07/01/23 API 010488 MHB24-023 W 070723A MHB24-023 Recovery Home	23/07 2 07/01/23 API 010488 MHB24-028 W 070723A MHB24-028 Specialty Courts	23/07 2 07/01/23 API 010595 MHB24-009 W 070723A MHB24-009 Children, Youth, &	23/07 2 07/01/23 API 010597 MHB24-042 W 070723A MHB24-042 C-U Early	23/07 2 07/01/23 API 018092 MHB23-007 W 070723A MHB23-007 Courage Connection	23/07 2 07/01/23 API 018254 MHB24-029 W 070723A MHB24-029 Mental Health Care	23/07 2 07/01/23 API 018259 MHB24-044 41094 w 070723A MHB24-044 CHW Outreach and Ben CHAMPAIGN COUNTY HEA	23/07 2 07/01/23 API 018259 MHB23-066 41096 w 070723A MHB23-066 Disability Applicati CHAMPAIGN COUNTY HEA	23/07 2 07/01/23 API 018259 MHB24-045 41100 W 070723A MHB24-045 Justice Involved CHW CHAMPAIGN COUNTY HEA	23/07 2 07/01/23 API 018305 MHB23-018 W 070723A MHB23-018 ECHO Housing and E	23/07 2 07/01/23 API 018305 MHB23-036 41112 W 070723A MHB23-036 Families Stronger To CUNNINGHAM CHILDRENS	23/07 2 07/01/23 API 018343 MHB24-014 W 070723A MHB24-014 Counseling	23/07 2 07/01/23 API 018343 MHB24-016 W 070723A MHB24-016 Self Help Center	23/07 2 07/01/23 API 018343 MHB24-017 W 070723A MHB24-017 Senior Counseling	23/07 2 07/01/23 API 019785 MHB24-010 41227 W 070723A MHB24-010 Immigrant Mental Hea IMMIGRANT SERVICE OF	23/07 30 07/01/23 API 010464 MHB24-002 41409 W 070723A MHB24-002 Sexual Violence & Pr RAPE,	23/07 30 07/01/23 API 010464 MHB24-035 41410 W 070723A MHB24-035 Sexual Trauma Therap RAPE,	23/07 128 07/05/23 API 010683 MHB23-069 42265 W 071423A Jan'23 MHB23-069 Re-Entry and WIN RECOVERY INC

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NET LEDGER	490,897.00	498,670.00	506,443.00	514,216.00	521,996.00	524,121.00	526,246.00	528,371.00	530,496.00	532,621.00	534,746.00	541,385.00	546,710.00	551,876.00	573,267.00	578,592.00	607,528.00	612,051.00
HALLOWA	7,773.00	7,773.00	7,773.00	7,773.00	7,780.00	2,125.00	2,125.00	2,125.00	2,125.00	2,125.00	2,125.00	6,639.00	5,325.00	5,166.00	21,391.00	5,325.00	28,936.00	4,523.00
4 ADDITO	21919	21919 RECOVERY INC	21919 RECOVERY INC	21919 RECOVERY INC	21919 RECOVERY INC	42353 21905 Stu URBANA NEIGHBORHOOD	42353 21905 Stu URBANA NEIGHBORHOOD	21905 NA NEIGHBORHOOD	21905 NA NEIGHBORHOOD	42353 21905 Stu URBANA NEIGHBORHOOD	42353 21905 Stu URBANA NEIGHBORHOOD	21885 TERRAPIN STATION SOB	21980	22035 CNTRL IL REFUGE	22010 AT HOME	22502	22497	22498
ORG OBJECT PROJ	128 07/05/23 API 010683 MHB23-069 42265 V 071423A Feb'23 MHB23-069 Re-Entry and WIN	23/07 128 07/05/23 API 010683 MHB23-069 42265 W 071423A Mar'23 MHB23-069 Re-Entry and WIN	23/07 128 07/05/23 API 010683 MHB23-069 42265 W 071423A Apr'23 MHB23-069 Re-Entry and WIN	23/07 128 07/05/23 API 010683 MHB23-069 42265 W 071423A May'23 MHB23-069 Re-Entry and WIN	23/07 128 07/05/23 API 010683 MHB23-069 42265 W 071423A Jun'23 MHB23-069 Re-Entry and WIN	23/07 133 07/05/23 API 010599 13 42353 W 071423A Jan'23 MHB22-024 Community Stu URBA	23/07 133 07/05/23 API 010599 13 42353 W 071423A Feb'23 MHB22-024 Community Stu URBA	23/07 133 07/05/23 API 010599 13 42353 W 071423A Mar'23 MHB22-024 Community Stu URBANA	23/07 133 07/05/23 API 010599 13 42353 W 071423A Apr'23 MHB22-024 Community Stu URBANA	23/07 133 07/05/23 API 010599 13 42353 W 071423A May'23 MHB22-024 Community Stu URBA	23/07 133 07/05/23 API 010599 13 42353 W 071423A Jun'23 MHB22-024 Community Stu URBA	23/07 133 07/05/23 API 018412 MHB24-067 41597 W 071423A MHB24-067 Recovery Home TERR	23/07 349 07/12/23 API 000001 MHB24-006 42528 W 072123A MHB24-006 Children's Advocacy CCT	23/07 349 07/12/23 API 010185 MHB24-001 42431 W 072123A Jul'23 MHB24-001 Family Suppor EAST	23/07 349 07/12/23 API 018805 MHB24-021 42474 W 072123A MHB24-021 Shelter Case Managem C-U	23/07 713 07/27/23 API 000001 MHB24-006 43476 w 080423A Aug'23 MHB24-006 Children's Ad CCT	23/07 713 07/27/23 API 000001 MHB23-026 43482 W 080423A Aug'23 MHB23-026 Early Childho CCT	23/07 713 07/27/23 API 000001 MHB23-004 43483 w 080423A Aug'23 MHB23-004 Homeless Serv CCT

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NET EDGER	BALANCE	618,413.00	624,130.00	631,630.00	686,311.00	692,561.00	701,727.00	715,060.00	720,226.00	723,517.00	731,433.00	742,231.00	753,897.00	760,147.00	766,863.00	772,988.00	799,654.00	816,983.00	825,316.00
	AMOUNT	6,362.00	5,717.00	7,500.00	54,681.00	6,250.00	9,166.00	13,333.00	5,166.00	3,291.00	7,916.00	10,798.00	11,666.00	6,250.00	6,716.00	6,125.00	26,666.00	17,329.00	8,333.00
	CHECK #	184 22499 :CT	22553 COMMUNITY SERVICE CE	43487 22556 - CRISIS NURSERY	22565 SEVELOPMENTAL SERVIC	576 22566 DON MOYER BOYS & GIR	22566 DON MOYER BOYS & GIR	.80 22566 JON MOYER BOYS & GIR	22567 SAST CNTRL IL REFUGE	43586 22575 R FIRST FOLLOWERS	22575 IRST FOLLOWERS	22581 SROW IN ILLINOIS	390 22622 SAPE, ADVOCACY, COUN	.93 22622 APE, ADVOCACY, COUN	394 22628 SOSECRANCE, INC.	396 22628 SOSECRANCE, INC.	32628 SOSECRANCE, INC.	.030 43598 22628 Co-Res ROSECRANCE, INC.	22628 COSECRANCE, INC.
		API 000001 MHB24-025 43484 MHB24-025 Youth Assessm CCT	API 010148 MHB24-008 43485 MHB24-008 Resource Conn COMMUNITY	API 010163 MHB24-005 MHB24-005 Beyond Blue	API 010170 MHB24-012 43575 MHB24-012 Family Develo DEVELOPMENTAL	API 010175 MHB24-015 43 MHB24-015 CU Change	API 010175 MHB24-037 43 MHB24-037 CUNC	API 010175 MHB24-022 43580 MHB24-022 Youth & Famil DON MOYER	API 010185 MHB24-001 43581 MHB24-001 Family Suppor EAST	API 010214 MHB23-034 MHB23-034 First Steps	API 010214 MHB23-003 43587 MHB23-003 Peer Mentorin FIRST	API 010242 MHB23-011 43588 MHB23-011 Peer Support GROW IN ILLINOIS	API 010464 MHB24-035 43590 MHB24-035 Sexual Trauma RAPE,	API 010464 MHB24-002 43593 MHB24-002 Sexual Violen RAPE,	API 010488 MHB24-019 43594 MHB24-019 Benefits Case ROSECRANCE,	API 010488 MHB24-027 43596 MHB24-027 Child & Famil ROSECRANCE,	API 010488 MHB24-020 43597 MHB24-020 Criminal Just ROSECRANCE,	API 010488 MHB24- MHB24-030 Crisis	API 010488 MHB24-023 43599 MHB24-023 Recovery Home ROSECRANCE,
ORG OBJECT PROJ)	23/07 713 07/27/23 W 080423A Aug'23	23/07 713 07/27/23 w 080423A Aug'23	23/07 713 07/27/23 w 080423A Aug'23	23/07 713 07/27/23 w 080423A Aug'23	23/07 713 07/27/23 w 080423A Aug'23	23/07 713 07/27/23 w 080423A Aug'23	23/07 713 07/27/23 w 080423A Aug'23	23/07 713 07/27/23 w 080423A Aug'23	23/07 713 07/27/23 w 080423A Aug'23	23/07 713 07/27/23 w 080423A Aug'23	23/07 713 07/27/23 w 080423A Aug'23	23/07 713 07/27/23 w 080423A Aug'23	23/07 713 07/27/23 w 080423A Aug'23	23/07 713 07/27/23 w 080423A Aug'23	23/07 713 07/27/23 W 080423A Aug'23	23/07 713 07/27/23 W 080423A Aug'23	23/07 713 07/27/23 w 080423A Aug'23	23/07 713 07/27/23 w 080423A Aug'23





NET LEDGER	BALANCE 840,149.00	855,987.00	862,419.00	873,002.00	875,752.00	882,960.00	890,585.00	898,097.00	908,701.00	941,875.00	944,375.00	946,744.00	961,609.00	968,248.00	989,639.00	997,139.00	997,139.00
	AMOUNT 14,833.00	15,838.00	6,432.00	10,583.00	2,750.00	7,208.00	7,625.00	7,512.00	10,604.00	33,174.00	2,500.00	2,369.00	14,865.00	6,639.00	21,391.00	7,500.00	.00 NET:
	CHECK # OB 22628 ECRANCE, INC.	; MHB24-009 43602 Children, You UP CENTER OF CHAMPAI	22652 URBANA ADULT EDUCATI	22555 RAGE CONNECTION	4 MHB24-029 43478 22539 Mental Health CHAMPAIGN COUNTY CHR	501601 MPAIGN COUNTY HEA	501601 MPAIGN COUNTY HEA	501601 MPAIGN COUNTY HEA	MHB23-018 43488 22558 ECHO Housing CUNNINGHAM CHILDRENS	5 MHB23-036 43489 22558 Families Stro CUNNINGHAM CHILDRENS	22570 ILY SERVICE OF CH	22570 ILY SERVICE OF CH	: MHB24-017 43585 22570 Senior Counse FAMILY SERVICE OF CH	: MHB24-067 43601 22644 Recovery Home TERRAPIN STATION SOB	.3573 22531 C-U AT HOME	22601 IGRANT SERVICE OF	CREDITS:
•	SRC REFI REF2 REF3 CHECI API 010488 MHB24-028 43600 MHB24-028 Specialty Cou ROSECRANCE, INC	API 010595 MHB24-009 43602 MHB24-009 Children, You UP	API 010597 MHB24-042 43574 MHB24-042 C-U Early URB/	API 018092 MHB23-007 43486 MHB23-007 Courage Conne COURAGE CONNECTION	API 018254 MHB24-029 43478 MHB24-029 Mental Health CHAN	018259 MHB24-044 43479 24-044 CHW Outreach CHAMPAIGN COUNTY	018259 MHB23-066 43480 23-066 Disability Ap CHAMPAIGN COUNTY	API 018259 MHB24-045 43481 MHB24-045 Justice Invol CHAMPAIGN COUNTY HEA	API 018305 MHB23-018 43488 MHB23-018 ECHO Housing CUNI	API 018305 MHB23-036 43489 MHB23-036 Families Stro CUNI	API 018343 MHB24-014 43583 MHB24-014 Counseling FAMILY	API 018343 MHB24-016 43584 MHB24-016 Self Help Cen FAMILY	API 018343 MHB24-017 43585 MHB24-017 Senior Counse FAM	API 018412 MHB24-067 43601 MHB24-067 Recovery Home TER	API 018805 MHB24-021 43573 MHB24-021 Shelter Case C-U	API 019785 MHB24-010 43589 MHB24-010 Immigrant Men IMMIGRANT SERVICE	EBITS: 997,139.00
OBJECT PROJ	YR/PR JNL EFF DATE SKC 23/07 713 07/27/23 API W 080423A Aug'23 MHB2	23/07 713 07/27/23 API w 080423A Aug'23 MHB2	23/07 713 07/27/23 API w 080423A Aug'23 MHB2	23/07 713 07/27/23 API w 080423A Aug'23 MHB2	23/07 713 07/27/23 API w 080423A Aug'23 MHB2	23/07 713 07/27/23 API 018259 MHB24-044 W 080423A Aug'23 MHB24-044 CHW Outreach	23/07 713 07/27/23 API 01825 W 080423A Aug'23 MHB23-066	23/07 713 07/27/23 API w 080423A Aug'23 MHB2	23/07 713 07/27/23 API w 080423A Aug'23 MHB2	23/07 713 07/27/23 API w 080423A Aug'23 MHB2	23/07 713 07/27/23 API w 080423A Aug'23 MHB2	23/07 713 07/27/23 API w 080423A Aug'23 MHB2	23/07 713 07/27/23 API w 080423A Aug'23 MHB2	23/07 713 07/27/23 API w 080423A Aug'23 MHB2	23/07 713 07/27/23 API W 080423A Aug'23 MHB2	23/07 713 07/27/23 API W 080423A Aug'23 MHB2	LEDGER BALANCES DEBITS:

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NET LEDGER BALANCE		199.06	199.06		144.95	201.75	201.75	1,031,053.33
AMOUNT		199.06	NET:		144.95	56.80	NET:	NET:
			00.				00.	00.
CHECK # OB		21920 CORPORATION	CREDITS:		21810 DADBAND - CU	22029 CONSOLIDATED COMMUNI	CREDITS:	CREDITS:
REF2 REF3	EQUIP RENT	48 41859 Copier Serv XEROX	199.06		8 8/4/23 - 9/3/ I3 BROADBAND -	42288 CONSO	201.75	1,031,053.33
ORG OBJECT PROJ YR/PR JNL EFF DATE SRC REF1 R	:02046 EQUIP LEASE/	23/07 128 07/05/23 API 010687 248 41859 w 071423A AC# 702196429 June Copier Serv XEROX CORPORATION	LEDGER BALANCES DEBITS:	20000154 502048 PHONE/INTERNET	23/07 128 07/05/23 API 010263 w 071423A Internet Service 8/	23/07 325 07/10/23 API 018287 w 072123A MHB, Phones	LEDGER BALANCES DEBITS:	GRAND TOTAL DEBITS:

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Report generated: 08/07/2023 08:46 User: cmw11006 Program ID: apinvlst

Champaign County, IL

VENDOR INVOICE LIST

DESCR		20,833.00 07/31/2023 INV PD IDDSI2			3,000.00 07/31/2023 INV PD IDDSI2			
PE STS		S PD			N PD			
TYF		2023 IN			2023 IN			
DAT		7/31/2			7/31/2			
J TNUOM		33.00 (00.00			
PAID AMOUNT DUE DATE TYPE STS DESCR		20,8			3,00			
NET		0			0	5		0
INVOICE NET		20,833.00			3,000.00	6	3,000.00	23,833.00
CHECK #		21388			21441			
CHECK RUN CHECK #		070723A	L	,	070723A			
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Ę	CENTER OF	023	THETR		:023			CES
INV DATE		07/01/2023	10424 PERSONS ASSUMTING CONTROL OF THETR ENVIRONMENT INC		07/01/2023			2 INVOICES
	L SERV]	2023	UNTM		2023			
P.0.	10170 DEVELOPMENTAL SERVICES	080 02/06/	IISSA SE)29 07/06/			
Δ.	DEVELO	JSI24-(JATE:	PERSON		JSI24-(JATE:			
INVOICE	10170	Jul'23 IDDSI24-080 CHECK DATE: 07/06/2023	10424	-	Jul'23 IDDSI24-079 CHECK DATE: 07/06/2023			
Á		7			71			

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Report generated: 08/07/2023 12:12 User: cmw11006 Program ID: glacthst



ACCOUNT DETAIL HISTORY FOR 2023 07 TO 2023 07

20,833.00	23,833.00	44,666.00	47,666.00	47,666.00	47,666.00
20,833.00	3,000.00	20,833.00	3,000.00	NET:	NET:
				00.	00.
21388 PMENTAL SERVIC	21441 S ASSUMING CON	22565 PMENTAL SERVIC	22617 S ASSUMING CON	CREDITS:	CREDITS:
C24-80 41162 & Famil DEVELO	C24-79 41164 Ontrol i PERSON	C24-80 43627 ividual DEVELO	C24-79 43628 Sumer Co PERSON	47,666.00	47,666.00
23/07 2 07/01/23 API 010170 IDDSI: w 070723A IDDSI24-080 Individual	23/07 2 07/01/23 API 010424 IDDSI: W 070723A IDDSI24-079 Consumer Co	23/07 713 07/27/23 API 010170 IDDSI: w 080423A Aug'23 IDDSI24-080 Indi	23/07 713 07/27/23 API 010424 IDDSI: w 080423A Aug'23 IDDSI24-079 Consi	LEDGER BALANCES DEBITS:	GRAND TOTAL DEBITS:
	20,833.00	7/01/23 API 010170 IDDSI24-80 41162 21388 20,833.00 IDDSI24-080 Individual & Famil DEVELOPMENTAL SERVIC 3,000.00 IDDSI24-079 Consumer Control i PERSONS ASSUMING CON	7/01/23 API 010170 IDDS124-80 41162 IDDS124-080 Individual & Famil DEVELOPMENTAL SERVIC 7/01/23 API 010424 IDDS124-79 41164 IDDS124-079 Consumer Control i PERSONS ASSUMING CON 7/27/23 API 010170 IDDS124-80 43627 Aug'23 IDDS124-080 Individual DEVELOPMENTAL SERVIC	7/01/23 API 010170 IDDSI24-80 41162 IDDSI24-080 Individual & Famil DEVELOPMENTAL SERVIC 7/01/23 API 010424 IDDSI24-79 41164 IDDSI24-079 Consumer Control i Persons ASSUMING CON 7/27/23 API 010170 IDDSI24-80 43627 Aug'23 IDDSI24-080 Individual DEVELOPMENTAL SERVIC 7/27/23 API 010424 IDDSI24-79 43628	//01/23 API 010170 IDDS124-80 41162 IDDS124-080 Individual & Famil DEVELOPMENTAL SERVIC IDDS124-080 Individual & Famil DEVELOPMENTAL SERVIC //01/23 API 010424 IDDS124-79 41164 IDDS124-079 Consumer Control i PERSONS ASSUMING CON //27/23 API 010170 IDDS124-80 43627 Aug'23 IDDS124-080 Individual DEVELOPMENTAL SERVIC //27/23 API 010424 IDDS124-79 43628 Aug'23 IDDS124-079 Consumer Co PERSONS ASSUMING CON Aug'23 IDDS124-079 CONSUMER CONSUMER CO PERSONS ASSUMING CON Aug'23 IDDS124-079 CONSUMER C

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4 Records printed

Kim Bowdry, Associate Director for Intellectual & Developmental Disabilities Staff Report – August & September 2023

<u>CCDDB/CCMHB/IDDSI</u>: 4th Quarter reports and year-end Performance Measure Outcome (PMO) reports were due on August 25, 2023. 4th Quarter Program Reports and PY23 Service Data Charts were included in the September CCDDB Board packet. I am currently reviewing agency reports and working to compile PY23 PMO reports. The PY23 PMO reports will be compiled and posted at ccmhddbrds.org.

I am also taking data from the PY23 4th Quarter reports, to create the 'Utilization Summaries for PY2023 CCDDB and CCMHB I/DD Programs' document. This document is likely to be included in the October 2023 CCDDB Packet.

I assisted with CCDDB, IDDSI, and CCMHB Priority documents. I participated in the joint CCDDB-CCMHB study session held on August 16, 2023. Two self-advocate groups were part of a roundtable discussion. If you were unable to attend, the recording can be found here. This discussion is reflected in the CCDDB and IDDSI priorities.

I participated in meetings with CCDDB/CCMHB staff and Dr. Dariotis from the Family Resiliency Center, related to the Evaluation Capacity project.

HS-EHS requested an extension for 4th Quarter reports. Those reports are not included in the September CCDDB packet with the other reports.

I participated in a Local Funders Group meeting with other CCDDB-CCMHB staff.

<u>CCDDB Contract Amendments</u>: A contract amendment was sent to Community Choices for the Transportation Support program. The contract amendment was issued to reduce the contract maximum due to a partial staff vacancy at the beginning of the contract term. The program is currently fully staffed.

<u>Learning Opportunities</u>: Joan Storey Gorsuch, BFA, M.Ed. and two self-advocates are scheduled to present "Employing Autism" on October 5, 2023, at the Champaign Public Library. Anyone interested in registering for this workshop can register at this <u>link</u>.

In advance of each workshop, I reserve a room at the library, organize the registration page, order refreshments from the Champaign Public Library café, and make copies of any handouts. After the workshop, I tally training evaluation forms, create and email Certificates of Attendance, and share the PowerPoint and any other handouts with participants.

<u>Disability Resource Expo</u>: I participated in the Expo Marketing Committee meeting on September 7, 2023. Twice in August, I went to the Expo storage facility. Once to get a count on the remaining Children's Activity bags from the 2022 Expo and another time to begin taking an inventory of items in

the storage facility. This is something that has not been fully done since 2019. I am planning a few more trips to get a full inventory before the 2023 Expo on October 28, 2023. The Children's Activities Committee has been very active through email. There was a discussion of fidget toys to include in the Children's Activity bags that will be given out at the Expo. I ordered those fidget items, as well. The Volunteer Committee is working to get an idea of the number of volunteers and their duties needed for the event. Stay tuned for the Volunteer Registration link.

MHDDAC: The August MHDDAC meeting was held on August 22, 2023. The meeting discussion was about the upcoming year and the format of the meetings. Angela Yost, CCRPC has agreed to co-chair with Becca Obuchowski, Community Choices for the coming year. Each month's MHDDAC meeting will have a topic of discussion (housing, food insecurity, etc.). A living document will be created so MHDDAC members can add 'hot topics' to discuss during the meetings and others can add responses. This is an effort to generate conversation and allows a place to maintain the questions and responses, so people can look at the document when they need relevant information.

<u>ACMHAI</u>: I attended the September ACMHAI I/DD committee meeting. The discussion included national updates, state updates, and local updates from each member. State updates included discussion on the issues that continue at the SODCs.

<u>NACBHDD</u>: I participated in the September meeting of the National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD) I/DD committee meeting. Representatives from Easterseals Iowa and Benchmark Human Services provided presentations on crisis services for the I/DD population.

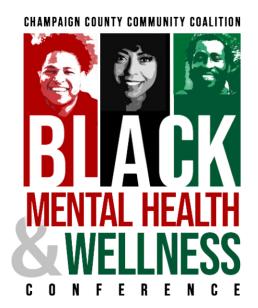
<u>Human Services Council</u>: The Human Services Council resumed monthly meetings on August 3, 2023. Staff members from LifeLinks provided an update on the services provided by LifeLinks. Agency updates were also provided. I also attended the September HSC meeting. The September meeting included agency presentations from Rattle the Stars, The Pavilion, and Rosecrance Central Illinois.

<u>LIC</u>: I participated in the September Local Inter-Agency Council (LIC) meeting. Meetings are held every other month, however just resumed for the year.

<u>Race Relations Subcommittee</u>: I participated in biweekly Community Coalition Race Relations Subcommittee meetings. Members of the committee are presenting at the Black Mental Health and Wellness conference scheduled for September 30, 2023. A flyer and <u>registration</u> information for this free event can be found at the end of this report.

<u>Other</u>: I participated in several webinars. Webinar topics included staff burnout, A Conversation with Temple Grandin, disability and domestic violence, ISC NOFO feedback discussion, OCD, telehealth, and toxic stress.

I also attended the September Transition Planning Committee (TPC) meeting.



BLACK MENTAL HEALTH & WELLNESS CONFERENCE

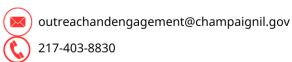
September 30, 2023 Parkland College - 2400 W. Bradley Ave. Champaign, IL, 61821 8:00 am-5:00 pm (Registration begins August 15th)

This conference is designed to provide attendees with the education and tools to address mental health with a greater sense of purpose and positivity. Workshops will promote honest mental health conversation, teach about restorative practices, and build a stronger sense of community.

Register Here:



For More Information:





Leon Bryson, Associate Director for Mental Health & Substance Use Disorders Staff Report- September 2023

Summary of Activity

Thanks to all the agencies that met the fourth quarter report deadline. This is an improvement from last year's report submissions. The Fourth Quarter reports and annual Performance Outcomes Reports (POR) were due on August 26th. At the time of this writing, two agencies requested extensions to submit their PORs and one agency did not submit any of their reports nor requested an extension. Once I have all the PORs, I will compile them into one document and include it in the next board packet and upload it to the online system.

Also, I compiled the fourth quarter data from each program to create PY23 Utilization Summaries for CCMHB and CCMHB I/DD programs for the October CCMHB board packet.

Ms. Canfield and I worked on DRAFT funding allocation priorities and decision support criteria for the Program Year 2025MHB. A briefing memorandum details the priorities to be used in the allocation process for contracts for services.

<u>Audit Delays/Suspension of Funding</u>: Promise Health Care is experiencing a delay in their 2022 audit and has submitted a formal request to waive the automatic cancellation of PY24 contracts. A decision memo offers context, and a motion is included in this board packet.

<u>Financial Site Visits:</u> In August, I attended and participated in a Children's Advocacy Center financial site visit. There were no significant issues at this time.

Evaluation Capacity Committee Team: Ms. Canfield, Ms. Bowdry, and I met with the U of I Family Resiliency Center for updates on the evaluation and capacity project. Dr. Jacinda Dariotis and her team are developing surveys for agencies and planning Group Level Assessment (GLA) dates.

<u>IPlan Behavioral Health Workgroup:</u> August meeting was cancelled. The next meeting is on September 21st. In July, members listened to a presentation from Ms. Donna Tanner Harold, LCPC retired counselor from Parkland College. She discussed mental health issues in the black community and invited members to attend the Black Mental Health and Wellness Conference Saturday, September 30, 2023, 8-5pm at Parkland College.

<u>CCMHDDAC Meeting:</u> I participated in the monthly meeting of CCMHDDAC. Ms. Angela Yost of CCRPC has agreed to be the co-chair of the group.

Reentry Executive Committee & Council Meetings: The Reentry Executive Committee has been working on setting clear goals and establishing agendas for the council meetings. Rosecrance is hiring for the Reentry Outreach Coordinator position. On September 6th, the council meeting had a nice turnout of agency representation. This is a step in the right direction as the executive team continues to make the meetings more efficient.

ACMHAI I/DD Committee Meeting: I participated in the monthly ACMHAI I/DD Committee Meeting. I also participated in the 2-day ACMHAI August Virtual Membership Meetings.

NACBHDD BH and Justice Meeting: Members heard from NACBHDD member Michelle Cabrera present on California use of the 1115 Wavier.

<u>Continuum of Service Providers to the Homeless (CSPH):</u> I attended in the various CSPH Strategic Planning Meeting and CSPH meetings. In the Strategic Planning Meeting, members discussed the CSPH Strategic Plan and the next steps, implementation, and monitoring of the plan.

In the August CSPH meeting, the COC Coordinator shared the first Point-in-Time (PIT) meeting is scheduled for September and encouraged members to join the PIT Subcommittee. Ms. Lisa Benson reported that RPC will be launching a transportation program for bus passes and auto repairs on August 14th. Check the RPC Website for details on how to apply. Ms. Jessica McCann shared that RPC now has a HUD Certified Housing Counselor who can take referrals. A flyer will be sent out. Note – RPC is not a HUD Certified Housing Counseling Facility. CSPH has begun preparations for the application for the Fiscal Year (FY) 2023 Continuum of Care Program Competition, which includes the review of renewal and reallocation project applications. The deadline was extended to accept applications by 12pm Tuesday, September 5th.

In the September CSPH meeting, emergency shelter providers discussed capacity information: eligibility criteria, total number of beds, current bed openings, waiting list numbers, if applicable, and any changes/updates to services. Members were emailed a draft of CSPH Strategic Plan and Feedback.

<u>Rantoul Service Provider's Meeting:</u> In the August meeting, the focus was on agencies updates with back to school for youth/families and barriers to emergency housing. The next meeting is scheduled for September 18th.

SOFTT/LAN: The July 19th meeting was rescheduled for August 16th. In the August meeting, members discussed the challenges with engaging school staff, citing lack of efficient information sharing and shared goals. On a positive note, members discussed having resource tables at Jettie Rhodes Day.

<u>Disability Resource Expo Meeting:</u> I attended the July 31st Steering Committee meeting. Subcommittees provided updates. Three interpreters are confirmed for the event, six interpreters are needed. A challenge with getting ALS interpreters.

I participated in the Marketing & Sponsorship Committee Meeting on September 7th. Ms. Boot, Resource Expo Co-Coordinator reported that some of the platinum donor members have downgraded their charitable donations to silver status. Additional help is needed with moving items from storage to Market Place Mall and back to storage once the event is done. The expo event has 63 exhibitors thus far and expect more in the coming days.

The Accessibility Committee is scheduled for September 11th.

Other Activities:

- I was invited to join the United Way of Champaign County (UWCC) Community Solutions Team to review Child Well-Being applications. I completed the orientation meeting via Zoom on Thursday, August 31^{st.}
- I participated in a FUSE Overview meeting. The McLean County's Frequent User System Engagement (FUSE) program is designed to help the community break the cycle of homelessness and crisis among individuals struggling with complex behavioral health needs. Services include Peer Support, Recovery Services, Case Management, Medication Assistance, Psychiatric Services, Psychoeducation, Court Liaison, and Therapy.
- Ms. Canfield and I met with Scott Block, Statewide Behavioral Health Administrator from the Administrative Office of the Illinois Courts to discuss crisis intervention services.
- Ms. Canfield and I met with Ms. Jamie Dahlman, CFO of Promise Heathcare, to discuss forms in the online system.

Learning Opportunities (Trainings and Webinars):

- ACMHAI's webinar, *Using upstream telehealth tools to maximize the workforce capacity*.
- NACo's webinar, Fighting The Opioid Crisis With The Whole-Person Care
- National Harm Reduction Coalition (NHRC) webinar Harm Reduction with Faith-Based Communities.

Stephanie Howard-Gallo Operations and Compliance Coordinator Staff Report – September 2023 Board Meeting

SUMMARY OF ACTIVITY:

Fourth Quarter Reporting:

Fourth quarter financial and program reporting was due at the end of August. (Agencies are given one extra month to submit 4th qtr. reports.) Performance Outcome Measures and a Cultural and Linguistic Competence Plan Progress Report are due the 4th Quarter of each funding year, as well. A reminder of the upcoming deadline was sent Aug 1 and again on Aug 18. We approved an extension for Don Moyer Boys and Girls Club, Champaign County Healthcare Consumers, and Head Start (all CCMHB funded). Urbana Neighborhood Connections Center (UNCC) did not request an extension and we have not received reports. There are no payments to pause for them.

Other Compliance:

I made contact with all funded agencies regarding sending us their approved minutes from their Board meetings for files and the online Compliance Dashboard, as required in their contracts.

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

AIR artists will be selling their items at the disABILITY Expo on October 28, 2023 at Market Place Mall from 11 am to 4 pm. So far, ten artists/groups have agreed to participate. There is no cost for participation. We provide tables, chairs, tablecloths, hand sanitizer, masks, and water. A Facebook page promotes AIR's mission, members, artists, events, and news articles of interest. I am one of the administrators of the page. https://www.facebook.com/allianceforAIR

Webinars:

On September 8th, I attended "Recovery is a Family Affair: the Power of Family Peer Support".

Other:

- Prepared meeting materials for CCMHB/CCDDB regular meetings, special meetings, and study sessions/presentations.
- Composed minutes from the CCDDB/CCMHB meetings.
- Participated in meetings and study sessions for the CCDDB/CCMHB.
- I am participating in revising the Funding Guidelines for both boards.
- I will be on vacation for most of October.

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

Agency Support and Technical Assistance:

- Family Service Center: 4th Quarter CLC Support
- Champaign County Regional Planning Commission: 4th Quarter CLC Support
- Community Service Center Northern Champaign County: 4th Quarter CLC Support

There will be a comprehensive report on all CLC Required Activities in October. This will provide information on how they are incorporating the values of Cultural and Linguistic Competence.

CLC Coordinator Direct Service Activities

Mental Health First Aid for Adults and Adults Assisting Youth-

September 22, 2023, - Mental Health First Aid Blended for Adults

Mental Health First Aid for Adults Registration

Mental Health First Aid Flyer

Youth Mental Health First Aid -Virtual Delivery

September 27, 2023- Online

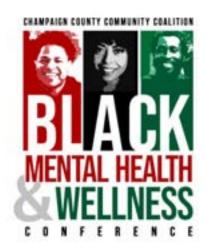
Please register Here for <u>Virtual Youth Mental Health First Aid</u>

Mental Health First Aid Community Presentation: Rotary District Conference: September 9, 2023.

Anti-Stigma Activities/Community Collaborations and Partnerships

Disability Resource Expo Committee- I met with the Volunteer Committee to discuss the logistics for volunteer roles and expectations. We recognize that without the support of amazing volunteers we would not be able to do this work. The sign-up is available for members of the community.

Walk as One Community Coalition: I will be a presenter for the Champaign Community Coalition Mental Health Conference, September 30, 2023, at Parkland College. I will present on the topic of how to Access Services and Supports in the community. Please see the flyer.



BLACK MENTAL HEALTH & WELLNESS CONFERENCE

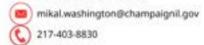
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Register Here:



For More Information:







WHO NEEDS TO KNOW MENTAL HEALTH FIRST AID

- · Employers.
- · Police officers.
- · Hospital staff.
- · First responders.
- · Caring individuals.

WHY MENTAL HEALTH FIRST AID?

Mental Health First Aid (MHFA) teaches you how to identify, understand and respond to signs of mental health and substance use challenges among adults.

On average,

130

people die by suicide every day.

Source: American Foundation for Solicide Presention From 1999 to 2019,

841,000

people died from drug overdoses.

Source Centers for Disease Control and Prevention Nearly

1 IN 5

in the U.S. lives with a mental illness.

> Source: National Institute of Mental Health

Source

American Foundation for Suicide Prevention. (n.d.). Suicide statistics. https://www.cis.gov/dougle-statistics/
Centers for Disease Control and Prevention. (n.d.). Drug overdose deaths. https://www.cis.gov/dougle-statistics/busin/drift
National Institute of Mental Health (NBMH), (n.d.). Mental illness. https://www.cis.dougle-statistics/busin-sta

REGISTER TODAY!

Delivery Format:

Blended In-Person

Date and Time:

Friday, September 22, 2023 9:30am-4pm

Location:

Brooken Adminstrative Offices

Where to Register:

https://forms.gle/TdbmyLoBrK5QgbhS6

Please Email- Shandra Summerville at shandra@ccmhb.org

The course will teach you how to apply the MHFA Action Plan (ALGEE):

- · Assess for risk of suicide or harm.
- Listen nonjudgmentally.
- Give reassurance and information.
- Encourage appropriate professional help.
- Encourage self-help and other support strategies.

FUND DEPT 2090-053 : MENTAL HEALTH - MENTAL HEALTH BOARD



	ACTUAL	ACTUAL	2023		
_	2022	2023	ANNUAL		
ORUARY 20, No.	JAN - JUL	JAN - JUL	BUDGET		
REVENUES					
4001 PROPERTY TAX					
01 PROPERTY TAXES - CURRENT	2,724,230.86	2,652,650.88	5,913,892.00		
03 PROPERTY TAXES - BACK TAX	0.00	0.00	1,000.00		
04 PAYMENT IN LIEU OF TAXES	1,473.55	2,915.74	2,000.00		
4001 PROPERTY TAX TOTAL	2,725,704.41	2,655,566.62	5,916,892.00		
4004 INTERGOVERNMENTAL REVENUE					
76 OTHER INTERGOVERNMENTAL	197,712.00	237,482.00	407,118.00		
4004 INTERGOVERNMENTAL REVENUE TOTAL	197,712.00	237,482.00	407,118.00		
4008 INVESTMENT EARNINGS					
01 INVESTMENT INTEREST	6,509.94	21,845.98	3,000.00		
4008 INVESTMENT EARNINGS TOTAL	6,509.94	21,845.98	3,000.00		
4009 MISCELLANEOUS REVENUES					
01 GIFTS AND DONATIONS	0.00	450.00	3,000.00		
02 OTHER MISCELLANEOUS REVENUE	71,723.00	12,406.00	39,000.00		
4009 MISCELLANEOUS REVENUES TOTAL	71,723.00	12,856.00	42,000.00		
TOTAL REVENUES	3,001,649.35	2,927,750.60	6,369,010.00		
EXPENDITURES					
5001 SALARIES AND WAGES					
02 APPOINTED OFFICIAL SALARY	61,516.75	59,678.28	107,000.00		
03 REGULAR FULL-TIME EMPLOYEES	190,670.30	205,344.67	368,198.00		
05 TEMPORARY STAFF	0.00	0.00	2,500.00		
08 OVERTIME	0.00	0.00	2,612.00		
5001 SALARIES AND WAGES TOTAL	252,187.05	265,022.95	480,310.00		
5003 FRINGE BENEFITS					
01 SOCIAL SECURITY-EMPLOYER	18,337.66	19,521.18	36,353.00		
02 IMRF - EMPLOYER COST	12,608.65	6,736.75	12,546.00		
04 WORKERS' COMPENSATION INSURANC	1,031.55	1,005.99	2,376.00		
05 UNEMPLOYMENT INSURANCE	1,494.89	1,655.53	1,656.00		

FUND DEPT 2090-053: MENTAL HEALTH - MENTAL HEALTH BOARD



	ACTUAL	ACTUAL	2023		
	2022	2023	ANNUAL		
AUARY 20, No.	JAN - JUL	JAN - JUL	BUDGET		
06 EE HLTH/LIF (HLTH ONLY FY23)	26,332.14	27,953.40	73,440.00		
5003 FRINGE BENEFITS TOTAL	59,804.89	56,872.85	126,371.00		
5010 COMMODITIES					
01 STATIONERY AND PRINTING	0.00	331.03	1,000.00		
02 OFFICE SUPPLIES	1,125.55	2,619.36	4,200.00		
03 BOOKS, PERIODICALS, AND MANUAL	0.00	0.00	300.00		
04 POSTAGE, UPS, FEDEX	642.93	931.31	2,000.00		
05 FOOD NON-TRAVEL	0.00	534.68	1,150.00		
13 DIETARY NON-FOOD SUPPLIES	0.00	91.86	200.00		
17 EQUIPMENT LESS THAN \$5000	6,802.00	608.54	7,000.00		
21 EMPLOYEE DEVELOP/RECOGNITION	0.00	0.00	285.00		
5010 COMMODITIES TOTAL	8,570.48	5,116.78	16,135.00		
5020 SERVICES					
01 PROFESSIONAL SERVICES	70,654.11	96,218.75	155,133.00		
02 OUTSIDE SERVICES	23,030.51	3,840.75	24,611.28		
03 TRAVEL COSTS	353.78	6,793.66	11,500.00		
04 CONFERENCES AND TRAINING	60.00	810.00	10,000.00		
05 TRAINING PROGRAMS	0.00	3,504.00	20,729.86		
07 INSURANCE (non-payroll)	7,813.67	9,618.00	18,000.00		
11 UTILITIES	382.38	0.00	0.00		
12 REPAIRS AND MAINTENANCE	0.00	0.00	600.00		
13 RENT	13,874.61	18,732.89	31,564.74		
14 FINANCE CHARGES AND BANK FEES	0.00	0.00	30.00		
19 ADVERTISING, LEGAL NOTICES	0.00	58.00	500.00		
21 DUES, LICENSE & MEMBERSHIP	9,719.99	9,239.99	20,000.00		
22 OPERATIONAL SERVICES	11,553.23	2,448.19	77,230.00		
24 PUBLIC RELATIONS	16,370.00	16,631.20	20,000.00		
25 CONTRIBUTIONS & GRANTS	3,051,288.00	3,500,619.00	5,318,936.40		
45 ATTORNEY/LEGAL SERVICES	0.00	1,450.00	2,000.00		
46 EQUIP LEASE/EQUIP RENT	0.00	1,194.36	2,388.72		
47 SOFTWARE LICENSE & SAAS	0.00	9,243.67	13,500.00		
48 PHONE/INTERNET	0.00	1,413.48	2,470.00		
5020 SERVICES TOTAL	3,205,100.28	3,681,815.94	5,729,194.00		
TOTAL EXPENDITURES	3,525,662.70	4,008,828.52	6,352,010.00		

FUND DEPT 2090-053: MENTAL HEALTH - MENTAL HEALTH BOARD



	ACTUAL	ACTUAL	2023	
PER 1850	2022	2023	ANNUAL	
EBRUARY 20, 1855	JAN - JUL	JAN - JUL	BUDGET	
OTHER FINANCING SOURCES (USES)				
7001 OTHER FINANCING USES				
01 TRANSFERS OUT	0.00	0.00	-17,000.00	
7001 OTHER FINANCING USES TOTAL	0.00	0.00	-17,000.00	
TOTAL OTHER FINANCING SOURCES (USES)	0.00	0.00	-17,000.00	
NET CHANGE IN FUND BALANCE	524.013.35	1.081.077.92	0.00	

FUND DEPT 2101-054 : I/DD SPECIAL INITIATIVES - CILA PROJECT



Somming Somming States of the	ACTUAL	ACTUAL	2023		
FEBRUARY 20, 1855	2022	2023	ANNUAL		
	JAN - JUL	JAN - JUL	BUDGET		
REVENUES					
4008 INVESTMENT EARNINGS					
01 INVESTMENT INTEREST	1,915.24	7,551.19	1,000.00		
4008 INVESTMENT EARNINGS TOTAL	1,915.24	7,551.19	1,000.00		
4009 MISCELLANEOUS REVENUES					
02 OTHER MISCELLANEOUS REVENUE	260,368.90	0.00	0.00		
4009 MISCELLANEOUS REVENUES TOTAL	260,368.90	0.00	0.00		
TOTAL REVENUES	262,284.14	7,551.19	1,000.00		
EXPENDITURES					
5010 COMMODITIES					
17 EQUIPMENT LESS THAN \$5000	0.00	0.00	5,063.00		
5010 COMMODITIES TOTAL	0.00	0.00	5,063.00		
5020 SERVICES					
01 PROFESSIONAL SERVICES	600.00	0.00	4,000.00		
07 INSURANCE (NON-PAYROLL)	316.33	0.00	0.00		
12 REPAIRS AND MAINTENANCE	12,562.00	0.00	0.00		
19 ADVERTISING, LEGAL NOTICES	0.00	0.00	200.00		
25 CONTRIBUTIONS & GRANTS	0.00	47,666.00	341,737.00		
5020 SERVICES TOTAL	13,478.33	47,666.00	345,937.00		
TOTAL EXPENDITURES	13,478.33	47,666.00	351,000.00		
OTHER FINANCING SOURCES (USES)					
6001 OTHER FINANCING SOURCES					
01 TRANSFERS IN	50,000.00	50,000.00	50,000.00		
6001 OTHER FINANCING SOURCES TOTAL	50,000.00	50,000.00	50,000.00		
TOTAL OTHER FINANCING SOURCES (USES)	50,000.00	50,000.00	50,000.00		

FUND DEPT 2101-054 : I/DD SPECIAL INITIATIVES - CILA PROJECT



(MAN) (No. 1) No.	ACTUAL	ACTUAL	2023
*EBRUARY 20, 1853	2022	2023	ANNUAL
OARY 201	JAN - JUL	JAN - JUL	BUDGET
NET CHANGE IN FUND BALANCE	-298,805.81	-9,885.19	300,000.00





FORUARY 20. 1855	ACTUAL 2022	ACTUAL 2023	2023 ANNUAL
	REVENUES		
4001 PROPERTY TAX			
01 PROPERTY TAXES - CURRENT	2,237,584.16	2,179,995.11	4,857,487.00
03 PROPERTY TAXES - BACK TAX	0.00	0.00	2,000.00
04 PAYMENT IN LIEU OF TAXES	1,209.97	2,396.21	4,000.00
4001 PROPERTY TAX TOTAL	2,238,794.13	2,182,391.32	4,863,487.00
4008 INVESTMENT EARNINGS			
01 INVESTMENT INTEREST	4,318.59	16,731.48	2,000.00
4008 INVESTMENT EARNINGS TOTAL	4,318.59	16,731.48	2,000.00
4009 MISCELLANEOUS REVENUES			
02 OTHER MISCELLANEOUS REVENUE	0.00	1,537.00	5,000.00
4009 MISCELLANEOUS REVENUES TOTAL	0.00	1,537.00	5,000.00
TOTAL REVENUES	2,243,112.72	2,200,659.80	4,870,487.00
EXPENDITURES			
5020 SERVICES			
01 PROFESSIONAL SERVICES	230,664.00	237,482.00	407,118.00
25 CONTRIBUTIONS & GRANTS	1,817,143.00	2,634,434.00	4,417,369.00
5020 SERVICES TOTAL	2,047,807.00	2,871,916.00	4,824,487.00
TOTAL EXPENDITURES	2,047,807.00	2,871,916.00	4,824,487.00
OTHER FINANCING SOURCES (USES)			
6001 OTHER FINANCING SOURCES			
01 TRANSFERS IN	0.00	0.00	4,000.00
6001 OTHER FINANCING SOURCES TOTAL	0.00	0.00	4,000.00
7001 OTHER FINANCING USES			
01 TRANSFERS OUT	-50,000.00	-50,000.00	-50,000.00
7001 OTHER FINANCING USES TOTAL	-50,000.00	-50,000.00	-50,000.00

FUND DEPT 2108-050 : DEVLPMNTL DISABILITY FUND - DEVLMNTL DISABILITY BOARD



	ACTUAL	ACTUAL	2023	
*EBRUARY 20, 1855	2022	2023	ANNUAL	
TOARY 20.	JAN - JUL	JAN - JUL	BUDGET	
TOTAL OTHER FINANCING SOURCES (USES)	-50,000.00	-50,000.00	-46,000.00	
NET CHANGE IN FUND BALANCE	-145,305.72	721,256.20	0.00	



BRIEFING MEMORANDUM

DATE: September 20, 2023

TO: Members, Champaign County Mental Health Board (CCMHB)
FROM: Lynn Canfield, Executive Director, Leon Bryson, Associate Director
SUBJECT: DRAFT PY2025 Allocation Priorities and Decision Support Criteria

Statutory Authority:

The Illinois Community Mental Health Act (405 ILCS 20/ Section 0.1 et. seq.) is the basis for Champaign County Mental Health Board (CCMHB) policies. Funds are allocated within the intent of the controlling act, per the laws of the State of Illinois. The Act and CCMHB Funding Requirements and Guidelines require that the Board annually review decision support criteria and priorities to be used in the allocation process which results in contracts for services. Upon approval, this memorandum becomes an addendum to the Funding Guidelines, incorporated in standard operating procedures.

Purpose:

The CCMHB may allocate funds for the Program Year 2025 (July 1, 2024 to June 30, 2025), using a timeline which begins with review and approval of allocation priorities and decision support criteria. These describe how the Board may contract with eligible human service providers for programs which further the mission and goals of the Board and fulfill their responsibilities to the public. This memorandum presents:

- Data and observations about the needs and priorities of Champaign County residents, especially those who have behavioral health issues or developmental disabilities.
- Impact of state and federal systems and pandemic-era developments.
- Broad priority categories; proposals for funding will address at least one.
- Best Value Criteria (areas for a proposal to elaborate), Minimal Expectations for all proposals, and Process Considerations. These support the Board in evaluating applications for funding and in making final allocation decisions.

Staff recommendations are based on input from board members and interested parties, along with our understanding of the larger context and best practices. This draft is presented to the Board and distributed to providers, family members, advocates, and stakeholders for feedback to improve the final draft. If a version is finalized and approved by the Board prior to December 2023, a Notice of Funding Availability will be published for an application period to begin December 22, giving agencies extra time.

Understanding the Needs of Champaign County Residents:

Champaign County residents contributed to the Boards' 2021 community needs assessment, identifying strengths (green spaces, many opportunities, e.g.) and shortcomings (homelessness, violence, e.g.). People with mental illness (MI), substance use disorder (SUD), or intellectual/developmental disability (I/DD) and their supporters made comments which continue to impact our planning, priorities, and advocacy efforts. Consistent with previous findings, barriers to care were long waitlists, uncertainty about available resources, not enough providers who accept Medicaid and Medicare, distrust in providers, limited ability to pay, lack of transportation, low internet access, and stigma.

Another important theme was that residents who have disabilities or low income or who are members of racial, ethnic, and gender minorities face additional barriers to care and to the resources enjoyed by some. This results in very different experiences of the county.

CCMHB members and staff partner with other organizations toward shared goals of creating a more inclusive, welcoming, and healthy community. One collaboration results in a Community Health Needs Assessment, in which respondents have prioritized behavioral health needs and violence for several years, even before the steep increases seen across the country. Workgroups meet monthly on these priority concerns.

Because the populations of greatest interest to us are not well-represented in large surveys, Board staff conducted focused surveys in 2022, including summer program youth and staff and self-advocates with I/DD:

- 68% of **youth** were happy and 20% excited to attend summer programs.
- 30% were focused on learning.
- 85% valued being with friends, on field trips, swimming, and sports.
- Each had helped someone (homework, anti-bullying, support to the homeless).
- Staff working with youth felt well-suited for the work, comfortable in difficult situations and in asking supervisors for help.
- They also enjoyed helping others.
- 56% were new, and those with experience saw themselves as leaders and mentors.
- 62.5% of **respondents with I/DD** felt good about services, and 25% very good.
- They had positive attitudes toward their staff and were interested in help with cleaning, exercise, MTD, and employment, and in opportunities for travel, sports events, concerts, zoos, museums, antique stores, and joining a bowling league.
- 19% found it hard to ask for new supports, and 6% very hard.
- 25% did not always feel heard when asking for something new.

Self-advocates with I/DD shared detailed observations with us during a <u>Joint Study Session of the Boards on August 16, 2023</u>. They echoed concerns about barriers to services, information, and opportunities and stated that the community does not feel welcoming or respectful of people with disabilities. Their input shapes the PY2025 priorities for all three of the CCMHB, Champaign County Developmental Disabilities Board (CCDDB), and I/DD Special Initiatives Fund.

Data from people with I/DD are collected in the state's Prioritization of Urgency of Need for Services (PUNS), sorted by County, and through an assessment conducted by the Champaign County Regional Planning Commission (CCRPC).

- PUNS data show an increase in unmet need for every service category.
- The most frequently identified PUNS supports are Personal Support, Transportation, Behavioral Supports, and various therapies.
- 269 people wait for Vocational or Other Structured Activities.
- 74 people are seeking out-of-home residential support of less than 24 hours, and 49 seek 24-hour residential support.
- CCRPC preference data show that people: like living with family; have strong interest but low involvement in community employment, volunteering, and groups; are interested in available recreational activities; and are more uncomfortable than comfortable with navigating the system.
- More people are waiting for state funding now than in 2022, more need services within a year, and more have waited longer than five years.
- Less than half receive case management services and engage in locally funded programs while waiting for state funding.

Out of respect for the time given to collaborations on behalf of people with MI and SUD, and given the challenges involved with cross-sector and intergovernmental efforts, issues raised within these groups help us understand local needs and shape PY2025 priorities.

- Co-occurring MI and SUD can disrupt people's stability at work or home. When one is untreated, the other may worsen. Treating both is a challenge, due in part to separate funding systems and stigma.
- The stigma around SUD, especially opioid use, stalls funding, implementation, and utilization of best practice and harm reduction strategies.
- There is a lack of availability for community-based youth MI and SUD treatment.
- Youth service providers have difficulty coordinating with school staff on behalf of young people. Partnership with agencies (and co-funding) would help students.
- Collaboration and data-sharing across sectors would also help connect people who are in jail or coming out of prison with community providers and resources. Clear information about existing programs and a universal referral form might help.
- People in reentry need help with public benefits, voting, housing, student loans, and employment. Holistic care for the person, with family reunification and support, appears scarce but potentially very helpful.
- Longstanding county-wide collaborations such as Reentry Council, Problem
 Solving Courts, and Crisis Intervention Training (CIT) Steering Committee have
 been challenged by workforce shortages in all sectors, the impacts of COVID and
 mitigation strategies, long waitlists for inpatient treatment, difficulty accessing
 forensic beds, and most recently, new legislation.
- Children are held in the Juvenile Detention Center for more serious, dangerous offenses than in prior years.
- Families are utilizing peer mentoring and advocacy services less frequently.
- Barriers specific to racial, ethnic, gender, and other minority groups may be structural or related to stigma. To remove these barriers, the Champaign County Community Coalition's Race Relations group holds Youth Race Talks in schools

and anti-racism workshops in the community and promotes related efforts such as the Black Mental Health and Wellness Conference and training events.

Some residents' MI, SUD, and I/DD service needs are met through private insurance or Medicaid and Medicare, designed to cover long term support and mental and physical healthcare for older people. Because many services for identified needs are presumed to be adequately funded through these other pay sources, some populations are not emphasized in CCMHB priorities. Where that presumption is incorrect, there are gaps in access and care. Gaps may relate to 'siloed' regulatory and payment systems, to those systems not covering all effective approaches, to difficulty securing and maintaining coverage, or to low availability of participating providers.

Operating Environment:

In addition to responding to the needs and priorities of Champaign County residents with MI, SUD, or I/DD, CCMHB allocations are determined within an operating environment and the constraints and opportunities it presents. Where other payers cover services, care is taken to avoid supplanting and to advocate for improvements in those larger systems.

One ongoing effort calls for reform of the federal Medicaid Inmate Exclusion Policy (MIEP). Because people cannot use Medicaid coverage for care received while in jail, counties bear the cost. Any related interruption of medical or psychiatric treatment compounds the many poor outcomes related to incarceration. MIEP applies to people staying in jail even before they have been adjudicated. In 2022, coordinated advocacy to lift this exclusion was partially successfully, applying to youth who await adjudication.

Some states use "1115" demonstration waivers to test partial exceptions to MIEP or to pilot programs which increase social determinants of health (e.g., housing). Illinois seeks to extend its transformation waiver which includes this type of program. A federal innovation supported in some states and planned for all is the Certified Community Behavioral Health Center. Illinois is not fully covered, but Champaign County has a site. Increased prevalence of anxiety, depression, substance use, loss, economic insecurity, loneliness, and other distress pulls broad attention to the country's mental health 'epidemic' and deaths from suicide and overdose. County and city health officials have formed a nationwide behavioral health program, and county officials a commission on mental health and wellbeing. Law enforcement agencies lead mental health awareness campaigns. Hopeful federal and state legislation has been introduced, e.g., the landmark bipartisan Community Mental Wellness & Resilience Act. While substantial increases in community-based behavioral health funding and workforce capacity would be ideal, this level of attention alone could reduce stigma and elevate non-traditional approaches, such as described in this report on Recovery and Peer Support as Suicide Prevention.

Lessons still being learned from the global pandemic are its likely role in the above and clarity about pre-existing flaws in the service systems which deepened and contributed to the worst outcomes for people who were already not well-served or resourced. People with MI, SUD, or I/DD and those involved in their care were among them. Individual and

social impacts of COVID-19 may be long-lasting. Telehealth and regulatory changes were introduced quickly to maintain health and human services during periods of low inperson contact. Some became permanent at the end of the public health emergency, but expanded access to Medicaid has ended, and other improvements are still sought, such as removing barriers to access to methadone or interstate licensure for social workers.

Prolonged periods of social distancing proved the poor physical and mental health impacts of losing connection to others. "Our Epidemic of Loneliness and Isolation: The U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community" acknowledges the devastating impacts of increased isolation on all and identifies ways to advance social connection. Social isolation has a role in the progression of 'diseases of despair' (e.g., depression and SUD), other health conditions, and resulting deaths. Isolation and loneliness undermine empathy, memory, and mental and physical health. An article published by the Coalition to End Social Isolation & Loneliness, "Capturing the Truth Behind Causes of Death" calls for investigation and mitigation.

As enthusiastic as federal agencies are about the 2022 implementation of **988** for a mental health crisis call system, state and local authorities and providers grapple not only with the organization and staffing of call centers but also with standing up a full continuum of crisis response services and supports for people to utilize beyond the initial crisis call or text. In Illinois, the launch of 988 coincided with new laws, some amended or otherwise delayed, which change the responsibilities of law enforcement, court services, and behavioral health systems for individuals in crisis. The Pretrial Fairness Act, part of Public Act 101-0652, requires such changes. Justice system partners will prepare using task force and committee guidance and Office of Statewide Pretrial Services Resources.

Through passage of the Mental Health Inpatient Facility Access Act - Public Act 102-0913, Illinois acknowledged the need for greater access to inpatient psychiatric beds in state operated facilities. In fulfillment of the Act, a strategic plan is almost complete. The Administrative Office of the Illinois Courts (AOIC) used county-level details, including ours, on excessive wait times for transfer from county jails and the negative impacts of these. Efforts to update the competency to stand trial system and to increase deflection and diversion to community care are consistent with the National Judicial Task Force on State Courts' Response to Mental Illness Report and Recommendations released last October. The AOIC's Statewide Behavioral Health Administrator has provided support to CCMHB staff and Champaign County government officials, including toward establishing a Mental Health Court and strengthening ongoing efforts.

The Champaign County Board is among state and local decision makers <u>determining best</u> <u>uses of opioid settlement funds</u> in their jurisdictions. Combining all national settlements, Illinois will receive over \$1.3b, some of which can be used over a span of 15 years. The <u>State of Illinois Overdose Action Plan</u> addresses social equity, prevention, evidence-based treatment and recovery services, harm reduction to avert overdose deaths, and public safety. More recently, the Illinois Opioid Remediation Advisory Board identified abatement strategies, with greater access to Narcan among them.

<u>Illinois' Farm Family Resource Initiative</u> was successfully piloted in six counties and will expand to cover all 102. The State will offer other grant opportunities to improve mental health care and access in rural areas. There is some hope that workforce shortages will be relieved by increased Medicaid rates for some services and changes in billable service categories and providers. It is not clear whether this relief is felt in Champaign County and elsewhere downstate.

Illinois' Community Mental Health Act was enacted when the promise of community alternatives to institutional care was new. In the four decades since, federal and state authorities have not fully developed or invested in that promise, shifting safety net responsibilities to local governments. Illinois' mental health boards fill gaps and innovate with their funds, promote and advocate for better systems, raise community awareness, share resource information, and coordinate with local stakeholders. The latter has become harder to sustain due to increased demands and staff shortages, and many stakeholders compete for human and funding resources or 'speak different languages.' We defy the odds with longstanding intergovernmental and interagency efforts to reach shared goals.

Program Year 2025 CCMHB Priorities:

As an informed purchaser of service, the CCMHB considers best value and local needs and strengths when allocating funds. The service system as a whole, which includes substantial resources not funded by the CCMHB, should balance health promotion, prevention, wellness recovery, early intervention, effective treatments, and crisis response, and it should ensure equitable access across ages, races, ethnic groups, genders, and neighborhoods. Broad categories used in PY2024 continue, but each has been revised to account for developments in the field or in Champaign County.

PRIORITY: Safety and Crisis Stabilization

The Reentry Council, CIT Steering Committee, Problem Solving Courts, Continuum of Service Providers to the Homeless, Rantoul Service Providers, and less formal coalition for in-jail programs all focus on assisting people out of crisis and toward stability. Many approaches are being tested and adapted, toward a full crisis response system and in response to increased houselessness, violence, overdose, etc. The safety of people who are in crisis, their families, and members of their community are all important. Where public safety and public health interests are served, co-funding and coordination will amplify efforts and ensure we are not duplicating or interfering with similar efforts to:

- Improve people's health and quality of life, increase access to community-based care, reduce contact with law enforcement, incarceration, hospitalization, length of stay in these settings, and unnecessary emergency department visits, and facilitate transition to full community life.
- Enhance the crisis response continuum through triage and assessment to help people find the most appropriate treatment, or through intensive case management or benefits enrollment to secure ongoing care.

- Coordinate and collect and share data across systems, with and on behalf of people who have justice system involvement, history of hospitalization, or chronic housing instability as a result of MI or SUD.

Community-based care reduces reliance on institutional care and counterproductive encounters with law enforcement or other systems not designed to treat MI or SUD. While not easy to access, intervention and treatment reduces the cost to other publicly funded systems and results in better quality of life for people and their families. Qualified professionals, including peer supporters, meet people where they are and provide service or connect them to resources. Without a continuum that includes deflection to treatment, people suffer, and public systems are stressed. Efforts to fill these gaps have expanded due to state and federal opportunities, but challenges remain.

Increased prevalence and attention to anxiety and depression and substance use might not be enough to overcome the stigma related to the most serious conditions.

"Fear is dangerous. It creates an environment in which it's acceptable to treat those experiencing poverty and homelessness with anger and hate. The first step to stopping this is to realize that this fear is unfounded and dangerous."

— Terence Lester, I See You: How Love Opens Our Eyes to Invisible People

PRIORITY: Healing from Interpersonal Violence

Stabilization from crisis also involves the care and healing of people who have experienced interpersonal violence. The treatment approach should be appropriate to the type of harm and to the individual and their supporters. Champaign County providers and stakeholders have had access to trauma-informed care and system training, putting us in an excellent position to take on high rates of domestic violence and community trauma. Acknowledgement of the need for healing can extend to collective trauma and violence.

For survivors of domestic violence, sexual assault, or child abuse or neglect, programs should improve health and success, respond to the crisis when the person is ready, and reduce the associated stigma and isolation. To ensure the best care for people who have experienced interpersonal or community violence:

- Amplify state- and federally- funded services to meet increased needs and to further implement trauma informed systems of care.
- Serve those who are not covered by another pay source, using evidence-based or promising approaches of equal or higher quality.
- Fill gaps where other funding does not exist, such as for violence prevention education or linkage and coordination of resources.
- Assist children and their families, and other survivors of violence, in staying connected to others, especially given the harmful impacts of social isolation.

During PY2024, CCMHB funding was necessary to fill gaps left by reductions in Victims of Crime Act funding. This may continue to be necessary in PY2025. Federal and state funding should be accessed first when available.

To improve a cross-sector system's responses to children, youth, and families impacted by violence, the Illinois Criminal Justice Information Authority piloted a project in Southern Illinois with early findings in Illinois Helping Everyone Access Linked Systems: Interim Report. Among recommendations were: clarifying the roles of staff; identifying strategies to connect with people in informal settings; and improving partners' knowledge of programs. Efforts to disrupt the cycles of violence, promote healing, and reduce further harm are of interest to other Champaign County government, funders, and service providers, again calling for coordination of effort to maximize positive impact.

PRIORITY: Closing the Gaps in Access and Care

Barriers to access and care may relate to difficulty navigating service or benefit systems, low service provider capacity and long waitlists for core services, stigma, lack of transportation, low ability to pay, and more. Because CCMHB funding is well-suited for filling gaps and testing promising approaches, this priority category overlaps with others.

In its effort to expand peer support across the country, Substance Abuse and Mental Health Services Administration (SAMHSA) defines recovery as "a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential" and identifies pillars of recovery as Health, Home, Community, and Purpose. SAMHSA's framework and proposed standards are appropriate for Champaign County's peer-led organizations even without certification.

Increasing the Social Determinants of Health (e.g., housing, healthcare, healthy food) and building neighborhood-level resilience are public health approaches to wellness and recovery identified in workgroups of the Community Health Plan, the Champaign County Community Coalition, and the UIUC Campus Community Compact. Co-funding by other entities adds value to a program and ensures we are not duplicating or interfering with similar efforts. Proposed programs would connect people to care billable to other payers or offer approaches not otherwise available, now that more people seek support:

- Benefit enrollment assistance, especially by enrollment specialists and system navigators, with outreach and education regarding benefits and service options.
- Core treatment for those who have severe mental illness (SMI) or SUD but are without insurance coverage.
- Wellness and recovery support such as home visits, transportation, language services, and specialized case management.
- Assistance with 'problems in living' through employment or independent living support, social connection, support for paid and unpaid caregivers, suicide prevention education, self-advocacy training, etc.
- Peer support and mentoring to nurture individual and collective empathy, resilience, recovery, and wellness.
- Groups to foster creativity, sharing of creative efforts, stress reduction through physical activity, music, and similar antidotes.
- Education for providers on the negative mental health impacts of racial trauma.

PRIORITY: Thriving Children, Youth, and Families

Champaign County's population is young, with high rates of child poverty, homelessness, and justice and other system involvement. Many programs have developed to support children in positive ways when they are not in school. On behalf of children, youth, and families, the Champaign County Community Coalition, Child and Adolescent Local Area Network, Transition Planning Committee, and Youth Assessment Center Advisory Committee bring partners from healthcare, education, law enforcement, and other governmental or service organizations to improve access, care, resources, and individual outcomes. The Coalition hosts direct input from young people.

Important to these efforts, and to the more recent Youth Redeploy Illinois planning group, are services and supports related to MI and SUD. These may be funded by the state, county, cities, villages, townships, CCMHB, United Way, or other, as the wellness of children is a high priority, and the 'return on investment' substantial. Some responses may overlap with public safety and public health interests, and heightened focus on youth mental health across the country may result in new funding. CCMHB funding should not duplicate or impede other efforts, but co-funding helps to sustain effective programs.

Proposed programs should avoid criminalizing behavioral and developmental issues. For young people with serious emotional disturbance (SED), SMI, or SUD, programs should reduce the negative impacts of any criminal justice or child welfare system involvement and increase positive engagements and connection to resources. Programs should embody the System of Care principles identified through Champaign County's 2010-2016 SAMHSA-funded cooperative agreement. Strength-based, well-coordinated, family-driven, person-centered, trauma-informed, and culturally responsive supports and services allow children and their families to thrive.

- Early involvement, to improve individual/community health and disrupt poverty.
- Year-round opportunities for children across the county, of any age and gender, to maximize social/emotional success and keep them excited about learning.
- Peer support and mentoring, coordination, and advocacy through family-driven, youth-guided organizations.
- Consideration for the stresses unique to farming, as the mental health needs of farm youth may require a specific response.
- Trauma-informed system capacity building, to disrupt the impacts of violence and of the global pandemic, focusing on those children, youth, and families who experience disproportionate losses of health and security.
- Direct support to mitigate the harm caused by community violence and trauma.
- Prevention education, youth social-emotional development, summer or after-school programming matched to individual preferences.

The CCMHB has also funded programs for very young children and their families, including perinatal supports, early identification, prevention, and treatment. In addition to the 'child find' activities of the Local Interagency Council for Early Intervention, providers partnered to form a Home Visiting Consortium with a "no wrong door" approach for these children and families, using self-directed, strengths-based planning and attention to Adverse Childhood Experiences and trauma-informed care. Programs may serve children who have a developmental delay, disability, or risk and offer support

to their families. These service activities align with the priority for "Collaboration with the Champaign County Developmental Disabilities Board (CCDDB)".

PRIORITY: Collaboration with CCDDB: Young Children and their Families
The Intergovernmental Agreement with the CCDDB requires integrated planning
concerning I/DD allocations and specifies a CCMHB set-aside, which for PY2025 will
total \$913,454 (PY2024 amount of \$859,883 plus increase equal to the 6.23% increase in
property tax levy extension).

The commitment to young children and their families continues for PY2025, with a focus on children's social-emotional and developmental needs, as well as support for and from their families. The CCMHB has funded programs which complement those addressing the behavioral health needs of young children and their families, and for which providers collaborate actively. As a result of the pandemic, 20-30% of children in Head Start/Early Head Start have been identified as having Social-Emotional needs, a significant increase. Team members Dr. Belknap and Ms. McGhee also reported a steep rise in speech referrals and diminished capacity with staff. Services and supports not covered by Early Intervention, for young children with developmental and social-emotional concerns, and for their families, may include:

- Coordinated, home-based services addressing all areas of development and taking into consideration the qualities and preferences of the family.
- Early identification of delays through consultation with childcare providers, preschool educators, medical professionals, and other service providers.
- Coaching and facilitation to strengthen personal and family support networks.
- Identification and mobilization of individual and family gifts and capacities, to access community associations and learning spaces.

Another collaboration of the Boards is through the I/DD Special Initiatives Fund, supporting short-term special projects to improve the system of services. Where there may be overlap with CCDDB or CCMHB priorities, an applicant should consider that long term support and services are more appropriately funded by the CCDDB or CCMHB. Short term projects piloting a unique solution or purchasing non-service supports will fit better with the I/DD Special Initiatives Fund.

During or resulting from the allocation award process, the CCMHB may transfer a portion of their dedicated I/DD amount to the CCDDB or to the IDD Special Initiatives fund, to support contracts for DD services through either of those funds.

Criteria for Best Value:

An application's alignment with a priority category and its treatment of the overarching considerations described in this section will be used as discriminating factors toward final allocation decision recommendations. Our focus is on what constitutes a best value to the community, in the service of those who have I/DD. Some of these 'best value' considerations relate directly to priority categories and may be the focus of a proposal.

Budget and Program Connectedness

Detail on what the Board would purchase is critical to determining **best value**. Because these are public funds administered by a public trust fund board, this consideration is at the heart of our work.

Each program proposal requires a Budget Narrative with text sections the applicant uses to describe: all sources of revenue for the organization and those related to the proposed program; the relationship between each anticipated expense and the program, clarifying their relevance; the relationship of direct and indirect staff positions to the proposed program; and additional comments.

One of the Minimal Expectations below is that an applicant be able to demonstrate financial clarity. This overlaps with but differs from Budget and Program Connectedness. Financial clarity is demonstrated by financial records maintained in an 'audit-ready' state. A recent independent audit, financial review, or compilation with no negative findings is one way to show that the applicant has this capacity. Those reports are not required with an application or in the Budget Narrative form but may be requested as part of the review and decision process.

Another Minimal Expectation below asks for evidence that no other funding is available. The Budget Narrative submitted with each proposal is an excellent place to address these efforts. Through Budget Narrative comments, the program's relationship to larger systems may be better understood, and the applicant may highlight how they will leverage other resources or use the requested funding as match for other resources. Programs offering services billable to Medicaid or other insurance should attest that they will not use CCMHB funds to supplement those. They may identify non-billable activities which can be charged to the proposed contract. While CCMHB funds should not pay for services billable to another payor, programs should maximize all resources, for their long-term sustainability and to ensure that CCMHB funding does not supplant other public systems.

Participant Outcomes

Also essential for demonstrating a **best value** is clarity about how the program will benefit the people it serves. Are people's lives better because of the program? Simple, measurable outcomes are often the best way to communicate this. To demonstrate a program's success in helping people achieve positive impacts, an applicant should use outcomes which consider participants' gifts and preferences. For each defined outcome, the application will identify a measurable target, timeframe, assessment tool, and assessment process. All applicants are welcome to review the 'measurement bank' developed by local agencies and researchers. This repository offers a great deal of information on outcome measures appropriate to various services and populations and will be updated with new findings.

Applicants will also identify how people learn about and access the program and will define outputs or measures of the program's performance: numbers of people served,

service contacts, community service events, and other. While not Participant Outcomes, these are important and required with every proposal.

Self-Determination and Self-Direction in Service Planning

The most meaningful participant outcomes will be discovered through a person's involvement in their own service plan. Centering people's communication styles and networks of support, self-directed or person-centered planning can be done even if the person has been referred to the program by a third party.

Every person should have the opportunity to inform and lead their service plan. The plan should balance what is important FOR the person with what is important TO the person, be responsive to their preferences, needs, values, and aspirations, and help them recognize and leverage their strengths and talents. CCMHB funding should focus on people rather than programs. In a self-determined system, people control their day, build connections to their community for work, play, learning, and more, create and use networks of support, and advocate for themselves.

Proposals should describe the individual's role in their own service planning process and should connect the program activities to what people have indicated they want and need. If funded, program activities are reported regularly, with data on the individuals served and detail on community inclusion.

Eliminating Disparities in Access and Care

Programs should move the local service systems toward equitable care resulting in optimal health and quality of life for all community members. For this, barriers specific to some groups must be addressed and eliminated or overcome.

Proposed programs should improve access and offer appropriate care for people from historically underinvested populations as identified in the 2001 Surgeon General's Report on Mental Health: Culture, Race, and Ethnicity. These groups, people living in rural areas, and those with limited English language proficiency should have access to supports and services. Applications should identify engagement strategies which help people overcome or eliminate barriers to care.

The application includes a Cultural and Linguistic Competence Plan (CLCP) template consistent with Illinois Department of Human Services requirements and National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards.) A toolkit for these standards may be helpful to the applicant. One CLCP is completed for each organization. The program plan narrative for each of an organization's proposals should include strategies specific to proposed services. CCMHB staff offer technical assistance.

Promoting Inclusion and Reducing Stigma

Programs should increase community integration, including in digital spaces. People feel better when they have a sense of belonging and purpose. People are safer when they have routine contacts with co-workers, neighbors, members of a faith community, and

acquaintances at fitness or recreation centers or in social networks. Positive community involvement can build empathy, redefine our sense of group identity, reduce stress, and decrease stigma. Stigma inhibits individual participation, economic self-sufficiency, safety, and confidence, and may be a driver of insufficient State and Federal support for community-based services. Stigma harms communities and people, especially those who have been excluded due to sexuality, gender, race, ethnicity, disability, immigrant/refugee/asylee status, or preferred or first language.

The CCMHB has an interest in nurturing resilience, inclusion, and community awareness, as well as challenging negative attitudes and discriminatory practices. Full inclusion aligns with values of other Champaign County authorities and collaborations and with the standards established by Home and Community Based Services, Workforce Innovation and Opportunity, and Americans with Disabilities Act. Proposed programs should describe activities and strategies that expand community inclusion and social connectedness of the individuals to be served.

Continuation of Services

Applications should describe how people will be served in the event of a public health emergency which limits in-person contact. Because social isolation increased the need for some services, continuity of care is a new and important consideration. If a virtual service is expected to be less effective than in-person, or if the people to be served do not prefer virtual platforms, some capacity should still be maintained now that their value as backup plan has been demonstrated. The negative impacts of insufficient broadband capacity and limited access to and understanding of technology have also been demonstrated. Some regulatory changes supporting virtual innovation have been made permanent and others extended. Telehealth and remote meetings are now integrated in many programs. Even without a public health emergency, they connect more people to virtual care and enhance their access to other resources.

Whether a focus of the proposal or already integrated, successes with technology and virtual platforms can be expanded with training and access for people who participate in services and for direct staff or others involved in their care.

Unique Features

Demonstrating a **best value** involves amplifying those characteristics of the service approach, staff credentials, or funding mix unique to the organization or proposed program. While the pressures on service provider agencies are great, innovative or tailored responses to people's support needs and preferences should be highlighted.

- Approach/Methods/Innovation: cite the recommended, promising, evidence-based, or evidence-informed practice and address fidelity to the model under which services are to be delivered. In the absence of such an approach to meet a community need, describe the innovative approach and how it is evaluated.
- Staff Credentials: highlight credentials and specialized training.
- Resource Leveraging: describe how CCMHB funds are amplified, and other resources maximized: state, federal, or local funding; volunteer or student support; community collaborations. If CCMHB funds will meet a match

requirement, reference the funder requiring match and identify the match amount in the application Budget Narrative.

Expectations for Minimal Responsiveness:

Applications not meeting the following expectations are "non-responsive" and will not be considered. Applicants must be registered at http://ccmhddbrds.org. Accessible documents and technical assistance, limited to use of the online tools, are available upon request through the CCMHB staff.

- 1. Applicant is an **eligible organization**, demonstrated by responses to the Organization Eligibility Questionnaire, completed during initial registration.
- 2. Applicant is prepared to show their **capacity for financial clarity**, especially if they answered 'no' to any question in the Organization Eligibility Questionnaire or do not have a recent independent audit, financial review, or compilation report with no findings of concern.
- 3. All application forms must be complete and submitted by the deadline.
- 4. Proposed services and supports must relate to mental health or substance use disorders or I/DD. How will they improve the quality of life for persons with MI, SUD, or I/DD?
- 5. Application must include evidence that **other funding sources are not available** to support the program or have been maximized. Other potential sources of support should be identified and explored. The Payer of Last Resort principle is described in CCMHB Funding Requirements and Guidelines.
- 6. Application must demonstrate coordination with providers of similar or related services, with interagency agreements referenced. Evidence of interagency referral process is preferred, to expand the system's reach, respect client choice, and reduce risk of overservice to a few. For an inclusive, efficient, effective system, applications should mention collaborative efforts and acknowledge other resources.

Process Considerations:

The CCMHB uses an online system for organizations applying for funding. Downloadable documents on the Board' goals, objectives, operating principles, and public policy positions are also posted on the application website, at https://ccmhddbrds.org. Applicants complete a one-time registration process, including an eligibility questionnaire, before receiving access to the online forms. CCMHB funding guidelines and instructions on how to use the system are also posted there.

Criteria described in this memorandum are guidance for the Board in assessing proposals for funding but are not the sole considerations in final funding decisions. Other considerations include the judgment of the Board and staff, evidence of the provider's ability to implement the services, soundness of the methodology, and administrative and

fiscal capacity of the applicant organization. Final decisions rest with the CCMHB regarding the most effective uses of the fund. Cost and non-cost factors are used to assess the merits of applications. The CCMHB may also choose to set aside funding to support RFPs with prescriptive specifications to address the priorities.

Caveats and Application Process Requirements:

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

- If selected for funding, the contents of a successful application will be developed into a formal contract. Failure of the applicant to accept these obligations can result in cancellation of the award for contract.
- The CCMHB reserves the right to withdraw or reduce the amount of an award if the application has misrepresented the applicant's ability to perform.
- The CCMHB reserves the right to negotiate the final terms of any or all contracts with the selected applicant, and any such terms negotiated through this process may be renegotiated or amended to meet the needs of Champaign County. The CCMHB reserves the right to require the submission of any revision to the application which results from negotiations.
- The CCMHB reserves the right to contact any individual, agency, or employee listed in the application or who may have experience and/or knowledge of the applicant's relevant performance and/or qualifications.



BRIEFING MEMORANDUM

Date: September 20, 2023

To: Members, Champaign County Mental Health Board (CCMHB) &

Champaign County Developmental Disabilities Board (CCDDB)

From: Lynn Canfield, Kim Bowdry, Leon Bryson

Subject: DRAFT I/DD Special Initiatives Fund Priorities for PY25

Statutory Authority:

The Community Care for Persons with Developmental Disabilities Act (50 ILCS 835/ Sections 0.05 to14) is the basis for Champaign County Developmental Disabilities Board (CCDDB) funding policies. The Illinois Community Mental Health Act (405 ILCS 20/ Section 0.1 et. seq.) is the basis for Champaign County Mental Health Board (CCMHB) funding policies. All funds shall be allocated within the intent of these controlling acts, per State of Illinois laws. Decision support criteria and allocation priorities are reviewed annually. Upon approval these become addenda to CCDDB and/or CCMHB Funding Requirements and Guidelines.

Purpose:

The CCDDB and CCMHB share authority for the I/DD Special Initiatives Fund. For Program Year 2025 (July 1, 2024 to June 30, 2025), the Boards may allocate funds to eligible human service organizations for projects and services which further the Boards' goals and fulfill their responsibilities to the public. This memorandum offers:

- Overview of current uses of the fund and timeline for application, review, and decision processes.
- Alignment with other County-wide health improvement efforts, which include community needs assessments.
- Summary of public input.
- Impact of state and federal systems and pandemic-era developments.
- Broad priority categories in response to all of the above. Proposals for funding will address at least one of these priorities.

 Best Value Criteria (areas for a proposal to elaborate), Minimal Expectations, and Process Considerations. These support the Boards in evaluating applications and making allocation decisions.

Staff recommendations are based on input from board members and interested parties, along with our understanding of the larger context and best practices. This draft is presented to the Boards and distributed to providers, family members, advocates, and stakeholders for feedback which will influence the final draft.

Overview and Timeline:

In 2014, the Boards launched a collaborative CILA Facilities Project Fund on behalf of Champaign County residents who had I/DD and complex support needs and who had been unable to secure services in or near the County. Difficulties maintaining a qualified workforce in the two small group homes were insurmountable by 2020, and the Boards chose to sell the properties and reinvest in supports for this population, renaming the fund as "I/DD Special Initiatives." Because the barriers to care persist, we maintain the focus on eligible people with unmet service needs and on the development of appropriate services.

During 2023, the Boards made available \$341,737 through "I/DD Special Initiatives" for contracts for services to begin July 1. Under its PY2024 priorities for Strengthening the Workforce and Individualized Supports, \$286,000 was awarded, half to be paid during 2023, the other half in 2024. \$198,737 of the 2023 appropriation is unspent and can be used in 2024. The Boards have approved use of \$400,000 to be transferred from fund balance for 2024 to support PY2025 allocations.

As a special fund without substantial revenue, short-term projects are especially appropriate. By contrast, the Boards fund many ongoing, long-term services and support through their allocation processes. Of forty-one CCMHB PY24 agency contracts, three serve young children with developmental delays or risk. All sixteen CCDDB PY24 contracts serve people who have I/DD, primarily youth and adults. The two I/DD Special Initiatives PY24 programs serve people of all ages.

The following timeline supports a competitive allocation process for I/DD Special Initiatives funding and parallels timelines projected for CCDDB and CCMHB funding:

• A final version of these priorities and support criteria approved by both Boards during open, public meeting(s) prior to December 2023.

- Proper public notice of funding availability published on or before December 1,
 2023 (if priorities have been approved).
- From **December 22, 2023,** 8:00 AM CST, to **February 12, 2024,** 4:30 PM CST, the online system will be open for agencies to submit applications addressing one or more of the priority areas. Agencies not previously registered will demonstrate eligibility per the initial questionnaire and review of CCDDB and CCMHB Funding Requirements and Guidelines. If a specific requirement is not likely to be met, the Boards might consider waiving that requirement under certain conditions if a waiver allows them to fund a well-aligned proposal.
- Board staff review of applications, with summaries of each in **April** and funding recommendations to the Boards in **May**. The Boards may choose to review applications at any time from February 12 through June.
- Boards' allocation decisions during May or June 2024 meetings.
- Contracts developed, issued, and signed prior to **June 18, 2024.** Contracts will have a term of July 1, 2024 through June 30, 2025, with the option of a shorter or longer term (up to two years) as requested or as negotiated.
- If the Boards choose to design Requests for Proposal (RFP) to address a particular need relevant to this fund, each will have its own timeline with additional meetings and activities specific to the project.

The statutory and practical frameworks above are supplemented by our understanding of current and emerging conditions. The following sections are meant to place the Boards' work within the context of local values, the interests of people most directly impacted by funding decisions, and the operating environment, to set the stage for PY2025 funding priority categories and decision support criteria.

Alignment of Local Efforts:

Champaign County Community Health Improvement Plan

CCDDB/CCMHB staff collaborate with local and regional partners on the Community Health Improvement Plan, also referred to as the IPlan, with the vision that:

Champaign County will be the Healthiest and Safest, environmentally sustainable community to live, work, and visit in the State of Illinois.

To identify goals and priorities for the Plan, a <u>community health needs assessment</u> is conducted every three years. Health needs of equal priority identified in 2022 were: Behavioral Health, Healthy Behaviors and Wellness, and Violence.

Staff members and service providers with expertise in behavioral health and I/DD participate in priority area workgroups.

University of Illinois at Urbana-Champaign Campus Community Compact

Board and staff members participate in this broad-based collaboration led by the UIUC Chancellor's office. Through workgroups and large group meetings, the Compact has assessed strengths and needs of the community and developed vision statements which include:

Health, Wellness, & Resilience: Assure physical, mental, and emotional health and wellness for all communities and all community members who face immense threats from structural inequities that disadvantage communities of color and other communities disproportionately affected by exposure to violence, trauma, adverse life experiences, and adverse community environments.

Inclusive Education: Create a community in Champaign County that welcomes increasingly diverse cohorts of students who represent a wide array of cultures and ethnicities; a community that invests in and offers an accessible and engaging array of learning and individual growth opportunities.

Champaign County Board

CCDDB and CCMHB efforts also align with the <u>Vision</u>, <u>Mission</u>, and <u>Values of the County Board</u>, including with their Strategic Plan Goal to:

Promote a safe, healthy, just community.

The values of Diversity, Teamwork, Responsibility to the Public, Justice, and Quality of Life are relevant to the CCDDB and CCMHB. The Value of Diversity is defined as:

Appreciation of the diverse culture within our community.

Strive for a workforce reflective of the community.

Equal and inclusive access to services and programs.

Local leaders aspire to quality of life and full inclusion in the wake of increased health disparities for certain community members, among them people with I/DD. Growing awareness creates new opportunities for system advocacy.

Statewide Advocacy Groups

A partnership between our state trade association, the Association of Community Mental Health Authorities of Illinois (ACMHAI), the Going Home Coalition, and Arc of Illinois is focused on the State of Illinois' persistent imbalance between funding institutional care, which is not eligible for federal match, and use of federal Centers for Medicare and Medicaid Services (CMS) Home and Community Based waiver programs, which *are* eligible for federal match. These organizations, along with Illinois Association of Rehabilitation Facilities, They Deserve More Coalition, Illinois Council on Developmental Disabilities, Equip for Equality, and Institute on Public Policy for People with Disabilities, push to expand home and community-based care,

but each may be too small to counter the forces of Illinois' status quo, even with the relentless bad news about State Operated Developmental Centers. With these partners and with people who I/DD and their family members, we should advocate for system redesign and full funding, including for flexible, self-directed options.

Public Input:

During a <u>Joint Study Session of the Boards on August 16, 2023</u>, self-advocates and supporters offered input on preferences and concerns. Among these were:

- Easier access to information about events, activities, and resources, when they need or want them.
- Support for planning and attending events not in Champaign-Urbana.
- A more disability-friendly, inclusive community, which includes physical infrastructure and access to resources enjoyed by others.
- More job coaches, personal support workers, and direct support professionals.
- More information about the impact of income on benefits; more assistance for food, rent, other basics, and emergencies.
- Education about I/DD, especially for mental health professionals.
- Better access and more resources for rural residents who have disabilities.
- More flexible, lower cost transportation options and support.

The discussion with self-advocates touched on several resources that exist but may be underutilized because they are not easily secured, not well-understood, or not what people prefer. In addition to allocation of the CCDDB, CCMHB, and I/DDSI Funds, our partnership can include systems advocacy and information-sharing.

Other community needs information and service data were presented in the <u>August 16, 2023 Study Session Packet</u>. A recurring theme is that not all Champaign County residents have access to the many resources enjoyed by some, despite the shared aspiration to be a welcoming, healthy, inclusive, and just community.

Operating Environment:

In <u>CCDDB PY24 Funding Priorities</u> and <u>CCMHB PY24 Funding Priorities</u> and earlier board documents, we noted the dangerous **decline in service capacity** across the country and state and in our community. This crisis is not difficult to understand or easy to solve. If the enduring funding and policy neglect that led to it is NOT

consistent with our values, we should push hard to correct it, through collaborations above and as opportunities arise. This is clearly in the best interest of Champaign County and its residents.

From the Institute on Community Integration's 2022 report <u>"Community Supports in Crisis: No Staff, No Services"</u>:

All the progress toward community living that has been made in services for people with IDD over decades is now in jeopardy — because of catastrophic labor shortages and pervasive high turnover rates in the workforce that supports them, direct support professionals (DSPs).

National data found in the report:

- 70% of DSPs are women, approximately 70% of them heads of household;
- DSPs' average age increased to 46;
- DSPs' mean hourly wage is \$13.28, while for home health aides \$13.49, nursing assistants \$15.41, and residential advisors \$16.07;
- The percentage of individuals with behavioral support needs who receive community services has more than doubled since 2012; and
- During 2020, 53% of agencies employed fewer DSPs, 41% served fewer people, 33% closed sites, and 47% stopped offering a support or service.

This year, the Illinois General Assembly and Governor approved wage increases for Direct Support Professionals, which could bolster community-based service capacity. However, these increases are below those recommended by the state's own rates study and numerous advocacy groups, and they are far below what workers earn in State Operated Developmental Centers (SODCs) where reports of serious, even fatal, abuse and neglect abound. Illinois' overreliance on institutional care and low investment in more inclusive alternatives have taken a toll. With a relatively higher number of eligible Champaign County residents still awaiting selection for state Medicaid waiver awards for home and community-based care, and with many other service system improvements yet to be undertaken, we have a long way to go.

Crisis to Opportunity:

Telehealth and other **remote options** were introduced rapidly and out of necessity during the COVID-19 pandemic, allowing some with I/DD to connect with support and social opportunities more easily than before, especially if they had access to the internet but limited transportation, or if they preferred being at home. For some who prefer virtual participation over in-person, barriers have been lack of devices and

programs, difficulty learning to maximize those, and poor internet service. The latter barrier has been typical in rural areas, apartment complexes, and housing developments. The Champaign County Board, Housing Authority of Champaign County, and University of Illinois at Urbana-Champaign have led efforts to improve access and use for all. Virtual support may be most effective when combined with inperson, where there is still room for innovation in services.

The Ohio Department of Developmental Disabilities (DODD) promotes the use of assistive technology and remote options as a partial solution to workforce and transportation shortages. Ohio's Technology First Initiative ensures that technology is considered as part of all individual service plans, prior to authorization of on-site direct support staff and with the goal of training in technology which can improve quality of life. The Living Arrangements for the Developmentally Disabled (LADD) Smart Homes project incorporates many innovations, including low cost and widely available consumer products. A <u>Concept Video</u> and <u>virtual tour</u> highlight the Forever Home Smart Living Pilot. People with I/DD are also enjoying greater independence and control of their days with the lighter presence of non-resident professionals in their homes. See the Ohio DODD website for more.

In their <u>July 2023 meetings</u>, the Boards took virtual tours of the UIUC McKechnie Family LIFE Home and heard a brief presentation on research done there. Dr. Olatunji, one of the presenters, has a research focus on the balance between tech support and social connectedness. Avoiding social isolation will be important in any remote innovations. With this caution, a partnership between local service provider(s) and UIUC researchers could explore innovation similar to the LADD Smart Home Pilot.

Earlier CCDDB and CCMHB memoranda noted disproportionate negative impacts of COVID-19 and social isolation on people with disabilities, rural residents, and members of racial, ethnic, and gender minorities. Whether traditional or innovative, all supports should uphold the principles of community and social inclusion and consumer choice. The 2023 report "Our Epidemic of Loneliness and Isolation: The U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community" acknowledges the devastating impacts of increased isolation on all and identifies health outcomes as well as pillars to advance social connection and recommendations for stakeholders.

Two American Network of Community Options and Resources (ANCOR) reports, "Addressing the Disability Services Workforce Crisis of the 21st Century and "Bringing Long-term Supports & Services into the 21st Century", emphasize the need for service providers to receive training on using technology to deliver services and support community integration, including self-advocates' **supported decision making** in choosing and using technology to live more independent and overall quality lives.

In support of self-directed services, even during an era when professional service capacity is so low as to offer very limited consumer choice, The Council on Quality and Leadership released "The Relationship Between Choice and Injuries of People With Intellectual and Developmental Disabilities". Decisions about safety have typically been made by care providers rather than by people with I/DD, but it appears that injuries decrease with opportunities to make choices about their own care. The report concludes, "Beyond the potential impact on injuries, ultimately, choice is about ensuring people with IDD are supported to live the lives of their choosing."

I/DD Special Initiatives Fund Priorities:

All proposals for funding must choose one of the following priority categories and clarify how the proposed services or supports align with that choice. Strengthening the Workforce and Self-Advocacy are not included for PY2025 because they are among CCDDB funding priorities. Other priority areas have been modified using input from people with I/DD and their supporters. People to be served should be eligible per Illinois Department of Human Services (DHS) Division of Developmental Disabilities (DDD).

PRIORITY: Short-Term Supports for People with I/DD

People with I/DD have interests other than long-term care, and their success in many areas may be supported by short term support. These supports or specific assistance matched to their interests may be purchased for people by an agency.

Strongest consideration should be offered to people with co-occurring diagnoses and multiple support needs, those not receiving services through any funder, and those who are unable to secure services locally but instead are served outside of Champaign County. People may engage an agency and their families and networks of supporters to clarify their preferences and help document needs. On behalf of the person, an agency could purchase appropriate, meaningful supports consistent with these and not available through other payers: devices and software needed for virtual access, equipment or classes related to a hobby or entrepreneurship, recreational opportunities requiring travel and related costs, assistive equipment, and transportation costs for Champaign County families to visit a person who is served outside of the County. Certain costs might recur within the Program Year.

A <u>National Core Indicators – Intellectual and Developmental Disabilities Data</u>
<u>Highlight</u> finds that people with I/DD experience "abundant and well-documented" benefits from vacations. Because they take far fewer vacations than do their peers who do not have I/DD, and because these numbers sunk in recent years, inclusive or supported vacation options could bridge the gap.

Champaign Community Advocacy and Mentoring Resources (CCAMR) resources should be used whenever they might support an identified preference. An agency would inform eligible people and, if help is preferred, work with them to complete an application through quarterly mini-grant opportunities. For purchases using I/DD Special Initiatives funding, the 2019 CCDDB mini-grant process may serve as a model, with an individual application form, per person cost limits, and follow up satisfaction survey. Sample documents are on pages 49 to 56 of the July 2022 CCDDB meeting packet or upon request from CCDDB/CCMHB staff.

PRIORITY: Education on I/DD.

People with I/DD would like professionals from other sectors to understand them and work with them more effectively.

People with I/DD do not always feel welcome or included in this community.

Advice and direction from self-advocates and their networks of supporters could shape the content of sector-specific and community-wide education efforts.

An agency could purchase or develop training for professionals from other sectors, especially mental health providers. Other health and human service providers, law enforcement, first responders, educators, and court officers may also be interested.

An agency could plan and host community awareness activities to improve understanding and build a more inclusive and welcoming community. Greater awareness may already have created conditions for system change. In the same way, broad awareness efforts might help our community to improve access and appreciate the gifts and contributions of people who have I/DD.

PRIORITY: Technology and Training

People with I/DD want access to more resources. This can be helped by virtual access training available to them, their staff, and their natural supporters. An agency could purchase equipment for a group and offer training in its use.

A program might cover costs associated with the development and staging of training opportunities or securing these through a qualified trainer. The audience for these would be Champaign County residents who have I/DD and any staff, family, or other natural supporters who assist these qualifying residents with virtual access and use. The agency might purchase a training program or equipment for groups of participants with similar interest.

Also of interest would be a partnership to introduce remote supports into residences of people with I/DD and complex support needs. Devices and programs should match the interests and needs of people to be served in independent community settings. Strongest consideration should be given to people not receiving services and to those with complex support needs not receiving services which meet their needs.

PRIORITY: Housing.

People with I/DD can live independently in our community if appropriate living arrangements and supports are developed.

Strongest consideration should be given to people not fully served who have I/DD and another diagnosis calling for active treatment, e.g., medical condition requiring treatment at home, mental health or substance use disorder, or physical disability supported by assistive equipment or specialized staff training. An agency might develop independent residential settings and supports for people who would benefit from and desire an affordable home and ongoing or short-term supports matched to their needs and preferences. A project might combine this priority and the technology and training priority to incorporate remote supports into a household.

Criteria for Best Value:

An application's alignment with a priority category and its treatment of the overarching considerations described in this section will be used as discriminating factors toward final allocation decision recommendations. Our focus is on what constitutes a best value to the community, in the service of those who have I/DD. Some of these 'best value' considerations relate directly to priority categories and may be the focus of a proposal.

Budget and Program Connectedness

Detail on what the Boards would purchase is critical to determining **best value**. Because these are public funds administered by public trust fund boards, this consideration is at the heart of our work.

Each program proposal requires a Budget Narrative with text sections the applicant uses to describe: all sources of revenue for the organization and those related to the proposed program; the relationship between each anticipated expense and the program, clarifying their relevance; the relationship of direct and indirect staff positions to the proposed program; and additional comments.

One of the Minimal Expectations below is that an applicant be able to demonstrate financial clarity. This overlaps with but differs from Budget and Program Connectedness. Financial clarity is demonstrated by financial records maintained in an 'audit-ready' state. A recent independent audit, financial review, or compilation with no negative findings is one way to show that the applicant has this capacity. Those reports are not required with an application or in the Budget Narrative form but may be requested as part of the review and decision process.

Another Minimal Expectation below asks for evidence that no other funding is available. The Budget Narrative submitted with each proposal is an excellent place to address these efforts. Through Budget Narrative comments, the program's relationship to larger systems may be better understood, and the applicant may highlight how they will leverage other resources or use the requested funding as match for other resources. Programs offering services billable to Medicaid or other insurance should attest that they will not use CCDDB/CCMHB funds to supplement those. They may identify non-billable activities which can be charged to the proposed contract. While CCDDB/CCMHB funds should not pay for services billable to another payor, programs should maximize all resources, for their long-term sustainability and to ensure that CCDDB and CCMHB funding does not supplant other public systems.

Participant Outcomes

Also essential for demonstrating a **best value** is clarity about how the program will benefit the people it serves. Are people's lives better because of the program? Simple, measurable outcomes are often the best way to communicate this. To demonstrate a program's success in helping people achieve positive impacts, an applicant should use outcomes which consider participants' gifts and preferences. For each defined outcome, the application will identify a measurable target, timeframe, assessment tool, and assessment process. All applicants are welcome to review the 'measurement bank' developed by local agencies and researchers. This repository offers a great deal of information on outcome measures appropriate to various services and populations and will be updated with new findings.

Applicants will also identify how people learn about and access the program and will define outputs or measures of the program's performance: numbers of people

served, service contacts, community service events, and other. While not Participant Outcomes, these are important and required with every proposal.

Self-Determination and Self-Direction in Service Planning

The most meaningful participant outcomes will be discovered through a person's involvement in their own service plan. Centering people's communication styles and networks of support, self-directed or person-centered planning can be done even if the person has been referred to the program by a third party.

Every person should have the opportunity to inform and lead their service plan. The plan should balance what is important FOR the person with what is important TO the person, be responsive to their preferences, needs, values, and aspirations, and help them recognize and leverage their strengths and talents. CCDDB/CCMHB funding should focus on people rather than programs. In a self-determined system, people control their day, build connections to their community for work, play, learning, and more, create and use networks of support, and advocate for themselves.

Proposals should describe the individual's role in their own service planning process and should connect the program activities to what people have indicated they want and need. If funded, program activities are reported regularly, with data on the individuals served and detail on community inclusion.

Eliminating Disparities in Access and Care

Programs should move the local service systems toward equitable care resulting in optimal health and quality of life for all community members. For this, barriers specific to some groups must be addressed and eliminated or overcome.

Proposed programs should improve access and offer appropriate care for people from historically underinvested populations as identified in the 2001 Surgeon General's Report on Mental Health: Culture, Race, and Ethnicity. These groups, people living in rural areas, and those with limited English language proficiency should have access to supports and services. Applications should identify engagement strategies which help people overcome or eliminate barriers to care.

The application includes a Cultural and Linguistic Competence Plan (CLCP) template consistent with Illinois Department of Human Services requirements and National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards.) A toolkit for these standards may be helpful to the applicant. One CLCP is completed for each organization. The program plan narrative for each of

an organization's proposals should include strategies specific to proposed services. CCDDB/CCMHB staff offer technical assistance.

Promoting Inclusion and Reducing Stigma

Programs should increase community integration, including in digital spaces. People feel better when they have a sense of belonging and purpose. People are safer when they have routine contacts with co-workers, neighbors, members of a faith community, and acquaintances at fitness or recreation centers or in social networks. Positive community involvement can build empathy, redefine our sense of group identity, reduce stress, and decrease stigma. Stigma inhibits individual participation, economic self-sufficiency, safety, and confidence, and may be a driver of insufficient State and Federal support for community-based services. Stigma harms communities and people, especially those who have been excluded due to sexuality, gender, race, ethnicity, disability, immigrant/refugee/asylee status, or preferred or first language.

The CCDDB and CCMHB have an interest in nurturing resilience, inclusion, and community awareness, as well as challenging negative attitudes and discriminatory practices. Full inclusion aligns with values of other Champaign County authorities and collaborations and with the standards established by Home and Community Based Services, Workforce Innovation and Opportunity, and Americans with Disabilities Act. Proposed programs should describe activities and strategies that expand community inclusion and social connectedness of the individuals to be served.

Continuation of Services

Applications should describe how people will be served in the event of a public health emergency which limits in-person contact. Because social isolation increased the need for some services, continuity of care is a new and important consideration. If a virtual service is expected to be less effective than in-person, or if the people to be served do not prefer virtual platforms, some capacity should still be maintained now that their value as backup plan has been demonstrated. The negative impacts of insufficient broadband capacity and limited access to and understanding of technology have also been demonstrated.

Some regulatory changes supporting virtual innovation have been made permanent and others extended. Telehealth and remote meetings are now integrated in many programs. Even without a public health emergency, they connect more people to virtual care and enhance their access to other resources.

Whether a focus of the proposal or already integrated, successes with technology and virtual platforms can be expanded with training and access for people who participate in services and for direct staff or others involved in their care.

Unique Features

Demonstrating a **best value** involves amplifying those characteristics of the service approach, staff credentials, or funding mix unique to the organization or proposed program. While the pressures on service provider agencies are great, innovative or tailored responses to people's support needs and preferences should be highlighted.

- Approach/Methods/Innovation: cite the recommended, promising, evidence-based, or evidence-informed practice and address fidelity to the model under which services are to be delivered. In the absence of such an approach to meet a community need, describe the innovative approach and how it is evaluated.
- Staff Credentials: highlight credentials and specialized training.
- Resource Leveraging: describe how CCDDB and CCMHB funds are amplified, and other resources maximized: state, federal, or local funding; volunteer or student support; community collaborations. If CCDDB/CCMHB funds will meet a match requirement, reference the funder requiring match and identify the match amount in the application Budget Narrative.

Expectations for Minimal Responsiveness:

Applications not meeting the following expectations are "non-responsive" and will not be considered. Applicants must be registered at http://ccmhddbrds.org. Accessible documents and technical assistance, limited to use of the online tools, are available upon request through the CCDDB/CCMHB staff.

- Applicant is an eligible organization, demonstrated by responses to the Organization Eligibility Questionnaire, completed during initial registration.
- Applicant is prepared to show their capacity for financial clarity, especially if they answered 'no' to any question in the Organization Eligibility Questionnaire or do not have a recent independent audit, financial review, or compilation report with no findings of concern.
- 3. All application forms must be complete and submitted by the deadline.
- 4. Proposed services and supports must relate to I/DD. How will they improve the quality of life for persons with I/DD?
- 5. Application must include evidence that **other funding sources are not available** to support the program or have been maximized. Other potential sources of support should be identified and explored. The Payer of Last Resort principle is described in Funding Requirements and Guidelines of each board.
- 6. Application must demonstrate coordination with providers of similar or related services, with interagency agreements referenced. Evidence of interagency referral process is preferred, to expand the system's reach, respect client choice, and reduce risk of overservice to a few. For an inclusive,

efficient, effective system, applications should mention collaborative efforts and acknowledge other resources.

Process Considerations:

The CCDDB and CCMHB use an online system for organizations applying for funding. Downloadable documents on the Boards' goals, objectives, operating principles, and public policy positions are also posted on the application website, at https://ccmhddbrds.org. Applicants complete a one-time registration process, including an eligibility questionnaire, before receiving access to the online forms. Funding guidelines and instructions on how to use the system are also posted there.

Criteria described in this memorandum are guidance for the Boards in assessing proposals for funding but are not the sole considerations in final funding decisions. Other considerations include the judgment of the Boards and staff, evidence of the provider's ability to implement the services, soundness of the methodology, and administrative and fiscal capacity of the applicant organization. Final decisions rest with the CCDDB and CCMHB regarding the most effective uses of the fund. Cost and non-cost factors are used to assess the merits of applications. The CCDDB and CCMHB may also choose to set aside funding to support RFPs with prescriptive specifications to address the priorities.

Caveats and Application Process Requirements:

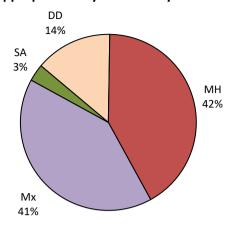
- Submission of an application does not commit the CCDDB/CCMHB to award a contract or to pay any costs incurred in preparing an application or to pay for any other costs incurred prior to the execution of a formal contract.
- During the application period and pending staff availability, technical assistance will be limited to process questions concerning the use of the online registration and application system, application forms, budget forms, application instructions, and CCDDB/CCMHB Funding Guidelines. Support is also available for CLC planning.
- Applications with excessive information beyond the scope of the application format will not be reviewed and may be disqualified from consideration.
- Letters of support are not considered in the allocation and selection process. Written working agreements with other agencies providing similar services should be referenced in the application and available for review upon request.
- The CCDDB and CCMHB retain the right to accept or reject any application, or to refrain from making an award, when such action is deemed to be in the best interest of the CCDDB and CCMHB and residents of Champaign County.

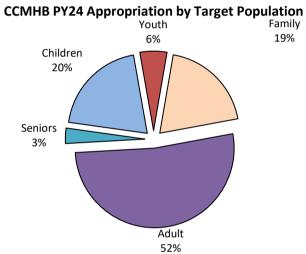
- The CCDDB and CCMHB reserve the right to vary the provisions set forth herein at any time prior to the execution of a contract where the CCDDB and CCMHB deem such variances to be in the best interest of the CCDDB and CCMHB and residents of Champaign County.
- Submitted applications become the property of the CCDDB and CCMHB and, as such, are public documents that may be copied and made available upon request after allocation decisions have been made and contracts executed. Submitted materials will not be returned.
- The CCDDB and CCMHB reserve the right, but are under no obligation, to negotiate an extension of any contract funded under this allocation process for up to a period not to exceed two years, with or without an increased procurement.
- If selected for contract negotiation, an applicant may be required to prepare and submit additional information prior to contract execution, to reach terms for the provision of services agreeable to both parties. Failure to submit such information may result in disallowance or cancellation of contract award.
- The execution of final contracts resulting from this application process is dependent upon the availability of adequate funds and the needs of the CCDDB and CCMHB.
- The CCDDB and CCMHB reserve the right to further define and add application components as needed. Applicants selected as responsive to the intent of the application process will be given equal opportunity to update proposals for the newly identified components.
- To be considered, proposals must be complete, received on time, and responsive to application instructions. Late or incomplete applications will be rejected.
- If selected for funding, the contents of a successful application will be developed into a formal contract. Failure of the applicant to accept these obligations can result in cancellation of the award for contract.
- The CCDDB and CCMHB reserve the right to withdraw or reduce the amount of an award if the application has misrepresented the applicant's ability to perform.
- The CCDDB and CCMHB reserve the right to negotiate the final terms of any or all contracts with the selected applicant, and any such terms negotiated through this process may be renegotiated or amended to meet the needs of Champaign County. The CCDDB and CCMHB reserve the right to require the submission of any revision to the application which results from negotiations.
- The CCDDB and CCMHB reserve the right to contact any individual, agency, or employee listed in the application or who may have experience and/or knowledge of the applicant's relevant performance and/or qualifications.

CCMHB PY2024 Awards	by Priority Categories	ategories			by Contract Term	act Terr	u
					PY24	PY23-24	PY24-25
Agency Program	Safety and Cris Healing	Healing from Closing the ((Thriving Chila I/DD Collabo	/DD Collab	ONE YEAR	TWO YEAR	TWO YEAR
CC Children's Advocacy Cer Children's Advocacy Center	59\$	\$63,911					\$63,911
CC Christian Health Center Mental Health Care at		\$33,000					\$33,000
CC Head Start/Early Head S Early Childhood Mental			\$197,569	\$149,666		\$347,235	
CC Health Care Consumers CHW Outreach and Benefit		\$86,501					\$86,501
Disability Application		\$91,500				\$91,500	
Justice Involved CHW	\$90,147						\$90,147
CC RPC Community Svcs Homeless Services System		\$54,281				\$54,281	
Youth Assessment Center	\$76,350						\$76,350
CU at Home Shelter Case Management	\$256,700				\$256,700		
CU Barly CU Early NEW			\$73,141	\$4,043	\$77,184		
Community Svc Center of N Resource Connection		\$68,609					\$68,609
Courage Connection Courage Connection	127,000	000				\$127,000	
Crisis Nursery Beyond Blue Champaign			\$90,000				\$90,000
Cunningham Childrens Hom ECHO Housing and		\$127,249				\$127,249	
Families Stronger Together			\$398,092			\$398,092	
DSC Family Development				\$656,174			\$656,174
Don Moyer Boys and Girls (CU Change			\$75,000		\$75,000		
CUNC			\$110,000		\$110,000		
Community Coalition			000'06\$		\$90,000		
Youth and Family Services			\$160,000		\$160,000		
East Central IL Refugee Mu Family Support &			\$62,000				\$62,000

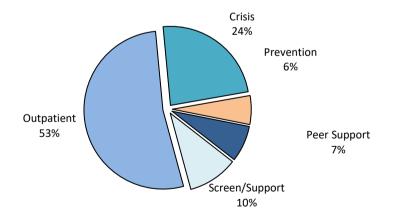
						PY24	PY23-24	PY24-25
Agency	Program	Safety and Cris	Healing from Closing the ((Thriving Chila I/DD Collabo	/DD Collabo	ONE YEAR	TWO YEAR	TWO YEAR
Family Service of Champaig Counseling	Counseling		\$30,000					\$30,000
	Self-Help Center		\$28,430					\$28,430
	Senior Counseling &		\$178,386					\$178,386
FirstFollowers	First Steps Reentry House	\$39,500					\$39,500	
	Peer Mentoring for Re-entry	\$95,000					\$95,000	
GROW in Illinois	Peer-Support		\$129,583				\$129,583	
Immigrant Services of CU	Immigrant MH Program		000'06\$			\$90,000		
Promise Healthcare	Mental Health Services		\$330,000					\$330,000
	PHC Wellness		\$107,078					\$107,078
Rape Advocacy, Counseling Sexual Trauma Therapy	Sexual Trauma Therapy		\$140,000					\$140,000
	Sexual Violence Prevention		\$75,000					\$75,000
Rosecrance Central Illinois	Benefits Case Management		\$80,595			\$80,595		
	Child & Family Services			\$73,500		\$73,500		
	Criminal Justice PSC	\$320,000				\$320,000		
	Crisis Co Response (CCRT)	\$207,948				\$207,948		
	Recovery Home		\$100,000			\$100,000		
	Specialty Courts	\$178,000				\$178,000		
Terrapin Station Sober Livir Recovery Home	Recovery Home		\$79,677			\$79,677		
WIN Recovery	Community Support ReEntry	\$110,000				\$110,000		
The UP Center of Champaig	The UP Center of Champaig Children, Youth, & Families			\$190,056		\$190,056		
15	Subtotals by Priority and Term	\$1,373,645	\$405,911 \$1,614,889	\$1,519,358	\$809,883	\$2,198,660	\$1,409,440	\$2,115,586
				Total	\$5,723,686		TOTAL	\$5,723,686

CCMHB PY24 Appropriation by Community Mental Health Sector





CCMHB PY24 Appropriation by Type of Service



Champaig	gn County	/ Mental	Health Bo	pard programs (not I/DD) for PY2024 (7/1/23-6/30/24)
Agency	Program	Focus	\$ Amount	Summary
Champaign County Children's Advocacy Center	Children's Advocacy Center	Healing from Interpersonal Violence	\$63,911	Using a child-centered, evidence based coordinated response to allegations of child sexual abuse and serious physical abuse, the CAC promotes healing and justice for young victims through: a family-friendly space for initial interview and parent meeting; a legally-sound, developmentally appropriate child forensic interview; comprehensive case management provided by the CAC Family Advocate to help the family navigate the crisis; crisis counseling to the child and any non-offending family member; referrals to specialized medical services; and coordination of the investigation through multidisciplinary case reviews.
Champaign County Christian Health Center	Mental Health Care at CCCHC	Closing the Gaps in Access and Care	\$33,000	Offers mental health care by mental health practitioners, along with primary care providers who also treat or refer those with various mental health conditions, especially anxiety and depression. A psychiatrist provides direct mental health care to patients; mental health patients receive mental health screenings, primary care, prescriptions, and referrals to specialized care as needed. Provided to any uninsured and underinsured resident of Champaign County, typically between the ages of 18 and 64 (as those under 18 and over 64 generally have some form of health care coverage).
Champaign County Health Care Consumers	CHW Outreach & Benefit Enrollment	Closing the Gaps in Access and Care	\$86,501	Works with individuals experiencing behavioral health issues, helping them enroll in health insurance, food stamps, and other public benefits programs. Community Health Workers help stabilize individuals with resources and benefits, and help them navigate the health care system to get their needs met establishes trust with clients by helping them gain and maintain access to many needed benefits, provides emotional support and helps them identify the types of services that they need in a non-stigmatizing and supportive way.
Champaign County Health Care Consumers	Disability Application Services	Closing the Gaps in Access and Care	\$91,500	Evaluations of disabling conditions and determinations of whether to apply for SSI or SSD or both (depending on client's work history); assistance applying for and appealing adverse decisions; coordinating with attorney, if necessary to appeal decisions; emotional/psychological support for individuals applying. Often, the decision to apply for disability, and the process of doing so, can be challenging to the individual as they must come to terms with the idea that they are "disabled." Additional services to be provided to help facilitate approval for SSI/SSDI include helping clients to access various health services to document their disabling conditions.
Champaign County Health Care Consumers	lved es &	Safety and Crisis Stabilization	\$90,147	For people who have justice-involvment, Community Health Worker services are offered at the Champaign County jail and in community. Works with individuals experiencing behavioral health issues, helping them enroll in health insurance, food stamps, and other public benefits programs; helps stabilize individuals with resources and benefits; and helps them navigate the health care system to get their needs met.
Champaign County Regional Planning Commission - Community Services	Homeless Services System Coordination	Closing the Gaps in Access and Care	\$54,281	Supports, facilitates, and directs the IL-503 Continuum of Care (CoC) aka Champaign County Continuum of Service Providers to the Homeless; supports the body's mission to end homelessness in Champaign County through a coordinated network of resources for those who are homeless or at-risk of becoming homeless; coordinates efforts across the CoC membership to support its goals and the Homeless Emergency and Rapid Transition to Housing (HEARTH) Act regulations; and builds and maintains collaborative partnerships with members and affiliates, working closely with the Executive Committee.
Champaign County Regional Planning Commission - Community Services	Youth Assessment Center (Companion Proposal)	Safety and Crisis Stabilization	\$76,350	Early intervention and diversion for youth, particularly minority males, who are overrepresented in the juvenile justice system, and for youth whose behavior may be symptomatic of issues best served outside the juvenile justice system. Screens for needs, risks, and protective factors; uses Balanced and Restorative Justice (BARJ) approach; completes and reviews Station Adjustment as the working plan; may include weekly check-ins with case manager, curfew checks with police officer, reparation through written apology, community service hours, and linkage to social service, MH, or SUD treatment. Screening scores determine access to weekly phone counseling, group programming (CBT approach), and partnership with UIUC Psychological Services

	in H		11	Bilingual home visitor for at risk Spanish speaking families, through home visiting
	CU Early-NEW (another portion of this contract is for DD - see below)	Thriving Children, Youth, and Families	\$73,141	program that serves expectant families and children up to age 3; completion of developmental screenings on all enrolled children alongside the parent to ensure that
	VEW F this	hild d Fa		children are developing on track; referral to Early Intervention if there is a suspected disability or concern with the child's development. 2020 IECAM data on Champaign
-	rly-l in of OD -	ng C		County estimated there were 1,157 children under age 5 who speak Spanish, that 555
CU Early	CU Early- portion o is for DD	rrivi outh		Spanish speaking children were under 3, and that 1,188 children under 2 lived in poverty.
<u>ฮ</u>	-	Th Yo	\$256,700	(\$73.141 of the total contract relates to mental health, another \$4.043 to I/DD.) Mid-Barrier Shelter Program: provides for a client's essential needs, with services in a
	Shelter Case Management		.26,	24/7, non-congregate, trauma-informed environment; clients can participate for 12-18
	nag		\$2	months; intensive case management which employs client-centered, trauma- informed principles that assist in goal development to move clients toward stability; group
	Ma	Safety and Crisis Stabilization		activities; linkage to outside resources to develop a community network of assistance.
a E	ase	Safety and C Stabilization		Advanced Shelter: for clients who are either coming out of substance abuse treatment,
CU at Home	er C	y ar Iizat		are involved with Drug Court, or who have graduated from the Mid-Barrier program;
U at	helt	afet tabi		services in a trauma informed, non-congregate setting; case management services to
O	S	<u> </u>	6	assist clients in develoning case plans for stabilization. Social Skills & Prevention Coaches: collaborate with parents and Head Start staff to
D	her ow)		\$197,569	identify social-emotional strengths and areas of need for children; review and monitor
Неа	not bek		\$197	developmental screenings for all students enrolled in HS/EHS; assist teaching staff and
가	se (a		٥,	parents in writing individualized social-emotional goals and action plans; support staff
Champaign County RPC Head Start/Early Head Start	Early Childhood Mental Health Services (another portion of this contract relates to DD- see below)	lies		and parents in identifying individualized inter/intra-personal goals and action plans and
Star	Ser to [ami		in reflection around inter/intra-personal skills used with children to improve co-
ad	alth ates	Jd F		regulation, attunement, empathy, and compassionate limit setting; collaborate with
H	He	, ar		stakeholders to develop Support Plans for children who engage in challenging behaviors to communicate their needs; facilitate workshops, support groups, and coaching for staff
RPC	ntal 'act	outh		and parents on social-emotional development, compassionate caregiving, stress-
nty	Me ontr	γ, Υ		management, functional behavior assessments, trauma-informed practices/leadership,
no	ood iis c	drei		and cultural competency; support staff in monitoring children's progress and outcomes;
gu	ldho of th	Chi		offer parenting consultation and coaching through Facebook groups and Zoom meetings;
ıpai	Chi on c	ing		review developmental screenings and make recommendations regarding referrals, goals,
Chan Start	arly orti	Thriving Children, Youth, and Families		services; create unique virtual stress management and equity-related content for local residents in collaboration with CU TRI. (\$197,569 of the total contract is for Mental Health
of S	Б	_ S	60	A multi-service program aimed at assisting residents of northern Champaign County with
		gaps d	9	basic needs and connecting them with mental health and other social services. Serves as
Community Service Center Northern Champaign	ion	©losing the Gap in Access and Care	\$68,	a satellite site for various human service agencies providing mental health, physical
mur ce (herr	urce iecti	ng t cess		health, energy assistance, and related social services. Features an emergency food pantry,
Community Service Cen Northern Champaign	Resource Connection	©losing th in Access Care		prescription assistance, clothing and shelter coordination, and similar services for over
σωΖυ	& O	<u> </u>	Q	1.700 households in northern Champaign County. Provides services to all victims/survivors of domestic violence regardless of gender,
		_	\$127,000	immigration status, race, national origin, age, sexuality, or any other identifying factor.
uo	uc	ona	\$12	Eligibility is established based on self-report of domestic violence; there are no other
age ecti	age ectio	ng fi vers		barriers to receiving access to services. Helps victims and survivors of domestic violence
Courage	Courage Connection	Healing from Interpersonal Violence		rebuild their lives through advocacy, housing, counseling, court advocacy, self-
ŏŏ	ŭΰ		0	empowerment, community engagement, and community collaborations. Supports mothers experiencing perinatal depression, with a focus on the mental health
	٦ty	n, lies	000'06\$	and well-being of children and families, by strengthening the parent child bond through
>	Beyond Blue- Champaign County	Thriving Children, Youth, and Families)6\$	playgroups, support groups, and home visiting services. Through coordination with the
rsei	3lue gn (Chil nd F		Home Visitors Consortium, Crisis Nursery focuses on families who are identified as
2	nd l	ing h, aı		experiencing perinatal depression and then blends this programming with our Prevention
Crisis Nursery	Beyond Blue- Champaign C	hriv out		Initiative funding through the Illinois State Board of Education which focuses on the
	_	⊢ ≻	ف	development of children birth-3 years. Provides comprehensive housing, employment, and life skills development to individuals
harr 's	& ìent	the	\$127,249	who are homeless or at risk of homelessness, with the goal of providing resources that
Cunningham Children's Home	ЕСНО Housing & Employment Support	©losing the Gaps in Access and	\$12	support independence. Services are provided in the home, community, or office with the
Cunnir Childre Home	ECHO Housing Employi Support	©losing Gaps in Access a		majority of services being provided in community settings.
ODI	ĒΤŪΚ	₽ 0 ₹ 0		

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r Cunningham Children's Is Home	Families Stronger Together	Thriving Children, Youth, and Families	0′86E\$	Provides voluntary trauma-informed, culturally responsive, therapeutic services for families and youth age 8 through 17 who have entered, or are at risk of entering the juvenile justice system. FST utilize the use of the Attachment, Regulation, and Competency (ARC) framework to promote resiliency as it is designed to strengthen the trauma-informed caregiving skills of caregivers. The ARC framework is adaptable to a variety of settings such as schools, afterschool programs, and community centers. The FST program helps youth and their families understand the impact that past experiences of trauma have had on their current level of functioning and/or behaviors that have brought them to the attention of the juvenile justice system. Seeks to impact underresourced youth with potential for high school graduation by
Don Moyer Boys & Girls Club	CU Change	Thriving Children, Youth, and	\$75,0	providing group and individual support, counseling, life skills training, and exposure to positive cultural and healthy life choices. Emphasizes academic support, community and positive peer engagment, hands on learning experiences with a plan for the future.
Don Moyer Boys & Girls Club	CUNC	Thriving Children, Youth, and Families	\$110,0	Culturally-based and peer-based trauma-informed interventions, wellness and resilience building activities: GRITT, Stress Less, the S.E.L.F Curriculum, Start 2 Heal, Skills for Psychological Recovery and other evidence based/informed interventions in groups and individual settings for those experiencing gun violence, chronic stress, adversity or with emotional regulation needs. Accomplished through training community members, focusing on youth leaders and elder helpers, and educating the community about trauma and trauma-informed care.
Don Moyer Boys & Girls Club	Community Coalition Summer Initiatives	Thriving Children, Youth, and Families	\$90,000	Supports youth and community mental health needs during critical out-of- school time over the summer months, when a lack of services is prevalent. Focused on violence prevention, enhancement of positive community engagement, academic enrichment, recreational activities, arts exploration, and leadership skill building. Services and supports by specialized providers, through subcontracts with Don Moyer Boys and Girls Club. The Champaign County Community Coalition and DMBGC support and reinforce System of Care principles and values, particularly relative to system-involved youth impacted with emotional and environmental challenges. Reports to and through the
Don Moyer Boys & Girls Club	Youth and Family Services	Thriving Children, Youth, and Families	\$160,0	Serves Parents/caregivers of youth who: have been clinically diagnosed; are experiencing social, emotional, and/or behavioral health challenges; have been impacted or have a history of trauma; are involved in the juvenile justice, mental health, education or child welfare system. Supports are offered at home, in school, and in the community for optimal recovery. Parents/caregivers are partnered with a peer who has successfully navigated multiple child-serving systems.
East Central IL Refugee Mutual Assistance Center ("Refugee Center")	Family Support & Strengthening	■ Thriving Children, Youth, and Families The state of the state	\$62,000	Supports and strengthens refugee and immigrant families transitioning and adjusting to American culture and expectations in Champaign County. Staff speaks over ten languages in house, with other languages available through qualified translators offers a connection to area resources that is culturally and linguistically appropriate. Staff often accompanies clients on appointments as advisors and trusted advocates. The goal is to give low-income immigrants better access to quality care and services, leading to thriving families and client self-sufficiency.
Family Service of Champaign County	Counseling	Closing the Gaps in Access and Care	\$30,000	Affordable, accessible counseling services to families, couples and people of all ages. Serves Drug Court clients and participates in Specialty Courts collaboration. Clients are given tools and supports to successfully deal with life challenges such as divorce, marital and parent/child conflict, depression, anger management, anxiety, abuse, substance abuse/dependency and trauma. Strength-based, client-driven services utilize family and other natural support systems and are respectful of the client's values, beliefs, traditions, customs, and personal preferences. Clients can be as young as 5
Family Service of Champaign County	Self-Help Center	Closing the Gaps in Access and Care	\$28,4	Self-Help Center maintains and publishes information about and referral to local support groups. Provides information about local self-help groups and provides training, assistance, and publicity for group facilitators in Champaign County. Information is available online and in printed directory and specialized support group listings. Provides consultation services, workshops, conferences, educational packets and maintains a lending library of resource materials.

Family Service of Champaign County	Senior Counseling & Advocacy	Closing the Gaps in Access and Care	\$178,386	Caseworkers assist with needs and challenges faced by seniors (60 or older) with multiple needs in terms of their emotional and/or physical health, as well as their requesting assistance in completing numerous applications and contacts with various safety net programs and service providers. Services are provided over the phone, Zoom meetings, in the home or in the community.
First Followers F	FirstSteps Reentry S House C	Safety and Crisis Stabilization a	005/68\$	A transition house for men returning home to Champaign County after incarceration. Rent-free housing in a five bedroom house donated for use by the Housing Authority of Champaign County, for up to four men at a time. Provide furniture, appliances, computers, kitchen equipment, exercise equipment, some basic clothing items, food until the person has the means to pay for their own either through employment or Link Card. Staff assist residents in transition, help them set up plans of action and goals, provide transportation to potential employment or service opportunities, and facilitate their integration into the community. Projected length of engagement is 3-12 months.
First Followers	Peer Mentoring for Re-Entry	Safety and Crisis Stabilization	\$95,000	Formerly incarcerated individuals serve as peer mentors of the program as well as providing the direct support to clients. Provides counseling and social/emotional supports, workforce development programs, housing, assistance in accessing photo IDs and transportation, and more.
GROW in Illinois	Peer Support	Innovative Practices and Access to Behavioral Health	\$129,583	A peer support group assisting with personal recovery and mental health of individual sufferers which may include addictions. Through leadership and community building, individuals attending weekly group meetings are given the tools and support to help them in their recovery and personal growth. Weekly group meetings / Organizer and Recorder meetings, Leaders meetings, and a monthly socials. Groups (3 to 15 members) include in-person as well as virtual sessions for men and for women, and are held in various locations around the County, including the Champaign County Jail.
Immigrant Services of CU	Immigrant Mental Health Program-NEW	Closing the Gaps in Access and Care	000′06\$	Provides tele-mental health counseling, individual in-person counseling, small group therapy, forensic MH evaluations for asylum seekers, Living Room for walk-in consultations with social work team, eligibility assessment, selection of culturally appropriate providers, support to counseling (transportation and phone reminders), and help identifying other appropriate resources. Individuals engage in 5-6 sessions, followed by consultation on further steps. Core staff are supported by an internship program with UIUC School of Social Work (part time) and ISCU VISTA Family Assistance Coordinator (full time). Both of these staff members are hilipgual and native Spanish speakers.
Promise Healthcare (PHC Wellness	Closing the Gaps in Access and Care /	\$107,078	Case Managers and Community Health Workers provide assistance to patients to address barriers to care, access to transportation, Medicaid and Marketplace insurance enrollment, Promise Sliding Fee Scale enrollment, SNAP enrollment, and enrollment in Medication Assistance Programs. The project will also establish a process for incoming referrals for behavioral health services and enabling services. Staff will assess patient need for enabling services and assist individuals in accessing behavioral health services.
Counseling Promise Healthcare vices	Mental Health Services	Closing the Gaps in Access and Care	000'08\$	On-site mental health services to achieve the integration of medical and behavioral health care as supported by both the National Council for Community Behavioral Healthcare and the National Association of Community Health Centers. Mental health and medical providers collaborate, make referrals, and even walk a patient down the hall to meet with a therapist. Patients receive MH treatment through counselor, psychiatrist or primary care provider. Counseling and psychiatry are available to patients at Frances Nelson, Promise Healthcare, Promise Urbana School Health Center, and by appointment with Dr. Chopra.
Rape Advocacy, Counseling & Education Services	Sexual Trauma Therapy Services-NEW	Healing from Interpersonal Violence	\$140,000	Improves the health and success of survivors by providing confidential trauma therapy and crisis intervention services to survivors of sexual violence and stalking. Therapy services at RACES are part of the agency's Survivor Services Program. Master's level clinicians provide trauma-informed, culturally competent therapy through multiple treatment modalities, utilizing approaches that best meet the goals and the needs identified by clients. Cognitive-behavioral therapy, EMDR, and arts-based therapy, provided by five full-time staff members based out of the agency's office in Urbana and a contractual therapist with office in Rantoul (established to increase access to therapy services for survivors in Rantoul and surrounding rural areas.)

ces			\$75.000	Services for residents of Champaign County aged three and older, at no cost. Uses a comprehensive, multi-level, evidence-informed strategy to provide age-appropriate
Rape Advocacy, Counseling & Education Services	iolence on on	from sonal	125	attention is given to ensuring the inclusion of historically underserved and marginalized
Rape Advoca Counseling & Education Se	Sexual Violence Prevention Education	Healing from Interpersonal Violence		communities, including racial and ethnic minorities, rural residents, members of the LGBTQ+ community, and individuals with disabilities. The most common locations for RACES prevention programming are K-12 schools.
sio		Gaps Id Care I	\$80.595	Benefits Case Manager assists clients with benefits enrollment, outreach and education, benefits counseling, and assistance with obtaining myriad resources available to
Rosecrance Central Illinois	Benefits Case Management	Closing the Gaps Healing from in Access and Care Interpersonal Violence	•	behavioral health client. The program aims to help clients obtain the benefits necessary to receive coverage for behavioral health and medical services, as well as other public benefit programs. May also assist clients with access to housing, employment, healthy
Ros	Ber	Clo in A		food, and other resources.
<u>ra</u>		n, ies	\$73.500	For Champaign County residents aged 5 to 17 (and their families) with MH disorder and a
Rosecrance Central Illinois	<u>></u>	Thriving Children, Youth, and Families	\$73	need for counseling, transportation, case management, wellness, and psychiatric services supported by a licensed nurse who provides medication education, health and wellness
e e	Child & Family Services	Chil Id Fa		promotion, and care coordination; multi-disciplinary team and coordination between
ran	& Fi	ing ı, an		psychiatrist and clinician; individual, group, or family counseling sessions, using skill-
Rosecr	Child & I Services	hriv		building, psychoeducation, Cognitive Behavior Therapy, and Play Therapy; and
8 ≣	S S	F %		transportation
tral	SC		\$320.000	Community-based behavioral health program aims to reduce reliance on institutional care, with qualified professionals meeting those involved with the criminal justice system
Rosecrance Central Illinois	Criminal Justice PSC	isis.	320	where they are—in the Champaign County jail, at probation, or in the community. Using a
) 93	usti	Safety and Crisis Stabilization	•	person-centered, client-driven plan, the staff coordinates across systems, with and on
ran	l lal	Safety and C		behalf of people with justice system involvement. Case managers conduct screening,
Rosecra Illinois	Ę	fety		assessment, case management, and group therapy while individuals are in jail and help
8 ≡	2	Sar	~	with the transition from incarceration to re-entry into the community.
ois		_	\$207,948	Responds to need for behavioral health support in Rantoul and Champaign County and
llin nce	ب س	ind	207	aims to reduce the number of repeat calls to law enforcement for social emotional behavioral (SEB) needs by increasing available services, eliminating barriers to existing
ral	s Co ons T)	ty a s illiza	→	services, and increasing individual's capacity to engage in treatment, while offering law
Rosecrance Central Illinois	Crisis Co- Response (CCRT)	Safety and Crisis Stabilization		enforcement an alternative to formal processing.
			0	An alcohol and drug-free environment that provides individuals a safe, supportive living
ois	me	Closing the Gaps in Access and Care	000.00	environment. Individuals go through a peer support recovery program while developing
Rosecrance Central Illinois	Recovery Ho	he (\$10	independent living skills in a community setting. Staff assist clients in addressing
Rosecrance Central Illin	/er/	Closing the in Access ar		"problems in living" and the social determinants of health. The recovery home model
Sec	(0)	osir Acc		demonstrates efficacy in mitigating risk of relapse and decreasing psychiatric symptoms
<u> </u>	8	⊒ .⊑		when involved in 12-Step recovery and developing social supports.
<u>ra</u>			\$178,000	Specialty Courts (Mental Health Court and Drug Court) coordinates across systems, with and on behalf of people with substance use disorders or mental illness who have justice
Rosecrance Central Illinois	rts	isis	178	system involvement. Clinicians provide Specialty Court clients behavioral health
g g	Specialty Courts	Safety and Crisis Stabilization	· ·	assessments, individualized treatment plans, group, and individual counseling services.
anc	₹	and		Case manager provides intensive case management to help clients overcome barriers and
Rosecra	ccia	Bafety and C Stabilization		connect to mental health treatment and resources such as food, clothing, medical and
Ros ≣ir	Spe	Sai Sta		dental services, employment, housing, education, transportation, and childcare.
		ess	377	Provides equitable housing for dual diagnosis persons in recovery from drug addiction,
er		Acci	729.675	homelessness, and the justice system, in a manor that is forward-thinking and original.
Sok		ü	· · · ·	intensive marviadanzed case management, support for activities of daily name
Terrapin Station Sober Living	ne	Closing the Gaps in Access and Care		relapse prevention skills; access to vocational/educational programs; assistance linking to
tati	Hon	e G		medical, psychiatric, counseling, and dental services in the community; education on
in S	ery	g th		money management/budgeting; education on accessing peer or community supports and activities such as church, AA/NA meetings, other sobriety-based/mental health support
rap	Recovery Home	Closing t and Care		groups, recreational activities, transportation services, and provision of service
Terrap Living	Rec	Clc		work/volunteer/work opportunities

			000'	Gender-responsive, trauma-informed, health-promoting services for women and gender			
			10,0	minorities, as an alternative to incarceration upon reentry. Service navigation and			
	t §		\$11	assistance to meet individualized self-identified needs that may include housing, case			
	pport s-New	isis	•	management, support plan with self-identified goals and assessments of progress,			
ery.	Sul	o _		physical/mental/emotional health care services, substance misuse/trauma recovery,			
0	lity Hou	nd tior		education, employment, legal assistance, leadership training, peer-facilitated support			
Rec	m try	:y a liza		groups, civic participation/community outreach, family therapy/reunification,			
Z	Community ReEntry Ho	Safety and o		compliance with parole/probation/DCFS/other, and recovery-based programming. All			
>	20 ag	St		residents are provided curriculum books for trauma, parenting, and recovery classes			
> -		Ses	950	Uniting Pride(UP) works to create a county inclusive of LGBTQ+ children, youth, adults,			
o fun	2 E	dren, amilies	0,06	and families by providing programming and support across the lifespan. UP assists			
ja 0	Prog	ng Chil	\$190,	individuals dealing with depression, anxiety, substance use, suicidal ideation. Support			
Cen aign				groups meet in-person and/or on Zoom depending on participant preferences. UP			
JP (ren		ng le ,	ng la	ng le	ng al	
The UP Champ	Childre Familie	∄hrivi Youth,		accepting of LGBTQ+ members. UP has launched a food pantry, increased free gender-			
ÈÒ	Pa C	<u>₹</u> 2		affirming clothing program, and greatly expanded online resources			
			\$4,913,803	CCMHB Total Investment in Programs other than DD			

Champaign County Mental Health Board's I/DD programs for PY2024 (7/1/23-6/30/24) Seeks to identify and address social-emotional concerns in the early childhood period, as

County Jead	Mental ices scribed	with in for	\$149,66	well as to promote mental health among all Head Start children. The social-emotional
			\$1	portion of the program focuses on aiding the development of self-regulation, problem
paign Head Early	of the h Servi act dee	aboratic IDB (port services)		solving skills, emotional literacy, empathy, and appropriate social skills. Accomplishments
np; - H :/E;	t of th (th (rac	abo DB erv		in these areas will affect a child's ability to play, love, learn and work within the home,
Champaign RPC - Head Start/Early Start	(part of t Health Sc contract	COllaboration CCDDB (portic DD services)		school and other environments. (\$197,569 of the total contract is for Mental Health
O & S S	<u></u>		4	services. the remainder is \$149.666 for I/DD.) Serves children birth to five years, with or at risk of developmental disabilities and their
er er			,174	families. Responds to needs with culturally responsive, innovative, evidence-based
Developmental Services Center	Family Development	Collaboration with CCDDB	\$656,	services. Early detection and prompt, appropriate intervention can improve
pm is C	шф	boratio	√	developmental outcomes for children with delays and disabilities and children living in at-
Developi Services	elo elo	abc		risk environments. Family-centered intervention maximizes the gifts and capacities of
er.	Family Develo	Colla		families to provide responsive intervention within familiar routines and environments.
- - - - - - - - - -		0 /	13	Supports a bilingual home visitor within home visiting program that serves at-risk
	≥ 🙃	8	\$4,043	children birth-to-3 and their families, focus on pregnant and parenting teens, at-risk
	Early oove)	CCDDB vices)	ψ	families, and linguistically isolated families. Supports at-risk families of infants and
	CU d al			toddlers in their efforts as their child's first teacher, to build a strong foundation for
	W.	with D ser		learning within enrolled families, and to assist parents in preparing their children for
	NEW	\Box		success in kindergarten and beyond. Program uses the Baby TALK model and curriculum
	of the act de	atio for		and is Baby TALK Quality Certified. Seeks to ensure families receive adequate prenatal
Early	of act	borion		and well-baby health care, complete their education, and have the resources and skills to
CU E	(part of the NEW CU Early contract described above)	Collaboratio (portion for		foster the optimal development of their child. (\$73,141 of the total contract relates to
			\$809,883	Total CCMHB Investment in Agency I/DD Supports and Services

Champaign County Developmental Disabilities Board programs for PY2024 (7/1/23-6/30/24)

Agency	Program	Focus	\$ Amount	Summary
CU Autism Network	Community Outreach	Self-Advocacy	\$79,1	Community resource information, education, and support through meetings emails, listserv, Facebook, and other networking outlets. Free, sensory friendly, family activities/pop-up play dates for people on the spectrum (skating, swimming, bowling etc.); Regular Lights Up Sounds Down Sensory Friendly Movies; Autism Aware Program; Community Outreach; Education Program; Beautification Community Program; Annual Walk and Resource Fair; Sensory Friendly Holiday events; Tailgate; and Parades.

Community Choices, Inc.	s,	Community Choices, Inc.		Champaign County Regional Planning Commission- Community Services	CU Autism Network
Staff Recruitment and Retention - NEW	Self Determination Support	Inclusive Community Support (formerly Comm. Living)	Customized Employment	Decision Support PCP	CUAN Planning Seed Grant - NEW
gthening DD force	Community Life	Home Life	Work Life	Linkage and Coordination	Self-Advocacy
\$34,000	\$176,500	\$198,000	\$226,500	\$433,777	\$65,217
Allows for: New Hire Bonuses to attract and hire well qualified staff in a timely manner; \$500 bonus to all new employees who successfully complete their training and 90 day probationary period; Retention Bonuses to retain high performing employees; current staff are eligible for a quarterly bonus of \$500 for maintaining their good-standing, active employment, including ongoing professional development applicable to each position.	Family Support & Education: educating families on the service system, helping them support each other, and advocating for improved services through public quarterly meetings and individual family consultation. Leadership & Self-Advocacy: 1 leadership class and Human Rights & Advocacy Group. Community Building: Structured Opportunities for adults with I/DD to explore their communities; Urban Explorers community opportunities with support from CC staff; Organic Opportunities - member led connections; Social Coaching; and Clubs, Personal, and Community Connections.	Housing, skills, connections, resource coordination, benefits and budget management, health, daily life coordination, and comprehensive HBS administration. Services chosen after in-depth planning process, in 1 of 3 tracks. Family-Driven Support: planning process for self-directed community living. Sustained Community Supports (ala carte): choice of specific services and supports in any domain, short or long term. HBS Basic Self-Direction Assistance (SDA): Individuals with state-funded HBS may choose an SDA to aid in the basic management of their personal support workers. (Paid for through Waiver Funding). Program Design: Support will be provided by a team and up to 5 times per week. Optional Personal Development Classes available to participants and other Members.	Customized employment focuses on individualizing relationships between employees and employers resulting in mutually beneficial relationships. Discovery identifies strengths, needs and desires of people seeking employment. Job Matching identifies employers and learns about needs and meeting those needs through customized employment. Short-term Support develops accommodations, support, and provides limited job coaching. Long-term Support provides support to maintain and expand employment. Supported Experiences for First Time Job Seekers provides classroom and intensive job-shadowing at two local businesses in structured 12-week program for first-time job seekers and others seeking additional experiences.	Conflict-free case management and person-centered planning, transition from high school to adult life, identification of desired supports (for future system planning), and case management services for dually diagnosed adults. Extensive outreach, preference assessment, and person centered planning services for Champaign County residents with I/DD who do not yet have Medicaid-waiver funding. Consultation and transition planning for people with I/DD nearing graduation from secondary education. Conflict free person centered planning and case management services, using DHS' Discovery and Personal Plan tools currently utilized by ISC agencies throughout Illinois for those who do have Medicaid waiver funding. Case management services for adults with I/DD and a mental	Resources to investigate, develop, and create a comprehensive action plan to create and operate a Regional Autism Support Network. CUAN will begin by engaging the community to understand its needs in a regional center's offerings. This step comprises a series of community presentations, interviews, and surveys to ensure we offer exactly what our community needs. CUAN will initiate an external discovery to identify and model other community centers who operate autism support centers. CUAN will investigate collaborations, discuss with facility subject matter experts, collect quotes and service proposals, and create a due diligent and comprehensive budget to understand the necessary resources for plan execution. CUAN will engage with our community once again to present our findings, our planned offerings, and the proposed costs. The proposed plan will be opened to feedback and community recommendations via surveys and open-forum presentations. The final product of this proposal will be a fully investigated and vetted plan of action to deliver to our community the best possible

Developmental Services Community Choices, Inc.	ervices Transportation Support - NEW	Life Personal Life	\$241,000	Addresses barriers that many people with I/DD have in accessing and being engaged in the community. Transportation Coordination and Training: A dedicated staff person will be hired to manage, schedule, and train participants on the use of our transportation options as well as existing options (MTD, Uber, Lyft, etc) and the additional tools, technologies, and apps that can make those options safer and more accessible. Personalized Driver Services: CC drivers will be available from 8am-8pm on weekdays to provide scheduled rides to members according to their needs and preferences. Cost-free rides will be door to door with personalized reminders/arrival confirmations. Group rides will also be available for CC structured events Mental health and behavioral expertise to support people with I/DD. Counseling assessment and planning; individual, family, and group counseling; crisis response/intervention, short-term, long-term counseling. Initial/annual psychiatric assessment, quarterly medication review, and individual planning consultation. Psychological assessment, including new prospective participants (eligibility determination) and for changes in level of functioning. DSC seeks clinicians and options
Developi Center	Clinical Services	Personal Life		beyond the consultants enlisted to support people seeking/receiving services. State funding is maximized prior to the use of county funding. Staff Support Specialist provides staff training and dedicated resources to improve behavioral support and enhance
Developmental Services Center	Community Employment	Work Life	\$459,606	Assists people to find and maintain jobs. Discovery process: employment plan development; interviews with the person and others; daily observation; exploration of job interests; encourage/support volunteer opportunities; discussions of pre-employment habits. Resume or portfolio development: interview preparation and support; contact with potential employers; soft skills education and practice. Application process/follow-up: traditional and non-traditional approaches to interviewing/hiring. Job orientation, skill acquisition including transportation, mastery of specific job responsibilities, potential accommodations, adaptive tools, development of natural supports, foster relationship with supervisor and coworkers. Job coaching: advocacy, development of self-advocacy skills, identification of potential new responsibilities or promotions, monitoring work environment for potential risks to job security; identifying and facilitating natural supports. Supported Employment: establish volunteer/work options for all people; support to increase time management skills, communication, and work preparedness; support niches for a small group of people within local businesses. New for PY24, Employment Plus addresses work/social life balance. Planned get-togethers will function as a peer support forum for participants. Topics and activities will be driven by attendees.
Developmental Services Center	Community First	Community Life	\$890,042	Community connection through participation in self-advocacy, recreational activities, social events, educational groups, volunteering, and other areas of interest to enhance personal fulfillment. Personalized support based on individual interests with choice identified through the personal plan, self-report, and surveys completed prior to the rotation of group offerings. Supports people with a wide range of interests, abilities, and needs, with people choosing from a diverse menu of activities, over 30 options.
Developmenta I Services Center	Community Living	Home Life	\$565,480	Supports people to live their best life enjoying independence, community engagement, and self-sufficiency. Staff provide individualized training, support, and advocacy and assist people with independent living skills, health and wellness, community access, various financial supports, and technology. Emergency Response is available after hours and on the weekends.
Developmental Services Center	Connections	Community Life	\$106,400	Community-based alternative encouraging personal exploration and participation in the arts/artistic expression, promoting life enrichment and alternative employment. Introduces and supports people to experience a creative outlet, promote self-expression, and profit from products they create/produce. Encourages people to be creative and offers a welcoming venue for a variety of events. Groups and classes vary and are based on the interests and requests of program participants. Program hosts on-site events to promote collaboration and a venue for like-minded community artists.

Developmental Services Center w/ Community Choices	Employment First	Work Life	\$90,100	Promotes a change in culture surrounding people with disabilities and their role and contribution to Champaign County as members of the workforce. Outreach and incentive for the business community promoting inclusion and prioritizing employment for people with disabilities. The Champaign County Directory of Disability-Inclusive Employers is a means of identifying employers who wish to hire qualified people with I/DD, a resource for those seeking employment, and a learning platform. Advocacy and ongoing dialogue with Division of Rehabilitation Services, Rotaries, Chambers of Commerce, and more.		
Developmental Services	Service Coordination	Linkage and Coordination	\$496,080	Works with ISC to develop Personal Plans and Implementation Strategies for county-funded and waiver participants. Supports people to be as active as possible in the development of their plan and to speak up for what they want. Offers intake screening; advocacy; assessments; medical support; crisis intervention; 24-hour on-call emergency support; referral and collaboration with other providers; linkage to services; apply for and maintain enrollment in SSDI and SSI and "Extra Help"; coordinate and assist with Medicare eligibility and enrollment; Representative Payee support; access tax professionals for filing federal and state taxes; legal support; and housing support.		
Developmental Services Center	Workforce Development and Retention	Strengthening the I/DD Workforce	\$4,408,834	Strengthens and stabilizes the workforce through training, support, and recognition/reward. Program utilizes trainings, resources, and tools for staff through NADSP membership. New employees will be provided hiring bonus after completing required agency training. Retention/incentive bonuses are paid to keep key employees during the workforce crisis and pandemic. Retention bonuses occur 3 times per year in recognition of staff enduring the challenges of a compromised work force and for the long-term effects of high turnover and frequent vacancies. CCDDB Total Investment in Supports for People with I/DD		
ССМНВ-С	CDDB I/C			es programs for PY2024 (7/1/23-6/30/24)		
Agency	Program	Focus	\$ Amount	Summary		
Developmental Services Center	Individual & Family Support	Individual Supports to Underserved People	\$250,000	Resource Coordinator supports families to have access to much needed services, as there is no age requirement to access this support. Financial support from CCDDB has afforded families to benefit from extended breaks through support such as traditional respite, CUSR camps, after-school programs, and summer camps with specialized supports. Other examples have included YMCA and fitness club memberships; overnight trips to conferences; social skills training; home modifications; and therapy/sensory/accessibility equipment not funded by insurance.		
PACE	Consumer Control in Personal Support	Strengthening the Workforce	\$286,000	Personal Support Worker (PSW) recruitment and orientation, focused on Independent Living Philosophy, Consumer Control, and the tasks of being a PSW. Personal Assistant (PA)/PSW Registry can be sorted by; location, time of day, services needed, and other information which allows consumers to get the PSW that best matches their needs. Service is designed to ensure maximum potential in matching person with I/DD and PSW to work long-term towards achieving their respective goals. CCDDB Total Investment in Supports for People with I/DD		
Other sup	ports fur	nded by	Champaig	n County Mental Health & Developmental Disabilities Boards		
or and				artists/entrepreneurs with disabilities, such as International Galleries year-round booth and indoor Market at the Square table; social media campaigns. Costs vary with opportunities for events and are offset by member contributions and in-kind.		
Alliance for Inclusion and Respect	Community Events	Anti-Stigma, MI/SUD/ID/D D		film, related activities (CCMHB only); coordination, promotion, and marketing of artists/entrepreneurs with disabilities, such as International Galleries year-round booth and indoor Market at the Square table; social media campaigns. Costs vary with opportunities for events and are offset by member contributions and in-kind. Support to organizations serving or supporting people, in the areas of: Cultural and		

0				A well known family friendly event with information and resources from a very 100
dx	0	a, DD	Σ	A well-known, family-friendly event with information and resources from over 100
disAbility Resource Expo	EX	Anti-Stigma, MI/SUD/I/DD	CCDDB/CCMH B \$60,000	organizations, to promote a better quality of life for people with disabilities. Resource
	Annual Expo Event	-Sti	2DDB/CC \$60,000	book available year round, hard copy and reflected in a comprehensive searchable online
lisA tesc	Annua Event	nti /II/s	9\$:	directory. Costs are offset by significant contributions from sponsors and exhibitors as
7 12	д ш	< ∠		well as in-kind contributions. Staffed 24/7 to refer callers to the most appropriate source of assistance. Employs a
ed		n al	₹	database comprised of services which include health and human services, governmental
T. Init		Information and Referral	CCDDB/CCMH B \$22,500	agencies, non-for-profit organizations, and much more. The provider is also taking on 988
/P∌ /h ∪ //				duties, for managing mental health crisis calls. (In 2024, the State of Illinois will cover half
211/РАТН (with United Way)	211			of the cost.)
7	(4	_ (0	— О ш	Mental Health First Aid is a course designed to identify and understand signs and
	<u>:</u>	70	0 0	symptoms to provide the initial support for a person who is experiencing mental health
	qnc	Open to community, limited series	CCDDB/CCMHB (this and the following category have total budget of \$12,000)	challenges and/or challenges with substance use disorders. Mental Health First Aid for
bid	l pu			Adults and Adults Assisting Youth has a virtual option, as well as blended learning for
st A	, al	ity,		both an in-person and self-paced course. NEW Teen Mental Health First Aid: this in-
Fir	Teen, and Public	unu		person training will teach high school students about common mental health challenges
lth	T, T	mm		and what they can do to support their own mental health and help a friend who is
Неа S	outl	00 0	¢ ccn of \$	struggling. It is equipping young people with the knowledge and skills they need to foster
tal ing) ; ×	n tc	B/(wing	their own wellness and to support each other. The in-person course normally costs about
Mental Health First Aid Trainings	Adult, Youth, Te Safety modules	Open		\$45.00 per person, and the virtual option about \$30.00. The Boards offer a minimum of 6
2 ₽	V γ	Se		Typically 2-3 hours and held on the last Thursday of each month. Sessions are free of
	ns,	pu	ссров/ссмнв	charge, offer CEUs for various (QIDPs, LCSWs, and others as appropriate), and are on
sdc ,	Trainings, Presentations, Discussions	ıs a nity		topics of interest to case managers, family members, social workers, and other
thly ssh	ing enta Issi	ed ram mur)B/	stakeholders. Many topics are as requested. A goal is to develop topics for direct support
Monthly Workshops	Trainings, Presentat Discussior	funded programs and community	9	professionals and find best time/location to offer sessions to this important group.
≥ ≶	<u> </u>) 구 _교	ŭ	CCMHB/CCDDB staff work with student groups on projects of interest to the boards and
cts	ata od	nd B	В	community, to strengthen the systems of care for people with MI, SUD, or I/DD. Student
oje	y gb,	y al	Ξ	groups have helped improve online resource information, reported on literature review
Pro	nit g La nity VeC	unit /cc	<u>,</u>	of barriers to adequate social services workforce,nexplored best practices for outreach to
ent	min mu c, V	mr HB,)B/	rural residents, improved presentation of aggregate data from funded programs,
Student Projects	Community Learning Lab, Community Data Clinic, WeCU	Community and CCMHB/CCDDB	ссров/ссмнв	designed marketing plans for entrepreneurs with disabilities, and more.
Š	0 1 0 0	3 0	0	First full year of a second research project to improve the system of collection, reporting,
	Ξŧ			and analysis of program performance measures across the diverse set of service provider
UIUC Family Resource Center	Building Program Evaluation Capacity	Supports CCMHB/CCDDB funded programs	ССББВ/ССМНВ \$127,511	agency programs. Works closely with 4-6 programs each year, plus follow up to all
				previous pilot programs. All funded programs are encouraged to use the consultation
ımi Se C	. Pr	ts /cc pro	, 120	bank, repository of outcomes systems, and related trainings and presentations. Also
C Fa	Jing Jati	por IHB led	DB/ 7,51	assists CCDDB/CCMHB staff with enhancements of funding application materials and
UIUC Family Resource Ce	Building Pr Evaluation	Supports SCMHB/C unded pr	CCDDB/C \$127,511	reporting requirements.
	<u> </u>	2, 0, 2	<u>۲</u>	i sharen Piredan ementor

Champaign County Children's Advocacy Center

\$90,976

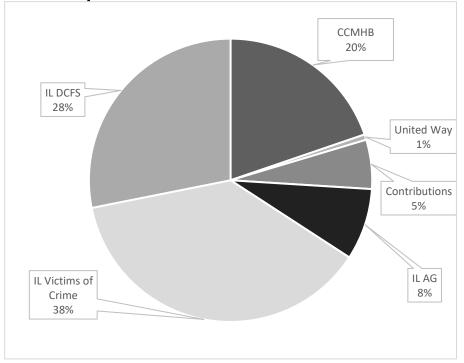
CCMHB \$63,911
United Way \$2,000
Contributions \$18,159
IL AG \$26,443
IL Victims of Crime \$121,944

Agency=Program Rev Amount

Total Agency \$323,433

Total Agency = Total Program.

IL DCFS



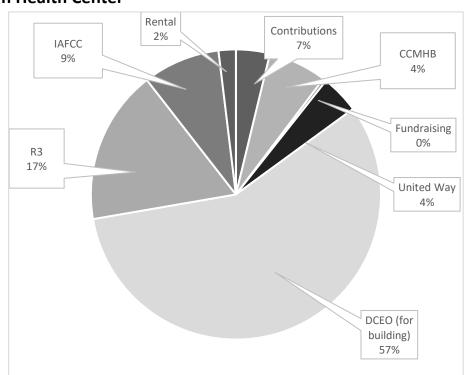
Champaign County Christian Health Center

AGENCY Revenue Sou Amount

ССМНВ	\$33,000
Contributions	\$57,000
Fundraising	\$3,000
United Way	\$37,500
DCEO (for building)	\$500,000
R3	\$150,000
IAFCC	\$75,000
Rental	\$16,800

Total Agency \$872,300

MHB is sole funder of the program. Chart shows total agency revenue.

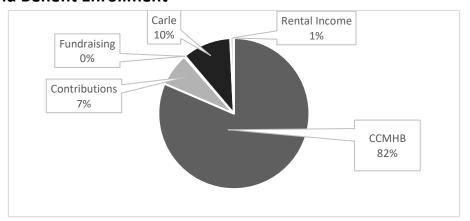


CCHCC CHW Outreach and Benefit Enrollment

Program Revenue Soi Amount

CCMHB \$86,501
Contributions \$7,500
Fundraising \$300
Carle \$11,053
Rental Income \$820

Total Program \$106,174

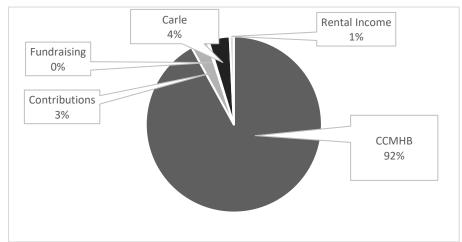


CCHCC Disability Application Services

Program Revenue Soi Amount

CCMHB \$91,500
Contributions \$3,000
Fundraising \$300
Carle \$3,894
Rental Income \$748

Total Program \$99,442

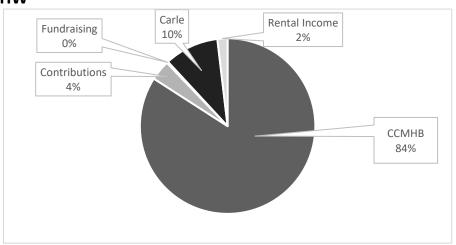


CCHCC Justice-Involved CHW

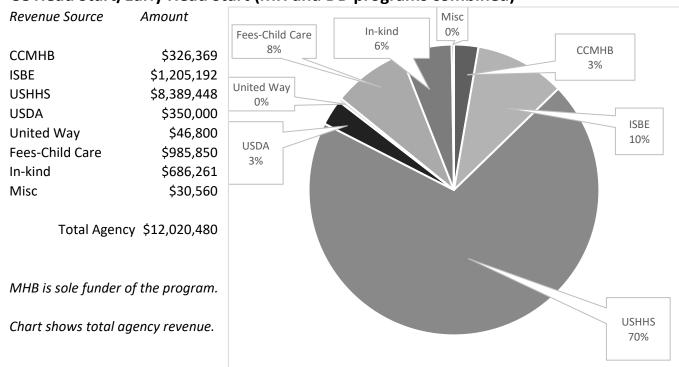
Program Revenue Soi Amount

CCMHB \$90,147
Contributions \$4,000
Fundraising \$300
Carle \$10,745
Rental Income \$2,000

Total Program \$107,192



CC Head Start/Early Head Start (MH and DD programs combined)



Crisis Nursery - Beyond Blue Champaign County

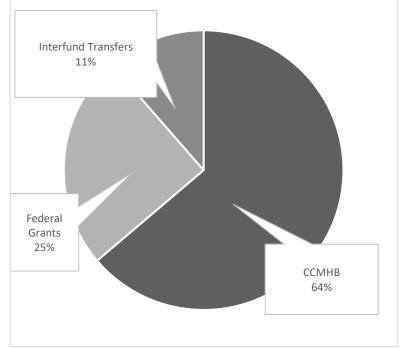
	-,	
Revenue Source	Amount	IL DHS DFI 8%
ССМНВ	\$90,000	
United Way	\$10,000	Fundraising
Contributions	\$48,864	9%
Fundraising	\$15,000	
IL DHS DFI	\$15,000	CCMHB 50%
		30%
Total Prog	\$178,864	
		Contributions
Total Program is repo	rted here.	
		United Way 6%
Agency, Program, MH	B are distinct.	070

CCRPC Homeless Services System Coordination

Program Revenue Source Amount

CCMHB \$54,281 Federal Grants \$21,099 Interfund Transfers \$9,717

Total Program \$85,097

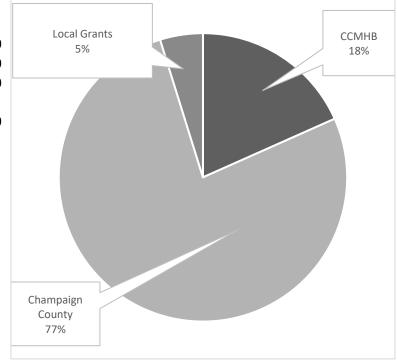


CCRPC Youth Assessment Center (Companion Proposal)

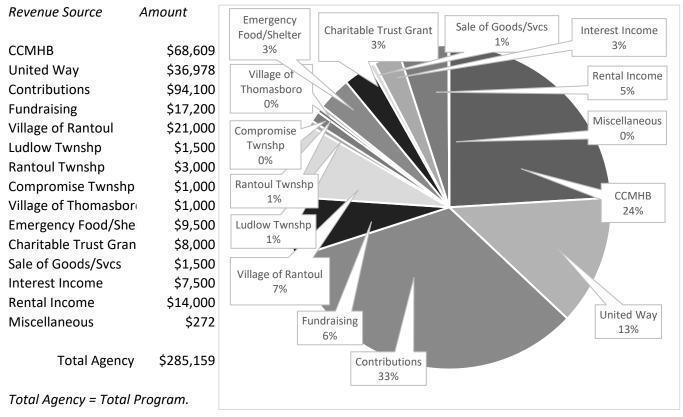
Program Revenue Source Amount

CCMHB \$76,350 Champaign County \$320,000 Local Grants \$20,000

Total Program \$416,350



Community Service Center of Northern Champaign County



Courage Connection

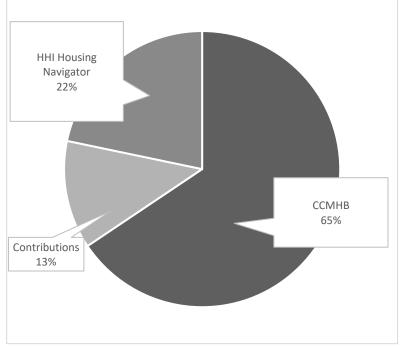
Revenue Source	Amount	Rental Income Miscellaneous Interest Income CCMHB United Way
ССМНВ	\$127,000	1% 0% 4% 3%
United Way	\$80,500	VOCA
Contributions	\$336,000	14% Contributions
VAWA LEP	\$40,000	Contributions 11%
IDHS ARPA	\$110,000	IDHS ETH
IDHS SHP	\$116,839	2%
IL DHS DV	\$1,660,540	VAWA LEP 1%
TBRA	\$5,000	TBRA 0%
IDHS ETH	\$67,100	1BRA 0/6
VOCA	\$400,000	IDHS ARPA
Interest Income	\$100	4%
Rental Income	\$15,000	
Miscellaneous	\$1,500	
Total Agency	\$2,959,579	IDHS SHP 4%
Total Agency = Total I	Program.	IL DHS DV 56%

CU at Home - Shelter Case Management

Program Revenue Source Amount

CCMHB \$256,700 Contributions \$49,648 HHI Housing Navigator \$85,000

Total Program \$391,348

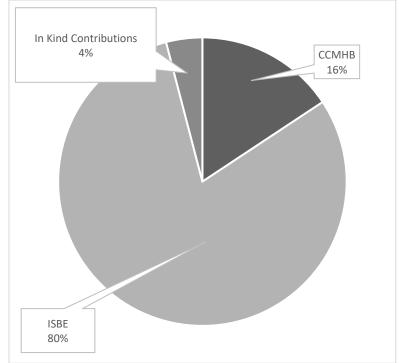


CU Early (MH services, some DD services)

Program Revenue Source Amount

CCMHB \$77,184 ISBE \$394,659 In Kind Contributions \$19,950

Total Program \$491,793



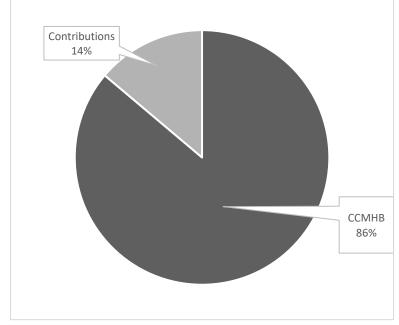
Cunningham Children's Home - ECHO Housing and Employment Support

Revenue Source Amount

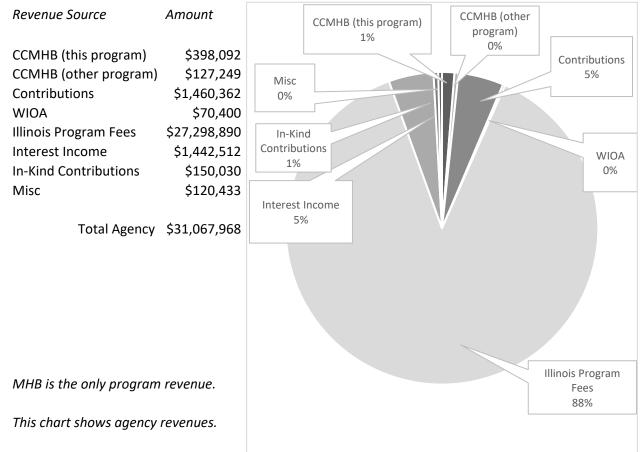
CCMHB \$127,249

Contributions \$20,452

Total Program \$147,701



Cunningham Children's Home - Families Stronger Together



DMBGC CU Change (and total agency)

Revenue Source Amount

CCMHB (this program)	\$75,000
CCMHB (other)	\$360,000
United Way	\$268,000
Contributions	\$492,000
Fundraising	\$382,000
ICJIA	\$334,440
City of Champaign	\$26,419
Misc Program Grants	\$20,000
City of Urbana	\$22,000
BGCA	\$199,150
School Sites grants	\$40,000
Community Coalition	\$40,000
Membership Dues	\$43,000
In Kind	\$25,000
Misc	\$219,550
Total AGEN	CY \$2,546,559

Community Coalition In Kind Misc 2% 1% 9% Membership Dues 2% CCMHB (this program) 3% School Sites grants 1% **BGCA** ССМНВ 8% (other) 14% City of Urbana 1% United Way 10% Misc Program Grants 1% City of Champaign 1%

Fundraising 15%

Contributions

19%

MHB is the only program revenue.

This chart shows total agency revenues.

ICJIA

13%

DMBGC Coalition Summer Youth Initiatives

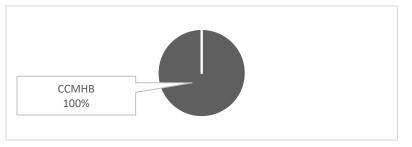
Revenue Source Amount

CCMHB \$90,000

Total Program \$90,000

Amount

MHB is the only program revenue.



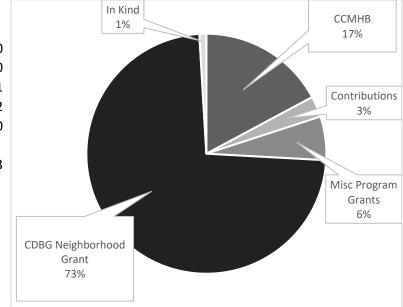
DMBGC CUNC

CUTRI Revenue Source

ССМНВ	\$110,000
Contributions	\$18,000
Misc Program Grants	\$37,661
CDBG Neighborhood Gran	\$468,642

In Kind \$6,000

Total Program \$640,303



CUTRI revenue is shown.

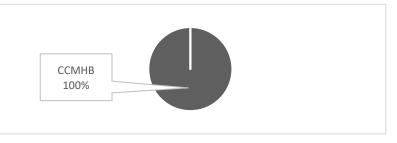
DMBGC Youth & Family Services

Revenue Source Amount

CCMHB \$160,000

Total Program \$160,000

MHB is the only program revenue.



DSC Family Development

 Revenue Source
 Amount

 CCMHB
 \$656,174

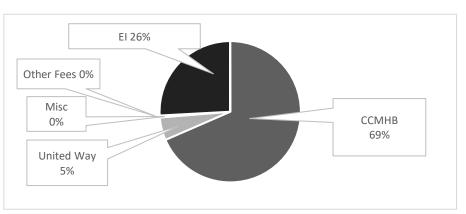
 United Way
 \$50,000

 Misc
 \$4,340

 El
 \$247,240

 Other Fees
 \$449

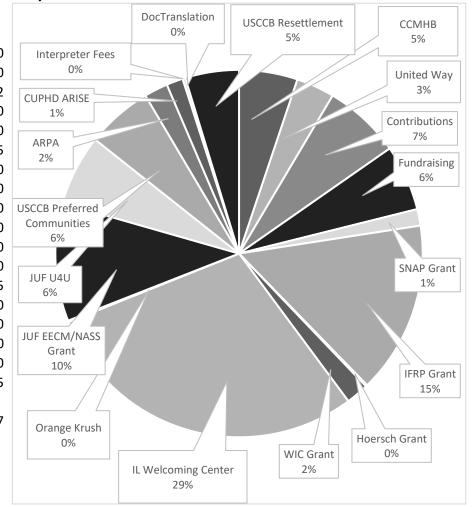
Total Program \$958,203



ECIRMAC (The Refugee Center)

Revenue Source	Amount
ССМНВ	\$62,000
United Way	\$40,500
Contributions	\$81,752
Fundraising	\$69,850
SNAP Grant	\$17,500
IFRP Grant	\$182,485
Hoersch Grant	\$1,700
WIC Grant	\$24,000
IL Welcoming Center	\$350,000
Orange Krush	\$1,500
JUF EECM/NASS Gran	\$125,000
JUF U4U	\$75,000
USCCB Preferred Con	\$70,065
ARPA	\$25,150
CUPHD ARISE	\$17,500
Interpreter Fees	\$500
DocTranslation	\$2,500
USCCB Resettlement	\$56,875

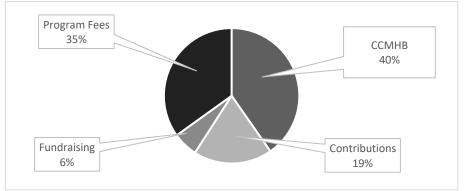
Total Program \$1,203,877



Family Service Counseling

Revenue Source	Amount
ССМНВ	\$30,000
Contributions	\$14,000
Fundraising	\$4,448
Program Fees	\$26,000

Total Program \$74,448



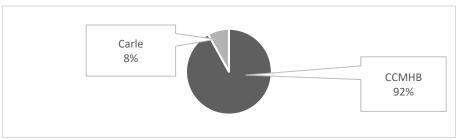
Family Service Self Help Center

Revenue Source Amount

CCMHB \$28,430

Carle \$2,492

Total Program \$30,922



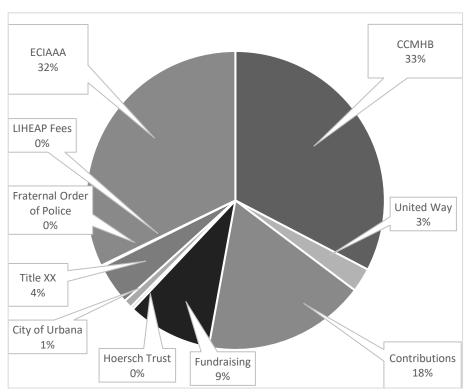
Family Service Senior Counseling and Advocacy

Amount

\$178,386
\$14,280
\$96,187
\$50,000
\$1,795
\$4,999
\$23,986
\$500
\$300
\$175,881

Revenue Source

Total Program \$546,314



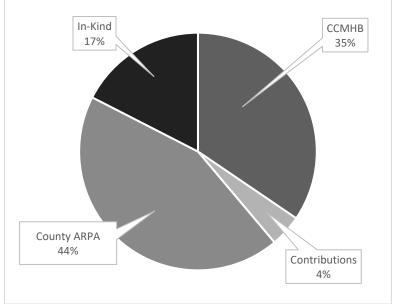
FirstFollowers Peer Mentoring

Revenue Source	Amount	Access 2 Justice In-Kind
ССМНВ	\$95,000	6% 2%
Contributions	\$5,000	
County ARPA	\$50,000	
City of Champaign	\$40,000	City of Champaign
Access 2 Justice	\$12,000	19% CCMHB 46%
In-Kind	\$4,000	
Total Progra	am \$206,000	County ARPA 24% Contributions 3%

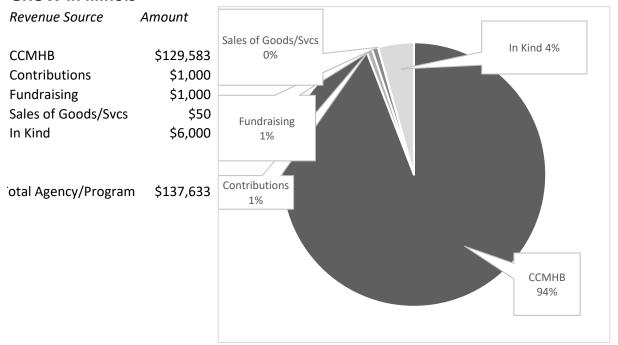
FirstFollowers Reentry House

Revenue Source	Amount
ССМНВ	\$39,500
Contributions	\$5,000
County ARPA	\$50,000
In-Kind	\$20,000

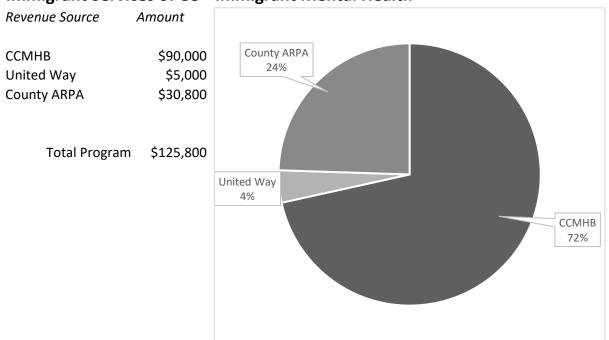
Total Program \$114,500



GROW in Illinois



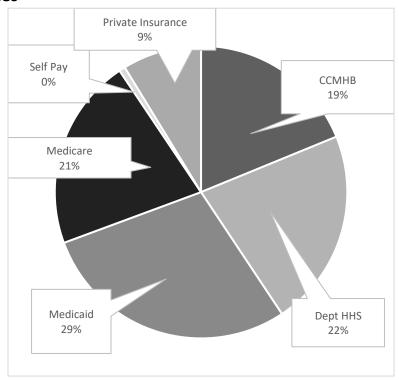
Immigrant Services of CU - Immigrant Mental Health



Promise Mental Health Services

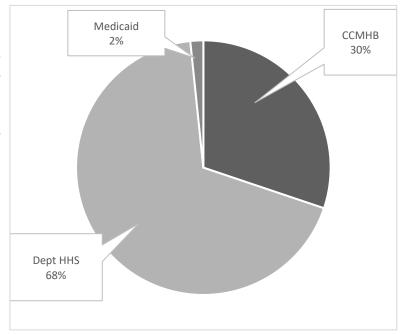
Revenue Source	Amount
ССМНВ	\$330,000
Dept HHS	\$383,189
Medicaid	\$503,281
Medicare	\$372,280
Self Pay	\$11,844
Private Insurance	\$153,203

Total Program \$1,753,797



Promise PHC Wellness

Revenue S	ource	Amount
CCMHB Dept HHS		\$107,078 \$242,014
Medicaid	Total Program	\$5,822 \$354,914



RACES - Sexual Trauma Therapy Services

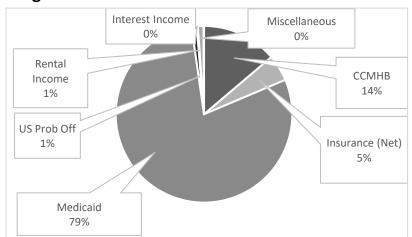
Revenue Source	Amount	ССМНВ
CCMHB Contributions United Way Fundraising ICASA - VOCA IL GRF IAG Victim Assistance ICASA-VAWA grants Urbana Youth Svcs State Special Project Interest Income	\$140,000 \$18,760 \$59,781 \$10,720 \$225,223 \$141,828 \$134,000 \$105,000 \$50,000 \$134,000 \$10	ICASA - VOCA 50% Contributio 4%
Total Program	\$1,019,322	Fundraising 2% United Way 13%

RACES - Sexual Violence Prevention Education

Revenue Source	Amount	Common Ground 1% Interest Income
ССМНВ	\$75,000	0% CCMHB 20%
United Way	\$41,537	
Contributions	\$9,240	State Special Project
Fundraising	\$5,280	18%
ICASA-VAWA	\$40,004	
IGRF	\$128,853	United Way
State Special Project	\$66,000	11%
Common Ground	\$4,472	
Interest Income	\$5	
Total Program	\$370,391	Contributions 3%
		Fundraising 1%
		IGRF 35% ICASA- VAWA 11%

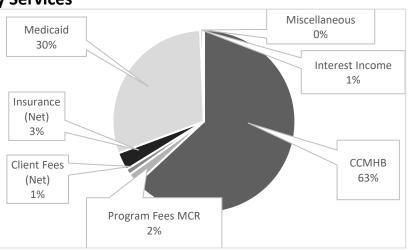
Rosecrance Benefits Case Management

Revenue Source	Amount
CCMHB Insurance (Net) Medicaid US Prob Off Interest Income Rental Income	\$80,595 \$28,206 \$462,131 \$5,404 \$1,258 \$6,000
Miscellaneous Total Program	\$455 1 \$584,049
Total Program	n \$584,049



Rosecrance Child and Family Services

Revenue Source	Amount
CCMHB Program Fees MCR	\$73,500 \$2,387
Client Fees (Net)	\$1,200
Insurance (Net)	\$3,694
Medicaid	\$34,943
Interest Income	\$542
Miscellaneous	\$232
Total Program	\$116,498

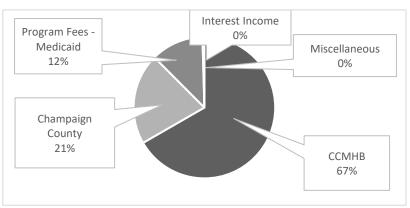


Rosecrance Criminal Justice

Revenue Source	Amount	
ССМНВ	\$320,000	
Champaign County	\$100,000	
Program Fees - Medica	\$57,681	
Interest Income	\$1,543	
Miscellaneous	\$620	

Total Program

\$479,844

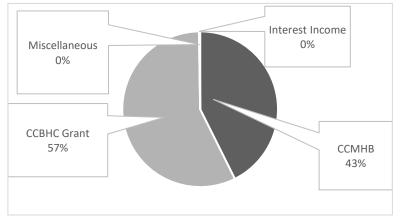


Rosecrance Crisis Co-Response Team

Program Revenue Source Amount

CCMHB \$207,948 CCBHC Grant \$278,532 Interest Income \$872 Miscellaneous \$316

Total Program \$487,668

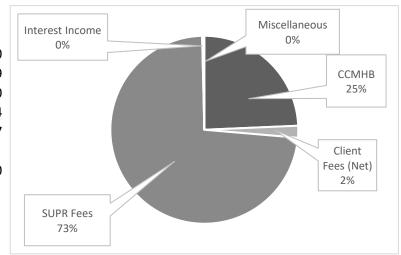


Rosecrance Recovery Home

Program Revenue Source Amount

CCMHB \$100,000 Client Fees (Net) \$8,409 SUPR Fees \$301,310 Interest Income \$1,124 Miscellaneous \$407

Total Program \$411,250



Rosecrance Specialty Courts

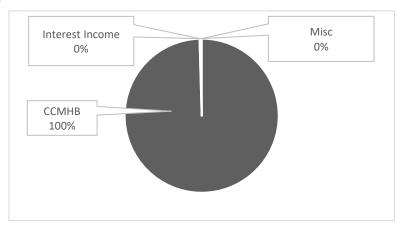
Program Revenue Source Amount

 CCMHB
 \$178,000

 Interest Income
 \$587

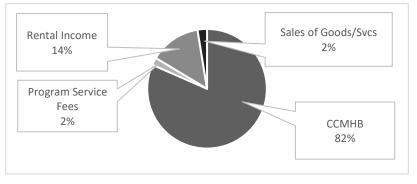
 Misc
 \$213

Total Program \$178,800



Terrapin Station Sober Living Recovery Home

Revenue Source	Amount
ССМНВ	\$79,677
Program Service Fees	\$2,000
Rental Income	\$13,500
Sales of Goods/Svcs	\$2,500

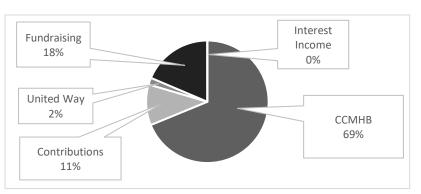


Total Program \$97,677

Uniting Pride (UP Center)

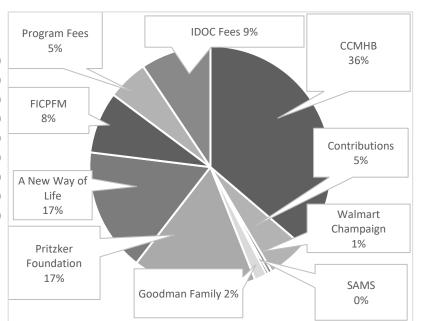
Revenue Source	Amount	
ССМНВ	\$190,056	
Contributions	\$29,727	
United Way	\$5,000	
Fundraising	\$51,400	
Interest Income	\$40	

Total Program \$276,223



WIN Recovery

-		
Revenue Source	Amount	
ССМНВ	\$110,000	
Contributions	\$16,000	
Walmart Champaign	\$1,500	
SAMS	\$1,000	
Goodman Family	\$5,000	_
Pritzker Foundation	\$50,000	
A New Way of Life	\$50,000	
FICPFM	\$25,000	
Program Fees	\$16,500	L
IDOC Fees	\$28,442	
Total Program	\$303,442	





DECISION MEMORANDUM

DATE: September 20, 2023

TO: Champaign County Mental Health Board (CCMHB)

FROM: Leon Bryson, Associate Director for Mental Health & Substance Use

Disorder Services

SUBJECT: Promise Healthcare Audit Delay, Agency Request

Background:

The deadline for independent audits, reviews, and compilations for agencies is six months after the end of their fiscal year. Promise Healthcare's fiscal year is January 1 to December 31, so that their 2022 audit was due on or before June 30, 2023. Because the audit was not completed and approved by the agency's board and submitted to CCMHB staff on or before June 30th, three months of payments of the current contracts are withheld. On September 30th, if there is still no approved audit for our review, the contracts will be automatically cancelled the next day, with no further payment obligation.

Attached for Board consideration is Promise Healthcare's explanation for the delay, with implied request to waive the automatic cancellation of PY24 contracts. The agency's CFO had also reached out to CCMHB staff to inform them that the audit will not be completed by September 30th due to changes in their financial management system and ongoing staffing demands. Clifton, Larson and Allen is the CPA firm working with Promise staff to expedite the late audit. The agency expects to have this completed by November 30.

Decision Section:

Motion to waive the automatic contract cancellations of CCMHB contracts with
Promise Healthcare for Mental Health Services (#MHB24-013) and PHC
Wellness (#MHB24-041).

 Approved
 Denied
 Modified
Additional Information Needed

CCMHB Board of Directors & Lynn Canfield, Executive Director 1776 E. Washington Street

Urbana, IL 61802

Dear Board of Directors and Ms. Canfield

This is to inform all parties that our audit firm: Clifton, Larson and Allen and staff at Promise Healthcare, are unable – as of this writing – to have the financial audit completed by September 30, 2023.

While extremely frustrating to all parties this is not at all the result we were anticipating. As previously communicated, we are continuing to have limited scope travail inducing delays with the 2022 audit.

Amazing changes and challenges have and continue to take place at Promise Healthcare; a change in financial management as well as the conversion of a new system in the fourth quarter of 2022 (4QTR), continued staffing demands from 2022 through the first half of 2023. The operations and financial status of Promise Healthcare remain stable and in proper financial shape as we continue to progress forward.

Continued patience and understanding is fully recognized and appreciated as we finalize the Financial Audit.

As the CEO, I accept full responsibility for Promise's extended timelines in submitting the financial audit. For the sake of over 2,000 patients who receive behavioral health services from Promise, we implore your graciousness and know that we are working diligently to remedy this situation and take necessary actions to prevent it in the future.

ennifer Henry

Chief Executive Officer

Jamie Dahlman Chief Financial Officer



DECISION MEMORANDUM

DATE: September 20, 2023

TO: Members, Champaign County Mental Health Board (CCMHB)

FROM: Lynn Canfield, Executive Director

SUBJECT: 2024 Champaign County Mental Health Board Fund Budget

Overview:

This memorandum presents revised draft budgets for the Champaign County Mental Health Board (CCMHB) and Champaign County Developmental Disabilities Board (CCDDB) for County Fiscal Year 2024 (January 1 - December 31, 2024). Board approval is requested for the CCMHB budget. I/DD Special Initiatives Fund and CCDDB Fund budgets for information only, in part to clarify how CCDDB administrative costs are determined.

These drafts form the basis for staff planning and have been revised with revenue and cost information from the County Executive and Deputy Director of Finance. Initial drafts were submitted to the County's online systems and reviewed during the Champaign County Board's August budget hearing. Final budgets will be presented during their appropriations process in November. Because the CCDDB and CCMHB each have authority over the development, setting, and implementation of their budgets, subsequent approvals will be requested prior to submission to the County Board.

Attached are revised 2024 CCMHB, CCDDB, and I/DD Special Initiative Fund Budget documents, with background details including updated comparisons of proposed 2024, projected 2023, and actual revenues and expenditures for fiscal years 2014 through 2022. Also attached are documents prepared for County Budget hearings and publication on their website with all other budgets. An Intergovernmental Agreement (not attached) between the CCMHB and CCDDB defines cost sharing, and the I/DD Special Initiatives Fund Budget is under joint authority of the Boards.

Highlights of Initial Budgets:

- Projected 2024 property tax revenue assumes 7% growth over 2023 for the CCDDB and CCMHB, with no adjustment for collection rate below 100%.
- Miscellaneous Revenue includes excess revenue returned by agencies in a different fiscal year than expended (CCDDB and CCMHB budgets). This category may include refunds or honoraria, paid to the CCMHB and then split between the Boards (CCMHB budget).
- Contributions & Grants are the largest expense in each budget, for contracts with organizations providing services to the populations of focus (all three budgets).
- Neither Board will transfer an amount to the I/DD Special Initiatives Fund after 2023.

- The I/DD Special Initiatives budget is based on joint decisions by the Boards regarding allocations to providers for special projects.
- An expense category is added to the CCDDB budget for the DDB-specific insurance.
- Some CCMHB expenses are not shared by the CCDDB: cost of anti-stigma film sponsorship, MHB Contributions & Grants, and MHB-specific insurance.
- Many expenditure categories have changed due to the Champaign County Auditor's Chart of Accounts, which has been adjusted a few times since the implementation of the new accounting system. New in 2023, continuing 2024: attorney fees; non-food supplies, equipment rentals, software licensing. (CCMHB budget).
- Expo consultant charges and other expenses are now included with other Professional Services, Rental, Printing, Advertising, etc. Between 2020 and 2022, these had been separated for easier tracking. Expo revenues are combined with other Gifts & Donations but are the greatest portion (CCMHB budget).
- While the State of Illinois is expected to assume this cost starting in 2023 or 2024, both Boards participate with United Way to purchase 211 services from PATH, Inc., per 2021 approvals and shared as other costs, 57.85%/42.15% (CCMHB budget).

Revisions for Consideration:

- All changes from the previously approved budgets are italicized.
- Property tax revenue is now projected to increase by 6.25% rather than 7% and is lowered in budgets (CCDDB and CCMHB)
- Interest income is recalculated using June 2023 YTD (CCDDB and CCMHB)
- Back Taxes revenue is recalculated using 1/3 of 2022 actual (CCDDB and CCMHB)
- Because the adjustments in Revenue result in total revenues lower than those in previously approved budgets, some 2023 projections and 2024 budgeted expenses are revised to compensate. Others are revised to align with the County's Chart of Accounts. Contributions & Grants lines are lowered (DDB and MHB)
- The CCDDB budget balances. Use of some fund balance is requested for CCMHB.
- Staff health insurance costs are increased in CCMHB budget, increasing Professional Services amount in CCDDB budget.

Decision Section:

Motion to approve the attached revised DRAFT 2024 CCMHB Budget, w	with anticipated
revenues and expenditures of \$6,837,875.	

 Approved
 _ Denied
 Modified
Additional Information Needed

Draft 2024 CCMHB Budget

LINE	BUDGETED REVENUE	
400101	Property Taxes, Current	\$6,302,595
400103	Back Property Taxes	\$2,941
400106	Mobile Home Tax	\$4,200
400104	Payment in Lieu of Taxes	\$1,500
400476	CCDDB Revenue	\$425,371
400801	Investment Interest	\$56,268
400901	Gifts & Donations	\$3,000
400902	Expo Revenue	\$12,000
400902	Other Miscellaneous Revenue	\$30,000
	TOTAL REVENUE	\$6,837,875

LINE ITEM	BUDGETED EXPENDITURES	
500102	Appointed Official	\$110,745
500103	Regular FTE	\$389,583
500105	Temporary Salaries & Wages	\$1,000
500108	Overtime Wages	\$500
500301	Social Security/FICA	\$38,275
500302	IMRF Employer Cost	\$13,559
500304	Workers' Comp Insurance	\$2,001
500305	Unemployment Insurance	\$1,656
500306	Health/Life Insurance	\$89,064
	Personnel Total	\$646,383
501001	Stationery & Printing (Printing & Copier Suppl)	\$1,000
501002	Office Supplies	\$4,200
501003	Books, Periodicals, and Manuals	\$300
501004	Postage, UPS, Fed Ex	\$2,000
501005	Food, Non-Travel	\$1,000
501013	Non-Food Supplies	\$200
501017	Equipment Less Than \$5000	\$7,000
501021	Employee Development/Recognition	\$285
	Commodities Total	\$15,985
502001	Professional Svcs (adds Expo consultants, removes legal)	\$180,000
502002	Outside Services (Computer and Photocopier Services)	\$28,000
502003	Travel Costs	\$7,000
502004	Conferences and Training (Employee only)	\$4,000
502005	Training Programs (Non-Employee)	\$12,000
502007	Insurance (Non-Payroll)	\$15,000
502011	Utilities	\$0
502012	Repairs and Maintenance (short term)	\$300
502013	Rent (Office, Expo Storage/Booths/Venue)	\$40,000
502014	Finance Charges/Bank Fees	\$30
502019	Advertising, Legal Notices (adds Expo Marketing & Promotion)	\$12,000
502021	Dues, License, & Membership	\$20,000
502022	Operational Services (Zoom, domain names, web hosting, surveys)	\$7,000
502024	Public Relations (Anti-Stigma)	\$20,000
502025	Contributions & Grants	\$5,801,407
502037	Repairs and Maintenance (Bldg, Alarm)	\$300
502046	Equipment Lease/Rental	\$3,000
502045	Attorney/Legal Services	\$2,000
502047	Software License & SAAS (user license, software cloud & installed)	\$14,000
502048	Phone/Internet	\$2,470
	Services Total	\$6,168,507
700101	Interfund Transfer, CCDDB (Share of Expo and some of Other Misc Rev)	\$7,000
	Interfund Transfers TOTAL	\$7,000
	TOTAL EXPENSES*	\$6,837,875

Draft 2024 CCDDB Budget

LINE ITEM	BUDGETED REVENUE	
400101	Property Taxes, Current	\$5,179,568
400103	Back Property Taxes	\$2,415
400106	Mobile Home Tax	\$3,000
400104	Payment in Lieu of Taxes	\$4,000
400801	Investment Interest	\$44,834
600101	Interfund Transfer (Expo and some Other Misc Rev) from MHB	\$7,000
400902	Other Miscellaneous Revenue	\$5,000
	TOTAL REVENUE	\$5,245,817

LINE ITEM	BUDGETED EXPENDITURES	
5002001	Professional Services (42.15% of an adjusted set of CCMHB Admin Expenses)	\$425,371
502007	Insurance	\$4,333
502025	Contributions & Grants	\$4,816,113
	TOTAL EXPENSES	\$5,245,817

Draft 2024 I/DD Special Initiatives (formerly CILA Facilities) Fund Budget

LINE ITEM	BUDGETED REVENUE	
600101	From CCDDB Fund 108	\$0
600101	From CCMHB Fund 090	\$0
400801	Investment Interest	\$6,000
-	From Fund Balance	\$400,000
	TOTAL REVENUE	\$406,000

LINE ITEM	BUDGETED EXPENDITURES	
501017	Equipment Less than \$5,000 (includes a designated gift for the benefit of one individual, accessed at family request, with balance \$5063 as of May 5, 2022)	\$5,063
502001	Professional Services (legal, accounting, if needed)	\$1,000
502025	Contributions and Grants	\$399,737
502019	Legal Notices, Advertising	\$200
	TOTAL EXPENSES	\$406,000

Background for 2024 CCMHB Budget, with 2023 Projections and Earlier Actuals

2024 BUDGETED REVENUE		2023 PROJECTED	2022 ACTUAL	2021 ACTUAL	2020 ACTUAL	2019 ACTUAL	2018 ACTUAL	2017 ACTUAL	2016 ACTUAL	2015 ACTUAL	2014 ACTUAL
Property Taxes, Current	\$6,302,595	\$5,932,729	\$5,492,390	\$5,278,325	\$4,880,491	\$4,813,598	\$4,611,577	\$4,415,651	\$4,246,055	\$4,161,439	\$4,037,720
Back Property Taxes	\$2,941	\$2,534	\$8,824	\$0	\$3,382	\$6,489	\$494	\$2,731	\$2,486	\$2,861	\$1,612
Mobile Home Tax	\$4,200	\$3,500	\$3,700	\$0	\$3,736	\$4,062	\$3,909	\$3,766	\$3,903	\$3,995	\$3,861
Payment in Lieu of Taxes	\$1,500	\$1,500	\$1,474	\$3,679	\$1,088	\$2,604	\$3,406	\$3,201	\$2,970	\$2,869	\$2,859
CCDDB Revenue	\$425,371	\$400,501	\$358,450	\$366,344	\$346,706	\$409,175	\$310,783	\$287,697	\$377,695	\$330,637	\$337,536
Investment Interest	\$56,268	\$40,000	\$47,855	\$1,343	\$7,627	\$45,950	\$41,818	\$18,473	\$3,493	\$1,385	\$1,015
Gift & Donations	\$3,000	\$3,000	0\$	\$100	\$2,900	\$4,706					
Expo Revenue (now combined with Other Misc Rev)	0\$	0\$	0\$	\$100	\$13,805	\$14,275	\$21,613	\$5,225	\$18,822	\$26,221	\$28,192
Other Miscellaneous Revenue	\$42,000	\$42,000	\$55,161	\$2,205	\$80	\$129,028	\$29,955	\$117,195	\$21,340	\$67,599	\$85,719
*ARPA Fiscal Recovery Funding			\$0	\$770,436							
TOTAL REVENUE	\$6,837,875	\$6,425,764	\$5,967,854	\$6,422,532	\$5,259,815	\$5,429,887	\$5,023,555	\$4,853,939	\$4,676,764	\$4,597,006	\$4,498,514

^{*} Per the County Board, the full amount of ARP request is deposited during 2021, with half spent in 2021 and the other half in 2022. This results in the appearance of a surplus in 2021 and deficit in 2022, when in fact the fund balance will cover it.

2024 BUDGETED EXPENDITURES (SEE PAGE 5 FOR DETAILS)	EE PAGE 5 FOR	2023 PROJECTED	2022 ACTUAL	2021 ACTUAL	2020 ACTUAL	2019 ACTUAL	2018 ACTUAL	2017 ACTUAL	2016 ACTUAL	2015 ACTUAL	2014 ACTUAL
Personnel	\$646,383	\$588,129	\$564,444	\$564,542	\$544,001	\$517,053	\$522,073	\$449,220	\$577,548	\$502,890	\$532,909
Commodities	\$15,985	\$16,135	\$10,930	\$8,632	\$12,362	\$11,147	\$10,049	\$6,263	\$7,998	\$11,237	\$9,282
Services (not Contrib & Grants)	\$367,100	\$366,917	\$283,066	\$268,512	\$286,912	\$286,376	\$404,059	\$432,828	\$410,157	\$382,870	\$375,735
*Contributions & Grants	\$5,801,407	\$5,428,746	\$5,288,028	\$5,063,438	\$4,495,820	\$3,993,283	\$3,648,188	\$3,593,418	\$3,593,418 \$3,428,015	\$3,335,718	\$3,673,966
Interfund Expenditures	\$7,000	\$7,000	\$6,908	\$28,430	\$5,819	\$406,505	\$56,779	\$57,288	\$60,673	\$0	0\$
Interest on Tax Case	\$0	\$0	\$0	\$0	\$1,648						
TOTAL EXPENSES	\$6,837,875	\$6,406,927	\$6,153,376	\$5,933,554	\$5,346,562	\$5,214,364	\$4,641,148		\$4,484,391	\$4,539,017 \$4,484,391 \$4,232,715	\$4,591,892

Additional Information about Expenses (Proposed 2024 versus Projected 2023)

Personnel 2024 v 2023

\$12,546 \$1,656 \$60,000 \$2,376 2023 \$ \$ \$588,129 \$368,198 \$36,353 \$107,000 \$13,559 \$1,000 \$1,656 2024 \$110,745 \$389,583 \$500 \$38,275 \$2,001 \$89,064 \$646,383 Health/Life Insurance Temporary Wage/Sal **Appointed Official** Overtime Wages Unemployment PERSONNEL Regular FTE W-Comp IMRF FICA

Commodities 2024 v 2023

COMMODITIES	2024	2023
Printing & Copier Supplies	\$1,000	\$1,000
Office Supplies	\$4,200	\$4,200
Books/Periodicals	\$300	\$300
Postage/UPS/Fed Ex	\$2,000	\$2,000
Food Non-Travel	\$1,000	\$1,150
Non Food Supplies	\$200	\$200
Equipment Under \$5000	\$7,000	\$7,000
Employee Dev/Rec	\$285	\$285
	\$15,985	\$16,135

Services (not Contributions and Grants)

SERVICES	2024	2023
Professional Services*	\$180,000	\$182,977
Attorney/Legal Services*	\$2,000	\$2,000
Outside Services (e.g., Computer)	\$28,000	\$24,611
Travel Costs	\$7,000	\$11,500
Conferences and Training (employee only)**	\$4,000	\$4,000
Training Programs (Non- Employee)	\$12,000	\$12,000
Insurance (Non-Payroll)	\$15,000	\$18,000
Utilities (no longer Telephone)	\$0	\$
Equipment Maintenance	\$300	\$300
Repairs (Brookens)	\$300	\$0
Rental (Office and Expo)***	\$40,000	\$31,565
Rental (Equipment)	\$3,000	\$2,500
Finance Charges/Bank Fees	\$30	\$0
Advertising, Legal Notices (adds Expo marketing)***	\$12,000	\$12,000
Public Relations***	\$20,000	\$20,000
Dues/Licenses	\$20,000	\$20,000
Operational Svs (Zoom, etc)	\$7,000	\$9,494
Software License	\$14,000	\$13,500
Phone/Internet	\$2,470	\$2,470
	\$367,100	\$366,917

Interfund Expenditures

NTERFUND TRANSFERS	2024	2023
CCDDB Share of Expo and some of MHB Misc Revenue	\$7,000	\$7,000
	\$7,000	\$7,000

*Professional Services:

For 2023, Expo Consultants and Audit and Accounting Services will be included in this line. Attorney/Legal will have a unique line. Other typical costs: website maintenance, HR, shredding, language access services, accessible documents, independent CPA consultation, application review, 211, Health Plan Coordinator through United Way, Evaluation Capacity Building project...

**Conferences and Trainings:

For 2023, non-employee conferences/trainings costs were to be combined with employee conferences/ trainings but will again be split. This line is for registration and conference fees, while food and travel are now in a different line. Non-Employee: Mental Health First Aid; monthly trainings for providers, with expenses for presenters and supplies; board member costs for conferences and trainings.

***Public Relations and disAbility Resource Expo:

For 2023, these were to be combined with other Departmental Operating costs. Public Relations will again include Ebertfest (not shared with CCDDB), other community education/awareness, consultant support. Expo expenses are now distributed across several appropriate categories.

Additional Information about Services

SERVICES	2024		2023	
Professional Services*	\$180,000	Attorney/Legal Costs in a separate line. Includes Expo Consultant costs (\$48,000) and Audit and Accounting Services (\$13,000). AAIM (3 year membership) \$3000 and human resources services (\$1000). \$127,511 for UIUC Evaluation Capacity Building project support. \$22,500 to United Way for 211. \$1,000 Ed McManus. \$20,000 online application/reporting systems (EMK). \$2,000 Expo & AIR websites. \$5,000 coordination of community health plan. Language access and accessible documents; accessibility testing; graphic design; shredding services; CPA reviews.	\$182,977	Attorney/Legal Costs in a separate line. Expo Consultant costs (\$47,000) and Audit and Accounting Services moved to this line (\$12,000). \$83,335 for UIUC Evaluation Capacity Building project support. \$22,500 to United Way for 211. \$2000 human resources services (AAIM). \$1,000 Ed McManus. \$18,000 online application/reporting systems (EMK). \$2,000 maintenance of Expo and AIR sites. \$5,000 coordination of community health assessment and plan. Also includes: language access and other accessible document production; graphic design; shredding services; CPA reviews.
Public Relations***	\$20,000	\$15,000 Ebertfest film sponsorship, <i>offset by Alliance contributions</i> . \$3,000 estimated for other community events and anti-stigma art show(s) and promotion, including Market in the Square and possible Farmers Market. \$2,000 sponsorships of other events, in which Expo, AIR, or the Boards are promoted.	\$20,000	\$15,000 Ebertfest film sponsorship, offset by Alliance contributions. \$3,000 estimated for other community events and anti-stigma art show(s) and promotion, including Market in the Square and possible Farmers Market. \$2,000 sponsorships of other events, in which Expo, AIR, or the Boards are promoted.
disability Resource Expo***	0\$	Charged to Professional Services, Rental, Advertising, and PR when Expo-related. Support for Expo events, including venue, supplies, food, interpreters, advertising, t-shirts, storage space, etc. Expo Coordinators, interpreters, and PAs charged to Professional Services. Costs offset by exhibitor fees and sponsorships.	0\$	Now charged to Professional Services, Rental, Advertising, and PR with Expo-related. Support for Expo events, including venue, supplies, food, interpreters, advertising, t-shirts, storage space, etc. Expo Coordinators, interpreters, and PAs charged to Professional Services. Costs offset by exhibitor fees and sponsorships. Total cost in 2022 \$70,110, total donations \$19,778 (includes in-kind.)
CCMHB Contribution s & Grants	\$5,801,407	Estimated CCMHB payments to agencies from January 1 to June 30, 2024, as authorized in May 2023, plus 1/2 of estimated PY25 annual allocation amount, with agency contract maximums to be authorized by July 1, 2024.	\$5,428,746	CCMHB payments to agencies from January 1 to June 30, 2023, as authorized in May 2022, plus payments authorized in May 2023 to be made from June through December 2023.
CCDDB Contribution s & Grants	\$4,816,113	Estimated CCDDB payments to agencies from January 1 to June 30, 2024, as authorized in May 2023, plus 1/2 of estimated PY25 annual allocation amount, with agency contract maximums to be authorized by July 1, 2024.	\$4,441,883	Actual CCDDB payments to agencies from January 1 to June 30, 2023, as authorized in May 2022, plus payments authorized in May 2023, to be made from June through December 2023.
Dues/ Licenses	\$20,000	\$1,000 national trade association (NACBHDD), \$16,000 state trade association (ACMHAI), and smaller amounts Human Services Council, Arc of Illinois, any new membership, e.g., CBHA, NCBH, NADD, possible NADSP membership.	\$20,000	\$950 national trade association (NACBHDD), \$3,000 AAIM (paid every three years), \$16,000 state trade association (ACMHAI), small amounts Human Services Council, Arc of Illinois, possible NADSP membership.
Conferences /Training	\$4,000	\$1000 registration for NACo and NACBHDD Legislative and Policy Conferences (likely offset by ACMHAI). \$350 for NACo Annual Meeting. Registration fees for other conference/training for staff members might include Mental Health America, Federation of Families, Arc of IL, NADD, or similar. Mental Health First Aid training and certification. Costs of travel and meal per diems for staff for any of these conferences are included in the Travel Costs line.	\$4,000	\$0 registration for NACo and NACBHDD Legislative and Policy Conferences (offset by ACMHAI). \$350 for NACo Annual Meeting. Registration fees for other conference/training for staff members might include Mental Health America, Federation of Families, Arc of IL, NADD, or similar. Mental Health First Aid training and certification. Costs of travel and meal per diems for staff for any of these conferences are included in the Travel Costs line.
Non- Employee Conferences / Trainings**	\$12,000	Registration, costs of travel, lodging, and food for board members to attend National or State Association meetings and other conferences or trainings of interest. Also charged here are the costs associated with Mental Health First Aid trainings and monthly learning opportunities/trainings for non-employees (e.g., case managers, other service providers, stakeholders), which can include presenters, rental, refreshments, materials, promotion. Some virtual trainings.	\$12,000	Registration, costs of travel, lodging, and food for board members to attend National or State Association meetings and other conferences or trainings of interest. Also charged here are the costs associated with Mental Health First Aid trainings and monthly learning opportunities/ trainings for non-employees (e.g., case managers, other service providers, stakeholders), which can include presenters, rental, refreshments, materials, promotion. Some virtual trainings.
Unexpected		Changes in supports to agencies, non-employee trainings, Public Relations, Expo costs. Public health barrier to large gatherings. Cost of moving offices to a different location or renovating, greater need for legal counsel. Budget amendment if employee resignation (with benefits payout) or change in staffing. Fund balances are lowest in May, at which point there should be enough for 6 months operating + any tax liability + share (57.85%/42.15%) of accrued staff benefits. If first tax distribution does not occur by June, fund balance may be used.		Changes in supports to agencies, non-employee trainings, Public Relations, Expo costs. Public health barrier to large gatherings. Cost of moving offices to a different location or renovating, greater need for legal counsel. Budget amendment if employee resignation (with benefits payout) or change in staffing. Fund balances are lowest in May, at which point there should be enough for 6 months operating + any tax liability + share (57.85%/42.15%) of accrued staff benefits. If first tax distribution does not occur by June, fund balance may be used.

Calculation of the CCDDB Administrative Share ("Professional Services")

Adjustments:	2024	2023
CCMHB Contributions & Grants	\$5,819,406	\$5,428,746
Bookkeeping pilot	\$0	\$6000
Ebertfest anti-stigma film and events	\$15,000	\$15000
MHB-specific insurance cost	\$5285	0
CCDDB Share of Donations & Misc Rev	\$7,000	\$7,000
Adjustments Total:	\$5,846,691	\$5,456,746
CCMHB Total Expenditures:	\$6,855,874	\$6,406,927
Total Expenditures less Adjustments:	\$1,009,183	\$950,181

	2024	2023*
	CCDDB Share	CCDDB Share
Total Expenditures less Adjustments	\$1009183	\$950,181
Adjusted Expenditures x 42.15%	\$425,371	\$400,501
Monthly Total for CCDDB Admin	\$35,448	\$33,375

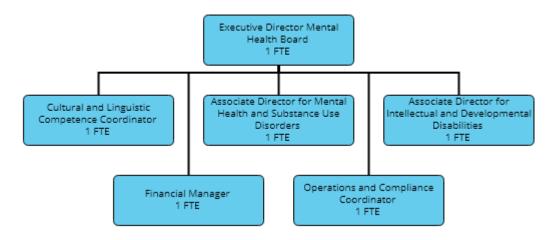
*At the end of the Fiscal Year, actual expenses are updated, some revenues (e.g., Expo) are shared, and adjustments are made to the CCDDB current year share.

Background for 2024 CCDDB Budget, with 2023 Projections and Earlier Actuals

2024 BUDGETED REVENUES		2023 PROJECTED 2022 ACTUAL	2022 ACTUAL	2021 ACTUAL	2020 ACTUAL	2019 ACTUAL	2018 ACTUAL	2017 ACTUAL	2016 ACTUAL	2015 ACTUAL	2014 ACTUAL
Property Taxes, Current	\$5,179,568	\$4,875,607	\$4,511,249	\$4,334,187	\$4,001,872	\$3,982,668	\$3,846,413	\$3,684,009	\$3,595,174	\$3,545,446	\$3,501,362
Back Property Taxes	\$2,415	\$2,500	\$7,246	\$0	\$2,773	\$5,369	\$412	\$2,278	\$2,105	\$2,437	\$1,398
Mobile Home Tax	\$3,000	\$3,000	\$3,039	\$0	\$3,066	\$3,361	\$3,261	\$3,142	\$3,305	\$3,404	\$3,348
Payment in Lieu of Taxes	\$4,000	\$4,000	\$1,210	\$3,021	\$0	\$2,154	\$2,841	\$2,671	\$2,515	\$2,445	\$2,479
Investment Interest	\$44,834	\$42,000	\$35,285	\$791	\$4,054	\$23,508	\$24,062	\$10,883	\$2,318	\$1,488	\$812
Gifts & Donations (transfer from MHB)	\$7,000	\$4,000	\$6,908	\$	\$5,819	\$106,505	\$6,779	\$7,288	\$10,673	0\$	0\$
Other Miscellaneous Revenue	\$5,000	\$5,000	\$0	\$971	\$9,524	\$8,955	\$6,408	\$14,432	\$0	0\$	\$11,825
TOTAL REVENUE	\$5,245,817	\$4,936,107	\$4,564,937	\$4,338,970	\$4,027,108	\$4,132,520	\$3,890,176	\$3,724,703	\$3,616,091	\$3,555,220	\$3,521,224
2024 BUDGETED EXPENDITURES		2023 PROJECTED	2022 ACTUAL	2021 ACTUAL	2020 ACTUAL	2019 ACTUAL	2018 ACTUAL	2017 ACTUAL	2016 ACTUAL	2015 ACTUAL	2014 ACTUAL
Professional Services (42.15% of some CCMHB expenses, as above)	\$425,371	\$400,501	\$358,450	\$366,344	\$330,445	\$309,175	\$310,783	\$287,697	\$379,405	\$330,637	\$337,536
Contributions & Grants	\$4,816,113	\$4,441,883	\$3,777,207	\$3,514,153	\$3,659,691	\$3,435,748	\$3,250,768	\$3,262,938	\$3,206,389	\$3,069,122	\$3,224,172
Insurance specific to DDB	\$4,333										
Interfund Transfer, CILA Fund	\$0	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$0
Interfund Transfer to MH (loan repay)	\$0					\$100,000					
Interest on Tax Case	\$0		0\$	\$0	\$1,363						
TOTAL EXPENSES	\$5,245,817	\$4,892,384	\$4,185,657	\$3,930,497	\$3,930,497 \$4,041,499	\$3,894,923	\$3,611,551	\$3,600,635	\$3,635,794	\$3,449,759	\$3,561,708

Special Revenue Funds

Mental Health Board Special Revenue Fund (2090-053)



Mental Health Board positions: 6 FTE

The Champaign County Mental Health Board (CCMHB), consisting of nine volunteer Board members who are selected and appointed by the Champaign County Executive and Board, was established under Illinois Revised Statutes (405 ILCS – 20/Section 0.1 et. Seq.), "The Community Mental Health Act," by a referendum approved by Champaign County voters. Through passage of the referendum, a property tax levy supports fulfillment of the Board's mission in compliance with the Act. To help meet its obligations, the Board employs an administrative team consisting of an Executive Director and five specialized staff.

MISSION STATEMENT

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

Revenue raised through the levy is distributed, using a competitive application process, to community-based organizations serving Champaign County residents who have mental health or substance use disorders or intellectual/developmental disabilities (I/DD). Because most organizations' fiscal years align with the state fiscal year, July 1 through June 30, and because many rely on state funding, the CCMHB and other local funders use this as the contract period (or "Program Year"), providing for clear, uniform financial reporting and increased accountability. These CCMHB funds are allocated as Contributions and Grants expenditures.

Some activities contributing to the local system are undertaken outside of those agency services budgeted through Contributions and Grants. Additional strategies by which the CCMHB promotes a local system include: 211 information and referral call services; Cultural and Linguistic Competency technical assistance and training; Mental Health First Aid trainings; monthly presentations and learning opportunities for service providers and interested parties; anti-stigma awareness through social media, website, and community events; projects with UIUC

student groups and instructors; promotion of the work of artists and entrepreneurs with lived experience; collaborative community needs assessments to understand the priorities of Champaign County citizens; and a large annual disAbility Resource Expo with searchable, comprehensive online resource guide. These activities are budgeted as expenditures other than Contributions and Grants, and many are shared with the Champaign County Board for Care and Treatment of Persons with a Developmental Disability, referred to as Champaign County Developmental Disabilities Board (CCDDB) through intergovernmental agreement, included in revenue from the CCDDB to the CCMHB. The CCMHB also oversees an I/DD Special Initiatives fund in partnership with the CCDDB. The specific use of that fund has shifted from housing to a range of supports.

Please see http://ccmhddbrds.org for information on these supports, agency programs currently funded by the CCMHB, funding guidelines and financial accountability policy, Three Year Plan, allocation priorities and timelines, and aggregate annual reports of the funded agencies' performance outcomes.

BUDGET HIGHLIGHTS – Per Allocation Priority Category

Safety and Crisis Stabilization. For the agency PY2024 contract year, July 1, 2023 through June 30, 2024, the CCMHB has awarded contracts for: services for people who have justice system involvement or who will be able to avoid it as a result of the program involvement; services to those enrolled in Champaign County Drug Court; various case management

and resources including housing supports and services, especially for those at the jail, with gun charges, without a permanent address, or in re-entry; crisis co-response and follow-up for domestic offense calls in northern Champaign County and rural areas; Youth Assessment Center support; and interruption of community violence. The CCMHB and staff identify and encourage innovative practices with potential high returns on investment, improved behavioral health outcomes, and cost-shift impact. Related collaborations include: National Stepping Up, Familiar Faces, and Data-Driven Justice Initiatives; the Illinois Criminal Justice Information Authority's Byrne State Crisis Intervention Program advisory board; Illinois Department of Human Services Peer Certification training and SAMHSA-funded Competency Restoration Initiative; and Champaign County's Crisis Intervention Team Steering Committee.

Healing from Interpersonal Violence. To improve health and success of survivors, reduce the stigma and isolation associated with interpersonal violence, disrupt cycles of violence, promote trauma-informed care and crisis response, the CCMHB funds counseling services, child victim services, and other supports for survivors of domestic violence and sexual assault.

Closing the Gaps in Access and Care. Recommended Practices are supported by an evidence base, cultural context, and sound clinical judgment. Innovative Practices have value for populations not thoroughly included in prevailing research and often not engaged in services. Many programs are for services not covered by Medicaid or another payor. With growing evidence of positive outcomes, peer support organizations are funded and encouraged to partner. For PY2024, the CCMHB funds: coordination of homeless services; benefits enrollment; case management; housing and employment supports for those with risk of homelessness (e.g., formerly in child welfare); refugee center and other immigrant services; self-help center; services

for senior citizens; wellness and mental health supports at the Federally Qualified Health Center and a free clinic; resource center in northern Champaign County; family care; family therapy for multi-system involved youth; and substance use recovery homes.

Thriving Children, Youth, and Families. The Champaign County Community Coalition consists of representatives from the Cities of Champaign and Urbana, Urbana and Champaign schools and park districts, Parkland College, University of Illinois at Urbana-Champaign, United Way of Champaign County, Champaign Urbana Public Health District, law enforcement, State's Attorney's Office, and other County government. The Coalition promotes healthier and safer communities through trauma-informed training, violence interruption, and positive opportunities for youth, leading with System of Care values. For PY2024, the CCMHB contracts for services and supports for children, youth, and their families, aligned with System of Care principles. The partnerships promoted through the Coalition are a continued focus.

Intellectual/Developmental Disabilities. Per Intergovernmental Agreement with the CCDDB, the CCMHB committed \$809,883 for the period July 1, 2023 to June 30, 2024, for programs serving people with I/DD. Contracts funded by the CCMHB align with a shared priority for services for very young children. Early childhood providers continue a robust interagency partnership to better support young children and their families; many incorporate trauma-informed and System of Care principles. Offered through one of these contracts is the PLAY Project, an evidence-based program for young children with autism.

Priorities for PY25: Early in 2024, the board will accept applications for funding within a priorities framework approved in late 2023. Successful applications will deliver services and receive payments beginning July 1, 2024 and through June 30, 2025. Select two-year contracts will continue.

Department Summary

		2022 Actual	2023 Original	2023 Projected	2024 Budget
Revenues					
Property Taxes					
400101	Property Taxes - Current	5,492,390	5,913,892	5,932,729	6,302,595
400103	Property Taxes - Back Tax	8,824	1,000	2,534	2,941
400104	Payment In Lieu Of Taxes	1,474	2,000	1,500	1,500
400106	Mobile Home Tax	3,700	0	3,500	4,200
	Property Taxes Total	5,506,388	5,916,892	5,940,263	6,311,236
Intergov Reveni	ue				
400476	Other Intergovernmental	358,450	407,118	400,501	425,371
	Intergov Revenue Total	358,450	407,118	400,501	425,371

Department Summary

		2022 Actual	2023 Original	2023 Projected	2024 Budget
Misc Revenue					
400801	Investment Interest	47,855	3,000	40,000	56,268
400901	Gifts And Donations	0	3,000	3,000	3,000
400902	Other Miscellaneous Revenue	55,161	39,000	42,000	42,000
	Misc Revenue Total	103,016	45,000	85,000	101,268
	Revenues Total	5,967,854	6,369,010	6,425,764	6,837,875
Expenditures					
Personnel					
500102	Appointed Official Salary	106,734	107,000	107,000	110,745
500103	Regular Full-Time Employees	345,774	368,198	368,198	389,583
500105	Temporary Staff	0	2,500	0	1,000
500108	Overtime	0	2,750	0	500
500301	Social Security-Employer	32,974	36,353	36,353	38,275
500302	Imrf - Employer Cost	22,496	12,546	12,546	13,559
500304	Workers' Compensation Insuranc	2,299	2,376	2,376	2,001
500305	Unemployment Insurance	1,495	1,518	1,518	1,656
500306	Ee Hlth/Lif (Hlth Only Fy23)	52,673	73,440	60,000	89,064
	Personnel Total	564,444	606,681	587,991	646,383
Commodities					
501001	Stationery And Printing	0	1,000	1,000	1,000
501002	Office Supplies	2,807	4,200	4,200	4,200
501003	Books, Periodicals, And Manual	0	300	300	300
501004	Postage, Ups, Fedex	1,171	2,000	2,000	2,000
501005	Food Non-Travel	150	150	1,150	1,000
501013	Dietary Non-Food Supplies	0	0	200	200
501017	Equipment Less Than \$5000	6,802	7,000	7,000	7,000
501021	Employee Develop/Recognition	0	285	285	285
	Commodities Total	10,930	14,935	16,135	15,985

Department Summary

		2022 Actual	2023 Original	2023 Projected	2024 Budget
Services					
502001	Professional Services	113,448	158,133	182,977	180,000
502002	Outside Services	30,830	27,000	24,611	28,000
502003	Travel Costs	975	1,500	11,500	7,000
502004	Conferences And Training	1,616	20,000	4,000	4,000
502005	Training Programs	0	0	12,000	12,000
502007	Insurance (Non-Payroll)	13,168	18,000	18,000	15,000
502011	Utilities	664	600	0	0
502012	Repair & Maint	0	600	300	300
502013	Rent	23,992	26,800	31,565	40,000
502014	Finance Charges And Bank Fees	0	30	0	30
502019	Advertising, Legal Notices	191	500	12,000	12,000
502021	Dues, License, & Membershp	17,720	20,000	20,000	20,000
502022	Operational Services	42,676	79,100	9,494	7,000
502024	Public Relations	32,370	0	20,000	20,000
502025	Contributions & Grants	5,288,028	5,378,131	5,428,746	5,801,407
502037	Repair & Maint - Building	0	0	0	300
502045	Attorney/Legal Services	0	0	2,000	2,000
502046	Equip Lease/Equip Rent	0	0	2,500	3,000
502047	Software License & Saas	5,415	0	13,500	14,000
502048	Phone/Internet	0	0	2,470	2,470
	Services Total	5,571,093	5,730,394	5,795,663	6,168,507
Interfund Exper	se				
700101	Transfers Out	6,908	17,000	7,000	7,000
	Interfund Expense Total	6,908	17,000	7,000	7,000
	Expenditures Total	6,153,375	6,369,010	6,406,789	6,837,875

Fund Balance

2022	2023	2024
Actual	Projected	Budget
3,684,523	3,703,498	

Fund Balance Goal: The CCMHB's goal is to maintain a fund balance which assures adequate cash flow necessary to meet contractual and administrative obligations, including for agency services and supports, for six months. The majority of expenditures are payments to contracts with terms July 1 to June 30, and because the fund is lowest just before the first property tax disbursement in June-July, payment schedules are adjusted to use as much of the fund as possible for these contracts. During 2024, the CCMHB will transfer a relatively small amount from Fund Balance to meet contractual obligations. This is affordable due to lower than anticipated expenses in 2022.

FTE Summary

2020	2021	2022	2023	2024
6	6	6	6	6

Expense Per Capita (in actual dollars)

2022	2023	2024
Actual	Projected	Budget
\$31.51	\$30.94	\$33.30

ALIGNMENT to STRATEGIC PLAN

County Board Goal 1 - operate a high performing, open, transparent County government.

With statutory responsibility to plan and evaluate systems of services and supports, CCMHB members and staff maintain involvement in state and national trade associations and advisory committees to maximize advocacy impact and contact with state and federal leadership.

Funding decisions are made in open, properly noticed meetings. Requests for funding are reviewed in open meetings prior to these decisions. Public participation is welcomed at meetings and study sessions. Members of the public may also offer input via Board staff by email.

Strategic plans and funding allocation priorities are reviewed and approved annually during open meetings, with opportunities for public and stakeholder input, and finalized before public Notification of Funding Availability is made, 21 days prior to the application period. A timeline for these and related activities is included in board packets, online, and upon request.

An online application and reporting system is maintained and updated to support these functions, at http://ccmhddbrds.org. Members of the public, agency representatives, stakeholders, and CCMHB members and staff contribute to revisions of materials and online system.

At http://ccmhddbrds.org are links to information about funded programs and other activities, along with downloadable documents of interest to agencies and the public.

During open meetings, Board members review requests for funding and participate in deliberations about final allocations and any related policies and procedures.

Board members may use the online system to view: agency applications for funding; agency reports of service activity, financial activity, CLC progress, and annual performance outcomes; aggregate and sortable data; announcements; and downloadable documents. Many reports are made public, posted online or in board meeting materials, summarized, and available upon request.

All funded agencies use CCMHB approved expenditure and revenue categories and accrual accounting. All are required to submit an annual audit, financial review, or compilation report, depending on total agency revenue level, conducted by an independent CPA firm. CCMHB staff and consultant review these reports for alignment to standards and to understand agencies' financial standing.

Board meeting schedules, agendas, minutes, and recordings are posted for the public on Champaign County government's website.

Educational and collaborative opportunities advance the local system of services and supports.

Board staff have access to equipment facilitating office and remote work. The transition to Office 365 and cloud-based storage was completed in early 2022.

County Board Goal 2 - maintain high quality public facilities and roads and a safe rural transportation system.

For fullest inclusion of people with I/DD, two small CILA group homes were maintained at a high standard from 2015 through 2020. Due to critical direct support staff shortages, the homes were vacated and sold in 2021 and 2022. This County Board Goal is no long addressed directly, but rather through those portions of service providers' contracts which cover costs related to their facilities.

County Board Goal 3 -promote a safe, healthy, just community.

Many CCMHB and contracted agency activities aim to: mitigate the impacts of trauma and violence; reduce unnecessary or inappropriate incarceration, hospitalization, or institutionalization of people with MI, SUD, and/or I/DD; and improve health and social integration, including of those in reentry and their loved ones. Efforts are made through trauma and crisis response and stabilization, benefits enrollment, intensive case management and coordination, peer supports and peer mentoring, and collaboration with law enforcement.

Staff participate in the Champaign County Reentry Council, Drug Court Steering Committee, Crisis Intervention Training Steering Committee, Youth Assessment Center Advisory Board, and more. Some crisis response efforts are based on the earlier work of the County's Jail Task Force, Justice and Mental Health Collaboration Project, and Racial Justice Task Force, and some relate to the federal mandate for a 988 crisis call system. When opportunities arise, staff and board members contribute to statewide advisory boards (e.g., ICJIA State Crisis Intervention Program) and through local collaborations such as the Champaign County Community Coalition and the UIUC Campus Community Compact.

CCMHB staff meet with leadership of regional health and behavioral healthcare providers and funders which have similar needs assessment and strategic health plan mandates or practices, around the shared goal of making this the healthiest community in the State.

A 211 call service is co-funded with the United Way of Champaign County. An accessible, searchable, online resource directory is maintained at http://disabilityresourceexpo.org.

The System of Care approach can improve outcomes for children, youth, and families, especially those impacted by violence and other trauma. Community-wide trauma education continues.

CCMHB staff organize learning and networking opportunities for providers of mental health, substance use, and I/DD services, collaborating with the UIUC School of Social Work to offer Continuing Education Units at no cost to participants.

With other units of government, educators, providers, stakeholders, and advocacy organizations, the CCMHB collaborates on wellness/ recovery programming, innovative practices, and anti-stigma initiatives, e.g., http://champaigncountyAIR.com and related social media.

County Board Goal 4 – support planned growth to balance economic growth with natural resource preservation.

In accordance with the Community Mental Health Act, the CCMHB advocates at the state and national levels for and with people who use or seek services. Staff participate in trade association activities and committees, advocating for other sources of revenue for services and for alignment of policies with best practices.

The CCMHB seeks to understand the impact of changes to state and federal programs, to make effective and ethical investments of local funding. Independently and through collaboration, the CCMHB pursues sustainable, efficient supports with other funders and community partners.

The majority of this fund is allocated to community-based organizations to provide services, fostering a professional workforce which contributes to the economy and character of the County. In turn, effective programs allow people with behavioral health conditions and I/DD to thrive and contribute to the community's economy and culture.

County Board Goal 5 – maintain safe and accurate county records and perform county administrative, governance, election, and taxing functions for county residents.

In accordance with the Community Mental Health Act, the CCMHB allocates funding as established through the original referendum.

Online records are maintained at the County government website and http://ccmhddbrds.org. Paper and electronic files are also maintained and stored as required by the Local Records Act.

DESCRIPTION

The CCMHB was established under Illinois Revised Statutes (405 ILCS – 20/Section 0.1 et. Seq.) and is responsible for planning, coordinating, evaluating, and allocating funds for a comprehensive local system of mental health, intellectual/developmental disabilities, and substance use services for Champaign County.

On an annual cycle, the CCMHB evaluates, plans, and funds supports for people with mental illness, substance use disorders, and intellectual/developmental disabilities, with special emphasis on underinvested populations. Service providers demonstrate financial and programmatic accountability, report on the impact of services, and implement cultural and linguistic competence plans as a condition of contracting with the CCMHB. Providers and Board staff meet monthly for updates and coordination of services. Collaboration with other government, funding organizations, peer networks, community-based providers, and parent and youth groups is also within the purview of the CCMHB and enhances evaluation and planning.

OBJECTIVES

Continue and expand virtual and technology options for engaging the community and people with mental health or substance use disorders and/or intellectual/developmental disabilities, to align with relevant public health guidance and state and federal mandates and policies.

In collaboration with Champaign County Government and community stakeholders, ensure that people with disabilities or behavioral health conditions are diverted to services and supports and away from Jail whenever appropriate.

In collaboration with the Champaign County Community Coalition and partners, address the effects of trauma, promote recovery, and improve the system of care for children, youth, and families.

Based on annually approved priorities and decision support criteria and timeline, issue contracts for services and supports for people who have mental health or substance use disorders or intellectual/ developmental disabilities.

Monitor program and financial accountability for all such contracts with community-based organizations.

Through monitoring and collaboration, assist with improving services and access to services.

Based on the findings of the regional collaborative health plan (IPLAN) and community health needs assessment, implement FY2024 objectives for the CCMHB Three Year Plan for FY2022-2024.

Define and refine outcomes, using input from stakeholders and people who use or seek services.

Performance Indicators

Indicator	2022 Actual	2023 Projected	2024 Budget
Number of contracts awarded and executed for services or supports for people with mental health or substance use disorders or intellectual/developmental disabilities	46	45	47
Number of people served who have a mental health/ substance use disorder or intellectual/developmental disability	21,305	19,800	20,100
Number of state or federal advocacy activities or reports completed by Board members and staff	18	15	15
Number of desk reviews conducted (number of reports submitted), per agency contract	20 (24)	20 (24)	20 (24)
Number of agency contract compliance reviews by CCMHB staff, per contract	0.5	0.75	1
Number of improvements to the tracking or reporting of program performance, utilization, cultural and linguistic competence plans, or financial activities (i.e., an enhancement or revision implemented during the fiscal year)	4	2	2
Number of funded (not funded) organizations represented at collaborative meetings with board staff	33 (9)	35 (8)	35 (8)
Number of funded agencies participating in the Financial Management Coaching project (launched December 1, 2021)	4	n/a	n/s
Number of funded programs participating as target programs in the Evaluation Capacity project (discontinued July 1, 2022)	5	6	6
Percentage of required reports received in compliance with terms of contract	90%	95%	95%

I/DD Special Initiatives (2101-054)

MISSION STATEMENT

The mission of the I/DD Special Initiatives fund, formerly the Community Integrated Living Arrangement (CILA) project, has been to expand the availability of "smaller setting" homes for people with intellectual and developmental disabilities (I/DD) and, to the extent possible, assure that people from Champaign County have integrated residential options within the County. The project arose in response to a large number of residents having no choice other than to utilize CILA services in communities far from Champaign County or to remain in family homes with limited care.

BUDGET HIGHLIGHTS

In 2014, the Champaign County Mental Health Board (CCMHB) and the Champaign County Developmental Disabilities Board (CCDDB) committed to purchasing properties for use as CILA houses, each with a capacity of 4 or fewer people. Each board contributed toward the purchase of the houses. During 2019, the CCMHB paid the mortgage balance, and the Boards amended their intergovernmental agreement to define future contributions and prepare for several possibilities.

From 2015 through 2020, two houses were in operation, with services provided by Individual Advocacy Group (IAG) and funded by the state of Illinois Department of Human Services-Division of Developmental Disabilities (IDHS-DDD). To stabilize the organization's staffing level and revenue for local operations, IAG worked with CCMHB and CCDDB members and staff, local families, IDHS-DDD, and Independent Service Coordination staff to create additional day and residential services in the community. This was successful for a while in the face of persistent barriers, namely the I/DD workforce shortage and uncertainty of state/ federal CILA funding. During 2020 and 2021, the workforce shortage led to reduced operations and closure and sale of the homes.

For 2023, the CCDDB will make its final planned interfund transfer to the project, so that the Boards' contributions are equal. With other revenue transferred from fund balance, the primary expenses will be for contracts with organizations to strengthen and stabilize the I/DD direct support workforce or to provide a range of supports to such individuals as would have been eligible for this project, had it continued to offer housing with 24-hour staff.

\$5,063 of budgeted expenditures result from a gift designated for a particular individual. This 'trust' is accessed at the request of the individual's family and restricted by terms set by the private donor.

101-054 was established in FY2016 in collaboration with the Champaign County Auditor's Office, for transparency in CILA fund financial activities. The fund is renamed as "I/DD Special Initiatives" for 2023, in an effort to offer solutions to critical service capacity barriers. These funds were previously held in 090-054.

Department Summary

		2022 Actual	2023 Original	2023 Projected	2024 Budget
Revenues					
Misc Revenue					
400801	Investment Interest	10,443	1,000	17,000	6,000
400902	Other Miscellaneous Revenue	262,044	0	0	0
	Misc Revenue Total	272,487	1,000	17,000	6,000
Interfund Rever	nue				
600101	Transfers In	50,000	50,000	50,000	0
	Interfund Revenue Total	50,000	50,000	50,000	0
	Revenues Total	322,487	51,000	67,000	6,000
Expenditures					
Commodities					
501017	Equipment Less Than \$5000	0	5,063	5,063	5,063
	Commodities Total	0	5,063	5,063	5,063

Department Summary

		2022 Actual	2023 Original	2023 Projected	2024 Budget
Services					
502001	Professional Services	1,302	4,000	4,000	1,000
502007	Insurance (Non-Payroll)	316	0	0	0
502011	Utilities	1,604	0	0	0
502012	Repair & Maint	14,060	0	0	0
502014	Finance Charges And Bank Fees	161	0	0	0
502019	Advertising, Legal Notices	0	200	200	200
502025	Contributions & Grants	0	341,737	150,000	399,737
	Services Total	17,444	345,937	154,200	400,937
	Expenditures Total	17,444	351,000	159,263	406,000

Fund Balance

2022	2023	2024
Actual	Projected	Budget
764,758	672,495	272,495

Fund Balance Goal: The CCMHB/CCDDB's I/DD Special Initiatives goal is to maintain a balance which will allow for similar allocations over the next two to three years. Fund balance from the sale of the homes will be used for contracts with organizations to strengthen and stabilize the I/DD direct support workforce or to provide a range of supports to eligible individuals. In 2024, \$400,000 of fund balance will be spent.

ALIGNMENT to STRATEGIC PLAN

County Board Goal 1 – operate a high performing, open, and transparent County government.

The CILA project's service provider was initially determined by a Request for Proposal process, compliant with the Open Meetings Act. Subsequent discussions and decisions related to the project have occurred during public meetings of each of the CCDDB and CCMHB.

The second phase of this project retains a focus on individuals who have I/DD and complex service needs, particularly those needs which are not easily met by a local provider agency. The focus shifts from housing to funding of supports for such individuals and, if possible, to attracting and retaining a qualified workforce to serve them. Allocation priorities, review of proposals, and award decisions are discussed and approved during public meetings of the two Boards.

County Board Goal 2 – maintain high quality public facilities and roads and a safe rural transportation system.

For fullest inclusion of people with I/DD, two small CILA group homes were maintained at a high standard from 2015 through 2020. Due to critical direct support staff shortages, the homes were vacated and sold in 2021 and 2022. This County Board Goal is no longer addressed directly, but rather through those portions of agency contracts which support their facilities costs.

County Board Goal 3 –promote a safe, healthy, just community.

The purpose of this project has been full community integration of persons with I/DD, aligned with the State of Illinois' Ligas Consent Decree and 'rebalancing' initiative to move people out of institutions and into their home communities. Barriers have increased, requiring new strategies.

County Board Goal 4 – support planned growth to balance economic growth with natural resource preservation.

The majority of this fund is allocated to community-based organizations to provide services, fostering a professional workforce which contributes to the economy and character of the County. Effective programs allow people with I/DD and their families to thrive and contribute to the community's economy and culture. The CCMHB and CCDDB are aware of planned improvements to services funded by the state through its partnership with federal Centers for Medicare and Medicaid Services. To encourage maximum use of state funding opportunities, they engage in advocacy and education and support programs which help eligible people secure those awards.

County Board Goal 5 – maintain safe and accurate county records and perform county administrative, governance, election, and taxing functions for county residents.

In accordance with the Community Mental Health Act and the Community Care for Persons with Disabilities Act, the CCMHB and CCDDB each allocate funding and enter into agreements as established by their respective original referenda.

Records are maintained at the Champaign County government website and at http://ccmhddbrds.org. Paper and electronic files are maintained and stored as required by the Local Records Act.

DESCRIPTION

The CCMHB was established under Illinois Revised Statutes (405 ILCS – 20/Section 0.1 et. seq.) to "construct, repair, operate, maintain and regulate community mental health facilities to provide mental health services as defined by the local community mental health board, including services for the developmentally disabled and for the substance abuser, for residents of Champaign County." The CCDDB was established under Illinois Revised Statutes (50 ILCS 835 Section 0.05-14), the "Community Care for Persons with Developmental Disabilities Act," and also has authority to own facilities to be used in the provision of services to people with intellectual and developmental disabilities.

The CCMHB is responsible for planning, coordinating, evaluating, and allocating funds for the comprehensive local system of mental health, developmental disabilities, and substance use services for Champaign County. The CCDDB is responsible for planning, coordinating,

evaluating, and allocating funds for services and supports for people with intellectual and/or developmental disabilities. The Boards promote systems of services for the benefit of Champaign County residents, with special emphasis on historically underinvested and marginalized populations.

The I/DD Special Initiatives project is a collaboration between the Boards, in recognition of their shared responsibility for people with I/ DD and according to their Intergovernmental Agreement as amended.

OBJECTIVES

Continue to explore and expand virtual and technology supports for people with I/DD, to foster their fullest community involvement, aligned with public health guidance and state and federal policies.

When feasible, restore and expand CILA capacity in Champaign County for people with intellectual and developmental disabilities.

Through CCMHB and CCDDB allocation process, fund appropriate supports for Champaign County residents who have intellectual/ developmental disabilities and complex support needs and fund efforts to strengthen the I/DD direct support workforce which serves them.

Performance Indicators

Indicator	2022 Actual	2023 Projected	2024 Budget
Number of people served through CILAs	2	n/a	n/a
Total dollars appropriated for CILA Program	50,200	350,100	406,000
Updates from property manager	20	n/a	n/a
Updates from residential service provider	4	n/a	n/a
Non-residential service and supports (related to MI, SUD, or I/DD) available to people living in the CILAs	2	n/a	n/a
Number of people receiving a support through contracts with agencies from this fund	n/a	85	120

Developmental Disabilities Board Special Revenue Fund (2108-050)

The Champaign County Board for Care and Treatment of Persons with a Developmental Disability, referred to as the Champaign County Developmental Disabilities Board (CCDDB), consists of five volunteer Board members who are selected by the Champaign County Executive and Board. It was established under the Illinois County Care for Persons with Developmental Disabilities Act (IL Compiled Statutes, Chapter 55, Sections 105/0.01 to 105/13 inclusive) by a referendum approved by Champaign County voters in 2004. Through passage of the referendum, a property tax levy supports fulfillment of the Board's mission in accordance with the Act. On January 1, 2019, the Act was revised as the Community Care for Persons with Developmental Disabilities Act, 50 ILCS 835 (0.05–14).

MISSION STATEMENT

The mission of the Champaign County Board for Care and Treatment of Persons with a Developmental Disability (CCDDB) is the advancement of a local system of programs and services for the treatment of people with intellectual/developmental disabilities, in accordance with the assessed priorities of the citizens of Champaign County.

Revenue raised through the levy is distributed, using a competitive application process, to community-based organizations serving Champaign County residents who have intellectual/developmental disabilities (I/DD). Because most organizations' fiscal years align with the state fiscal year, July 1 through June 30, and because many rely on state funding, the CCDDB and other local funders use this as the contract period (or "Program Year"), allowing for clear, uniform financial reporting and increased accountability. These CCDDB funds are allocated as Contributions and Grants expenditures, near 92% of the total budget.

Some activities contributing to the local system are undertaken outside of the agency services which are budgeted as Contributions & Grants. Other strategies by which the CCDDB promotes a local system include: information and referral through the call service 211; Cultural and Linguistic Competency technical assistance and training; monthly presentations and learning opportunities for service providers and interested parties; anti-stigma awareness through social media, website, and events; projects with UIUC student groups and instructors; promotion of the work of artists and entrepreneurs with disabilities; collaborative community needs assessment to understand the priorities of Champaign County citizens; and a large annual disAbility Resource Expo event with searchable, comprehensive online resource guide. Per an Intergovernmental Agreement between the CCDDB and the Champaign County Mental Health Board (CCMHB), these activities are co-funded and paid as a share of the CCMHB's administrative costs, through Professional Services. The two boards also co-fund and share authority over the I/DD Special Initiatives fund (formerly the "CILA Facilities" fund) to offer a range of supports for people with complex support needs.

Please see http://ccmhddbrds.org for information on these supports, agency programs currently funded by the CCDDB, funding guidelines and financial accountability policy, Three Year Plan, allocation priorities and timelines, and annual reports of the funded agencies' aggregate performance outcomes.

BUDGET HIGHLIGHTS

Recommended Practices, Core Services, and Innovative Supports. The local "Employment First" collaboration is an innovation preparing providers, families, and local businesses for community employment of people with I/DD. Its most well-known product is the "Leaders in Employing All People" (LEAP) certification and training. The CCDDB also funds: customized employment and other employment supports; self-advocacy groups; core services, including non-work and residential options; and service coordination, planning, and linkage. Per the intergovernmental agreement with the CCMHB, comprehensive care for young children and their families is prioritized and funded, including the use of evidence-based and recommended practices. Decreasing provider capacity and workforce shortages present challenges across the country, state, and county; CCDDB contracts help stabilize supports for residents and their families.

Responding to Community Input. Feedback from community members, including people with I/DD and their loved ones, informs the Board's strategic plan and funding priorities, with common themes: the desire for a full community life; stigma as a barrier; and difficulty accessing services, including limited transportation, state/federal funding limitations, and low awareness of services. For the agency contract year July 1, 2023 to June 30, 2024, the CCDDB supports: independent living and community employment programs; transformation of traditional workshop to greater community integration; assisting young adults with I/DD in the transition from high school; conflict free case management and service planning for people who qualify for but do not yet receive state funding; case management and clinical supports for people with DD and behavioral health needs; transportation services; and two workforce retention initiatives. Feedback from providers and board members is used to revise the annual funding priorities and requirements and to develop enhancements of the online application and reporting system used by applicants and funded organizations. For PY2024, priority categories are: Self-Advocacy; Linkage and Coordination; Home Life; Personal Life; Work Life; Community Life; Strengthening the I/DD Workforce; and Young Children and their Families. The Three Year Plan for Fiscal Years 2022 through 2024, with objectives specific to 2023, will inform future allocation priorities and Board/staff practices.

Workshops and Presentations. CCDDB staff coordinate a monthly learning opportunity especially for case managers working with people who have I/DD. Topics are determined by the group's interest and Board priorities. Workshops also offer continuing education units and serve as networking opportunities. The target audience has expanded to include other service providers, family members, stakeholders, and agency financial staff, and topics are broadened to address various interests and pressing needs. These continue as virtual meetings, with in-person when appropriate and affordable.

Cultural and Linguistic Competence. A coordinator with CLC certifications in behavioral health and I/DD consults with providers to improve access and engagement of underinvested communities. This supports agencies' quality improvement efforts and compliance with State requirements, using the National Standards for Culturally and Linguistically Appropriate Services in Health and Healthcare.

Reporting of Service-Level Data. Programs report service-level data through a HIPAA compliant online system introduced in 2017. CCDDB staff are able to examine and report on utilization across programs as well as per person served.

I/DD Special Initiatives, formerly Community Integrated Living Arrangement (CILA) Expansion. This collaboration with the CCMHB was established to purchase and operate small group homes for people who unable to secure these services in their home county. During 2019, the CCMHB paid off the mortgages, and the Boards revised their intergovernmental agreement to prepare for several possibilities. Due to critical direct staff shortages, the homes were vacated and sold in 2021 and 2022. During 2023, the CCDDB will contribute its final \$50,000 transfer, and the focus of the project will shift from housing to supports.

Challenging the Stigma Associated with Intellectual/Developmental Disabilities. Stigma is a barrier to services, funding, wellness, and full community participation of those who have I/DD as well as of their loved ones. The CCDDB supports community anti-stigma efforts, including art shows, social media campaigns, traditional print and online resource guides, community awareness events, trainings, and a large disAbility Resource Expo. Board staff work with UIUC student groups and local organizations to plan and support events to challenge stigma and promote inclusion.

Department Summary

		2022 Actual	2023 Original	2023 Projected	2024 Budget
Revenues					
Property Taxes					
400101	Property Taxes - Current	4,511,249	4,857,487	4,875,607	5,179,568
400103	Property Taxes - Back Tax	7,246	2,000	2,500	2,415
400104	Payment In Lieu Of Taxes	1,210	4,000	4,000	4,000
400106	Mobile Home Tax	3,039	0	3,000	3,000
	Property Taxes Total	4,522,744	4,863,487	4,885,107	5,188,983
Misc Revenue					
400801	Investment Interest	35,285	2,000	42,000	44,834
400902	Other Miscellaneous Revenue	0	5,000	5,000	5,000
	Misc Revenue Total	35,285	7,000	47,000	49,834
Interfund Rever	nue				
600101	Transfers In	6,908	4,000	4,000	7,000
	Interfund Revenue Total	6,908	4,000	4,000	7,000
	Revenues Total	4,564,938	4,874,487	4,936,107	5,245,817

Department Summary

		2022 Actual	2023 Original	2023 Projected	2024 Budget
Expenditures					
Services					
502001	Professional Services	358,450	407,118	400,501	425,371
502007	Insurance (Non-Payroll)	0	0	0	4,333
502025	Contributions & Grants	3,777,207	4,417,369	4,441,883	4,816,113
	Services Total	4,135,657	4,824,487	4,842,384	5,245,817
Interfund Exper	se				
700101	Transfers Out	50,000	50,000	50,000	0
	Interfund Expense Total	50,000	50,000	50,000	0
	Expenditures Total	4,185,657	4,874,487	4,892,384	5,245,817

Fund Balance

2022	2023	2024
Actual	Projected	Budget
3,123,528	3,167,251	

Fund Balance Goal: The CCDDB's goal is to maintain a fund balance adequate to meet contractual and administrative obligations, including for agency services and supports, for six months. The majority of expenditures are payments to contracts with terms July 1 to June 30, and because the fund is lowest just before the first property tax disbursement of the year in June-July, payment schedules are adjusted to use as much of the fund as possible for these contracts. In recent years, the fund balance at this lowest point of the year has been between two and three months' operating expenses.

Expense Per Capita (in actual dollars)

2022	2023	2024
Actual	Projected	Budget
\$22.56	\$23.68	\$25.48

ALIGNMENT to STRATEGIC PLAN

County Board Goal 1 – operate a high performing, open, and transparent County government.

With statutory responsibility to plan and evaluate systems of services and supports, CCDDB members and staff maintain involvement in state and national trade associations and advisory committees to maximize advocacy impact and contact with state and federal leadership.

Funding decisions are made in open, properly noticed meetings. Requests for funding are reviewed in open meetings prior to these decisions. Public participation is welcomed at meetings and study sessions. Members of the public may also offer input via Board staff by email.

Strategic plans and funding allocation priorities are reviewed and approved annually during open meetings, with opportunities for public and stakeholder input, and finalized before public Notification of Funding Availability is made, 21 days prior to the application period. A timeline for these and related activities is included in board packets, online, and upon request.

An online application and reporting system is maintained and updated to support these functions, at http://ccmhddbrds.org. Members of the public, agency representatives, stakeholders, and CCDDB members and staff contribute to revisions of materials and online system.

At http://ccmhddbrds.org are links to information about funded programs and other activities, along with downloadable documents of interest to agencies and the public.

During open meetings, Board members engage in review of requests for funding and in deliberations about final allocation decisions and any related policies and procedures.

Board members may use the online system to view: agency applications for funding; agency reports of service activity, financial activity, CLC progress, and annual performance outcomes; aggregate and sortable data; announcements; and downloadable documents. Service reports are made public, posted online or in board meeting materials, summarized, and available upon request.

All funded agencies use CCDDB approved expenditure and revenue categories and accrual accounting. All are required to submit an annual audit, financial review, or compilation report, depending on total agency revenue level, prepared by an independent CPA firm. CCDDB staff and consultant review these for alignment with standards and determination of agencies' financial standing.

Board meeting schedules, agendas, minutes, and recordings are posted for the public on Champaign County government's website.

Educational and collaborative opportunities advance the local system of services and supports.

Board staff have access to equipment facilitating office and remote work. The transition to Office 365 and cloud-based storage was completed in early 2022.

County Board Goal 2 – maintain high quality public facilities and roads and a safe rural transportation system.

For fullest inclusion of people with I/DD, two small CILA group homes were maintained at a high standard from 2015 through 2020. Due to critical direct support staff shortages, the homes were vacated and sold in 2021 and 2022. This County Board Goal is no longer addressed directly, but rather through those portions of agency contracts covering costs related to service provider facilities.

County Board Goal 3 -promote a safe, healthy, just community.

CCDDB staff participate with leadership of regional health and behavioral healthcare providers and funders which have similar needs assessment and strategic health plan mandates or practices, around the shared goal of making this the healthiest community in the State.

A 211 call service is co-funded with the United Way of Champaign County. An accessible, comprehensive, searchable resource directory is maintained at http://disabilityresourceexpo.org. Organizations share updated resource information on behalf of the people they serve.

CCDDB staff organize learning and networking opportunities for providers of I/DD services, collaborating with the UIUC School of Social Work to offer Continuing Education Units at no cost to participants.

Case management services improve coordination and access to benefits, services, and supports. A variety of services and supports are funded and monitored which increase the self-reliance, well-being, and community inclusion of people with intellectual/developmental disabilities.

With other units of government, educators, providers, stakeholders, and advocacy organizations, the CCDDB collaborates on the planning of wellness and independent living programming for people with disabilities, innovative and recommended practices, and anti-stigma

initiatives, e.g., http://champaigncountyAIR.com and disabilityresourceexpo.org. The disAbility Resource Expo supports improving the health, inclusion, and quality of life of people with disabilities.

County Board Goal 4 – support planned growth to balance economic growth with natural resource preservation.

In accordance with the establishing Act, the CCDDB advocates at the state and national levels for and with people who use or seek I/DD services. Staff participate in trade association activities and committees, often advocating for other sources of revenue for services and for policy changes to improve the impact and cost.

The CCDDB seeks to understand the impact of changes to state and federal programs, in order to make effective and ethical investments of local funds. Independently and through collaboration, the CCDDB pursues sustainable, efficient supports with other funders and community partners.

The majority of this fund is allocated to community-based organizations to provide services, fostering a professional workforce which contributes to the economy and character of the County. In addition, effective programs allow people with I/DD and their families to thrive and contribute to the community's economy and culture.

County Board Goal 5 – Maintain safe and accurate county records and perform county administrative, governance, election, and taxing functions for county residents.

In accordance with the Community Care for Persons with Disabilities Act, the CCDDB allocates funding as established through the original referendum.

Online records are maintained at the County government website and http://ccmhddbrds.org. Paper and electronic files are also maintained and stored as required by the Local Records Act.

DESCRIPTION

The CCDDB was established by referendum and operates under the requirements of the Community Care for Persons with Disabilities Act (50 ILCS 835). All funds shall be allocated within the intent of the controlling act as codified in the laws of the State of Illinois. The CCDDB is responsible for planning, coordinating, monitoring, evaluating, and funding a comprehensive community-based system of intellectual/ developmental disabilities programs and services.

Annually, applications for funding are assessed using CCDDB established decision support criteria and are subject to the availability of funds. The nature and scope of applications vary significantly and may include treatment, early intervention, long term supports, service coordination and advocacy, and family support. Providers demonstrate financial and programmatic accountability, report on the impact of their services, and implement cultural and linguistic competence plans, as a condition of contracting with the CCDDB. Providers and Board staff meet monthly for updates and coordination. Collaboration with other government, funding organizations, peer networks, community-based providers, and parent/youth groups are also within the purview of the CCDDB and enhance evaluation and planning.

OBJECTIVES

Continue and expand virtual and technological options for engaging the community and people with intellectual/developmental disabilities, to align with relevant public health guidance and state and federal mandates and policies.

To identify best practices and overcome barriers experienced by persons with I/DD, continue involvement with state and national advocacy organizations and trade association I/DD committees, for meetings, webinars, and learning communities. In addition to increasing people's engagement with their community through integrated housing and employment, integrated non-work activities connect people to resources, friends, and family. Innovations in support of people's aspirations and preferences are of value.

Participate in collaborative efforts to identify local resources and needs. Through trade association committees and opportunities, advocate for Champaign County residents who have I/DD.

For planning and evaluation, use PUNS and other data on the service needs and outcomes of Champaign County residents with I/DD. Several programs report service-level data, allowing for analysis of service utilization and gaps. From those agencies accredited by the Council on Quality and Leadership, Performance Outcome Measure interviews may also inform the CCDDB's planning.

Strategize with service providers and stakeholders to address the workforce shortage and remove barriers to expanding service provider capacity and upholding client choice.

With service providers, advocates, and stakeholders, plan for best supports for people with challenging behavioral issues and complex service needs. This effort may involve other Champaign County government, law enforcement, and healthcare providers, as well as non-traditional supports, in order to divert people with disabilities from unnecessary incarceration, hospitalization, and institutionalization.

Based on approved priorities and decision support criteria, issue contracts for services and supports for people who have intellectual/ developmental disabilities.

Monitor program and financial accountability for all contracts with community-based organizations.

Through monitoring and collaboration, assist with improving services and access to services.

Based on the findings of the regional collaborative health plan (IPLAN) and community health needs assessment, implement FY2024 objectives for the CCDDB Three Year Plan for FY2022-2024.

Define and refine outcomes, using input from stakeholders and people who use or seek services.

Performance Indicators

Indicator	2022 Actual	2023 Projected	2024 Budget
Number of contracts awarded and executed for services or supports for people with I/DD	15	15	15
Number of persons served who have I/DD (services for young children were co-funded by CCDDB and CCMHB in PY21 but fully funded by the CCMHB in PY22 and PY23, lowering the total counts attributable to CCDDB funding.)	920	920	950
Number of state or federal advocacy activities or reports completed by Board members and Staff	15	12	12
Number of desk reviews conducted (number of reports submitted) per agency contract	20 (28)	21 (28)	21 (28)
Number of agency contract compliance reviews by CCDDB Staff, per contract	1	0.5	1
Number of improvements to the tracking or reporting of program performance, utilization, cultural and linguistic competence plans, or financial activities (i.e., an enhancement or revision implemented during the fiscal year)	4	2	2
Number of funded (not funded) agencies represented in collaborative meetings with board staff	6 (3)	7 (3)	7 (3)
Number of funded agency programs participating as target programs in the Evaluation/Outcomes project (new FY20)	1	2	2
Percentage of reports received in compliance with contract	90%	90%	95%

Coming this Fall!



Saturday, October 28, 2023 11 am – 4 pm

Market Place Mall 2000 N Neil St, Champaign, IL 61820

A Family Friendly Event!

A project of the Champaign County Mental Health and Developmental Disabilities Boards

www.disabilityresourceexpo.org

153

Viene en este Otoño!



Sábado 28 de Octubre del 2023 11 am – 4 pm

Market Place Mall 2000 N Neil St, Champaign, IL 61820

iUn evento familiar!

Un proyecto de las Juntas de Salud Mental y Discapacidades del Desarrollo del Condado de Champaign

www.disabilityresourceexpo.org



Receive a free ad in the 2023 Expo

The Resource Book will be available again in 2023! Paper copies will be distributed to Expo visitors and throughout the community during the coming year. An online version, with a searchable, comprehensive directory can be found at disabilityresourceexpo.org. Sponsors at the Bronze Level or above may receive a free ad in the Resource Book.

Features and distribution will include:

- All Exhibitor Information
- Name of Organization
- Services Provided
- Contact Information
- Advertisements from businesses supporting the Expo
- Resource Books are handed out to all visitors to the expo, as well as being distributed throughout the year to community members for ongoing use, and serve as an excellent resource for families.
- An online, cumulative resource directory, based on the Expo Resource Books, can be found at: disabilityresourceexpo.org

Expo Resource Book Ad Sizes:

Diamond Level

6.5" w x 9" h

$6.5'' \text{ w} \times 9'' \text{ h}$	evel 6.5" w x 4.25" h	3" w x 4.25" h	
Platinum Level	Gold Level	Silver Level	-



The DIS**ABILITY** Resource Expo is a special project of the Champaign County Mental Health Board and Champaign County Developmental Disabilities Board, as well as community partners.

Join Us by Lending Your Support!

For more information, please contact Dylan Boot at (217) 722-5281 or wheelzothunder@gmail.com www.facebook.com/resourceexpowww.disabilityresourceexpo.org



Sponsorship Opportunities

A DISABILITY Resource Expo for Champaign County & East Central Illinois Saturday, October 28, 2023 11 am – 4 pm Market Place Mall 2000 N Neil St, Champaign, IL 61820

An Important Community Resource

information and resources from a wide Our Mission: To provide full access to variety of agencies and organizations to promote a better quality of life for people with disabilities in Champaign County and East Central Illinois.

- The Expo offers Champaign County and East learn more about available resources in our Central Illinois residents the opportunity to
- resources that will enable them to live more • The Expo links individuals with disabilities and their families to the community independently.
- disabilities and how, together, we can make a • The Expo helps educate all citizens about difference!
- alternative formats (electronic, large print, etc.). The Expo offers materials available in
- The Expo has become recognized as a critical area resource event.

Event Details

2023, from 11 am – 4 pm at Market Place Mall This exciting, annual, community-wide event will be returning on Saturday, October 28th, in Champaign, IL, and will include up to 85 exhibitors, new trends and technologies, and limited entertainment.



Like us on Twitter, Instagram and Facebook. We'll brag about our sponsors on social media.

How You Can Make A Difference

ogether many social service agencies, medical groups, and innovative technologies, that will The Expo is a family friendly event bringing and East Central Illinois residents regarding service and equipment providers, advocacy answer questions for Champaign County supports and services for people with disabilities.

most recognized resource expo in East Central Illinois. Together, we are making a difference! opportunity to lead the way in creating the Through your sponsorship you have an **Thank YOU!**

monetary or in-kind support. Supporters must Six sponsorship levels are offered and can be pledge their sponsorship by the due date to receive full acknowledgement.

Due date for ALL copy is October 6, 2023.

Diamond Level (\$1000+)

- All benefits of Gold Level, plus...
- · Logo on front cover or back cover of Expo Resource Book
- Full page ad (premium placement) in the Expo Resource Book
- Logo recognition on Diamond sponsorship signs at central location at Expo
- publicity and promotion whenever possible Company/organization name mentioned in

RETURNING IN 2023:

45 minute time slots, on Expo day, are available on a first-come basis

Costs: Diamond level — Free Platinum level — \$100

Gold level — \$200

Platinum Level (\$500-\$999)

- All benefits of Gold Level, plus...
- acknowledgement sign at central location Your logo placed on main at the Expo
- Full page ad in the Resource Book

Gold Level (\$300-\$499)

- acknowledgement sign at central location • Listed as sponsor on main at Expo
- A 1/2 page ad in the Expo Resource Book
 - 6' Table—adjoining space is an additional One commercial booth space if desired. Retail sales are permitted. (Includes a

Silver Level (\$150-\$299)

A 1/4 page ad in the Expo Resource Book

Bronze Level (\$100-\$149)

 Business Card sized ad in the Expo Resource Book

Friends Level (under \$100)

Acknowledgement letter

Booth availability is limited to disabilityrelated service and resource provider organizations ONLY.

PY2023 4th Quarter Service Activity Reports

For the Champaign County Mental Health Board and Developmental Disabilities Board



Quarterly Program Activity / Consumer Service Report

Agency: CCRPC - Community Services

Program: Homeless Services System Coordination Period Fourth Quarter PY23

Submitted 08/04/2023 by KHARMON@CCRPC.ORG

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	26	40	0	49	0
Quarterly Data (NEW Clients)	9	59	0	13	0
Continuing from Last Year (Q1 Only)					

Co	mm	ents:

4 4 4	4/4/2023Fair Housing Workshop for Service Providers 40 4/4/2023Fair Housing Workshop for Tenants 9 4/26/2023CSPH Strategic Planning Meeting 8
4	5/3/2023CoC Coordinator Meeting with GCAP Executive Director 1
4	5/4/2023CoC Coordinator Meeting with Assistant Director for Basic Needs
Coordination at UIUC	1
4	5/10/2023Presentation on CSPH to Metropolitan Intergovernmental Council 10
4	5/24/2023CSPH Strategic Planning Meeting 8
4	5/25/2023CoC Coordinator Meeting with MTD 1
4	5/28/2023CSPH Strategic Planning Meeting 8
TOTAL CSE	9TOTAL SC 59



Quarterly Program Activity / Consumer Service Report

Agency: CCRPC - Community Services

Program: YAC (Companion Proposal) Period Fourth Quarter PY23

Submitted 08/10/2023 by JMCCANN

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	40	40	20	55	1
Quarterly Data (NEW Clients)	63	8	0	7	15
Continuing from Last Year (Q1 Only)					

Comments:

During Quarter 4 CSE's surpassed the target number due to new staff training (1 added case manager to the team) and professional development opportunities! SC's and TPC's were close in number due to clients whom were either Moderate-High YASI scores on agreements or repeat referrals that staff were unable to make contact with. Engagement tactics are continued with face to face visits in the office and if necessary, community visits. There were 0 clients this quarter that were repeat referrals with low risk YASI scores as there is a continued theme of Moderate-High risk level(s) and potential repeat offenders. The remaining number of first time referrals regardless of risk level were provided service linkages through placement of a station adjustment or engagement agreement.

Similar to last quarter, there were no police drop-offs this quarter, however phone inquiries increased resulting in multiple families engaging directly from the community with no initial law enforcement contact.

YAC staff met with Centennial High School this quarter in attempt to begin a school Peer Court in Fall 2023. As a result of this meeting there will be a peer court orientation in August of 2023.

Carry over clients from Q3 that completed during this quarter were the following:

4 - Failed

1 - Presently still open and completing YAC services in Q4

13-successful closures

YAC Q3 Success Story:

Referred 1/2/23; Intake 1/5/23; closed 5/2/23

This youth was referred to YAC for Burglary alongside resisting police.

The YASI assessment indicated an overall high to reoffend at opening. Client had underlying mental health, family, and legal issues. However, his needs changed from very high risk at the opening to low as he developed supports in the community. His strengths changed from moderate at the opening to high as he adapted to changes in his life. The youth successfully completed his Formal Station Adjustment which included attending school daily and maintaining a daily curfew. This youth was restricted from the home in which he committed the burglary, attended Reflections (YAC programming), wrote an apology letter, implemented weekly check ins with his case manager and obeyed all local ordinances and state laws. His Station Adjustment was completed on 5/2/23 after a month extension to complete

successfully.

This youth was initially resistant to services. He suffered withdrawals from his previous marijuana use, which was daily, however eliminating drug use led to him playing better basketball which was a great incentive! During check in, the case manager watched game highlights with the youth and helped identify through Reflections one on one programming, the ability to process significant changes in his behavior, team play and support for other team members.

The youth participated in drug/alcohol treatment with Rosecrance and continued to successfully complete after his case was closed with YAC. It was noted by Rosecrance that the youth retained recovery and did not relapse.

Towards the end of his participation, the youth made the decision to keep his YAC case open an additional month to complete work not finished. He moved from the Contemplation stage of change to Action and has maintained no further police referrals that have resulted in future referrals to the Youth Assessment Center.



Quarterly Program Activity / Consumer Service Report

Agency: Champaign County Children's Advocacy Center

Program: Champaign County Children's Advocacy Cen Period Fourth Quarter PY23

Submitted 07/19/2023 by **KMAY**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	8	270	45	225	0
Quarterly Data (NEW Clients)	10	42	13	29	0
Continuing from Last Year (Q1 Only)					

Comments:



Quarterly Program Activity / Consumer Service Report

Agency: Champaign County Christian Health Center

Program: Mental Health Care at CCCHC Period Fourth Quarter PY23

Submitted 08/25/2023 by JTRASK

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	6	50	300	60	100
Quarterly Data (NEW Clients)	4	75	200	8	5
Continuing from Last Year (Q1 Only)					

Comments:

CCCHC hosted or attended a number of events and, in some instances, took healthcare on the road to locations like Daily Bread, Strides, and the Farmer's Market. Some events included general health screenings or referrals while other events included having a provider on site for a health (medical, mental, or dental) assessment or referral.

Difficult to gauge the total NTPC due to not tracking every person that picked up health education materials but is a close approximation given the attendance at the various events.

TPC and other not has high as we have liked for this quarter. CCCHC is working towards increasing this number. Feel it will do so as people learn that we have a permanent location.



Quarterly Program Activity / Consumer Service Report

Agency: Champaign County Health Care Consumers

Program: CHW Outreach and Benefit Enrollment Period Fourth Quarter PY23

Submitted 09/01/2023 by CLAUDIALENNHOFF

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	8	650	36	160	32
Quarterly Data (NEW Clients)	5	123	8	41	5
Continuing from Last Year (Q1 Only)					

Comments:

This last quarter was fairly busy, especially with the Medicaid "unwinding" as the pandemic benefits come to a close. While many of our clients fortunately did not lose their benefits, we had to reach out and make sure that their addresses and other information was current and up to date in the state's ABE system, so that they would not end up getting dropped. We had some clients who were also new to Medicare, so they needed help understanding their benefits and the Medicare-related health insurance options like Supplements, Advantage plans, and Part D plans. These processes involving benefits are very anxiety-producing for many people, and for our clients who already struggle with mental health, it can be all the more fraught. Some of our clients contact us repeatedly within the same hour if we have not had the opportunity to call them back immediately after their first call. We can see some clients calling us back at 2 minute or 5 minute intervals, simply because they are so anxious. We are still in hybrid work mode, doing some remote work still, but we are now more frequently offering clients the opportunity to come to in-person appointments, if that is what works best for them.



Quarterly Program Activity / Consumer Service Report

Agency: Champaign County Health Care Consumers

Program: Disability Application Services Period Fourth Quarter PY23

Submitted 09/03/2023 by CLAUDIALENNHOFF

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	4	700	10	30	7
Quarterly Data (NEW Clients)	3	368	2	16	6
Continuing from Last Year (Q1 Only)					

Comments:

CCHCC's Disability Application Services Program is now working with many clients, thanks to all the referrals from our outreach work. The word is getting out, and now both Townships, Strides, Daily Bread, and Carle social workers are routinely referring people to CCHCC. The vast majority of the people being referred to CCHCC for disability applications are for individuals with mental health issues, or a combination of physical and mental health issues. Working with clients who are applying for disability can be very challenging and time-consuming, and some clients are not able to work on a consistent basis, and they have fits and starts. But we have already submitted many applications and several appeals. Interestingly, there are two trends worth noting: 1) We are starting to see more clients who appear to have become disabled as a result of long-term COVID; and 2) we are seeing a disturbing number of very young people needing help with disability applications - people who are in their 20s and 30s. We are finding that many of these individuals actually had SSI as children, and that the conditions that qualified them for SSI as children are conditions that will last a life time. Unfortunately, the landmark Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA, Public Law 104-193) unlinked childhood disability from adult disability and required that disability benefits terminate at age 18, and that the young adult must reapply for adult disability if they want benefits to continue. Most young people have no idea why their benefits stopped, and have simply been floundering for 10 or more years, finding themselves unable to function enough to gain enough income to meet their needs. The 1996 law has been devastating to many who truly need this benefit. The vast majority of people affected by this change are individuals with cognitive or psychiatric disabling conditions.

The 6 cases under "Other" represent disability clients who also required additional assistance from CCHCC's Rx fund for prescriptions or durable medical equipment that CCHCC helped to purchase (such as walker, etc.).



Quarterly Program Activity / Consumer Service Report

Agency: Champaign County Health Care Consumers

Program: Justice Involved CHW Services & Benefits Period Fourth Quarter PY23

Submitted 08/30/2023 by CLAUDIALENNHOFF

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	8	160	20	30	8
Quarterly Data (NEW Clients)	4	59	4	24	4
Continuing from Last Year (Q1 Only)					

Comments:

Things have improved for CCHCC to get referrals in the jail from Rosecrance and Jail staff, so that we have been able to serve more Justice Involved individuals in the jail. NTPC clients are typically those who are referred to us, but who then get sentenced to prison and are not eligible for benefits. However, we have begun working with these individuals in order to assist them in stopping their benefits in a timely way so that, when they get out of prison and resume benefits, they don't have "claw backs" deducting benefits as a result of "overpayments". It is hard for people to contact agencies in a timely way to discontinue their benefits when they firs arrive to prison. But not doing so can result in a tremendous loss of benefits when they get out, from these claw backs. The TPC clients come from jail referrals, as well as the work that Chris has been doing to reach out to past clients - including as far back as clients from 2015 - who are back in our community after serving prison time. They overwhelmingly appreciate Chris's follow up and they are grateful for the opportunity to apply for benefits with his help. In addition, we are now working with IDOC officials to see if we can have them start generating the list again of individuals who will be released from prison. Thankfully, people being released now have better resources as they are preparing to leave, including with IDs and the opportunity to preemptively apply for SNAP, etc. But even with these changes, they still often need help updating addresses in the ABE system and also getting Medicaid Managed Care plans that work with their choice of providers and their needed prescriptions. The 4 under "Other" refers to individuals who needed help with prescriptions or durable medical equipment.



Quarterly Program Activity / Consumer Service Report

Agency: Courage Connection

Program: Courage Connection Period Fourth Quarter PY23

Submitted 08/18/2023 by LLINDSEY

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	150	700	200	750	
Quarterly Data (NEW Clients)	37	203	30	141	
Continuing from Last Year (Q1 Only)					

Comments:

Counseling clients - 60 clients received 129 hours of in-person counseling.

Therapy clients - 17 clients received 53 hours of individual therapy and 4 clients received 8 hours of evaluation/assessment.



Quarterly Program Activity / Consumer Service Report

Agency: Crisis Nursery

Program: Beyond Blue Champaign County Period Fourth Quarter PY23
Submitted 08/24/2023 by CRISISNURSERY

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	128	522	77	33	1138
Quarterly Data (NEW Clients)	43	85	16	4	187.5
Continuing from Last Year (Q1 Only)					

Comments:

Challenges

Family Specialist, Diana Vargas-Cruz, discusses the impact that housing insecurity and stability has had on mother's abilities to participate in consistent home visits:

As a new family specialist, when introducing and implementing our Beyond Blue program to families, there were several challenges faced when delivering services. One major challenge has been surrounding housing insecurity and instability. All of my families are currently living in small limited space places with four or more individuals. These living arrangements have been due to limited funding, moving from another state or leaving unhealthy relationships. It has been hard at times to schedule home visits and facilitating sessions, where both parent and I can share honest responses without others present. During visits, interruptions have ranged from parents, siblings, children, and even husbands showing up unexpected. As a result, parents have had to request home visits to be scheduled certain days/times of the weeks due to wanting privacy. I have a parent who shared only being able to meet before noon. While another parent disclosed future sessions should end immediately if her husband ended up coming home without her knowing. Lately, I am unsure who will be at a home visit aside from a parent and at times need to make changes to sessions to maintain confidently. I can tell the parents want to engage more fully but cannot due to their current housing situation.

Family Specialist, Hannah Hensley, discusses the challenge of environmental stressors impacting mother's health and quality of visits:

Throughout the past quarter, I have noticed various difficulties that the mothers I serve have been experiencing. They all are struggling with high stress which can impact all areas of health, mental, physical, social, and financial. Some of the moms are really struggling with postpartum depression and other mental health issues. Other challenges I have noticed in the mothers I serve are community and systemic barriers when trying to access certain services, like housing, mental health services, etc. All of the difficulties these mothers have been facing made it difficult to have consistent and successful home visits with them. It can also be challenging to focus during the visits since some moms are in crisis and high stress situations.

Successes

Family Specialist, Taylor Wallis, reflects on the growth of participating families during her exit from the program:

This month I am transitioning and/or exiting families for my upcoming departure from Crisis Nursery. While organizing files and having final conversations, I began to notice a lot of growth from my families and those who I have worked closely with over the last two years. While looking at the family resource assessment sheets, I have found that a lot of families have acquired the resources they needed within home visiting. Several of my families initially coming into the program, had several resource needs and not a lot of support which lead to difficulties with their mental health. Now, some families are choosing to exit as they have moved on and have seen improvements in depressive symptoms because of acquiring the services and resources they needed. Other families are choosing to continue to with a new Family Specialist to continue progress towards their goals.

Family Specialist, Diana Vargas-Cruz, discusses community connections made during quarter four and resources available to parents:

During this quarter, I have been able to learn more about the different resources available in the community to support the families I work with. For example, I learned about Head Start registration, Early Intervention services, and the Child Care Resource office. I was also able to provide food boxes to some families. Many of my families have shared feeling hopeless and lost when dealing with stressors related to the behaviors of their older children in the family. It has been nice to be able to provide information on some of the resources available. They shared that having multiple children makes it hard to know where to go and who to share their concerns. Our sessions have allowed them to discuss their identity as a mother and the responsibilities experienced daily with limited support. For example, I have a mother who shared having two children with disabilities and questioning herself daily if she is making it worse. Since starting our sessions, mother began taking the steps needed to get her children screened for services, outside of the developmental screenings that we do together. She shared our sessions have allowed her to identify some of her strengths and be more confident in her abilities when making decisions for her family.

Testimonials

Family Specialist, Taylor Wallis, discusses her work with a family living in a rural area with limited supports:

I have been working with a mom who entered the Beyond Blue program over a year ago. This family lives in an isolated area from family, friends and other resources. This family is also without transportation and has an infrequent transportation option. This mom was walking to her OBGYN appointments at 9 months pregnant. In our visits, we would mainly discuss upcoming appointments and doctor recommendations to manage her stress level. Mom continues to live in isolation from supports and does not have transportation but our visits have drastically changed. Now, her new baby is almost a year old and her stress level is a lot lower. While completing an end of the year questionnaire, we reflected on the past. Mom laughed telling this Family Specialist how chaotic things had been and how she is learning to tell the kids, "no," more often which is new for them and her. Mom also shared that her work with the Beyond Blue program has really has helped her become a better parent.

Family Specialist, Hannah Hensley, discusses the benefits of Beyond Blue and Crisis Nursery for a family who has experienced a difficult pregnancy:

I have been serving a mom throughout quarter 4 through the Beyond Blue program and I meet with this mother weekly. She is currently pregnant with twins and has two toddlers. This mom has been through very significant challenges and barriers in the community, with the healthcare system, mental health care system, and her own personal challenges, such as mental and physical health struggles and high stress. The pregnancy has impacted her in both positive and negative ways. She was overjoyed when she found out she was pregnant and ecstatic when she found out she was pregnant with identical twins. This mom has been trying with her husband for a few years and they have wanted a baby for a long time. When they became pregnant, this was their dream come true. Throughout the pregnancy, this mom has experienced very high stress and so many physical symptoms, like fatigue, nausea, pain, mood swings, and more. She is now in the third trimester of her pregnancy. Throughout this challenging and rewarding journey of pregnancy, I and

Crisis Nursery, have supported this mom and her family respite care, information about the pregnancy and development.	by connecting her to needed community resources, provided elopment of her babies, and overall support to her and her



Quarterly Program Activity / Consumer Service Report

Agency: Community Service Center of Northern Champaign County
Program: Resource Connection Period Fourth Quarter PY23
Submitted 08/18/2023 by CSCRANTOUL

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target		3500	1100	0	2100
Quarterly Data (NEW Clients)	6	1024	148	0	92
Continuing from Last Year (Q1 Only)					

Comments:

For PY2023 4th quarter, we are continuing to see our Service/Screening Contacts and Non-Treatment Plan clients numbers increase year over year post COVID. The screening contacts are up 78% and NTPC is up 83%. In the "Other" category, which is client contacts by other agencies using our office, the number has significantly decreased. Of those 21 were contacts with CCMHB funded programs. We are consistently seeing an overall increase in our program services being utilized and barring any unforeseen circumstances, we expect this trend to continue.

We have worked very hard to promote the program doing Community Service Events with local groups, school districts, TV (CI Living), radio, and the general public at events in our area, participating in 6 Community Service Events in the 4th quarter of this program year.



Quarterly Program Activity / Consumer Service Report

Agency: C-U at Home, Inc.

Program: Shelter Case Management Program Period Fourth Quarter PY23
Submitted 08/22/2023 by MCOURTWRIGHT

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	90	1200	148	112	0
Quarterly Data (NEW Clients)		634	0	6	
Continuing from Last Year (Q1 Only)					

Comments:



Quarterly Program Activity / Consumer Service Report

Agency: Cunningham Children's Home

Program: ECHO Housing and Employment Support Period Fourth Quarter PY23
Submitted 08/24/2023 by APOSEY

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	25	510	15	20	0
Quarterly Data (NEW Clients)	16	160	0	1	
Continuing from Last Year (Q1 Only)					

Comments:

Eighteen (18) clients received services in the ECHO program during the fourth quarter of FY23. There were 15 continuing TPC, two (2) continuing NTPC, and one (1) new TPC. There were two (2) program discharges.

There were a total of 22 inquiry contacts. As appropriate, inquiries were referred to RPC for Centralized Intake. There were a total of 138 service contacts (and an additional 25 attempted contacts). The target number of service contacts for the year is 510. The program has exceeded the target for FY23 with a total of 667.

There were sixteen (16) community service events during the quarter.



Quarterly Program Activity / Consumer Service Report

Agency: Cunningham Children's Home

Program: Families Stronger Together Period Fourth Quarter PY23
Submitted 08/24/2023 by APOSEY

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	10	1050	25	50	0
Quarterly Data (NEW Clients)	2	308	1	7	
Continuing from Last Year (Q1 Only)					

Comments:

We served a total of 42 clients during the fourth quarter of FY23. 24 were continuing TPC and 7 were new TPC. Additionally, 8 were continuing NTPC and 1 was a new NTPC. There were 12 discharges during the fourth quarter. The program served a total of 51 TPC and 17 NTPC during FY23. This exceeded the targeted number of 50 TPC and was just short of the targeted 25 NTPC.

We completed 268 Service Contacts with treatment plan clients and 40 Service Contacts with non-treatment plan clients (for a total of 308). An additional 79 attempts to contact clients and/or caregivers were made. The quarterly target for Service Contacts is 263. The program exceeded the amount of service contacts for the fourth quarter, and exceeded the total goal of 1050 Service Contacts for FY23.

There were two Community Service Events during the fourth quarter. The program also lead a special FST group for Champaign Unit 4 students on "Identification of Positive Aspects of Self". 239 total students and 29 total teachers/adults participated in the sessions, and they included interactive activities to support modulation and regulation. The program exceeded the annual target of ten Community Service Events for the year, having a total of 17 events YTD.



Quarterly Program Activity / Consumer Service Report

Agency: Don Moyer Boys & Girls Club

Program: Community Coalition Summer Inititiatives Period Fourth Quarter PY23

Submitted 08/25/2023 by BROOKE

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	40	14000	900	0	500
Quarterly Data (NEW Clients)	32	11400	870	0	300
Continuing from Last Year (Q1 Only)					

Comments:

The Community Coalition Summer Initiative Program takes place over a defined (5 month) time period (May thru September) and is carried out through a partnership with multiple community service organizations. While Covid concerns saw some continued remote activity and engagement with youth and community members, 2022 program partners were largely able to return to providing in person activities and services. CSE events included reports and updates at monthly Community Coalition meetings, joint planning meetings with all partner organizations, monthly contacts with administrative agent, and individual contacts with each partner organization. These events were primarily conducted by Tracy Parsons Project Coordinator and Don Moyer BGC as Administrative Agent. In addition, each partner organization engaged in individual program CSE events (14 or more) related to program specific promotion and recruitment of participants. These events were generally targeted to parents and local community groups. Service Contacts (SC) numbers was determined based on a calculated aggregated average of NTPC receiving services 2 times per week over a 10-week period. Due to the nature of the program the NTPC target category is most reflective of clients served. The summer activities and engagements provided by the partner organizations were open to a variety of youth, and individuals from throughout Champaign County. Activities and programs were most often conducted in small to large groups rather than individually focused. Registration or sign up for each program or activity included required registration for structured programs, to open attendance for open group activities and community engagement activities. The reported other category of (300) reflects the estimated contacts through community engagement activities. Exact contact numbers cannot be determined due to the nature of the events.



Quarterly Program Activity / Consumer Service Report

Agency: **Don Moyer Boys & Girls Club**Program: **C-U CHANGE** Period **Fourth Quarter PY23**

Submitted 08/25/2023 by MONICAM

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	144	1000	45	50	
Quarterly Data (NEW Clients)	47	133	5	3	
Continuing from Last Year (Q1 Only)					

Comments:



Quarterly Program Activity / Consumer Service Report

Agency: Don Moyer Boys & Girls Club
Program: CUNC Period Fourth Quarter PY23
Submitted 08/25/2023 by KSIMMS

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	115	220	150	0	
Quarterly Data (NEW Clients)	31	79	35	0	
Continuing from Last Year (Q1 Only)					

Comments:

CSE-

We conducted educational presentations at: Dr. Howard, Staff Training for Y on the Fly, HeadStart, and Mom's Demand Action.

We also participated in the following community events - Wear Orange, Hedge Pop Park Up, Cunningham Township Health Fair, Community events in Garden Hills, Countrybrook and Douglas Park

We provided targeted group-based interventions for participants in Freedom School (6 sessions), Restoration Urban Ministries (3 sessions), and Parkland Highway and Construction 2 sessions.

We currently have: CU @ Home, Courage Connections, Cunningham Township, MAYC, and the Trauma & Resilience Initiative participating in this year's learning collaborative. We also have participation from CUPHD, Real Life Families and the Centering Youth Wellness Initiative. CU @ Home, Courage Connections, Cunningham Township, MAYC and TRI have all completed their baseline organizational assessment and Courage Connections, CU @ Home and Cunningham have all received their based line reports.

We have held baseline training courses for MAYC, Courage Connections and CU @ Home and 9 additional consultation meetings including our 2 monthly collaborative meetings.

We also engaged in a door to door canvasing effort at Countrybrook to better design programming and support to address the resident's needs.

SC- direct one on one contacts with individuals in the community providing information, coaching, resources and mentoring support for residents in our targeted communities.

NTPC: 35 - participants in our groups from Restoration Urban Ministries, Freedom School, and Parkland's Highway & Construction program.



Quarterly Program Activity / Consumer Service Report

Agency: Don Moyer Boys & Girls Club

Program: Youth & Family Services Period Fourth Quarter PY23

Submitted 08/24/2023 by RCRIDER

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	10	400	20	30	0
Quarterly Data (NEW Clients)	14	29	23	0	0
Continuing from Last Year (Q1 Only)					

Comments:

This quarter we hosted 14 GLAM (Growing-Learning-And-Maturing) Girls groups in the community. In total we had 21 (listed as NTPC in 4th quarter for completing the program) young women participate in the groups from two different sites.

GLAM Girls is a psychoeducational group for middle school and high school girls designed to explore the many facets of the emerging female adolescent identity and foster a high level of self-esteem. Adolescence is a time, and even more so for females, which can be marked by many identity conflicts and low levels of self-esteem. The end goal is to help equip group members with a strong understanding of who they are, increase their level of self-esteem, and provide them with a large tool box of new skills to aid them as they continue on their path to adulthood. Group work is a powerful therapeutic endeavor which can result in an atmosphere of mutual aid. In this atmosphere, members learn to identify and voice their own needs, realize similarities and differences, form connections with others, and practice new skills in an environment of inclusion and respect.

Below is a list of the activities the youth engaged in this quarter:

- participants created time capsules that will be mailed to them next year; they contained goals and desires sheets
- participants discussed trauma and identified traumatic events in their lives; they worked on releasing the negative emotions associated with the event through various exercises
- participants learned proper dining and etiquette skills
- participants went on an outing to Olive Garden and Neil St. Blues to practice and demonstrate good manners and etiquette
- participants receive a certificate of completion for participating in GLAM during the school year
- participants discussed journaling prompts and their entrepreneur summer project
- participants began planning the phases of their summer project and the roles they would take on
- participants discussed current community events and things happening in their personal lives



Quarterly Program Activity / Consumer Service Report

Agency: Developmental Services Center

Program: Family Development Period Fourth Quarter PY23

Submitted 08/15/2023 by VICKIE2010

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	15	200	0	655	
Quarterly Data (NEW Clients)	5	101		156	
Continuing from Last Year (Q1 Only)					

Comments:

Family Development had a busy quarter with developmental screenings. Increased partnerships and collaboration across Champaign County have resulted in more referrals for screening and service linkage for therapies. Additionally, Family Development offered numerous groups throughout the summer for parent-child networking, play, and support. Groups have led to increases in number of families and children served.



Quarterly Program Activity / Consumer Service Report

Agency: East Central Illinois Refugee Mutual Assistance Center
Program: Family Support & Strengthening Period Fourth Quarter PY23
Submitted 08/25/2023 by REFUGEE CENTER ADMIN

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	50		0	0	15
Quarterly Data (NEW Clients)	31				0
Continuing from Last Year (Q1 Only)					

Comments:

A. Youth Tutoring Program - 12 instances

4/1/23 CIMIC: 21 students, 5 tutors 4/29/23 CIMIC: 6 students, 1 tutor

Summer Intensive Tutoring Program, CIMIC

Emotion Recognition, ESL, 1 on 1 personalized time with a tutor, crafts and recreational time.

6/6/23 16 students, 8 tutors

6/7/23 34 students, 8 tutors

6/8/23 33 students, 7 tutors

6/13/23 30 students, 8 tutors

6/14/23 31 students, 9 tutors

6/15/23 32 students, 9 tutors

6/20/23 28 students, 7 tutors

6/21/23 32 students, 9 tutors

6/22/23 28 students, 9 tutors

6/27/23 28 students, 9 tutors

B. Community Education Consultation Linkage - 3 instances

05/03/23 Latino Unity Day Event at the State Capitol: Event to celebrate the achievements of NFP's serving the Latino/a communities in IL and talk about goals for the future. 100+ attendees.

05/17/23 Champaign West Rotary: Featured Speaker; Spoke about TRC services and recent immigration issues. 80 attendees.

05/25/23 First Presbyterian Women's Spring Gathering: Featured Speaker; Spoke about TRC services and recent immigration issues, 40 attendees.

Continuing Facebook outreach regarding COVID-19, vaccine clinics, and other important news in multiple languages.

C. Community Collaboration - 16 instances

04/03/23 Jewish Federation of Metropolitan Chicago (JFMC) Executive Council meeting, 25 organizations

04/06/23 Champaign County Human Service Council meeting, 12 organizations present

04/17/23 Rantoul Service Providers Meeting, 10 organizations present

04/18/23 United Way Executive Directors meeting, 30-35 organizations represented

04/25/23 CCMHB/DDB Council meeting, 35 organizations present

04/27/23 IL Welcoming Center immigrant collaborative meeting, 11 attendees

05/04/23 Champaign County Human Service Council meeting, 12 organizations

05/11/23 Community Foundation of East Central IL (CFECI) Exec Directors meeting, 15 organizations

05/15/23 Rantoul Service Providers Meeting, 10 organizations

05/18/23 IL Welcoming Center immigrant collaborative meeting, 11 attendees

05/23/23 CCMHB/DDB Council meeting, 35 organizations

06/05/23 Jewish Federation of Metropolitan Chicago (JFMC) Executive Council meeting, 25 organizations

06/08/23 Community Foundation of East Central IL (CFECI) Exec Directors' meeting, 15 organizations

06/15/23 IL Welcoming Center immigrant collaborative meeting, 11 attendees

06/20/23 United Way Executive Directors meeting, 30-35 organizations

06/27/23 CCMHB/DDB Council meeting, 35 organizations



Quarterly Program Activity / Consumer Service Report

Agency: Family Service of Champaign County
Program: Counseling Period Fourth Quarter PY23
Submitted 08/22/2023 by JJONES

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target			30	40	
Quarterly Data (NEW Clients)			8	3	
Continuing from Last Year (Q1 Only)					

Comments:

We continue to have no waiting list and client appointments are scheduled quickly when referrals come in. The therapist schedules included evening hours on Mondays and Thursdays when the Children First classes are held.

- This quarter we began to see clients in person or telehealth based on the preference of the client.
- The program director attends the weekly Drug Court team meetings. Our therapists are available to provide individual, couples and family counseling to individuals referred by the Drug Court. Ten Drug Court clients were seen at Family Service this quarter, one for individual counseling, two for grief counseling, and seven for relationship assessments.
- The program director is an active participant on the Human Services Council of Champaign County and attends the monthly meetings for outreach and promotion of the Counseling program.

This quarter, the Program Director shared with the Epilepsy Advocacy Network about the services available at Family Service of Champaign County.

- The Program Director attended:
- o The Resiliency Refresher with Karen Simms presented by CCMHB in June.
- o Online Training for Drug Court through AllRise: Standards: I, II, III, and IV



Quarterly Program Activity / Consumer Service Report

Agency: Family Service of Champaign County

Program: Creative Social Connectivity for Seniors Period Fourth Quarter PY23

Submitted 08/25/2023 by JRAYMER

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	54	500	50	0	0
Quarterly Data (NEW Clients)	11	235	10		0
Continuing from Last Year (Q1 Only)					

Comments:

This program far exceeded its goals for the number of clients during the reporting year. As identified by the MHB during the FY23 contracting process, this program is being folded into our Senior Counseling program at the start of FY24.

The program continues to grow, as the goal for the number of people served during FY23 was 50, and as we enter FY24, we are topping more than 100.



Quarterly Program Activity / Consumer Service Report

Agency: Family Service of Champaign County
Program: Self-Help Center Period Fourth Quarter PY23
Submitted 08/22/2023 by JJONES

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	300		0	0	
Quarterly Data (NEW Clients)	49				
Continuing from Last Year (Q1 Only)					

Comments:

Family Service conducted a conference on May 5, 2023, "Healthy Aging in America" featuring Dr. Steven Neucks, MD. Twenty-three people attended the conference and twenty-one vendors presented information about their business and/or activities. Please see below for feedback from the workshop.

Dr. Peter Patton submitted his resignation as the Self-Help Center Coordinator effective at the end of the day May 5, 2023. A new SHC coordinator will begin in FY24.

Program coordinator statistics for the Fourth Quarter:

- -365 e-mail contacts
- -3 information and referral calls
- -326 page views on SHC website
- -127 Support Group Directories distributed
- -Support group updates were solicited from support group contacts
- -Attended 4 Planning Meetings
- -Planning Spring Biennial Conference
- -FSCC was a vendor at Jettie Rhodes Day on 6/24/23 and U of I Special Populations Fair on 4/11/23

Feedback from the conference:

- -"Grateful for the community presenters who shared valuable information on this topic.".
- -"The program and the presenters were very informative."
- -"They did really good."
- -"Love that you offer vendors."



Quarterly Program Activity / Consumer Service Report

Agency: Family Service of Champaign County
Program: Senior Counseling & Advocacy Period Fourth Quarter PY23
Submitted 08/25/2023 by JRAYMER

Submitted 00/25/2025 by MATNER								

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target		2500	500	200	
Quarterly Data (NEW Clients)		660	51	49	
Continuing from Last Year (Q1 Only)					

Comments:

In our application for FY24, we identified a partnership with Christie Clinic, and mentioned that we would be partnering with them to provide direct services to their patients. As stated, we were able to begin this during the second half of the current reporting period, and in this timeframe, this partnership accounted for 2 of the TPCs and 12 of the NTPCs.

The last two reporting periods of the Fiscal Year had much stronger results than Q2, while Q1 is always over-represented due to it being the first quarter of the year, and many people you will see throughout the full year are new during that period.

The negative impact of losing the Adult Protective Services program was underestimated when it came to the NTPC number. It appears that a number of clients would switch to being NTPCs after being TPCs in that singular program.

As a component of the TPC number, the Program to Encourage Active and Rewarding Lives for Seniors (PEARLS) service began expanding during the tail end of the reporting period. We had two clients start the program during the period, and they will do significant portions of the service during the next FY. This program helps seniors address topics such as loss, depression, and anxiety in a way that is goal-oriented, and does not appear to be the typical counseling that many participants may avoid.



Quarterly Program Activity / Consumer Service Report

Agency: FirstFollowers

Program: Peer Mentoring for Re-entry Period Fourth Quarter PY23

Submitted 08/24/2023 by JKILGORE

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	15	75	280	120	0
Quarterly Data (NEW Clients)	4	9	40	23	
Continuing from Last Year (Q1 Only)					

Comments:

This was a quarter of great growth and activity for FirstFollowers. Our drop-in clients continued to grow and our internal capacity increased in efficiency with a series of internal workshops covering record keeping, client relations and the political context of our work. Our weekly training sessions have begun to pay dividends in terms of performance and cohesion. Our use of the spreadsheets has also become more consistent and efficient.

However, accessing resources for clients has a times been more challenging. During this quarter we had a brief economic dip and at one point Express, our most frequently used temp service, actually told us they had no jobs to offer. However, this did rebound by the end of the quarter. More disturbing, however, is the trend in rental housing with a number of landlords opting to turning properties which our clients could previously access into student housing. This reduction in the market also led to rent increases in a number of our clients apartments.

Noneteless, we continued to build relationships with more landlords, particularly Windcrest and Weiner, both of whom are becoming less concerned about background checks.

Apart from drop-in, this has been our best quarter yet for GoMAD. We have been working on two housing renovation projects with a third set to start up in July. Since we have more work, we have pushed our team up to 15 members, with two group leaders working in separate houses. Our technical capacity has increased with the arrival of our trailer and the purchase of a new truck to haul our equipment and supplies. We are also pleased that one more of our GoMAD crew has completed his high school diploma.

Apart from these activiities, we have two new projects which are very active. Families of Resilience (FOR) held their second public event in June with Zoom session by Dr. Zaria Davis on Post-Incarceration Syndrome. About 20 people attended, though the crowd was curtailed by an air quality alert. We plan to bring Dr. Davis to town in the fall as she is an engaging speaker who not only is trained in therapy but is an ordained minister and a formerly incarcerated person. We are building out a core of about 7 people who will be carrying FOR into the future, continuing to educate the community about the impact of incarceration on families and building some capacity to provide support to those families. In addition, we are the fiscal sponsors of Hope for Women, a reentry program based in Urbana which targets people coming home from women's prisons and jails. They had a successful launch attended by about 40 people on June 3rd and will be running drop in and support services from Salt and Light in Urbana two days per week. Their opening received considerable media coverage.



Quarterly Program Activity / Consumer Service Report

Agency: FirstFollowers

Program: FirstSteps Community Reentry House Period Fourth Quarter PY23

Submitted 08/24/2023 by JKILGORE

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	10	10	27	6	0
Quarterly Data (NEW Clients)	2	2	6	1	
Continuing from Last Year (Q1 Only)					

Comments:

We had two new residents this quarter, one who came right at the end of the previous quarter and a second who came after the start of quarter four. The former blended in very well, coming to the offices regularly, helping us with office work, assisting in the garden and going into the community to events at the Pop Up park for Juneteenth. He also attended meetings of Families of Resilience our newest program and secured part-time employment. Since he was incarcerateedfor 29 years, this transition and his emthusiasm were very welcome. Unfortunately the other new resident only lasted a week. He violated curfew, used substances and declined to participate in our program to resolve the issue. This is only the second resident we have lost in over three years. Every other one is gainfully employed, has completed parole successfully with the majority of them remaining in touch with us and supporting our work. We have had a flood of new applicants, though only a few fit our criteria which focus on a prison record of participating in programs and demonstrating a clear cut set of goals upon release. We anticipate another resident coming in October if not before. During this quarter we had meetings with both the HACC and the RPC about other opportunities to provide housing support to people returning from prison or jail. We are hopeful that we will second something before the end of the year which will provide us with housing opportunities for a wider range of people, including people returning from women's prisons and those with children.



Quarterly Program Activity / Consumer Service Report

Agency: GROW in Illinois

Program: Peer-Support Period Fourth Quarter PY23
Submitted 08/23/2023 by BEAKINS

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	24	1800	150	0	
Quarterly Data (NEW Clients)	4	644	84		
Continuing from Last Year (Q1 Only)					

Comments:

We opened the jail groups, and they are going very well. We have really good attendance we need to start another male group due to the group getting very large. We are also getting quite a few new contacts from OSF while some are not included do to being out of the area. Attendance on that unit is going well. Most on the unit do attend because of the short stay and having engagement from community. Our hope is that they will come to the community groups after discharge. We also have a large amount of the service contacts because the jail allows the men's group to attend every other week this is due to having so much participation. this is why we may have to start another group so that the inmates that would like to attend every week can. Time and staff are most of the cause for not have two men's group in the jail. I do hope to see that change.

I did underestimate what we would be able to do as an organization out of an abundance of caution because of the uncertainty that was COVID related. We were also still very unsure of our leadership situation. We would like to see much better attendance in our community groups, but we also know that leadership is not magic and does not happen overnight. We continue to strive for opening more community groups. In the meantime. We have good attendance at social events, Leader's meetings and Organizers and Recorders meeting. We also do a good job attending community events that helps us with information and referral along with Keeping up with the trends.

One thing we do know is that GROW works for those that are willing to work the program. There is still a certain amount of stigma related to the COVID crises, it is getting better, and we have defiantly noticed things getting back to somewhat ordinary living.

We had 2713 hours in overall this includes All GROW groups, Organizers and Recorders meetings. Leader's meetings, Socials and Workshops and outside presentations.



Quarterly Program Activity / Consumer Service Report

Agency: Mahomet Area Youth Club

Program: Bulldogs Learning & Succeeding Together Period Fourth Quarter PY23
Submitted 08/23/2023 by BBUCHANAN

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	1000	2200	80	12	
Quarterly Data (NEW Clients)	144	1296	32	4	
Continuing from Last Year (Q1 Only)					

Comments:



Quarterly Program Activity / Consumer Service Report

Agency: Mahomet Area Youth Club

Program: MAYC Members Matter! Period Fourth Quarter PY23

Submitted 08/23/2023 by BBUCHANAN

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	200	5750	150	15	
Quarterly Data (NEW Clients)	110	3660	56	3	
Continuing from Last Year (Q1 Only)					

Comments:



Quarterly Program Activity / Consumer Service Report

Agency: Promise Healthcare

Program: Mental Health Services with Promise Period Fourth Quarter PY23

Submitted 08/24/2023 by AMANDAFERGUSON

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	0	2200	400	475	0
Quarterly Data (NEW Clients)	0	1111	82	157	0
Continuing from Last Year (Q1 Only)					

Comments:

Counseling -

SC: 1111 kept appointments with counselors by Champaign County Residents

NTPC: 82 Champaign County residents who do not complete assessment or chose not to engage in therapy

TPC: 157 Unique Champaign County residents served by counselors



Quarterly Program Activity / Consumer Service Report

Agency: Promise Healthcare

Program: Mental Health Services with Promise Period Fourth Quarter PY23

Submitted 08/24/2023 by AMANDAFERGUSON

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	4	8000	950	1675	40
Quarterly Data (NEW Clients)	1	2027	11	179	100
Continuing from Last Year (Q1 Only)					

Comments:

Psychiatry:

Community Service Events - 1

University of Illinois - School of Health Care Administration - Q&A

SC: 2027 kept appointments with Psychiatrist by Champaign County Residents

NTPC: 11 Champaign County residents were prescribed their Behavioral Health medications by PCP.

TPC: 179 Unique Champaign County residents served by Psychiatrists

Other: 100% of denials addressed (150 total).



Quarterly Program Activity / Consumer Service Report

Agency: Promise Healthcare

Program: Promise Healthcare Wellness Period Fourth Quarter PY23
Submitted 08/24/2023 by AMANDAFERGUSON

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	30	1600	480	205	2400
Quarterly Data (NEW Clients)	17	932	391	153	207
Continuing from Last Year (Q1 Only)					

Comments:

CSE: 17 Outreach and Community events attended during the quarter:

Urbana Winter Farmer's Market (4/1/23, 4/19/23) - Booth with educational materials.

Christie Clinic Health and Fitness Expo (4/27-4/28/23) - Booth with educational materials.

Mckinley Health Center- Campus Wide Special Populations (4/11/23) - Health Fair booth.

Community Resource Center in Rantoul (4/18/23) - Booth with educational materials.

Salvation Army Food Pantry - (4/3/23) - Booth with educational materials.

LGBTQIA+ Family Fun Fest at Urbana Middle School (4/15/23) - Booth with educational materials

Urbana High School (4/20/23) - Distributed info on services to students.

JW Eater Middle School in Rantoul (4/29/23) - Table at Carle Community Care School Physical event. Distributed information on services.

Urbana Summer Farmers Market (5/20/23, 6/24/23) - Booth with educational materials, Medicaid enrollment.

City of Champaign / Equity & Engagement Dept (5/19/23) - Presentation on medical and behavioral health services.

Farmer City Heritage Days (6/1-6/5/23) - Distributed information on medical and behavioral health services.

Juneteenth Celebration – Champaign (6/17/23) - Booth with educational materials.

Hedge Pop Park (6/28/23) - Booth with educational materials

Champaign Farmer's Market (6/13/23) - Medicaid Enrollment, distributed info on services.

Brown Bag Lunch at Douglas Center (6/8/23) - Presented info on medical and behavioral health services.

Sober Home Community Health Fair at Emmanuel Church in Champaign (6/10/23)

SC: 932 patient encounters during the quarter

NTPC: 391 patient who were helped at least once during the quarter and not seen in previous quarters of this project year.

TPC: 153 patient who had 2 or more contacts/assists during the quarter and were not seen in previous quarters of this project year.

Other: 207 patients enrolled in health coverage

14 Adult Wellness Community Partnerships/Collaborations:

Rosencrance

DHS Rehabilitation Services

Land of Lincoln
C-U Public Health
MTD
Pace
Family Services
RACES
Restoration Urban Ministries
Church of Living God
Champaign Park District
Meijer Pharmacy
Daily Bread Soup Kitchen

Empty Tomb



Quarterly Program Activity / Consumer Service Report

Agency: Rape Advocacy, Counseling, & Education Services

Program: Sexual Violence Prevention Education Period Fourth Quarter PY23

Submitted 08/24/2023 by JKOLISETTY

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	600	4000	0	0	40
Quarterly Data (NEW Clients)	668	3904	0	0	0
Continuing from Last Year (Q1 Only)					

Comments:

Having three full-time Prevention Educators in FY23, compared to 2.5 FTEs in FY22, enabled RACES to exceed the annual goal for the number of sessions for the full year in just the fourth quarter. The agency also greatly exceeded the goal for the number of students to receive RACES' programs (Service Contacts). RACES' Educators provided programming to over 6,000 students in Champaign County, compared to the goal of 4,000. Although RACES was unable to provide programming to youth at the Champaign County Juvenile Detention Center in the fourth quarter of FY23, RACES' persistent efforts were rewarded when the JDC's new leadership agreed to resume programming. RACES has resumed program provision in FY24.



Quarterly Program Activity / Consumer Service Report

Agency: Rosecrance Central Illinois

Program: Benefits Case Management Period Fourth Quarter PY23

Submitted 08/18/2023 by GAIL.RANEY

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	0	625	250	0	0
Quarterly Data (NEW Clients)	0	145	19	0	0
Continuing from Last Year (Q1 Only)					

Comments:

This was the first year for this program to be solely Benefits Case Management activities. The Benefits Case Manager, Kathy Finley, links Champaign County clients from across Rosecrance Central Illinois programs with benefits such as Medicaid/Managed Care Organizations, Medicare, Social Security Income (SSI), Social Security Disability Insurance (SSDI), SNAP/Link Card, pharmacy assistance, and other public programs.

In the fourth quarter, the Benefits Case Manager served 67 clients, with 19 being new this quarter (NTPC). She provided 145 contacts (SC) such as in-person sessions, phone calls, applications submitted, letters written, and other communications on behalf of clients to help them access benefits.

There are currently no other funding sources available for this service.



Quarterly Program Activity / Consumer Service Report

Agency: Rosecrance Central Illinois

Program: Crisis Co-Response Team (CCRT) Period Fourth Quarter PY23
Submitted 08/18/2023 by GAIL.RANEY

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	20	250	140	50	0
Quarterly Data (NEW Clients)	19	104	14	43	0
Continuing from Last Year (Q1 Only)					

Comments:

CSE: 19: Staff presentations and/or coordination meetings.

SC: 104: number of attempts to contact and engage individuals and families who have had Crisis Intervention Team (CIT) or domestic related police contact

NTPC: 14: Individuals whose initial screening indicates that crisis can be resolved without further action from CCRT and no plan for treatment is necessary.

TPC: 43: Individuals enrolled in short-term care planning, coordination and monitoring based on entry assessment results.

Multiple community and stakeholder meetings continued this quarter in an effort to continue program development and relationship building. We continued to see more treatment plan clients than originally anticipated. There were no vacancies in this program this quarter.



Quarterly Program Activity / Consumer Service Report

Agency: Rosecrance Central Illinois

Program: Child & Family Services Period Fourth Quarter PY23

Submitted 08/18/2023 by GAIL.RANEY

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	5	210	5	20	0
Quarterly Data (NEW Clients)	2	192	0	11	0
Continuing from Last Year (Q1 Only)					

Comments:

This was the third quarter of services for this program, and the caseload continues to grow.

CSE: 1: Number of visits with community partners or other events to explain the program, invite referrals, and educate the community and/or referral sources about services for youth and families. Information was handed out at two health/resource fairs this quarter.

SC: 196: Number of contacts with youth and families, to include sessions with youth and/or family as well as transportation, case management, or care coordination activities with the youth and/or family.

NTPC: 3: Number of youth and families who enroll in services but do not engage in an assessment or treatment plan. There were none this quarter.

TPC: 11: Number of youth and families who complete an assessment and treatment plan for services.



Quarterly Program Activity / Consumer Service Report

Agency: Rosecrance Central Illinois

Program: Criminal Justice PSC Period Fourth Quarter PY23

Submitted 08/18/2023 by GAIL.RANEY

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	0	500	100	60	0
Quarterly Data (NEW Clients)	0	223	72	5	0
Continuing from Last Year (Q1 Only)					

Comments:

SC (Screening Contacts): 223 request slips from the jail which were completed.

NTPC (Non Treatment Plan Clients): 72 persons screened and given referral information, but who did not engage in case management services.

TPC (Treatment Plan Clients): 5 clients who completed an IM-CANS assessments and received case management services.

The Criminal Justice Program had 1 vacant position, which was filled within 30 days. Shelby Carroll joined the team this quarter.



Quarterly Program Activity / Consumer Service Report

Agency: Rosecrance Central Illinois

Program: Recovery Home Period Fourth Quarter PY23
Submitted 08/18/2023 by GAIL.RANEY

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	0	65	0	22	0
Quarterly Data (NEW Clients)	0	2	0	2	0
Continuing from Last Year (Q1 Only)					

Comments:

Total Champaign County clients participating in program in Fourth Quarter FY23: 2 new clients who are Champaign County residents (another client from Champaign County was also admitted this quarter, but was a previous client counted in 2nd Quarter).

Total new out of county clients participating in program in Fourth Quarter FY23: 3

Report reflects persons who were Champaign County residents prior to entering the Recovery Home. The Recovery Home is considered their permanent address upon admission.

During the fourth quarter, there were a total of 7 interviews completed with Recovery Home applicants, 2 of which were from Champaign County (SC). Champaign County residents receive priority as beds become available.

Recovery Home staff provide intensive case management based on individualized service plans to address social determinants of health, support activities for daily living and relapse prevention skills; access to vocational/educational programs; assistance linking clients to medical, psychiatric, counseling, dental, and other ancillary services in the community; education on money management/budgeting; accessing peer or community supports and activities (i.e. church, AA/NA meetings, recreational activities); and provision of service work/volunteer/work opportunities. There are no Recovery Home Specialist staff vacancies at this time.



Quarterly Program Activity / Consumer Service Report

Agency: Rosecrance Central Illinois

Program: Specialty Courts Period Fourth Quarter PY23
Submitted 08/18/2023 by GAIL.RANEY

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	4	1000	0	45	4500
Quarterly Data (NEW Clients)	2	244	0	5	139
Continuing from Last Year (Q1 Only)					

Comments:

CSE: 2 CSE this quarter. Drug Court Graduation took place on 4/17/23 and was available by Zoom. Article in the News Gazette on 4/16/23.

SC: A total of 244 Drug Court reports were completed this quarter. Time spent on gathering data and compiling the reports is not billable to insurance or Medicaid.

TPC: 5 new clients were admitted to Drug Court during the fourth quarter.

Other: 139 hours of case management took place in Quarter 4. This includes staff hours spent transporting clients, helping clients to access and engage with other community resources.



Quarterly Program Activity / Consumer Service Report

Agency: Terrapin Station Sober Living NFP
Program: Recovery Home Period Fourth Quarter PY23
Submitted 08/23/2023 by NELSONKNOVAK

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target			13	0	
Quarterly Data (NEW Clients)			2		
Continuing from Last Year (Q1 Only)					

Comments:

We served a total of 9 clients this year, 25% less than our target. We are rearranging how the organization utilizes NTPC's and TPC's for 2024 as what we are recording currently as "NTPC" should be considered "TPC".



Quarterly Program Activity / Consumer Service Report

Agency: The UP Center of Champaign County

Program: Children, Youth & Families Program Period Fourth Quarter PY23

Submitted 08/24/2023 by NFRYDMAN

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	50	250	90	0	
Quarterly Data (NEW Clients)	127	128	107	0	
Continuing from Last Year (Q1 Only)					

Comments:



Quarterly Program Activity / Consumer Service Report

Agency: The Well Experience

Program: Well Family Care Program Period Fourth Quarter PY23

Submitted 08/25/2023 by THEWELL

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	12	2000	250	234	4
Quarterly Data (NEW Clients)	6	1658	42	29	
Continuing from Last Year (Q1 Only)					

Comments:

The Well Experience is increasing in youth and family clients due to the connections being made with community partners. Along with the continued support and services, TWE expanded to providing support for individuals who have experienced sexual assault, through a partnership with RACES. This was due to the increased number of clients at TWE who were reporting these experiences and sharing their desire to have their services provided at TWE, where they feel safe and protected. TWE staff has also been trained to provide Child/Parent Psychotherapy, which focuses on the traumatic experiences of families to create a sustainable bond between the parent and caregiver.

TWE has also seen an increase in clients connected to DCFS, those experiencing domestic violence, and those involved in community violence. The team at TWE has increased in training to best support the youth and families who come into care.

Although we have experienced financial challenges that have caused us to pause some activities, The Well Experience continues to grow and become a much-needed resource in the community.



Quarterly Program Activity / Consumer Service Report

Agency: WIN Recovery

Program: Re-Entry & Recovery Home Period Fourth Quarter PY23

Submitted 08/28/2023 by WIN4RECOVERY

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	10	50	0	40	0
Quarterly Data (NEW Clients)	3	13	0	8	0
Continuing from Last Year (Q1 Only)					

Comments:

4.17.2023 Re-Entry Summit at Logan Prison to inform women in prison across the state about WIN Recovery's Services and program

6.12.2023 Illinois ReEntry Counsel Informing the State about IHDA Justice involved Housing Funds and program via Zoom

6.20.2023 Best Children Act informing State Attorney's across Illinois about recent family reunification law via zoom

From the Interim CEO

Hello everyone,

As we have already communicated to you, our CEO, Chris Workman, passed away on April 28, 2023. He cared very deeply about the future of PATH, the staff, and, most importantly, the communities that we serve. He talked about his vision for PATH until the very end of his life and will be missed by all of us.

Over the past quarter, we have made some exciting new additions to our executive team at PATH:

- Ryan Opalk (Assistant Director of Database Services). Ryan comes
 to PATH with database administration and team leadership
 experience and is working closely with Chris Baldwin to learn all
 aspects of running our Database Department. Ryan will regularly
 be copied on communications with Chris as part of that process.
- Dr. Adam Carter (Assistant Director of 988 Call Center Services).
 Adam brings previous experience as an assistant professor of counseling at Northern Illinois University and as the National Clinical Director with the National Alliance for Children's Grief.
 Though he is working with our Director of Call Center Services, Kevin Richardson, he is specifically responsible for 988 Call Center operations, not 211 services.
- Dr. Pedro Santana (Director of Homeless Services). Pedro brings a long history of executive leadership in business and academia, with a particular focus on non-profits. Like me, he is a transplant from the East Coast.

From the Interim CEO, contd.

 Katherine Qian (Administrative Assistant). Katherine recently relocated to Central Illinois from Shanghai, China, where she gained valuable experience in call center administration and employee engagement. She will be assisting the entire Executive Team with a wide range of tasks.

We are also sad to inform you that Kevin Richardson, our Director of Call Center Services and PATH's longest-tenured employee, relocated to San Diego at the beginning of this month to accompany his wife as she makes a career-related move. However, Kevin will continue to work remotely and to be as available as ever, meaning no change in procedure with regard to you or any of our partner agencies.

Lastly, PATH has recently undertaken some new initiatives to improve employee engagement, especially with regards to diversity, equity, and inclusion. This is important not only to ensure that our staff are well represented and cared for, but also because well-trained and thriving staff provide better service to callers. DEI is a part of our overall strategy, and you will learn more about our intentional efforts to strengthen our organization through talent, culture, community, and investment over the next fiscal year.

We're always confident to see what the future brings and look forward to our continued partnership with you to provide 211 service to your area!

Warmest Regards,

Martha Evans
Chief Operating Officer
& Executive Director,
Human Resources.

Champaign County

United Way 211 Report 2nd Quarter

April 1st - June 30th, 2023

Table of Contents

Overview

- ✓ Total Calls
- ✓ Total Texts
- ✓ Total Spanish Calls
- ✓ COVID-19 Contacts

Contact Stats

- ✓ Call Time
- ✓ Contact Person Type
- √ Caller Demographics
- ✓ Referral Source

Contact Needs

- ✓ AIRS Problem Needs
- ✓ Unmet Needs
- √ Top 10 Agency Referrals
- √ Follow-Ups

Call Center

- ✓ InQueue and Handle Time
- ✓ Service Level
- √ Abandons
- ✓ Success Stories
- ✓ Contact Density

Links/Resources

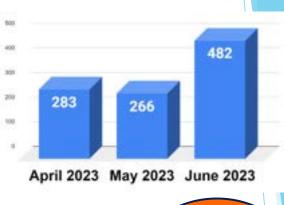




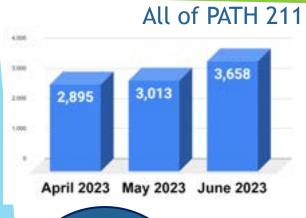
Overview

Total 211 Contacts

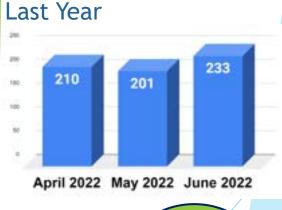




Contacts Champaign County





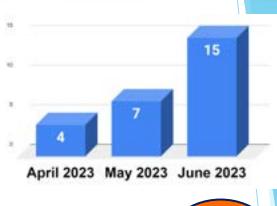




Overview, Cont.

Total 211 Texts





Champaign County

Last Quarter This Quarter

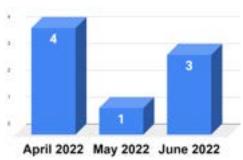
Last Year



Texts

PATH 211





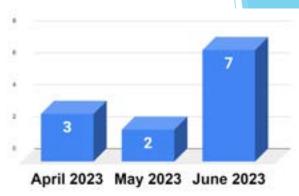
8 County

Overview, Cont.

Total Spanish 211 Calls



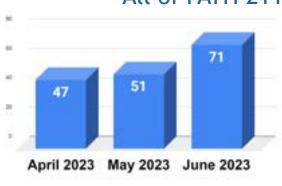




Spanish Calls

Last Quarter This Quarter

All of PATH 211





Last Year

Note: Previous quarterly reports did not break this information down by month.

Calls

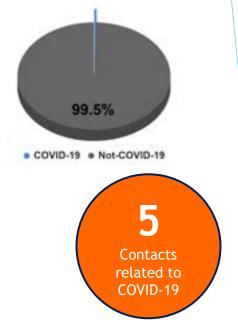
Overview, Cont.

COVID-19 Contacts



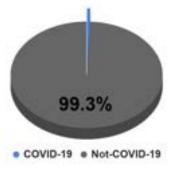
Note: Unless otherwise requested, we will stop including this page in future reports.





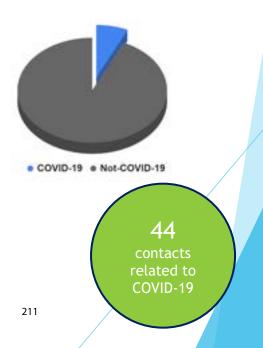
Last Quarter This Quarter

All of PATH 211





Last Year



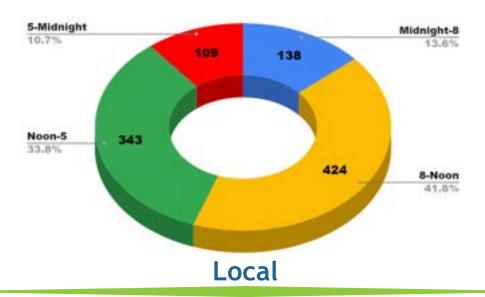
Contact Stats

Call Time (

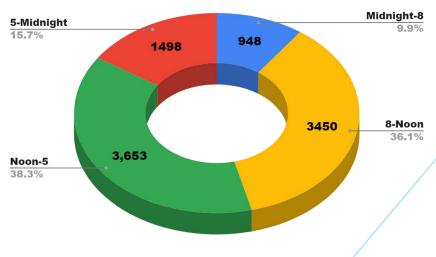


Chart describes the distribution of calls received during 4 different time periods:

- 1. Early morning hours (12am-8am)
- 2. Morning business hours (8am-12pm)
- 3. Afternoon business hours (12pm-5pm)
- 4. After hours (5pm-12am)



All of PATH 211



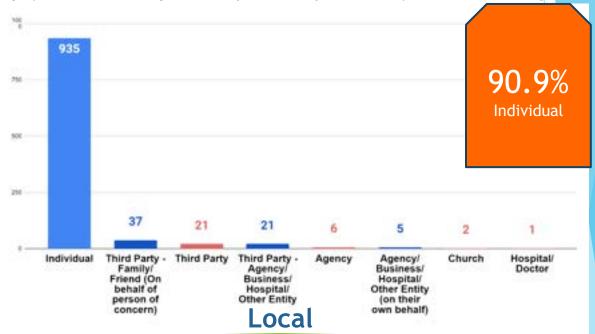
Contact Stats, Cont.

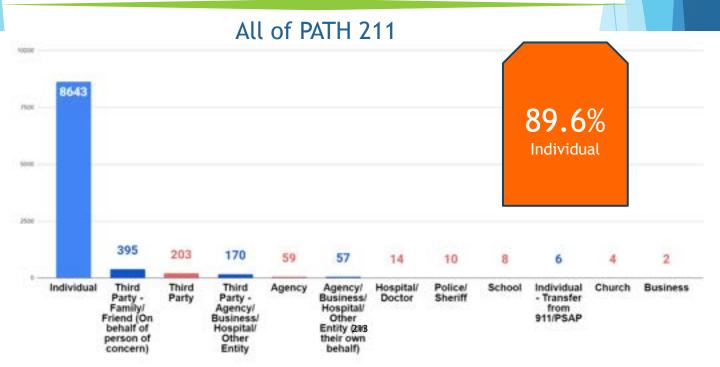
Contact Person Type



Contact Person Type describes the 211 caller and their role in contacting I&R services.

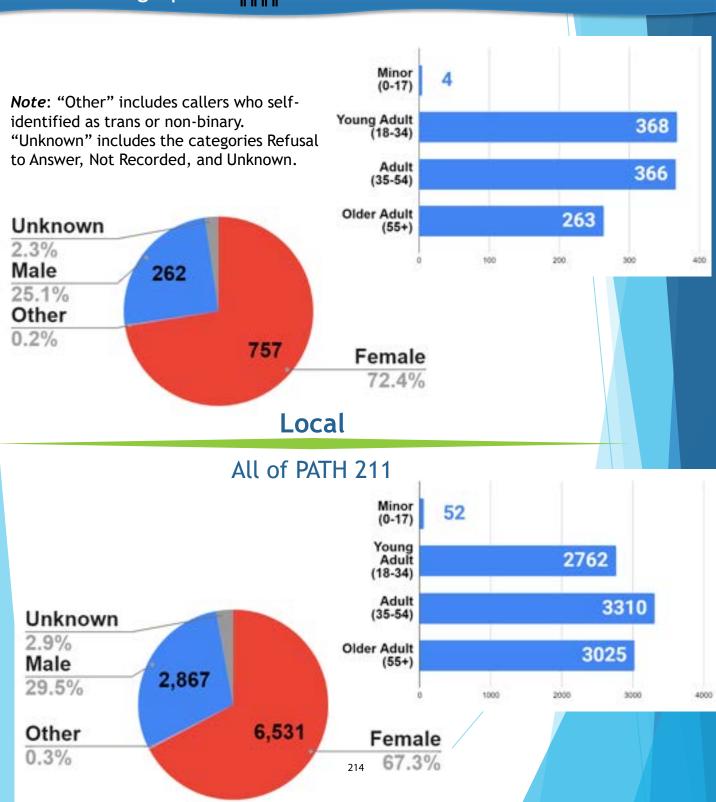
Note: We have improved our report categories. This quarter shows data gathered using both the old (red) and the new (dark blue) categories. The "Individual" category remains unchanged. Next quarter's report will only use the new categories.





Contact Stats, Cont.

Caller Demographics

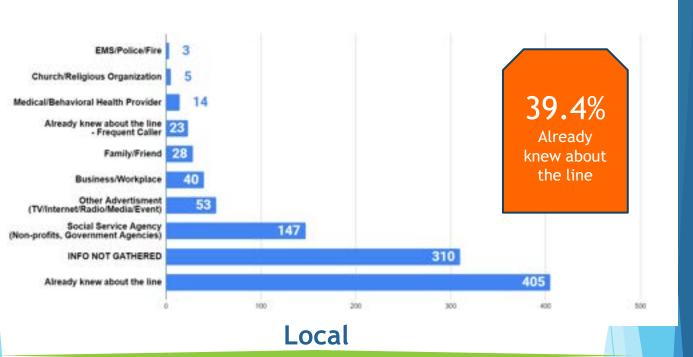


Contact Stats, Cont.

Referral Source



Referral source refers to how the caller found out about 211 services. Note: This report includes new categories, altering the data distribution compared to last quarter's report.





Contact Needs

AIRS Problem Needs



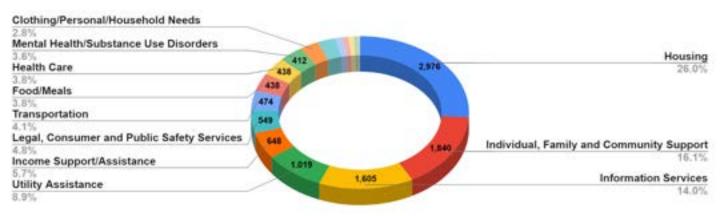
This chart describes how AIRS Problem Needs were reported across all contacts. There are often multiple needs recorded per call. Colors do not correspond to the same categories in both charts.

- AIRS= The Alliance of Information and Referral Systems. (AIRS home page)
- AIRS Problem Needs = List of national categories for I&R problem/needs is a means to organize the incredibly wide range of inquiries handled by I&R services and to provide for the consistent and credible reporting of community needs across jurisdictions.

Note: Champaign County had 1,504 total 211 contacts and all of PATH had 43,004 total 211 contacts.



All of PATH 211

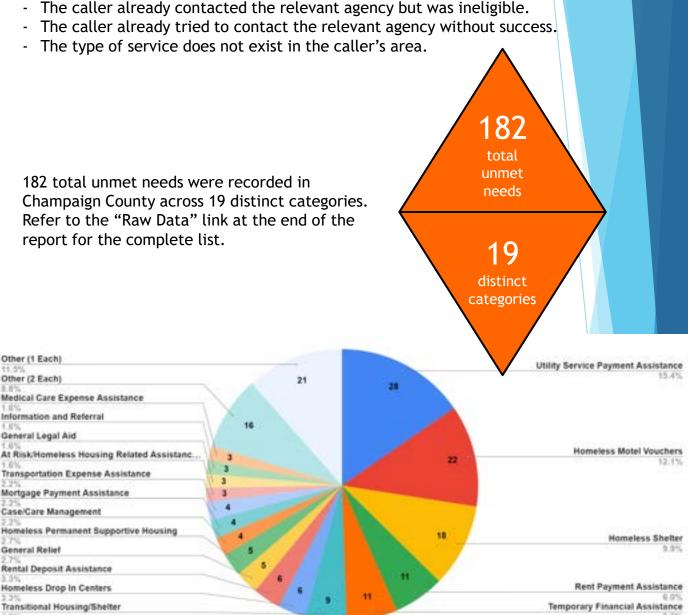


Contact Needs, Cont.

Unmet Needs /



Each item on this list is a term in the Database that the 211 Call Center was unable to refer to a caller. Common reasons for that include:

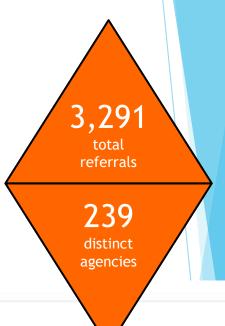


Contact Needs, Cont.

Top Agency Referrals

This chart displays the top agencies by referral count. Refer to the "Raw Data" link at the end of the report for the complete list.

3,291 total referrals were made in Champaign County across 239 distinct agencies.



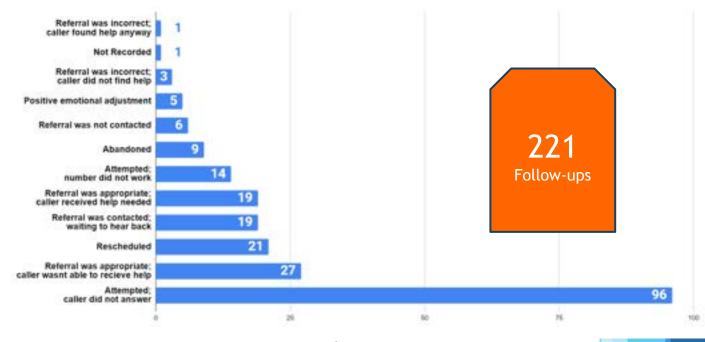


Contact Needs, Cont.

Follow-Ups



Note: PATH performed follow-up calls for a portion of the calls received. This chart breaks down the result of each follow-up attempt.



Local



1000

Call Center

The following data corresponds to all of PATH 211, rather than to specific counties or areas.



InQueue and Handle Time



InQueue Time = how long a caller waits to speak with an agent. Handle Time = how long it takes to resolve a 211 call.

English

Spanish

0:18 Last Quarter 0:15

Average InQueue Time

0:16

Average InQueue Time

0:14 Last Quarter

8:55 ast Quarter 8:53

Average Handle Time

9:22

Average Handle Time

8:47 Last Quarte

Service Level



Service Level = Percentage of calls answered within 90 seconds. Goal = 80%.

English

Spanish

95.96% Last Quarter 96.90% Service Level

96.71%

97.79% Last Quarter

Service Level



Call Center, Cont.

Abandons 🖔

Abandons = Calls where the caller hung up while waiting to speak with an agent. Abandon Time = How long a caller waits to speak to an agent before hanging up. Abandon Rate = Percent of calls that are abandons. Goal = 9%.



PATH Success Stories



The following are real 211 callers and their stories from this quarter. Certain details have been changed to preserve their anonymity.



Story 1



Caller was requesting assistance applying for an extension on her taxes. She is the legal guardian of twin boys and receives SNAP but was unsure how to maximize tax-related assistance for childcare. We referred her to a pro-bono tax-accountant, but she was also generally lonely and thankful to have someone with whom she could discuss the struggles of raising two young boys on her own with limited income.

This was not her first call to 211. She spoke highly of previous experiences with the crisis line and mentioned having several friends who regularly sought referrals through 211. She expressed gratitude both for the referral and for the volunteers in general. In her social circle, 211 volunteers have a shining reputation for being welcoming, judgment-free, and helpful.

Story 2

Caller recently lost access to her therapist due to missing too many appointments. She has been dealing with conflict with her boyfriend but doesn't have many other friends to talk to after having dropped out of high school for medical reasons. Even though she likes her boyfriend, she was upset about him cheating on her and retaliated against him in a similar manner. She also feels like he is too controlling with regards to her alcohol or marijuana intake, though he has been putting more effort into the relationship recently.

Throughout the conversation, our operator discussed the importance of self-care, both physically and emotionally. Even though the caller's mom is supportive, the caller said she felt better after talking with our operator.



Call Center, Cont.

Contact Density [188]

This map reflects contact volume from each county with respect to that county's population. In effect, callers in the darker purple areas are calling us more frequently while callers in the darker orange areas are calling us less frequently. The red boundary indicates PATH's 211 service area.

Note: The legend indicates "Calls per Population per Year". That is, if Q2 data were constant for a whole year, the top category would receive at least one call for every 50 inhabitants that year.

Legend

/50 - 1/100

1/100 - 1/200

1/200 - 1/400

1/400 - 1/800

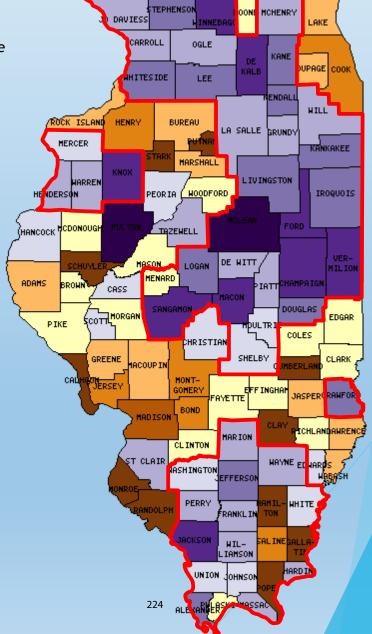
1/800 - 1/1600

1/1600 - 1/3200

1/3200 - 1/6400

 $1/6400 - 1/\infty$

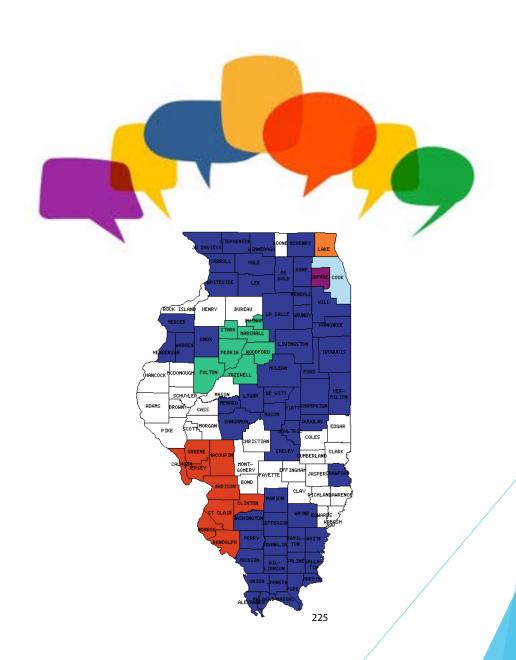
1/50 +



Feedback Survey

We're trying to make these reports more efficient and useful for you! Please follow the link below to share your thoughts with us about any aspect of these reports (information, layout, or anything else that comes to mind!).

https://forms.gle/DypSH5nYxiPYu5G96



Links/Resources

Links/Resources



PATH Inc. Website

https://www.pathcrisis.org/

211 Counts

https://uwaypath.211counts.org/

PATH Inc. Online Database

https://www.navigateresources.net/path/

AIRS

https://www.airs.org/i4a/pages/index.cfm?pageid=1

Raw Data

 https://docs.google.com/spreadsheets/d/110wNzo6JPR43-vCOS1hCcC8pjYZ_E3_-QUsrJZgnSel/edit#gid=36914255

Submitted by:

Chris Baldwin

Director of Database Services cbaldwin@pathcrisis.org 309-834-0590





Ryan Opalk

Assistant Director of Database Services ropalk@pathcrisis.org

,309-834-0580

CCMHB Liaison Choices 2023

	18 The Mount of Soller		EURDELY OUR IS		elbes Con Albert Out	Sign Thom Thom	Text Supplies !
Courage Connection (4th Mon., 5:30pm)							
CCRPC (Head Start and Community Services)							
Cunningham Children's Home (meets qtrly)							
Children's Advocacy Ctr (4th Thurs., 9 am)							
CC Health Care Consumers(4th Thurs., 6 p.m.)							
Christian Health Center (last Sat., 10 a.m.)							
Community Service Ctr (3rd Thurs., 4:30 pm)							ı
Crisis Nursery (2nd Wed., 5:30 pm)							ı
CU at Home (4th Wed., 8 am)							
CU Early (Unit 116 mtg)							
Don Moyer (3rd Tues., 7 am)							
DSC (4th Thurs., 5:30 pm)							
ECIRMAC (Refugee Ctr (2nd Tues., 4 pm)							
Family Service (2nd Mon., noon)							ı
First Followers (generally 3rd Fri., 5 pm)							
GROW in IL (last Mon., 7 pm)							
Immigrant Services of CU							
Promise Healthcare (4th Tues., 6 pm)				×			
RACES (3rd Thurs., 6 pm)							
Rosecrance (last Tues, 4:30 pm)							
Terrapin Station Sober Living							
UP Center (2nd Wed., 6:30 pm)							
WIN Recovery (2nd Monday, 5:30 p.m.)							
County Board Opioid Settlement Task Force			X				
Community Coalition (2nd Wed., 3:30pm)		×					
Expo Committees (various)							
Student Mental Health Collab (1st Mon., 11AM, in person		2-3x/semester)	er)		×		

DRAFT CHAMPAIGN COUNTY MENTAL HEALTH BOARD (CCMHB) GUIDELINES FOR BOARD-TO-BOARD PARTICIPATION

CCMHB members may serve as liaisons to funded agencies and community collaborations, to further educate the Board of organizations' goals, accomplishments, and problems. Contact through liaisons is one way of fostering positive relationships with organizations. The following guidelines are meant to clarify the CCMHB member's responsibility and expectations while acting as a liaison to contracting agencies:

- 1. The liaison should attend an orientation to the agency. The session should include the agency's mission, goals, and programs as well as the ways in which CCMHB funds are used by the agency. Attendance at board meetings is encouraged as the liaison's schedule permits. All liaison participation is optional.
- 2. CCMHB members are not members of the provider agency board. We neither vote nor perform functions typically associated with members of the agency's board.
- You may expect to be notified of all meetings and to receive board packets and any appropriate written information given to the provider agency's board members in preparation for their board meetings.
- 4. Questions may be answered about CCMHB processes as appropriate, but no commitments about CCMHB policy or action should be made. Opinions on issues may be given but be clear that it is your individual opinion and not the official position of the CCMHB.
- 5. Multiple CCMHB members may share a liaison assignment, each informing the agency when they will attend an agency board meeting and taking care to comply with Open Meetings Act (OMA).
- 6. Information received during the provider agency's board meeting that is of special interest or concern may be reported back to the CCMHB.
- 7. It is appropriate to ask questions and seek additional information while attending an agency's board meeting.
- 8. Honor any confidentiality requirements associated with board assignments, i.e. proprietary information learned while attending an agency board meeting.
- 9. Avoid any possible conflict of interest situations related to your board-to-board assignment. Questions about potential conflict of interest situations should be directed to the CCMHB executive director. Legal opinions will be sought through Champaign County State's Attorney's Office or the Board's independent legal counsel.