

WEBVTT

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It's okay. No, we're in. No worries. It's okay.

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No, I just in just a few minutes. So if you guys want to just take a look at that picture, that's one of the families that we're working with.

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This was during the summer and these are the kinds of activities that we bring for families. To engage their children in play.

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And that they look like they're having lots of fun. I can't wait till summer to have those kinds of things again.

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So. But it is time for the next slide. So I'm gonna just keep moving forward if you.

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Next slide, Lynn. Thank you.

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And so these are our mid year totals.

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For the non-treatment plan contact. These are our referrals to early intervention and early intervention is the service that is provided to families who have children under the age of 3 if they have a diagnosis disability or a delay.

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So we've made 2 referrals so far, the bilingual home visitor that's funded through mental health board has made 2 referrals so far this year to early intervention.

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The service contacts are our home visits and play groups. And there have been 181 home visits that she's completed this program year so far and 16 playgroups.

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The community service events have been 7 and that's when we go out into the community and talk with.

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Others about our program. Next slide, please.

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So what does a typical home visit look like? And as you can see, I like to share and show up our family.

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So this is another one of our families and this is exactly what it typical home visit looks like. Families are with their child, engaged in play, having a fun time with their children.

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And, and what we're there to do is help facilitate and support the parent child relationship.

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We plan with the parent by providing developmentally appropriate activities. We connect families to community resources, so we look at the family comprehensively.

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We're not just focused on the child, we're focused on the parent and the child. And many of the families that we work with, as I said earlier, are at risk families and many of them need additional support.

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52% of our enrollment are immigrant families, and the majority of those families

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Have low literacy skills. So their reading level is at eighth grade or less. Many of the families have not finished high school.

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And so low literacy skills. They, they've not been here in this community very long, so they need to be connected.

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They've not seen doctors. The children have not been immunized. So we help the parents get connected to those resources.

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Again, looking at the family comprehensively, not just focusing on the child, we also set goals with the parents twice a year.

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We look at parent goals, parent child goals, and family goals. So working on that with a families as well.

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So next slide please.

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And again, this is another picture of one of our families. And as you can see, they're playing with a toy that is a developmentally appropriate toy and we have a grant through the United Way.

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We co-wrote a grant with the home visiting program with Champaign County Head Start. To provide, they're called "ready for kindergarte"n kits.

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And each one of our families receive a kit 3 times a year that has developmental toys and materials

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To help children get ready for pre-K and kindergarten. And so this particular toy that this family is playing with,

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They're able to keep to build up their resource library at their home, so they're able to keep the materials and toys and books

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To have in their homes and have them out and playing and interacting with them when we're not there so - and then again, the home visitor is there to support.

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And facilitate so she'll be talking with the family about what do you think baby is learning about right now?

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She, you know, let's focus on fine motor shapes and color recognition and and things like that.

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So we're just very thankful to have that. That grant as well to be able to provide those

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Materials to families. So next slide, please.

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So our program accomplishments include. The fact that we are an accredited program, we implement the Baby Talk model and we are accredited through Baby Talk.

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We are the oldest home visiting program in Champaign County. We - CU Early has been around for about 30 years,

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And we're very well established in the community, and new home visiting programs seek us out to get guidance and technical support,

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Not only in our community but across the state so we that's one of the things that we're proud of.

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The other thing that we're I'm proud of this the fact that we're fully enrolled with a wait list.

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So we, and that speaks to my my team. I have I have a wonderful team of 4 who are compassionate and dedicated,

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And they have been with the program, most of them for over 10 years. So it speaks to the level of their dedication in working with families.

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And so those things I'm very, very proud of. Next slide, please.

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So program challenges. We, as I said earlier, we're funded through the Illinois State Board of Education.

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As one of our funding streams and we are on our seventh year of a five-year grant cycle with Illinois State Board of Education, which means that we have not received an increase in 7 years.

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And we've actually gotten cut. So that's why I reached out to find out more about the mental health board funds and could we write for them and luckily we were funded because if we had not been funded we would have had to lay off our one of our bilingual home visitors.

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So stable funding is a definite challenge for our program. The other challenge that we face is the fact that within Champaign County, there are 8 home visiting programs.

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That are very similar to ours and that they serve birth to three-year-olds. So in order to not duplicate services and not have families duly enrolled between all of the programs,

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We've created a consortium where we meet every month to talk about what's going on with our home visiting programs and

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How do we ensure that families get connected to home visiting programs that best fit their needs? But that, that has been one of the challenges is that

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Within Champaign Urbana there's many many home visiting programs trying to navigate through that.

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Next slide, please.

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So the goals of our program every year we conduct a self-assessment in our program that includes Parents, it includes community members and it also includes our staff.

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And. We usually have our self-assessment in May of every year and these 3 goals came out of that.

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Self-assessment and one is to strengthen the parent community advisory board. The second one is to strategize the.

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Of 2 observation tools for home visitors. So right now I'm working with 2 different observation tools and we're trying to figure out a way to streamline that and only have one.

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And then this came directly from parents. Is providing play groups at varying times of the days of week.

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To allow families to attend. So. We were offering play groups in the middle of the day and we found that many of the families were not able to attend because they're working.

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And so we are now offering play groups in the middle of the day, also in the evening as well as on Saturdays.

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And we've seen if families can't make it to the middle of the day, playgroup, they're able to come in the evening or on a Saturday and that's helped with our attendance for play groups.

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So next slide please, Lynn.

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So another piece to the self-assessment is the fact that we ask parents to complete an anonymous survey every year.

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And we know that CU Early works because 100% of the respondents that completed the survey said they feel comfortable with their home visitor and the activities, help them be involved in their child's learning.

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A 100% of the family stated that CU Early provides them with child development information related to their child.

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We help motivate them to try new parenting strategies. And we help families find helpful resources in the community.

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That's all I have. Do you have any questions for me?

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I actually had a couple of questions and I apologize if you stated it. How do folks get like referred to this program and

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If someone's referred, do you ever get much push back or anything like that? What do you mean by much pushback?

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I've encountered tonight's word and you say, hey, we want to help you this people be like, I don't need help with my parenting.

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So just wondering if there's any push back with people just not wanting maybe a stranger in their home or tell me what to do.

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Yes, absolutely. So there is a stigma with, oh my gosh, don't tell me what to do or yes, absolutely.

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So there is a stigma with, oh my gosh, you're gonna come - Do I want that?

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And of course, we're like whatever you feel comfortable doing. If you don't want to meet at home, we can meet at an alternate location.

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Whatever you feel more comfortable with. We get referrals from community agencies. We get referrals from doctors' offices.

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We get referrals from, again, because of the consortium that we've created with all of the other home visiting programs,

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We are able to get referrals from them. And again, because we're pretty well known in the community.

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A lot of the community agencies: Empty Tomb, doctors offices, they'll, they'll send referrals to us and and we are housed

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In Urbana Early Childhood School. So we when we, we get connections with

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So we have a very good connection because of the location that we're in. Yeah, and we, I mean the first point of, you know, you got to build that relationship

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With the children that are in pre-K, if they have younger children, the teachers will refer to us.

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You gotta build that trust and whatever the parent feels comfortable with is what we try to do so... Yeah.

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A great presentation. It looks like you're doing a great job. Just a quick question.

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Even though C is in your name so I know you're basically focused on Champaign Urbana, are you serving any other communities in Champaign County?

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So right now we have a couple of families that live in Rantool. That's kind of what I was looking for.

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And also, Play group, what exactly constitutes that? I don't understand a socialization, but is that when you get like 3 or 4 families and you let the children interact?

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Yes. So our play groups are in the gym at Urbana, early childhood school. We also have play groups are in the gym at Urbana Early Childhood School. We also have play groups at Douglas Library.

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So at the library, the Urbana Early Childhood School, we also have play groups at Douglass Library.

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So at the library, the play groups at Douglass Library. So at the library, the play groups consist of the librarian doing story time and finger plays and then the families are able to connect with one another after the story time.

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The purpose of a playgroup is to give children the opportunity to socialize with other children and it's also an opportunity for parents to connect with one another.

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A lot of times parents are very isolated. And it gives parents an opportunity to get to know one another and, and, you know, realize that they're not alone.

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Being, parenting is hard and especially with toddlers and infants. And so having the ability to give that experience to families,

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So that, you know, they can talk to other parents, and how is your baby sleeping through the night?

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Is your baby rolling over yet? Is your baby, you know, tell me about your pre-k experience, that kind of thing.

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So it, it gives children an opportunity to socialize. Get ready for pre-K, and it gets parents an opportunity.

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That's what I was looking for. The parental piece - want to make sure we were to drop and the kids off and going on about doing things.

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We set up our play groups at Urbana early childhood school. We set up our play groups like a

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Classroom that's developmentally appropriate for infants and toddlers. So they're getting that

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Play experience and parents are engaged with them during. So we have different themes every month. And parents are engaged with their children in play during those playgrounds.

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Perfect, perfect. And just one last thing. You said you had a waiting list. Only 4 employees though.

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Is that just a money issue? Okay, that's all I want to hear typically how often do families come to the play groups?

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I mean, do you have them? How many days a week? We have we have monthly play groups.

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It's generally once a month every so we have 2 play groups one at Douglass Library.

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It's once a month on a Friday and one at our school, Urbana early childhood school once a month on a Friday.

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And so 2 play groups a month and we have very good attendance at those playgroups surprisingly.

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We generally have between 20 and 25 families that attend the playgroups. That's wonderful.

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Yeah, yeah. And they give input, our families give input and as to what they'd like to see, what activities they want to have offered during playgroups.

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And so they're an integral part in our decision-making with when planning play groups. So, so we've learned that, you know, so much of things are related

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If individuals are not able to make it to playgroup. Is there a handful due to like transportation?

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Yeah, so we are able to provide transportation. We are able to have a cab company pick families up, and the one good thing about our program too is that we're we're able home visitors are able to provide transportation.

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So we pick families up, bring them to playgroup. We have a cab company that brings families to playgroup.

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So that really helps with getting families there. So yeah, yeah. I just wanted to thank you for your presentation.

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It was kind of a blast from the past for me because my first job in social work was over in Danville in one of their home visiting programs and we use the parents as teachers model, but I still remember, some experiences I had like facilitating some of these like parent child interactions that were really developmentally focused like one baby that was struggling with crawling and doing like this kick the KN activity where they were using their

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legs and just seeing kind of what happened from there and it was so interesting how many different activities you could do just from like things around the house,

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Like it wasn't like. Expensive toys or anything like that. It was very creative things and at that time it was interesting because there was like a big funding cut at the state, but then there was this big federal funding that happened.

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They called them McAvee - I don't know if that's actually how you pronounce the acronym.

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But it did make me think about just. Hearing about you talking about the state. You know, changes to funding over time.

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These programs have really strong evidence base in terms of what they're able to accomplish. And I just, it's disappointing to see the federal and state levels be like so

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Unstable regarding the funding was, I guess, was there a point in time where you felt like

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Things were kind of at their best federally and statewide in terms of the support of the programs.

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Well, I've been in early childhood my whole career. And we've always in in any capacity, you know, we've always had to fight for money.

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Unfortunately, with early childhood. So. The good news is that our governor right now is really supportive of early childhood.

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He's really supportive of home visiting programs and funding. But our grant is actually under the early childhood block grant.

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So, you know, there is a big push to support early childhood right now, which is great. But unfortunately we've always had to kind of fight for,

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Fight for dollars for for our children birth to 5. Yeah. Well, thank you so much. Any other comments?

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I was kinda curious about. What are some of the things that the advisory board has brought to the table?

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So one of the things is that they've brought the idea this idea of having play groups at a different time of day that would be conducive to families that are working.

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So how can we offer play groups to families that aren't able to get there during the regular work day?

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So can we offer play groups in the evening? Can we offer play groups on a Saturday? And that's exactly what we've done.

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The other thing that they brought to the table was how can we get families to play groups?

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And how can we get families to other things that we offer. And so when funding allows like it does now thankfully we're able to provide that transportation so we're able to pay for cabs and we're able to get families to to what they want to go to.

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So those 2 things are something that they've brought to the table and asked us to try and figure out.

00:19:28.035 --> 00:19:44.035

Well, thank you so, much for your presentation. Really appreciate it. Before we move on to our next presentation, I did notice that we now have a member here if we want to officially, would it make sense to officially approve the agenda

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So can we officially roll call our fifth member in to the meeting? Is that customary?

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Stephanie, can we do another roll call to, To note that we do have a quorum now and a meeting?

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I've never done that before, but we can do whatever you want to do.

00:20:13.027 --> 00:20:31.027

Let's go for it. I mean, I don't think it's any car minute, but I think we can just say, you know, let the notes be, you know, noted that, you know, Joe came in at this time and then if you want to do approval, but again, we can do a roll call to cover our booties.

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Sure, let me find my sheet real quick.

00:20:33.344 --> 00:20:35.344

Okay.

00:20:37.276 --> 00:20:39.276

Okay.

00:20:38.660 --> 00:20:40.660

Or maybe not real quick.

00:20:39.461 --> 00:20:44.461

It's all right. I think if you want to just say you're here, that'd be great.

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I am present.

00:20:46.907 --> 00:20:55.907

You're welcome. Alright, I so going backward and then we'll move to our second presentation.

00:20:47.650 --> 00:20:49.650

Thanks, Joe.

00:20:55.853 --> 00:21:01.853

I'd like to entertain a motion to approve our agenda that we've been working through anyway.

00:21:04.482 --> 00:21:11.482

Alright, we have, someone has motion, Elaine has motioned and Joe has seconded.

00:21:10.541 --> 00:21:18.541

All those in favor of approving the agenda, say aye. All those opposed, same sign.

00:21:18.052 --> 00:21:27.052

The ayes have it, the agenda is approved. So now we will skip back forward and have Leon introduce our next speaker.

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Awesome, thank you, Molly. The next dynamic presentation you will hear is from RACES and Jaya Kolisetty, the executive director and Kayla Moore therapist.

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Will provide an update on their program, the sexual trauma therapy services program.

00:21:50.829 --> 00:21:54.829

You won't take the mic spot.

00:21:55.259 --> 00:22:04.259

Okay, before we start I do have some cards I like to pass out if anybody's interested in doing an activity it's completely optional but as a therapist you know we like to do our little things.

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So for folks who might be online unable to hear that Kayla is passing out some cards, part of being a therapist is being interactive and using multiple modalities.

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So she's just sharing an activity with anybody who would like to consent to participate.

00:22:28.988 --> 00:22:32.988

We can scan them and send them along for inclusion in the minutes.

00:22:29.075 --> 00:22:32.075

She has does she have the card?

00:22:30.079 --> 00:22:32.079

Okay.

00:22:30.408 --> 00:22:32.408

Electronically or

00:22:35.020 --> 00:22:36.020

Okay, thank you.

00:22:48.319 --> 00:22:57.319

That's good. Okay, let's give, I'm trying to narrate for folks who aren't here in person with us sharing with other folks in the room as well.

00:22:56.880 --> 00:23:05.880

We have been given lovely playing card looking cards with rainbows on the back. I think you guys, okay.

00:23:03.131 --> 00:23:13.131

Independent. What do they do? All right. Alright, can everybody hear me okay?

00:23:12.756 --> 00:23:21.756

So what you have in front of you, here you go do, is an affirmation card. So I walked around the room and I fanned them out because here at RACES we believe in being center

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Survivor focus person first, so I want to give you all the option to choose a card which is why I didn't just hand it out to you.

00:23:26.888 --> 00:23:36.888

So if you feel comfortable sharing with your affirmation card, read, you can go ahead. I can go ahead and start just to make everybody feel a little bit more comfortable.

00:23:35.700 --> 00:23:42.700

So today, so mine says today, I will live in the present. Today I will start with a smile.

00:23:42.384 --> 00:23:44.384

I am in control of my attitude.

00:23:46.781 --> 00:23:53.781

We want to go around. I will read mine as well to say I'm happy. Today happiness and love will fill my heart and soul all day.

00:23:55.336 --> 00:24:02.336

Today I am curious. Today I will open my mind and explore new possibilities and opportunities.

00:24:02.533 --> 00:24:10.533

Today, I am brilliant. Today, every idea I have is creative, thoughtful, and full of potential.

00:24:12.289 --> 00:24:20.289

Today I am focused. Today I will be productive and feel good about doing the hard work that I need to do.

00:24:22.362 --> 00:24:29.362

Today I am kind today I will make this day count. I will do something kind for someone.

00:24:28.734 --> 00:24:37.734

Today is a fresh start. Today is a brand new day that I will embrace as a new beginning and make the most of this day.

00:24:38.610 --> 00:24:48.610

I think the universe is working on me. Today I am ready to receive love. Today I am open to being loved by another healthy person.

00:24:48.421 --> 00:24:56.421

This is so perfect. You're not gonna believe it. Today I'm excited. It's always true, right?

00:24:55.420 --> 00:25:05.420

Today is going to be the best day ever. Also something I say every day. Thank you. And then I can give some to the folks in the back.

00:25:03.856 --> 00:25:12.856

If you feel comfortable, you don't have to. Your choice. Today I will breathe. Today as I face challenges.

00:25:14.992 --> 00:25:25.992

I will call mental time. I will consciously, with my eyes. And focused on slowing my inhalation and excellence.

00:25:28.232 --> 00:25:36.232

Today I move forward today. I see each obstacle. Opportunity to learn and

00:25:39.050 --> 00:25:44.050

Today I'm adventures. Okay.

00:25:44.677 --> 00:25:52.677

Thanks. And again, we're happy to share, especially the ones that probably folks couldn't hear through the mics.

00:25:51.988 --> 00:26:02.988

Yeah, we can jump in. Thank you everybody for participating. I appreciate it. Alright, so, you all are probably familiar more with our prevention education programming.

00:26:01.109 --> 00:26:13.109

We're very fortunate to have the support from the board for many years for that programming. We're very fortunate to have the support from the board for many years for that programming, but are really excited to have the opportunity to come out and talk more about our trauma based therapy services.

00:26:05.685 --> 00:26:29.685

This is the first year that the Champaign County Mental Health Board is funding a significant portion of our therapy services and that has been primarily in response to the fact that statewide there was a decrease of 9.5 million dollars in federal VOCA funds for sexual violence services.

00:26:27.798 --> 00:26:36.798

And I always say this, I feel so fortunate that when something like this happens, it happened that we're, we're located in this community.

00:26:30.355 --> 00:26:44.355

I'm very constantly in contact with directors of other centers who laid off staff who are no longer. So.

00:26:43.538 --> 00:27:00.538

So I feel very fortunate that we were able to be in a community that saw the value of our work and we're really excited to get to talk to you all more about our therapy services.

00:26:44.487 --> 00:26:51.487

Providing services in certain areas. There are whole hospitals in Chicago that no longer have medical advocates because of this reduction.

00:27:01.479 --> 00:27:03.479

Next slide, please.

00:27:07.112 --> 00:27:20.112

Excuse me. And so I'll go ahead and talk to you all about our counseling team. So currently there are 4 of us on staff and we are all registered as the trauma therapist there at the facility.

00:27:17.544 --> 00:27:26.544

We just recently had a staff member, who, stepped down from their position. And so we are looking to fill that position.

00:27:24.413 --> 00:27:36.413

So total we have. We are staffed with 5 therapists. And I just recently switched from being a trauma therapist there, which I'm still going to do that, but I'm going to switch and take the community outreach position.

00:27:35.986 --> 00:27:44.986

So I'll be a little bit more involved in the community, be out and about to promote our services, run groups, and facilitate.

00:27:44.914 --> 00:27:54.914

Workshops as well for the community, which I'm super excited about because it's something that I've done previously and so now I kind of get to step back into that role, which is super, super duper exciting.

00:27:48.920 --> 00:28:05.920

All of our clinicians have master's level experience. Most of us in the office have an LSW or more as far as credentials when it comes to being certified.

00:28:07.727 --> 00:28:11.727

And then. Oh, next slide, please. Yes.

00:28:12.354 --> 00:28:25.354

And then this is just a little bit more of a breakdown to let you all know specifically the 2 positions that you've been funding, you've been funding Athena, she is a MSW and LSW employee with us.

00:28:21.038 --> 00:28:33.038

She's been working in the mental health field for over 10 years. She is licensed and credentialled and LSW.

00:28:32.355 --> 00:28:40.355

I believe she's in the pursuit for clinical hours as well and so am I. You know, it's a long drawn-out process.

00:28:37.727 --> 00:28:48.727

If you are doing that, lots of money, lots of supervision. And then I am Kayla just recently joined the team in September.

00:28:46.417 --> 00:28:59.417

I love what I do. And I am Triple P certified and I'm also in the process of completing a program interventionist called CPP, which is child parent psychotherapy.

00:28:58.483 --> 00:29:08.483

So that process is about 18 months long worth and once I'm finished I will be on a national database and register to provide the intervention.

00:29:03.165 --> 00:29:17.165

That intervention is for folks birth to 4 years old to utilize for intervention. And so I'm working on getting that completed.

00:29:16.609 --> 00:29:23.609

Super excited about it. Is it going to be another good resource and intervention that we can use to help

00:29:24.421 --> 00:29:31.421

Children and families who need additional support? Next slide, please.

00:29:32.230 --> 00:29:45.230

Thank you. So all of our services at RACESs, they are free and confidential. Anybody who has experienced some type of sexual violence, domestic violence can request service.

00:29:43.474 --> 00:29:49.474

If you are a survivor, you can request support. And if you are supported, you can also request support.

00:29:48.416 --> 00:29:57.416

So a supporter can take the form of a parent, a friend, a significant other, a partner, siblings,

00:29:57.064 --> 00:30:03.064

Trying to think aunts, uncles. You name it, anybody can be a supporter to a survivor.

00:29:58.313 --> 00:30:10.313

So as long as that is connected back to a sexual assault, domestic violence incident, we can provide a service to those folks.

00:30:10.621 --> 00:30:17.621

I will just clarify that domestic violence does have to be related to sexual violence, otherwise we do refer over to Courage Connection.

00:30:14.370 --> 00:30:25.370

We also do help people who've experienced stalking and we're seeing a large increase in the request for services for folks who have experienced stalking as well.

00:30:24.491 --> 00:30:35.491

I think another thing that I would just stress in terms of some of what Kayla has shared, we are very intentional about having master's level clinicians.

00:30:30.492 --> 00:30:56.492

There are lots of great folks who are doing great work who might not have those particular credentials. But we're working with a population that has experienced often complex trauma related to sexual violence, we want to make sure that people have the expertise to provide the same level of care as if someone was going to a clinician in private practice with a trauma focus.

00:30:50.875 --> 00:31:07.875

Our services are free. They should still be the highest possible quality available to people. We also have an additional benefit in that when we say that we're confidential, we have absolute privilege.

00:31:06.253 --> 00:31:16.253

So most mental health privilege is a qualified privilege, right? So if someone is a therapist at another agency or in private practice,

00:31:15.498 --> 00:31:23.498

If there's a court case and a judge, if you know it gets they get a subpoena, the judge says I'm going to review those records.

00:31:22.052 --> 00:31:28.052

The judge has every right to do that. If we get subpoenaed, we can say no you cannot have them.

00:31:27.060 --> 00:31:39.060

Privilege is absolute - so unless there is a waiver on file we can quash any subpoena that comes in and that is something that is specifically included in state law and it's very important for a lot of our clients.

00:31:41.122 --> 00:31:46.122

Who might be concerned about other people knowing that they've experienced sexual violence or stalking.

00:31:47.083 --> 00:31:55.083

It's me, I'm thank you. Next slide please. Okay Alrighty.

00:31:53.078 --> 00:31:59.078

So next up we will talk to you all about, our service area who we serve.

00:31:57.577 --> 00:32:06.577

So we serve any individual who has experienced sexual violence or trauma over the age of 3. We serve the following counties

00:32:04.958 --> 00:32:28.958

So Champaign, Ford, Douglas, and Piatt. At some point it would be nice for us to take on some more counties, but baby steps - first serve the folks that we have and then move forward from there and then we offer different types of counseling or therapy service so we can do individual groups family and like I say we do also run like different types of support groups so that would be like our group counseling and we will definitely talk to you

00:32:28.450 --> 00:32:37.450

all a little bit about what those look like as well. Next slide, please. Anything you want to add?

00:32:34.391 --> 00:32:45.391

No, I think on the next one. Okay. Alrighty, and so next we have the different type of clinical interventions that each of our therapists use.

00:32:43.821 --> 00:32:56.821

So this is a brief list of all the interventions that we've either been introduced to, we've used either some that we are learning a little bit more about or developing our skills for.

00:32:54.518 --> 00:33:08.518

And so we use all of those to interact with our clients, but not limited to just those. So for example, I just recently got registered to do the EMDR training, which I'm super excited about.

00:33:00.458 --> 00:33:16.458

I believe in jail correct me if I'm wrong we are probably one of the only agencies here in this area that offers EMDR for free.

00:33:16.199 --> 00:33:25.199

Any other location that you go to for services or therapy and you want to participate in that particular type of intervention, you do have to pay for it.

00:33:25.333 --> 00:33:39.333

But because our services are free and confidential and we are nonprofit that is free for folks, they have the option to request a service if they want it, we don't force it upon anybody if they want that, but we offer it as an option if it's something that they like to try.

00:33:39.202 --> 00:33:44.202

Research has shown that it is very helpful for folks who have experienced severe trauma.

00:33:43.332 --> 00:33:52.332

So just a little bit more in terms of our numbers for treatment clients. We currently have 93 in Champaign County.

00:33:50.912 --> 00:34:00.912

We also have quite a few that we plan to serve through this grant, related to our medical and legal advocacy services.

00:34:00.736 --> 00:34:16.736

It's been interesting to see that medical advocacy requests have not been quite as high. This fiscal year as last fiscal year, I think some of that is a residual effect of the pandemic where we saw an incredible increase in sexual assault cases coming into the emergency department.

00:34:09.920 --> 00:34:25.920

But we have already provided services to 78 individuals in the emergency department. Our criminal request for support during criminal cases has increased.

00:34:19.669 --> 00:34:40.669

This fiscal year, so we have about 7 different cases for criminal cases, 22 civil, and then we have an additional 24 individuals who requested more general support services who might be receiving other services as well.

00:34:39.792 --> 00:34:53.792

The need for case management and access to other services has really increased in the clients that we're serving, especially since some of the COVID specific programs have started to end.

00:34:50.978 --> 00:35:00.978

We're really seeing people struggle with things like food, rent. How are they going to get places?

00:34:59.051 --> 00:35:05.051

So we're doing our best to meet those needs or connect folks with other services. Best we can.

00:35:05.540 --> 00:35:16.540

We don't differentiate in our database between when we're just providing information and when it's direct referral, but we have provided either information or referral over 1,000 times this fiscal year already.

00:35:16.052 --> 00:35:28.052

So I think other than that, just highlighting we also said we were going to be doing community events, which we've been very active in, our staff overall has participated in 16 different community events.

00:35:21.116 --> 00:35:52.116

This fiscal year so far, we're very excited to be providing crisis intervention services to the performance, the performances of "usual girls" at the station theater, we will have folks on site for every single one of those performances because they are talking about sexual violence, and we'll be doing a talk back with their, during their last performance as well to make sure that we're engaging in that conversation with the community.

00:35:46.884 --> 00:36:01.884

So having this larger team is really important for us to be able to engage with the community in a variety of ways in addition to the direct therapy services that we're providing.

00:36:03.065 --> 00:36:05.065

I think we can move on to our next slide.

00:36:05.185 --> 00:36:17.185

Let's make it. Excuse me. So next up we have, we'll talk about 2 all with our wait list.

00:36:14.938 --> 00:36:23.938

Unfortunately, since we are an organization that does provide free services, you will, we have experienced an influx of folks wanting to come in for services.

00:36:23.883 --> 00:36:31.883

And because of that, it does kind of limit the amount of people that we can serve right at that particular time.

00:36:29.188 --> 00:36:40.188

And since our services are free, we don't close out people right away unless that's something that they're requesting so anybody can have that counseling or support as long as they like to.

00:36:38.876 --> 00:36:49.876

So if they want it to be short term just for a couple of weeks, couple months, they can have that option and there are some clients who have been coming back and forth to RACES for years and they haven't ended their services yet.

00:36:48.930 --> 00:36:56.930

So the way it works, do you get on the wait list for therapy? We would do an intake.

00:36:53.928 --> 00:37:01.928

So some people call the hotline to get put on the wait list. Some folks can call the office directly to request information and referrals.

00:36:54.437 --> 00:37:22.437

We try to get back to people within 72 h to complete a screening questionnaire. The screening questionnaire is a detailed list of questions that determine the best fit for services, who would be a best match for them, therapeutic wise, and also there's a portion that kinda asks folks what's your availability like what's the best type of data give you a call is it safe

00:37:21.241 --> 00:37:32.241

or okay for us to leave your voicemail to even leave your messages because some people do not feel confident or safe enough to leave voicemails, especially if they are currently running from a situation or fleeing.

00:37:30.313 --> 00:37:41.313

They don't want people to know that they are trying to access services or support. And we try to be very mindful and respectful of that to keep people's confidentiality

00:37:41.011 --> 00:37:56.011

At bay, and then we would do the same thing as well for groups - complete an intake session same thing we also have a wait list for groups as well and like I say we'll talk a little bit more about groups in the way that they work a little bit different.

00:37:53.199 --> 00:38:01.199

And so like I said, we do have a wait list, so it does. Sometimes it does get kind of backed up.

00:37:59.901 --> 00:38:16.901

And so what we do, we go through by monthly, go back through the wait list and call folks that we haven't been able to get in contact with who have requested service and most of the time folks when we call back they either will decline services because they've found somewhere else in the meantime, they've moved out of state.

00:38:13.772 --> 00:38:34.772

Or that situation has either been resolved, some people have changed phone numbers or relocated because of the situation that we're unfortunately no longer to get a hold of them, but we do keep everything still written down and documented just in case we need to go back to it or if it ever gets pulled or audited or what have you.

00:38:32.904 --> 00:38:39.904

And it might sound like, I mean, I know any time someone's talking about a waiting list, it's unfortunate, right?

00:38:37.846 --> 00:38:45.846

When I came back to RACES as the executive director about 2 and a half years ago, we only had 2 therapists on staff.

00:38:44.400 --> 00:38:52.400

It had to previously limit 4, but during the pandemic there was that decrease. We're at 5 now, and we still have a waiting list.

00:38:47.149 --> 00:39:00.149

So we're you know, we'd love to continue to grow. The need is there, but like Kayla said, we also don't just kick people out.

00:38:59.403 --> 00:39:05.403

There are a lot of centers that do provide free services that they cap the number of sessions that I understand.

00:39:03.654 --> 00:39:10.654

They want to reach a wider range of people. But the way we understand trauma and being survivor centered is that

00:39:09.397 --> 00:39:22.397

They lead we follow. So we it's important for us that people are able to decide when they are ready to disengage from services and make sure that they've actually received the support that they need or want in that moment.

00:39:21.910 --> 00:39:35.910

So that is important for us, but we also recognize, right, that we do see that a - - where people are dropping off while they're on the waiting list, and so that's where our therapy team developed that process of doing the initial screening and then checking in, right?

00:39:34.710 --> 00:39:41.710

Is there a referral that we can provide for people? Would it be helpful to have a crisis intervention in person

00:39:38.090 --> 00:39:47.090

Meeting to to kind of support them until we're able to get them in with a therapist on a regular basis?

00:39:46.833 --> 00:39:54.833

Because that that period of you know if someone gets to the point where they're ready to reach out for support we want to be able to provide it as quickly as possible,

00:39:51.098 --> 00:40:01.098

But unfortunately, sometimes we are still looking at months out because we we do have that that need that exceeds our ability to meet it.

00:40:00.839 --> 00:40:04.839

Even with 5 full-time therapists.

00:40:06.715 --> 00:40:09.715

Next slide, please.

00:40:09.775 --> 00:40:22.775

Alrighty, hotline hotline hotline. So here at RACES, we offer a free, 24 h confidential hotline that folks can use to request medical advocacy that is after hours.

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So if it's if it's a Monday Wednesday or Friday past 5 PM. They can call that number and get any type of support that we can offer and then Tuesday Thursdays 8 if it's after 7 P

00:40:32.160 --> 00:40:41.160

M. They can call that number as well. It's crisis intervention. It is available, like I said, 24 - 7.

00:40:40.091 --> 00:40:50.091

It is ran by RACES staff and volunteers. We get who knows how many number of calls we get a day.

00:40:48.648 --> 00:41:00.648

It depends. Sometimes most of the questions are general information questions that we do get on the hotline. And then we have some instances where those calls are immediate crisis.

00:40:58.033 --> 00:41:09.033

They say, hi, I, something just happened. I think that I was assaulted. I'd like to go to the hospital or I'm not even sure what to do, can you help me?

00:41:07.093 --> 00:41:18.093

And so that's what that hotline is utilized for. It's for immediate crisis intervention, but sometimes it's not just for that, but that's what the main goal and purpose of it is.

00:41:18.778 --> 00:41:26.778

And we have provided crisis intervention services to 138 individuals this fiscal year so far, and most of that would be through the hotline.

00:41:28.467 --> 00:41:33.467

One more I think chunk in terms of our work on group services.

00:41:33.719 --> 00:41:44.719

Yes, so groups: we offer group services and support. So we currently have an adult support group that meets weekly on Thursdays from 530 to 7.

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The group is open to 10 members, and they kind of fluctuate. Things happen in folks lives. So sometimes attendance is good, sometimes it's not the best, it just kind of depends.

00:41:54.658 --> 00:42:15.658

Like I said, when you do trauma work, something happens, things hit the fan, and then people need a break or time-out from services or therapy because it does start to become overwhelming once you open up some of these deep wounds in these deep traumas, and once you have that on top of

your everyday life and something happens, it kind of does everything off  
-

00:42:10.285 --> 00:42:24.285

But the support group is open to any adult survivors and supporters over 18. And I - wait, this one is just for a survivors.

00:42:21.405 --> 00:42:31.405

Yeah, this one's just our survivor support group. We are actually in the works on making some other groups that are for supporters as well.

00:42:29.352 --> 00:42:48.352

And so these groups, people can seek validation, support from other survivors, as well as get guidance and be in an environment that feels welcoming, comfortable, and safe and know where they'll be heard and understood, and other people will be able to understand their experiences.

00:42:46.445 --> 00:42:59.445

And so they don't feel alone. And we are always looking to grow the list for group members because groups services they've shown that research is really good, especially when it comes to trauma.

00:42:54.758 --> 00:43:08.758

It helps to know that there's a community of folks out there who've experienced the same things as you and you don't have to sit alone with any of these experiences.

00:43:08.007 --> 00:43:18.007

Oh, and my - the groups that we're currently going to be in the works. It's not on there just yet, but we are going to start a group.

00:43:16.694 --> 00:43:30.694

It's called Raising Sexually Healthy Children. It's gonna be for adult survivors for parents who are survivors of childhood abuse kind of helping them to talk to their children about what it means to raise healthy healthy

00:43:29.567 --> 00:43:42.567

Healthy sexual children, kind of things to look for, prevention and education and if they have questions or anything like that that they want to ask or me support with, that's what that'll be utilized for.

00:43:39.635 --> 00:43:50.635

And then also I'm working on within the next few months, I'll give myself some baby steps, a team support group

00:43:49.944 --> 00:43:56.944

For youth who have experienced sexual abuse and trauma. It's important to reach the youth in this community.

00:43:55.072 --> 00:44:07.072

They are really, really struggling, and we want them to be able to have a safe and comfortable outlet to talk about some of these issues because we know that you can't always do it at school.

00:44:09.398 --> 00:44:24.398

And I believe that's all that I have. And if you guys have any questions, I'm all ears because after this I'm going to serve our youth third through fifth grade girls at Urbana Park District for some basketball this evening.

00:44:26.264 --> 00:44:39.264

I was wondering talking about like groups and stuff how much work you guys do like with the UP center because I know that's a area that there's a lot of - Absolutely.

00:44:36.398 --> 00:44:46.398

So we work very closely with Uniting Pride and actually had plans to do a groups facilities specifically for LGBTQ youth.

00:44:44.006 --> 00:44:53.006

We just didn't have a large enough group of youth to to to start that program, it is something we still would like to do.

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It's a matter of making sure that there's a good number of young folks who want that particular service.

00:45:00.290 --> 00:45:10.290

That's something that we talked about doing at their office. That is something, you know, Kayla was mentioning, switching into the outreach role that we really do try to meet folks where they already feel comfortable as often as we can.

00:45:05.675 --> 00:45:25.675

So while our office, we've worked to make it as inviting an environment as possible, it's not unusual for us to be meeting with folks at school, at other service providers' offices... we're always looking for opportunities to partner with folks to reduce those barriers.

00:45:24.871 --> 00:45:37.871

And absolutely, you know, Uniting Pride is a big one of those. It just. I think it's it's really difficult to open that that door for a lot of youth especially if they're just trying to feel safe and right now with everything that's happening in the world.

00:45:35.350 --> 00:45:43.350

Diving into trauma in terms of just. You know, on top of just trying to live can be a lot.

00:45:39.800 --> 00:45:53.800

And, and again, you've got 2 things there that you're challenged with and the society I mean and again I'm thankful Champaign Urbana,

00:45:52.294 --> 00:45:59.294

This area is pretty accepting, but those are 2 big things that are, yeah, so I'm glad to hear that. Yeah, absolutely.

00:45:58.293 --> 00:46:04.293

I mean, the LGBTQ plus population experiences disproportionately high rates of sexual violence.

00:46:02.543 --> 00:46:11.543

So we do everything that we can to make sure that folks know that we're a safe and you know, accessible resource for folks.

00:46:10.983 --> 00:46:18.983

I just want to say that was a very thorough presentation because the questions that came up got answered before. Do you service any men?

00:46:18.415 --> 00:46:27.415

Yes, we do. We serve folks of all genders. A lot of folks who reach out to us, ah, do identify as women.

00:46:26.733 --> 00:46:32.733

I think that there are a lot of folks who are male survivors who they're additional barriers, right?

00:46:31.669 --> 00:46:43.669

Just being able to to reach out for support can be hard, and so again, thinking about what can we be doing and that's again where our prevention program these 2 things have to go hand-in-hand, right?

00:46:42.479 --> 00:46:58.479

Creating that exposure, making sure that people understand that we are a resource for everybody really starts with that prevention focus, but then also, you know, we're out wherever we can be in the community making sure that folks know that.

00:46:52.422 --> 00:47:06.422

I really appreciate you asking that question because I think historically people think about this as, you know, the women's movement, and so many places have that kind of

00:47:06.054 --> 00:47:13.054

Language behind it, but absolutely making sure that we're that people know that we're a resource for folks of all genders is important to us.

00:47:11.108 --> 00:47:19.108

Perfect, perfect. Thank you. Yeah, as Kayla was saying anyone can be used, assaulted anyone can experience sexual violence or stalking.

00:47:20.735 --> 00:47:23.735

Just like anyone can commit acts of sexual violence or stalking.

00:47:24.109 --> 00:47:32.109

You serve a 4 county area. Do you have offices or places in those or we don't come here?

00:47:28.177 --> 00:47:40.177

Yeah, so we we're located here in Urbana and we do have a contractual therapist who has an office

00:47:32.228 --> 00:47:47.228

In Rantoul. So again, we do try to keep barriers limited as much as we can. We are a small but mighty team.

00:47:45.118 --> 00:47:55.118

So like we do travel. Kayla's been traveling to some of our other service, other parts of our service area quite a bit recently.

00:47:55.253 --> 00:48:04.253

We did actually try to have another contractual therapist in another one of our counties, but what we heard from clients was that it felt like it was too identifiable, right?

00:48:01.193 --> 00:48:12.193

Because if it's a smaller community, you park outside of a therapist's office that then it became too too obvious.

00:48:09.743 --> 00:48:19.743

So some of what we do to try to reduce those barriers aside from providing transportation assistance is offering phone and virtual services as well.

00:48:16.499 --> 00:48:25.499

So if people can't get to us, again, we do our best to reach them in whatever way we can.

00:48:28.805 --> 00:48:42.805

I guess that leads to a question that I was wondering about. I have a few. What have you noticed in terms of the as the pandemic has changed over time, the, as the pandemic has changed over time.

00:48:40.939 --> 00:48:46.939

I know for a long time many therapists were doing a lot of, I know for a long time many therapists were doing a lot of mostly virtual services.

00:48:44.753 --> 00:48:54.753

Have you noticed like any trends back to more in person or is it virtual still remaining very popular? I would say that

00:48:54.383 --> 00:49:09.383

It's, it's a combo, but a lot of clients do prefer that in person and that was part of it with that in person and that was part of it was during the pandemic we didn't have any group services we had for a while, didn't have any group services we had for a while, but that was part of the impetus for creating the outreach and group services we had for a while, but that was part of the impetus for creating the outreach and group services position

00:49:09.070 --> 00:49:24.070

because we were hearing from people that they really needed that community. They needed to be able to connect with other folks and that has has been the case for it for individual services too that we keep those options for, you know, for virtual and phone and that's totally up to the individual, right?

00:49:23.770 --> 00:49:36.770

Whichever format works best for them. But we have a lot of clients who being in person and being able to interact with their therapist, you know, face to face is really important for them.

00:49:35.266 --> 00:49:37.266

So it's a mix.

00:49:37.334 --> 00:49:46.334

I was, this is kind of on a little bit of a different vein, but I know that doing this work is - can be very, very challenging.

00:49:45.520 --> 00:50:00.520

As somebody who has worked in a lot in collaboration with RACES for most of my career, I was wondering like what I'm so glad to see that the therapist team has grown so much over the years.

00:50:00.081 --> 00:50:13.081

How do you all, I guess balance, you know, taking care of our community and taking care of yourselves and like balancing kind of caseloads and things like that.

00:50:12.206 --> 00:50:21.206

Yeah, absolutely. I really appreciate that question. I can certainly say for myself as an executive director that that's that's essential, right?

00:50:18.410 --> 00:50:25.410

While we're here to serve our community, we can't do that if we're not taking care of the folks who are providing that service.

00:50:24.819 --> 00:50:38.819

So we do cap caseloads, which, you know, when you've got a waiting list, it's hard to do, but again, if we're burning folks out, and you know, Kayla mentioned that we had, you know, a therapist leave recently, they went into private practice.

00:50:36.693 --> 00:50:42.693

We had one other therapist who's left during this fiscal year because they moved out of the country.

00:50:41.774 --> 00:50:51.774

What we're hearing when people leave is that they're not leaving because they're dissatisfied with our office but because they're moving on for other opportunities.

00:50:44.327 --> 00:51:02.327

You know, my goal and certainly Kayla can say whether - how effective this is is to make sure that we are being really in tune to how our folks doing, whether that's related to

00:51:00.648 --> 00:51:28.648

The clients that they're serving, whether that's related to events happening in the world or in our community because those things impact our clients and our staff as well but really being intentional about making time for folks to engage in healthy practices, not just self-care, but also what is the agency's responsibility for caring for folks, whether that's continuing education, whether that's providing adequate time away.

00:51:28.033 --> 00:51:39.033

When folks need it and absolutely making sure that we're not asking people to take on too many clients even though it's really hard to say I'm sorry you have to wait.

00:51:37.217 --> 00:51:43.217

I'd rather ask people to wait a couple months than to wait a couple years because we can't find the right person.

00:51:42.779 --> 00:51:57.779

I don't know if you'd add anything. Yeah, I think you did a good job at explaining that. I would say what I've noticed about working here at RACES, they do make sure that they put make sure that the employees have what they need in order to succeed.

00:51:53.101 --> 00:52:05.101

So for the counseling team, we utilize biweekly supervision, individual, and group, so we get supervision

00:52:04.590 --> 00:52:13.590

With an outside contractor, and then we also have supervision with our direct supervisor who has their LCSW.

00:52:11.337 --> 00:52:20.337

So I have weekly supervision with them, and then I meet with another individual every 2 weeks to get supervision as well.

00:52:20.028 --> 00:52:27.028

I utilize my own therapy as well to help cope and balance and regulate with taking on this role.

00:52:25.968 --> 00:52:37.968

And we also use each other. The work environment there here at RACES is very good. Everybody has each other's backs as far as checking in to make sure that folks have what they need mentally,

00:52:37.713 --> 00:52:44.713

And we just try to do a good job at communicating with each other is the best way that I would say

00:52:41.279 --> 00:52:55.279

That we do. It's trying to keep a good work-life balance. It does get challenging at times. The past few weeks have been a little hectic, but I think the best thing that we do, we're a team.

00:52:55.659 --> 00:52:58.659  
We don't let anybody suffer alone.

00:52:58.967 --> 00:53:05.967  
I do have one last question. Kind of, and this I think reflects back on the last presentation as well.

00:53:05.970 --> 00:53:17.970  
Looking at how the funding has changed over time. I still remember when RACES was down to only you working there, Jaya, back in what, 2016, I think.

00:53:16.535 --> 00:53:35.535  
Yeah. I just saw a few days ago that there's potentially going to be more cuts to VOCA coming, and I wondered if you could speak to that and what the landscape is for funding at the federal and state level.

00:53:29.023 --> 00:53:44.023  
Because once again, I'm concerned about these higher levels of funding, advocating their responsibility to take care of

00:53:44.029 --> 00:53:54.029  
The communities. Yeah, what is in the proposed federal budget would be a significant decrease across the country again in terms of VOCA.

00:53:52.340 --> 00:53:59.340  
There are a lot of organizations that are working to try to address that fact. There are a lot of organizations that are working to try to address that fact.

00:53:57.212 --> 00:54:07.212  
So we'll see what happens with that. There are also conversations that was - some funding that became available to sexual violence services during the pandemic there's

00:54:06.906 --> 00:54:20.906  
Some significant efforts to try to make that long term, which would certainly make a difference as well. We're also seeing our coalition, Illinois Coalition Against Sexual Assault actively lobby the state to increase funding.

00:54:13.657 --> 00:54:28.657  
So sexual violence services, we do not lobby for our nonprofit without any registered lobbyists. We let our coalition handle that.

00:54:29.044 --> 00:54:42.044  
But general revenue funding from the state has remained flat for about 2 decades in Illinois. So currently statewide it's a 7 million dollars allocation.

00:54:39.487 --> 00:54:54.487

ICASA our coalition is asking to increase that to 20. Just for reference, domestic violence services recently increased to 50 million so it's still not on par, but it would make a significant difference.

00:54:52.297 --> 00:55:08.297

So they're definitely efforts. There will actually be a rally in March that I'm happy to share more information as I have it at the state capitol to encourage our state to to adequately invest in in survivor services.

00:55:08.163 --> 00:55:16.163

But yeah, it's, a constant question of, you know, what is going to be the impact of the federal legislation?

00:55:14.483 --> 00:55:28.483

That's something that of course makes a huge difference to me. And like I said, I feel very fortunate that we're in this community, but I also don't want to keep having to come back to our local funders because of what's happening at the state or federal level.

00:55:23.983 --> 00:55:34.983

So we are continuing to push. We're continuing also - I always am keeping my eye out for what else is out there, right?

00:55:34.036 --> 00:55:52.036

How do we make sure that we're not putting all of our eggs in one basket? Because unfortunately this is the nature of nonprofit work. As the previous presenter shared, it is, there's always that question of what might happen and the last thing I want to do is to reduce services or let any one of my amazing team members go.

00:55:52.170 --> 00:56:12.170

Thank you for sharing that. I'm glad to see that there's efforts both looking at the federal potential cuts to try to address that and also the state level to get I mean hearing that the funding has been flat for 2 decades is just absolutely increase just -

00:56:10.980 --> 00:56:16.980

Slightly. Yeah. Well, thank you so much for sharing that. Does anybody else have any comments

00:56:16.599 --> 00:56:33.599

Or questions? I have a question if the online folks don't. My question is - you caught my attention Kayla when you mentioned the team support group I know you all are in the infancy stages of developing the group.

00:56:31.796 --> 00:56:49.796

Any ideas what the cap, the number, the capacity number is for that group, and then the other question is are you looking at virtual or in person because I think in person as we know is more dynamic.

00:56:46.919 --> 00:56:57.919

So those are my 2 questions. Yes, so I'll answer the second one. First, cause you said it first, or that's what my brain is registering.

00:56:56.287 --> 00:57:03.287

I would definitely do in person services, especially when it comes to the teens. They love their screens.

00:57:02.435 --> 00:57:20.435

This is going to be an environment where there's no screen. We want the face-to-face interaction, the people skills, the social emotional learning, not saying that having a screen is not beneficial, but in order to engage in this work, I feel that the screen would be a little distracting for them.

00:57:21.369 --> 00:57:31.369

So we would try to implement the, oh, 'please put your phone away' policy. I'm not gonna take anybody's stuff when they're phone away policy I'm not gonna take anybody's stuff when they walk through the door because that's when they walk through the door because that's triggering for folks to take their belongings.

00:57:29.312 --> 00:57:36.312

So I wouldn't do that. But just telling folks to be mindful. This is a space where we want you to be fully present and engaged.

00:57:34.561 --> 00:57:42.561

So try to remain off your electronics which can be difficult for teens but that's that would be the goal.

00:57:40.430 --> 00:57:53.430

It would be in person. I'm trying, I've been trying to figure out what I would keep the cap at, especially when you're talking about a room full of teenagers, I don't need 20, 25 teenagers off the charts in one room.

00:57:51.441 --> 00:58:00.441

I think maybe about 15 to start, to see if we get a little bit of a flow and I know that we are flexible, we can either

00:57:59.378 --> 00:58:08.378

Keep more members, take some away, but we can kind of leave leave the flow open. I wouldn't facilitate the group by myself.

00:58:06.946 --> 00:58:14.946

I would have another therapist in the office also help co-facilitate who is funded to work with or been a youth.

00:58:13.810 --> 00:58:20.810

So we will be working together to facilitate that. Thank you. You answered my last question.

00:58:21.561 --> 00:58:24.561

Thanks. You are welcome.

00:58:25.058 --> 00:58:31.058

Alright, well thank you so, so much for your presentation. It was great to hear from you all.

00:58:31.433 --> 00:58:38.433

Thank you so much for your time. And I will turn it back over to Leon to introduce our last presenter.

00:58:39.259 --> 00:58:42.259

Okay.

00:58:41.306 --> 00:58:54.306

Hello. Are the cards somewhere? If I can collect those back so we can reuse them. I'd love to keep my card, but

00:58:55.374 --> 00:59:03.374

You can have it back. There you go. Thank you. That's okay.

00:59:05.373 --> 00:59:18.373

Okay. Thank you. No, not really. Alright.

00:59:19.058 --> 00:59:33.058

It's done. Yeah. Usually a person would be held

00:59:34.433 --> 00:59:36.433

Yeah.

00:59:37.754 --> 00:59:41.754

Maybe would like to. Why not? More the merrier.

00:59:43.247 --> 00:59:46.247

I don't mind. You know, this.

00:59:45.944 --> 01:00:03.944

Is that okay? Okay, it's your choice. Good. Okay, so we have our Last and But in very important group.

01:00:02.962 --> 01:00:13.962

Immigrant services of C. The presenter is Miss Maria Menes and she is a case manager.

01:00:12.148 --> 01:00:27.148

Along with her, we have the board president for immigrant services, Mr. David Dorman, and then we have the new executive director, Mr. Trey Irving Thomas, who is also present.

01:00:26.960 --> 01:00:34.960

And so Maria will provide an update on the immigrant mental health. Program. Maria take it away.

01:00:34.900 --> 01:00:40.900

Thank you so much, Leon. I don't think I've ever spoken into a microphone before, so this is exciting.

01:00:42.086 --> 01:00:48.086

So I'll just wait for the slander. Come up. Yeah.

01:00:52.458 --> 01:00:58.458

Oh no, present. That's okay. It should do. I can see.

01:01:03.522 --> 01:01:05.522

That's alright.

01:01:10.406 --> 01:01:12.406

Yeah.

01:01:14.904 --> 01:01:16.904

Alright.

01:01:16.774 --> 01:01:25.774

Well, I want to start off by saying thank you for having us today.

Immigrants in our community are absolutely facing a mental health crisis.

01:01:20.594 --> 01:01:32.594

And the work that we're able to do in collaboration with you guys is absolutely paramount to trying to tackle that.

01:01:33.779 --> 01:01:37.779

So yeah, excited to be here. I can go ahead for the next slide.

01:01:39.396 --> 01:01:44.396

Yeah. That's okay.

01:01:46.959 --> 01:02:00.959

Okay. So we wanted to start off by giving you guys an idea of our vision and our mission. You might have to move the people there just so, yeah, it's okay.

01:02:03.722 --> 01:02:18.722

Well, I don't know. That's okay. It's okay. So, our vision is a future where every, our vision is a future where every immigrant refugee and asylum seeker finds a welcoming and supportive community that empowers them to thrive.

01:02:13.966 --> 01:02:41.966

We envision a society where these individuals not only overcome challenges but also embrace opportunities. To me that word "thrive" is incredibly important because we're dealing with a population that is stuck in survival for many reasons for lack of resources because their lives are being uprooted from the only home they've ever known and they're coming here to try to live a better life and so we don't just want to give them the resources to be able to make

01:02:41.969 --> 01:02:56.969

it on a day-to-day basis in terms of survival. We really want to continue to establish a relationship that highlights their their skills and their talents and the things that they would like to bring to the community and help them learn how to integrate those things as hard as it may be.

01:02:55.834 --> 01:03:02.834

And then our mission is centered around 18 new immigrants, refugees, and asylum seekers in their journey to integrate into our community.

01:03:02.022 --> 01:03:12.022

We are dedicated to helping these individuals make a transition from dependency to achieving complete self-sufficiency, enabling them to become valuable contributors to our community.

01:03:10.967 --> 01:03:14.967

So I already touched a little bit on that, but I definitely want them to become valuable contributors to our community.

01:03:13.780 --> 01:03:16.780

So I already touched a little bit on that, but I definitely want to highlight the self-sufficiency component.

01:03:16.289 --> 01:03:35.289

Because when you're working with a population that faces lack of like access, meaning they can't just walk into any you know place and be like yeah can I have this service or I need this or can you help me with this language access a huge barrier to being able to navigate your community.

01:03:33.536 --> 01:03:40.536

So as service providers, we're very susceptible to going into these spaces with them and doing things for them, right?

01:03:39.483 --> 01:03:48.483

Oh, I'm gonna fill out this form for you. Because it's easier if I do and then if I translate every single line on this 3 page form, right?

01:03:43.688 --> 01:03:55.688

So as much as it would make it easier for us to just go into these spaces and do, we really want to promote autonomy.

01:03:54.624 --> 01:04:12.624

I'm an immigrant myself so I can speak to that and not knowing how to navigate anything, not knowing traffic laws, not knowing that, oh, when the weather's bad, things close, you know, not knowing how to navigate all of these things that we all take for granted.

01:03:54.681 --> 01:03:59.681

You know, there's nothing probably more disempowering than coming into a country.

01:04:11.680 --> 01:04:21.680

So we don't want to create a codependent relationship in which these immigrants in our clients are not able to navigate anything without our help.

01:04:21.054 --> 01:04:31.054

We really, really want to, like I said, promote that autonomy and help them be able to navigate things on their own, which means taking the time to slow down and teach things for the very first time.

01:04:27.874 --> 01:04:33.874  
So yeah, next slide.

01:04:35.190 --> 01:04:42.190  
So I'll go over our programs and our services. So as a case manager, our approach is incredibly holistic.

01:04:37.683 --> 01:04:53.683  
It supports our clients in various aspects. Conducting depression, screenings, connecting clients with mental health services, legal aid, addressing concerns like food and security, medical care, housing, employment, education.

01:04:51.689 --> 01:05:01.689  
One thing about this population is that the need is great and the needs are also intersectional so it means housing is an issue.

01:04:54.676 --> 01:05:10.676  
There's you know a medical crisis as well. They're not able to access health care the way that other populations are.

01:05:09.302 --> 01:05:18.302  
Whatever it is that they might need, I think a lot of it comes down to advocacy and just being there to help them navigate being a person that they can

01:05:18.190 --> 01:05:29.190  
Have alongside them to support them as they learn how to navigate everything. Transportation - this is a pretty critical one.

01:05:26.307 --> 01:05:44.307  
One thing that I'll say is that 3 of our most important programs are not funded. So they're through unrestricted funds, which is incredibly difficult, because it means we're often in the position where we have to choose how and when to help.

01:05:43.876 --> 01:05:55.876  
So with transportation we have individuals seeking asylum who have maybe been in the country and in Champaign for only 2 or 3 days before they come and find us, right?

01:05:55.053 --> 01:06:03.053  
So they're coming to us with absolutely nothing and just documents that say, hey, you have to go to immigration court on this date.

01:06:01.805 --> 01:06:06.805  
And if they don't, they face deportation, right? Even if they do qualify for for asylum.

01:06:04.504 --> 01:06:14.504  
So being able to coordinate to get transportation for them to go to those court dates, maybe some of them came in through the border in New York.

01:06:08.931 --> 01:06:18.931

But they're here in Champaign, and their appointment is going to be in New York.

01:06:18.253 --> 01:06:24.253

Okay, well our staff knows how to change the address if their appointment is going to be in Chicago, right?

01:06:22.805 --> 01:06:28.805

So it's about making that more accessible and helping them even know this is what's going to happen.

01:06:23.186 --> 01:06:37.186

You know, we often buy bus passes but bus tokens to Chicago train passes if we can't find a volunteer, we have a volunteer

01:06:36.307 --> 01:06:48.307

Approach with that where we like to have someone that's able to actually drive them and help them navigate but whatever it is, you know, our approach is to try to make sure they get to where they need to go because those appointments are critical.

01:06:48.181 --> 01:06:57.181

Warehouse - this program extends a helping hand to new immigrants by providing gently used furniture and household items.

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This initiative operates through our volunteer-run warehouse, field by donations from our community members. So one thing you'll learn about us is we love volunteers, and we try to incorporate them as much as possible.

01:07:01.371 --> 01:07:15.371

This program is also critical in the sense that you have individuals that maybe have a place to stay and maybe it doesn't even have a fridge.

01:07:15.246 --> 01:07:21.246

Doesn't have a lamp, doesn't have overhead lighting, maybe they don't even have pots and pans.

01:07:19.944 --> 01:07:31.944

They don't have a bowl to eat off of whatever it might be. So being able to sit with them and rely on our warehouse to be okay - this is what we can provide so they have some items to put into their new home.

01:07:30.752 --> 01:07:38.752

A lot of immigrants are living with up to like 6, 7, 8 other people that are not even their family sometimes.

01:07:34.678 --> 01:07:52.678

So this is, yeah, like I said, incredibly important. Emergency food assistance again is another program that we have that's not funded, but the program provides emergency food assistance to new arrivals or immigrants who are facing an emergency need for food.

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This one's kind of hard just in the sense that it's really difficult to define what is or isn't an emergency food need because if they're coming to you it likely is already at the point where it's an emergency.

01:07:59.747 --> 01:08:14.747

We try to prioritize families with kids, of course, and there's different barriers that we face there.

01:08:08.755 --> 01:08:24.755

Bus passes. This is one of my favorite ones - in collaboration with the Community Foundation of Illinois bus passes are paid for in full for immigrants as to provide them with an accessible means of transportation.

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So being able to navigate your communities being able to get around and go to where you need to go.

01:08:23.688 --> 01:08:38.688

Maybe you learn how to go somewhere on your own, but can you get there? So this is again incredibly important

01:08:39.181 --> 01:08:57.181

And having that collaboration with Community Foundation of Illinois makes it much more accessible. We can get approval for a bus pass in like one or 2 days and then as much as we can sometimes or if we find ourselves in situations where we're helping clients learn how to use the bus system because language access comes into that as well.

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So. We're really just here to try to help in whatever way that it is that we can.

01:09:03.442 --> 01:09:05.442

Next slide, please.

01:09:04.374 --> 01:09:23.374

So I'll focus a little bit more on that mental health program. So the immigrant mental health program has been successful in consistent referrals and scheduling of mental health therapy sessions to the addition of myself, the Spanish bilingual case manager who serves the dual role of mental health coordinator.

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We have incorporated mental health services into our case management, so they're incredibly interdependent. For the past fiscal year ISCU has been covering the cost of mental health services provided by our partnership with Community Health

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Partnership of Illinois. CHP takes on a holistic approach to client care and provides health and wellness checkups for each client to determine physical health as well.

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The CHP team we collaborate with for this project consist of 2 psychiatrists and 2 counselors who are English-Spanish bilingual and provide teletherapy to our Spanish speaking clients from CHP's office.

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So a thing to note there that I think I'll actually give an example of like a client situation.

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So. If we had a client that was undergoing DV and was referred to us for mental health services

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And prior to being able to ease into the idea of sharing this very you know, horrendous trauma with a mental health practitioner, her major concern was first her own health, right?

01:10:25.328 --> 01:10:39.328

Had she been exposed to an STD, all of these things. So we really enjoy being able to collaborate with them in the sense that holistically our our clients are going there and getting a health checkup and then they're beginning

01:10:38.381 --> 01:10:52.381

Their mental health sessions and of course not all of them want to have that health but check up but it's just not something that's very accessible anywhere else to them, particularly not for free.

01:10:50.332 --> 01:11:06.332

So we're very proud to be able to offer that. I think one thing that you'll notice that I'll touch on again later is that this is just English and Spanish as you likely know, you know, immigrants don't just speak Spanish, so that's definitely a goal for us in the future.

01:11:03.884 --> 01:11:14.884

Is to continue to expand these services so that we can serve every community that is an immigrant, which means a lot of other languages.

01:11:14.516 --> 01:11:37.516

Next slide. Service plan: so once the client has been referred to CHP to receive services, a service plan is created with training from the ISCU board member who has her LCSW, our case manager conducts the PHQ 9, which is a 9 question diagnostic tool utilized to assess the presence of verity of depression as a client completes their first successions, we remain accessible to each client meeting

01:11:36.011 --> 01:11:48.011

their needs outside of mental health, using the organization's resources and services. After six sessions we perform the post screening assessment utilizing the same screening tool to discuss progress.

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So obviously this has very logistical benefits but I will actually say being the one that conducts the screenings.

01:11:54.136 --> 01:12:07.136

There's a very powerful moment that happens when you're going through a PHQ 9 with someone and they start to realize that maybe they didn't think they had depression, but now they're like, wait, I haven't been sleeping well.

01:12:03.724 --> 01:12:19.724

My appetite has gone down or gone up. Or, you know, all of these like somatic symptoms that are part of mental health that maybe we don't necessarily correlate unless we've had the education to.

01:12:19.222 --> 01:12:28.222

With it being like depression or anxiety or whatever it is so there's like kind of like an aha moment that happens in that session where somebody starts to have that mind and body connection.

01:12:25.408 --> 01:12:40.408

That I think is crucial any time we're talking about mental health. And yeah, continuing to provide the case management and continuing to provide resources and staying available.

01:12:38.474 --> 01:12:48.474

So not just making the referral and being okay, it's in CHP's hands now, but staying there because sometimes maybe they want a debrief with you.

01:12:49.623 --> 01:13:04.623

Maybe they want to tell you how it's going. Maybe, you know, they're sure their mental health needs are being met, but they can't quite relax into it because they're still facing all of these other things that other resources are needed to to meet so - Yeah, next slide.

01:13:05.686 --> 01:13:15.686

And then these are the mid year numbers, so non-treatment plan contacts, 263. Service contacts, 65. Referrals, 61. And community service events, 4.

01:13:16.998 --> 01:13:30.998

Next slide. And program highlights. I chose a success story for this one. It's very near and dear to my heart, but a young mother and her 3 children immigrated to the United States from Andudas after her husband was assassinated.

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The mother describes her arrival into our offices as miraculous as her family and her almost died several times while fleeing violence, sickness obtained from homeless shelters, and the delivery of her baby in transit.

01:13:38.937 --> 01:13:53.937

She originally came into my office seeking assistance with food for her and her children upon taking the time to hear her story she shared how traumatized she felt that her 12 year old daughter had become.

01:13:51.751 --> 01:13:58.751

She described that her daughter was unable to sleep at night, unable to be in the dark, and having anxiety nonstop throughout the day.

01:13:57.620 --> 01:14:04.620

I shared with her the mental health services we could offer, and she was elated to hear that she and her daughter could speak to someone in Spanish.

01:14:03.430 --> 01:14:15.430

She then felt safe enough to express that she also felt she herself would benefit from therapy. Thanks to her partnership with CHP, she was able to have her health assessed, which she was concerned with after all the illness they contracted during their travels.

01:14:14.686 --> 01:14:32.686

And they both have been assisting therapy ever since. I think I'll touch on this as the slides go on, but one very powerful thing about this position and about working with this population is that sometimes you're the very first person that this individual has ever had a trauma related conversation with.

01:14:30.497 --> 01:14:37.497

You're the first person they've ever disclosed - Yes, sometimes I do wonder if my mental health isn't okay.

01:14:37.177 --> 01:14:47.177

And just holding space for that and not, you know, going through an intake and being like, what's your information, but just having it tell me about your immigrant story.

01:14:45.814 --> 01:14:58.814

Tell me about how you immigrated. Tell me about why you chose to come here. The trauma starts to unravel and when you're able to hold space for that and just say, hey, we have a resource that I think maybe could be right for you, but not saying this is what you need.

01:14:54.813 --> 01:15:15.813

Is very, very powerful. Next slide, please. Challenges: one of many but due to social stigma stigmas within the immigrant community and a lack of awareness around mental health at times it can be challenging to reach individuals out in the community.

01:15:15.369 --> 01:15:22.369

Typically it can take long sitdown sessions with the case manager to ease the client into accepting mental health services as a tool

01:15:17.436 --> 01:15:33.436

And resource that could work for them for this reason. The marketing of our mental health program is not usually as successful out in the community as opposed to the case management approach, which takes time.

01:15:31.875 --> 01:15:38.875

So being from this community myself, I can speak to the fact that the amount of stigma around mental health is

01:15:37.806 --> 01:15:45.806

Yeah, a huge barrier hard to overcome. I mean, these are communities in which you weren't allowed to say that you were depressed.

01:15:45.692 --> 01:15:53.692

Despite the fact that you likely. Half CPTSD, if not PTSD, you're not able to talk about that.

01:15:47.682 --> 01:16:13.682

So. Being the first person often that's ever introducing to them how hey therapy is not just for people who are crazy because that is the stigma that people come with and being able to just kind of, bounce off how talking to someone else about it can help them begin to process it in a new way

01:16:12.746 --> 01:16:24.746

Is yeah incredibly important so it's not always just like you have a client come in and you're like, hey, by the way, we have a mental health program and they're like, oh yeah, awesome, cool.

01:16:23.442 --> 01:16:38.442

Sign me up. It takes time to establish that relationship, to establish that safety, and for them to see oh wow I'm really benefiting from talking to you, I wonder if I would benefit from talking to someone who is actually trained to do it.

01:16:34.365 --> 01:16:40.365

So yeah.

01:16:40.191 --> 01:16:49.191

And then, like I mentioned before, just the challenge of- It's not just about having language access that's in Spanish.

01:16:43.384 --> 01:16:59.384

It's about every other language that we're seeing, including indigenous tongues. So there's always efforts to keep gravitating towards how we can draw that in and how we can provide those services.

01:17:00.396 --> 01:17:02.396

Next slide, please.

01:17:01.888 --> 01:17:17.888

Future goals touched on this a little bit I think twice now but in devotion to our mission it's paramount that ISCU finds a way to build on our partnerships and resources and in order to expand the mental health project to be able to provide therapy accessibility in various languages.

01:17:16.019 --> 01:17:24.019

It's crucial that immigrants have the opportunity to receive the service in their native tongue. So we talked about a lot of different things, I think.

01:17:23.774 --> 01:17:47.774

One thing that is worth mentioning is that prior to me starting here, ISCU in May of last year, I worked at Courage Connection, where I was working with immigrants that were not only being abused by their intimate partner or by a family member but also by the system because they were immigrants - right? - so the trauma was a lot to unravel, and I had no resources because I couldn't put them

01:17:46.833 --> 01:17:56.833

through Courage Connection's resources and say, okay, got this, got this, now you can go to one of our therapists, right?

01:17:56.282 --> 01:18:05.282

And so this is a crisis that I've seen now for several years, and one of the things that really drew me to ICSU was the initiative that they were taking with saying this is something that we need to address.

01:18:05.037 --> 01:18:13.037

Maybe we don't have everything else figured out. Maybe we don't have all the funds for everything else figured out, but mental health is absolutely something that is non-negotiable.

01:18:13.161 --> 01:18:31.161

So we've talked about going out in the community and having workshops with local therapists in the area who speak other languages and just presenting to them the importance of immigrant mental health and saying, hey, this is the struggle that we have.

01:18:31.530 --> 01:18:39.530

Unless we have some kind of partnership or some- You deal with someone like it's very difficult. So that's something that we've considered doing.

01:18:37.156 --> 01:18:46.156

But yeah, it's definitely important that we expand just in the sense that CHP is not always going to be able to be able to meet our quota.

01:18:47.333 --> 01:18:51.333

For sessions that we have so. Okay, next slide.

01:18:52.464 --> 01:18:55.464

Oh, there you go. I think if you click it again, there's a picture.

01:18:56.904 --> 01:19:04.904

There we go. So as a case manager, I'll do my best to answer your questions. If I can, so as a case manager, I'll do my best to answer your questions

01:19:04.271 --> 01:19:09.271

If I can't, then I'll... my support system here.

01:19:11.466 --> 01:19:13.466

Okay.

01:19:16.927 --> 01:19:25.927

Yeah, could you tell me a little bit more about the the duration of your mental health services? Do you -

01:19:26.082 --> 01:19:40.082

Once somebody understands that they need that help, then what do you...? So typically we're going for our goal there is to have 6 initial sessions and then to do a little bit of a reevaluation like,

01:19:38.656 --> 01:19:47.656

You know, how did this go for you? Would you like to continue and things like that? But that's something they typically communicate directly with CHP.

01:19:40.524 --> 01:19:55.524

But we're definitely seeing people very often want to extend beyond successions and want to do 12 if not more sessions.

01:19:54.848 --> 01:20:03.848

And then, how about the, the language acquisition piece? Is that part do you offer a way?

01:20:04.589 --> 01:20:18.589

In your agency for people to. Study English or referral or how does that work? Okay.

01:20:11.792 --> 01:20:23.792

Yeah, so currently we do not have those particular services. Okay. Yeah, so currently we do not have those particular services.

01:20:22.402 --> 01:20:48.402

However, some of the potential programs that we are developing do directly focus on that as you saw perhaps some of the potential programs that we are developing do directly focus on that as you saw perhaps when we walked in and me and Chris like we know each other my background is from the higher ed administrative space so both having language as well as cultural learning being able to even look at the ethnography and look at how they can participate in different resources

01:20:45.596 --> 01:20:57.596

and learn languages through that experiential based learning will absolutely be a part of what I'll be bringing to i And hopefully while I'm hired, I don't know if we got asked David about that one.

01:20:58.662 --> 01:21:06.662

So who are some of your like other funders? Do you get like federal funding? Do you get state funding?

01:21:06.525 --> 01:21:16.525

David, correct me if I'm wrong, as far as my awareness, I'm not sure there's many federal funding opportunities when it comes to serving

01:21:13.837 --> 01:21:28.837

So all of our funds are state funds. It sounds cooler on this. Sure. He,

01:21:29.241 --> 01:21:51.241

There is a you know, a national and international structures for refugees. And, and, and there's a lots of, you know, funding for that legal category of immigrants, which are supported by the national government.

01:21:48.176 --> 01:22:02.176

But for people who are asylum seekers, who are undocumented, there is no national program that's providing resources.

01:22:01.547 --> 01:22:15.547

There are just efforts to curtail. Hey, people. So, We have a

01:22:14.666 --> 01:22:25.666

Inadequate but substantial donations from individual and local

01:22:22.167 --> 01:22:43.167

Businesses and church groups that are just essential for our operations, and when Maria says that the transportation and the warehouse and the and and and some of those other services we provide are not funded,

01:22:38.313 --> 01:22:58.313

They're funded through private donations. They aren't grant funded. And one of the, you know, we're always seeking grant funding for those areas where There are just no other

01:22:57.434 --> 01:23:07.434

State and federal programs for these people. So they're really falling through the cracks.

01:23:02.996 --> 01:23:17.996

We have a United Way grant, which has been very helpful as well. And and and and, and an ARPA

01:23:17.867 --> 01:23:29.867

From starting with the, with COVID. There's there's been a real pushed to help the most vulnerable people.

01:23:33.245 --> 01:23:42.245

So those are our 2 main, other grant funding resources. Thank you.

01:23:47.689 --> 01:23:53.689

Okay, first the warehouse. Do you have a website or a page where I can get the address to that?

01:23:50.435 --> 01:23:59.435

Yes. I'd like to throw some stuff your way. So do you have a web page or do you just want to give me an address?

01:23:55.995 --> 01:24:08.995

We do have a web page. We're located in the basement of the Champaign County Public Health building alongside The Refugee Center, an immigrant cooperative essentially.

01:24:04.016 --> 01:24:31.016

And then our warehouse is located in that building. Okay. So it's not typically set up in the sense that we have individuals come through the warehouse and kind of do like, oh, I need this, I need that, I need this, the warehouse is storage for us, but we do have like essentially like an intake that we complete with clients to be like, what is it that you need?

01:24:28.394 --> 01:24:41.394

And then we'll deliver the items directly to their home. Okay, perfect. But if you want to come check it out, you are more than welcome to come.

01:24:39.835 --> 01:24:48.835

Yeah, I wouldn't have been a moment to throw you all some - some people I have their upper middle class making nice donations. Where should we take it as - Chris - Yeah, I don't know.

01:24:42.019 --> 01:24:57.019

We're incredibly fortunate with the donations that we receive. We have people all the time that call and say, Hey, I'm moving out.

01:24:47.019 --> 01:24:53.019

We're incredibly fortunate with the. Just some people I - have their upper middle class making nice donations like where should we take it as - Chris

01:24:53.823 --> 01:24:57.823

I have this or I have that, and you know the biggest thing that we need is mattresses.

01:24:59.198 --> 01:25:23.198

But help you there any one of those? You know anything that's donated is you know we don't take just anything but the things that we need and we know, anything that's donated is, you know, we don't take just anything, but the things that we need and we know that we, people try to donate. Just drop stuff off and we'll see what we can do with it.

01:25:20.323 --> 01:25:26.323

You know, like we still wanna - Yeah, we're really lucky to be able to have the warehouse so close to our own office.

01:25:25.332 --> 01:25:31.332

And nothing I want to point out, there's probably not a way to do this, but I wish you could get some funding from the University of Illinois.

01:25:31.146 --> 01:25:36.146

Before I went back to academia - Oh, listen, where I'm going, maybe the same place you were thinking of Trey...

01:25:34.821 --> 01:25:43.821

Before I got back to academia, I worked the restaurant circuit 20 years. And Mexicans, Latin Americans, South Americans prop that whole campus up with providing service.

01:25:37.846 --> 01:25:48.846

Of course, you also have international students that are propping the university up, and it seems like they need to find a way to give back.

01:25:49.088 --> 01:25:54.088

I know that's generally private industry, so we can't. But yeah, just something you should think about.

01:25:50.159 --> 01:25:59.159

I have no idea if there's a route to do that, but if you need any help for me, let me know.

01:25:55.371 --> 01:26:13.371

We will absolutely take the help side for sure. I will say that we are making a push to get UIUC and Parkland more involved, but the way that that happens as far as I was concerned is, like I said, I've already brought this experiential based learning component.

01:26:12.239 --> 01:26:27.239

It's that we need to offer something to the students. There's a lot of like social work horses or higher ed courses that will try to get students to be involved within organizations.

01:26:24.367 --> 01:26:34.367

A part of what I know I've already, when I swear I did it from the first day that I was here that already been put into motion.

01:26:30.731 --> 01:26:41.731

It was kind of creating an experiential based institute that shows how do you work with. Migrant communities in the first place because though we've brought this language barrier up so much.

01:26:41.544 --> 01:26:56.544

There is, there is a cultural one, there's what Maria brought up about what help that they're willing to accept and if we just come in and add it with a saviorist mentality, which UI, you see often does, we're going to fall quite short.

01:26:54.993 --> 01:27:12.993

So yeah, there is a definitely programs in place and then also ethical data collection for researchers that would be there because if you could research migrants, we need to tell you how to do it ethically and allow them to be able to, if their organic intellectualism guide where they will be going.

01:27:13.192 --> 01:27:17.192

I knew I liked you. I might.

01:27:22.309 --> 01:27:32.309

I wanna make a comment, but I'm not sure even what to say, cause my colleagues did such a fantastic job.

01:27:30.930 --> 01:27:57.930

I really, really appreciate your presentation. I think one thing that really stuck out to me was the focus on coming through case management as opposed to not necessarily the other kinds of marketing attempts might be helpful in some instances, like the other kinds of marketing attempts, might be helpful in some instances, but this idea of like, I can more easily connect to the idea of getting mental health support through a direct connection with a person.

01:27:49.824 --> 01:28:19.824

I think is so important. And I guess maybe I was wondering. What are some of the places that you're finding as case manager that, I guess, referral sources to come through you that then help to come through to the mental health side like our schools and like things like that.

01:28:17.034 --> 01:28:37.034

Yeah, that's a great question. I would say one thing that we're seeing the most, one thing that I'm working with right now is a - is a relationship with Carle because they're seeing a lot of immigrants that are coming in and as they are sitting with them they're realizing there's a great mental health need here with this client.

01:28:39.590 --> 01:28:53.590

And to their psychiatric department to just talk about immigrant mental health. So we're seeing a lot of - the reason I bring that up is to say we're seeing a lot of referrals coming through like medical institutions and things like that.

01:28:53.607 --> 01:29:09.607

The school absolutely see you early that was here earlier has a case worker who is just marvelous and goes above and beyond doing so much more than I think what she's supposed to be doing.

01:29:06.474 --> 01:29:20.474

So she refers a lot of clients to us. We have a couple of churches that we work with and when they have individuals there's one church in particular that will refer several clients to us throughout the month.

01:29:14.097 --> 01:29:27.097

New arrivals as they come in. Because obviously they feel safe enough in their church to be able to talk about mental health.

01:29:26.149 --> 01:29:40.149

So yeah, there's always more outreach that needs to be done. Absolutely is important, but thankfully we are seeing that the partners that we do have or the relationships that we do establish are definitely making referrals.

01:29:40.090 --> 01:29:50.090

Yeah, and as next steps in the referral process, we whether it's going there is a new community, we want to go to the Congolese community a lot more.

01:29:49.159 --> 01:29:55.159

I know we said that we are lacking some of the staff necessary. We don't have a bunch of French speakers.

01:29:55.150 --> 01:30:10.150

I do it a little bit. It's terrible. It will not happen here. But some of the next steps are going to also some of their institutions, whether it's best of Africa market, whether that's going to, I believe it's Meadowbrook and all that, that has the French direct services.

01:30:08.900 --> 01:30:24.900

But yeah, we also are trying to make sure that our idea of diaspora and immigration is not just specific to, Latinx communities and recognize the diversity of diasporas that come here.

01:30:25.219 --> 01:30:33.219

So some of the next outreaches will also come here. So some of the next outreaches will also land us hopefully with that community soon as well to get some referrals that come here.

01:30:32.237 --> 01:30:33.237

So some of the next outreaches will also land us hopefully with that community soon as well to get some referrals coming out of

01:30:32.536 --> 01:30:48.536

And to kind of elaborate and touch more on your comment, I think that's why it's so important to look at case management and the mental health program as interdependent because I'm actually the main like outreach person in that sense, right?

01:30:48.403 --> 01:31:00.403

Maybe someone doesn't come to me because they're seeking mental health services. Maybe they just are seeking the warehouse or whatever it might be but through my advocacy work I'm able to direct them towards that even if that's not why they came to my office.

01:31:01.791 --> 01:31:23.791

I'm sure you guys are ready to head out, so I just wanted to add thank you so much for, for your work and I think just like, as you described the success story, I mean, it was so striking the number of different things that this family had experienced.

01:31:23.479 --> 01:31:31.479

Yes. That I think is really, really important to highlight why it's so important to focus on these services.

01:31:29.543 --> 01:31:43.543

So I really, really thank you all for being here and for your presentation. Any other comments? I'll just touch on that really quick before I wrap up and say that that case is not an anomaly.

01:31:42.049 --> 01:32:01.049

That is very much what the case is that we are seeing look like. That case maybe is a little bit different in the sense that you're seeing assassination in it of a direct family member, but in terms of family members having experience such a degree of violence that they fled their country, we're seeing that in almost every case.

01:32:01.546 --> 01:32:12.546

Yeah. And I would double down on specifically the - getting diseases or exposed to that in the shelter spaces during immigration.

01:32:12.669 --> 01:32:16.669

I also would want to put a little bit of an eye on that as well. Yeah.

01:32:17.605 --> 01:32:27.605

Alright, well thank you so, much for your presentation. With that, we just have a few items on the agenda.

01:32:25.241 --> 01:32:41.241

The first is agency input. We have heard from some fantastic agencies this evening, but if there are any other comments that anyone would like to share from any agencies, you, we will limit you to 5 min.

01:32:42.488 --> 01:32:45.488

And that includes anybody that might be online as well.

01:32:53.729 --> 01:32:55.729

Probably no one on the chat.

01:32:56.055 --> 01:33:06.055

Alright, seeing as there is none, the next item is board announcements and input board any announcements or input from our board members.

01:33:06.045 --> 01:33:14.045

I have one small exciting piece of news because I get updates on my phone, and I'm addicted to my phone.

01:33:14.100 --> 01:33:22.100

The state delays cuts for individuals with intellectual and developmental disabilities. They've pushed it off to at least July first.

01:33:21.670 --> 01:33:28.670

So again, that was 90 million dollars and I think tonight each one of our presenters talked about how.

01:33:27.485 --> 01:33:40.485

They need X number more millions than what they're getting. I think that's why I stay on an appointed board because I don't know if I could consciously sit on

01:33:40.171 --> 01:33:48.171

Our county board or our state government and do some of the crazy things that are being done by our legislators.

01:33:48.610 --> 01:33:51.610  
So that's all say on the record.

01:33:52.728 --> 01:34:05.728  
Yeah, things from Lynn of, hey, fill out a witness statement. I'm always like, yup, yup, you know, and so I share things on Facebook too.

01:34:02.933 --> 01:34:09.933  
So maybe a few of us, you know, sharing. What the heck are they thinking down there?

01:34:08.877 --> 01:34:15.877  
Maybe it caught some attention, and and Chapin Rose, I think thankfully from our local area, led the fight on this.

01:34:14.068 --> 01:34:23.068  
So I'm very thankful that - So that just happened like during this meeting. Well, thank you for sharing that.

01:34:21.494 --> 01:34:29.494  
That is, that's great to hear. Yes.

01:34:40.500 --> 01:34:44.500  
Any other board announcements or input?

01:34:49.822 --> 01:34:55.822  
Seeing none, with that we can adjourn the study session. Thank you all for coming, and I hope you have a good night.