# CHAMPAIGN COUNTY MENTAL HEALTH BOARD

## CHAMPAIGN COUNTY BOARD FOR CARE AND TREATMENT OF PERSONS WITH A DEVELOPMENTAL DISABILITY

***REMEMBER this meeting is being audio recorded. Please speak clearly into the microphone during the meeting.***

**Champaign County Mental Health Board (CCMHB)**
**WEDNESDAY, March 21, 2018**
Brookens Administrative Center, Lyle Shields Room
1776 E. Washington St. Urbana, IL
**5:30 p.m.**

1. Call to Order - Dr. Fowler, President
2. Roll Call
3. Citizen Input/Public Participation
   *The CCMHB reserves the authority to limit individual public participation to five minutes and limit total time to 20 minutes.*
4. Approval of Agenda*
5. President's Comments
6. New Business
   A. CCMHB FY 2017 Annual Report* **(Pages 3-24)**
      *The FY17 Annual Report is included in the Board packet for review and approval. Action is requested.*
   B. Application Review Process/Questions from Agencies **(Pages 25-27)**
      *Briefing memorandum presents an overview of the review process and timeline and questions posed to staff from agency representatives seeking clarification on the process.*
   C. Summary of NACBHDD 2018 Legislative & Policy Conference **(Pages 28-52)**
      *A Briefing Memorandum summarizes the activities of meetings of the National Association of County Officials' Health Committee and the annual*

*Legislative & Policy Conference of National Association of County Behavioral Health and Developmental Disabilities Directors.*

D. Liaison Guidelines* **(Pages 53-54)**
*Decision Memorandum with updated guidelines for Board to Board Liaisons. Action is requested.*

7. Agency Information
*The CCMHB reserves the authority to limit individual agency participation to five minutes and limit total time to 20 minutes.*

8. Old Business

A. Schedules & Allocation Process Timeline **(Pages 55-58)**
*Updated copies of meeting schedules and allocation timeline are included in the packet.*

9. CCDDB Information

10. Approval of CCMHB Minutes **(Pages 59-64)***
2/21/18 and 2/28/18 *minutes are included. Action is requested.*

11. Executive Director's Comments

12. Staff Reports **(Pages 65)**
*A financial report from Chris Wilson is included in the packet.*

13. Consultant Report **(Pages 66-67)**
*A report on the 11th Annual disABILITY Resource Expo and related activities is included in the packet.*

14. Board to Board Reports

15. Financial Information **(Pages 68-74)***

16. Board Announcements

17. Adjournment

***Board action***

6.A.

# DECISION MEMORANDUM

**DATE:** March 21, 2018
**TO:** Members, Champaign County Mental Health Board (CCMHB)
**FROM:** Lynn Canfield, Stephanie Howard-Gallo
**SUBJECT:** CCMHB Annual Report for Fiscal Year 2017

Attached for review and approval is the Annual Report for Fiscal Year 2017, January 1 to December 31, 2017. The preparation of the Annual Report is a collaboration among staff members and Board president. Included are a financial accounting of revenue and expenditures, agency program allocations, service activity totals by agency and program (with explanations as introduced in the FY2016 Annual Report), aggregate demographic and residency data, and service sector charts for the past year. The Three-Year Plan (FY 2016 – FY 2018) with One-Year Objectives for FY2018, approved at the November 2017 meeting, is also presented.

The attached document has blank pages omitted that will be inserted prior to distribution. The table of contents may be adjusted to reflect these added pages, but no content will change following approval by the Board.

Decision Section
Motion: Move to approve the Champaign County Mental Health Board Fiscal Year 2017 Annual Report.

_____ Approved
_____ Denied
_____ Modified
_____ Additional Information Needed

3

DRAFT

# Champaign County Mental Health Board

**In fulfillment of our responsibilities under the Community Mental Health Act, the Champaign County Mental Health Board (CCMHB) presents the following documents for public review:**

**The CCMHB's Annual Report provides an accounting to the citizens of Champaign County of the CCMHB's activities and expenditures during the period of January 1, 2017 through December 31, 2017.**

**The CCMHB's Three-Year Plan for the period January 1, 2016 through December 31, 2018 presents the CCMHB's goals for development of Champaign County's system of community mental health, intellectual and developmental disabilities, and substance use disorder services and facilities, with One-Year Objectives for January 1, 2018 through December 31, 2018.**

**Any questions or comments regarding the CCMHB's activities or the county's behavioral health and developmental disability services can be directed to the Champaign County Mental Health Board; 1776 E. Washington; Urbana, IL 61802; phone (217) 367-5703, fax (217) 367-5741.**



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# Champaign County Mental Health Board

## Fiscal Year 2017 Annual Report & Three-Year Plan 2016-2018

### Table of Contents

# LISTING OF 2017 BOARD MEMBERS AND STAFF

## BOARD MEMBERS

Dr. Susan Fowler
(President)

Ms. Elaine Palencia
(Vice President)

Dr. Thom Moore

Ms. Judi O'Connor

Dr. Julian Rappaport

Dr. Anne Robin

Ms. Margaret White

Mr. Kyle Patterson

Mr. Joseph Omo-Osagie

### STAFF

Lynn Canfield
Executive Director

Kim Bowdry
Associate Director for Intellectual and Developmental Disabilities

Mark J. Driscoll
Associate Director for Mental Health & Substance Use Disorder Services

Stephanie Howard-Gallo
Operations & Compliance Coordinator

Shandra Summerville
Cultural & Linguistic Competence Coordinator

Chris Wilson
Financial Manager

# CCMHB President's Report

This past year has been a year of both stability and change for the Champaign County Mental Health Board and the Developmental Disabilities Board. Lynn Canfield continued as Executive Director and added to the staff to fill existing vacancies: Kim Bowdry, Associate Director for Intellectual and Developmental Disabilities and Chris Wilson, Financial Manager. The staff continue to be comprised of six talented and dedicated individuals who work on the county's behalf to ensure that services for mental health and developmental disabilities are available and increasing in innovation. They completed a new staff driven mission statement as part of an organizational assessment undertaken by the Board of Directors and concluded a thorough analysis and upgrading of all operations with the assistance of Dennis Smith and EMK Consulting. The members of the Board remain the same as in the prior year. Drs. Thom Moore and Susan Fowler were reappointed for a second four-year term (1/1/2018-12/31/21). Potential vacancies for 2019 will include two positions.

In contrast to 2017, we are entering the new year with a state budget and with a healthy county fund. The Board in FY2017 received $4,415,651 as part of the county property tax levy and awarded $3,822,645 to social service agencies for the period 7/1/2017-6/30/2018 and out of the professional fees line provided $222,604 in other support to programs and community events. The award process this past year fully engaged board members, who each agreed to serve as a primary or secondary reviewer of 9-10 original applications, and to discuss those reports in study sessions and board meetings. This provided Board members and staff the opportunity to identify questions for agency response prior to voting on the allocations. Staff provided guidance to the board in terms of fiscal recommendations, and the Board provided input to staff on the merits of each application. The process proceeded smoothly and will be conducted again this year for the FY 19 allocations. While many ongoing programs continued to be funded, several new initiatives were provided with a first year or second year of funding. These included: Champaign County Regional Planning Commission's Justice System Diversion Services; Champaign Urbana Area Project's TRUCE and CU Neighborhood Champions; Don Moyer Boys and Girls Club's CU Change; DREAAM House; First Follower's Peer Mentoring for Reentry; Grow in Illinois's Peer Support; Prairie Center Health Systems' Fresh Start; and, United Cerebral Palsy-Land of Lincoln's Vocational Training and Support. Several of these agencies also provided midyear presentations to the board regarding the progress of their funded work.

I agreed to serve a second term as president of the CCMHB and Elaine Palencia agreed to continue as vice-president. We are pleased to present the Champaign County Mental Health Board 2018 Annual Report. The Annual Report includes information on the Boards finances, funding allocated to a wide range of programs, service data reported by funded programs for the term of the contract, and various charts presenting data on individuals served and funding allocations. The second section of the report includes the Three-Year Plan objectives for 2018.

To prepare for a new three-year plan (2019-21), the staff conducted an online and paper survey to assess the opinions of community members regarding the services provided by both the CCMHB and the CCDDB. It targeted recipients of services, family members of recipients, agency personnel and other community stakeholders. The survey ended on January 31, 2018 and the results will guide planning for the future. The board will engage in planning activities in the summer and early fall.

Respectfully,

Susan Fowler, PhD
CCMHB President, 2018

# SECTION I: Financial Reports and Service Data

# CHAMPAIGN COUNTY MENTAL HEALTH BOARD

## ANNUAL FINANCIAL REPORT

## 1/1/17 - 12/31/17

| | 2016 | 2017 |
|---|---|---|
| **Beginning of the Year Fund Balance** | $2,335,528 | $ 2,527,902 |
| **REVENUE** | | |
| General Property Taxes | $ 4,246,055 | $ 4,415,651 |
| Back Taxes, Mobile Home Tax & Payment in Lieu of Taxes | 9,360 | 9,698 |
| Local Government Revenue | | |
| Champ County Developmental Disabilities Board | 377,695 | 287,697 |
| Interest Earnings | 3,493 | 18,473 |
| Gifts and Donations | 18,822 | 5,225 |
| Miscellaneous | 21,340 | 117,195 |
| TOTAL REVENUE | $ 4,676,764 | $ 4,853,939 |
| **EXPENDITURES** | | |
| Administration & Operating Expenses: | | |
| Personnel | $ 577,548 | $ 449,220 |
| Commodities | 7,998 | 6,263 |
| Services | 410,156 | 432,828 |
| Interfund Transfers* | 60,673 | 57,288 |
| Capital Outlay | - | - |
| Sub-Total | $ 1,056,375 | $ 945,599 |
| Grants and Contributions: | | |
| Program | 3,428,015 | 3,593,538 |
| Capital | - | - |
| Sub-Total | $ 3,428,015 | $ 3,593,538 |
| TOTAL EXPENDITURES | $ 4,484,390 | $ 4,539,137 |
| Fund Balance at the End of the Fiscal Year | $ 2,527,902 | $ 2,842,704 |

*to CILA fund and to CCDDB fund for share of revenue from Expo donations and miscellaneous

# CHAMPAIGN COUNTY MENTAL HEALTH BOARD
## PROGRAM ALLOCATIONS -- FY2017
## 01/01/2017 - 12/31/17

| AGENCY/PROGRAM | TOTAL PAID |
|---|---|
| **CHAMPAIGN COUNTY CHILDREN'S ADVOCACY CENTER** | **37,080.00** |
| **CHAMPAIGN COUNTY REGIONAL PLANNING COMMISSION** | |
| Youth Assessment Center | 51,170.00 |
| Headstart - Social/Emotional Disabilities* | 55,645.00 |
| Justice Diversion (6 months) | 31,374.00 |
| **Agency Total** | **138,189.00** |
| **CHAMPAIGN URBANA AREA PROJECT** | |
| CU Neighborhood Champions | 19,597.00 |
| TRUCE | 75,000.00 |
| **Agency Total** | **94,597.00** |
| **COMMUNITY CHOICES** | |
| Self Determination* | 83,002.00 |
| Community Living (6 months)* | 31,500.00 |
| Customized Employment (6 months)* | 35,002.00 |
| **Agency Total** | **149,504.00** |
| **COMMUNITY FOUNDATION** | |
| DREAAM HOUSE (6 months) | **28,998.00** |
| **COMMUNITY SERVICE CENTER OF NORTHER CHAMPAIGN COUNTY** | |
| Resource Connection | **65,944.00** |
| **COURAGE CONNECTION** | |
| Courage Connection | **66,948.00** |
| **CRISIS NURSERY** | |
| Beyond Blue - Rural | **70,000.00** |
| **DEVELOPMENTAL SERVICES CENTER** | |
| Individual & Family Support* | **390,038.00** |
| **DON MOYER BOYS & GIRLS CLUB** | |
| Community Coalition Summer Youth Programs | 107,000.00 |
| CU Change | 100,000.00 |
| Youth and Family Organization (6 months) | 160,000.00 |
| **Agency Total** | **367,000.00** |
| **EAST CENTRAL ILLINOIS REFUGEE ASSISTANCE CENTER** | |
| Family Support and Strengthening | **22,000.00** |
| **FAMILY SERVICE** | |
| Self Help Center | 28,676.00 |
| Family Counseling (6 months) | 9,998.00 |
| Counseling (6 months) | 12,498.00 |
| Senior Counseling and Advocacy | 142,337.00 |
| **Agency Total** | **193,509.00** |
| **FIRST FOLLOWERS** | |
| Peer Mentoring for Re-entry | **44,596.00** |

# CHAMPAIGN COUNTY MENTAL HEALTH BOARD
## PROGRAM ALLOCATIONS -- FY2017
## 01/01/2017 - 12/31/17

| AGENCY/PROGRAM | TOTAL PAID |
|---|---|
| **GROW IN ILLINOIS** | |
| Peer Support (6 months) | **10,002.00** |
| **MAHOMET AREA YOUTH CLUB** | |
| Members Matter | 12,000.00 |
| BLAST | 15,000.00 |
| **Agency Total** | **27,000.00** |
| **PRAIRIE CENTER HEALTH SYSTEMS now ROSECRANCE** | |
| Fresh Start | 76,002.00 |
| Parenting with Love and Limits - Extended Care | 300,660.00 |
| *Return Excess Revenue - PLL Extended Care* | *(8,898.00)* |
| Prevention | 58,247.00 |
| Specialty Courts | 201,024.00 |
| CJ Substance Abuse Treatment | 10,450.00 |
| Youth Services | 37,500.00 |
| **Agency Total** | **674,985.00** |
| **PROMISE HEALTHCARE** | |
| Mental Health Services | 222,000.00 |
| Wellness/Justice | 58,000.00 |
| **Agency Total** | **280,000.00** |
| **RAPE ADVOCACY COUNSELING EDUCATION SERVICES** | |
| Counseling | 17,050.00 |
| *Return Excess Revenue - Counseling* | *(92.25)* |
| **Agency Total** | **16,957.75** |
| **ROSECRANCE** | |
| Criminal Justice | 283,122.00 |
| Crisis, Access, Benefits & Engagement | 241,718.00 |
| Early Childhood (4 months) | 25,000.00 |
| Parenting with Love and Limits - Front End Services | 263,652.00 |
| TIMES Center (6 months) | 35,002.00 |
| Transitional Housing (6 months) | 7,002.00 |
| **Agency Total** | **855,496.00** |
| **UNITED CEREBRAL PALSY LAND OF LINCOLN** | |
| Vocational Training (6 months) | **25,944.00** |
| **UP CENTER OF CHAMPAIGN COUNTY** | |
| Children/Family/Youth Program | **19,000.00** |
| **URBANA NEIGHBORHOOD CONNECTION** | |
| Community Study Center | **15,750.00** |
| **GRAND TOTAL** | **3,593,537.75** |

* Programs for people with ID/DD, per Intergovernmental Agreement with the Champaign County Developmental Disabilities Board

**Service Totals – Brief Narrative of What the Service Categories Represent**

The Champaign County Mental Health Board funds a wide range of services through local human service providers of varying size and sophistication. The CCMHB invests in services that range from helping mothers and families with newborn babies into early childhood to supporting youth through adolescence and young adulthood to assisting adults and families dealing with life's challenges to helping the elderly with activities of daily living. The not for profit and government agencies that provide services with CCMHB funds range from small agencies with only a few employees and volunteers to large multi-million dollar agencies with over a hundred employees. Descriptions of the service activities supported in current and previous years are available at http://www.co.champaign.il.us/MHBDDB/PublicDocuments.php and http://ccmhddbrds.org.

Regardless of their size, agencies are required to report on services delivered using four categories. Those categories must be broad enough to provide a certain amount of flexibility to account for how and to whom the programs delivered services. The four categories are Community Service Event (CSE), Service Contact (SC), Non-Treatment Plan Client (NTPC), and Treatment Plan Client (TPC). Each agency is allowed to define within each category what will be reported. Definitions of CSEs and SCs relate to types of activities. Definitions of TPCs and NTPCs relate to who has been served and require a certain level of documentation associated with the service. Some programs may only report under one of the categories, others may report on all four. Which and how many categories an agency reports activity under depends on the services provided by the program.

Community Service Events (CSEs) can be public events, work associated with a news interview or newspaper article, consultations with community groups and caregivers, classroom presentations, and small group workshops and training to promote a program or educate the community. Meetings directly related to planning such events may also be counted here. Examples are the Family Service Self-Help Center planning and hosting of a self-help conference or newsletters published by the East Central Illinois Refugee Mutual Assistance Center.

A Service Contact (SC), also referred to as a screening contact or service encounter, represents the number of times a program has contact with consumers. Sometimes this can be someone who is being served by the program. Or it can be sharing of information, fielding a call about services, or doing an initial screenings or assessment. An example of a service contact would be the volume of calls answered by the Crisis Line at Rosecrance.

A Non-Treatment Plan Client (NTPC) is someone to whom services are provided and there is a record of the service but does not extend to a clinical level where a treatment plan is necessary or where one would be done but does not get completed. An example is a person who comes into the domestic violence shelter at Courage Connection but leaves within a few days before fully engaging in services.

A Treatment Plan Client (TPC) has traditionally meant people engaged in services where an assessment and treatment plan have been completed and case records are maintained. This applies to agencies such as Prairie Center, Promise Healthcare, and Rosecrance among others. It can also represent an individual receiving a higher level of care within the spectrum of services provided within a program.

Most contracts are funded as grants while a few are paid on a fee for service basis. Those operating on a fee for service basis have additional detail included in the table. Fee for service detail includes number and type of units of service the program delivered to clients.

# SERVICE TOTALS FOR CONTRACT YEAR 2017 (7/1/16 - 6/30/17)
# BY TYPE OF SERVICE UNIT

**CSE =** Community Service Event. Non-client specific service, e.g. public presentation, consultation advocacy for a target population, media event, workshop or community development activity.
**SC =** Service Contact/Screening Contact. Encounter to provide information, referral, assessment, crisis intervention or general service.
**TPC =** Treatment Plan Client. Client has a written assessment and service plan.
**NTPC =** Non-Treatment Plan Client. Brief service is provided without a written service plan.
**FFS =** Fee for Service. Pre-determined fee paid for defined unit of service.

## CONTRACTED AGENCIES & PROGRAMS

| | CSEs | SCs | TPCs | NTPCs | FFS Units | Type |
|---|---|---|---|---|---|---|
| **Champaign County Children's Advocacy Ctr.** | 15 | 187 | 291 | 28 | ----- | ----- |
| **Champaign County Head Start/Early Head Start** | | | | | | |
| Social Emotional Disabilities Services | 26 | 824 | 73 | 72 | | |
| **Champaign County Regional Planning Commission Social Services** | | | | | | |
| Youth Assessment Center | 46 | 42 | 124 | 7 | | |
| **Community Choices** | | | | | | |
| Customized Employment | 4 | 1085 | 31 | | | |
| Self-Determination Support | 4 | 1900 | ----- | 183 | | |
| **Community Service Center of Northern CC** | | | | | | |
| Resource Connection | ----- | 6325 | ----- | 1464 | ----- | ----- |
| **Courage Connection** | | | | | | |
| Courage Connection | 201 | 619 | 412 | 121 | ----- | ----- |
| **Crisis Nursery** | | | | | | |
| Beyond Blue | 327 | 1275 | 33 | 100 | ----- | ----- |
| **CU Area Project** | | | | | | |
| CU Neighborhood Champions | 26 | 162 | 6 | 4 | ----- | ----- |
| TRUCE | 54 | 44 | ---- | 13 | ----- | ---- |
| **Developmental Services Center** | | | | | | |
| Individual and Family Support | 4 | 9 | 16 | 27 | ----- | ----- |
| **Don Moyer Boys and Girls Club** | | | | | | |
| CU Change | 155 | 1408 | 62 | 68 | ----- | ----- |
| Youth and Family Engagement Services | 30 | 71 | ---- | 14 | ----- | ---- |
| **East Central Illinois Refugee Assistance Center (ECIRMAC)** | | | | | | |
| Family Support and Strengthening | 97 | ----- | ----- | ----- | ----- | ----- |
| **Family Service of Champaign County** | | | | | | |
| Counseling | ----- | ----- | 49 | ----- | ----- | ----- |
| Self-Help Center | 331 | ----- | ----- | ----- | ----- | ----- |
| Senior Counseling and Advocacy | ----- | 12908 | 389 | 1287 | ----- | ----- |

| | CSEs | SCs | TPCs | NTPCs | FFS Units | Type |
|---|---|---|---|---|---|---|
| **First Followers** | | | | | | |
| Peer Mentoring for Reentry | 7 | 18 | 25 | 65 | | |
| **Mahomet Area Youth Club** | | | | | | |
| BLAST | 634 | 643 | 1 | 414 | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| MAYC Members Matter! | 144 | 231 | 3 | 92 | | | |
| **Prairie Center Health Systems** | | | | | | | |
| Criminal Justice Substance Use Treatment | ----- | 8 | 9 | 101 | | | |
| Fresh Start | 175 | 11 | 13 | 6 | | | |
| Parenting with Love & Limits - Extended Ca | ----- | ----- | 46 | ----- | ----- | ----- | |
| Prevention Program | 1545 | ----- | ----- | ----- | ----- | ----- | |
| Specialty Courts | 6 | 6498.3 | 96 | ---- | | | |
| Youth Services | 39 | 99 | 88 | 55 | 2088 | 1/4 hrs | |
| **Promise Healthcare** | | | | | | | |
| ***Mental Health Services at Frances Nelso | ----- | 2245 | 8151 | 46 | ----- | ----- | |
| Wellness and Justice | 52 | 597 | 72 | 495 | | | |
| **RACES** | | | | | | | |
| *Counseling & Crisis Services | 17 | ----- | 11 | ----- | | | |
| **Rosecrance C-U** | | | | | | | |
| Criminal Justice - Problem Solving Courts | | | 348 | 234 | | | |
| Crisis, Access, Benefits & Engagement | 22 | 3977 | 272 | 719 | ----- | ----- | |
| **Early Childhood Mental Health and Dev. | 68 | 71 | 77 | ----- | ----- | ----- | program closed |
| Parenting with Love & Limits - Front End | ----- | ----- | 42 | ---- | ----- | ----- | |
| TIMES Center (Screening MI/SA) | ----- | 6282 | 45 | 72 | | | |
| **UP Center** | | | | | | | |
| Children, Youth, & Families Program | 20 | 36 | 33 | 48 | | | |
| **Urbana Neighborhood Connections Center** | | | | | | | |
| Community Study Center | ---- | ---- | ---- | 227 | | | |

| | CSEs | SCs | TPCs | NTPCs |
|---|---|---|---|---|
| **TOTAL GENERIC SERVICE UNITS** | 4,049 | 47,575 | 10,818 | 5,962 |

| | Days | Hours |
|---|---|---|
| **TOTAL FEE BASED UNITS** | | 3,203 |

**Notes on Service Data**

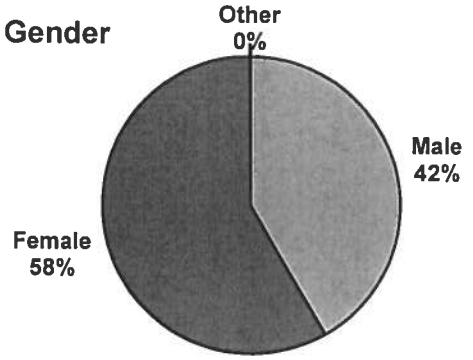
Data are for the period of Contract Year 2017: July 1, 2016 to June 30, 2017.

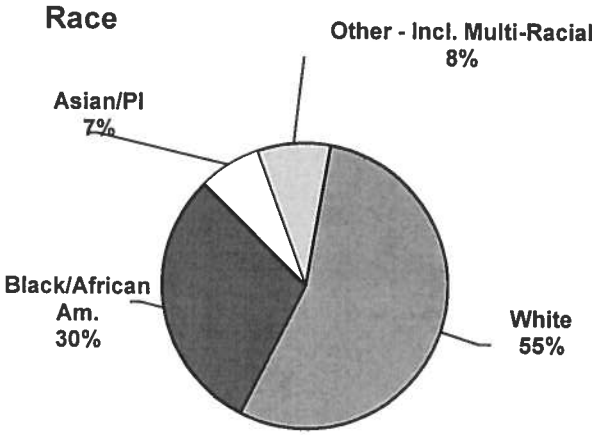
* a five month contract period

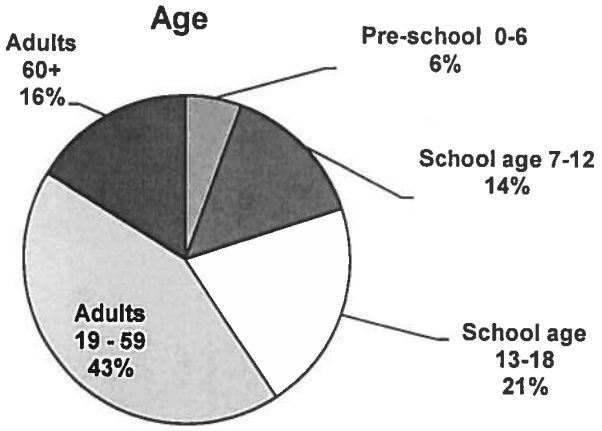
** a nine month contract period

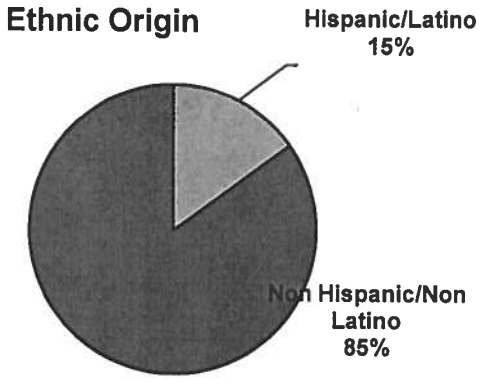
*** TPCs inlclude counseling and psychiatric patients.

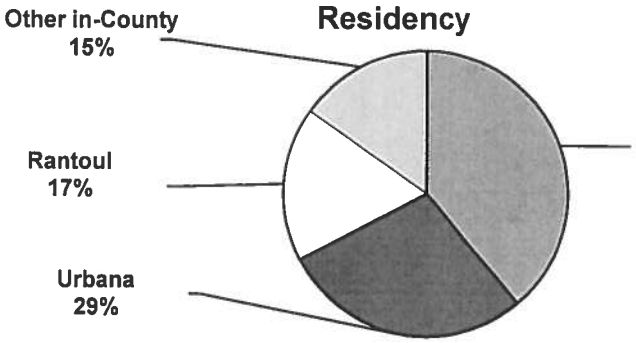
## DEMOGRAPHIC AND RESIDENCY DATA FOR PERSONS SERVED IN PY2017



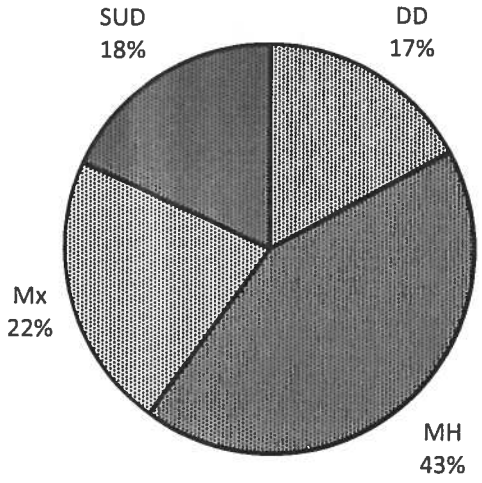



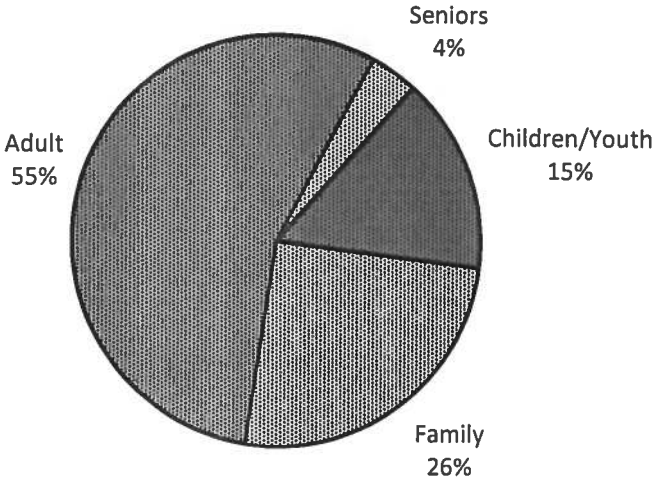



# Funding by Sector, Population, and Service in Contract Year 2017 (CY17)

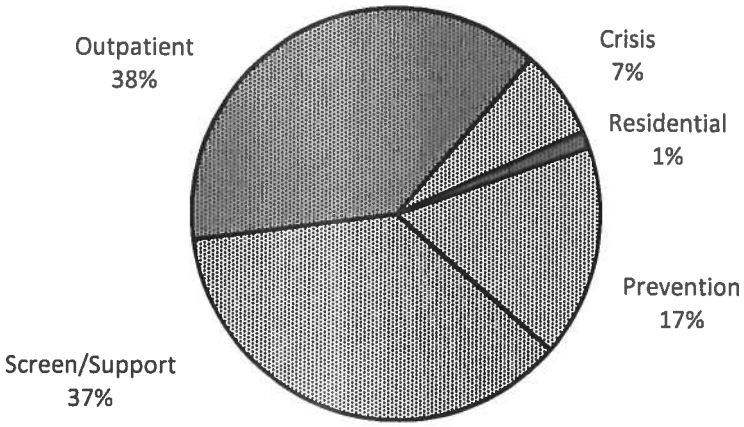
## CCMHB CY17 Appropriation by Community Mental Health Sector




## CCMHB CY17 Appropriation by Target Population




## CCMHB CY2017 Appropriation by Type of Service



# SECTION II: Three-Year Plan 2016-2018
# with FY 2018 One-Year Objectives

# CHAMPAIGN COUNTY MENTAL HEALTH BOARD
# THREE-YEAR PLAN

# FOR

# FISCAL YEARS 2016 - 2018
# (1/1/16 – 12/31/18)

# WITH
# ONE YEAR OBJECTIVES
# FOR

# FISCAL YEAR 2018
# (1/1/18 – 12/31/18)

(18)

# CHAMPAIGN COUNTY MENTAL HEALTH BOARD

WHEREAS, the Champaign County Mental Health Board has been established under Illinois Revised Statutes (405 ILCS – 20/Section 0.1 et. seq.) in order to "construct, repair, operate, maintain and regulate community mental health facilities to provide mental health services as defined by the local community mental health board, including services for the developmentally disabled and for the substance abuser, for residents (of Champaign County) and/or to contract therefore..."

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

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

## MISSION STATEMENT

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

## STATEMENT OF PURPOSES

1. To plan, coordinate, evaluate and allocate funds for the comprehensive local system of mental health, intellectual disabilities and developmental disabilities, and substance abuse services for Champaign County.

2. To promote family-friendly community support networks for the at-risk, underserved and general populations of Champaign County.

3. To increase support for the local system of services from public and private sources.

4. To further develop the systematic exchange of information about local services and needs between the public/private service systems and the CCMHB.

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

SYSTEMS OF CARE

Goal #1: Support a continuum of services to meet the needs of individuals with mental and/or emotional disorders, addictions, and/or intellectual or developmental disabilities and their families residing in Champaign County.

Objective #1: Conduct a needs assessment to inform development of the next three year plan.

Objective #2: Under established policies and procedures, solicit proposals from community based providers in response to Board defined priorities and associated criteria using a competitive application process.

Objective #3: Expand use of evidenced informed, evidenced based, best practice, recommended, and promising practice models appropriate to the presenting need in an effort to improve outcomes for individuals across the lifespan and for their families and supporters.

Objective #4: Promote wellness for people with mental illnesses, substance use disorders, intellectual disabilities, or developmental disabilities to prevent and reduce early mortality, through support services including access to services addressing basic needs, enrollment in benefit plans and coordinated access to primary care.

Objective #5: As practicable in light of potential congressional or presidential actions on the Affordable Care Act and Medicaid expansion, support development or expansion of residential and/or employment supports for persons with behavioral health diagnosis not supported through expansion of Medicaid or the Affordable Care Act.

Objective #6: In light of potential congressional or presidential actions on the Affordable Care Act and Medicaid expansion, if enrollment in health insurance and Medicaid managed care plans continues to reduce the uninsured population, realign CCMHB dollars to fund services and supports outside the realm of insurance and expanded Medicaid, e.g. Peer Supports.

Objective #7: Build evaluation capacity of contracted providers utilizing expertise of evaluators from the Department of Psychology at the University of Illinois.

Goal #2: Sustain commitment to addressing the need for underrepresented and diverse populations access to and engagement in services.

Objective #1: Support culturally responsive and family driven support networks for underrepresented populations, underserved populations, and general populations of Champaign County.

Objective #2: Provide technical assistance in support of continuous improvement of cultural and linguistic competence plans to meet the needs of the population served.

Objective #3: Encourage providers and other community based organizations to allocate resources to provide training, seek technical assistance, and pursue

other professional development activities for staff and governing and/or advisory boards to advance cultural and linguistic competence.

Objective #4: Use the Culturally and Linguistically Appropriate Services Standards (CLAS) as a blueprint to strengthen funded agencies' Cultural and Linguistic Competence.

Goal #3: Improve consumer access to and engagement in services through increased coordination and collaboration between providers, community stakeholders, and consumers.

Objective #1: Encourage development of collaborative agreements between providers to increase or maintain access and coordination of services for consumers throughout Champaign County.

Objective #2: Participate in various coordinating councils whose mission aligns with the needs of the various populations of interest to the Board with the intent of strengthening coordination between providers in the delivery of services.

Objective #3: Explore at the Board level potential for collaboration on issues of mutual interest with the C-U Public Health District and the Champaign County Board of Health.

Objective #4: In conjunction with the United Way of Champaign County, monitor implementation of the 211 information and referral system.

Objective #5: Investigate options for development of a web based compilation of local resources and or directories targeted to specific populations.

Goal #4: Continue the collaborative working relationship with the Champaign County Board for Care and Treatment of Persons with a Developmental Disability (CCDDB).

Objective #1: Coordinate integration, alignment, and allocation of resources with the CCDDB to ensure the efficacious use of resources within the intellectual disability and developmental disability (ID/DD) service and support continuum.

Objective #2: Assess alternative service strategies that empower people with ID/DD and increase access to integrated settings as exemplified by the collaborative approach to the Employment First Act.

Objective #3: Concurrent with the CCDDB, continue financial commitment to maintain and, if demonstrated, expand the availability of Community Integrated Living Arrangement (CILA) housing opportunities for people with ID/DD from Champaign County.

Objective #4: Collaborate with the Champaign County Board for the Care and Treatment of Persons with a Developmental Disability on issues of mutual interest as exemplified by the expansion of CILA housing and joint sponsorship of events promoting acceptance, inclusion, and respect for people with ID/DD.

MULTI-AGENCY INVOLVED YOUTH AND FAMILIES

Goal #5: Building on progress achieved through the six year Cooperative Agreement between the Federal Substance Abuse and Mental Health Services Administration (SAMHSA), the Illinois Department of Human Services (IDHS), and the Champaign County Mental Health Board (CCMHB) implement a plan to sustain the SAMHSA/IDHS system of care model.

Objective #1: Support the efforts of the Champaign Community Coalition and other system of care initiatives.

Objective #2: Ongoing support of Champaign County family-run organizations that incorporate family-driven and youth-guided principles. In recognition of the importance of multi-system involved families and youth, maintain direct involvement and input about decisions that are made. Encourage organizations' focus on peer support specialists, peer-to-peer support, advocacy at the local level, and statewide expansion of family-run organizations.

CRIMINAL JUSTICE AND MENTAL HEALTH SYSTEM COLLABORATION

Goal #6: Support infrastructure development and investment in services along the five criminal justice intercept points to divert from the criminal justice system, as appropriate, persons with behavioral health needs or developmental disabilities.

Objective #1: Continue involvement in the Crisis Intervention Team Steering Committee in support of increased collaboration between law enforcement and crisis team response in the community.

Objective #2: Sustain efforts to engage persons with behavioral health diagnoses re-entering the community from jail or prison or with recent involvement with the criminal justice system, in treatment and other support services.

Objective #3: Maintain commitment to the Problem Solving Courts operating in Champaign County including continued participation on the Specialty Court Steering Committee.

Objective #4: Support integrated planning and service coordination for adults involved in the criminal justice system through participation in the Champaign County Re-Entry Council.

Objective #5: Through the National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD), in its partnership with the National Association of Counties (NACo,) pursue opportunities for technical assistance and support through the "Decarceration Initiative," "Stepping Up: A National Initiative to Reduce the Number of People with Mental Illnesses in Jails," and the "Data Driven Justice Initiative." Encourage and participate in other similar collaborative opportunities aimed at improving outcomes for those with behavioral health needs involved with the criminal justice system.

Goal #7: In conjunction with the Champaign County Sheriff's Office and other community stakeholders pursue a continuum of services as an alternative to incarceration and/or overutilization of local Emergency Departments for persons with behavioral health needs or developmental disabilities.

Objective #1: Serve on the Crisis Response Planning Committee, or its' successor body, to continue to advance work initiated under the Justice and Mental Health Collaboration planning grant.

Objective #2: Identify options for developing jail diversion services to provide behavioral health assessments, crisis stabilization and detoxification from alcohol and/or other substances as may be necessary to serve Champaign County.

Objective #3: Secure commitment to support and sustain the development of a coordinated system of diversion services, from vested stakeholders in the public and private sectors.

Objective #4: Use public input gathered through these collaborations to guide advocacy for planning and policy changes at the state and federal levels, local system redesign and enhancement, and in the consideration of future funding priorities for the CCMHB.

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

Objective #1: Investigate evidence based or recommended juvenile justice models as an alternative to the Parenting with Love and Limits (PLL) program.

Objective #2: Support continued implementation of the Parenting with Love and Limits (PLL) program based on positive evaluation and feedback from community partners and stakeholders.

Objective #3: Monitor local utilization of PLL and pursue options as necessary to address potential excess capacity.

Objective #4: Through participation on the Youth Assessment Center Advisory Board advocate for community and education based interventions contributing to positive youth development and decision-making.

Objective #5: Through participation and engagement in the Champaign Community Coalition and other community focused initiatives, promote and encourage multi-system collaborative approaches for prevention and reduction of youth violence.

Objective #6: Promote and support those targeted interventions that specifically address historical trauma experienced by African American and other minority youth disproportionately impacted in multiple systems.

Objective #7: Utilize the principles from "Models for Change" to reduce the disproportionate minority contact with law-enforcement and involvement with the juvenile justice system.

COMMUNITY ENGAGEMENT & ADVOCACY

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

Objective #1: Continue support for and involvement in efforts to challenge stigma and discrimination and other community education events including disABILITY Resource Expo: Reaching Out for Answers, and the National Children's Mental Health Awareness Day.

Objective #2: Promote substance use disorder prevention initiatives as a community education tool targeting youth and young adults.

Objective #3: Participate in behavioral health community education initiatives, such as national depression screening day, to encourage individuals to be screened and seek further assistance where indicated.

Objective #4: Encourage and support efforts to more fully integrate people with behavioral health disorders and/or intellectual or developmental disabilities into community life in Champaign County.

Goal #10: Stay abreast of emerging issues affecting the local systems of care and consumer access to services and be proactive through concerted advocacy efforts.

Objective #1: Monitor implementation of the Affordable Care Act and the expansion of Medicaid by the State of Illinois and advocate for increased service capacity sufficient to meet consumer demand through active participation in the Association of Community Mental Health Authorities of Illinois (ACMHAI) and other state and national associations such as the National Association of Counties (NACo).

Objective #2: Track state implementation of class action suit settlements involving persons with intellectual disabilities or developmental disabilities or mental illness, e.g. Ligas vs. Hamos Consent Decree and Williams vs. Quinn Consent Decree, and proposed closure of state facilities, and advocate for the allocation of state resources sufficient to meet needs of clients returning to home communities or seeking fuller integration in their communities.

Objective #3: Through the National Association of County Behavioral Health and Developmental Disability Directors, monitor the federal rulemaking process applying parity to Medicaid Managed Care and associated benefit plans and on the Institutions for Mental Disease (IMD) Medicaid Exclusion. Use opportunities for public comment on proposed rules and legislative action to advocate for the needs of our community.

# BRIEFING MEMORANDUM

DATE: March 21, 2018
TO: Members, Champaign County Mental Health Board (CCMHB)
FROM: Lynn Canfield, Mark Driscoll
SUBJECT: Review of Agency Requests for Funding

**Background:** During the Spring of 2017, staff and board of the CCMHB took a new approach to the review of agency applications for funding. This year's schedule was modified in response to what we learned about which activities require more time in order to accommodate fuller board discussion of: alignment of applications to identified priorities; the relationship between the programs, for the sake of the most balanced, coordinated, effective local system; affordability of the final set of contracts; and contract considerations to be addressed through special provision or contract negotiation.

**Important Dates:**
March 28 has been set aside for a study session, in case further discussion of this process (or other board business) is indicated.

April 11 is the staff deadline for program summaries to be made available to the board and public. They will be posted online along with the board packet for the following week's meeting, and paper copies of the board packet will go out that afternoon.

April 18 is a regular meeting of the CCMHB, with some business and action items. The main focus of this meeting will be on review of agency applications. This board discussion is supported by the staff program summaries.

April 25 is a study session of the CCMHB, for the purpose of continued board discussion of agency applications.

May 9 is the staff deadline for recommendations to the board about allocations for the Program Year 2019. A decision memorandum, along with the board packet for the following week's study session, will be posted online and paper copies mailed out.

May 16 is a study session of the CCMHB, for board discussion of allocations of funding for Program Year 2019.

May 23 is a regular meeting of the CCMHB, at which the goal is to finalize decisions about allocation of funding for Program Year 2019.



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Following the final board decisions, staff have a goal of completing contract negotiations by June. This would allow a month for preparation of contracts by board staff, completion of any required revisions by agency staff, and full execution by all parties so that July payments may be authorized.

**Expectations of the Process:**

Throughout the review and decision process, staff are available to work with board members. It has been our experience that these conversations are very helpful to our own program summary and recommendation processes. The timelines above are intended to support the board's mission of allocating funding for the benefit of the community, but they are not required.

We have received the following questions from agency representatives. Our suggestions follow, in italics. The Board may modify these:

1. When will questions from Board members about an agency's application be sent to the agency?
   *This will most likely happen when program summaries are released, and we hope those questions would be asked and answered during the April 18 and 25 meetings. However, CCMHB members and staff may have questions at any time during the process.*

2. In what format are agencies expected to respond – in writing, verbally at the meeting?
   *Written responses are preferred, in that a record is created easily. If there is time during the April 18 and 25 meetings, agencies may be able to answer board members' questions verbally, also creating a record.*

3. Parameters and expectations for agency responses to Board questions? (This was a concern raised last year following the completion of the allocation process.)
   *Response should be limited to the specific question and no longer than 50 words. Do not include supplemental information to the broader application; a response which is not germane to the question posed will be disregarded.*

4. What specific applications will be discussed at each of the April meetings? Do agencies need to attend both meetings?
   *The **April 18** meeting could focus on discussion of applications from:*
   *Don Moyer Boys and Girls Club (3)*
   *Family Service of Champaign County (3)*
   *Promise Healthcare (2)*
   *Rosecrance Central Illinois (7)*
   *The **April 25** meeting could focus on discussion of applications from:*
   *Champaign County Children's Advocacy Center (1)*
   *CCRPC – Community Services (2)*
   *CCRPC Head Start/Early Head Start (1)*

*Champaign Urbana Area Project (2)*
*Community Services Center of Northern Champaign County (1)*
*Courage Connection (1)*
*Crisis Nursery (1)*
*Cunningham Children's Home (1)*
*DREAAM House (1)*
*East Central Illinois Refugee Mutual Assistance Center (1)*
*First Followers (1)*
*GROW in Illinois (1)*
*Mahomet Area Youth Club (2)*
*Rape Advocacy, Counseling & Education Services (1)*
*Rattle the Stars (1)*
*The UP Center of Champaign County (1)*
*United Cerebral Palsy – Land of Lincoln (1)*
*Urbana Neighborhood Connections (1)*

*Our suggestion is that an agency representative be available at the meeting during which their application is to be discussed.*

5. Do agencies with only ID/DD applications need to attend the April CCMHB meetings?

   *No. All of the ID/DD applications will be reviewed by the CCDDB at their meeting. The associated program summaries are to be released on April 18 with the board packet for the April 25 meeting. However, members of the CCMHB are invited to attend the CCDDB meeting and to review any applications and program summaries they choose. If members of the CCMHB have questions about ID/DD applications, they may seek agency responses.*

# CHAMPAIGN COUNTY MENTAL HEALTH BOARD

C.C.

# CHAMPAIGN COUNTY BOARD FOR CARE AND TREATMENT OF PERSONS WITH A DEVELOPMENTAL DISABILITY

## BRIEFING MEMORANDUM

DATE: March 21, 2018
TO: Members, Champaign County Mental Health Board (CCMHB)
FROM: Lynn Canfield, Executive Director
SUBJECT: Legislative Conferences of NACBHDD and NACO

**Background:**
From March 3 through March 7, I attended the Legislative Conferences of the National Association of Counties (NACo) and the National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD) in Washington, DC. I serve on the Health Committee of NACo, as Vice Chair of its Behavioral Health Subcommittee, and on the I/DD and Justice Committees of NACBHDD. My notes are in regard to related sessions and events, several general sessions, and some on Early Childhood, which is of interest to the CCMHB, CCDDB, the Champaign County Board, and the Association of Community Mental Health Authorities of Illinois (ACMHAI).

**NACo Health Steering Committee, Joint Subcommittee Meeting:**

- Broward County Commissioner Barbara Sharief commented on the recent shootings in her community. Following one at an airport, they now serve as a model for TSA safety. She called for mental health legislation in response to the Parkland tragedy.
- NACo program directors described conference events of interest, gave overviews of new (Children's Impact Network, e.g.) and ongoing (Stepping Up, e.g.) initiatives, and identified several upcoming opportunities.

"Poverty and Early Childhood Development: What's Health Got to Do with It?"

- Kelly Whitener of Georgetown University emphasized the critical importance of the Children's Health Insurance Program (CHIP, reauthorized for ten years) and Medicaid. Insurance and health care are critical investments in our future workforce and toward making life better for people. See https://ccf.georgetown.edu. As parents increasingly enrolled in coverage, their own improved health and ability to navigate the system improved their children's outcomes as well. CHIP is important, but Medicaid offers the lion's share of coverage. Its Pediatric Benefit helps children succeed (lifts attendance, performance, graduation, and wages) and provides economic security for families.
- Comments: medical provider shortages; mental health and substance use disorder treatment parity enforcement; managed care; reimbursement rates; barriers to early services; war between insurance and drug companies; make home visits (Nurse Family Partnership, aka McVee) a Medicaid benefit; and maximize Medicaid to address the social determinants of health.

"Counties' Health Response to the Opioid Epidemic: The Landscape of Federal Substance Use Treatment and Prevention Resources and Informing NACo's Future Efforts"

- 175 US adults die each day due to substance use disorders, 100 due to opioid use. Of 150,000 people in US jails, half have substance use disorders, and 10% have I/DDs.
- Dr. Manderscheid, Executive Director of NACBHDD and National Association of Rural Mental Health (NARMH) attended a White House Summit on the opioid epidemic. He stressed prevention and positive health promotion, not just treatment and recovery services.
- Of the $6b appropriated to address this crisis, he recommends distribution through existing programs, each successful and with established procurement processes: $2b through SAMHSA, to expand the Certified Community Behavioral Health Center program from the current 8 pilot states to all states; $2b through CDC to enhance local public health programs and collaborate



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with behavioral health; and $2b through HRSA for the Federally Qualifying Health Centers to include a continuum of substance use disorder services in their integrated care settings.

- Rob Morrison, National Association of State and Alcohol Drug Abuse Directors (NASADAD), would also distribute the $6b to existing programs, stressed using Substance Abuse Prevention and Treatment block grants and keeping SAMHSA central. Although many federal agencies are involved with addiction, not much money is out there; DOJ invests only $14m across the country for drug courts and residential treatment. Opioid issues impact our communities in different ways; keep the prevention programs states currently receive and expand Medication Assisted Treatment (MAT) plus counseling, Naloxone treatment training, offender re-entry training in addiction, recovery coaches, and prescriber education.
- Comments: engage with Public Health and VAs; large legal firms are pushing communities to sue; system of care which includes MATs, integration with health partners; need for affordable housing; 1115 waivers; and prescription reporting systems.

**NACo Lunch Roundtable:**

"Combating Multigenerational Poverty in our Nation's Counties"

- A two-generation approach, to address disparities in access to employment, healthcare, education, and housing, and to increase economic status of families so that children and communities thrive. Most programs are siloed, serving children or youth or adults. Core components of a 'whole family' approach include early childhood education, post-secondary pathways, health and well-being, and social capital (those in poverty are often socially isolated). Provide space, meals, childcare so that families come together, learn about, and bridge to programs.
- Examples of Two-Generation progress and challenges in Arapahoe County, CO (collaborating with neighboring counties and a faith-based group), Weber County, UT (focused on socio-economic and racial equity and resiliency), and Garrett County, MD (very rural Appalachian, with high poverty and unemployment, now dropping).
- Common themes: fostering confidence, autonomy, and belonging; collaboration; innovations can create disharmony, so understand the end goal; hard to get federal government programs/agencies to streamline.

**NACo Health Steering Committee, Business Meeting:**

- The committee approved a Proposed Resolution in support of the Veteran's Choice Accountability Act (H.R. 1797).
- How the Committee's priorities relate to those of NACo: support policies to promote mental health; protect Medicaid; ensure federal funding for safety net programs and core local public health and prevention; eliminate Medicaid exclusions in county jails; provide targeted funding and administrative changes to combat addiction; ensure investments in healthcare for older adults; combat intergenerational poverty; protect counties' ability to provide health benefits to their employees (3.6m people).

"Taking the Pulse of Congress: Prognosis for Health Legislation"

- Katie Weider and Rodney Whitlock of ML Strategies, and Brian Bowden, NACo: 2017 showed that advocacy matters; Affordable Care Act (ACA) stabilization will happen by March 23, or it won't; legislation is passed in even-numbered years; 2019 holds great uncertainty for insurers, who hedge against uncertainty by raising premiums; drug pricing, mental health, and opioids are focus; healthcare's future is all about cost.

"Roundtable Discussion: Medicaid and Counties: Where Do We Go from Here?"

- Discussion of 1915b, 1915c, and 1115 waivers, with emphasis on the latter, as research and demonstration projects. Budget-neutral, five years with three-year renewal.

- Trends include: work requirements; time limits; restructuring prescription prices (if one state gets approval, many will request; expect pushback from drug companies); removal of IMD exclusion; premiums and cost-sharing; and waiver of non-emergency medical transport. KY has an approved 1115, MA and WI pending.
- Move the focus to wellness and systems of care, as CA did successfully after trying to address stigma of poverty and mental illness.

**NACO Early Childhood Meet & Greet:**

- With a private foundation and two research partners, NACo will identify eight communities from among applicants: to strengthen Early Childhood systems with quality care, early learning, and healthy beginnings, and to accelerate collaborative efforts on behalf of children 0-3 and their families.
- Overview of the project's goals and roundtable on communities' early childhood systems. Details on trainings and announcement of successful applicants are pending.

**NACO Resilient and Healthy Counties Lunch:**

"Strengthening Counties' Resilience by Addressing the Public Health Impacts of Natural Disasters"

- Responses to previous disasters; system/community changes to mitigate future impacts; unprecedented disasters are the new norm; preparing for distinct events (e.g., Hurricane Sandy, Boston bombing, severe pandemic); marginalized, disadvantaged, and medically fragile people bear the brunt.
- Examples from Oklahoma City-County Health Department and Harris County, TX.

**NACBHDD Spring Board Meeting:**

- Brief Updates on Opioid Appropriations, NACo Legislative priorities, 1115 waiver opportunities and trends, (see notes from sessions, above) and Homeland Security interdiction with China and Mexico, on fentanyl and other synthetic opioids.
- Reports from: NACBHDD President - outreach to non-member states rather than corporate partners, shift our focus to policy and social policy; Treasurer - 2018 budget approved; National Association for Rural Mental Health - conference theme will be rural resilience; State Association Directors committee - planning the policy agenda and position papers, with help from the Communications committee; Behavioral Healthcare committee - focus on outcomes, logic model, measures of well-being, which will also be developed for the Healthy People 2030 committee; Justice Committee - re-forming, with co-chairs; I/DD Committee - focus on Hill Briefing, will survey membership for Annual I/DD Summit topics for July; Communications/Outreach committee - position papers will be on the member page of NACBHDD website, social media under construction; and Executive Director - overview of topics and events.
- Items for Summer Board Meeting: opioid related state and county lawsuits, now encouraged by the Department of Justice (attorneys to present on these and what kind of data counties will need to produce); abuse of people with I/DD; school safety, gun violence versus mental health, the roles of stigma and bullying; data on those held while 'incompetent to stand trial'; strategies for recruiting new members.
- State Updates: IL, OR, TX, MD, MI, CA, MO, VA, and KS; all commented on Medicaid and waivers, workforce shortage, and homelessness; many on opioid epidemic, justice involvement, parity, early intervention, Managed Care, MAT, and political scandals.

**NACBHDD Reception for NACo Board, Health Committee, and Justice Committee:**

We presented recognition awards to NACo President Roy Charles Brooks of Tarrant County, TX and Commissioner Toni Carter of Ramsey County, MN.

**NACBHDD Spring Meeting:**

Mitch Anderson, President, asked us to think of policy issues, pay more attention to 'upstream' and underlying causes, and consider whether the services currently offered are the solutions. "Humans are infinities who try to turn each other into totalities."

Dr. Manderscheid read the 1998 NACBHDD meeting agenda: Managed Care, Parity, SAMHSA, Quality and Accountability, focus of the MH/SUD office, County Behavioral Health Institute, and CMS outcome measures, on which he was the guest speaker.

"Progress on Value-Based Purchasing (VBP)"

- Josh Rubin, of Health Management Associates, reviewed the evolution of payment systems: change the payment system to change the services; difficult to manage the system and an illness; increase value only by increasing quality or decreasing cost; promoting wellness can put a provider out of business, so incentives need to be aligned; while almost every state is moving toward VBP, the ACA's future is uncertain, and block grant Medicaid will hurt people in a few years.
- Key concepts: benchmarking, risk adjustment, attribution, predictive modeling, and stop loss. VBP is good in that how people behave and their circumstances (the social determinants/influencers) have the greatest impacts on health, compared to genetics at 30%. Behavioral healthcare is inexpensive but has high impact, is only 7% of national healthcare spending, helps with jobs, school, and housing, and keeps people out of jails and hospitals. The downside is that what gets measured is what gets paid for, and what gets measured is very political and contested.
- Examples from MN, CO, MA, NY, VT, VA, KS, and OR. Protect the role of county behavioral health, pay for things Medicaid can't (social determinants or 'influencers', enhanced services) or for those not eligible.

**NACo Session:**

"The Impacts of Adverse Childhood Experiences and Childhood Poverty"

- Uma Ahluwalia, Director of DHHS, Montgomery County, MD, introduced Dr. Brenda Jones-Harden, Chair of Committee of the Board at ZERO TO THREE, who presented on a theoretical framework for trauma informed care.
- Highlights: language as predictor of behavioral and physical health; early stress and early death; plasticity of early childhood; value of earliest intervention; sensitive periods of development; disrupting the impact of toxic stress, mediated by positive caregiving; universal Pre-K; impact not as much about poverty as all the other stuff ('poverty plus').
- Examples from Buncombe County, NC (having implemented these principles over the past five years) and Deschutes County, OR (getting started with a regional effort).

**NACBHDD Spring Meeting:**

"Update on Federal Mental Health and Substance Use Initiatives"

- Elinor McCance-Katz, Assistant Secretary for Mental Health and Substance Use at SAMHSA, reviewed her responsibilities, data, initiatives, and what's next (her slides have been distributed by email).
- Highlights: collaborate on care to veterans and the homeless; focus on Severe Mental Illness; establish online resources on Evidence Based Practices and disseminate findings (especially peer services and MAT); need to recruit workforce; follow high risk youth with integrated physical and behavioral healthcare, 24 hour crisis intervention, community recovery services, and peer supports; "Zero Suicide" project; criminal justice related programs; practitioner training; a five point opioid strategy; guidance for telehealth; coming guidance about marijuana, not a safe drug.

"Key Developments in the Medicaid Program"

- Kirsten Beronio, Center for Medicare and Medicaid Services, and Lindsey Browning, National Association of Medicaid Directors, on Medicaid, what it doesn't pay for, and 1115 waiver trends.
- Highlights: state and local funds are also critical. 9.8m adult Medicaid recipients have MI, great unmet need for mental health treatment, high rates of comorbid physical conditions. CMS informational bulletins on MAT, youth with SUD, opioid and pharmacy benefits, evidence-based practices for first-episode psychosis, maternal depression, etc. They post annual reports on drug utilization review programs. Optional benefits include health home with linkage to social services. In implementation of parity, Medicaid is not doing as well as private coverage. Use 1115 waivers to do full continuum of SUD treatment. Trends include IMD exclusions (for jail population), work requirements, IT, etc. Counties can partner to design innovative programs.

"Addressing Our Human Resource Crisis"

- Panel presentation on areas of workforce shortage/crisis. Not even counting I/DD, the workforce shortfall is ¼ million providers.
- Rural workforce challenges: stigma is strong; 90% of psychiatrists and psychologists and 80% of social workers live in urban areas; 85% of behavioral health shortage areas are rural; access to equipment limits access to telehealth services; broadband and peer support are needed; use cooperative extension.
- Identifying what we need of more workforce: change the culture, act early, close treatment gaps, partner with communities, improve the use of data, position government to lead, break out of underperforming treatment systems.
- Examples from Olmsted County, MN (one FQHC serves 27 counties, large Somali refugee population, 90% of clients skip meals) and New York City (details on advances such as social spaces, self-care apps, 24/7 center at https://thrivenyc.cityofnewyork.us/)
- I/DD workforce: 'supported employment systems change' grants made progress but then stopped; see http://statedata.info; CMS improved the priority and definitions in 2011, then approved the settings rule; WIOA similarly challenges the use of sheltered workshops and encourages more early work experiences. 30 "Employment First" states but still only 13% of employment services are in community, people work 13 hrs/week, and support staff do not fade. We need expert workforce, agency policy to support training, and state support for training and TA. Engage family and friends in the employment process; move away from cold calls and want ad searches; provide outreach and TA to the community; and improve reimbursement rates, especially group.

"Moving the Parity Agenda to Address Mental Health and Opioid Care"

- Representative Joseph Kennedy, MA: framing gun violence as a mental health issue is stigmatizing but creates an opportunity to recast the debate and fix the mental health services infrastructure; continue with reforms to make a parity rule that works, is enforceable; build a continuum of care of behavioral health services and supports through Medicaid; even in MA the safety net is the criminal justice system, with law enforcement becoming advocates for an effective behavioral health system.

"National Update on Parity Developments"

- Tim Clement of The Kennedy Forum: for full compliance with the law, the number 1 issue is non-quantifiable treatment limitations, very complex definition; medical management practices are not working, and these protocols are to be implemented in the same way as for medical; regulators need a standard tool for compliance work; opioid epidemic but also a suicide epidemic; the "sentinel effect" of auditing, so no less than 12 randomized audits per year; see http://paritytrack.org, bundle data so regulators can analyze it; there is model parity legislation for states (e.g., eliminate barriers to MAT); see http://parityregistry.org; more optimistic about parity than about Medicaid.

"Bringing the Parity Agenda to States and Counties: Panel Dialogue"

- Examples from OR (90% coverage due to Medicaid expansion, care coordination, good system coordination), MI (autism coverage strong thanks to a family member in power, MI and DD systems are still public), and Orange County, CA (behavioral health is carved out, strong state parity law).
- Panelists from states, The Kennedy Forum, and Department of Labor. DOL is looking at a package of deliverables (IL has strong parity rules!); re psychiatric shortage, you'd solve any other kind of shortage by raising the rates.

"Discussion of '18 NACBHDD Legislative Agenda"

- Preserve Medicaid (oppose block grant); youth opioid treatment; integrated care with social supports; I/DD service system management; parity enforcement; behavioral health and I/DD workforce development; smart decarceration; etc.

"Final Preparations for Capitol Hill"

- NACo passed a resolution supporting the Veteran's Choice Accountability Act and one regarding those in jail without adjudication, due to not making bail; support reauthorization of the Juvenile Justice Delinquency Act and Second Chance Act; legislative staff who will receive awards from us are excited, as this is unusual; focus on early intervention and comprehensive services; review of priorities.

**NACBHDD Hill Briefing:**
"When a Good Life is Dependent on Federal Policy: For Individuals with Intellectual and Developmental Disabilities (I/DD)"

- Our I/DD committee organized this event and developed the four "leave-behind" fact sheets with NACBHDD Communications Committee and Optum Health.
- Speakers: Cheryl Dougan, parent and Director of National Alliance for Direct Support Professionals; Mary Lee Fay, Executive Director of National Association of State Directors of Developmental Disabilities Services; John Butterworth, Director of Employment System Change and Evaluation, Institute for Community Inclusion, UMass Boston; and Les Wagner, Executive Director of Missouri Association of County Developmental Disabilities Services.

**NACo Hill Briefing:**
"Improving Lives and Outcomes at the Local Level: How Counties are Tackling Multigenerational Cycles of Poverty"

- Examples from counties working with federal and state partners on innovative anti-poverty programs, to break the cycles and help people thrive.
- Speakers: Representative Bobby Scott, VA; Senator Martin Heinrich, NM; Representative Adrian Smith, NE; NACo President Roy Brooks; Commissioner James Ebert, Weber County, UT; Commissioner Merceria Ludgood, Mobile County, AL; and Charles Rudelitch, Executive Director, Sunrise County, Maine Economic Council.

**NACBHDD Capitol Hill Reception:**
We presented recognition awards to legislators and congressional staff. Among recipients who then spoke were: Grace Napolitano, CA; John Katko, NY; Katherine Clark, MA; and Ileana Ros-Lehtinen, FL.

**NACBHDD Spring Meeting:**
"Recovery Oriented Systems and Peer Support"

- Harvey Rosenthal and Elena Kravitz of NYAPRS: disclosure is the best anti-stigma campaign; history of the peer support movement (On Our Own, Conspiracy of Hope, Wellness Recovery Action Plans, 8 Dimensions of Wellness, Dignity of Risk); the power of peer support is in the quality and power of relationships, trauma-informed, strengths-based, and self-directed; see the world through a person's eyes rather than illness, deficit, diagnosis, and HEDIS outcomes; models – respite center, recovery center, crisis warm lines, peer-run housing and employment, peer bridger services; well-trained peer specialists in a variety of settings (including with primary care physicians); evidence from various studies, including forensic program outcomes and homeless outreach and linkage; nothing about us without us.

"Decarcerating Our City and County Jails"

- David Morrisset of SAMHSA described the GAINS sequential intercept model (SIM) and introduced our decarceration pilot project.
- Mentors Leon Evans and Mark Refowitz provided history from their own communities (Bexar County, TX, and Orange County, CA) and overview of our projects' goals and process; our people are the most expensive, and we will have impact through non-traditional services
- Examples from IL, MN, and TX. Each of us had completed SIM maps and examples of innovations, with some successes. All stressed the critical importance of collaborations.
- Charlie Curry, former Administrator of SAMHSA, joined us unexpectedly: community based mental health has NOT been a disaster but rather a success; counties are where the access and successes are, pathways to stabilization; champion recovery; we do have people living successfully in the community ("From Exclusion to Belonging").
- Centene will announce funding availability for 'social determinants of health' projects.

"Issues in Child Welfare and Services"

- Kim Dvorchak, National Association of Councils for Children: child welfare and juvenile justice systems can be pipelines to jail; inadequate systems of care; neuroscience research; we are funding our failures, so reverse the course; Every Student Succeeds Act (ESSA) has a toolkit on implementation; 75% of children change schools at first foster placement; 75% of youth in the JJ system have mental health issues, 60% also have SUD; 26,000 youth age out of care each year; 20% of homeless youth are LGBTQ; racial and ethnic disparities (e.g. perception of an offender's age); alternatives to jail (triage centers in Cook County, 24/7 psychiatry at Charleston MH center); include non-traditional stakeholders, collaborative councils, access to legal services.
- Examples from Johnson County, KS (develop supportive transitional housing and crisis stabilization/triage units for youth, map the child welfare system as a SIM) and State of CA (child welfare reform, protect children from stressors and prepare them with independent living skills).

From President Mitch Anderson's Closing Comments:
"Rather than saying a person needs treatment, say they need understanding, hope, and support."

# 2018 POLICY BRIEF

## SUPPORT COUNTIES IN IMPROVING HEALTH SERVICES FOR JUSTICE-INVOLVED INDIVIDUALS

### QUICK FACTS

- Counties nationwide annually invest $176 billion in community health systems and justice and public safety services, including the entire cost of medical care for all arrested and detained individuals
- Approximately 11.4 million individuals pass through 3,100 local jails each year with an average length of stay of only 23 days
- Approximately 2/3 of those detained in jails at any given time are pre-trial and presumed innocent. Nevertheless, current federal law prohibits Medicaid from paying for their medical care
- Prevalence rates of serious mental illnesses among inmates are 3 to 4 times higher than the general population
  More than 95 percent of prisoners eventually return to the community, bringing their health conditions with them

### ACTION NEEDED:

Urge your Members of Congress to pass legislation that supports counties' efforts to improve health services for justice-involved individuals and reduce the number of people with mental illness in jails. Specifically, urge your members on health authorizing committees to support bills that would allow individuals in custody to continue receiving Medicaid and other federal benefits until they are convicted, sentenced and incarcerated, require states to suspend instead of terminate Medicaid for individuals in jails and allow for comprehensive behavioral health services and the recruitment of health professionals in county jails.

### BACKGROUND:

Counties nationwide annually invest $176 billion in community health systems and justice and public safety services, including the entire cost of medical care for all arrested and detained individuals. Counties are required by federal law to provide adequate health care for approximately 11.4 million individuals who pass through 3,100 local jails each year with an average length of stay of only 23 days.

This population has a higher prevalence of chronic health conditions (e.g. cervical cancer, hepatitis, arthritis, asthma and hypertension) than the general population. Approximately 64 percent of jail inmates have a mental illness. Serious mental illnesses are three to four times more prevalent among inmates than the general population, and almost three quarters also have substance abuse disorders. Medicaid is the single largest source of funding for behavioral health services in the U.S., and the number of inmates who are eligible for health coverage has increased in states expanding Medicaid.

Approximately two-thirds of those detained in jails at any given time are pre-trial and presumed innocent until proven guilty. Nevertheless, Section 1905(a)(A) of the Social Security Act prohibits federal Medicaid matching funds from being used to pay for their medical care, even if they are eligible and enrolled. This results in counties covering the full cost of health care services that are unnecessarily disconnected.

More than 95 percent of prisoners eventually return to the community, bringing their health conditions with them. In many states, federal benefits are completely terminated instead of being suspended. It can take months for former inmates to reenroll and for benefits to be restored upon reentry into the community. This creates a break in access to needed medical, mental health and addiction treatments when an inmate reenters the community.

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## KEY TALKING POINTS

- **Increasing flexibility in Medicaid is crucial to helping counties fulfill their safety net obligations to justice-involved individuals and improve health outcomes.** Extending health benefit coverage to those in pre-trial custody would enable counties to better coordinate systems of care and treat previously undiagnosed individuals with higher incidences of chronic disease, mental illness and substance abuse.
- **Improving health services to justice-involved individuals decreases short-term costs to local taxpayers and long-term costs to the federal government.** When required jail health care is provided for and reimbursed, pressure on local taxpayers is reduced. In addition, increasing access to primary care and behavioral health and substance abuse treatment for justice-involved individuals has been shown to reduce "downstream" health care, disability and criminal justice costs over time.
- **Coordination between counties' mental health and criminal justice systems improves public safety.** By treating these populations, jails can help break the cycle of recidivism caused or exacerbated by untreated mental illness, substance abuse and other co-occurring disorders. County law enforcement can also allocate more resources to keeping communities safer.

For further information, contact: Brian Bowden at 202.942.4275 or bbowden@naco.org



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# Health Steering Committee
# Proposed Interim Policy Resolutions

## National Association of Counties (NACo)

## 2018 Legislative Conference

## Washington, D.C. | March 3 – 7

operated or supported facilities, are able to continue offering high-quality services to our veterans without unnecessary delays or added costs.

**Sponsor(s):** Ruby Brabo, Supervisor, King George County, Va.

# Talking Points on the New Opioid Appropriations

**Overview:** Congressional Leaders and the Administration have presented us with a wonderful opportunity to make a large impact over the next two years. Up to $6 billion in new funds has been set aside for opioid and mental health care: $3 billion in 2018 and $3 billion in 2019. These are *new* funds, and we must spend them very wisely. New funding mechanisms will be needed so that these funds actually can more effectively reach the counties, cities, and providers who are delivering prevention interventions and care in our local communities.

Several recommendations:

- County behavioral health programs are responsible for the care of about 75% of the US population.
- As a result, the vast majority of prevention and care for opioid addiction is the responsibility of counties.
- We urge you and the Congress to appropriate these funds in ways that permit them to be quickly and readily available to counties and cities.
- We specifically urge that:
  - One third of these funds be appropriated to the Substance Abuse and Mental Health Services Administration (SAMHSA), HHS, for a grant program directed toward county and city behavioral health programs, *not* for the Substance Abuse Prevention and Treatment Block Grant. We specifically support the program for Certified Community Behavioral Health Clinics (CCBHCs).
  - One third of these funds be appropriated to the Centers for Disease Control and Prevention (CDC), HHS, for a grant program directed toward county and city public health programs.
  - One third of these funds be appropriated to the Health Resources and Services Administration (HRSA), HHS, for a grant program directed toward federally qualified health centers that offer behavioral health services.
  - The critical need is to get these funds into the hands of counties and cities very rapidly so that care can be delivered.

2-22-18

# NACBHDD KEY POLICY PRIORITIES FOR 2018

## *With related proposed legislation in italics*

1. **PRESERVATION OF MEDICAID FOR HEALTH CARE COVERAGE AND SYSTEM INNOVATION:** NACBHDD supports maintaining Medicaid expansion and opposes block granting Medicaid and imposing work requirements on recipients. Currently, there are few available structures to pay for comprehensive opioid treatment. We support enabling Medicaid and Medicare to pay for an array of opioid treatment services, as well as close interaction with CMS to promote continued innovation and maximum use of regulatory mechanisms, including HCBS, 1115, and 1915 waiver programs, that give states and counties the flexibility and resources to shape needed programs and services. Higher Medicaid and Medicare reimbursement rates promote a stronger system and wellness.
   - ***ACE Kids Act of 2017 (S. 428, HR 3325)***
   - ***Medicaid Bump Act of 2017 (HR 324)***
   - ***Road to Recovery Act (HR 2938)***
   - ***Family-based Care Services Act (S. 1357, HR 2290)***
   - ***Youth Opioid Use Treatment Help Act of 2017 (YOUTH Act) (HR 3382)***
   - ***Medicare Beneficiary Opioid Addiction Treatment Act (HR 4097)***

2. **INTEGRATED CARE:** Advocacy, training, and practical efforts that demonstrate how greater integration of mental health, substance use disorder treatment, and primary care services, together with social supports, housing, and access to employment, can help individuals achieve and maintain long-term recovery. NACBHDD supports expanding and extending the CCBHC demonstration program.
   - ***Excellence in Mental Health and Addiction Treatment Expansion Act (HR 3931)***

3. **COUNTY- BASED BEHAVIORAL HEALTH and ID/DD SERVICE DELIVERY AND SYSTEM MANAGEMENT:** Greater understanding and maintenance of support of the vital "safety net" responsibilities and services that are administered by counties for those who live with mental health, substance use disorders or I/DD, as well as greater federal, state and local funding for these services. While we support flexibility for programs and services to meet the needs of the individuals we are serving, we do not support flexibility in reducing funding or implementing caps.
   - ***EMPOWER Care Act (S.2227).***

- ***RAISE Family Caregivers Act (S.1028)***
- ***Family Based Care Services Act (S.1357)***

4. **PARITY ENFORCEMENT:** Stronger enforcement of parity between mental health/substance use disorder treatment and physical health insurance coverage, as intended by the Mental Health Parity and Addiction Equity Act of 2008 and the Patient Protection and Affordable Care Act of 2010.
   - ***Behavioral Health Coverage Transparency Act (S. 2647; HR 4276)***
   - ***Medicare for All Act of 2017 (S. 1804)***
   - ***CHIP Mental Health Parity Act (S. 22543; HR 3192)***

5. **BEHAVIORAL HEALTH AND I/DD WORKFORCE DEVELOPMENT:** Advocacy for workforce development, including support for mentoring programs, training, grants, and other opportunities that promote specialization and new career paths in Behavioral Health and I/DD systems. To address workforce shortages, we support expansion of loan forgiveness programs and number of slots of National Health Service Corps, and expansion of telehealth (wider range of services and professionals); high speed internet for rural and frontier areas; and other infrastructure development. Medicaid and other health insurance financing levels must reflect the need to provide living wages for direct care workers to help address barriers to access.
   - ***CONNECT for Health Act of 2017 (S. 1016; HR 2556)***
   - ***Mental Health Access Improvement Act of 2017 (HR 3032)***
   - ***Strengthening the Addiction Treatment Workforce Act (S. 1453)***
   - ***Addiction Treatment Access Improvement Act of 2017 (HR 3692)***
   - ***Ensuring Children's Access to Specialty Care Act of 2017 (S. 989)***
   - ***Community Care Core Competency Act of 2017 (S. 1319)***
   - ***Safer Prescribing of Controlled Substances Act (S. 1554)***

6. **SMART DECARCERATION:** Legislation, policy, and practice that prevent and reduce the number of persons with behavioral health and I/DD conditions who are incarcerated inappropriately.
   - ***Veterans Treatment Court Improvement Act of 2017 (S. 946, HR 2147)***
   - ***Keeping Communities Safe through Treatment Act of 2017 (HR 1763)***

Sandy Hook
PROMISE

# The STOP School Violence Act

**Our Challenge**
Each year there are hundreds of thousands of acts of youth violence, including assault, bullying, suicide and homicide, in our schools. In a majority of these acts, youth display warning signs or signals before taking any action. Unfortunately, the youth and adults who observe these signs or signals do not always recognize what they are seeing or do not report what they observed.

**80%** of school shooters tell someone of their plans (69% tell more than one person)[1] and **70%** of those who complete suicide tell someone of their plans or give another warning sign.[2] Through training about these warning signs and better coordination with law enforcement, we have a real opportunity to **STOP** school violence before it happens.

**Federal Response**
Following tragedies like Columbine, Virginia Tech and Sandy Hook, the federal government has funded short-term school safety initiatives focused on crisis response, active shooters, and physical infrastructure. While these are important investments, we have not yet seen sustained strategies` to curb youth violence or **STOP** suicides and violence in our schools before they happen. Our students, educators, and local law enforcement need the tools and support to take proactive and continuous steps towards improving school safety.

**STOP School Violence Act**
The "Student, Teachers, and Officers Preventing" School Violence Act known as the **STOP School Violence Act** is a fully offset bill that reauthorizes and amends the 2001-2009 bipartisan Secure Our Schools Act to offer Department of Justice grants to states to help our schools implement proven, evidence-based programs that **STOP** violence before it happens.

*The STOP School Violence Act would:*

- **Reauthorize the Bipartisan Secure Our Schools:** Authorizes the Department of Justice to make grants to states for training and technical assistance to **stop** school violence, aimed at the entire youth ecosystem: local law enforcement, school personnel, and students.
- **State-based Grants:** Permits grants to fund evidence-based strategies and programs to:
    1. Train everyone in the school ecosystem- school personnel, local law enforcement, and students- to identify and intervene to stop dangerous, violent or unlawful activities;
    2. Develop and implement anonymous reporting systems for threats of school violence, in coordinate with local law enforcement;
    3. Develop and operate Secret Service-based school threat assessment & intervention teams, and crisis intervention teams, to preemptively triage threats before tragedy hits; and
    4. Enable coordination between schools and local law enforcement
- **Using Existing Funding:** Authorizes $50 million dollars for grants, fully offset by directing **existing funding** from the NIJ'sComprehensive School Safety Initiative (CSSI) research and pilot program into this legislation, shifting the CSSI program from pilot projects into the next phase of full school implementation.

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[1] Vossekuil, B., Fein, R.,Reddy, M., Borum, R., & Modzelski, W. , *The Final Report and Findings of the Safe School Initiative: Implications for the Prevention of School Attacks in the United States.* US Department of Education, Office of Elementary and Secondary Education, Safe and Drug-Free Schools Programs and U.S. Secret Services, National Threat Assessment Center, Washington, D.C., 2002.
[2] Robins E, Murphy GE, Wilkinson RHJr, Gassner S, Kayes J. (1959). Some clinical considerations in the prevention of suicide based on a study of 134 successful suicides. Ameri can Journal of Public Health, 49: 888-899.

# Please Join Us!

The **National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD)** and the **National Association for Rural Mental Health (NARMH)** invite you to a Congressional policy briefing:

## *WHEN A GOOD LIFE IS DEPENDENT ON FEDERAL POLICY FOR INDIVIDUALS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES(I/DD)*

***Tuesday, March 6, 2018***
***2:00 to 3:00 PM***
*Room SV209, US Capitol Visitors Center*
***OPEN to Hill Staff and The Public***

***Congressional Sponsors:***

***Senator Robert Casey – Pennsylvania***
***Representative Ryan Costello – Pennsylvania***
***Representative Lynn Jenkins – Kansas***
***Representative Grace Napolitano – California***

***(To attend, all persons other than Members and Staff must RSVP to Neche Nelson at nnelson@nacbhd.org by Sunday, March 4. If you are not on the list of attendees, you won't be able to get into the room.)***

*Hear from a parent and experts in the I/DD field about the importance of personal independence and the key role of Medicaid funding for services, the need for a strong workforce supporting individuals, and the essential role employment plays for individuals with disabilities.*

*SPEAKERS:*

- Cheryl Dougan – Advocate, parent and National Alliance for Direct Support Professionals (NADSP) Director at Large, Board of Directors
- Mary Lee Fay - Executive Director, National Association of State Directors of Developmental Disabilities Services (NASDDDS)
- John Butterworth, Ph. D – Director of Employment System Change and Evaluation, Institute for Community Inclusion, University of Massachusetts, Boston
- Moderator: Les Wagner – NACBHDD Board Member and Executive Director, Missouri Association of County Developmental Disabilities Services

Sponsors: **Optum, ANCOR, Autism Society, National Alliance for Direct Support Professionals, NACo, NACBHDD, and NARMH**

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The voice of local authorities in the nation's capital

# The importance of work for individuals with intellectual/developmental disabilities

## Calls to action

Individuals with intellectual and developmental disabilities (I/DD) should have the opportunity to work in their community.

- Reforms to Medicaid and balancing the federal budget should not fall disproportionately on the backs of individuals with I/DD.
- Federal programs, including Medicaid, need to be configured to make this possible and encourage opportunities for work for individuals with I/DD.
- Continue to support the Workforce Incentive Opportunity Act, which helps keep individuals with I/DD employed.

Work gives individuals a sense of purpose and self-worth. For many, it defines who we are and is a source of justifiable pride. Work helps improve individual and family finances, and it helps us connect socially. All individuals, regardless of disability, deserve the opportunity to be full members of their community where they can live, learn, work and play through all stages of life.

Recent legislation and regulation governing Medicaid Home and Community-Based Services (HCBS), the Workforce Innovation and Opportunity Act of 2014 (WIOA), and settlement agreements between states and the U.S. Department of Justice are clarifying federal intent and paving the way to support opportunities for individuals with disabilities to have meaningful jobs in their communities. With an increasing emphasis on integrated employment and an Employment First philosophy, the nation is poised for transformation that could put Americans with disabilities on a path out of poverty and toward self-sufficiency.[1]

Individuals with I/DD need to be supported to make informed choices about their work and career options and have the resources to seek, obtain and be successful in community employment. They may need varying degrees of support to reach personal goals and increase satisfaction with their lives. These goals often include being employed in the community alongside individuals without disabilities and earning competitive wages.

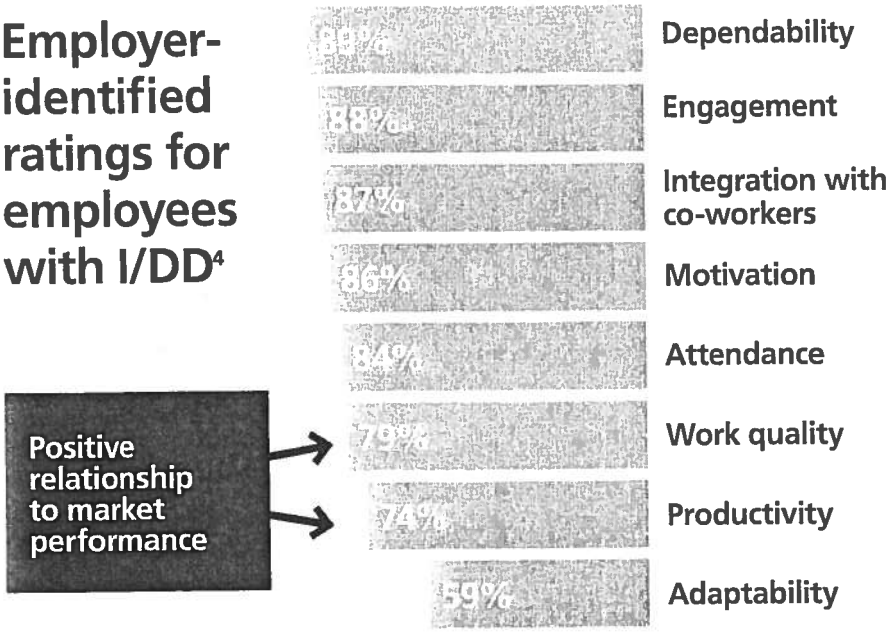
Yet there is a significant gap in the employment rate for working-age adults depending on whether they have a disability: 71.4% of adults without disabilities are employed, while only 32.5% of adults with disabilities are employed. For individuals with I/DD, the gap is even wider: only 14.7% of adults with I/DD are employed.[2]

Low societal expectations of individuals with I/DD fosters job discrimination. Lack of other services like transportation or accommodations and assistive technology can also hinder success. Other challenges for individuals with I/DD include a lack of work experience prior to leaving school. They may need long-term supports that aren't available, and have difficulty navigating the service delivery system. Requirements related to employment include:

- Opportunities for post-secondary education, including college and vocational training, to gain knowledge and skills to allow people to get better jobs
- Ongoing planning to promote job advancement and career development
- Fair and reasonable wages and benefits
- Opportunities for self-employment and business ownership
- Ability to explore new career directions over time
- Opportunities to work and increase earnings and build assets without losing eligibility for needed public benefits

Family caregivers report that 20% of individuals with I/DD have no source of paid income. They report low levels of employment (85% of individuals with I/DD did not have a job), decreases in employment services and unmet needs in the areas of job support. For individuals who had jobs, family caregivers reported that the individual liked what they did (82%), were satisfied with their work hours (78%), were satisfied with their wages (69%), and earned at least minimum wages (57%).[3] In addition, employers often value individuals with I/DD for their job performance.

## Employer-identified ratings for employees with I/DD[4]




Individuals with I/DD must have training and information on how to access supports needed to find and keep jobs. Ancillary services like transportation and accommodations like assistive technology should be available to individuals and support agencies. Additional public policy changes should encourage employers to hire individuals with I/DD, such as a tax credit per I/DD individual who stays on the job for a defined period of time.

Using support strategies such as supported employment and customized employment, there are individual competitive integrated employment options for nearly everyone with I/DD. In addition to competitive, integrated employment with no formal paid supports, other options include supported and customized employment (competitive, integrated employment with formal paid supports), customized employment, social enterprise or self-employment, and volunteer work.

A significant amount of evidence indicates that integrated employment options improve consumer employment outcomes by moving an I/DD individual's daily focus away from formal, paid supports and toward an integrated, self-sustaining life alongside individuals without disabilities.

SOURCES
1. Winsor J, Timmons JC, Butterworth J et al. StateData 2016: The National Report on Employment Services and Outcomes. Boston, MA: University of Massachusetts Boston, Institute for Community Inclusion; 2017.
2. National Core Indicators. Adult Consumer Survey, 2015–2016 Final Report; 2017. nationalcoreindicators.org/upload/core-indicators/2015-16_ACS_Report_Part_I_0623.pdf.
3. Anderson LL, Larson SA, Wuorio A. 2010 FINDS National Survey Technical Report Part 1: Family Caregiver Survey. Minneapolis: University of Minnesota, Research and Training Center on Community Living; 2011.
4. Institute for Corporate Productivity, i4cp.com.

NACBHDD would like to thank the I/DD Subcommittee of NACBHDD as well as Optum, our corporate partner, and ANCOR for help in developing content for this informational sheet.

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OPTUM

# Medicaid, the Affordable Care Act and impact of repeal efforts on individuals with intellectual/developmental disabilities (I/DD)

## Calls to action

- We urge you to preserve access to community living and healthcare for individuals with I/DD, some of the most vulnerable individuals in society.
- Don't reduce funding to states that support housing, employment, training, case management and the health of individuals with disabilities, including individuals with I/DD.
- Don't block grant these federal programs.

Medicaid is an often invisible source of government funding for many different programs that help millions of individuals with disabilities and their families. Medicaid provides government-funded health insurance for children and adults who do not have much money and who have a disability. This means that Medicaid services are critically important to the quality of life of these individuals, as well as the quality of life of the families who care for them.

### Background

The various proposals to repeal the Affordable Care Act (ACA) include funding cuts that are putting Medicaid's "optional" and "waiver" benefits at risk. Medicaid law requires that all states provide services such as doctor visits, hospitalization and nursing home care, among others. Other critical services for individuals with disabilities are not required by law (i.e., optional benefits), but are allowed if a state chooses to provide them and follows federal requirements. Once a state includes an optional service as part of its state plan, benefits must be about the same, available throughout the state, and individuals get to choose their providers and plans.

States provide many different services and supports as optional benefits. Examples of some of the optional benefits include: prescription drugs; clinic services; physical therapy; occupational therapy; speech, hearing and language disorder services; diagnostic, screening, preventive and rehabilitative services; dental services; prosthetics; eyeglasses; personal assistance services; case management; state plan home- and community-based services; and **Community First Choice Option**, allowing states to provide home- and community-based services and supports under the state plan as an alternative to facility-based care and receive increased federal matching funds.

### Medicaid for adults with disabilities

According to the Kaiser Family Foundation, in the 32 states (including D.C.) that have adopted the ACA's Medicaid expansion, some adults with disabilities are eligible for Medicaid based solely on their low income. The ACA expands Medicaid eligibility to nearly all adults with income up to 138% FPL ($16,643/year for an individual in 2017) without an asset limit. It provides enhanced federal matching funds for states to cover this group. Thirty-five percent of adults on Medicaid who are not working report they have a disability or illness. Some expansion efforts for adults with disabilities have been effective. A recent study found that working-age adults with disabilities are significantly more likely to be employed if their state has adopted the Medicaid expansion, compared to states that have not expanded.[1]

### Home and Community-Based Services Waiver

The most important waiver for individuals with I/DD is the 1915(c) Home and Community-Based Services Waiver. This waiver helps states provide long-term supports and services in home and community settings rather than in institutions. Waiver services include providing direct-support professionals to assist with meals and other activities of daily living. Waiver services also include habilitation, communication support, assistive technology, supported employment, behavioral supports and services that may assist in diverting and/or transitioning individuals from institutional settings into their homes and communities.

***For many individuals with I/DD, Medicaid generally is the only source of funds that allows them to live and work in the community and avoid more costly and segregated nursing homes or institutions. Nationwide, state and federal Medicaid together provide more than 75% of the funding for services for individuals with I/DD.***

**Example of a beneficiary receiving Medicaid community-based services:**

## Curtis, age 20, Kansas

Curtis lives with his mother and is diagnosed with autism, intellectual disabilities and sensory integration issues. He functions on the level of a 2nd or 3rd grader and recently has started to read. While he has a very easygoing personality, he cannot be left alone and needs help with shaving, bathing and taking medication. Medicaid provides attendant care services that help him to learn basic life skills at home, such as making his bed and dusting his room, while his mother is at work. His attendant also accompanies him to the library, to get his hair cut, to community events and to the book store, where his favorite activity is looking at picture books. Source: kff.org

### What's at stake?

Optional and waiver services would be under attack if Congress deeply cuts and caps Medicaid funding. There would be real-life consequences for individuals with I/DD. They would lose services and supports. Waiting lists would quickly grow, creating a crisis for more than 730,000 individuals with I/DD living with aging caregivers. Individuals could lose critical services such as personal care, prescription drugs and rehabilitative services. States may decide to stop providing these services altogether. Individuals would lose the supports for community-based services and could be forced into more expensive, inappropriate residential settings. Returning to the days of institutionalization and of "warehousing" individuals with disabilities is unacceptable and a human rights violation.

The costs of providing healthcare and long-term services and supports will not go away. They would be shifted to individuals, parents, states and providers. States will not be able to make up the difference from the deep cuts under per-capita caps. States will be focused on keeping Medicaid spending under the cap, or face penalties.

SOURCE

1. Henry J. Kaiser Family Foundation. Medicaid Restructuring Under the American Health Care Act and Nonelderly Adults with Disabilities, March 16, 2017. kff.org/medicaid/issue-brief/medicaid-restructuring-under-the-american-health-care-act-and-nonelderly-adults-with-disabilities/view/footnotes/%20-%20footnote-211797-3/

NACBHDD would like to thank the I/DD Subcommittee of NACBHDD as well as Optum, our corporate partner, and ANCOR for help in developing content for this informational sheet.

For more information, contact:
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Executive Director, NACBHDD

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Phone: 1-202-942-4296

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# What is an intellectual/developmental disability?

The definition of developmental disability has changed over the last 75 years. Today, individuals with developmental disabilities live, work and play in the community, with self-determination and supports needed to live full lives. Housing options can range from living with family members, in group homes or in their own homes. Individuals may receive help with daily living skills from family or a personal support worker, or one-to-one supports with the goal of becoming as independent as possible.

The effects of an intellectual/developmental disability (I/DD) vary considerably. Children may take longer to learn to speak, walk and take care of personal needs. Students may take longer to learn in school. As adults, some can live independently without supports. Others need significant supports throughout their lives. A small percentage have serious, lifelong limitations. With early intervention, education and supports, an individual with I/DD can lead a satisfying life in the community.

Intellectual disability is characterized by significant limitations both in intellectual functioning (reasoning, learning, problem solving) and in adaptive behavior (a range of everyday social and practical skills). This disability originates before age 18. The levels of an intellectual disability range from mild (IQ 55–70), moderate (IQ 40–55), severe (IQ 25–40) and profound (IQ<25).

"Developmental disabilities" is a term that includes intellectual disability and other disabilities such as autism or fetal alcohol syndrome that are apparent during childhood. Developmental disabilities are severe chronic disabilities that can be cognitive or physical or both and will last indefinitely.

The Centers for Disease Control and Prevention estimates that, in the U.S., about one in six (about 15%) children age 3–17 years has one or more developmental disabilities. Across the nation, at least 4.7 million individuals have an intellectual or other developmental disability.

Of the 4.7 million with I/DD, only 1.4 million (30%) were known to or served by state I/DD agencies. Of that 1.4 million: 57% live in the home of a family member, 11% live in their own home, 5% in a host home, 25% in a group setting, and 2% live in a psychiatric facility.[1] In 2009, an estimated 1.8 million children age 6–21 with I/DD received special education services.[2]

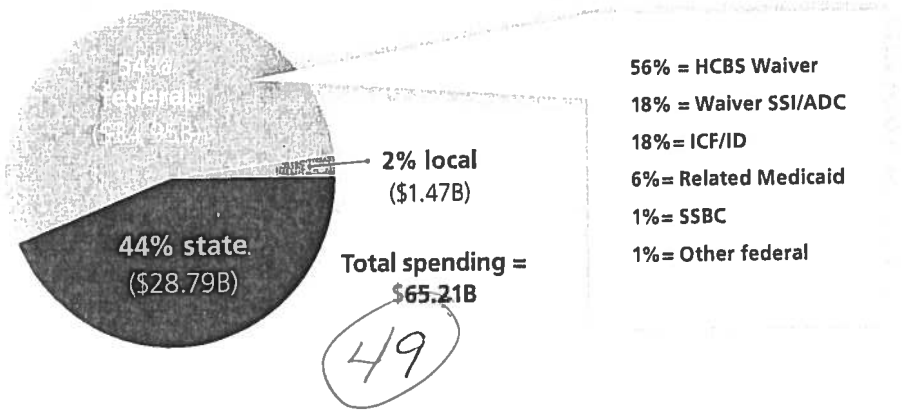
## Services and supports

Services and supports are funded by federal Medicaid dollars, as well as state and local dollars. The average costs vary, based on the needs of the individual, with the less expensive services being provided in integrated community settings.

On average, the cost of services per person per year is:[3]

- Intermediate care facilities (ICF) = $128,275
- Home- and community-based services (HCBS) (24-hour staffed) = $70,133
- Shared living = $44,122
- Supports in family home = $25,072

## Public spending by revenue source (FY 2015)[4]

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National Core Indicators (NCI)™ is a voluntary effort by developmental disabilities agencies to measure and track their performance. The NCI database is supported by Centers for Medicare and Medicaid Services. Many states have adopted their measures. Here's a sample of key NCI indicators and outcomes reporting for 2014–2015, showing what is important to and for people with I/DD.

**Work –** 92% like their paid community job
**Choice –** 45% have input/make decisions on home choice
**Self-determination –** 88% of those self directing who have help deciding how to use their individual budget/services
**Community inclusion –** 70% went out for entertainment in the past month
**Relationships –** 70% feel they can go out on a date if they want to
**Access –** 84% report having adequate transportation when they want to go somewhere
**Gaps –** 82% do not get services they need

## Role and perspective of family caregivers

Family caregivers play critically important roles in supporting the well-being of individuals with I/DD. The following statistics are from the 2010 Arc Family and Individual Needs for Disability Supports (FINDS) Survey, as reported by family caregivers.

- 20% of those with I/DD had no source of income.
- Overall, 62% experience decreases in services; 32% were waiting for government-funded services, most for 5+ years.
- 58% provide 40+ hours of care per week (including 40% who provide 80+ hours of care per week). This interferes with their work (71%) and causes physical (88%) and financial strain (81%).
- 20% report that someone in their family had to quit work to provide care.
- 62% are paying for some care out of pocket.
- They struggle to find afterschool care (80%), reliable home care providers (84%) and community-based care (82%).

## Current I/DD system challenges

The I/DD population is expected to grow. Prevalence increased 17% during 2006–2008, compared to a decade earlier. Individuals with I/DD are living longer. The number of adults with I/DD over 60 is projected to nearly double from 641,860 in 2000 to 1.2 million by 2030. As parents and other caregivers become less able to care for I/DD individuals and begin to require their own supports, more will need Medicaid-funded long-term supports and services as well as state plan services (not funded by Medicaid).

The workforce that provides support services to individuals with I/DD are the same workers who support and care for other long-term services and supports (LTSS) populations. The services provided to individuals with I/DD are different than services provided to the general LTSS population. All LTSS populations have direct services providers who are underpaid, and the number of providers is not growing as fast as the need for support staff. Current fee-for-service payment models do not encourage or promote effective use of direct service provider time. With diminishing resources, we need to create additional community capacity, increase use of smart technology and work toward achieving full healthcare integration — while focusing on quality.

**NACBHDD would like to thank the I/DD Subcommittee of NACBHDD as well as Optum, our corporate partner, for help in developing content for this informational sheet.**

For more information, contact: **Ron Manderscheid, PhD, Executive Director, NACBHDD**

Email: **rmanderscheid@nacbhd.org**

Phone: **1-202-942-4296**

SOURCES
1. 2014 RISP Report – Institute on Community Integration, University of Minnesota.
2. Lakin KC, Larson SA, Salmi P, Webster A. (2010). Residential services for persons with developmental disabilities. Minneapolis: University of Minnesota, Research and Training Center on Community Living, Institute on Community Integration
3. Mathematica
4. Stateofthestates.org

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# Provider workforce challenges for serving individuals with intellectual and developmental disabilities

## Calls to action

In order for individuals with intellectual and developmental disabilities (I/DD) to have a full life in the community, a trained workforce needs to be available to provide essential support services.

- We encourage support for the Workforce Innovation and Opportunity Act.
- We encourage that training through the National Health Service Corp include at least 1,000 positions for persons who will become providers serving those with I/DD.
- We recommend ensuring that Medicaid provides opportunities for the EMPOWER Care Act S2227, which reauthorizes Money Follows the Person (MFP), a Medicaid program providing funding to move individuals out of institutions and into the community.

The provider industry for home- and community-based services has been alerting policymakers about the growing crisis in the pool of workers for individuals with intellectual and developmental disabilities for a number of years. The national attention to workforce shortages, as well as the realization of the impact of the aging of the baby boom generation, has helped bring this growing crisis to the forefront in many states. Among the challenges are:

**The workforce is shrinking.** This is because of shifting demographics, lack of workers due to low unemployment rates and a mismatch between the skills of workers and job requirements.

**Lack of workers.** Slower growth in the number of new workers entering the labor force and greater competition for those workers are two factors negatively affecting the supply of workers.

**Inability to find people who have "work-readiness" skills.** Employers hiring for entry-level positions are increasingly unable to find workers with soft skills, or work-readiness skills, such as understanding the importance of reliability, self-direction, promptness, proper attire, workplace etiquette and appropriate language. Furthermore, because many workers no longer have direct supervision by professionals, it is more difficult to develop these soft skills. Increasingly, they work with minimal supervision and peer supports, and need greater technical and problem-solving skills and initiative.

Anecdotes that illustrate the challenges of this workforce shortage include:

> *Due to recent staff shortages, a mother of a consumer had to leave her job. The family is experiencing financial difficulties, and the mother does not have any other people to help provide support.*
>
> *A home care agency reported having to make difficult decisions when faced with limited staff. The agency is being forced to provide services to older adults who live alone instead of children who have family support in the home.*

If current trends persist, individuals will live alone and will have fewer children available to provide care. As these caregivers age beyond their caregiving capacities, formal living arrangements must be established to support their relatives with disabilities. The aging of our society, the increasing longevity of individuals with I/DD and growing waiting lists are stretching state service delivery systems well beyond their capacity to meet current and projected demands for residential, vocational and family support services for individuals with I/DD.

### What are the most common jobs in the industry?

The most common jobs in the industry are **direct support professionals (DSPs), personal support workers and job coaches.** These professionals are the backbone of the field. They represent the core and vast majority of the workforce. They may work in a person's home, in day programs, schools or elsewhere in the community. DSPs and professional support workers aim to help individuals integrate into their communities and advocate for their needs and goals. The responsibilities are substantial, and the job is increasingly complex, requiring good communication and social skills. Typically, these jobs require a high school diploma or equivalent. In residential settings, with the need for 24-hour coverage, DSPs work a variety of shifts. In either community residences or day programs, they assist individuals with day-to-day tasks. They may prepare and provide meals. They may teach hygiene or academic skills. They may accompany individuals to the doctor, to the bank, or on leisure or recreation activities. They may guide activities in a day program. They are teachers and companions.

Job coaches, sometimes called employment specialists, provide employment supports or build "natural supports" in the workplace. Often, job coaches or employment specialists have responsibility for reaching out to employers to develop jobs. Job coaches may help individuals find employment, prepare for their jobs or offer on-site support to help individuals adjust to the routine of getting to and from work. Once the person becomes acclimated to his or her job and environment, job coaches spend less time on site but continue to evaluate, monitor and offer support when needed. A job coach may be a "circuit rider" and have responsibility for a number of people at different job sites. Sometimes job coaches work for the employers as their on-site agents. Job coaches earn more than DSPs and usually have a bachelor's or associate's degree. As the emphasis on employment for individuals with I/DD increases, the demand for job coaches is expected to grow.

### Current workforce issues

The transformation of the field has brought with it the need to transform the workforce. The major workforce issues are discussed below.

**Low pay rates in the face of increasingly complex responsibilities.** Many DSPs work multiple jobs or extra shifts to earn extra income. One employer noted: "The DSPs who stay love what they do but can't live on the salary." Although pay has increased slightly in the past few years (2%), it is not likely to change very much in the next few years. In general, nonprofit organizations can only afford to pay DSPs more if they have endowments or if they raise dedicated funds from private sources. While reducing administrative costs is another option, this is not realistic for most agencies. In many states, DSP wages have stagnated over the last decade due to tighter Medicaid budgets and caps on rates.

**High rates of staff turnover (or retention challenges).** The DSP turnover rate can be as high as 50–70% within the first 12 to 18 months. Turnover is disruptive to agency operations and to relationships with the individuals with I/DD. It is also expensive, as agencies are constantly in recruitment, screening and training mode.

**Need to expand labor pool.** Many organizations struggle to find enough suitable candidates, and some are in constant recruitment mode. Non-profit organizations recruit through their websites, go to job fairs, have relationships with colleges, rely on word-of-mouth and sometimes give bonuses to existing staff for referrals. Some have internship arrangements with local colleges. The competition for labor will get even stiffer as the field competes for talent with elder care, home healthcare, and other healthcare and social service fields.

**Lengthy hiring process.** The screening and background checks required by states are time-consuming, often delaying the hiring process by four to eight weeks.

NACBHDD would like to thank the I/DD Subcommittee of NACBHDD as well as Optum, our corporate partner, for help in developing content for this informational sheet.

For more information, contact: Ron Manderscheid, PhD, Executive Director, NACBHDD

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# DECISION MEMORANDUM

**DATE:** March 21, 2018
**TO:** Members, Champaign County Mental Health Board
**FROM:** Lynn Canfield, Executive Director
**SUBJECT:** Amended Guidelines for Board to Board Participation

**Purpose:** The purpose of this memorandum is to seek approval of revisions to the Guidelines for Board to Board Participation.

**Background:** On February 28, 2018, members of the CCMHB reviewed the document that was written and approved in 2004, and requested revisions to the Guidelines.

**Recommended Action:** The requested revisions appear in the revised document, which is attached.

---

**Decision Section:** Motion to approve modification of the CCMHB Guidelines for Board to Board Participation as presented.

_____ Approved
_____ Denied
_____ Modified
_____ Additional Information Needed



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PHONE (217) 367-5703 • FAX (217) 367-5741

# CHAMPAIGN COUNTY MENTAL HEALTH BOARD
# GUIDELINES FOR BOARD TO BOARD PARTICIPATION

CCMHB members provide liaison to agencies we contract with and community/stakeholder collaborations to help further educate the Board of organizations' goals, accomplishments, and problems. Continuing contact through liaisons is one way of fostering positive relationships with these organizations. The following guidelines are intended to clarify the CCMHB member's responsibility and expectations while acting as a liaison to contracting agencies:

1. Each liaison should attend an orientation session at the agency. The session should include the agency's mission, goals, and programs as well as the ways in which CCMHB funds are used by the agency. Attendance at board meetings is encouraged as the liaison's schedule permits. Participation by the County Board representative is optional.

2. CCMHB members are not members of the provider agency board. We neither vote nor perform functions typically associated with members of the agency's board (with the exception of the Champaign County Children's Advocacy Center Board).

3. You may expect to be notified of all meetings and to receive board packets and any appropriate written information given to the provider agency's board members in preparation for their board meetings.

4. Questions may be answered about CCMHB processes as appropriate, but no commitments about CCMHB policy or action should be made. Opinions on issues may be given, but be clear that it is only your individual opinion and is not the official position of the CCMHB.

5. Multiple CCMHB members may share a liaison assignment, each informing the agency when they will attend an agency board meeting and taking care to comply with Open Meetings Act (OMA).

6. Information received during the course of the provider agency's board meeting that is of special interest or concern may be reported back to the CCMHB.

7. It is appropriate to ask questions and seek additional information while attending an agency's board meeting.

8. Honor any confidentiality requirements associated with board assignments, i.e. proprietary information learned while attending an Agency Board meeting.

9. Avoid any possible conflict of interest situations related to your board to board assignment. Questions about potential conflict of interest situations should be directed to the CCMHB executive director. Legal opinions will be sought through Champaign County State's Attorney's office.

8.A.

# CCMHB 2017-2018 Meeting Schedule

**First Wednesday after the third Monday of each month--5:30 p.m.**
**Brookens Administrative Center**
**Lyle Shields Room**
**1776 E. Washington St., Urbana, IL (unless noted otherwise)**

***September 20, 2017***

***September 27, 2017 – study session***

***October 18, 2017***

***October 25, 2017 – study session***

***November 15, 2017***

***November 29, 2017 – study session***

~~***December 13, 2017 (tentative)***~~ ***cancelled***

***January 17, 2018***

***January 24, 2018 – study session***

***February 21, 2018***

***February 28, 2018 – study session***

***March 21, 2018***

***March 28, 2018 – study session***

***April 18, 2018 – in John Dimit Conference Room***

***April 25, 2018 – study session***

***May 16, 2018 – study session***

***May 23, 2018***

***June 27, 2018***

****This schedule is subject to change due to unforeseen circumstances. Please call the CCMHB-CCDDB office to confirm all meetings.***

# CCDDB 2017-2018 Meeting Schedule

**Board Meetings**
**8:00AM except where noted**
**Brookens Administrative Building, Lyle Shields Room**
**1776 East Washington Street, Urbana, IL**

September 20, 2017

October 25, 2017

~~November 15, 2017~~ cancelled

**November 29, 2017 – Study Session, 5:30PM**

December 13, 2017

January 24, 2018

February 21, 2018

March 21, 2018

April 25, 2018

May 23, 2018

June 27, 2018

***This schedule is subject to change due to unforeseen circumstances.***
***Please call the CCMHB/CCDDB office to confirm all meetings.***

**DRAFT**

**July 2017 to June 2018 Meeting Schedule with Subject and Allocation Timeline**

The schedule provides dates and subject matter of meetings of the Champaign County Mental Health Board through June 2018. The subjects are not exclusive to any given meeting, as other matters requiring Board review or action may also be addressed or may replace the subject listed. Study sessions may be scheduled with potential dates listed; topics will be based on issues raised at meetings, brought by staff, or in conjunction with the Champaign County Developmental Disabilities Board. Included with meeting dates are tentative dates for steps in the funding allocation process for Program Year 2019 (July 1, 2018 – June 30, 2019) and deadlines related to current (PY2018) agency contracts.

| | |
|---|---|
| 7/19/17 | **Regular Board Meeting**<br>Approve Draft Budget; Approve 2016 Annual Report |
| *8/25/17* | *Agency PY2017 Fourth Quarter and Year End Reports Due* |
| 9/20/17 | **Regular Board Meeting**<br>Draft Three Year Plan 2016-2018 with FY18 Objectives<br>U of I Program Evaluation Presentation |
| 9/27/17 | **Study Session** |
| 10/18/17 | **Regular Board Meeting**<br>Draft Program Year 2019 (PY19) Allocation Criteria<br>Community Coalition Summer Initiatives Report |
| 10/25/17 | **Study Session** |
| *10/27/17* | *Agency PY2018 First Quarter Reports Due* |
| *10/31/17* | *Agency Independent Audits Due* |
| 11/15/17 | **Regular Board Meeting**<br>Approve Three Year Plan with One Year Objectives<br>Allocation Decision Support – PY19 Allocation Criteria |
| 11/29/17 | Study Session |
| *12/13/17* | *Public Notice to be published on or before this date, giving at least 21-day notice of application period.* |
| 12/13/17 | ~~**Regular Board Meeting** (tentative)~~ CANCELLED |
| *01/05/18* | *CCMHB/CCDDB Online System opens for Agency Registration and Applications for PY19 Funding.* |
| 1/17/18 | **Regular Board Meeting** |

| | |
|---|---|
| | Election of Officers |
| 1/24/18 | **Study Session** |
| *1/26/18* | *Agency PY2018 Second Quarter Reports Due* |
| *2/2/18* | *Agency deadline for submission of applications for PY2019 funding. Online system will not accept forms after 4:30PM.* |
| *2/9/18* | *List of Requests for PY2019 Funding assembled* |
| 2/21/18 | **Regular Board Meeting**<br>Assignment of Board Members to Review Proposals |
| 2/28/18 | **Study Session** |
| 3/21/18 | **Regular Board Meeting**<br>2017 Annual Report |
| 3/28/18 | **Study Session** |
| *4/11/18* | *Program summaries released to Board, copies posted online with CCMHB April 18, 2018 meeting agenda* |
| 4/18/18 | **Regular Board Meeting**<br>Program Summaries Review and Discussion |
| 4/25/18 | **Study Session**<br>Program Summaries Review and Discussion |
| *4/27/18* | *Agency PY2018 Third Quarter Reports Due* |
| *5/9/18* | *Allocation recommendations released to Board, copies posted online with CCMHB May 16, 2018 meeting agenda* |
| 5/16/18 | **Study Session**<br>Allocation Recommendations |
| 5/23/18 | **Regular Board Meeting**<br>Allocation Decisions<br>Authorize Contracts for PY2019 |
| *5/24/18-6/1/18* | *Contract Negotiations* |
| 6/27/18 | **Regular Board Meeting**<br>Approve FY2019 Draft Budget |
| *6/28/18* | *PY2019 Contracts completed/First Payment Authorized* |

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# *CHAMPAIGN COUNTY MENTAL HEALTH BOARD*
# *BOARD MEETING*

***Minutes—February 21, 2018***

***Brookens Administrative Center***
***Lyle Shields Room***
***1776 E. Washington St***
***Urbana, IL***

DRAFT

***5:30 p.m.***

| | |
|---|---|
| **MEMBERS PRESENT:** | Susan Fowler, Judi O'Connor, Thom Moore, Joe Omo-Osagie, Elaine Palencia, Kyle Patterson, Julian Rappaport, Anne Robin, Margaret White |
| **STAFF PRESENT:** | Lynn Canfield, Mark Driscoll, Stephanie Howard-Gallo |
| **OTHERS PRESENT:** | Gail Raney, Rosecrance; Patty Walters, Developmental Services Center (DSC); Lisa Benson, Regional Planning Commission (RPC); Elizabeth Anderson, Courage Connection; Kari May, Children's Advocacy Center (CAC); Pattsi Petrie, Champaign County Board; Barb Bressner, Consultant; Darlene Kloeppel, Urbana citizen; Beth Chato, League of Women Voters (LWV); Jane McClintock, Viviana Navarro, UIUC; Mariya Sturayun, Anelle Goldman, Jenny Lee, UIC College of Nursing |

**CALL TO ORDER:**

Dr. Fowler called the meeting to order at 5:30 p.m.

**ROLL CALL:**

Roll call was taken and a quorum was present.

DRAFT

**CITIZEN INPUT / PUBLIC PARTICIPATION:**

None.

**APPROVAL OF AGENDA:**

The agenda was approved.

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**PRESIDENT'S COMMENTS:**

Dr. Fowler stated the funding application process is now closed. Five new applications have been received and requests exceed available funds by over $400,000.

**NEW BUSINESS:**

**Application/Funding Requests:**
A list of applicants and amounts requested by program was included in the Board packet for information and review.

**Application Review Process:**
Dr. Fowler discussed the review process from last year, which will be implemented again this year. Board members received their assignments of primary reviewer and secondary reviewer by email. The meeting schedule for the application review process was reviewed.

Mr. Patterson brought up the *Guidelines for Board to Board Participation* document adopted by the CCMHB in 2004 and how Item 5 of the document may need clarification before Board members can review their assigned programs and make recommendations to other Board members. There was discussion and general agreement the document should be reviewed and updated. Possible revisions will be discussed at the February 28th study session.

**SAMHSA Application Matching Funds:**
The federal Substance Abuse and Mental Health Services Administration (SAMHSA) Law Enforcement and Behavioral Health Partnerships for Early Diversion grant application was not submitted. Dr. Fowler requested the minutes reflect that the CCMHB supports matching funds for partnerships that line up with CCMHB priorities.

**Consumer Needs Assessment Survey Update:**
A Briefing Memorandum on the response to the online consumer needs assessment survey was included in the Board packet.

**OLD BUSINESS:**

**Schedules and Allocation Process Timeline:**

An updated copy of the meeting schedule and allocation timeline was included in the Board packet for information only.

**AGENCY INFORMATION:**

None.

**CCDDB INFO:**

Ms. Canfield stated the CCDDB met earlier in the day and there was a presentation from self-advocates. Representatives of *Advocates in Motion* presented their work.

Ms. Canfield will be traveling to Washington D.C. next week for National Association of Counties (NACO) and National Association of County Behavioral Health and Developmental Disabilities Directors (NACBHDD) Legislative and Policy Conferences.

**APPROVAL OF MINUTES:**

Minutes from the January 17, 2018 meeting and the January 24, 2018 study session were included in the Board packet for approval. Dr. Rappaport asked for the spelling of his last name to be corrected on page 17 of the Board packet.

> **MOTION: Mr. Patterson made a motion to approve the minutes from the January 17, 2018 meeting and the January 24, 2018 study session. Ms. White seconded the motion. A voice vote was taken and the motion passed.**

**EXECUTIVE DIRECTOR'S COMMENTS:**

Lynn Canfield provided an update on the online system.

**STAFF REPORTS:**

Reports from Mr. Mark Driscoll, Ms. Kim Bowdry, Ms. Stephanie Howard-Gallo, and Ms. Shandra Summerville were included in the Board packet for review.

**CONSULTANT'S REPORT:**

A report from Ms. Barb Bressner was included in the Board packet for review. Ms. Bressner provided some verbal updates to the report.

**BOARD TO BOARD:**

Dr. Fowler toured Urbana Neighborhood Connections Center (UNCC).

Dr. Robin and Mr. Omo-Osagie attended Restorative Justice 101.



**FINANCIAL INFORMATION:**

The claims report was approved.

**BOARD ANNOUNCEMENTS:**

None.

**ADJOURNMENT:**

The meeting adjourned at 6:40 p.m.

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

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

DRAFT

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# *CHAMPAIGN COUNTY MENTAL HEALTH BOARD*
# *STUDY SESSION*

***Minutes—February 28, 2018***

***Brookens Administrative Center***
***Lyle Shields Room***
***1776 E. Washington St***
***Urbana, IL***

DRAFT

***5:30 p.m.***

| | |
|---|---|
| **MEMBERS PRESENT:** | Susan Fowler, Judi O'Connor, Joe Omo-Osagie, Thom Moore, Elaine Palencia, Kyle Patterson, Anne Robin, Julian Rappaport, Margaret White |
| **STAFF PRESENT:** | Lynn Canfield, Mark Driscoll, Stephanie Howard-Gallo, Shandra Summerville |
| **OTHERS PRESENT:** | Elizabeth Andersen, Courage Connection; Lisa Benson, Jonathan Westfield, Regional Planning Commission (RPC); Charlene Buldbrandsen, Chris Stohr, Karen Shan, GROW in Illinois; Tracy Dace, DREAAM House |

**CALL TO ORDER:**

Dr. Fowler called the meeting to order at 5:30 p.m.

**ROLL CALL:**

Roll call was taken and a quorum was present.

**CITIZEN INPUT / PUBLIC PARTICIPATION:**

None.

**APPROVAL OF AGENDA:**

An agenda item was added:"Liaison Guidelines Discussion". Items 5. B. and 5.C. were switched.

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**PRESENTATIONS:**

Jonathan Westfield and Lisa Benson from the Champaign County Regional Planning Commission "Youth Assessment Center (MHB proposal)" presented mid-year program report.

Charlene Guldbrandsen, Chris Stohr, and Karen Shan from GROW in Illinois presented a "Peer Support" mid-year program report.

Tracy Dace from Community Foundation - DREAAM House "DREAAM House" presented a mid-year program report.

Board members were given and opportunity to ask questions following the presentations.

**LIAISON GUIDELINES DISCUSSION:**

At the February 21, 2018 Board meeting, Mr. Patterson brought up the Guidelines for Board to Board Participation document adopted by the CCMHB in 2004 and how Item 5 of the document may need clarification before Board members can review their assigned programs and make recommendations to other Board members. There was discussion and general agreement the document should be reviewed and updated. Mr. Driscoll and Ms. Canfield distributed a revised document with proposed revisions. A final document will be presented for action at the March 21, 2018 Board meeting.

**BOARD ANNOUNCEMENTS:**

None

**ADJOURNMENT:**

The meeting adjourned at 7:23 p.m.

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

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



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## Champaign County Mental Health Board

FY17 Revenues and Expenditures

| Revenue | | FY 17 Final | | Budget | % of Budget |
|---|---|---|---|---|---|
| Property Tax Distributions | $ | 4,425,348.19 | $ | 4,449,552.00 | 99.46% |
| From Developmental Disabilities Board | $ | 287,696.76 | $ | 350,653.00 | 82.05% |
| Gifts & Donations | $ | 5,224.80 | $ | 25,000.00 | 20.90% |
| Other Misc Revenue | $ | 135,668.72 | $ | 500.00 | >100% |
| **TOTAL** | **$** | **4,853,938.47** | **$** | **4,825,705.00** | **100.59%** |

| Expenditure | | FY 17 Final | | Budget | % of Budget |
|---|---|---|---|---|---|
| Personnel | $ | 449,220.17 | $ | 509,225.00 | 88.22% |
| Commodities | $ | 6,262.83 | $ | 17,922.00 | 34.94% |
| Contributions & Grants | $ | 3,593,417.51 | $ | 3,733,794.00 | 96.24% |
| Professional Fees | $ | 333,523.64 | $ | 368,213.00 | 90.58% |
| Transfer to CILA Fund | $ | 50,000.00 | $ | 50,000.00 | 100.00% |
| Other Services | $ | 106,592.57 | $ | 146,551.00 | 72.73% |
| **TOTAL** | **$** | **4,539,016.72** | **$** | **4,825,705.00** | **94.06%** |

## Champaign County Developmental Disability Board

FY17 Revenues and Expenditures

| Revenue | | FY 17 Final | | Budget | % of Budget |
|---|---|---|---|---|---|
| Property Tax Distributions | $ | 3,692,099.61 | $ | 3,712,310.00 | 99.46% |
| From Mental Health Board | $ | 7,288.07 | $ | - | - |
| Other Misc Revenue | $ | 25,315.23 | $ | 300.00 | >100% |
| **TOTAL** | **$** | **3,724,702.91** | **$** | **3,712,610.00** | **100.33%** |

| Expenditure | | FY 17 Final | | Budget | % of Budget |
|---|---|---|---|---|---|
| Contributions & Grants | $ | 3,262,938.45 | $ | 3,311,957.00 | 98.52% |
| Professional Fees | $ | 324,511.00 | $ | 350,653.00 | 92.54% |
| Transfer to CILA Fund | $ | 50,000.00 | $ | 50,000.00 | 100.00% |
| **TOTAL** | **$** | **3,637,449.45** | **$** | **3,712,610.00** | **97.98%** |

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**disABILITY Resource Expo: Reaching Out For Answers**
**Board Report**
**March, 2018**

**11th disABILITY Resource Expo – Coming Saturday, April 7, 2018:** Next Steering Committee-March 20

**Exhibitors:** Exhibitor interest has been overwhelming this year, with a total of 105 exhibitors registered. Registration was closed approximately a week prior to our deadline due to reaching maximum exhibitor capacity. In fact, there are currently six additional organizations on a wait list, with little hope of being able to accommodate any additional exhibitors. Mapping an event of this size is very challenging, so Jim is working to ensure adequate space and location for each exhibitor. Approximately 25 percent of the exhibitors are for-profit.

This year's scavenger hunt, featuring local star athletes is coming together nicely, with assistance from our friends at DRES. This game is the impetus for receiving feedback (evaluations) from our visitors, which aides in planning for future Expos.

**Marketing/Sponsorship:** Sponsorship response this year is also at an all-time high. Cash donations received to date are $10,320. Additional in-kind support has an estimated value of $12,334. Additional funds are continuing to come in by way of booth fees and other sponsorships.

The annual Expo Resource Book is in process of development. These books contain contact information for all of our exhibitors, and are used throughout the coming year.

Promotion of the Expo is well underway. Large moving ads are circulating the community by way of C-U MTD (15 buses), and vehicle window clings. Radio advertising is scheduled to begin 2-3 weeks prior to the Expo, and several radio and TV interviews will occur the week of the event. Press releases will be sent out at various intervals to encourage media coverage of the event.

Our newsletter blurb has been appearing in a number of agencies newsletters. Thank you to those agencies who have helped get the word out in this way. We will begin doing email blitz's in the coming week.

Posters and brochures are beginning to be distributed throughout the county, and 15,000 school flyers will be appearing in backpacks prior to Spring Break. Quality Med Transport will be setting out our 200 yard signs on March 24.

Our Social media presence has increased, thanks to Allison Boot. We encourage everyone to Like and Share our Facebook and Twitter Expo Event Page to help us get the word out.

We have secured EMT services as a sponsorship for the event through PRO Ambulance, who will be on site for the day.

**Entertainment/Accessibility:** Entertainment will be occurring on two different stages at the Expo. Diane Ducey and Josh Laskowski from S.J. Broadcasting will be our wonderful MC's again this year. Debra Myers Sounds of Music Studio in collaboration with Penguin Project will perform, as will instrumentalist, Kevin Elliott, and classical pianist/composer, Charles Joseph Smith. We will also have prize drawings and an AMTRYKE presentation.

Sign language interpreters and a Spanish interpreter, personal assistants, equipment needs, and other accessibility accommodations have been secured for the Expo. The Resource Book will be available in alternative formats through downloading program information onto flash drives and onto smart phones. We will be offering this service to visitors on the spot at the Accessibility Booth.

**Children's Activity Room:** We have received our annual donation from Flaghouse, a mail order company that has partnered with us for many years. They have, once again, sent well over $1,000 worth of adaptable games and toys for the Children's Activity Room. Along with Flaghouse, First Federal Savings Bank is a co-sponsor of this area of the Expo through their cash sponsorship.

**Volunteers:** Shandra Summerfield and Becca Obuchowski are identifying and registering the large number of volunteers we use each year to help us cover various tasks. Several U. of I. student groups tend to volunteer each year as service projects. Parkland College's Occupational Therapy Program will again be providing student volunteers to help in the Children's Activity Room.

**Website:** The Expos new, fully accessible website is up and running. It spotlights an expanded search feature for the Expo Resource Book, as well as featuring greater ADA accessibility for our viewers. Jim and Pat Mayer, and Chris Hamb with Chrispmedia have done an exemplary job with the new website! Several of our new exhibitors have come as a result of seeing us on the web. There are approximately 140 different organizations listed. It is hoped that many participating local organizations will consider adding a link on their websites, directing people to the Expo website/directory.

Respectfully submitted
Barb Bressner & Jim Mayer
Consultants

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

3/08/18 PAGE 1

| VENDOR NO | VENDOR NAME | TRN DTE | B N | TR CD | TRANS NO | PO NO | CHECK NUMBER | CHECK DATE | ACCOUNT NUMBER | ACCOUNT DESCRIPTION | ITEM DESCRIPTION | EXPENDITURE AMOUNT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *** FUND NO. 090 MENTAL HEALTH | | | | | | | | | | | | |
| *** DEPT NO. 000 BALANCE SHEET | | | | | | | | | | | | |
| 108 | CHAMPAIGN COUNTY TREASURER | | | | | | | | | DEV DIS BD FUND 108 | | |
| | | 2/26/18 | 80 | VR | 53- 482 | | 572208 | 2/28/18 | 090-000-172.00-00 | REVENUES | RFND C36049 V108-10 | 29,501.00 |
| | | 2/26/18 | 80 | VR | 53- 482 | | 572208 | 2/28/18 | 090-000-172.00-00 | REVENUES | RFND CR35363 V108-9 | 7,313.24 |
| | | | | | | | | | | | VENDOR TOTAL | 36,814.24 * |
| | | | | | | | | | | | BALANCE SHEET TOTAL | 36,814.24 * |
| *** DEPT NO. 053 MENTAL HEALTH BOARD | | | | | | | | | | | | |
| 16 | CHAMPAIGN COUNTY TREASURER | | | | | | | | | GENERAL CORP FND 080 | | |
| | | 2/13/18 | 80 | VR | 53- 480 | | 571663 | 2/15/18 | 090-053-533.01-00 | AUDIT & ACCOUNTING SERVCSFY16 OUTSID AUDT 09 | | 1,714.00 |
| | | 2/13/18 | 80 | VR | 53- 480 | | 571663 | 2/15/18 | 090-053-533.01-00 | AUDIT & ACCOUNTING SERVCSFY16 OUTSID AUDT 10 | | 64.00 |
| | | 2/13/18 | 80 | VR | 53- 480 | | 571663 | 2/15/18 | 090-053-533.01-00 | AUDIT & ACCOUNTING SERVCSFY16 OUTSID AUDT 10 | | 1,338.00 |
| | | | | | | | | | | | VENDOR TOTAL | 3,116.00 * |
| 25 | CHAMPAIGN COUNTY TREASURER | | | | | | | | | RENT-GENERAL CORP | | |
| | | 2/23/18 | 03 | VR | 53- 104 | | 572203 | 2/28/18 | 090-053-533.50-00 | FACILITY/OFFICE RENTALS | MAR OFFICE RENT | 1,739.64 |
| | | | | | | | | | | | VENDOR TOTAL | 1,739.64 * |
| 41 | CHAMPAIGN COUNTY TREASURER | | | | | | | | | HEALTH INSUR FND 620 | | |
| | | 2/27/18 | 04 | VR | 620- 23 | | 572204 | 2/28/18 | 090-053-513.06-00 | EMPLOYEE HEALTH/LIFE INS | FEB HI, LI, & ADMIN | 3,850.30 |
| | | | | | | | | | | | VENDOR TOTAL | 3,850.30 * |
| 88 | CHAMPAIGN COUNTY TREASURER | | | | | | | | | I.M.R.F. FUND 088 | | |
| | | 2/12/18 | 08 | VR | 88- 6 | | 571665 | 2/15/18 | 090-053-513.02-00 | IMRF - EMPLOYER COST | IMRF 2/2 P/R | 1,219.51 |
| | | 3/02/18 | 02 | VR | 88- 9 | | 572574 | 3/08/18 | 090-053-513.02-00 | IMRF - EMPLOYER COST | IMRF 2/16 P/R | 1,219.51 |
| | | | | | | | | | | | VENDOR TOTAL | 2,439.02 * |
| 104 | CHAMPAIGN COUNTY TREASURER | | | | | | | | | HEAD START FUND 104 | | |
| | | 2/23/18 | 02 | VR | 53- 79 | | 572207 | 2/28/18 | 090-053-533.92-00 | CONTRIBUTIONS & GRANTS | MAR SOC/EMOT SVCS | 4,637.00 |
| | | | | | | | | | | | VENDOR TOTAL | 4,637.00 * |

| VENDOR NO | VENDOR NAME | TRN DTE | B N | TR CD | TRANS NO | PO NO | CHECK NUMBER | CHECK DATE | ACCOUNT NUMBER | ACCOUNT DESCRIPTION | ITEM DESCRIPTION | EXPENDITURE AMOUNT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *** FUND NO. 090 MENTAL HEALTH | | | | | | | | | | | | |
| 108 | CHAMPAIGN COUNTY TREASURER | | | | | | | DEV DIS BD FUND 108 | | | | |
| | 2/26/18 | 80 | VR | 53- | 483 | | 572208 | 2/28/18 | 090-053-571.08-00 | TO DEV DISABILITY FUND | 108TFR EXPO REV 090 | 222.66 |
| | | | | | | | | | | | VENDOR TOTAL | 222.66 * |
| 161 | CHAMPAIGN COUNTY TREASURER | | | | | | | REG PLAN COMM FND075 | | | | |
| | 2/23/18 | 02 | VR | 53- | 80 | | 572211 | 2/28/18 | 090-053-533.92-00 | CONTRIBUTIONS & GRANTS | MAR JUSTICE DIVERSN | 5,229.00 |
| | 2/23/18 | 02 | VR | 53- | 80 | | 572211 | 2/28/18 | 090-053-533.92-00 | CONTRIBUTIONS & GRANTS | MAR YOUTH ASSMNT CT | 6,362.00 |
| | | | | | | | | | | | VENDOR TOTAL | 11,591.00 * |
| 176 | CHAMPAIGN COUNTY TREASURER | | | | | | | SELF-FUND INS FND476 | | | | |
| | 3/02/18 | 02 | VR | 119- | 13 | | 572578 | 3/08/18 | 090-053-513.04-00 | WORKERS' COMPENSATION INS | WORK COMP 2/2, 16 P | 171.20 |
| | | | | | | | | | | | VENDOR TOTAL | 171.20 * |
| 179 | CHAMPAIGN COUNTY TREASURER | | | | | | | CHLD ADVC CTR FND679 | | | | |
| | 2/23/18 | 02 | VR | 53- | 78 | | 572213 | 2/28/18 | 090-053-533.92-00 | CONTRIBUTIONS & GRANTS | MAR CAC | 3,090.00 |
| | | | | | | | | | | | VENDOR TOTAL | 3,090.00 * |
| 188 | CHAMPAIGN COUNTY TREASURER | | | | | | | SOCIAL SECUR FUND188 | | | | |
| | 2/12/18 | 08 | VR | 188- | 14 | | 571670 | 2/15/18 | 090-053-513.01-00 | SOCIAL SECURITY-EMPLOYER | FICA 2/2 P/R | 1,132.18 |
| | 3/02/18 | 02 | VR | 188- | 18 | | 572580 | 3/08/18 | 090-053-513.01-00 | SOCIAL SECURITY-EMPLOYER | FICA 2/16 P/R | 1,132.18 |
| | | | | | | | | | | | VENDOR TOTAL | 2,264.36 * |
| 15495 | CHAMPAIGN URBANA AREA PROJECT | | | | | | | SUITE #702 | | | | |
| | 2/23/18 | 02 | VR | 53- | 81 | | 572234 | 2/28/18 | 090-053-533.92-00 | CONTRIBUTIONS & GRANTS | MAR NGHBRHD CHAMPIO | 1,667.00 |
| | 2/23/18 | 02 | VR | 53- | 81 | | 572234 | 2/28/18 | 090-053-533.92-00 | CONTRIBUTIONS & GRANTS | MAR TRUCE | 6,250.00 |
| | | | | | | | | | | | VENDOR TOTAL | 7,917.00 * |
| 18203 | COMMUNITY CHOICE, INC | | | | | | | SUITE 419 | | | | |
| | 2/23/18 | 02 | VR | 53- | 82 | | 572238 | 2/28/18 | 090-053-533.92-00 | CONTRIBUTIONS & GRANTS | MAR COMMUNITY LIVIN | 5,250.00 |
| | 2/23/18 | 02 | VR | 53- | 82 | | 572238 | 2/28/18 | 090-053-533.92-00 | CONTRIBUTIONS & GRANTS | MAR SELF DETERMINAT | 8,000.00 |
| | | | | | | | | | | | VENDOR TOTAL | 13,250.00 * |

| VENDOR NO | VENDOR NAME | TRN DTE | B N | TR CD | TRANS NO | PO NO | CHECK NUMBER | CHECK DATE | ACCOUNT NUMBER | ACCOUNT DESCRIPTION | ITEM DESCRIPTION | EXPENDITURE AMOUNT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *** FUND NO. 090 MENTAL HEALTH | | | | | | | | | | | | |
| 18210 | COMMUNITY FOUNDATION - DREAAM HOUSE | | | | | | FIRST PRESBYTERIAN | | | | | |
| | | 2/23/18 | 02 | VR | 53- 83 | | 572239 | 2/28/18 | 090-053-533.92-00 | CONTRIBUTIONS & GRANTS | MAR DREAAM HOUSE | 4,833.00 |
| | | | | | | | | | | | VENDOR TOTAL | 4,833.00 * |
| 18230 | COMMUNITY SERVICE CENTER OF NORTHERN | | | | | | CHAMPAIGN COUNTY | | | | | |
| | | 2/23/18 | 02 | VR | 53- 84 | | 572240 | 2/28/18 | 090-053-533.92-00 | CONTRIBUTIONS & GRANTS | MAR RESOURCE CONNEC | 5,550.00 |
| | | | | | | | | | | | VENDOR TOTAL | 5,550.00 * |
| 18430 | CONSOLIDATED COMMUNICATIONS | | | | | | | | | | | |
| | | 2/12/18 | 05 | VR | 28- 8 | | 571702 | 2/15/18 | 090-053-533.33-00 | TELEPHONE SERVICE | AC 99790003460 2/1 | 31.89 |
| | | | | | | | | | | | VENDOR TOTAL | 31.89 * |
| 19260 | COURAGE CONNECTION | | | | | | | | | | | |
| | | 2/23/18 | 02 | VR | 53- 85 | | 572243 | 2/28/18 | 090-053-533.92-00 | CONTRIBUTIONS & GRANTS | MAR COURAGE CONNECT | 5,579.00 |
| | | | | | | | | | | | VENDOR TOTAL | 5,579.00 * |
| 19346 | CRISIS NURSERY | | | | | | | | | | | |
| | | 2/23/18 | 02 | VR | 53- 86 | | 572244 | 2/28/18 | 090-053-533.92-00 | CONTRIBUTIONS & GRANTS | MAR BEYOND BLUE | 5,833.00 |
| | | | | | | | | | | | VENDOR TOTAL | 5,833.00 * |
| 22300 | DEVELOPMENTAL SERVICES CENTER OF | | | | | | CHAMPAIGN COUNTY INC | | | | | |
| | | 2/23/18 | 02 | VR | 53- 87 | | 572248 | 2/28/18 | 090-053-533.92-00 | CONTRIBUTIONS & GRANTS | MAR INDIV/FAMILY SU | 32,721.00 |
| | | | | | | | | | | | VENDOR TOTAL | 32,721.00 * |
| 22730 | DON MOYER BOYS & GIRLS CLUB | | | | | | | | | | | |
| | | 2/23/18 | 02 | VR | 53- 88 | | 572249 | 2/28/18 | 090-053-533.92-00 | CONTRIBUTIONS & GRANTS | MAR CU CHANGE | 8,333.00 |
| | | 2/23/18 | 02 | VR | 53- 88 | | 572249 | 2/28/18 | 090-053-533.92-00 | CONTRIBUTIONS & GRANTS | MAR YOUTH/FAMILY OR | 13,333.00 |
| | | | | | | | | | | | VENDOR TOTAL | 21,666.00 * |
| 24215 | EAST CNTRL IL REFUGEE MUTUAL ASSIST CTR | | | | | | | | | | | |
| | | 2/23/18 | 02 | VR | 53- 89 | | 572252 | 2/28/18 | 090-053-533.92-00 | CONTRIBUTIONS & GRANTS | MAR FAM SUPPORT | 2,083.00 |
| | | | | | | | | | | | VENDOR TOTAL | 2,083.00 * |

| VENDOR NO | VENDOR NAME | TRN DTE | B N | TR CD | TRANS NO | PO NO | CHECK NUMBER | CHECK DATE | ACCOUNT NUMBER | ACCOUNT DESCRIPTION | ITEM DESCRIPTION | EXPENDITURE AMOUNT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *** FUND NO. 090 MENTAL HEALTH | | | | | | | | | | | | |
| 26000 | FAMILY SERVICE OF CHAMPAIGN COUNTY | | | | | | | | | GRANTS | | |
| | | 2/23/18 | 02 VR | 53- | 90 | | 572255 | 2/28/18 | 090-053-533.92-00 | CONTRIBUTIONS & GRANTS | MAR SELF HELP | 2,369.00 |
| | | 2/23/18 | 02 VR | 53- | 90 | | 572255 | 2/28/18 | 090-053-533.92-00 | CONTRIBUTIONS & GRANTS | MAR SENIOR COUNSEL | 11,861.00 |
| | | 2/23/18 | 02 VR | 53- | 90 | | 572255 | 2/28/18 | 090-053-533.92-00 | CONTRIBUTIONS & GRANTS | MAR COUNSELING | 2,083.00 |
| | | | | | | | | | | | VENDOR TOTAL | 16,313.00 * |
| 26760 | FIRST FOLLOWERS | | | | | | | | | | | |
| | | 2/23/18 | 02 VR | 53- | 91 | | 572258 | 2/28/18 | 090-053-533.92-00 | CONTRIBUTIONS & GRANTS | MAR PEER MENTORING | 4,952.00 |
| | | | | | | | | | | | VENDOR TOTAL | 4,952.00 * |
| 30550 | GROW IN ILLINOIS | | | | | | | | | | | |
| | | 2/23/18 | 02 VR | 53- | 92 | | 572268 | 2/28/18 | 090-053-533.92-00 | CONTRIBUTIONS & GRANTS | MAR PEER SUPPORT | 1,667.00 |
| | | | | | | | | | | | VENDOR TOTAL | 1,667.00 * |
| 44570 | MAHOMET AREA YOUTH CLUB | | | | | | | | | 601 EAST FRANKLIN | | |
| | | 2/23/18 | 02 VR | 53- | 93 | | 572291 | 2/28/18 | 090-053-533.92-00 | CONTRIBUTIONS & GRANTS | MAR BLAST | 1,250.00 |
| | | 2/23/18 | 02 VR | 53- | 93 | | 572291 | 2/28/18 | 090-053-533.92-00 | CONTRIBUTIONS & GRANTS | MAR MEMBERS MATTER | 1,000.00 |
| | | | | | | | | | | | VENDOR TOTAL | 2,250.00 * |
| 45445 | MARTIN ONE SOURCE | | | | | | | | | | | |
| | | 2/23/18 | 02 VR | 53- | 75 | | 572292 | 2/28/18 | 090-053-533.89-00 | PUBLIC RELATIONS | INV Q20180917 2/13 | 94.00 |
| | | | | | | | | | | | VENDOR TOTAL | 94.00 * |
| 54650 | PEPSI COLA CHAMPAIGN-URBANA BOTTLING | | | | | | | | | | | |
| | | 2/23/18 | 02 VR | 53- | 74 | | 572305 | 2/28/18 | 090-053-522.02-00 | OFFICE SUPPLIES | INV 81104732 2/5 | 12.40 |
| | | 2/23/18 | 02 VR | 53- | 74 | | 572305 | 2/28/18 | 090-053-522.02-00 | OFFICE SUPPLIES | INV 81104909 2/20 | 18.60 |
| | | 2/23/18 | 02 VR | 53- | 74 | | 572305 | 2/28/18 | 090-053-533.51-00 | EQUIPMENT RENTALS | INV 10026595 2/20 | 6.95 |
| | | | | | | | | | | | VENDOR TOTAL | 37.95 * |
| 57196 | PROMISE HEALTHCARE | | | | | | | | | | | |
| | | 2/23/18 | 03 VR | 53- | 94 | | 572308 | 2/28/18 | 090-053-533.92-00 | CONTRIBUTIONS & GRANTS | MAR WELLNESS/JUSTIC | 4,833.00 |
| | | 2/23/18 | 03 VR | 53- | 94 | | 572308 | 2/28/18 | 090-053-533.92-00 | CONTRIBUTIONS & GRANTS | MAR MH SERVICES | 18,500.00 |
| | | | | | | | | | | | VENDOR TOTAL | 23,333.00 * |

| VENDOR NO | VENDOR NAME | TRN DTE | B N | TR CD | TRANS NO | PO NO | CHECK NUMBER | CHECK DATE | ACCOUNT NUMBER | ACCOUNT DESCRIPTION | ITEM DESCRIPTION | EXPENDITURE AMOUNT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *** FUND NO. 090 MENTAL HEALTH | | | | | | | | | | | | |
| 58118 | QUILL CORPORATION | | | | | | | | | | | |
| | | 2/12/18 | 07 | VR | 53- 69 | | 571772 | 2/15/18 | 090-053-522.02-00 | OFFICE SUPPLIES | INV 4278346 1/24 | 126.54 |
| | | 2/12/18 | 07 | VR | 53- 69 | | 571772 | 2/15/18 | 090-053-522.02-00 | OFFICE SUPPLIES | INV 4300900 1/25 | 15.39 |
| | | 2/16/18 | 03 | VR | 53- 70 | | 572108 | 2/23/18 | 090-053-522.02-00 | OFFICE SUPPLIES | INV 4506842 2/1 | 33.71 |
| | | 2/16/18 | 03 | VR | 53- 70 | | 572108 | 2/23/18 | 090-053-522.44-00 | EQUIPMENT LESS THAN $5000 | INV 4530915 2/2 | 187.28 |
| | | | | | | | | | | | VENDOR TOTAL | 362.92 * |
| 59434 | RAPE, ADVOCACY, COUNSELING & EDUC SRVCS | | | | | | | | | | | |
| | | 2/23/18 | 03 | VR | 53- 95 | | 572312 | 2/28/18 | 090-053-533.92-00 | CONTRIBUTIONS & GRANTS | MAR COUNSEL/CRISIS | 1,550.00 |
| | | | | | | | | | | | VENDOR TOTAL | 1,550.00 * |
| 61780 | ROSECRANCE, INC. | | | | | | | | | | | |
| | | 2/23/18 | 03 | VR | 53- 96 | | 572316 | 2/28/18 | 090-053-533.92-00 | CONTRIBUTIONS & GRANTS | MAR CRIMINAL JUSTIC | 25,022.00 |
| | | 2/23/18 | 03 | VR | 53- 96 | | 572316 | 2/28/18 | 090-053-533.92-00 | CONTRIBUTIONS & GRANTS | MAR CRISIS/ACCESS | 19,000.00 |
| | | 2/23/18 | 03 | VR | 53- 96 | | 572316 | 2/28/18 | 090-053-533.92-00 | CONTRIBUTIONS & GRANTS | MAR TRANS HOUSING | 1,167.00 |
| | | | | | | | | | | | VENDOR TOTAL | 45,189.00 * |
| 61781 | ROSECRANCE, INC. | | | | | | | | | | | |
| | | 2/23/18 | 03 | VR | 53- 97 | | 572317 | 2/28/18 | 090-053-533.92-00 | CONTRIBUTIONS & GRANTS | MAR CJ SUB TREATMEN | 883.00 |
| | | 2/23/18 | 03 | VR | 53- 97 | | 572317 | 2/28/18 | 090-053-533.92-00 | CONTRIBUTIONS & GRANTS | MAR FRESH START | 6,417.00 |
| | | 2/23/18 | 03 | VR | 53- 97 | | 572317 | 2/28/18 | 090-053-533.92-00 | CONTRIBUTIONS & GRANTS | MAR PLL EXTENDED | 34,321.00 |
| | | 2/23/18 | 03 | VR | 53- 97 | | 572317 | 2/28/18 | 090-053-533.92-00 | CONTRIBUTIONS & GRANTS | MAR PREVENTION | 4,854.00 |
| | | 2/23/18 | 03 | VR | 53- 97 | | 572317 | 2/28/18 | 090-053-533.92-00 | CONTRIBUTIONS & GRANTS | MAR SPECIALITY COUR | 16,917.00 |
| | | | | | | | | | | | VENDOR TOTAL | 63,392.00 * |
| 76107 | UNITED CEREBRAL PALSY LAND OF LINCOLN | | | | | | | | | | | |
| | | 2/23/18 | 03 | VR | 53- 98 | | 572332 | 2/28/18 | 090-053-533.92-00 | CONTRIBUTIONS & GRANTS | MAR VOCATIONAL TRAI | 4,324.00 |
| | | | | | | | | | | | VENDOR TOTAL | 4,324.00 * |
| 76867 | UNIV OF IL SPONSORED PROG & RESEARCH ADM | | | | | | | | | | | |
| | | 2/23/18 | 03 | VR | 53- 103 | | 572336 | 2/28/18 | 090-053-533.07-00 | PROFESSIONAL SERVICES | MAR MHB18-039 CONSL | 4,414.00 |
| | | | | | | | | | | | VENDOR TOTAL | 4,414.00 * |

| VENDOR NO | VENDOR NAME | TRN DTE | B N | TR CD | TRANS NO | PO NO | CHECK NUMBER | CHECK DATE | ACCOUNT NUMBER | ACCOUNT DESCRIPTION | ITEM DESCRIPTION | EXPENDITURE AMOUNT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *** FUND NO. 090 MENTAL HEALTH | | | | | | | | | | | | |
| 76916 | UNIVERSITY OF IL FOUNDATION-EBERTFEST 119 GREGORY, MC462 | | | | | | | | | | | |
| | | 2/23/18 | 02 VR | 53- | 76 | | 2482 | 2/28/18 | 090-053-533.89-00 | PUBLIC RELATIONS | EBERFEST SPNSR 2018 | 15,000.00 |
| | | | | | | | | | | | VENDOR TOTAL | 15,000.00 * |
| 77280 | UP CENTER OF CHAMPAIGN COUNTY | | | | | | | | | | | |
| | | 2/23/18 | 03 VR | 53- | 100 | | 572338 | 2/28/18 | 090-053-533.92-00 | CONTRIBUTIONS & GRANTS | MAR CHILD/FAM/YOUTH | 1,583.00 |
| | | | | | | | | | | | VENDOR TOTAL | 1,583.00 * |
| 78120 | URBANA NEIGHBORHOOD CONNECTION CENTER | | | | | | | | | | | |
| | | 2/23/18 | 03 VR | 53- | 99 | | 572340 | 2/28/18 | 090-053-533.92-00 | CONTRIBUTIONS & GRANTS | MAR COM STUDY CENTE | 1,625.00 |
| | | | | | | | | | | | VENDOR TOTAL | 1,625.00 * |
| 78888 | VISA CARDMEMBER SERVICE - MENTAL HEALTH AC#4798510049573930 | | | | | | | | | | | |
| | | 2/23/18 | 02 VR | 53- | 73 | | 572349 | 2/28/18 | 090-053-533.95-00 | CONFERENCES & TRAINING | 3930 ANCOR 1/22 | 129.00- |
| | | 2/23/18 | 02 VR | 53- | 73 | | 572349 | 2/28/18 | 090-053-533.95-00 | CONFERENCES & TRAINING | 3930 ANCOR 1/22 | 258.00 |
| | | 2/23/18 | 02 VR | 53- | 73 | | 572349 | 2/28/18 | 090-053-533.95-00 | CONFERENCES & TRAINING | 3930 ANCOR 1/22 | 129.00 |
| | | 2/23/18 | 02 VR | 53- | 73 | | 572349 | 2/28/18 | 090-053-533.42-00 | EQUIPMENT MAINTENANCE | 3930 MICROSOFT 2/6 | 95.52 |
| | | | | | | | | | | | VENDOR TOTAL | 353.52 * |
| 78950 | WALZ LABEL & MAILING SYSTEMS | | | | | | | | | | | |
| | | 2/16/18 | 03 VR | 53- | 71 | | 572147 | 2/23/18 | 090-053-522.02-00 | OFFICE SUPPLIES | INV 1729A 2/8 | 170.73 |
| | | | | | | | | | | | VENDOR TOTAL | 170.73 * |
| 81610 | XEROX CORPORATION | | | | | | | | | | | |
| | | 2/23/18 | 02 VR | 53- | 77 | | 572359 | 2/28/18 | 090-053-533.85-00 | PHOTOCOPY SERVICES | INV 152802360 2/3 | 246.29 |
| | | 2/23/18 | 02 VR | 53- | 77 | | 572359 | 2/28/18 | 090-053-533.85-00 | PHOTOCOPY SERVICES | INV 152802361 2/3 | 39.60 |
| | | | | | | | | | | | VENDOR TOTAL | 285.89 * |
| 602880 | BRESSNER, BARBARA J. | | | | | | | | | | | |
| | | 2/23/18 | 03 VR | 53- | 101 | | 572373 | 2/28/18 | 090-053-533.07-00 | PROFESSIONAL SERVICES | MAR PROFESSIONAL FE | 2,260.00 |
| | | | | | | | | | | | VENDOR TOTAL | 2,260.00 * |

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST



| VENDOR NO | VENDOR NAME | TRN DTE | B N | TR CD | TRANS NO | PO NO | CHECK NUMBER | CHECK DATE | ACCOUNT NUMBER | ACCOUNT DESCRIPTION | ITEM DESCRIPTION | EXPENDITURE AMOUNT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *** FUND NO. 090 MENTAL HEALTH | | | | | | | | | | | | |
| 603719 | BRUSVEEN, JOHN | | | | | | | | | | | |
| | | 2/23/18 | 02 | VR | 53- 72 | | 572376 | 2/28/18 | 090-053-533.07-00 | PROFESSIONAL SERVICES | CONSULT 1/18-24 | 375.00 |
| | | 2/23/18 | 91 | VR | 53- 481 | | 572376 | 2/28/18 | 090-053-533.07-00 | PROFESSIONAL SERVICES | CONSULTATION 12/19 | 75.00 |
| | | | | | | | | | | | VENDOR TOTAL | 450.00 * |
| 630360 | MAYER, JAMES | | | | | | | | | | | |
| | | 2/23/18 | 03 | VR | 53- 102 | | 572416 | 2/28/18 | 090-053-533.07-00 | PROFESSIONAL SERVICES | MAR PROFESSIONAL FE | 906.00 |
| | | | | | | | | | | | VENDOR TOTAL | 906.00 * |
| | | | | | | | | | | MENTAL HEALTH BOARD | DEPARTMENT TOTAL | 323,098.08 * |
| | | | | | | | | | | MENTAL HEALTH | FUND TOTAL | 359,912.32 * |