



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, September 18, 2019

Brookens Administrative Center, Lyle Shields Room
1776 E. Washington St. Urbana, IL
5:30 p.m.

1. Call to Order - Margaret White, President
2. Roll Call
3. Citizen Input/Public Participation
The CCMHB reserves the authority to limit individual public participation to 5 minutes and limit total time to 20 minutes.
4. Approval of Agenda*
5. President's Comments
6. Executive Director's Comments
7. New Business
 - A. UIUC Building Program Evaluation Capacity (pages 4-77)
Drs. Nicole Allen and Mark Aber will present a report on activities undertaken and engagement with CCMHB funded programs to develop evaluation capacity and performance outcome measurement. A copy of the report is included in the packet.
 - B. Family Model Planning Process Update (pages 78-82)
Included in the packet are draft minutes and hexagon evaluation tool discussion notes from the

August meeting of the Cunningham Children's Home led family model planning committee.

C. Anti-Stigma Community Event* (page 83)

Decision Memorandum on sponsorship of an anti-stigma film and concurrent anti-stigma activities at the 2020 Roger Ebert's Film Festival is included in the Board packet. Action is requested.

D. CCMHB Three-Year Plan with Draft FY20 Objectives (pages 84-92)

Included in the packet for information and discussion is the Three-Year Plan with draft FY20 Objectives. A Briefing Memorandum prefaces the draft Plan.

8. Agency Information

The CCMHB reserves the authority to limit individual public participation to 5 minutes and limit total time to 20 minutes.

9. Old Business

A. Revised CCMHB FY2020 Draft Budgets* (pages 93-101)

Decision Memorandum on updated FY2020 CCMHB and CILA draft budgets is included in the packet; action is requested. CCDDDB draft budget documents are for information only.

B. Contract Amendment Report (page 102)

Briefing Memorandum on contract amendments issued included in the packet.

C. Schedules & Allocation Process Timeline (pages 103-106)

Updated copies of CCMHB and CCDDDB meeting schedules and allocation timeline are included in the packet.

10. CCDDDB Information

11. Approval of CCMHB Minutes (pages 107-110)*

July 17, 2019 minutes are included. Action is requested.

12. Executive Director's Report (pages 111-116)

Written report is included in the packet.

13. Staff Reports (**pages 117-131**)

Written staff reports from Mark Driscoll, Kim Bowdry, Stephanie Howard-Gallo, and Shandra Summerville are included in the packet.

14. Board to Board Reports

15. Financial Report* (**pages 132-145**)

Copy of the Expenditure List is included in the packet. Action is requested.

16. Board Announcements

17. Adjournment

**Board action*

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*A Final Report on Building Evaluation Capacity for Programs
Funded by the Champaign County Community Mental Health Board (CCMHB) Year 4*

*Mark Aber, Ph.D. Nicole Allen, Ph.D. Chelsea Birchmier, B.A.
Markera Jones, M.S.*

Department of Psychology University of Illinois, Urbana-Champaign

July 1, 2019

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A Final Report on Building Evaluation Capacity for Programs Funded by the Champaign County Community Mental Health Board (CCMHB) Year 4

Statement of Purpose:

The aim of this effort was to build evaluation capacity for programs funded by the CCMHB. In Year 4, we proposed to continue to implement the recommendations and specific plans identified via Year 1 assessment of current evaluation activities and priorities and to build upon the Year 2 and 3 efforts. Specifically, we proposed the following activities and deliverables.

- 1. Continue to create a learning organization among funded agencies and the CCMHB.**
 - a. Prepare new “targeted” agencies to share information at MHAC meetings once/year by June, 2019. The actual presentation will occur in August following the end of the fiscal year at the MHAC meeting.*

In collaboration with the CCMHB staff, we targeted three programs for more intensive evaluation capacity building partnership. Three funded programs worked closely with evaluation consultants who were doctoral students supervised by Drs. Aber and Allen. These programs engaged in targeted strategies for building evaluation capacity and received individual support from their consultant throughout the process. The processes and outcomes from these partnerships are explained in detail in Sections II through V of this report. Each section summarizes the effort engaged with each partner agency.

These relationships were created to foster a culture of learning, first within each program and then across CCMHB-funded agencies as a larger system. Consultants took an intensive approach that emphasized developing a learning organization, or one that is “skilled at creating, acquiring, and transferring knowledge, and at modifying its behavior to reflect new knowledge and insights” (pp. 79; Garvin, 1993). As one example, we hoped to position these target programs as ‘peer experts’ that could then report back and serve as resources to other CCMHB-funded programs. While the targeted programs are not at a point where they would be able to function as independent supports for other agencies building evaluation capacity, their experiences are valuable learning opportunities for their peers. During the Mental Health Agency Council (MHAC) meetings from years two and three, representatives from each of the targeted programs presented to their peers about their experiences building evaluation capacity. Programs briefly shared about challenges they encountered and lessons learned, as well the general processes they engaged in. This feedback appeared to elicit some excitement among other programs, leading a few to express their desire to participate in this evaluation effort. Much of the research on learning organizations focuses on individual actors (e.g. employees) within an organization (e.g.

a specific business). In addition to engaging at the individual and organizational levels, our process also engaged programs and agencies within a larger system (CCMHB). While ongoing effort will further advance these goals, the targeted partnerships begin the process of fostering a culture of i) valuing evaluation, ii) desiring evaluation to be meaningful, and iii) experimenting with evaluation.

2. Continue to support the development of theory of change logic models as a requirement for CCMHB funding

- a. Offer 2 logic modeling workshops to support funded programs in model development in Fall 2018.*
- b. Schedule and announce logic model training dates with 30 days advance notice.*
- c. Provide follow-up support to targeted agencies who submit a model to the team for review (and to agencies who choose to develop the model using "hours" from the consultation bank).*

We offered two logic model workshops in Fall 2018, which were attended by 9 groups: the Children's Advocacy Center, Community Choices Employment Program, Crisis Nursery, Cunningham Children's Home, Don Moyer Boys & Girls Club, East Central Illinois Refugee Mutual Assistance Center, GROW, R.A.C.E.S, and RPC Community Services. All programs in attendance were provided with PowerPoint slides containing their logic models following the workshop. Additionally, we continued working with several programs to further develop their logic models after the workshop.

3. Choose up to three programs for targeted evaluation support in consultation with CCMHB

- a. Work in collaboration with up to three funded programs to develop evaluation plans and support them in the implementation of those plans (e.g., instrument development, data gathering, data reporting).*
- b. The goal would be to guide an evaluation process that can be sustained by the program.*

While we worked with four targeted programs in years 2 and 3, we identified three programs to target for evaluation capacity building support in year 4. These included: the Resource Connection program of the Community Service Center (CSC) of Northern Champaign County, the Champaign Urbana Area Project (CUAP) Truce program, and the Rattle the Stars program. Individual meetings and customized efforts were provided to each program. Reports that elaborate on the specific activities engaged to build evaluation capacity and to create specific evaluation plans are provided in the following sections II-IV.

4. Provide quarterly follow-up with the eight previously targeted agencies. This could include:

- a. Reviewing evaluation implementation progress.*
- b. Revising and refining logic models.*
- c. Reviewing gathered data and developing processes to analyze and present data internally and externally.*

We reached out to the eight past targeted programs (from years two and three) in October 2019 and January 2019 to check on evaluation processes and implementation, data use, and measures. We asked if programs would like assistance with any aspect of their evaluation work. In response to these check-ins, we worked with several previous targeted partners including Courage Connection, DREAM House, Family Services, GROW, Rosecrance, and the Youth Assessment Center to revise logic models, add new measures, adapt existing measures, create data collection tools, and analyze and interpret data. In June 2019, we sent out an anonymous survey to past targeted programs inquiring about their experiences with evaluation during and following their program's partnership with the evaluation capacity building team.

5. Continue the Evaluation Consultation Bank with agencies who have not had targeted partnerships.

- a. Offer a bank of consultation hours for use by funded programs*
- b. Funded programs request hours based on specific tasks:*
 - i. Developing an evaluation focus*
 - ii. Completing a logic model*
 - iii. Developing and sustaining evaluation activities (particularly in targeted agencies)*
 - iv. Reporting data*

We received multiple requests for consultation bank support. These included: DREAM House, Children's Advocacy Center, Courage Connection, CU Neighborhood Champions, Family Services, GROW, R.A.C.E.S., Rosecrance, Regional Planning Commission (RPC) Community Services, and the Youth Assessment Center. Across these programs, we worked on developing logic models, identifying and refining outcomes, identifying appropriate measures, creating and refining data collection tools, analyzing data, and applying evaluation findings to program activities.

6. Continue to build a "buffet" of tools

- a. *Maintain and expand a Google drive or other web-based repository for measures developed with and/or for funded programs*

The following measures were added to the bank:

- Child and Adolescent Needs and Strengths (CANS)
- Collective Efficacy Scale
- Counselor Suicide Assessment Efficacy Survey (CSAES)
- Iowa Cultural Understanding Assessment
- U.S. Household Food Security Survey Module
- Self-Efficacy Regarding Suicide Prevention and Intervention

7. Meet with CCMHB members to provide information on, for example:

- a. *The varied uses of evaluation*
- b. *CCMHB goals and priorities with regard to evaluation*
- c. *Instantiating evaluation practices for the CCMHB and its funded programs*

In September 2018, we met with the Mental Health Board to present on and discuss the past year's effort and evaluation more broadly. After summarizing the FY 2018 objectives, we used the logic models of the targeted partners as examples for a small group activity designed to stimulate thinking about process and outcome questions of interest and how to measure them.

8. Develop survey to evaluate this evaluation capacity building effort.

We have developed a survey that, with IRB approval, will be administered to CCMHB-funded agencies to assess evaluation capacity, including evaluation knowledge, skills, motivation, attitudes, practices, processes, and resources at individual and organizational levels. We hope to use this survey to evaluate, guide planning for, and inform changes to this effort.

Community Service Center of Northern Champaign County Resource Connection Program

Program Overview

The Community Service Center (CSC) is a “one-stop shop” offering a food pantry and prescription and utility assistance along with various co-located services, including mental health, substance abuse, domestic violence, healthcare, social work, youth, and other services. CSC aims to assist residents of Northern Champaign County, to improve their social conditions, and to enhance their access to other services/resources. Many of the clients they serve are low-income, often lack access to human services, and have unmet basic needs. By locating various services in a single location in Rantoul, the program aims to reduce barriers to access by reducing the time, distance, and costs of services for clients. From September 2018 to July 2019, two consultants from the University of Illinois worked with two primary staff members of CSC to build the group’s capacity to evaluate and improve their program.

Identifying Goals

The first step in identifying CSC’s goals was to create a logic model in which we documented the activities that CSC engaged in and how they connected to the short- and long- term outcomes they hoped to see. In creating this logic model, several key goals emerged:

1. Develop a needs assessment to assess and track clients’ food, healthcare, housing, clothing, and other needs and to provide new referrals when necessary.
2. Update annual survey and add evidence-based items to assess clients’ food security, wellbeing, perceptions of cultural competency, and satisfaction with services.
3. Build relationships with co-located agencies to facilitate communication between agencies and the sharing of data, allowing for a better referral system.
4. Create spreadsheets and processes for collecting, storing, and analyzing data from the survey and needs assessment.

Executing Goals

- 1. Develop a needs assessment in English and Spanish to assess and track clients’ food, healthcare, housing, clothing, and other needs and to provide new referrals when necessary.**

When developing the logic model, CSC staff characterized the population they serve as lacking access to services and having unmet basic needs. Aligned with this, a key outcome identified on the logic model involves meeting these basic needs. Previously, when clients would come in for a specific need such as food, additional needs might come up in conversation, leading to

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1. Develop a needs assessment to assess and track clients’ food, healthcare, housing, clothing, and other needs and to provide new referrals when necessary.
2. Update annual survey and add evidence-based items to assess clients’ food security, wellbeing, perceptions of cultural competency, and satisfaction with services.
3. Build relationships with co-located agencies to facilitate communication between agencies and the sharing of data, allowing for a better referral system.
4. Create spreadsheets and processes for collecting, storing, and analyzing data from the survey and needs assessment.

Executing Goals

- 1. Develop a needs assessment in English and Spanish to assess and track clients’ food, healthcare, housing, clothing, and other needs and to provide new referrals when necessary.**

When developing the logic model, CSC staff characterized the population they serve as lacking access to services and having unmet basic needs. Aligned with this, a key outcome identified on the logic model involves meeting these basic needs. Previously, when clients would come in for a specific need such as food, additional needs might come up in conversation, leading to

additional referrals from staff. However, there was no systematic assessment of needs in place that would specifically ask clients about their needs in various areas. For this reason, we adapted a needs assessment that was developed in past partnerships with Courage Connection and Rosecrance. The computer-based assessment asks about needs in the following areas in the past 3 months: Food, Material goods (e.g., clothing or diapers), Utilities assistance, Counseling, Medical assistance (e.g., prescriptions or eyeglasses), Legal aid, Housing/shelter, Childcare, Transportation, Education, and Employment. If a need is identified in a given area, a set of questions is triggered including whether the client was able to meet the need and if so, from what agency, whether the need is currently an unmet need, whether the client would like a new referral to address the need, and if so, to where the staff member referred them.

Participants will receive the needs assessment at intake and 6 months later, allowing for a comparison across time for the number of needs met. The needs assessment is in a Google form, from which data is automatically entered into a spreadsheet, obviating the need to enter the data manually and thus saving time. However, there will be paper versions of the survey available during busy hours and for Spanish-speaking clients, which will have to be entered manually. For practical reasons, the needs assessment may not be administered during busy hours. CSC aims to administer the needs assessment to at least 10% of their clientele, about 170 people. While the needs assessment is an evaluation tool, it is also an intervention in services in that it may increase the number of referrals that are made to clients. While piloting the assessment, the staff has already noticed that they have been making more referrals that they did not previously realize clients needed. We have also been adapting and making changes to the needs assessment as it is piloted in order to make it as brief, informative, and useful to clients as possible.

2. Update annual survey in English and Spanish and add evidence-based items to assess clients' food security, wellbeing, perceptions of cultural competency, and satisfaction with services.

Annually, CSC administers a survey that collects data on the services members use and find most helpful, client satisfaction with services, as well as information on the times clients are most likely to use services and transportation to and from the center. However, when reviewed in light of the logic model, we determined that the survey, in its current form, was missing several elements that would allow for the measurement of change in outcomes of interest. The survey did not collect demographic information, so our first step was to add questions asking for clients' race, ethnicity, gender, and primary language(s) spoken at home. In addition to demographic information, the CSC staff members hoped to use the survey to collect data on the following outcomes from the logic model: food insecurity, cultural understanding and competency, and psychological well-being. We added items from several evidence-based measures to assess these outcomes. The food insecurity items on the survey were taken from the U.S. Household Food Security Survey (HFSS) Module. The two items have been validated as a screening tool to

identify families at risk for food insecurity (Hager et al., 2010). To assess cultural competency, we selected items from the Iowa Cultural Understanding Assessment. We also added the Personal Wellbeing Index-Adult, a measure of subjective wellbeing with high reliability and validity, to the survey to understand how access to the services at CSC may facilitate wellbeing. The Personal Wellbeing Index also provides normative scores that can be used as targets or benchmarks (International Wellbeing Group, 2013). Finally, because the survey does not track individuals across time, we added items that would allow for the comparison of clients based on for how frequently clients come to CSC and for how long they have been coming to the CSC.

CSC aims to administer the survey to 10% of their clientele, about 170 people, with a diverse sample with regard to race and ethnicity and gender, as well a range of new and returning clients. Once a survey is administered, the data will be entered into a spreadsheet for analysis. The data will be used not only for reporting to funders but to consider how to improve or alter services. For instance, the survey asks about all of the services clients have used directly at CSC and from agencies sharing the space. If clients using direct services are not accessing the services of other agencies, this information can be used to strategize for how to best facilitate client access to these co-located services. As another example, if cultural competency scores are low in an area, that data can be used to develop a plan to strengthen cultural competency in that area.

3. Build relationships with co-located agencies to facilitate communication between agencies and the sharing of data, allowing for a better referral system.

The research literature demonstrates the benefits of one-stop shops where services are co-located. The RUPRI Rural Human Services Panel has argued for the need for rural service integration, citing rural communities' high need for and lack of access to services (Gutierrez et al., 2010). One study by Kendal and colleagues (2002) on the co-location of managed care organizations and The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) found that the infants who used co-located services had more age-appropriate weights and increased immunization rates compared to infants using traditional services (Kendal et al., 2002). Another study by Paulsell and Ford (2003) on Coordinated Economic Relief Centers (CERCs) found that CERCs made obtaining services more convenient for consumers and improved communication among community service providers; additionally, the communities served responded positively to CERCs. However, this approach works best when there is strong communication between co-located service providers and greater coordination of referrals and linkages (Ginsburg, 2008). For this reason, along with greater access to linkage data, CSC aims to begin sharing referral data among agencies. For instance, they have developed a process with the clothing center where the CSC documents who they refer to the clothing center while the clothing center documents who actually shows up, allowing for data on both the number of referrals made and the number of linkages, both measures of the outcomes of access

and linkage identified in the logic model. They aim to implement similar processes with other agencies that agree to begin this line of communication.

4. Create spreadsheets and processes for collecting, storing, and analyzing data from the survey and needs assessment.

We are currently in the process of creating a spreadsheet to enter and analyze data from the annual survey. The needs assessment, as a Google form, automatically populates data into a spreadsheet. We will add data tabulation formulas that will allow for the measurement of outcomes of interest in this spreadsheet.

Future Directions and Next Steps

1. The needs assessment is currently being piloted. The next step is to continue to administer the needs assessment and make adjustments as needed.
2. The annual survey will be administered in the fall. The next step will be to enter the data into the spreadsheet for analysis.
3. Once data from the needs assessment and survey is analyzed, it will be used to report to funders as well as to strategize how services may be changed or improved based on the data.

References:

- Ginsburg, S. (2008). Colocating Health Services: A Way to Improve Coordination of Children's Health Care? *Common Wealth Fund 41*, 1—11.
- Gutierrez et al. (2010). Rethinking Rural Human Service Delivery in Challenging Times: The Case for Service Integration. Washington, D.C.: Rural Policy Research Institute.
- Hager, E. R., et al. (2010). Development and Validity of a 2-Item Screen to Identify Families at Risk for Food Insecurity. *Pediatrics 126*(1), 26—32.
- International Wellbeing Group. (2013). Personal Wellbeing Index: 5th Edition. Melbourne: Australian Centre on Quality of Life, Deakin University. Retrieved from <http://www.acqol.com.au/instruments#measures>
- Kendal, A. P., et al. (2002). Improving the Health of Infants on Medicaid by Collocating Special Supplemental Nutrition Clinics With Managed Care Provider Sites. *American Journal of Public Health 92*(3), 399—403.
- Paulsell, D., & Ford, M. (2003). Using One-Stops To Promote Access to Work Supports-Lessons from Virginia's Coordinated Economic Relief Centers: Final Report. Washington, D.C.: Electronic Publications from the Food Assistance & Nutrition Research Program.

Appendix Items:

Section II A: Logic model

Section II B: Needs assessment

Section II C: Annual survey

Rattle the Stars Suicide Prevention Program

Program Overview

Rattle the Stars is a suicide prevention program that aims to reduce stigma around suicide and strengthen the capacity for youth, parents, and professionals to intervene with individuals who may be having suicidal thoughts. Through psychoeducational training, Rattle the Stars teaches about the complex system of biological, psychological, and social causes/mechanisms of suicide, dispels myths about suicide, demonstrates ways to appropriately engage with and support individuals considering suicide, and shares additional local and national suicide prevention resources. While the program primarily targets high school students, Rattle the Stars also aims to educate the adults who support youth as well—such as, parents, teachers, clergy, and coaches—with the goal of building a stronger social support system and shifting the community culture around suicide. From October 11, 2018 to July 2019, two consultants from the University of Illinois worked with the primary program leader to build her capacity to evaluate and improve the program.

Identifying Goals

The first step in identifying Rattle the Stars' goals was to create a logic model in which we documented the activities Rattle the Stars engaged in and how they connected to the short- and long-term outcomes they hoped to see (see Section III: Appendix A for the most updated version of the logic model). Using the logic model, three key goals emerged:

1. Assess students' suicide prevention knowledge and skills before and after participating in Rattle the Stars' suicide prevention training.
2. Assess adults' (parents, school staff, other professionals) suicide prevention knowledge and skills after participating in adult version of suicide prevention training.
3. Assess longer-term increases in adults' responsiveness to and competence in intervening with individuals showing signs of suicidality.

Executing Goals

After developing the logic model, the first step in creating a comprehensive evaluation plan was to match shorter-term outcomes with indicators that would suggest the shorter-term outcomes had been achieved. For each outcome and indicator, potential data collection methods and sources of information were discussed, as well as the advantages and

disadvantages of these different methods. Once data collection tools were selected, we developed plans for collecting, storing, and analyzing the data.

1. Assess students' suicide prevention knowledge and skills before and after participating in Rattle the Stars' suicide prevention training.

In order to evaluate the effectiveness of the Rattle the Stars training, we developed a pre- and post-test measuring all of the desired short-term outcomes for participating high school students. The surveys include items that measure knowledge and beliefs about suicide, stigma around suicide, competence in intervening with suicidal peers, perceived confidence in intervening with suicidal peers, help-seeking from adults, and knowledge/utilization of resources. Three items from a validated measure of "Self-Efficacy Regarding Suicide Prevention and Intervention" (King, Strunk, and Sorter, 2011) were used to assess students' confidence in intervening, while two validated measures of "Help-Seeking Acceptability at School" and "Adult Help for Suicidal Youth" assessed students' use of resources and adults when faced with distress or suicide concerns (Schmeelk-Cone, Pisani, Petrova, & Wyman, 2012). To measure competence in intervening, two scenarios of teens exhibiting different behaviors and emotions and answer choices about the appropriate action to take with the peer were created. The remaining items on the survey were questions developed directly from content/information provided in the training's PowerPoint presentation. The survey takes no more than 10 minutes to complete. Students will complete the pre-test on the first day of the training, immediately before the training begins, and preferably electronically. Students will create an ID number by answering a series of personally-memorable questions (e.g., "What is the number of your birthday month?" followed by "What is the name of your first pet?") which will be linked to their survey. This ID will help Rattle the Stars link individual students' growth on the measures after having participated in the training. Additionally, the survey collects demographic information such as age, zip code, race, and gender which can help Rattle the Stars compare the training effectiveness between groups of youth. The post-test will be taken immediately after having received the training.

2. Assess adults' (parents, school staff, and other professionals) suicide prevention knowledge and skills after participating in adult version of suicide prevention training.

Rattle the Stars also provides a similar training for adults who support youth, so a pre- and post-test was developed. While the same items assessing knowledge and beliefs about suicide and appropriate ways to verbally address someone believed to be suicidal (competence) were included in the adult surveys, the main difference between the adult and youth surveys is that the adult surveys focus more on assessing their competence and confidence in helping a depressed or suicidal young person. Items assessing self-efficacy in assessing and responding to suicide risk were adapted from a validated measure, the Counselor Suicide Assessment Efficacy Survey

(CSAES) (Douglas & Wachter Morris, 2015). Additionally, items were adapted from a Youth School Survey developed by Reconnecting Youth to evaluate how adults responded when youth expressed suicidal thoughts or warning signs. There are three slightly different versions of the adult survey corresponding to a general adult training for parents and community members, a school staff training, and a training for agency employees or service providers who professionally support or counsel youth. Adults will take the survey immediately before and after receiving the Rattle the Stars training. The “Behaviors/Actions Taken” section was left off of the post-test, as responses to these items were not expected to change as a result of the training, but rather would require the passing of time. Instead, this section would be sent to the adults again as a 6-month follow-up survey.

3. Assess longer-term increases in adults’ responsiveness to and competence in intervening with individuals showing signs of suicidality.

Rattle the Stars is interested in measuring the long-term effectiveness of their training in the adults who support youth, so we developed a short follow-up measure and protocol to be sent in a link via email to adults who received the training six month prior. The follow-up survey essentially asks adults the same “Behaviors/Actions Taken” section of the pre-test. Adults are asked whether they have been in contact with anyone between the ages of 10 and 19 who was depressed or suicidal in the past 6 months, and whether they took various measures to intervene with them. Answers on the follow-up survey would be compared to their answers in the pre-test, hopefully to demonstrate changes in suicide intervention skills in the long-term. This survey has yet to be finalized, as Rattle the Stars is still consulting with school district professionals and agencies about the feasibility of continuing to engage with staff long after the training.

Future Directions and Next Steps

1. Implement the data collection as described above starting in the Fall of 2019.
2. Continue to consult with the schools and agencies to tailor the Rattle the Stars training delivery and evaluation to fit the various constraints and capacities of their settings.

References:

- Douglas, K. A., & Wachter Morris, C. A. (2015). Assessing counselors’ self-efficacy in suicide assessment and intervention. *Counseling Outcome Research and Evaluation*, 6(1), 58-69. <http://dx.doi.org/10.1177/21501378145671>.
- King, K. A., Strunk, C. M., and Sorter, M. T. (2011). Preliminary effectiveness of Surviving the

Teens® Suicide Prevention and Depression Awareness Program on adolescents' suicidality and self-efficacy in performing help-seeking behaviors. *Journal of School Health* 81(9), 581–590. doi:10.1111/j.1746-1561.2011.00630.x

Schmeelk-Cone, K., Pisani, A. R., Petrova, M., & Wyman, P. A. (2012). Three scales assessing high school students' attitudes and perceived norms about seeking adult help for distress and suicide concerns. *Suicide Life Threat Behav.* 42(2), 157–172. doi:10.1111/j.1943-278X.2011.00079.x

Appendix Items:

Section III A: Logic model

Section III B: High school pre- and post-test surveys

Section III C: Adult pre-, post-test, and 6 month follow-up surveys

CUAP TRUCE

Program Overview:

CUAP's TRUCE is a violence prevention program that works exclusively with individuals (primarily youth) who became involved in or impacted by violence ranging from physical altercations to gun violence. TRUCE's approach to violence prevention prioritizes building meaningful relationships with their clients and collaboratively developing goals and restorative plans with the ultimate aim of conflict mediation, preventing retaliation of violence, reducing the harm caused by the violent incident, and reducing potential additional harm caused by the criminal justice system or other systems that respond to violent incidents. While TRUCE intervenes with families following violent incidents (postvention), they also strive to prevent violence through continuously building rapport and engaging with the community, families, and agencies in efforts to positively change the community culture / norms around violence. TRUCE staff are trained in both the Violence Interrupters model, which primarily prevents violence/shootings by maintaining close relationships and an intricate network of information on the streets to anticipate violence and directly intervene, and the Cure Violence model which supports individuals and families following a violent incident. TRUCE becomes involved with an individual on a referral basis, usually following a violent incident. TRUCE then meets with the youth and their family to learn who were the key people involved in the incident, more detail about the incident, and begin to develop a plan for restorative conflict mediation. The plan aims for a resolution that reduces likelihood of future conflict between parties and reduces further harm caused by engaging in systems. Because TRUCE's work involves very organic interactions with a vulnerable population that is often already burdened with other engagement with systems or research studies, and because TRUCE is unlike many formal programs that have offices, formal schedules, and structured client meetings, documenting and record-keeping has been difficult. Implementing some sort of evaluation effort that would fit their approach and would not interrupt the natural flow of relationship building is an important first step in measuring TRUCE's impact in the community.

Identifying Goals:

The first step in identifying TRUCE's goals was to create a logic model in which we documented the activities TRUCE engaged in and how they connected to the short- and long-term outcomes they hoped to see (see Section IV: Appendix A for the most updated version of the logic model). In creating the logic model and discussing current methods of documentation, it became clear the TRUCE staff lacked consistent methods, tools, and protocols of documentation to keep track of their clients and how they intervene with them. Recognizing this need and using the logic model, a few key goals emerged:

1. Develop a method of documenting TRUCE staff's hours while simultaneously documenting the various ways they engage with families and tracking progress on goals outlined in their restorative plan.
2. Systematically track and document violent incidents in Champaign County and the conflict mediation strategies that are utilized by TRUCE peaceseekers and violence interrupters.
3. Develop a method of creating and storing information in a new client's file after initially meeting with them, learning about the violent incident, and deciding on a restorative treatment plan for them.

Executing Goals:

After identifying short-term and longer-term desired outcomes of the TRUCE program, we also discussed ways to measure those outcomes. It became clear to the ECB team that establishing some form of consistent documentation for TRUCE would be the first step in being able to evaluate their efforts. Additionally, collecting data in the form of surveys or extensive interviews did not seem appropriate given the nature of TRUCE's work with clients. The priority of TRUCE is to build relationships with clients, not to make them feel questioned or studied in an impersonal or invasive way. For this reason, we wanted to establish data collection strategies that would avoid formalizing processes that were never formal.

- 1. Develop a method of documenting TRUCE staff's hours while simultaneously documenting the various ways they engage with families and tracking progress on goals outlined in their restorative plan.**

TRUCE did not have a way of tracking their hours and activities with clients. Together we developed an Hours Documentation Tool in Google Forms to allow TRUCE staff to easily access the form from their mobile devices, which is very important given the nature of their work. The Hours Documentation Tool collects information about what type of activity the TRUCE staff member was engaging in (staff meeting, event, intervention, etc.), who they met with, the purpose of the meeting, the setting, the result of the meeting, progress toward previously-outlined goals, and the time they spent doing the activity. This tool not only gives TRUCE a way to track the various ways they intervene with families, it also is a useful tool for the supervisor who would normally gather timesheets and notes from staff to create reports for funders about how TRUCE staff spend their time. TRUCE staff, primarily the "street workers," will be able to use this form to input data on-the-go and instantly from their phones, without needing to pull out a notebook or laptop or be in an office setting. It reduces the likelihood of staff having different note formats and varying levels of detail.

- 2. Systematically track and document violent incidents in Champaign County and the**

conflict mediation strategies that are utilized by TRUCE peaceseekers and violence interrupters.

While TRUCE responders previously documented the details of violent incidents and their responses through free-form notes, we decided to standardize the process and develop a form that allows for the systematic documentation of incidents and interventions. In documenting the steps that violence interrupters take while intervening in and preventing violent incidents, TRUCE will be able to document process—what TRUCE responders are doing in their interventions, fidelity—how closely they are following the Cure Violence model, and outcomes—the effectiveness of their strategies. The Cure Violence model is an evidence-based model of interrupting and preventing violence that has demonstrated a reduction in violent incidents in multiple assessments (e.g., Henry, Knoblauch, & Sigurvinsdottir, 2014; see cureviolence.org/results/scientific-evaluations/ for more assessments). Tracking TRUCE’s adherence to the Cure Violence model will allow them to assess whether they are consistently following the core criteria of Cure Violence necessary for reducing and preventing violence, a long-term outcome in TRUCE’s logic model. The incident file will be stored under an incident ID in a secure location.

3. Develop a method of creating and storing information in a new client’s file after initially meeting with them, learning about the violent incident, and deciding on a restorative treatment plan for them.

TRUCE also did not have a formal or structured way of keeping client records or developing information for each client, as this was normally either mentally tracked or documented through personal notes. We are in the process of creating a client intake form with an individualized treatment plan that TRUCE can use each time they make initial contact with a new client and become involved in intervention with them. TRUCE first meets with a new client/family of the client through referral from someone who knows the client and knows about the violent incident. The first step in intervention is for TRUCE, the referrer, and the client/client’s family to have an initial meeting to get more details on the violent incident, parties involved, and generally get to know the client’s perspective and needs. During this time, TRUCE will utilize the incident report form to record all this information about the client, also creating an ID number for the client in their system. Then, the TRUCE responder brings this information to the larger TRUCE staff meetings where staff and supervisors get acquainted with the case and help provide suggestions for goals and treatment/conflict mediation for the client and their family. At this point, TRUCE will develop a draft treatment plan to review with the client/family in the next scheduled meeting, where any necessary changes or additions to the intervention plan can be made following the lead of the family. All of this information is to be stored in a client’s file under an ID number, and in a secure place.

Next Steps and Future Directions:

1. Hire and train new staff in using the Hours Documentation Tool, to introduce consistency in data collection to the program.
2. Finish creating the incident report and treatment plan forms to be stored in clients' files.
3. Decide on a secure location or way to store clients' files which is HIPAA-compliant but reliably accessible to staff

References:

Cure Violence. An Evidence-Based Program. Retrieved August 26, 2019, from <http://cureviolence.org/results/scientific-evaluations/>.

Henry, D. B., Knoblauch, S., Sigurvinsdottir, R. (2014). The effect of intensive ceasefire intervention on crime in four Chicago police beats: Quantitative assessment. Retrieved from <http://cureviolence.org/wp-content/uploads/2015/01/McCormick-CeaseFire-Evaluation-Quantitative.pdf>.

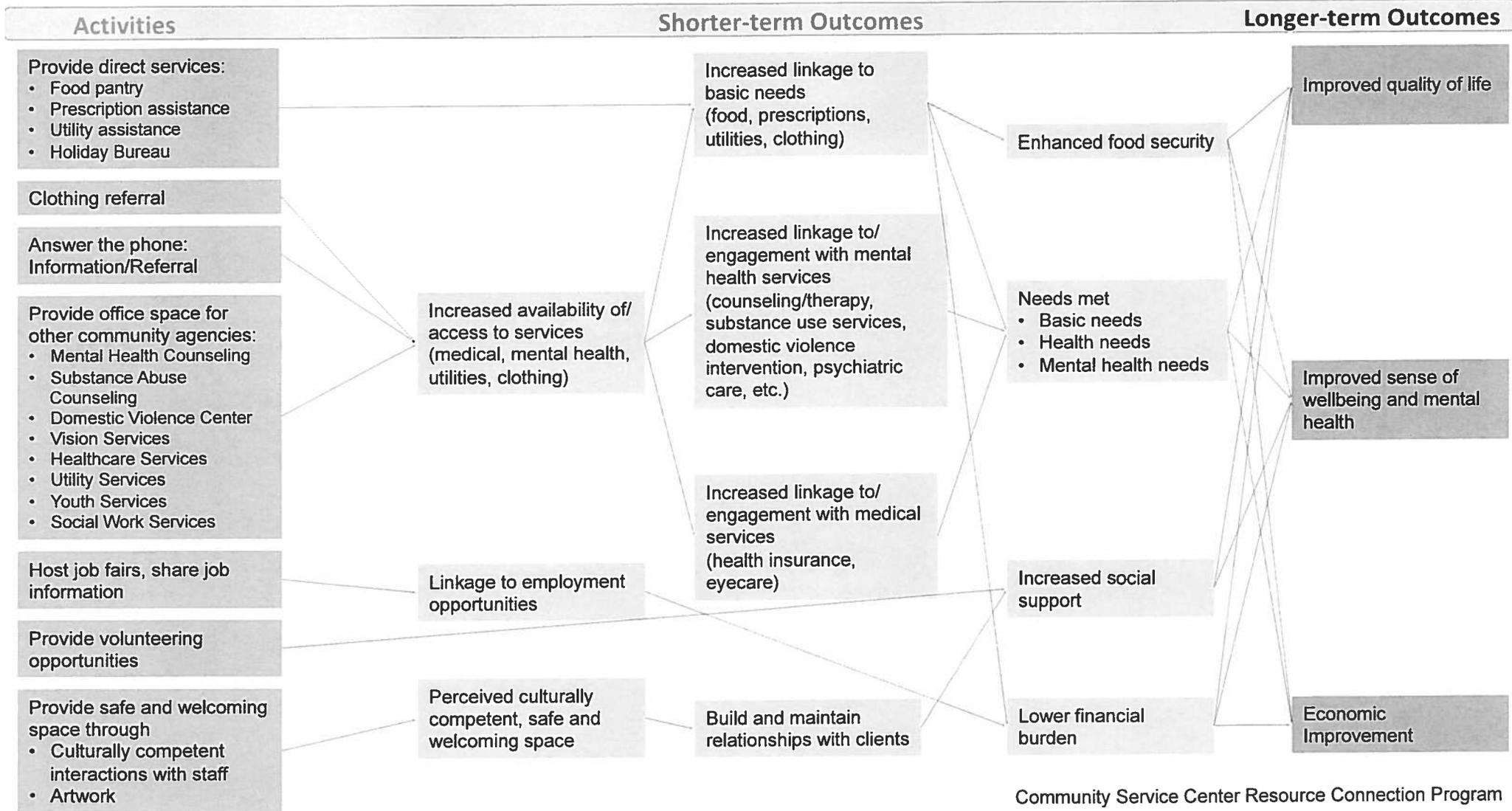
Appendix Items:

Section IV A: Logic model

Section IV B: Incident Report and Conflict Mediation Form

Section IV C: Hours documentation form

Section II Appendix



Community Service Center Resource Connection Program

CSC Needs Assessment

Would you mind answering a few questions to help us determine how to best serve you?

1. Client ID (Access)

2. Is this a new client or a returning client?

Mark only one oval.

New client

Returning client Skip to "Follow-Up Client Needs Assessment (Long)."

New Client Needs Assessment (Short)

FOOD

3. F1. In the last three months did you need food? [If no, skip to Material Goods M1.]

Mark only one oval.

Yes

No

4. F2. Thinking back to when you needed food in the last three months, were you able to get the food you needed at the time?

Mark only one oval.

Yes

No

Some but not enough

5. F5. Is food currently an unmet need? [If client is here for food, do not need to ask this question; simply enter yes and continue to next question]

Mark only one oval.

Yes

No

6. F7. [If yes, enter below where you referred the client for food]

Material Goods

7. **M1. In the last three months did you need material goods (e.g., clothing or diapers)? [If no, skip to Utilities U1.]**

Mark only one oval.

- Yes
- No

8. **M2. Thinking back to when you needed material goods in the last three months, were you able to get the material goods you needed at the time?**

Mark only one oval.

- Yes
- No
- Some but not enough

9. **M5. Is material goods currently an unmet need?**

Mark only one oval.

- Yes
- No

10. **M7. [If yes, enter below where you referred the client for material goods]**

Utilities Assistance

11. **U1. In the last three months did you need utilities assistance? [If no, skip to Counseling C1.]**

Mark only one oval.

- Yes
- No

12. **U2. Thinking back to when you needed utilities assistance in the last three months, were you able to get the utilities assistance you needed at the time?**

Mark only one oval.

- Yes
- No
- Some but not enough

13. **U5. Is utilities assistance currently an unmet need?**

Mark only one oval.

- Yes
- No

14. U7. [If yes, enter below where you referred the client for utilities assistance]
-

Counseling

15. C1. In the last three months did you need counseling? [If no, skip to Medical Assistance MA1.]

Mark only one oval.

- Yes
 No

16. C2. Thinking back to when you needed counseling in the last three months, were you able to get the counseling you needed at the time?

Mark only one oval.

- Yes
 No
 Some but not enough

17. C5. Is counseling currently an unmet need?

Mark only one oval.

- Yes
 No

18. C7. [If yes, enter below where you referred the client for counseling]
-

Medical Assistance

19. MA1. In the last three months did you need medical assistance (e.g. prescription, eyeglasses, dental care, or health insurance)? [If no, skip to Legal Aid L1.]

Mark only one oval.

- Yes
 No

20. MA2. Thinking back to when you needed medical assistance in the last three months, were you able to get the medical assistance you needed at the time?

Mark only one oval.

- Yes
 No
 Some but not enough

21. **MA5. Is medical assistance currently an unmet need?**

Mark only one oval.

- Yes
 No

22. **MA7. [If yes, enter below where you referred the client for medical assistance]**

Legal Aid

23. **L1. In the last three months did you need legal aid? [If no, skip to Housing H1.]**

Mark only one oval.

- Yes
 No

24. **L2. Thinking back to when you needed legal aid in the last three months, were you able to get the legal aid you needed at the time?**

Mark only one oval.

- Yes
 No
 Some but not enough

25. **L5. Is legal aid currently an unmet need?**

Mark only one oval.

- Yes
 No

26. **L7. [If yes, enter below where you referred the client for legal aid]**

Housing/Shelter

27. **H1. In the last three months did you need assistance with housing, shelter, or rent? [If no, skip to Childcare CH1.]**

Mark only one oval.

- Yes
 No

28. H2. Thinking back to when you needed housing, shelter, or rent in the last three months, were you able to get the housing or shelter you needed at the time?

Mark only one oval.

- Yes
- No
- Some but not enough

29. H5. Is housing, shelter, or rent currently an unmet need?

Mark only one oval.

- Yes
- No

30. H7. [If yes, enter below where you referred the client for housing, shelter, or rent]

Childcare

31. CH1. In the last three months did you need childcare? [If no, skip to Transportation T1.]

Mark only one oval.

- Yes
- No

32. CH2. Thinking back to when you needed childcare in the last three months, were you able to get the childcare you needed at the time?

Mark only one oval.

- Yes
- No
- Some but not enough

33. CH5. Is childcare currently an unmet need?

Mark only one oval.

- Yes
- No

34. CH7. [If yes, enter below where you referred the client for childcare]

Transportation

35. T1. In the last three months did you need transportation? [If no, skip to Education ED1.]

Mark only one oval.

- Yes
- No

36. T2. Thinking back to when you needed transportation in the last three months, were you able to get the transportation you needed at the time?

Mark only one oval.

- Yes
- No
- Some but not enough

37. T5. Is transportation currently an unmet need?

Mark only one oval.

- Yes
- No

38. T7. [If yes, enter below where you referred the client for transportation]

Education

39. ED1. In the last three months did you need education or educational resources? [If no, skip to Employment EM1.]

Mark only one oval.

- Yes
- No

40. ED2. Thinking back to when you needed educational resources in the last three months, were you able to get the educational resources you needed at the time?

Mark only one oval.

- Yes
- No
- Some but not enough

41. ED5. Is education currently an unmet need?

Mark only one oval.

- Yes
- No

42. ED7. [If yes, enter below where you referred the client for education]

Employment

43. EM1. In the last three months did you need employment? [If no, submit survey.]

Mark only one oval.

Yes

No

44. EM2. Thinking back to when you needed employment in the last three months, were you able to get the employment you needed at the time?

Mark only one oval.

Yes

No

Some but not enough

45. EM5. Is employment currently an unmet need?

Mark only one oval.

Yes

No

46. EM7. [If yes, enter below where you referred the client for employment]

Stop filling out this form.

Follow-Up Client Needs Assessment (Long)

Food

In the last three months did you need food?

47. F1. In the last three months did you need food?

Mark only one oval.

Yes

No Skip to question 54.

Food Need

48. **F2. Thinking back to when you needed food in the last three months, were you able to get the food you needed at the time? [If no, skip to F5.]**

Mark only one oval.

- Yes
- No
- Some but not enough

49. **F3. Where did you get the food from? [If client only got food from CSC, skip to F5.]**

50. **F4. Did we (CSC) refer you to this food resource?**

Mark only one oval.

- Yes
- No
- I don't remember

51. **F5. Is food currently an unmet need? [If client is here for food, do not need to ask this question; simply enter yes and continue to next question]**

Mark only one oval.

- Yes
- No

52. **F6. Would it be helpful to have new referrals to meet this food need?**

Mark only one oval.

- Yes
- No

53. **F7. [If client requests a referral for food, where did you refer them?]**

Material Goods

In the last three months did you need material goods?

54. **M1. In the last three months did you need material goods (e.g., clothing or diapers)?**

Mark only one oval.

- Yes
- No *Skip to question 61.*

Material Goods Need

55. **M2. Thinking back to when you needed material goods in the last three months, were you able to get the material goods you needed at the time? [If no, skip to M5.]**

Mark only one oval.

- Yes
- No
- Some but not enough

56. **M3. Where did you get the material goods from?**

57. **M4. Did we (CSC) refer you to this material goods resource?**

Mark only one oval.

- Yes
- No
- I don't remember

58. **M5. Is material goods currently an unmet need?**

Mark only one oval.

- Yes
- No

59. **M6. Would it be helpful to have new referrals to meet this material goods need?**

Mark only one oval.

- Yes
- No

60. **M7. [If client requests a referral for material goods, where did you refer them?]**

Utilities Assistance

In the last three months did you need assistance with utility bills?

61. **U1. In the last three months did you need utilities assistance?**

Mark only one oval.

- Yes
- No *Skip to question 68.*

Utilities Need

62. **U2. Thinking back to when you needed utilities assistance in the last three months, were you able to get the utilities assistance you needed at the time? [If no, skip to U5.]**

Mark only one oval.

- Yes
- No
- Some but not enough

63. **U3. Where did you get the utilities assistance from?**

64. **U4. Did we (CSC) refer you to this utilities assistance resource?**

Mark only one oval.

- Yes
- No
- I don't remember

65. **U5. Is assistance with utilities currently an unmet need?**

Mark only one oval.

- Yes
- No

66. **U6. Would it be helpful to have new referrals to meet this utilities assistance need?**

Mark only one oval.

- Yes
- No

67. **U7. [If client requests a referral for utilities assistance, where did you refer them?]**

Counseling

In the last three months did you need mental health counseling?

68. **C1. In the last three months did you need counseling?**

Mark only one oval.

- Yes
- No *Skip to question 75.*

Counseling Need

69. **C2. Thinking back to when you needed counseling in the last three months, were you able to get the counseling you needed at the time? [If no, skip to C5.]**

Mark only one oval.

- Yes
- No
- Some but not enough

70. **C3. Where did you get the counseling from?**

71. **C4. Did we (CSC) refer you to this counseling resource?**

Mark only one oval.

- Yes
- No
- I don't remember

72. **C5. Is counseling currently an unmet need?**

Mark only one oval.

- Yes
- No

73. **C6. Would it be helpful to have new referrals to meet this counseling need?**

Mark only one oval.

- Yes
- No

74. **C7. [If client requests a referral for counseling, where did you refer them?]**

Medical Assistance

In the last three months did you need medical assistance?

75. **MA1. In the last three months did you need medical assistance (e.g. prescription, eyeglasses, dental care, or health insurance)?**

Mark only one oval.

- Yes
- No *Skip to question 82.*

Medical Assistance Need

76. **MA2. Thinking back to when you needed medical assistance in the last three months, were you able to get the medical assistance you needed at the time? [If no, skip to MA5.]**

Mark only one oval.

- Yes
- No
- Some but not enough

77. **MA3. Where did you get the medical assistance from?**

78. **MA4. Did we (CSC) refer you to this medical resource?**

Mark only one oval.

- Yes
- No
- I don't remember

79. **MA5. Is medical assistance currently an unmet need?**

Mark only one oval.

- Yes
- No

80. **MA6. Would it be helpful to have new referrals to meet this medical assistance need?**

Mark only one oval.

- Yes
- No

81. **MA7. [If client requests a referral for medical assistance, where did you refer them?]**

Legal Aid

In the last three months did you need legal aid?

82. **L1. In the last three months did you need legal aid?**

Mark only one oval.

- Yes
- No *Skip to question 89.*

Legal Aid Need

83. L2. Thinking back to when you needed legal aid in the last three months, were you able to get the legal aid you needed at the time? [If no, skip to L5.]

Mark only one oval.

- Yes
- No
- Some but not enough

84. L3. Where did you get the legal aid from?

85. L4. Did we (CSC) refer you to this legal aid?

Mark only one oval.

- Yes
- No
- I don't remember

86. L5. Is legal aid currently an unmet need?

Mark only one oval.

- Yes
- No

87. L6. Would it be helpful to have new referrals to meet this legal aid need?

Mark only one oval.

- Yes
- No

88. L7. [If client requests a referral for legal aid, where did you refer them?]

Housing/Shelter

In the last three months did you need housing or shelter?

89. H1. In the last three months did you need assistance with housing, shelter, or rent?

Mark only one oval.

- Yes
- No Skip to question 96.

Housing/Shelter Need

90. H2. Thinking back to when you needed housing, shelter, or rent in the last three months, were you able to get the housing or shelter you needed at the time? [If no, skip to H5.]

Mark only one oval.

- Yes
- No
- Some but not enough

91. H3. Where did you get the housing, shelter, or rent?

92. H4. Did we (CSC) refer you to this housing/shelter/rent resource?

Mark only one oval.

- Yes
- No
- I don't remember

93. H5. Is housing, shelter, or rent currently an unmet need?

Mark only one oval.

- Yes
- No

94. H6. Would it be helpful to have new referrals to meet this housing, shelter, or rent need?

Mark only one oval.

- Yes
- No

95. H7. [If client requests a referral for housing or shelter, where did you refer them?]

Childcare

In the last three months did you need childcare?

96. CH1. In the last three months did you need childcare?

Mark only one oval.

- Yes
- No *Skip to question 103.*

Childcare Need

97. **CH2. Thinking back to when you needed childcare in the last three months, were you able to get the childcare you needed at the time? [If no, skip to CH5.]**

Mark only one oval.

- Yes
- No
- Some but not enough

98. **CH3. Where did you get the childcare?**

99. **CH4. Did we (CSC) refer you to this childcare resource?**

Mark only one oval.

- Yes
- No
- I don't remember

100. **CH5. Is childcare currently an unmet need?**

Mark only one oval.

- Yes
- No

101. **CH6. Would it be helpful to have new referrals to meet this childcare need?**

Mark only one oval.

- Yes
- No

102. **CH7. [If client requests a referral for childcare, where did you refer them?]**

Transportation

In the last three months did you need transportation?

103. **T1. In the last three months did you need transportation?**

Mark only one oval.

- Yes
- No Skip to question 110.

Transportation Need

44

104. **T2. Thinking back to when you needed transportation in the last three months, were you able to get the transportation you needed at the time? [If no, skip to T5.]**

Mark only one oval.

- Yes
- No
- Some but not enough

105. **T3. Where did you get the transportation?**

106. **T4. Did we (CSC) refer you to this transportation resource?**

Mark only one oval.

- Yes
- No
- I don't remember

107. **T5. Is transportation currently an unmet need?**

Mark only one oval.

- Yes
- No

108. **T6. Would it be helpful to have new referrals to meet this transportation need?**

Mark only one oval.

- Yes
- No

109. **T7. [If client requests a referral for transportation, where did you refer them?]**

Education

In the last three months did you need educational resources?

110. **ED1. In the last three months did you need education or educational resources?**

Mark only one oval.

- Yes
- No *Skip to question 117.*

Education Need

111. **ED2. Thinking back to when you needed educational resources in the last three months, were you able to get the educational resources you needed at the time? [If no, skip to ED5.]**

Mark only one oval.

- Yes
- No
- Some but not enough

112. **ED3. Where did you get the education resources?**

113. **ED4. Did we (CSC) refer you to this education resource?**

Mark only one oval.

- Yes
- No
- I don't remember

114. **ED5. Is education currently an unmet need?**

Mark only one oval.

- Yes
- No

115. **ED6. Would it be helpful to have new referrals to meet this education need?**

Mark only one oval.

- Yes
- No

116. **ED7. [If client requests a referral for education, where did you refer them?]**

Employment

In the last three months did you need employment?

117. **EM1. In the last three months did you need employment?**

Mark only one oval.

- Yes
- No

Employment Need

4/6

118. **EM2.** Thinking back to when you needed employment in the last three months, were you able to get the employment you needed at the time? [If no, skip to EM5.]

Mark only one oval.

- Yes
- No
- Some but not enough

119. **EM3.** Where did you get the employment assistance?

120. **EM4.** Did we (CSC) refer you to this employment opportunity or resource?

Mark only one oval.

- Yes
- No
- I don't remember

121. **EM5.** Is employment currently an unmet need?

Mark only one oval.

- Yes
- No

122. **EM6.** Would it be helpful to have new referrals to meet this employment need?

Mark only one oval.

- Yes
- No

123. **EM7.** [If client requests a referral for employment, where did you refer them?]

In an effort to improve our services, we are asking that you fill out this brief anonymous survey. This survey is completely voluntary, and you are free to skip any question you do not wish to answer. We greatly appreciate your participation.

What is your gender? (Please circle *only one* response.)

1. Man
2. Woman
3. Other, please specify: _____

What is your race? (Please circle *only one* response.)

1. Black or African American
2. White
3. Asian
4. American Indian
5. Alaskan Native
6. Native Hawaiian or other Pacific Islander
7. Multiracial
8. Other, please specify: _____

Are you Hispanic or Latino/a? (Please circle *only one* response.)

1. Yes
2. No

What is the primary language you speak at home? (Please circle *only one* response.)

1. English
2. Spanish
3. Both English and Spanish
4. Other, please specify: _____

How long have you been coming to the Community Service Center? (Please circle *only one* response.)

1. This is my first time
2. 1-3 months
3. 3-6 months
4. 6 months-1 year
5. 1-3 years
6. 3-5 years
7. More than 5 years

How often do you visit the Community Service Center? (Please circle *only one* response.)

1. This is my first time
2. Once a year or less
3. Once every few months
4. Once a month
5. More than once a month

Check all of the services that you have used at our agency. (Please check *all that apply*).

- 1. Food Pantry
- 2. Utility Assistance
- 3. Kids Foundation Registration
- 4. Clothing Referral
- 5. Information/Referral
- 6. Prescription Assistance
- 7. Holiday Bureau
- 8. None of the above

Check all of the services that you have used of other agencies using our offices. (Please check *all that apply*.)

- 1. SNAP enrollment outreach
- 2. Kruger Vision Services
- 3. LIHEAP
- 4. Rosecrance
- 5. Hope Springs Counseling
- 6. Courage Connection
- 7. Senior Services/Senior Resource Center
- 8. Court Diversion/Youth Assessment
- 9. Other, please specify: _____
- 10. None of the above

Check the services that are most useful for you: (Please check *all that apply*).

- 1. Domestic violence assistance
- 2. Homeless/shelter coordination
- 3. Mental health counseling
- 4. Financial counseling/education
- 5. Nutrition/cooking education
- 6. Public access computer
- 7. Assistance signing up for medical coverage
- 8. Assistance signing up for SNAP
- 9. Other, please specify: _____
- 10. None of the above

Based on your schedule, which hour(s) would you most likely come in? (Please circle *only one* response.)

- 1. 10:00 am—12:00 pm
- 2. 12:00 pm—2:00 pm
- 3. 2:00 pm—4:00 pm
- 4. Other, please specify: _____

How do you usually come to the CSC? (Please circle *only one* response.)

- 1. Walking
- 2. Biking
- 3. Get a ride from a friend
- 4. Drive yourself
- 5. Other, please specify: _____

How did you learn about our agency? (Please circle *only one* response.)

- 1. Newspaper
- 2. Internet
- 3. Friend
- 4. Brochure
- 5. Referral from another agency: _____
- 6. Other, please specify: _____

For each of the following statements, circle the number to indicate whether the statement is never true, sometimes true, or often true, for your household. (Please circle *only one* number in each row.)

	Never true	Sometimes true	Often true
A. Within the past 12 months, we worried whether our food would run out before we got the money to buy more.	1	2	3
B. Within the past 12 months, the food we bought just didn't last and we didn't have the money to get more.	1	2	3

For each of the following statements, circle the number to indicate whether you strongly disagree (1), disagree (2), neither agree nor disagree (3), agree (4), or strongly agree (5). (Please circle *only one* number in each row.)

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
A. The staff here understands some of the ideas that I, my family and others from my cultural, racial, or ethnic group may have.	1	2	3	4	5
B. The waiting room and/or facility has pictures or reading material that show people from my racial or ethnic group.	1	2	3	4	5
C. It was easy to get information I needed about housing, food, clothing, child care, and other social services from this place.	1	2	3	4	5
D. The staff here treats me with respect.	1	2	3	4	5
E. Most of the time, I feel I can trust the staff who work with me.	1	2	3	4	5

The following questions ask how satisfied you feel, on a scale from zero to 10. Zero means you feel no satisfaction at all and 10 means you feel completely satisfied. (Please circle *only one* number in each row.)

Thinking about your own life and personal circumstances, how satisfied are you with....

	No satisfaction at all											Completely satisfied
A. your life as a whole?	0	1	2	3	4	5	6	7	8	9	10	
B. your standard of living?	0	1	2	3	4	5	6	7	8	9	10	
C. your health?	0	1	2	3	4	5	6	7	8	9	10	
D. what you are achieving in life?	0	1	2	3	4	5	6	7	8	9	10	
E. your personal relationships?	0	1	2	3	4	5	6	7	8	9	10	
F. how safe you feel?	0	1	2	3	4	5	6	7	8	9	10	
G. feeling part of your community?	0	1	2	3	4	5	6	7	8	9	10	
H. your future security?	0	1	2	3	4	5	6	7	8	9	10	

Overall, how satisfied are you with how well you were treated by our staff and volunteers? (Please circle *only one* number).

Very Dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very Satisfied
1	2	3	4	5

Thank you for your participation!

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Section III Appendix

High School Student Pre- and Post-Test

ID# _____ Date _____

Your friend Jordan is the best basketball player on the team. He's not good at school, but he usually keeps his grades up enough to play. A few weeks ago, he had two Fs so he had to sit out from some games. They lost and didn't make it to the playoffs. Since then, Jordan has been avoiding everyone. He stopped lifting weights and working out. His mom said he just sits alone in his room and won't even spend time with his little sisters. You asked him if he was okay, but he just said to forget it because it doesn't matter anymore.

What would you do? Pick the best option.

- a. Nothing. Jordan can handle himself, and he'll be ok.
- b. Tell Jordan that it's no big deal and that they'll get to the playoffs next year.
- c. Tell Jordan that you understand he's upset and remind him that you are there if he wants to talk about it.
- d. Talk to an adult and tell them that you are worried that Jordan is having thoughts of suicide.

Keysia is in your math group. She has a girlfriend, but only people at school know about it because she says her parents wouldn't like it. Some girls who don't like Keysia took pictures of them kissing after school and then posted them online where her parent saw. Her parents lost it and said that no daughter of theirs was going to be a lesbian. Keysia quit doing the work in math, which is making everyone in your group mad. You asked her about it and she said that she didn't care anymore and that everyone would be better off without her.

What would you do? Pick the best option.

- a. Nothing. You don't really know Keysia that well so it's not your problem.
- b. Tell Keysia that she needs to get it together because she's bringing all of your group down.
- c. Tell Keysia that you understand she's upset and that you are there if she wants to talk.
- d. Talk to an adult and tell them that you are worried that Keysia is having thoughts of suicide.

For each of the following statements, circle True or False.

- | | | |
|---|------|-------|
| Most people who attempt suicide have a mental illness. | True | False |
| Someone is more likely to attempt suicide if they have access to a gun. | True | False |
| More youth die by suicide than from cancer. | True | False |
| Females are more likely to die from suicide than males. | True | False |
| Suicides happen without warning. | True | False |
| Once someone has made up their mind to attempt suicide, there's nothing anyone can do to stop them. | True | False |

These are things you might say to someone having thoughts of suicide. Mark the ones you think are helpful with an O. Mark the ones you think are not helpful with an X.

- But you have so much going for you. _____
- Suicide is a permanent solution to a temporary problem. _____
- I'm sorry this is happening to you. _____
- It's okay if you're not okay. _____
- Just try to think positive. _____
- Everything's going to be okay. _____
- I'm glad you felt safe talking to me about this. _____
- But you're such a great person. _____
- Think about what that would do to your family. _____

For each of the following statements, circle the number to indicate whether you strongly disagree (1), somewhat disagree (2), somewhat agree (3), strongly agree (4).

	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
Suicide shouldn't be talked about.	1	2	3	4
If someone in my family died of suicide, I wouldn't want anyone to know.	1	2	3	4
Someone who is planning suicide should be left alone if they don't want help.	1	2	3	4
Someone who is planning suicide can rarely be talked out of it.	1	2	3	4

For each of the following statements, circle the number to indicate whether you strongly disagree (1), somewhat disagree (2), somewhat agree (3), strongly agree (4).

	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
I feel comfortable talking to my parents/guardians about my feelings.	1	2	3	4
I feel comfortable talking to my friends about my feelings.	1	2	3	4
I feel comfortable talking to a school counselor if:				
-A friend showed warning signs of suicide.	1	2	3	4
-I was experiencing thoughts of suicide.	1	2	3	4

Why or why not? Explain your answers.

For each of the following statements, circle the number to indicate whether you strongly disagree (1), somewhat disagree (2), somewhat agree (3), strongly agree (4).

If I were really upset and needed help:	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
-I believe a counselor or other adult at school could help me.	1	2	3	4
- I would talk to a counselor or other adult at school.	1	2	3	4
-My friends would want me to talk to a counselor or other adult at school.	1	2	3	4
-My family would want me to talk to a counselor or other adult at school.	1	2	3	4
I know adults who could help a friend thinking of suicide.	1	2	3	4
My school has people who can help students going through hard times.	1	2	3	4
I can think of an adult who I trust enough to help a suicidal friend.	1	2	3	4

Pre-test only:

In my school, I would feel most comfortable talking to this adult:

- Teacher _____
- Principal _____
- Counselor _____
- Psychologist _____
- Nurse _____
- Coach _____
- Hall monitor _____
- School Resource Officer _____
- Other _____

In the last six months, have you worried that someone may be having thoughts of suicide, or has someone told you that they were having thoughts of suicide? Yes _____ No _____

If yes, how many times? _____

Did you tell an adult? Yes _____ No _____

Why or why not? Explain your answers.

Zip Code: _____

Race: Asian _____

Age: _____ **Grade:** _____

Black _____

Gender: Cis-Female _____

Latino _____

Cis-Male _____

Native American _____

Trans-Female _____

White _____

Trans-Male _____

Other _____

Queer or Non-binary _____

Post-test only:

For each of the following statements, circle the number to indicate whether you strongly disagree (1), somewhat disagree (2), somewhat agree (3), strongly agree (4).

	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
The trainer was knowledgeable.	1	2	3	4
The trainer was well prepared.	1	2	3	4
The content was well organized.	1	2	3	4
Participation was encouraged.	1	2	3	4
The materials were helpful.	1	2	3	4
The time allotted was sufficient.	1	2	3	4
The learning objectives were met.	1	2	3	4
The training met my expectations.	1	2	3	4

What part of the training was most helpful?

What part of the training was least helpful?

How could this training be improved?

Comments?

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Adult Pre-Test, Post- Test, and 6 month follow-up

ID# _____ Date _____

For all adult trainings (general, school staff, and professionals):

For each of the following statements, circle True or False.

Most people who attempt suicide have a mental illness.	True	False
Someone is more likely to attempt suicide if they have access to a gun.	True	False
More youth die by suicide than from cancer.	True	False
Females are more likely to die from suicide than males.	True	False
Suicides happen without warning.	True	False
Once someone has made up their mind to attempt suicide, there's nothing anyone can do to stop them.	True	False

These are things you might say to someone having thoughts of suicide. Mark the ones you think are helpful with an O. Mark the ones you think are not helpful with an X.

But you have so much going for you. _____

Suicide is a permanent solution to a temporary problem. _____

I'm sorry this is happening to you. _____

It's okay if you're not okay. _____

Just try to think positive. _____

Everything's going to be okay. _____

I'm glad you felt safe talking to me about this. _____

But you're such a great person. _____

Think about what that would do to your family. _____

This section asks about your experiences with youth 10-19 years old in the last six months.

In the last six months, have you worried that someone may be having thoughts of suicide, or has someone told you that they were having thoughts of suicide? Yes _____ No _____

If yes, how many times? _____

Did you ask them if they were having thoughts of suicide? Yes _____ No _____

Did you talk with them about their feelings, providing support and validation?
Yes _____ No _____

Did you give them resources and information about where they could get help?
Yes _____ No _____

Why or why not? Explain your answers.

For general adult training only:

For each of the following statements, circle the number to indicate whether you strongly disagree (1), somewhat disagree (2), somewhat agree (3), strongly agree (4).

	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
I have a plan for responding to someone having thoughts of suicide.	1	2	3	4
I know what to do if a youth reports thoughts of suicide.	1	2	3	4
I know what to do if a youth is at low risk for suicide.	1	2	3	4
I know what to do if a youth is at moderate risk for suicide.	1	2	3	4
I know what to do if a youth is at imminent risk for suicide.	1	2	3	4

For each of the following statements, write the number in each column to indicate whether you strongly disagree (1), somewhat disagree (2), somewhat agree (3), strongly agree (4).

	I have the knowledge	I have the skills	I feel comfortable
to ask a youth if they have thoughts of suicide.			
to screen a youth for level of risk for suicide.			
to counsel a youth on means safety.			
to help a youth create a safety plan.			

For adult school staff training only:

For each of the following statements, circle the number to indicate whether you strongly disagree (1), somewhat disagree (2), somewhat agree (3), strongly agree (4).

	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
I know my school's suicide response plan.	1	2	3	4
I know when to break confidentiality.	1	2	3	4
I know what to do if a youth reports thoughts of suicide.	1	2	3	4
I know what to do if a youth is at low risk for suicide.	1	2	3	4
I know what to do if a youth is at moderate risk for suicide.	1	2	3	4
I know what to do if a youth is at imminent risk for suicide.	1	2	3	4

For each of the following statements, write the number in each column to indicate whether you strongly disagree (1), somewhat disagree (2), somewhat agree (3), strongly agree (4).

	I have the knowledge	I have the skills	I feel comfortable
to ask a youth if they have thoughts of suicide.			
to screen a youth for level of risk for suicide.			
to counsel a youth on means safety.			
to help a youth create a safety plan.			
to thoroughly document my interactions with a potentially suicidal youth.			

For adult school staff training, pre-test only:

Your role in the school:

Teacher _____

Administrator _____

Guidance Counselor _____

Psychologist _____

Social Worker _____

Nurse _____

Classroom Aid _____

Hall Monitor _____

Support Staff _____

School Resource Officer _____

Other _____

For adult professional training only:

For each of the following statements, circle the number to indicate whether you strongly disagree (1), somewhat disagree (2), somewhat agree (3), strongly agree (4).

	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
I know my organization's suicide response plan.	1	2	3	4
I know when to break confidentiality.	1	2	3	4
I know what to do if a youth reports thoughts of suicide.	1	2	3	4
I know what to do if a youth is at low risk for suicide.	1	2	3	4
I know what to do if a youth is at moderate risk for suicide.	1	2	3	4
I know what to do if a youth is at imminent risk for suicide.	1	2	3	4

For each of the following statements, write the number in each column to indicate whether you strongly disagree (1), somewhat disagree (2), somewhat agree (3), strongly agree (4).

	I have the knowledge	I have the skills	I feel comfortable
to ask a youth if they have thoughts of suicide.			
to screen a youth for level of risk for suicide.			
to counsel a youth on means safety.			
to help a youth create a safety plan.			
to thoroughly document my interactions with a potentially suicidal youth.			

For adult professional training, pre-test only:

Your field:

Mental/Behavioral Healthcare _____

Medical Healthcare _____

School/Education _____

Youth/Family Services _____

Adult/Elderly Services _____

Child Welfare _____

Social Services _____

Religious/Spiritual Services _____

Other _____

Your role:

Administrator _____

Social Worker _____

Counselor/Therapist _____

Case Manager _____

Medical Provider _____

Teacher _____

Clergy _____

Mentor _____

Volunteer _____

Other _____

For all adult trainings, pre-test only:

Have you previously been trained in youth suicide prevention? Yes _____ No _____

If yes, how long ago? _____ months _____ years

Have you completed this training by Rattle the Stars in the past? Yes _____ No _____

If yes, how long ago? _____ months _____ years

Zip Code: _____

Race: Asian _____

Age: _____

Black _____

Gender: Cis-Female _____

Latino _____

Cis-Male _____

Native American _____

Trans-Female _____

White _____

Trans-Male _____

Other _____

Queer or Non-binary _____

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For all adult trainings, post-test only:

For each of the following statements, write the number in each column to indicate whether you strongly disagree (1), somewhat disagree (2), somewhat agree (3), strongly agree (4).

	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
The trainer was knowledgeable.	1	2	3	4
The trainer was well prepared.	1	2	3	4
The content was well organized.	1	2	3	4
Participation was encouraged.	1	2	3	4
The distributed materials were helpful.	1	2	3	4
The time allotted was sufficient.	1	2	3	4
The learning objectives were met.	1	2	3	4
The training met my expectations.	1	2	3	4

What part of the training was most helpful?

What part of the training was least helpful?

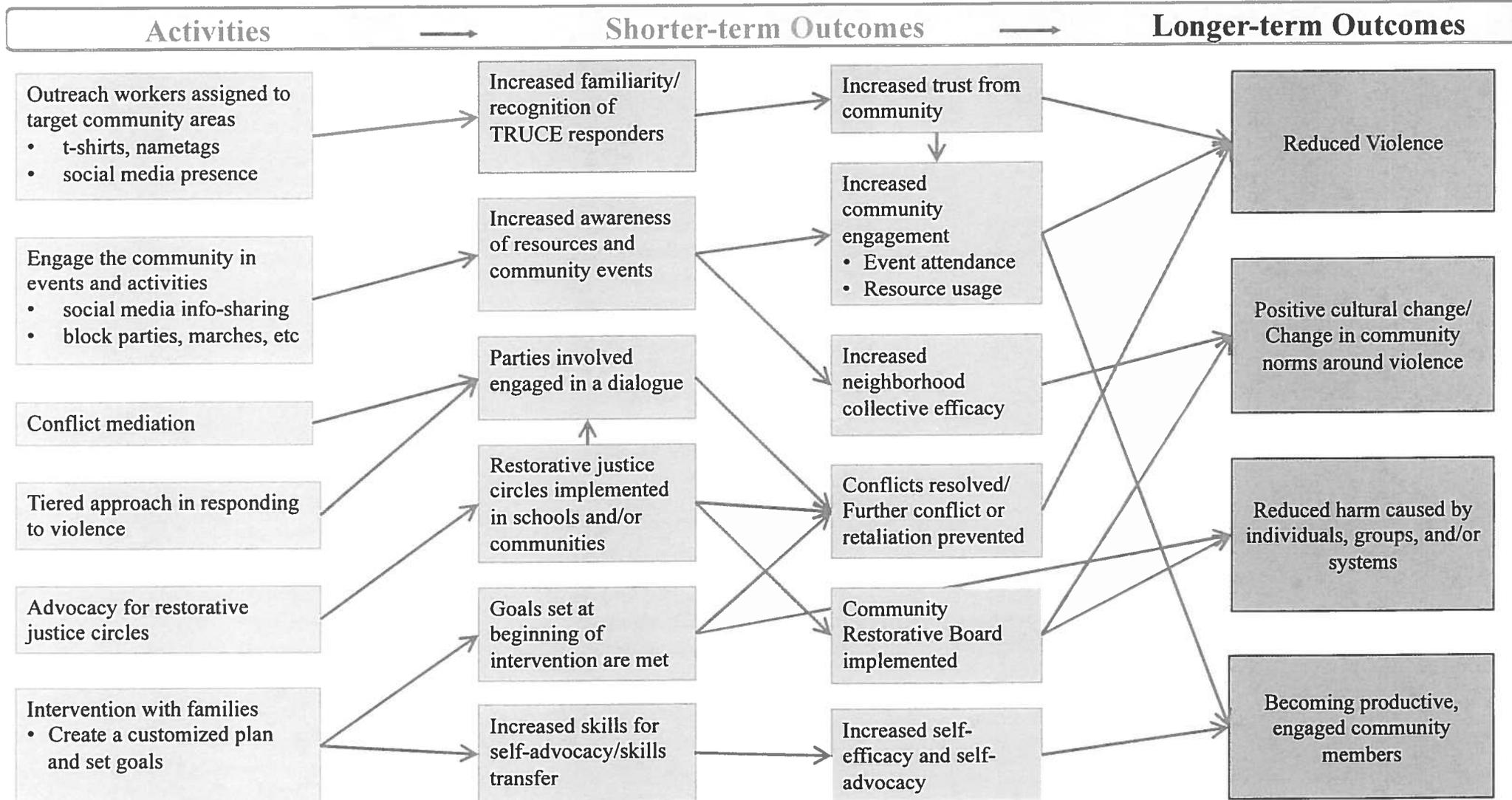
How could this training be improved?

Comments?

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Section IV Appendix

CUAP TRUCE



Incident Report and Conflict Mediation Form

Case ID: _____
 Primary Violence Interrupter (PVI): _____

Section A: Describing the Incident

Neighborhood/Subdivision/Sector of conflict: _____

Address/Cross-streets of conflict: _____

Location type of conflict: Corner/street School Party Club House Park
 Liquor/Convenience Store Other: _____

Date of conflict: _____ **Time of conflict:** _____

Date of referral: _____

How did you find out about the conflict? Personal contact Main office (CUAP) Street (while walking beats) Hospital Police Other: _____

Date of initial meeting with client/family: _____

Number of people involved in the conflict:

How many victims? _____ How many offenders? _____

If gangs involved, how many gangs? _____
 (if within same gang, write 1. If no groups, 0)

PRIMARY reason for current conflict? *check one:* Gang Personal altercation Narcotics Domestic
 Child abuse Robbery/Jumped/Mugged Burglary Other: _____

Further description (please select only one): Retaliation Over girl/guy Turf Money
 Gambling/Dice Personal disrespect Family/friend honor Group honor
 Other: _____

SECONDARY reason for current conflict? *check one:* Gang Personal altercation Narcotics Domestic
 Child abuse Robbery/Jumped/Mugged Burglary Other: _____

Further description (please select only one): Retaliation Over girl/guy Turf Money
 Gambling/Dice Personal disrespect Family/friend honor Group honor
 Other: _____

Possible risk factors of current conflict mediated: (Check if yes)

a) One or more of the people involved seems as if s/he was intoxicated or on drugs	<input type="checkbox"/>
b) One or more of the people involved are thought to be gang-affiliated and actively violent	<input type="checkbox"/>

c) One or more of the people involved are thought to have a history of violence	<input type="checkbox"/>
d) Conflict is thought to be related to high risk street activity	<input type="checkbox"/>
e) One or more of the people involved are thought to be between ages 16-25	<input type="checkbox"/>
f) One or more of the people involved are thought to have been recently released from prison	<input type="checkbox"/>
g) Weapon is thought to be involved in and/or at the scene of the conflict	<input type="checkbox"/>
h) One or more of the people involved has a history of mental illness or ACES	<input type="checkbox"/>
i) One or more of the people involved is facing economic hardship directly related to conflict	<input type="checkbox"/>

Was the incident that caused the mediation verbal, physical, or both? Verbal Physical Both

Please rate the severity of the incident (if multiple injuries, check all that apply): No violence – verbal only
 Violence – no injuries Violence – minor injuries Violence – serious injuries
 Violence – unknown injuries

Did the current incident involve.....?

a) Shots fired?	<input type="checkbox"/> No	<input type="checkbox"/> Yes → # of shots ___
b) A serious violent act (stabbing, beating, car ramming, etc)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes → # of victims ___
c) a shooting?	<input type="checkbox"/> No	<input type="checkbox"/> Yes → # of victims ___
d) a fatality?	<input type="checkbox"/> No	<input type="checkbox"/> Yes → # of victims ___
e) a homicide?	<input type="checkbox"/> No	<input type="checkbox"/> Yes → # of victims ___
f) Any victim(s) 14 or under?	<input type="checkbox"/> No	<input type="checkbox"/> Yes → # of victims ___
g) Any victim(s) 15-21?	<input type="checkbox"/> No	<input type="checkbox"/> Yes → # of victims ___
h) a suicide?	<input type="checkbox"/> No	<input type="checkbox"/> Yes → # of victims ___

Were the police present and/or did they intervene at any point in current incident? Yes No

If yes, describe: _____

How would you rate the police presence in the neighborhood during the time of the incident?

Greater than usual About the same Less than usual

Did Truce staff know parties involved in the current conflict? Yes No

If yes, how? One or both parties are current Truce participants One or both parties are past Truce participants Truce staff knew one or both parties from neighborhood Parties involved are family/extended family of Truce staff

Without a mediation, could this conflict have led to retaliation? Extremely likely/Needs immediate attention

Very likely Likely Unlikely Very unlikely Unknown

Notes/Verbatim description of incident: _____

Section B: Conflict Mediation

Crisis Intervention Team: _____

Mediator(s) of conflict: _____

Outside parties involved in mediating (check all that apply): None Family Friends Community members Group/cliqye members Clergy Other: _____

Did this mediation occur: on the front end in the middle of conflict on the back end, to prevent further conflict after retaliation

Which of the following forms of communication were used in the mediation? (Check Yes or No for each)
Also, please check the MAIN method of communication that helped address the conflict (choose only one):

	Yes	No	MAIN
Phone call(s)			
Texts			
In-person contact			
Emails			
Internet (social media)			

Did you (check all that apply): Talk to individuals/groups separately Bring individuals/groups together Include outside parties Other: _____

For the STRATEGIES you used in the current mediation, how would you rate their effectiveness?

	Did not use	Not Effective	Somewhat Effective	Very Effective
Information gathering				
Middle man				
Using family or friends of parties involved				
Using Truce staff				
Using other Truce participants				
Reaching agreement/settling conflict				
Reasoning/providing non-violent alternative solutions				

TRUCE Hours Documentation

Use this form to track actions taken with staff, families, and community, and time spent doing so.

* Required

1. Responder Name *

2. Your role *

Mark only one oval.

- TRUCE volunteer
- PVI (Peaceseeker Violence Interrupter)
- PS (Peaceseeker)
- Other staff

3. Date of Activity *

Example: December 15, 2012

4. Incident ID (if applicable)

5. From *

Example: 8:30 AM

6. Until *

Example: 8:30 AM

7. Who was present? **Check all that apply.*

- Individual harmed in conflict
- Parents/guardians of individual harmed in conflict
- Non-parent relatives or peers of individual harmed in conflict
- Individual who caused harm in conflict
- Parents/guardians of individual who caused harm in conflict
- Non-parent relatives or peers of individual who caused harm in conflict
- Individual involved in conflict
- Parents/guardians of individual involved in conflict
- Non-parent relative(s) or peer(s) of individual involved in conflict
- Community leader, staff, or administrator
- Youth
- Other: _____

8. Type of Contact **Mark only one oval.*

- Phone conversation
- Home visit
- Family or Community-related Event
- Conflict mediation
- Funeral or re-pass
- Court-related
- Face-to-face Meeting (other location)

9. What type of activity is this? **Mark only one oval.*

- Intervention/Street Outreach that involves developing a custom plan *Skip to question 12.*
- Intervention/Street Outreach that does NOT involve developing a custom plan
- Staff Meeting
- Event
- Staff Training
- Education/Tutoring (Larger groups)
- Networking (Advocacy, Promotion, and Potential Partners)
- General Meeting (Community partnerships)

General Documentation

10. Reason for contact *

Mark only one oval.

- Initial response to violent incident
- Response to emotional or mental health crisis
- Devising/Checking in on Restorative Plan
- Responding to a referral
- Mentoring
- Providing continuing support (transportation, miscellaneous)
- Program planning

11. Notes

Stop filling out this form.

Intervention Plan Documentation

12. Type of Engagement *

Mark only one oval.

- Setting an initial meeting time/getting consent from individual and/or family
- Initial meeting involving needs assessment and developing an understanding of the situation
- Meeting to share plan and set goals with individual and/or family
- Continued engagement with plan and goals
- Follow-up engagement after a plan is complete/when regular or intensive engagement is no longer needed

13. Activities engaged in (check all that apply) *

Check all that apply.

- Mentoring
- Resource mobilization and referral
- Transportation
- Advocacy (legal, education, etc.)
- Needs assessment
- Goal setting and/or evaluation
- Other: _____

14. If you selected resource mobilization and referral, please list the resources you referred the individual or family to:

15. Have you developed a plan for this individual or family?

Mark only one oval.

Yes

No

16. If not, why and/or what was the resolution?

17. For each goal from your plan, please rate progress toward that goal

Mark only one oval per row.

	No progress at all	Slight progress	Moderate progress	A lot of progress	Goal met	N/A
Education Goals	<input type="radio"/>					
Employment Goals	<input type="radio"/>					
Resource Connection Goals	<input type="radio"/>					
Conflict Mediation Goals	<input type="radio"/>					
Mental Health Goals	<input type="radio"/>					
Other Goals	<input type="radio"/>					

18. Notes

Family Model Program CCMHB Stakeholders Planning Meeting MINUTES

August 27, 2019

DRAFT: NOT REVIEWED OR OFFICIALLY APPROVED BY STAKEHOLDERS

Attendance: *Included in stakeholder packet*

Welcome, Brief Introduction and minutes from the last meeting

Role/Purpose

The purpose of this meeting was reiterated: To find a family model through consensus which can be implemented without undue investment of time and money. It was also mentioned that decisions for this program would be dependent on Cunningham's scope and capacity to run the programs and the group's feedback on the family models from the elements in the Hexagon tool.

System of Care Principles: *(from Building Bridges Initiative)*

- Family Driven & Youth Guided Care (use of Wraparound and Child & Family team)
- Cultural & Linguistic Competence
- Trauma Informed
- Clinical Excellence & Quality Standards (use of data)
- Accessibility & Community Involvement
- Transition Planning & Services (between settings & from youth to adulthood)

Membership Updates

Manasi Deshmukh (MSW intern at Cunningham) will attend meetings to assist in planning, research and documentation of decisions/actions. Rantoul City School district was contacted and they suggested the school resource officer. Champaign School District Dr. Zola identified Orlando Thomas to be a part of this team (or possibly only for the Juvenile Justice Council). Urbana School District (unable to reach due to school starting up—continue to try). Nicole Allen from the University of Illinois (Cunningham is considering requesting program eval support).

Summary of the Models (More information in the Hexagon Related minutes)

Most team members rated each model and/or ranked the top 5 family models from summaries provided to them. The intention was to narrow our volume and note any models that rose to the top so that we could better utilize our time and get some services in place. Below are the family models with ranking totals between 4-7 votes. We may still consider other models, but decided to start with these:

- 1) Active Parenting of Teens
- 2) Functional Family Therapy
- 3) Multidimensional Family Therapy
- 4) During the meeting, Cunningham presented where in the agency the program would be placed. From that discussion, the idea arose to add Attachment, Self-Regulation and Competency (ARC) to the model recommended (see more in next section).

Scope and Timeframe of the Cunningham Program

Pat noted that Cunningham has trained staff for Trauma Informed Model – Attachment, Self-Regulation and Competence (ARC) and the Nurturing Parent Program. Cunningham is working towards initially using our current program model until a longer term model/program is selected and established. Wraparound is a key process to use in this program as well as constructing a list of resources/programs/services within our current juvenile justice system. Please see "Hexagon related..." attachment for details discussed at the meeting.

Questions/Comments and Next Steps

- When posing to the stakeholders if establishing a Juvenile Justice Council was worth considering, no one disagreed. JJC will remain on our agenda and membership discussed. We agreed the benefit could be building sustainability, system accountability, and may open up funding.
- We agreed to develop a resource list of current services and interventions across the Juvenile Justice System. Resource list: Mike W, Jonathon W, and Pat will start the service array list. Manasi will compile the information and the stakeholders group will provide input and other services.
- We agreed to keep the Wraparound process availability with some families.
- Pat will visit the Youth Assessment Center to learn more about past and current programming needs and board membership (related to JJC membership after the stakeholders committee ends).

Future Meetings: Day, times and place

The Jenny Putman room has been booked for the following days for 8am to 10am. It should also be noted that the room can be booked for meeting on days other than the following as needed.

9/24/19 (4th Tuesday) (NEXT MEETING)

10/22/19 (4th Tuesday)

11/12/19 (2nd Tuesday)

11/26/19 (4th Tuesday)

12/10/19 (2nd Tuesday)

Attachments with these minutes:

Hexagon related sheet with Cunningham program recommendations also has notes/minutes from the August 27, 2019 meeting.

Hexagon Related Minutes with Stakeholder Feedback from the August 27, 2019 Meeting

DRAFT: NOT REVIEWED OR OFFICIALLY APPROVED BY STAKEHOLDERS

This document begins to articulate Cunningham's program capacity, cost variables and the scope as related to each family model's (clinical and family intervention level) requirements, training and other elements. (*Note: the responses in italics are from Cunningham, the other comments in regular/bold are from the meeting*)

1. Who is the identified population?
 - Group consensus: 10 through 17, males and females as well as their families.**
 - Youth have some involvement with the law enforcement/legal system (defined by involvement with a school resource officer, local police and/or court services).* **There was some discussion about prevention through intensive intervention. Cunningham will explore identified population eligibility factors with other programs in the field. Cunningham's program will mostly be a clinical/intensive family intervention. An advantageous consideration will be the model's effectiveness at the prevention, earlier ages and at other levels.**
2. What are the identified needs of this population?
 - Develop skills to plan for the future, resilience, hope, a positive direction, and supportive relationships with and between the family and youth.*
 - To establish collaborative juvenile justice system that collaborates to support the community as a whole, our youth and family, programs, processes and services from prevention through re-entry.*
3. How do affected individuals and community members perceive their need? What do they believe will be helpful?
 - Affected individuals and families—do we have any feedback from youth and families?* **A member mentioned that there might be data on PLL from Rosecrance so Pat will check. CCMHB has provided data from YAC and from other community entities. Cunningham will explore available data before the next stakeholders meeting.**
 - The program needs a pathway to understanding each affected youth and family members' story of what happened to them.*
 - Community level: Diversion from the court system and intervening earlier in the legal system?* **Need to consider restorative options instead of punishment.**
4. What are the guiding family and community values in the impacted community, including the values of culturally and linguistically specific populations?
 - Recognize that family engagement is important for successful outcome.*
 - The SOC principle of each individual family (and its members, especially the involved youth) need to be understood and should guide the intervention.* **The Wraparound process needs to be a part of the system.**
 - Safety is a value and need.*
5. What other initiatives currently being implemented will intersect with and help inform the program or practices?
 - It would be helpful to identify current family and related services in the community relevant in the juvenile justice system.* **We will begin developing a service array of**

services, programs and interventions to bring brought back to the stakeholders for feedback.

-Cunningham has reached out to other programs and resources that appear to be aligned with the direction we are headed with the program models and implementation. We hope to visit those programs on site or to discuss these programs by phone: Youth Services Bureau IV (had PLL now using Active Parenting of Teens), Missouri program uses Nurturing Parent, and the Illinois Collaboration on Youth (ICOY) has a juvenile justice team to help identify other programs, give input on the models, and support starting a JJ Council.

-As a key referring agent and with a board structure in place that might have some overlap with a Juvenile Justice Council, the Cunningham team will visit and learn more about the Youth Assessment Center before the next meeting.

6. What specific outcomes are expected from this program?

- *To prevent further delinquent behaviors. Discussed the need to recognize the social, emotional, developmental and chronological age factors when defining “behaviors” including the impact of trauma (ACEs).*
- *To engage parents/guardian and youth through understanding, support and skill development (i.e. problem solving)*
- *To reduce the primary identified behaviors leading to legal/court involvement (i.e. aggression).*
- *To build more effective programs and interventions across the juvenile justice system.*
- **Other outcomes: Plan for the future. Reduction in recidivism. Family cohesiveness. School performance.**

7. What is stakeholders' input regarding costs for overall project and cost of ongoing implementation?

Our goal is to not exceed the cost cap during the planning time which requires streamlining and moving towards implementation quickly. The start-up costs for implementation include: staffing recruitment, the more requirements (masters, license, etc. the higher the cost, training actual costs and staff time to train (initial and on-going), etc. There may also be costs associated with travel to and from for training OR costly on-site training. The consumer or user capacity/volume is highly impacted by these elements as well as the efficiency of cost to the small size of this program. Curriculum material and supply costs also need to be included.

8. Start-up: How long should it take to train-up and staff up with each model? When would the program be able to start?

Cunningham has its own initial training of about 2.5 weeks. Training across models varies from very little time to a great deal of time. There are models that allow for only initial training to an internal train-the-trainer to external initial and on-going training with on-going consultation that requires a great deal of time (and cost). With some models, we would not be able to implement for 6 months to 18 months due to training requirement and availability. There does seem to be some correlation between the fidelity, cost and EBP, but not always. Information will be shared at the next stakeholders meetings.

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9. What is stakeholders' input regarding staffing requirements (Number and type of staff, e.g., education, credentials, content knowledge)? *Identified factors related to models: Staffing (masters only, masters and licensed, bachelors, Bachelor in human services field, paraprofessionals with experience), training and consultation—what staff come with and need), strong ability to engage families, retention / rehiring (specifically the relationship to staff availability/access, hours/days worked, supply/demand, intensity of the work and the agencies ability to be flexible with staff schedules).*

Cunningham Program Capacity and Scope (as of August 22, 2019):

*We have decided to put this service under our “intensive placement stabilization” (IPS) program. This program helps to instill hope, advance parenting skills, develop resilience, reduce the effects of trauma, and improve relationships while engaging families. IPS is funding through DCFS and was started about a year and a half ago. It has already tripled in size so we were recently able to move the coordinator position to a fulltime coordinator which could accommodate our family program. The person in this position is a long-time employee (20 plus years) who has a masters in social work, and will soon be qualified to sit for her licensed clinical social worker exam. Having this level of credentialed staff with experience, skills and some key training already in place supports many family models we are exploring at this time. IPS currently has a team of 3 master’s level staff and one Bachelors level staff in addition to the coordinator. The team has proven effectiveness with engaging youth and families and all are trained in Attachment, Self-Regulation and Competence (ARC), an evidence based trauma informed model. **The Stakeholders recommended that we study ARC as a model being successful in the juvenile justice system.** The coordinator is also highly trained in the Nurturing Parent Program, one of our originally identified (**but not in the top three**) models. We will reach out to the person who developed and trains the model to assess the relevance of the Nurturing Parent Program (NPP) model within the juvenile justice system. We are also aware of a JJ program in Missouri that uses NPP for a program similar to the one we envision. Our goal would be, IF deemed appropriate, to pilot a few families in January 2020, even if it is NOT the selected long-term model.*

We have training and the capacity to offer Therapeutic Crisis Interventions (TCI) and in particular a person qualified to offer TCI-F (for families). We plan to explore this curriculum further with a few stakeholders. If appropriate, it could be made available to families as well as to a few other professionals working in the juvenile justice system. All of the Cunningham staff are trained in TCI so our staff in our Family model program would have a common language already in place. This level of intervention could be used at an earlier entry point, including prevention, as well as along the continuum in the juvenile justice system.

A Juvenile Justice Council needs to be a critical consideration to provide a systems/community approach to address policies, procedures, practices, gaps, sustainability, accountability and an overall collaborative effort with relevant domains (school, home, churches, court services, social services, etc.)



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

DECISION MEMORANDUM

DATE: September 18, 2019
TO: Members, Champaign County Mental Health Board (CCMHB)
FROM: Lynn Canfield, Executive Director
SUBJECT: Anti-Stigma Film – Roger Ebert’s Film Festival 2020

Background:

The purpose of this memorandum is to seek approval, in partnership with the Alliance for Inclusion and Respect, of sponsorship of an anti-stigma film at the 2020 Roger Ebert’s Film Festival. This high profile annual event has been central to our anti-stigma efforts, with a sponsored film and the festival’s support for related community activities. Our message has even become a festival theme and through the years has received increased media coverage and attention from festival leadership and guests, especially for panel discussions and concurrent art exhibits. The Alliance (also referred to as AIR) has expanded to include large and small provider organizations, support groups, UIUC School of Social Work, Parkland, and Swann Special Care Center. Anti-stigma/pro-inclusion effort supports MH, SUD, and I/DD community awareness and education.

In 2019, we: sponsored “Rachel Getting Married,” a film with themes of substance use disorder and recovery, trauma, and family; coordinated a youth screening of “Still I Rise,” another festival film, followed by discussion with its director; staged and promoted an art display inside the theatre and an art sale in front; participated in a well-attended panel discussion on stigma, addiction, and representations in film; developed video, print, and theatre promotions for use by the festival and university; used AIR website and social media to promote these activities, the artists’ work, and the mission. AIR activities now continue beyond the festival and build on its momentum. The College of Media has included discussion of how to engage with the broader community, to create opportunities for county residents, especially youth, and university students.

Budget Impact:

The cost for sponsorship had been \$25,000, lowered to \$15,000 a few years ago. Sponsorship of a film typically has a minimum cost of \$20,000. In 2019, the CCMHB’s \$15,000 cost was offset by \$3,906 in AIR contributions and sales of passes. Allocation of \$15,000 to sponsor a film and amplify concurrent activities is requested.

Decision Section:

Motion to approve \$15,000 to sponsor an anti-stigma film in Roger Ebert’s Film Festival 2020.

- Approved
Denied
Modified
Additional Information Needed

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T.D.

BRIEFING MEMORANDUM

DATE: September 18, 2019
TO: Members, Champaign County Mental Health Board (CCMHB)
FROM: Lynn Canfield and Mark Driscoll
SUBJECT: FY 2019 – 2021 Three Year Plan with FY2020 Objectives (DRAFT)

Background: Last year, the Champaign County Mental Health Board adopted a new three-year plan. Accompanying the release of that plan was a community needs assessment incorporating results from an online survey with pertinent information gleaned from multiple local, state, and federal sources. During the course of the year, the Board is also presented with additional information on emerging issues. This can be as presentations during meetings or study sessions, research or other professional articles, materials prepared by staff, or public or agency input. Also in 2018, CCMHB staff became involved with the Regional Vermilion-Champaign Executive Committee, a group of representatives from health and behavioral health sectors which have similar requirements to complete community needs assessments and three-year plans. This partnership could result in a shared assessment, replacing the one developed by CCMHB staff in advance of the next three-year plan cycle.

The Plan with proposed Objectives for FY2020 reflects continued commitment to existing goals and objectives with minor changes proposed. Proposed objectives sustain support for a breadth of services geographically and demographically diverse and that those services be culturally competent. Recognizes the values embodied in the principles of system of care exemplified by the work of the Champaign Community Coalition. Continues to build on criminal justice and mental health initiatives. Maintains the collaboration with the Champaign County Developmental Disabilities Board for integrated planning and coordination of services to persons with intellectual /developmental disabilities. At the same time, the Plan is intended to be responsive to emerging issues through participation in various state and national associations.

A draft of the Plan is attached with proposed new or modified objectives italicized and underlined while language to be removed is lined out. Following release of the draft Plan to the Board, the document will be disseminated for comment. Staff has reviewed the draft document and will hold further discussions. This will include consideration of comments received from interested parties.

The updated Three Year Plan will be presented for approval at the November 20, 2019 Board meeting.

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**CHAMPAIGN COUNTY MENTAL HEALTH BOARD
THREE-YEAR PLAN
FOR**

**FISCAL YEARS 2019 - 2021
(1/1/19 – 12/31/2021)**

**WITH
ONE YEAR OBJECTIVES
FOR**

**FISCAL YEAR 2020
(1/1/20 – 12/31/20)**

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CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

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

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

MISSION STATEMENT

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

STATEMENT OF PURPOSES

1. To plan, coordinate, evaluate and allocate funds for the comprehensive local system of mental health, intellectual and developmental disabilities, and substance use disorder services for Champaign County.
2. To promote family-friendly community support networks for the at-risk, underserved and general populations of Champaign County.
3. To increase 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.

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SYSTEMS OF CARE

Goal #1: Support a continuum of services to improve the quality of life experienced by individuals with mental or emotional disorders, substance use disorders, or intellectual and/or developmental disabilities and their families residing in Champaign County.

Objective #1: Expand use of evidence-informed, evidence-based, best practice, recommended, and promising practice models appropriate to the presenting need in an effort to improve outcomes for individuals across the lifespan and for their families and supporters. (Allocation Priority/Criteria Objective)

Objective #2: Promote wellness for people with mental illnesses, substance use disorders, or intellectual and/or developmental disabilities to prevent and reduce early mortality, through support services including access to services addressing basic needs, enrollment in benefit plans and coordinated access to primary care. (Allocation Priority/Criteria Objective)

Objective #3: ~~In light of potential congressional or presidential actions on the Affordable Care Act and Medicaid expansion,~~ Support development or expansion of residential and employment supports for persons with behavioral health diagnosis not supported through covered under expansion of Medicaid or the Affordable Care Act. (Allocation Priority/Criteria Objective)

Objective #4: Support broad based community efforts to prevent opiate overdoses and expand treatment options. (Allocation Priority/Criteria Objective)

Objective #5: Build resiliency and support recovery e.g. Peer Supports, outside of a traditional therapeutic environment. (Allocation Priority/Criteria Objective)

Objective #6: Build evaluation capacity of contracted providers utilizing expertise of evaluators from the Department of Psychology at the University of Illinois to further positive outcomes of those engaging in funded services. (Policy Objective)

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

Objective #1: Support culturally responsive and family driven support networks for underrepresented populations, underserved populations, and general populations of Champaign County. (Allocation Priority/Criteria Objective)

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

Objective #3: Encourage providers and other community-based organizations to allocate resources to provide training, seek technical assistance, provide language access and communication assistance, and pursue other professional development activities for staff and governing or advisory boards to advance cultural and linguistic competence. (Allocation Priority/Criteria Objective)

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

Objective #5: Where families and communities are disproportionately impacted by incarceration, encourage the development of social networks and improved access to resources. (Policy Objective)

Objective #6: Address the needs of residents of rural areas and encourage greater engagement by community-based organizations. (Policy Objective)

Goal #3: Improve consumer access to and engagement in services.

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

Objective #2: Participate in various coordinating councils whose missions align with the needs of the populations of interest to the Board with the intent of strengthening coordination between providers in the delivery of services. (Collaboration/Coordination Objective)

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

Objective #4: Engage with CUPHD, United Way, Carle Foundation Hospital, and OSF in the collaborative planning process for the next Community Health Improvement Plan. (Collaboration/Coordination Objective)

Objective #5: Increase awareness of community services and access to information on when, where, and how to apply for services. (Collaboration/Coordination Objective)

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/developmental disability (I/DD) service and support continuum. (Allocation Priority/Criteria Objective)

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

Objective #3: With the CCDDB, continue financial commitment to community-based housing for people with I/DD from Champaign County and as part of that sustained commitment, review the Community Integrated Living Arrangement (CILA) fund and recommend any changes. (Allocation Priority/Criteria Objective)

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Objective #4: Collaborate with the Champaign County Board for the Care and Treatment of Persons with a Developmental Disability on promoting inclusion and respect for people with I/DD. (Collaboration/Coordination Objective)

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), sustain the SAMHSA/IDHS system of care model.

Objective #1: Support the efforts of the Champaign Community Coalition and other system of care initiatives. (Collaboration/Coordination Objective)

Objective #2: Sustain support of Champaign County family-run organizations that incorporate family-driven and youth-guided principles in use of peer support specialists, and other peer-to-peer supports to assist multi-system involved youth and their families (Allocation Priority/Criteria Objective)

Objective #3: Assess the impact of community violence on the children and youth whose families and neighborhoods are most impacted and where indicated, encourage the development of appropriate supports as prevention and early intervention strategies. (Policy Objective)

Objective #4: Promote and support those targeted interventions that specifically address historical trauma experienced by African American and other minority youth disproportionately impacted in multiple systems. (Allocation Priority/Criteria Objective)

Objective #5: Sustain commitment to building systems that are trauma-informed, family-driven, youth-guided, and culturally responsive systems. (Policy Objective)

Objective #6: Recognizing alignment with the work of the Community Coalition, Support the goals and objectives of the Illinois Criminal Justice Information Authority "Illinois HEALS (Helping Everyone Access Linked Systems) Action Plan" and support broad based efforts to secure funding as available through Illinois HEALS. (Collaboration/Coordination Objective)

CRIMINAL JUSTICE AND MENTAL HEALTH SYSTEM COLLABORATION

Goal #6: Divert from the criminal justice system, as appropriate, persons with behavioral health needs or intellectual/developmental disabilities.

Objective #1: Continue involvement in the Crisis Intervention Team Steering Committee in support of increased collaboration between law enforcement and crisis service providers on implementing mobile crisis response in the community. (Collaboration/Coordination Objective)

Objective #2: Sustain efforts to engage persons with behavioral health diagnoses re-entering the community from jail or prison or with recent involvement with the criminal justice system, in treatment and other support services such as the Champaign County Problem Solving Court and reentry services. (Allocation Priority/Criteria Objective)

Objective #3: Support integrated planning and service coordination for adults involved in the criminal justice system through participation in the Champaign County Reentry Council or similar body to address needs identified in the Sequential Intercept Map gaps analysis. (Collaboration/Coordination Objective)

Objective #4: 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 use and promote~~ technical assistance and support through collaborative and mentorship opportunities aimed at improving outcomes for those with behavioral health needs and justice system involvement. (Collaboration/Coordination Objective)

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

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. (Collaboration/Coordination Objective)

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: Support continued implementation of the Parenting with Love and Limits (PLL) program based on positive evaluation and feedback from community partners and stakeholders, or as appropriate, an acceptable alternative. Support planning process to select and implement a model with proven effectiveness engaging youth and families. (Allocation Priority/Criteria Objective)~~

Objective #2: Through participation on the Youth Assessment Center Advisory Board, advocate for community and education-based interventions contributing to positive youth development and decision-making. (Collaboration/Coordination Objective)

Objective #3: 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. (Collaboration/Coordination Objective)

Objective #4: Utilize the principles from "Models for Change" to reduce the disproportionate minority contact with law-enforcement and involvement with the juvenile justice system. (Policy Objective)

COMMUNITY ENGAGEMENT & ADVOCACY

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

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

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

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. (Collaboration/Coordination Objective)

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

Objective #5: Support Mental Health First Aid for Adults and Youth to encourage community members to provide first responder support for people that may be experiencing signs and symptoms of a crisis.
(Collaboration/Coordination Objective)

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

Objective #1: Monitor implementation of State Medicaid-Plan amendments, 1115 waiver pilot projects, and ~~use of Managed Care Organizations to implement the expansion of Medicaid~~ by the State of Illinois, and advocate through active participation in the Association of Community Mental Health Authorities of Illinois (ACMHA) and other statewide associations and advocacy groups. (Collaboration/Coordination Objective)

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

Objective #3: Maintain active participation in the National Association of County Behavioral Health and Developmental Disability Directors (NACHBDD), National Association of Counties (NACo), and like-minded national organizations, to ~~monitor activities~~ understand trends, best practices, and innovations and to advocate at the federal level. (Collaboration/Coordination Objective)

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Objective #4: Monitor State actions to implement terms of the NB vs Norwood Consent Decree to improve access and treatment to children and youth for community based mental health and behavioral health care under the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) provisions of the Medicaid Act. (Policy Objective)

DRAFT



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

DECISION MEMORANDUM

DATE: September 18, 2019
TO: Members, Champaign County Mental Health Board (CCMHB)
FROM: Lynn Canfield, Executive Director
SUBJECT: REVISED FY2020 Champaign County CCMHB and CILA Budget Submissions

Overview:

The purpose of this memorandum is to seek approval of revised drafts of the Champaign County Mental Health Board (CCMHB) Budget and CILA Fund Budget, for County Fiscal Year 2020 (January 1, 2020 through December 31, 2020). **The CCDDDB and CCMHB approved their respective budgets and the CILA Fund budget during their July meetings.** Revisions in this draft incorporate feedback from the Champaign County Executive and Deputy Director of Finance, the Champaign County Board, and legal counsel. Final budgets will be presented as part of the County Board's appropriations process in November. Further changes, which may include revenue projections, personnel costs, or other planned expenditures, may occur before November, requiring further review and approval of the CCMHB.

The CILA Fund Budget, under joint authority of the CCMHB and Champaign County Developmental Disabilities Board (CCDDDB), uses previous and current year actuals.

Attached are revised draft 2020 CCMHB and 2020 CILA Fund Budgets. The draft 2020 CCDDDB Budget is included for information only, along with four pages of background details. Background features comparisons of proposed 2020 budget, approved 2019 budget, and actual revenues and expenditures for the years 2014 through 2018.

What has changed since July 17:

- Increased property tax revenue and increased contributions and grants expenses. Includes additional \$153,458 (CCMHB) and \$126,968 (CCDDDB), as the property tax levy was prepared in order to capture new growth revenue in the event the OSF and Carle properties are assessed as non-exempt. (CCDDDB and CCMHB budgets)
- Increased interest income (CCMHB and CILA)
- Increased rental revenue, as we have not found a path to decrease (CILA)
- Additional property insurance coverage (CILA)
- Increased insurance expense, for Directors and Officers, property, and internet policies (CCMHB, resulting in increased CCDDDB share, shown in CCDDDB Professional Services)
- Increased equipment expense, also includes a designated trust (CILA)

- Adjustments in personnel costs, with an especially large increase in health/life insurance (CCMHB budget, with a small impact on CCDDDB share, shown in CCDDDB Professional Services)

Decision Section:

Motion to approve the attached 2020 CCMHB Budget, with anticipated revenues and expenditures of \$5,746,280.

- Approved
- Denied
- Modified
- Additional Information Needed

Motion to approve the attached 2020 CILA Fund Budget, with anticipated revenues and expenditures of \$76,000. Payment to this fund is consistent with the terms of the Intergovernmental Agreement between the CCDDDB and CCMHB.

- Approved
- Denied
- Modified
- Additional Information Needed

Draft 2020 CCMHB Budget

LINE ITEM	BUDGETED REVENUE	
311.24	*Property Taxes, Current	\$5,239,310
313.24	Back Property Taxes	\$1,000
314.10	Mobile Home Tax	\$4,000
315.10	Payment in Lieu of Taxes	\$3,000
336.23	CCDDB Revenue	\$395,970
361.10	Investment Interest	\$33,000
363.10	Gifts & Donations	\$5,000
363.12	Expo Revenue	\$15,000
369.90	Other Miscellaneous Revenue	\$50,000
	<i>*includes potential revenue = \$153,458</i>	
	TOTAL REVENUE*	\$5,746,280

LINE ITEM	BUDGETED EXPENDITURES	
511.02	Appointed Official	\$103,625
511.03	Regular FTE	\$326,512
511.05	Temporary Salaries & Wages	\$5,040
511.09	Overtime Wages	\$1,000
513.01	FICA	\$33,368
513.02	IMRF	\$31,885
513.04	W-Comp	\$2,815
513.05	Unemployment	\$1,864
513.06	Health/Life Insurance	\$81,942
513.20	Employee Development/Recognition	\$300
	Personnel Total	\$588,351
522.01	Printing	\$1,000
522.02	Office Supplies	\$4,100
522.03	Books/Periodicals	\$4,100
522.04	Copier Supplies	\$1,000
522.06	Postage/UPS/Fed Ex	\$800
522.44	Equipment Under \$5000	\$8,000
	Commodities Total	\$19,000
533.01	Audit & Accounting Services	\$11,000
533.07	Professional Services	\$140,000
533.12	Travel	\$3,500
533.18	Non-employee training	\$12,000
533.20	Insurance	\$19,000
533.29	Computer Services	\$6,000
533.33	Telephone	\$2,000
533.42	Equipment Maintenance	\$500
533.50	Office Rental	\$26,000
533.51	Equipment Rental	\$900
533.70	Legal Notices/Ads	\$300
533.72	Department Operating	\$400
533.84	Business Meals/Expense	\$250
533.85	Photocopy Services	\$4,000
533.89	Public Relations	\$28,000
533.92	Contributions & Grants*	\$4,783,849
533.93	Dues & Licenses	\$21,000
533.95	Conferences/Training	\$14,000
533.98	disAbility Resource Expo	\$58,000
534.37	Finance Charges/Bank Fees	\$30
534.70	Brookens Repair	\$200
	Services Total*	\$5,130,929
571.08	Payment to CCDDB (Share of Gifts, Donations, Misc Rev)	\$8,000
571.11	Payment to CILA Fund	-
	Interfund Expenditures TOTAL	\$8,000
	<i>*includes amount equal to potential revenue</i>	
	TOTAL EXPENSES*	\$5,746,280

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Draft 2020 CILA Fund Budget

LINE ITEM	BUDGETED REVENUE	
361.10	Investment Interest	\$4,000
371.54	From CCDDDB 108	\$50,000
371.90	From CCMHB Fund 090	-
362.15	Rents	\$22,000
TOTAL REVENUE		\$76,000

LINE ITEM	BUDGETED EXPENDITURES	
522.44	Equipment Less than \$5,000 (includes a designated gift of \$16,881 of one individual, accessed at family request)	\$29,000
533.07	Professional Services (property management)	\$8,000
533.20	Insurance	\$2,000
533.28	Utilities	\$964
534.36	CILA Project Building Repair/Maintenance	\$14,000
534.37	Finance Charges (bank fees per statement)	\$36
534.58	Landscaping Service/Maintenance	\$6,000
544.22	Building Improvements	\$16,000
TOTAL EXPENSES		\$76,000

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Draft 2020 CCDDB Budget

LINE ITEM	BUDGETED REVENUE	
311.19	Property Taxes, Current*	\$4,334,905
313.19	Back Property Taxes	\$2,000
314.10	Mobile Home Tax	\$3,000
315.10	Payment in Lieu of Taxes	\$2,000
361.10	Investment Interest	\$16,000
371.90	Interfund Transfer (Gifts, Donations, etc) from MH Fund	\$8,000
369.90	Other Miscellaneous Revenue	\$8,000
	<i>*includes potential revenue = \$126,968</i>	
	TOTAL REVENUE *	\$4,373,905

LINE ITEM	BUDGETED EXPENDITURES	
533.07	Professional Services (42.15% of an adjusted set of CCMHB Admin Expenses)	\$395,970
533.92	Contributions & Grants*	\$3,927,935
571.11	Payment to CILA Fund	\$50,000
	<i>*includes amount equal to potential revenue</i>	
	TOTAL EXPENSES*	\$4,373,905

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Background for 2020 CCMHB Budget, with 2019 Adjusted Budget and Earlier Actuals

2020 BUDGETED REVENUE		2019 ADJUSTED BUDGET*	2018 ACTUAL	2017 ACTUAL	2016 ACTUAL	2015 ACTUAL	2014 ACTUAL
Property Taxes, Current*	\$5,239,310	\$4,859,490	\$4,611,577	\$4,415,651	\$4,246,055	\$4,161,439	\$4,037,720
Back Property Taxes	\$1,000	\$1,000	\$494	\$2,731	\$2,486	\$2,861	\$1,612
Mobile Home Tax	\$4,000	\$4,000	\$3,909	\$3,766	\$3,903	\$3,995	\$3,861
Payment in Lieu of Taxes	\$3,000	\$2,500	\$3,406	\$3,201	\$2,970	\$2,869	\$2,859
CCDDB Revenue	\$395,970	\$363,655	\$310,783	\$287,697	\$377,695	\$330,637	\$337,536
Investment Interest	\$33,000	\$28,000	\$41,818	\$18,473	\$3,493	\$1,385	\$1,015
Gifts & Donations/Expo Revenue	\$20,000	\$18,571	\$21,613	\$5,225	\$18,822	\$26,221	\$28,192
Other Miscellaneous Revenue	\$50,000	\$115,649	\$29,955	\$117,195	\$21,340	\$67,599	\$85,719
<i>*includes hospital tax rev \$153,458</i>							
TOTAL REVENUE*	\$5,746,280	\$5,392,865	\$5,023,555	\$4,853,939	\$4,676,764	\$4,597,006	\$4,468,514

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2020 BUDGETED EXPENDITURES (SEE PAGE 5 FOR DETAILS)		2019 ADJUSTED BUDGET	2018 ACTUAL	2017 ACTUAL	2016 ACTUAL	2015 ACTUAL	2014 ACTUAL
Personnel	\$588,351	\$538,088	\$522,073	\$449,220 <i>(understaffed)</i>	\$577,548	\$502,890	\$532,909
Commodities	\$19,000	\$19,100	\$10,049	\$6,263	\$7,998	\$11,237	\$9,282
Services (not Contributions & Grants)	\$347,080	\$345,576	\$404,059	\$432,828	\$410,157	\$382,870	\$375,735
Contributions & Grants*	\$4,783,849	\$4,102,593	\$3,648,188	\$3,593,418	\$3,428,015	\$3,335,718	\$3,673,966
Interfund Expenditures	\$8,000	\$308,000	\$56,779	\$57,288	\$60,673	\$0	\$0
<i>*includes amount equal to hosp tax</i>							
TOTAL EXPENSES*	\$5,746,280	\$5,313,357	\$4,641,148	\$4,089,797	\$4,484,391	\$4,232,715	\$4,591,892

Additional Information about Expenses (Proposed 2020 versus Adjusted Budget 2019)

Personnel 2020 v 2019

PERSONNEL	2020	2019
Appointed Official	\$103,625	\$103,625
Regular FTE	\$326,512	\$312,457
Temporary Wage/Sal	\$5,040	\$5,040
Overtime Wages	\$1,000	\$1,500
FICA	\$33,368	\$32,130
IMRF	\$31,885	\$24,864
W-Comp	\$2,815	\$2,730
Unemployment	\$1,864	\$1,736
Health/Life Insurance	\$81,942	\$53,706
Employee Dev/Rec	\$300	\$300
	\$588,351	\$538,088

Services (not Contributions and Grants)

SERVICES	2020	2019
Audit & Accounting	\$11,000	\$10,000
Professional Services**	\$140,000	\$140,000
Travel	\$3,500	\$5,000
Non-employee conference**	\$12,000	\$8,000
Insurance	\$19,000	\$12,000
Computer Services	\$6,000	\$7,500
Telephone	\$2,000	\$2,500
Equipment Maintenance	\$500	\$500
Office Rental	\$26,000	\$26,000
Equipment Rental	\$900	\$900
Legal Notices/Ads	\$300	\$300
Department Operating	\$400	\$400
Business Meals/Expense	\$250	\$250
Photocopy Services	\$4,000	\$4,000
Public Relations**	\$28,000	\$30,000
Dues/Licenses	\$21,000	\$23,500
Conferences/Training	\$14,000	\$14,500
disAbility Resource Expo**	\$58,000	\$60,000
Finance Charges/Bank Fees	\$30	\$26
Brookens Repair	\$200	\$200
	\$347,080	\$345,578

Interfund Expenditures 2020 v 2019

INTERFUND TRANSFERS	2020	2019
CCDDB Share of Donations & Miscellaneous Revenue	\$8,000	\$8,000
Payment to CILA Fund	\$0	\$300,000
	\$8,000	\$308,000

**Professional Services:

- legal counsel, website maintenance, human resource services, shredding, graphic design, ADA compliance consultant, independent audit reviews and other CPA consultation, independent reviews of applications, 211/Path with United Way, UIUC Evaluation Capacity Project.
- Previously included Expo Coordinators, but in this version of budgets, their contracts are included with Expo and Public Relations (1/4 of one, who works on other special projects).

**Non Employee Conferences/Trainings

- Continues monthly trainings for service providers and stakeholders, with expenses for presenters, refreshments, promotion, supplies. This category also includes expenses related to board members attending conferences and trainings.

**Public Relations (Community Awareness) and disAbility Resource Expo:

- Ebertfest (not shared with CCDDB), community education/awareness, some consultant support.
- Expo line was added mid-year 2018 to capture 2019 Expo expenses; consultant time charged here (could be under Professional Services instead.)

Commodities 2020 v 2019

COMMODITIES	2020	2019
Printing	\$1,000	\$1,000
Office Supplies	\$4,100	\$4,100
Books/Periodicals	\$4,100	\$2,000
Copier Supplies	\$1,000	\$1,000
Postage/UPS/Fed Ex	\$800	\$1,000
Equipment Under \$5000	\$8,000	\$10,000
	\$19,000	\$19,100

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Additional Information about Services

Approval of 2020 Budgets does not obligate the Boards to all expenditures described: most consultant/service contracts are developed by Executive Director with Board officers and, for larger amounts or unusual circumstances, full board review and approval; estimates are based on previous years.

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SERVICES	2020	2019		
Professional Services*	\$140,000	Approximately \$79,000 UI Evaluation, if expanded to include CCDDDB. \$18,066 United Way for 211/Path. \$500 human resources services (AAIM). \$3,000 IT services (BPC). \$1,500 website accessibility testing (Falling Leaf). \$14,000 online application/reporting systems (EMK). \$1800 maintenance of Expo and AIR sites and (possible) champaigncountyrourcedirectory.org. Also includes: graphic design; shredding services; independent reviewers; CPA consultant/reviews; legal counsel. (Note that Expo/Special Projects consultants could be charged here as in previous years but are being split between Public Relations and disABILITY Resource Expo, according to projects.)	\$235,000 (originally budgeted) to \$140,000 (estimated)	Budget had included Savannah support for PLL, terminated for 2019. \$53,335 UI Evaluation not shared with CCDDDB in first 6 months; approximately \$79,000 possibly shared, during second 6 months. \$18,066 United Way 211/Path. \$250 human resources(AAIM). \$3,000 IT services (BPC). \$1,500 website accessibility (Falling Leaf). \$12,000 online application/reporting systems (EMK). \$1600 maintenance of Expo and AIR sites + possible design of champaigncountyrourcedirectory.org. Also includes: graphic design; shredding services; independent reviewer; CPA consult; legal. (Note that Expo/Special Projects consultants no longer charged to this line but instead split between Public Relations and Expo, according to projects; subject to change.)
Public Relations**	\$28,000	\$15,000 Ebertfest film sponsorship, offset by Alliance member dues and other contributions of \$3k-\$5k/year. \$2,000 estimated for other community events. \$2,000 anti-stigma art show(s) and promotion, including Market in the Square and possible Farmers Market. \$2,000 sponsorships of other events. 25% of one Expo Coordinator may be charged to this line for work on non-Expo events and other special projects.	\$30,000	\$15,000 Ebertfest film sponsorship, offset by Alliance member dues and other contributions of \$3k-\$5k/year. \$2,000 estimated for other community events. \$2,000 anti-stigma art show(s) and promotion, including Market in the Square. \$1,500 sponsorships of other anti-stigma/community awareness events. 25% of one Expo Coordinator is charged to this line for work on non-Expo events and special projects.
disability Resource Expo**	\$58,000	Support for the 2020 and 2021 Expo events, including venue, supplies, food, interpreters, advertising, t-shirts, storage space, etc. Majority of Expo Coordinators' contracts are here. Expo costs are offset by exhibitor fees and contributions from sponsors (\$14k last year).	\$60,000	Expenses associated with 2019 Expo event and with 2020 Expo but paid in 2019. Coordinator time associated with Expo and related activities charged here rather than to Pro Svcs (in 2018). Expo costs are offset by exhibitor fees and contributions from sponsors (\$14k in 2018.)
CCMHB Contributions & Grants	\$4,783,849	Estimated CCMHB payments to agencies from January 1 to June 30, 2020, as authorized in May 2019, plus 1/2 of estimated FY20 annual allocation amount, with agency contract maximums to be authorized by July 1, 2020. (includes an amount equal to anticipated hospital property tax revenue = \$153,458)	\$4,102,593	Actual CCMHB payments to agencies from January 1 to June 30, 2019, as authorized in May 2018, plus payments authorized in May 2019, to be made from June through December 2019.
CCDDDB Contributions & Grants	\$3,927,935	Estimated CCDDDB payments to agencies from January 1 to June 30, 2020, as authorized in May 2019, plus 1/2 of estimated FY20 annual allocation amount, with agency contract maximums to be authorized by July 1, 2020. (includes an amount equal to anticipated hospital property tax revenue = \$126,968)	\$3,544,669	Actual CCDDDB payments to agencies from January 1 to June 30, 2019, as authorized in May 2018, plus payments authorized in May 2019, to be made from June through December 2019.
Dues/ Licenses	\$21,000	\$950 national trade association (NACBHDD), \$3,000 AAIM (paid every three years), \$16,000 state trade association (ACMHAJ), and smaller amounts Human Services Council, any new membership, e.g., Arc of IL, CBHA, NCBH, NADD, or similar.	\$23,500	\$900 national trade association (NACBHDD), \$16,000 state trade association (ACMHAJ), \$260 Rotary, and smaller amounts for Human Services Council, possible new memberships, e.g., Arc of IL, CBHA, NCBH, NADD, or similar.
Conferences /Training	\$14,000	\$1000 registration for NACo and NACBHDD Legislative and Policy Conferences (may be offset by ACMHAJ). \$350 for NACo Annual Meeting. Costs of travel (plus lodging and food) for staff for NACBHDD and NACo meetings. Costs of travel (plus lodging and food) for staff for ACMHAJ meetings. Costs of one other conference/training for staff members, Federation of Families, ARC, NADD, or similar. Kaleidoscope, Inc. training and certification.	\$14,500	\$1000 registration for NACo and NACBHDD Legislative and Policy Conferences (may be offset by ACMHAJ). \$350 for NACo Annual Meeting. Costs of travel (plus lodging and food) for staff for NACBHDD and NACo meetings. Costs of travel (plus lodging and food) for staff for ACMHAJ meetings. Costs of one other conference/training for staff members, Federation of Families, ARC, NADD or similar. MHFA trainer certification.
Non-Employee Conferences / Trainings	\$12,000	Registration, costs of travel, lodging, and food for board members to attend National or State Association meetings and other conferences or trainings of interest. Also charged here are the costs associated with trainings for non-employees (e.g., case managers and other service providers and stakeholders), which can include presenters, rental, refreshments, materials, and promotion.	\$3,750 (originally budgeted) to \$8,000 (estimated)	Registration, costs of travel, lodging, and food for board members to attend National or State Association meetings and other conferences or trainings of interest. Also charged here are the costs associated with trainings for non-employees (e.g., case managers and other service providers and stakeholders), which can include presenters, rental, refreshments, materials, and promotion.
Unexpected		Budget transfers if: offices move to a different location or are modified; legal expenses are greater; etc. Budget amendment if hospital tax settlement or employee retirement/resignation. MH and DD fund balances at their lowest point (May) should each include: 6 months operating budget + hospital tax deposit amounts + reserved + each board's share (57.85%/42.15%) of accrued staff benefits. Liabilities associated with hosp tax revenue = \$430,716.29 MHB and \$359,363.81 DDB. If first tax distribution does not occur by June, fund balance may be used.		Budget transfers in the event: staff offices move to a different location or current offices modified; legal expenses are greater; etc. The MH and DD fund balances at their lowest point (May) should each include: six months of operating budget plus hospital tax deposit amounts plus other reserved plus each board's share (57.85%/42.15%) of accrued staff benefits. Liabilities associated with hospital tax revenue = \$430,716.29 MHB and \$359,363.81 DDB. In 2019, fund balance was needed to pay bills until the first tax distribution, in July rather than May.

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

Adjustments:	2020	2019
CCMHB Contributions & Grants	\$4,783,849	\$4,102,593
UI Evaluation Capacity Project	-	\$27,000.00
Ebertfest anti-stigma film and events	\$15,000	\$15,000
Payment to CILA fund	-	\$300,000.00
CCDDB Share of Donations & Misc Rev	\$8,000	\$6,000.00
Adjustments Total:	\$4,806,849	\$4,450,593
CCMHB Total Expenditures:	\$5,746,280	\$5,313,357
Total Expenditures less Adjustments:	\$939,431	\$862,764

	2020 CCDDB Share	2019 CCDDB Share
Total Expenditures less Adjustments	\$939,431.00	\$862,764.00
Adjusted Expenditures x 42.15%	\$395,970	\$363,655
Monthly Total for CCDDB Admin	\$32,998	\$30,305

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

Background for 2020 CCDDB Budget, with 2019 Adjusted Budget and Earlier Actuals

2020 BUDGETED REVENUES	2019 ADJ BUDGET*	2018 ACTUAL	2017 ACTUAL	2016 ACTUAL	2015 ACTUAL	2014 ACTUAL	
Property Taxes, Current*	\$4,334,905	\$4,020,649	\$3,846,413	\$3,684,009	\$3,595,174	\$3,545,446	\$3,501,362
Back Property Taxes	\$2,000	\$2,000	\$411	\$2,278	\$2,105	\$2,437	\$1,398
Mobile Home Tax	\$3,000	\$3,000	\$3,261	\$3,142	\$3,305	\$3,404	\$3,348
Payment in Lieu of Taxes	\$2,000	\$2,000	\$2,841	\$2,671	\$2,515	\$2,445	\$2,479
Investment Interest	\$16,000	\$13,000	\$24,062	\$10,883	\$2,318	\$1,488	\$812
Gifts & Donations (transfer from MHB)	\$8,000	\$6,000	\$6,779	\$7,288	\$10,673	\$0	\$0
Other Miscellaneous Revenue	\$8,000	\$8,000	\$6,408	\$14,432	\$0	\$0	\$11,825
*includes potential tax rev = \$126,968							
TOTAL REVENUE*	\$4,373,905	\$4,054,649	\$3,890,175	\$3,724,703	\$3,616,091	\$3,555,220	\$3,521,224

2020 BUDGETED EXPENDITURES	2019 ADJ BUDGET	2018 ACTUAL	2017 ACTUAL	2016 ACTUAL	2015 ACTUAL	2014 ACTUAL	
Professional Services (42.15% of some CCMHB expenses, as above)	\$395,970	\$363,655	\$310,783	\$287,697 (understaffed)	\$379,405	\$330,637	\$337,536
Contributions & Grants*	\$3,927,935	\$3,544,669	\$3,250,768	\$3,287,911	\$3,206,389	\$3,069,122	\$3,224,172
Interfund Expenditure - CILA	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$0
*includes amount equal to hosp tax rev							
TOTAL EXPENSES*	\$4,373,905	\$3,958,324	\$3,611,551	\$3,337,911	\$3,635,794	\$3,449,759	\$3,561,708

BRIEFING MEMORANDUM

9.B.

TO: Members, Champaign County Mental Health Board
FROM: Mark Driscoll, Associate Director
DATE: September 18, 2019
RE: Contract Amendment Report

The Funding Guidelines include a section on contract amendments. The section gives the Executive Director authority to review and act on amendments, the Board President and the Executive Director discretion to bring amendments to the Board for action, while further stipulating certain requests must have Board approval. Regardless of the process applied to executing the amendment, the Board is to be informed of all contract amendments.

Six PY20 contracts that proposed new staff positions carried a special provision pro-rating the contract amount until the position(s) were filled. Reference to this special provision was included in the Decision Memorandum for PY20 Funding. All six contracts have met terms of the provision. Amendments for three of these contracts were issued since the last amendment report in July:

- Don Moyer Boys and Girls Club C-U Change Contract: New staff was hired and began employment early July. Notice of the new hire received on July 17th and an amendment issued. The contract maximum was increased to the full award amount of \$100,000.
- Don Moyer Boys and Girls Club CUNC Contract: Initially, the same was true for the CUNC contract. Notice the new program coordinator position was filled at the start of July was received July 17th and an amendment increasing the contract maximum to the full award issued. However, notice the program coordinator resigned effective July 19th was received the following week. This was accompanied by a request to convert the fulltime position to two half-time positions and adjust the director's time allocated to the program. After internal review and additional clarification provided, an amendment was issued. The amendment adjusts the contract amount based on the period of time the program coordinator position was vacant before the new half-time positions were filled. The prior amendment was rescinded. The new contract maximum is \$108,301
- RACES PY20 contract - RACES has filled both the fulltime and the part-time positions. The fulltime position was previously reported as filled and an amendment issued. While this amendment was in process, RACES was able to hire a prior applicant to fill the part-time position. In that the first amendment had not been returned that amendment was rescinded, and a new amendment issued pro-rating the contract maximum. Contract maximum is adjusted to \$61,928.

Of the six contracts carrying the special provision pro-rating awards, four required an amendment. The total difference between initial award and amended contract maximum for the four contracts was \$6,231.

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CCMHB 2019-2020 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 18, 2019
September 25, 2019 – Study Session
October 23, 2019
October 30, 2019 – Study Session
November 20, 2019
December 18, 2019 (tentative)
January 22, 2020
February 19, 2020
March 18, 2020
April 22, 2020
April 29, 2020 – Study Session
May 13, 2020 – Study Session
May 20, 2020
June 17, 2020

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

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CCDDB 2019-2020 Meeting Schedule

Board Meetings

8:00AM except where noted

Brookens Administrative Building

1776 East Washington Street, Urbana, IL

September 18, 2019 – John Dimit Conference Room (8AM)

October 23, 2019 – Lyle Shields Room (8AM)

October 30, 2019 – Lyle Shields Room (5:30PM) Joint Study Session

November 20, 2019 – John Dimit Conference Room (8AM)

December 18, 2019 – John Dimit Conference Room (8AM)

January 22, 2020 – Lyle Shields Room (8AM)

February 19, 2020 – Lyle Shields Room (8AM)

March 18, 2020 – Lyle Shields Room (8AM)

April 22, 2020 – Lyle Shields Room (8AM)

May 20, 2020 – Lyle Shields Room (8AM)

June 17, 2020 – Lyle Shields Room (8AM)

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

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July 2019 to June 2020 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 2020. 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 2021 (July 1, 2020 – June 30, 2021) and deadlines related to current (PY2020) agency contracts.

- | | |
|----------|--|
| 7/17/19 | Regular Board Meeting |
| 8/30/19 | <i>Agency PY2019 Fourth Quarter and Year End Reports Due</i> |
| 9/18/19 | Regular Board Meeting
Draft Three Year Plan 2019-2021 with FY20 Objectives |
| 10/23/19 | Regular Board Meeting
Draft Program Year 2021 (PY21) Allocation Criteria
Community Coalition Summer Initiatives Report |
| 10/25/19 | <i>Agency PY2020 First Quarter Reports Due</i> |
| 10/28/19 | <i>Agency Independent Audits, Reviews, or Compilations Due</i> |
| 10/30/19 | Joint Study Session |
| 11/20/19 | Regular Board Meeting
Approve Three Year Plan with One Year Objectives
Allocation Decision Support – PY21 Allocation Criteria |
| 12/8/19 | <i>Public Notice to be published on or before this date, giving at least 21-day notice of application period.</i> |
| 12/18/19 | Regular Board Meeting (tentative) |
| 01/03/20 | <i>CCMHB/CCDDB Online System opens for Agency Registration and Applications for PY21 Funding.</i> |
| 1/22/20 | Regular Board Meeting
Election of Officers |

1/31/20	<i>Agency PY20 Second Quarter & CLC Progress Reports due</i>
2/7/20	<i>Agency deadline for submission of applications for PY2021 funding. Online system will not accept forms after 4:30PM.</i>
2/11/20	<i>List of Requests for PY2021 Funding assembled</i>
2/19/20	Regular Board Meeting Assignment of Board Members to Review Proposals
3/18/20	Regular Board Meeting 2019 Annual Report
4/15/20	<i>Program summaries released to Board, copies posted online with CCMHB April 22, 2020 meeting agenda</i>
4/22/20	Regular Board Meeting Program Summaries Review and Discussion
4/24/20	<i>Agency PY2020 Third Quarter Reports Due</i>
4/29/20	Study Session Program Summaries Review and Discussion
5/6/20	<i>Allocation recommendations released to Board, copies posted online with CCMHB May 13, 2020 meeting agenda</i>
5/13/20	Study Session Allocation Recommendations
5/20/20	Regular Board Meeting Allocation Decisions Authorize Contracts for PY2021
6/17/20	Regular Board Meeting Approve FY2021 Draft Budget
6/24/20	<i>PY2021 Contracts completed/First Payment Authorized</i>
8/28/20	<i>Agency PY2020 Fourth Quarter Reports, CLC Plan Progress Reports, and Annual Performance Measures Reports due</i>
10/28/20	<i>Agency Independent Audits, Reviews, or Compilations Due</i>

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**CHAMPAIGN COUNTY MENTAL HEALTH BOARD
BOARD MEETING**

Minutes—July 17, 2019

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

5:30 p.m.

DRAFT

MEMBERS PRESENT: Judi O'Connor, Joe Omo-Osagie, Thom Moore, Elaine Palencia, Kyle Patterson

MEMBERS EXCUSED: Susan Fowler, Julian Rappaport, Jane Sprandel, Margaret White

STAFF PRESENT: Lynn Canfield, Mark Driscoll, Stephanie Howard-Gallo, Shandra Summerville

OTHERS PRESENT: Juli Kartel, Chris Gleason, Rosecrance; Heather Livingston, Kelli Martin, DSC; Chris Stohr, GROW In Illinois; Joel Sanders, Urbana Police Department; Lisa Benson, Regional Planning Commission (RPC); Abdulhakeem Y. Salaam, Frist Followers; Dottie Viera-Weis, Community Member

CALL TO ORDER:

Mr. Kyle Patterson called the meeting to order at 5:35 p.m.

ROLL CALL:

Roll call was taken and a quorum was present.

CITIZEN INPUT / PUBLIC PARTICIPATION:

None.

APPROVAL OF AGENDA:

The agenda was in the Board packet. Board members approved the document.

DRAFT

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PRESIDENT’S COMMENTS:

None.

NEW BUSINESS:

Crisis Center Presentation:

Lt. Joel Sanders from the Urbana Police Department presented on efforts to develop a local crisis center. A written presentation, “Developing a One Door Mental and Behavioral Health System” was distributed. Board members were given an opportunity to ask questions following the presentation.

University of Illinois “Build Program Evaluation Capacity: Year 5 Proposal”

A Decision Memorandum with a proposal was included in the Board packet. Mark Driscoll provided a history of the project. The CCDDDB approved the proposal at their July 10, 2019 meeting.

MOTION: Ms. Palencia moved to authorize the Executive Director to contract with the University of Illinois in the amount of \$ 78,792 to implement the scope of work presented in Capacity Building Evaluation: Year 5 Proposal. Contingent upon the CCDDDB’s participation. Ms. O’Connor seconded. A roll call vote was taken and all members voted aye. The motion passed.

CCMHB FY2020 Budget:

A Decision Memorandum on the CCMHB Fiscal Year 2020 Budget was included in the Board packet. Ms. Canfield provided an overview of changes from last year’s budget.

MOTION: Dr. Moore moved to approve the draft 2020 CCMHB Budget, with anticipated revenues and expenditures of \$5,516,635. Ms. O’Connor seconded the motion. A roll call vote was taken and the motion passed unanimously.

MOTION: Ms. Palencia moved to approve the draft 2020 CILA Fund Budget, with anticipated revenues and expenditures of \$64,000. Payment to this fund is consistent with the terms of the Intergovernmental Agreement between the CCDDDB and the CCMHB. Mr. Omo-Osagie seconded the motion. A roll call vote was taken and the motion passed unanimously.

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Agency Information:

No reports.

OLD BUSINESS:

Review Funding Priorities and Three-Year Plan Goals:

A Briefing Memorandum providing background information on existing priorities and three-year plan goals was included in the Board packet.

Contract Amendment Report:

A Briefing Memorandum on contract amendments issued the past month was included in the Board packet for information.

Liaison Assignments:

Board members should notify the Board president of your preferred assignment.

Schedules and Allocation Process Timeline:

An updated copy of the meeting schedule and allocation timeline was distributed for information only.

No report.

APPROVAL OF MINUTES:

Minutes from the June 19, 2019 and June 26, 2019 meetings were included in the Board packet for review.

Dr. Moore moved to approve the meeting minutes from June 19, 2019 and June 26, 2019. Ms. Palencia seconded the motion. A voice vote was taken and the motion passed.

EXECUTIVE DIRECTOR'S COMMENTS:

None.

STAFF REPORTS:

Written reports from Mark Driscoll, Chris Wilson, Shandra Summerville, and Stephanie Howard-Gallo were included in the packet.

BOARD TO BOARD:

No reports.

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FINANCIAL REPORT:

A copy of the Expenditure List was included in the packet.

Mr. Omo-Osagie moved to approve the claims report as presented in the packet. Ms. O'Connor seconded the motion. A voice vote was taken and the motion passed unanimously.

BOARD ANNOUNCEMENTS:

None.

ADJOURNMENT:

The meeting adjourned at 7:13 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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Executive Director's Report – Lynn Canfield, Sept 2019

Background - Strategic Plan Goals:

Champaign County Mental Health Board Current Three-Year Plan Goals

1. Support a **continuum of services** to improve the quality of life experienced by individuals with mental or emotional disorders, substance use disorders, or intellectual and/or developmental disabilities and their families residing in Champaign County.
2. Sustain commitment to addressing health disparities experienced by **underrepresented and diverse populations**.
3. Improve **consumer access to and engagement** in services.
4. Continue the collaborative working relationship with the Champaign County Board for Care and Treatment of Persons with a Developmental Disability (CCDDB).
5. Building on progress achieved through the six Year Cooperative Agreement between the Federal Substance Abuse and Mental Health Services Administration (SAMHSA), the Illinois Department of Human Services (IDHS), and the Champaign County Mental Health Board (CCMHB), **sustain the SAMHSA/IDHS system of care model**.
6. **Divert from the criminal justice system**, as appropriate, persons with behavioral health needs or intellectual/developmental disabilities.
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.
8. Support **interventions for youth** who have juvenile justice system involvement to reduce contact with law enforcement or prevent deeper penetration into the system.
9. Address the need for **acceptance, inclusion and respect** associated with a person's or family members' mental illness, substance use disorder, intellectual and/or developmental disability through broad based community education efforts to increase community acceptance and positive self-image.
10. Engage with other local, state, and federal stakeholders on **emerging issues**.

Champaign County Developmental Disabilities Board Current Three-Year Plan Goals

1. Support a **continuum of services** to meet the needs of people with intellectual and/or developmental disabilities (I/DD), along with their families, residing in Champaign County.
2. Sustain the commitment to improving outcomes for members of **underrepresented and underserved populations**.
3. Improve **access to and engagement in services** through increased coordination among providers, community stakeholders, people with I/DD, their families, and other key supporters.
4. Encourage high-quality **person-centered planning** and follow-through for people served by funding from the CCDDB and, through the Intergovernmental Agreement, from the CCMHB.
5. Continue the collaborative working relationship with the Champaign County Mental Health Board (CCMHB).
6. Identify children at-risk of developmental delay or disability, and support **early intervention services and family supports**.
7. Support **access to services and programs** for youth and adults with I/DD, with a preference for evidence-based practices to increase positive outcomes.
8. Promote **inclusion and respect** of people with I/DD, through broad based community education efforts.
9. Stay abreast of **emerging issues** affecting service and support systems and access to services, and be proactive through concerted **advocacy efforts**.

Activities of Staff and Board Members:

To support CCMHB goals 1-8 and CCDDDB goals 1-7, a majority of staff and board time is spent in the processes for allocation decisions, contracting, and monitoring of programs funded for services and supports of value to eligible residents. In the Board budgets, these contracts with agencies appear as Contributions & Grants, the largest expenditure lines. Also important are non-agency activities supporting individuals, families, agencies, systems, and community. Budgeted in Personnel, Professional Services, Expo, Public Relations, and Non-Employee Training, some are through independent contractors, and some are partnerships with other organizations.

Many are described in staff reports: 211/PATH; Alliance for Inclusion and Respect; disABILITY Resource Expo; Mental Health First Aid; Monthly Provider Workshops; Community Learning Lab projects; Evaluation Capacity Project; CCDDDB Mini-Grant Process; and various collaborations.

Anti-Stigma and Community Awareness: (MHB goals 1, 3, 4, and 9 and DDB goals 1, 3, 5, and 8)

211/PATH features call-based and online information about current programs and resources; PATH's management of 211 and data services is co-funded with United Way for this County, through a Memorandum of Understanding and at current annual cost of \$18,066. At the end of September, we will meet with others interested in developing a mobile app to support 211/PATH and may explore a related option offered by EMK Consulting. Kim Bowdry and I are working with Community Learning Lab students and ChrispMedia on a 'redirectory' website to link online resource guides.

Alliance for Inclusion and Respect (AIR, formerly Anti-Stigma Alliance) initially focused on Ebertfest anti-stigma films, events, and marketing during April. Building on that exposure, we have ongoing anti-stigma messaging, support for artists and entrepreneurs, and promotion of member organizations. Throughout 2019, Stephanie Howard-Gallo has managed a space in International Galleries, featuring a new artist monthly; staff produce promotional cards for each artist and a brochure on AIR. A facebook page and accessible website showcase the mission, members, artists, events, and information of interest. We may again host a booth at the weekly indoor Market at the Square from November to March, depending on AIR artists' interest.

disABILITY Resource Expo #13 planning has begun. Activities also support networking and community building, as the various committees engage providers, volunteers, and leaders from the disability community. 2019 Expo Revenues reported by July were \$13,865; adding \$12k in-kind contributions and volunteer time valued at \$12,651 brings the total revenue to \$38,516; total expenditures were \$54,648. The projected budget for 2020 event is similar. Staff and board members serve on Marketing/Sponsorship, Children's Room, Entertainment, Volunteer Coordination, and Steering Committees. Independent contractors coordinate all and contribute content to an ADA compliant Expo website with searchable resource guide.

CCMHB/CCDDDB CILA: (MHB goal 4 and DDB goals 1 and 5)

The CCMHB has paid the CILA mortgage loan in full, and the CCDDDB has made its annual contribution to the CILA project fund; the intergovernmental agreement between the Boards will guide budgeting and future decisions. Sale of the two houses or purchase of additional houses for

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use as CILAs would require further Board consideration. After reviewing with Joel Ward Homes, property manager, Individual Advocacy Group, provider of services, Dan Walsh, attorney, and the Civil Division of the State's Attorney's Office, it is not clear that agreements can be significantly revised or new properties purchased. We will continue working to strengthen the project and to benefit current and prospective new residents.

One-Time Mini-Grant Process:

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

Kim Bowdry led the team through developing a process to allocate individual awards to those Champaign County residents who are eligible for CCDDDB funded agency programs but underserved, have a one-time support need specific to their circumstance, and seek to exercise choice as a consumer. During the September 18 board meeting, the CCDDDB is presented with a proposed process and draft application, with the potential for awarding several small grants directly to eligible individuals, totaling up to \$55,640, the amount not successfully negotiated of the total approved PY20 CCDDDB agency allocations.

Support for Agency Programs:

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

Cultural and Linguistic Competence training and technical assistance are offered by Shandra Summerville. Local providers have an advantage as other funders have begun requiring CLC Plans and conformity with the National CLAS standards.

Independent Contractors: EMK offers technical support for agency users of our online application and reporting system; John Brusveen, CPA, reviews agency audits, offered Bookkeeping 101 to agencies, and suggests improvements in accountability and financial management; ChrispMedia maintains the AIR and Expo websites and will develop a county-wide 'redirectory' if indicated.

Mental Health First Aid: With certification in Adult, Youth, and Public Safety MHFA, Shandra Summerville offers trainings, with priority to agencies, board members, and public officials. A network of trainers in the region intend to cover all interested groups and areas.

Monthly Provider Trainings, coordinated by Kim Bowdry, are free of charge and offer CEUs. Topics from July to October: Grantfinding Support for Non-Profits (Carol Timms); Understanding Autism: Key Components for Building Success (Joan Gorsuch); Digging into the Roots of Poverty: How Can Social Service Workers Address Systemic Problems in their Day-to-Day Work? (Danielle Chynoweth); and Applying Trauma Informed Approaches (Raul Almazar).

UIUC Evaluation Capacity Project consults with agencies with CCMHB and now CCDDDB funded programs through 'theory of change' logic model workshops, consultation bank, and intensive support to pilot programs each year. Researchers also helped rewrite and reorganize application and reporting materials to better capture the value of services.

Activities of the Executive Director:

The following lists my regular meetings, events, and partnerships related to the strategic plans of the Boards. Activities not listed: discussions with staff and board, providers, stakeholders, and County officials; update of documents, websites, financials, budgets; personnel, office, employment policy, statutes, consultant meetings and contracts; and similar.

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Intergovernmental/Interagency Collaborations:

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

Champaign County Department Heads: Monthly meetings of County Executive and Department Heads, regarding on budget process, tax calculation, policy development, strategic plans, transparency, Enterprise Resource Planning (ERP) development, supervision, and facilities.

Local Funders Group: The group can include United Way, Cities of Champaign and Urbana, Townships of Champaign and Cunningham, Village of Rantoul, Community Foundation of East Central IL, with a focus on funding priorities, allocation process, available funds, and co-funded programs. Though we have not met recently, some members communicate often about 211/PATH, early childhood programming, families in crisis, trauma-training, and homelessness.

Mental Health and Developmental Disabilities Agency Council: Monthly meetings of agency representatives, not all funded by the CCMHB/CCDDB, with staff and board updates, agency activities, state budget and federal/state system news, special topics, and announcements.

Metropolitan Intergovernmental Council: Quarterly meetings of governmental units, with topics of interest (often on economic development) and updates from members. *Due to a conflict, I was unable to attend this quarter's meeting; topic Willard Airport.*

Regional Champaign-Vermilion Executive Committee: Monthly conference calls, quarterly in-person meetings. This partnership of public and private entities shares an obligation for community needs assessments and strategic plans every three years. Because the CU Public Health District I-Plan has identified behavioral health as a high priority for three cycles, partnering is efficient; the committee has an interest in understanding the needs of people with I/DD. A coordinator (with office at CUPHD, on United Way payroll) has responsibility for needs assessment activities, meetings, surveys, collection of data, and staffing of our meetings. MHFA trainings and community awareness events are very popular topics this year.

UIUC School of Social Work and College of Media: Collaborations with School of Social Work occur in fall, College of Media in Spring. Two Community Learning Lab projects were identified, lead staff have been assigned with me as backup, and initial meetings completed.

Partnerships related to Underrepresented Populations and/or Justice System:

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

Champaign Community Coalition: Monthly Executive Team and community Goal Team meetings and Champaign City Council study session for update on the Coalition's work.

Coordinated Crisis and Recovery Response: Discussions with providers, law enforcement, hospital administrators, and interested citizens, as the state's changes to crisis services are implemented, and as local opportunities develop. Focus on services which could be provided in a central location: triage, peer supports, crisis stabilization, coordinated response. The State offers trainings toward certification of peers; bulletins are shared with local peer networks.

Crisis Intervention Team Steering Committee: Bimonthly meetings of representatives of local law enforcement agencies, EMS, hospital, behavioral health, providers serving the homeless and those at risk, advocacy groups, and other stakeholders to promote CIT and related trainings, to

review data analyzed by City of Urbana, and to share updates and announcements. An annual CIT data report has been made available to all members.

Drug Court: Met with leadership on concerns which include staffing changes. *This will probably not become an ongoing activity but requires attention for now.*

Housing Authority of Champaign County Enrichment Foundation: Monthly meetings of an advisory committee while a permanent governance board is established and seated for this non-profit with mission to offer positive youth activities to residents of subsidized housing and in neighborhoods lacking opportunities.

New American Welcome Center: Monthly meetings of Health & Well-Being Working Group for member presentations and review of community needs survey and program development.

Rural Outreach and Engagement: Coordination with OSF and Carle on MHFA trainings to rural partners and residents. Many farming communities are experiencing increased economic stress and incidence of the “diseases of despair.” Online tools (webpsychology.com, OSF’s SilverCloud, betterhelp.com, Bexar County’s MHU app) and telemedicine are promising, as long as bandwidth is sufficient and people know how to use these options.

Youth Assessment Center Advisory Committee: Quarterly meetings of representatives of law enforcement, Court Services, State’s Attorney, service providers, and school districts for discussion of the program, review of referral and service data, and updates. Many are involved with the monthly Parenting Model reviews led by Cunningham Children’s Home.

State and National Associations and Advocacy: *(MHB goal 10 and DDB goal 9)*

Association of Community Mental Health Authorities of Illinois (ACMHAI): Conference calls of Executive, Legislative, Medicaid/Managed Care, I/DD, and Ad Hoc (dues – now completed) Committees. September 12-13 membership training on trauma-informed systems, followed by a roundtable on Illinois I/DD and quarterly business meeting. Intermittently, members discuss issues such as: property taxes and PTELL, impact of state budget and systems, agency contracting and monitoring, board/staff policies, legal opinions, budget processes, and community awareness. Government Strategy Associates, our legislative liaison, updates us on news of the day: Medicaid and rates, Direct Support Professional wages, minimum wage increase, legalization of adult use marijuana, Customized Employment pilot, Mental Health First Aid in schools, Maternal Health, etc. They collected and scanned all available records of Illinois General Assembly debates (1960s to 2013) of the statutes establishing our boards; these were shared with ACMHAI members to clarify the intent of the Acts.

National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD): I attended the Summer Board meeting and Annual I/DD summit; *notes from those sessions in a separate document.* The association shares articles and announcements on research, legislative activity, innovations, and more. Monthly I/DD committee calls feature presentations from other associations and experts and roundtable discussions of managed care, state budgets, workforce, corrective action plans, consent decrees, state transition plans. I co-chair monthly Behavioral Health committee calls; with a completed white paper on outcomes, we are organizing a member survey and pilot project to test the outcomes; also launching a webinar series on various states’ Medicaid programs. This committee has offered to absorb the Justice Committee.

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National Association of Counties (NACO): I attended two days of sessions during the Annual Meeting; *notes are in a separate document*. Monthly Health Steering and Regional Committee calls; quarterly Stepping Up Innovator County calls and learning community; and Data Driven Justice Initiative webinars (*though these conflict with other standing meetings*).

Special Projects for Future Consideration:

In addition to the agency contract process and projects above, we may find other ways to strengthen the local systems. If other special projects are of interest, they can be developed for future board discussion.

Shared Infrastructure:

Develop a pilot project to strengthen funded organizations by sharing business office and contract compliance functions or technology 'infrastructure'. Where small local organizations may be well-positioned to meet local needs, they may be too small to manage requirements, such as bookkeeping, data collection, performance evaluation, or fundraising. Total costs might be lower if shared by a group of agencies. A pilot project may show how this is best accomplished.

Parkland College Foundation:

Establish a scholarship fund for people who have MI, SUD, or I/DD, Champaign County residency, financial need, and an interest in participating in Parkland programs. Parkland Foundation would apply contributed funds to each scholarship recipient's account and return unused funds to the CCMHB. To identify scholars, and taking care to avoid stigmatizing people or sharing private health information, we would establish a review committee, a process and timeline, a method for promoting the opportunity publicly, and maximum award amounts. Due to school timelines, review of scholarship applications might coincide with review of agency funding requests. The total amount to be awarded could vary each year, allowing the board to use funds beyond those budgeted for agency contracts, consultants, staff, or administrative needs. Per statute, mental health boards may make scholarships, and for some people, direct assistance of this kind may be more appropriate than agency supports and services.

Workforce Retention Initiatives:

Student Loan Repayment; Retention Payments; Paid Training Series. Workforce recruitment and retention challenge service systems across the country; this is true in Champaign County in spite of local resources. A student loan repayment program could attract and retain new psychiatrists; the state program requires them to serve a community for only two years, so we might consider a program adding two more years to the obligation. Where the workforce shortage currently prevents funded programs from serving people with critical needs, recruitment and retention incentives could be developed for other behavioral health, case management, and direct support, including multilingual providers. A model launched in Iowa offers direct support professionals a lump sum payment for completing a series of trainings in best practices for their field; this could professionalize the workforce while improving the pay without supplementing Medicaid.

Branding and Marketing:

Develop logo(s) and brief messages about the boards or projects; explore new marketing approaches and promotions. Our national and state associations each have a committee working on marketing/messaging through informational brochures, but none are brief. As younger people use and respond to media differently, we may consider new approaches, especially for special projects such as Expo, AIR, MHFA, and provider workshops.

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**Kim Bowdry, Associate Director for Intellectual & Developmental Disabilities
Staff Report – September 2019**

CCDDB Contracts: Contract negotiations with PACE continued for the Opportunities for Independence contract through July. PACE withdrew from the negotiation process on August 1, 2019. We continue to contract with PACE for the Consumer Control in Personal Support program. UCP was approved for funding at the July 10, 2019 CCDDB meeting.

CCDDB Reporting: Included in this board packet is a full year of data from the agencies using the online claims system. I entered claims into the online system for TPCs who also have waiver funding. This is in an effort to show how local funds work with state funds and which programs may require more flexibility than state funding allows.

Learning Opportunities: In July, Carol Timms presented “A Match Made Online: Using Online Databases to Find the Perfect Funders for Your Programs” at the Champaign Public Library. Ms. Timms is an Administrative Manager at Barham Benefit Group. This workshop was lower in attendance but offered a lot of information for agencies looking to expand the funding sources for their programs.

In August, “Understanding Autism: Key Components for Building Success” was presented by Joan Gorsuch. Ms. Gorsuch has a Bachelor’s degree and teaching certificates in Fine Arts and has a Master’s degree in Special Education and is a Learning and Behavior Specialist. She works as a Special Educator and an art teacher. She is a certified provider and runs UCLA PEERS ® and Social Thinking ® groups at The University of Illinois and at her office in Champaign, Illinois.

Danielle Chynoweth, the Cunningham Township Supervisor presented, “Digging into the Roots of Poverty: How Can Social Service Workers Address Systemic Problems in their Day-to-Day Work” in September. In addition to her work at the Township, Ms. Chynoweth also serves on the boards of the Housing Authority of Champaign County and CU Public Health.

In October, Raul Almazar, RN, MA returns to present “Applying Trauma Informed Approaches,” a follow-up to his presentation last October, “Trauma Informed Care for Persons with I/DD.” An afternoon session will be held for agency directors, “Organizational Wellness: Creating a Trauma Informed Organization.”

As we round out the first year, we continue to see consistent attendance. Workshops are approved for CEUs through the University Of Illinois School Of Social Work and offer social work and Qualified Intellectual Disability Professionals (QIDP) CEUs. The feedback from participants through evaluations continues to be positive and includes:

- *I deeply enjoyed the presenter's enthusiasm on this topic!*

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- Presenter was "very" personable. Very interactive with group.
- I liked the interaction with the group – participants got to use computer to do search.
- I thought you were able to cram a ton of material into 3 hours and it was even paced and didn't feel rushed at all. Great job!
- This was highly pertinent and helpful as someone that deals with burn out and stress around the non-profit.

NACBHDD: I participated in monthly I/DD committee calls. I also participated in the I/DD Summit Planning Committee for the I/DD Summit held in July in Las Vegas, however was unable to attend the conference.

ACMHAI: I participated in the ACMHAI I/DD committee call. I attended the quarterly meeting in Springfield on September 12, 2019. Presentation topics included: Resilience: How One Person Navigated the State Systems to Personal Success; Building Boone's Resilience: Tackling Trauma and Shaping Systems in a Rural Community; and I/DD Learning Collaborative: Current Challenges in Illinois.

Other activities: I participated in the following webinars: *Doors to Wellbeing Peer Specialist Monthly Webinar Series, Decision-Making with the Personal Outcome Measures®: Relationships, How to Do Root Work in Trauma Treatment Using Feedback Loops and Playbooks, Your Money Your Goals, Financial Inclusion 101, Decision-Making with the Personal Outcome Measures®: Relationships & Choices, and Aging of Individuals with Intellectual and Developmental Disabilities.*

I participated in the following Expert Chats: *ADHD and Executive Functioning Issues and Understanding Developmental Coordination Disorder.* I also participated in two nTIDE Lunch n' Learns.

I participated in the Race Relations planning meeting at the Bahai' Center. I took the Youth Mental Health First Aid training offered by our office in July.

PUNS Selection & Reports: PUNS selection letters were mailed out by DHS in late August. The Division of Developmental Disabilities mailed out 1,247 letters, with 33 letters being mailed to people in Champaign County.

The Division of Developmental Disabilities has announced its new Director. Allison Stark, formerly the President and CEO of Orchard Village, a service provider for people with I/DD in Skokie, Illinois, will take over as the Director of the Division on September 23, 2019.

Attached is the updated PUNS Summary by County and Selection Detail for Champaign County. I have also included the Division of Developmental Disabilities Prioritization of Urgency of Needs for Services (PUNS) Summary of Total and Active PUNS By Zip Code.

Community Learning Lab: I will be working with students from the University of Illinois School of Social Work Community Learning lab during the fall semester. The students will be working to identify and accumulate all electronic resource guides for Champaign County that will be housed on one website.

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Division of Developmental Disabilities
Prioritization of Urgency of Needs for Services (PUNS)
Summary By County and Selection Detail

August 05, 2019

County: Champaign

Reason for PUNS or PUNS Update	920
New	56
Annual Update	322
Change of Category (Seeking Service or Planning for Services)	34
Change of Service Needs (more or less) - unchanged category (Seeking Service or Planning for Services)	29
Person is fully served or is not requesting any supports within the next five (5) years	196
Moved to another state, close PUNS	19
Person withdraws, close PUNS	25
Deceased	17
Individual Stayed in ICF/DD	1
Individual Moved to ICF/DD	2
Individual Determined Clinically Ineligible	5
Unable to locate	43
Submitted in error	1
Other, close PUNS	170
CHANGE OF CATEGORY (Seeking Service or Planning for Services)	443
PLANNING FOR SERVICES	178
EXISTING SUPPORTS AND SERVICES	400
Respite Supports (24 Hour)	10
Respite Supports (<24 hour)	14
Behavioral Supports (includes behavioral intervention, therapy and counseling)	153
Physical Therapy	40
Occupational Therapy	106
Speech Therapy	136
Education	187
Assistive Technology	47
Homemaker/Chore Services	2
Adaptions to Home or Vehicle	7
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	57
Medical Equipment/Supplies	30
Nursing Services in the Home, Provided Intermittently	6
Other Individual Supports	150
TRANSPORTATION	461
Transportation (include trip/mileage reimbursement)	137
Other Transportation Service	300
Senior Adult Day Services	1
Developmental Training	99
"Regular Work"/Sheltered Employment	80
Supported Employment	91
Vocational and Educational Programs Funded By the Division of Rehabilitation Services	63
Other Day Supports (e.g. volunteering, community experience)	30
RESIDENTIAL SUPPORTS	80
Community Integrated Living Arrangement (CILA)/Family	3
Community Integrated Living Arrangement (CILA)/Intermittent	5
Community Integrated Living Arrangement (CILA)/Host Family	1
Community Integrated Living Arrangement (CILA)/24 Hour	32
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	1
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 17 or More People	2
Skilled Nursing Facility/Pediatrics (SNF/PED)	5
Supported Living Arrangement	7

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Division of Developmental Disabilities
Prioritization of Urgency of Needs for Services (PUNS)
Summary By County and Selection Detail

August 05, 2019

Shelter Care/Board Home	1
Children's Residential Services	4
Child Care Institutions (Including Residential Schools)	8
Children's Foster Care	1
Other Residential Support (including homeless shelters)	12
SUPPORTS NEEDED	419
Personal Support (includes habilitation, personal care and intermittent respite services)	371
Respite Supports (24 hours or greater)	25
Behavioral Supports (includes behavioral intervention, therapy and counseling)	137
Physical Therapy	41
Occupational Therapy	76
Speech Therapy	96
Assistive Technology	56
Adaptations to Home or Vehicle	16
Nursing Services in the Home, Provided Intermittently	5
Other Individual Supports	73
TRANSPORTATION NEEDED	371
Transportation (include trip/mileage reimbursement)	321
Other Transportation Service	333
VOCATIONAL OR OTHER STRUCTURED ACTIVITIES	298
Support to work at home (e.g., self employment or earning at home)	7
Support to work in the community	265
Support to engage in work/activities in a disability setting	106
Attendance at activity center for seniors	1
RESIDENTIAL SUPPORTS NEEDED	143
Out-of-home residential services with less than 24-hour supports	77
Out-of-home residential services with 24-hour supports	79

<http://www.dhs.state.il.us/OneNetLibrary/27897/documents/PUNSSumbyCountyandSelectionDetail.pdf>

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**Division of Developmental Disabilities Prioritization of Urgency of Needs for Services (PUNS)
Summary of Total and Active PUNS by Zip Code**

Updated 08/05/19

<http://www.dhs.state.il.us/OneNetLibrary/27897/documents/DD%20Reports/PUNS/PUNSbyZipallandactivevets05102016.pdf>

Zip Code	Active PUNS	Total PUNS
60949 Ludlow	2	4
61801 Urbana	41	86
61802 Urbana	64	115
61815 Bondville (PO Box)	1	1
61816 Broadlands	2	3
61820 Champaign	43	85
61821 Champaign	87	184
61822 Champaign	54	101
61840 Dewey	0	2
61843 Fisher	10	12
61845 Foosland	1	1
61847 Gifford	1	1
61849 Homer	0	5
61851 Ivesdale	1	2
61852 Longview	1	1
61853 Mahomet	40	64
61859 Ogden	4	13
61862 Penfield	1	2
61863 Pesotum	2	2
61864 Philo	6	12
61866 Rantoul	31	87
61871 Royal (PO Box) --	--	no data on website
61872 Sadorus	2	2
61873 St. Joseph	15	26
61874 Savoy	8	14
61875 Seymour	2	3
61877 Sidney	5	10
61878 Thomasboro	0	2
61880 Tolono	9	27
Total	433	867

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Mark Driscoll
Associate Director for Mental Health & Substance Abuse Services

Staff Report – September 18, 2019 Board Meeting

Summary of Activity

CCMHB Three Year Plan with Draft PY20 Objectives: The FY 2019 – 2021 Three Year Plan with draft FY2020 Objectives is included in the packet. A Briefing Memorandum accompanies the Plan. At this time, the majority of the PY19 objectives are to be carried forward into PY20. Some new objectives are proposed along with some revisions or technical corrections to existing objectives. The document is a draft. Additional revisions may be made based on input from the Board, stakeholders, and other interested parties. A final version will be presented to the Board at the November meeting.

PY20 Contract Activity: A Contract Amendment Report is included in the Board packet. The last of the contracts with the new staff position special provision have met the requirement and amendments issued. All involved agencies have revised their financial forms to reflect the amended contract maximum. No other contract amendments have been issued beyond those carrying this special provision. For more detail, please refer to the report.

The regular contracting process has been completed. Payments for one contract have been held until the financial forms were properly completed. Those issues have recently been resolved and back payments to be issued. Two agencies were sent compliance notices by Stephanie Howard-Gallo and have since submitted missing documents required by the contract.

Program Evaluation Committee: The PY 20 contract with the University to support the work of the Program Evaluation Team, approved by the Board at the July meeting, has been executed. I serve as the primary point of contact for this contract.

You will find in the Board packet a copy of the Program Evaluation Team PY19 Final Report. A formal presentation will be made at the meeting. The report includes an overview of activity undertaken by the team as well as detailed descriptions with supporting documents of the intensive engagement with three targeted programs. Each of the targeted programs presented to their peers at the Mental health Developmental Disabilities Agency Council meeting in August. Regrettably I missed part of the presentations but what I did hear and was told after the meeting, the presentations were well done and well received. The process of selecting the targeted programs for PY20 is currently underway.

The Rosecrance Criminal Justice program was one of the first programs selected several years ago to be a targeted program. To their credit, Rosecrance has, through the consultation bank, continued to utilize the support of the Evaluation Team to improve data collection for the program. Now, data for the 2018 calendar year has been analyzed. I am meeting with the team and Rosecrance staff to discuss the analysis and plan to hold a follow-up meeting on how to use the data to identify variables contributing to successful referral and linkage outcomes.

PY19 Fourth Quarter Reports: The PY19 Fourth Quarter and the Year-End Performance Outcome Reports (PORs) were due the end of August. Reports are being reviewed for completeness and reported activity posted to an excel spreadsheet used to track the data. The

PORs will be compiled and posted to the public page/welcome page of the online system later this month. As necessary, agencies will be contacted regarding any missing forms, data, or questions about reported activity.

Criminal Justice – Mental Health: The Crisis Intervention Team Steering Committee had a presentation providing a preliminary analysis of law enforcement crisis related contact data for the prior twelve months. The analysis is typically done for the prior quarter but once per year a twelve-month retrospective is done. Melissa Hendrian, a crime analyst at Urbana Police Department, compiles the county wide data and prepares the report. Data points include number of contacts per month, frequency by day of week and time of day, whether a CIT was present, and disposition of the contact. On average, less than 8% of contacts result in an arrest.

The Reentry Council was presented with a year-end report too. While some CCMHB funded criminal justice program data is included the majority of the report concerns the County Board funded Reentry Program. The report was submitted to the County Board in August. The County contracts with Rosecrance for the program. The CCMHB criminal justice program and County reentry program target different reentry populations but do coordinate services and referrals.

Family Model Planning Process: Cunningham Children’s Home has engaged stakeholders and initiated meetings to evaluate various models serving families with youth at-risk of or involved in the juvenile justice system. Shandra and I are participating in the meetings and I am providing additional support as needed. Margaret White and Joe Omo-Osagie represent the Board on the planning committee. The first meeting held in July was primarily organizational while the August meeting started to delve into the various models. Included in the Board packet is a meeting summary (minutes and hexagon evaluation tool notes) from the most recent meeting.

Child and Adolescent Local Area Network (LAN): As co-chair of the, I facilitated the September meeting. Highlights of the meeting include a presentation by The Baby Fold that runs the Health Start program in Champaign County. Healthy Start is an early intervention program serving families with new born children. The family must enroll in the program within two weeks of birth but can be served until age five. The program provides a mix of home visiting and parent child interaction groups to participating families. The Healthy Start program is one of eight early intervention programs operating in Champaign County. The various programs meet monthly to coordinate services and are working on a flowchart to explain eligibility criteria and cross-referral pathways.

Some other counties have a coordinator to provide central intake services functioning as a coordinated point of entry, referring families to the most appropriate provider based on family need and program eligibility.

At a prior meeting, the LAN approved adding the Saving Our Families Together Today (SOFTT) collaboration as a standing Committee. SOFTT provides education and support to families involved in the child welfare system whose children have been removed by DCFS. SOFTT works to educate families and community providers about the reunification process and what the family needs to do to get the child returned to their custody. SOFTT has organized a “Breaking Down Barriers” forum for providers to be held later this month. It includes presentations on effective cultural communication, strategies for engaging families, and balance of communication and power.

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Continuum of Service Providers to the Homeless: The focus of the Continuum of Service Providers to the Homeless meeting was presentations on the various applications to be submitted this year to the Department of Housing and Urban Development as part of the annual application cycle. Two agencies chose not to submit renewal applications, potentially losing over \$200,000 in federal funds for Champaign County. In an effort to keep the funds here, CCRPC submitted a new application to provide permanent supporting housing plus care to individuals (adults with either mental illness, SUD, ID/DD, physical disability, of HIV/AIDS). Several other applications by CCRPC are renewals providing similar services but for families meeting the same disability criteria.

The “plus care” portion of the application is a 25% match requirement generated through delivery of case management and treatment services by local providers. At times, meeting these match requirements can be an issue resulting in HUD funded housing vouchers to go unused.

Other Activity:

- The list of resources the Rantoul Service Providers Group has been developing is accessible through the Community Service Center of Northern Champaign County (CSCNCC) website. The group is now working on a referral form and memorandum of understanding. The September meeting was led by Andy Kulczykcki, CSCNCC Director as the CCRPC Justice Diversion Program staff position is temporarily vacant.
- The CUPHD led PROMPT Task Force held a quarterly meeting. The task force is a regional group, comprised primarily of public health departments, focused on training first responders and others on administering NARCAN to persons overdosing from opiates. The quarterly meeting included an update on the new contract year. CUPHD is the lead agency and subcontracts with ten other departments. Funding is provided by the federal government through the Illinois Department of Public Health. A demonstration of the IDPH Opioid Data Dashboard was also provided at the meeting. County specific data, reported through hospital emergency departments, can be accessed through the dashboard (<https://idph.illinois.gov/OpioidDataDashboard/>)

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Stephanie Howard-Gallo

Operations and Compliance Coordinator Staff Report

September 2019 Board Meeting

SUMMARY OF ACTIVITY:

Certificates of Liability Insurance:

Certificates of Liability Insurance were requested from each agency on July 8th with a due date of August 1st. A reminder was sent the last day of July. Two agencies did not meet the deadline (C- U Area Project and DREAAM House), which resulted letters of non-compliance being sent to them and their payment being held. I have received the two agency's proof of liability insurance and payments have been released.

Other Compliance:

Individual Advocacy Group (IAG) was sent a formal letter requesting additional insurance coverage information. The information was provided to us in a timely manner.

United Cerebral Palsy (UCP) was sent a formal letter of non-compliance regarding a Board member issue that had not been resolved. UCP overlooked the clause stating that the provider shall not allow any employee or person related by blood, adoption, marriage or domestic partnership to serve on the Provider Board of Directors. As a result, a board member was removed from their Board of Directors and a new one was to be appointed at the end of August and will go through orientation by the end of September. Ms. Canfield approved this corrective action plan and the UCP contract was signed and processed on August 20. Payments for this contract year have now been released to UCP.

Fourth Quarter Reporting:

4th Quarter financial and program reports for all funded programs were due August 30th at the close of business. Performance Outcome Measures are due at the 4th Quarter of each funding year, as well. Some of the agencies requested an extension of time to complete the reporting. As of this writing, no letters of non-compliance have been sent and no payments have been withheld. Board members can access these reports using the online system. Staff can also provide copies of the reports for you, if requested.

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FOIA/OMA Certification:

As the Open Meeting Act (OMA) Designee and the Freedom of Information Act (FOIA) Officer for the CCMHB/CCDDB, I must successfully complete training on an annual basis. I completed the 2019 trainings and submitted my certificates to Lynn Canfield on August 20, 2019.

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

A Facebook page promotes AIR's mission, members, artists, events, and news articles of interest. I am one of the administrators of the page.

International Galleries at Lincoln Square continues to give AIR artists a space, free of charge, to host monthly artists. I organize the schedule and maintain a relationship with gallery personnel. mvzonik was the August artist representing the Alliance for Inclusion and Respect (AIR) with his wearable art (Tshirts). The September artist is Carol Bradford. Carol creates mixed media art on canvas. Carol's ethnic art is influenced by her personal and professional life experiences. She depicts women of color in unique and dynamic ways as a celebration of their beauty and uniqueness with a special emphasis on their hair texture. Through her art she hopes to increase the self-esteem of women and girls by allowing them to see themselves in non-traditional roles and as fantasy beings such as mermaids and fairies.

We will continue with a new artist every month for as long as **International Galleries** will host us. The gallery does not take any percentage of the artists sales. I'm happy to report that artists are selling their work. The holiday season will be here soon and I encourage you to support this local business in our community. **International Galleries** provides professional framing services and has a variety of unique items at the store (candles, cards, jewelry, gemstones).

Other:

- Preparing meeting materials for CCMHB/CCDDB regular meetings and study sessions/presentations.
- Composing minutes from the meetings.
- I attended a meeting with representatives exploring a new Countywide software system.

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2019 September Monthly Staff Report- Shandra Summerville Cultural and Linguistic Competence Coordinator

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

Champaign Urbana Area Project: I met with the Interim Director for CUAP about CLC Reporting requirements and to update the FY20 CLC Plan.

Grow Illinois: Grow submitted a new CLC Plan for FY20. I sent suggestions on how to continue to keep action steps measurable.

UCP: UCP reached out to update their FY20 CLC Plan and I provided feedback to them about their CLC Plan.

Community Choices: I completed the Annual CLC Training for Community Choices. The staff completed a Cultural Competence Self-Assessment. The results from the self-assessment were discussed with the staff. Actions and outcomes based on the information that was learned from the results of the assessment will be incorporated as part of the plan of action.

Champaign County Health Care Consumers: I met with Claudia Lenhoff about language access through CCHCC and how they provide advocacy for people with limited English.

CLC Compliance Check: 4th Quarter reports were due on August 30, 2019. I have started to review the reports and the findings will be included in October Staff Report.

CLC Coordinator Direct Service Activities

Mental Health First Aid Training: I convened a meeting with Mental Health First Aid Instructors in the area on September 10. We are working to ensure that efforts about Mental Health First Aid are more coordinated. I provided marketing information for an event Mental Health Faith Based at OSF on August 24th. 14 people expressed an interest about taking a class

Georgetown Leadership Academy: Increasing Cultural Diversity and Cultural and Linguistic Competence in Networks Supporting Individuals with Intellectual and Developmental

Disabilities: I had an additional coaching call with Tawara Goode to talk about how to build capacity for Language Access in Champaign County. Recognizing there is a gap in Champaign County that can provide interpretation and translation in Mental Health Services.

Brown Bag Lunch Series University of Illinois Psychology Department: I was invited to speak to the Brown Bag Series at the UIUC Psychology Department. I spoke in general about the formal and informal supports and services offered in Champaign County for persons living with a mental health challenges and developmental disabilities. I also talked about the importance of culturally responsive services and how organizations funded by the Champaign County Mental Health Board uses the National Culturally and Linguistically Appropriate Services Standards to ensure that barriers to access are being addressed through organizational cultural competence

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2019 September Monthly Staff Report- Shandra Summerville Cultural and Linguistic Competence Coordinator

planning and implementation. that provide supports in our community that don't receive funding from CCMHB so they could learn about additional funding opportunities.

UIUC Community Learning Lab: I met with the group of students whose project I will supervise this fall. Their initial interest was in outreach to rural residents and young people, as both groups may be underserved. We discussed goals, expectations, and a set of activities to accomplish.

Anti-Stigma Activities/Community Collaborations and Partnerships

Alliance for Inclusion and Respect: Each month an artist is featured at International Galleries to sell their featured artwork. I provide support by creating and printing the artists cards that for each artist.

Disability Resource Expo: I will be attending the first Expo Committee Meeting. I have started working on ensuring that Volunteer Hours are tracked as well as the time that funded organizations spend to help with the expo.

C-HEARTS African American Story Telling Project: This is a group of interdisciplinary scholars and community members exploring community healing through story telling. We meet twice per month to discuss the project and partnerships.

United Way ECL (Emerging Community Leaders) Alumni Committee: The Capstone Presentation will be on September 19. The teams will present their service project about 211. An update will be provided.

Human Services Council: I attended Human Services Council on August 1, 2019. There was a presentation about rental assistance in Champaign County and how RPC, Champaign Township, and Cunningham Township are collaborating to ensure there is a more coordinated effort for residents that need assistance with paying their rent.

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**CHAMPAIGN COUNTY MENTAL HEALTH BOARD
PY19 Q4 Financial Summary**

AGENCY	PROGRAM	AWARD	Q4 Report		NOTES
			REVENUE	EXPENSE	
CCCAC	Children's Advocacy Center	47,754	47,754	47,754	
CCRPC/Head Start	Early Childhood Mental Health Services	90,120	90,120	90,120	
CCRPC/Head Start	Social Emotional Development Services	73,605	73,605	73,605	
CCRPC/Head Start TOTAL		163,725	163,725	163,725	
CCRPC	Justice System Diversion Services	65,074	65,074	65,074	
CCRPC	Youth Assessment Center	76,350	76,350	76,350	
CCRPC TOTAL		141,424	141,424	141,424	
Champaign Urbana Area Project	CU Neighborhood Champions	50,000	INCOMPLETE	INCOMPLETE	Revenue and expense reports not submitted
Champaign Urbana Area Project	TRUCE	50,000	50,000	INCOMPLETE	Expense report not submitted
Champaign Urbana Area Project TOTAL		100,000	50,000	-	
Community Service Center	Resource Connection	66,596	66,596	66,596	
Courage Connection	Courage Connection	127,000	81,353	81,353	
Crisis Nursery	Beyond Blue Champaign County	75,000	75,000	75,000	
Cunningham Children's Home	ECHO Housing and Employment Support	90,000	90,000	94,650	Expense exceeds revenue
Developmental Services Center	Family Development Center	562,280	562,280	569,692	Expense exceeds revenue
Don Moyer Boys & Girls Club	Coalition Summer Initiatives *	107,000	107,000	107,000	
Don Moyer Boys & Girls Club	CU Change	100,000	100,000	136,919	Expense exceeds revenue
Don Moyer Boys & Girls Club	Youth & Family Services	160,000	160,000	160,000	
Don Moyer Boys & Girls Club TOTAL		367,000	367,000	403,919	
DREAAM House	DREAAM	80,000	80,000	79,967	Excess Revenue
East Central Illinois Refugee Mutual Assistance Center	Family Support and Strengthening	48,239	48,239	48,278	Expense exceeds revenue
Family Service of Champaign County	Counseling	25,000	25,000	25,000	
Family Service of Champaign County	Self Help Center	28,928	28,928	28,928	
Family Service of Champaign County	Senior Counseling & Advocacy	142,337	142,337	142,337	
Family Service Center TOTAL		196,265	196,265	196,265	
First Followers	Peer Mentoring for Re-entry	70,000	70,000	70,000	
GROW in Illinois	Peer Support	20,000	20,000	20,000	
Mahomet Area Youth Club	BLAST	15,000	15,000	15,000	
Mahomet Area Youth Club	Members Matter	18,000	18,000	18,000	
Mahomet Area Youth Club TOTAL		33,000	33,000	33,000	
Promise Healthcare	Mental Health Services	242,250	242,250	247,489	Expense exceeds revenue
Promise Healthcare	Wellness	58,000	58,000	63,704	Expense exceeds revenue
Promise Healthcare TOTAL		300,250	300,250	311,193	
Rape Advocacy, Counseling & Education Services	Sexual Violence and Prevention Education	18,600	18,600	15,203	Excess Revenue
Rattle the Stars	Youth Suicide Prevention Education	54,500	54,500	48,505	Excess Revenue
Rosecrance Central Illinois	Criminal Justice PSC	338,643	322,099	322,099	Revenue incorrect. Variance report incomplete
Rosecrance Central Illinois	Crisis, Access & Benefits	255,440	255,440	255,440	
Rosecrance Central Illinois	Fresh Start	79,310	79,310	79,310	
Rosecrance Central Illinois	Parenting with Love and Limits FFS	392,992	130,996	16,505	Variance report incomplete
Rosecrance Central Illinois	Prevention Services	60,000	60,000	60,000	
Rosecrance Central Illinois	Recovery Home	83,330	83,330	83,330	
Rosecrance Central Illinois	Specialty Courts	203,000	203,000	203,000	
Rosecrance Central Illinois TOTAL		1,412,715	1,134,175	1,019,684	

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United Cerebral Palsy - Land of Lincoln	Vocational Training and Support	43,238	25,221	51,151	Revenue report incorrect. Expense exceeds revenue
UP Center of Champaign County	Children, Youth, and Families Program	18,423	18,423	15,622	Excess Revenue
Urbana Neighborhood Connections Center, Inc.	Community Study Center	19,500	19,500	13,000	Variance report incomplete. Excess revenue

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**CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARDS
PY19 Q4 Financial Summary**

<u>AGENCY</u>	<u>PROGRAM</u>	<u>AWARD</u>	<u>Q4 Report</u>		<u>NOTES</u>
			<u>REVENUE</u>	<u>EXPENSE</u>	
CCRPC	Decision Support Person	119,629	119,629	119,630	Expense exceeds revenue
Champaign County Down Syndrome Network	Down Syndrome Network	15,000	15,000	14,904	Excess revenue
CU Able	Community Outreach	15,285	15,285	15,285	
Community Choices	Community Living	72,500	72,500	72,500	
Community Choices	Customized Employment	87,000	87,000	87,000	
Community Choices	Self-Determination Support	116,000	116,000	116,000	
Community Choices TOTAL		275,500	275,500	275,500	
Developmental Services Center	Apartment Services	429,861	429,861	468,209	Expense exceeds revenue
Developmental Services Center	Clinical Services	174,000	174,000	178,365	Expense exceeds revenue
Developmental Services Center	Community Employment	361,370	361,370	387,502	Expense exceeds revenue
Developmental Services Center	Community First	799,000	799,000	998,990	Expense exceeds revenue
Developmental Services Center	Connections	85,000	85,000	INCOMPLETE	Expense report not submitted
Developmental Services Center	Employment First	80,000	80,000	82,893	Expense exceeds revenue
Developmental Services Center	Individual and Family Support	404,428	404,428	438,080	Expense exceeds revenue
Developmental Services Center	Service Coordination	410,838	410,838	439,329	Expense exceeds revenue
Developmental Services Center TOTAL		2,744,497	2,744,497	2,991,368	
Persons Assuming Control of their Environments	Consumer Control in Personal Support	21,000	21,000	21,009	Expense exceeds revenue
Persons Assuming Control of their Environments	Opportunities for Independence	49,000	49,000	29,952	Excess revenue
Persons Assuming Control of their Environments TOTAL		70,000	70,000	50,961	
Rosecrance	Coordination of Services: DD/MI	35,150	35,150	35,150	
United Cerebral Palsy	Vocational Services	34,590	20,181	34,664	Revenue report incorrect. Expense exceeds revenue

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EXPENDITURE APPROVAL LIST

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VENDOR NO	VENDOR NAME	TRN DTE	B N CD	TR TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 090 MENTAL HEALTH											
*** DEPT NO. 053 MENTAL HEALTH BOARD											
25	CHAMPAIGN COUNTY TREASURER	8/06/19	02 VR	53- 304		596293	8/09/19	090-053-533.50-00	RENT-GENERAL CORP FACILITY/OFFICE RENTALS	AUG OFFICE RENT VENDOR TOTAL	1,841.37 1,841.37 *
41	CHAMPAIGN COUNTY TREASURER	7/25/19	02 VR	620- 102		595794	7/26/19	090-053-513.06-00	HEALTH INSUR FND 620 EMPLOYEE HEALTH/LIFE INS	JUL HI, LI, & ADMIN VENDOR TOTAL	3,805.80 3,805.80 *
88	CHAMPAIGN COUNTY TREASURER	7/11/19	01 VR	88- 30		595296	7/12/19	090-053-513.02-00	I.M.R.F. FUND 088 IMRF - EMPLOYER COST	IMRF 7/5 PR	902.06
		7/24/19	03 VR	88- 32		595798	7/26/19	090-053-513.02-00	IMRF - EMPLOYER COST	IMRF 7/19 PR VENDOR TOTAL	902.06 1,804.12 *
104	CHAMPAIGN COUNTY TREASURER	8/08/19	01 VR	53- 282		596298	8/09/19	090-053-533.92-00	HEAD START FUND 104 CONTRIBUTIONS & GRANTS	AUG EARLY CHLDHD M	17,889.00
		8/08/19	01 VR	53- 282		596298	8/09/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG SOC/EMOT DEV SV VENDOR TOTAL	7,300.00 25,189.00 *
161	CHAMPAIGN COUNTY TREASURER	8/08/19	01 VR	53- 283		596301	8/09/19	090-053-533.92-00	REG PLAN COMM FND075 CONTRIBUTIONS & GRANTS	AUG HOMELESS COORD	4,464.00
		8/08/19	01 VR	53- 283		596301	8/09/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG JUSTICE SYS DIV	6,275.00
		8/08/19	01 VR	53- 283		596301	8/09/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG YOUTH ASSMT CTR VENDOR TOTAL	6,362.00 17,101.00 *
176	CHAMPAIGN COUNTY TREASURER	7/18/19	02 VR	119- 39		595637	7/19/19	090-053-513.04-00	SELF-FUND INS FND476 WORKERS' COMPENSATION INSW/C 6/7, 6/21 PR		207.44
										VENDOR TOTAL	207.44 *
179	CHAMPAIGN COUNTY TREASURER	8/06/19	02 VR	53- 279		596303	8/09/19	090-053-533.92-00	CHLD ADVC CTR FND679 CONTRIBUTIONS & GRANTS	AUG CAC VENDOR TOTAL	4,396.00 4,396.00 *

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VENDOR NO	VENDOR NAME	TRN DTE	B N CD	TR N	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 090 MENTAL HEALTH												
188	CHAMPAIGN COUNTY TREASURER								SOCIAL SECUR FUND188			
	7/11/19	01	VR	188-	52		595300	7/12/19	090-053-513.01-00	SOCIAL SECURITY-EMPLOYER	FICA 7/5 PR	1,165.66
	7/24/19	04	VR	188-	55		595804	7/26/19	090-053-513.01-00	SOCIAL SECURITY-EMPLOYER	FICA 7/19 PR	1,165.67
											VENDOR TOTAL	2,331.33 *
15127	CHAMPAIGN COUNTY CHRISTIAN HEALTH CENTER											
	8/05/19	07	VR	53-	280		596332	8/09/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG MENTAL HLTH CAR	1,083.00
											VENDOR TOTAL	1,083.00 *
15184	CHAMPAIGN COUNTY HEALTH CARE CONSUMERS SUITE 208											
	7/23/19	02	VR	53-	245		595825	7/26/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUL CHW OUTRCH/BENF	4,941.00
	7/23/19	02	VR	53-	245		595825	7/26/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUL JUSTICE INVOLVE	4,564.00
	8/05/19	07	VR	53-	281		596334	8/09/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG CHW OUTRCH/BENF	4,941.00
	8/05/19	07	VR	53-	281		596334	8/09/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG JUSTICE INVOLVE	4,564.00
											VENDOR TOTAL	19,010.00 *
15495	CHAMPAIGN URBANA AREA PROJECT SUITE #702											
	8/05/19	07	VR	53-	284		596335	8/09/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG TRUCE	4,166.00
											VENDOR TOTAL	4,166.00 *
18230	COMMUNITY SERVICE CENTER OF NORTHERN CHAMPAIGN COUNTY											
	8/05/19	07	VR	53-	285		596344	8/09/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG RESOURCE CONNEC	5,633.00
											VENDOR TOTAL	5,633.00 *
18430	CONSOLIDATED COMMUNICATIONS											
	7/24/19	02	VR	28-	63		595834	7/26/19	090-053-533.33-00	TELEPHONE SERVICE	21738437760 7/1	30.32
											VENDOR TOTAL	30.32 *
19260	COURAGE CONNECTION											
	8/05/19	07	VR	53-	286		596351	8/09/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG COURAGE CONNECT	10,740.00
											VENDOR TOTAL	10,740.00 *

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VENDOR NO	VENDOR NAME	TRN DTE	B N CD	TR TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 090 MENTAL HEALTH											
19346	CRISIS NURSERY	8/05/19	07 VR	53- 287		596352	8/09/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG BEYOND BLUE	6,250.00
										VENDOR TOTAL	6,250.00 *
20271	CUNNINGHAM CHILDREN'S HOME	8/05/19	07 VR	53- 288		596355	8/09/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG ECHO HOUSING/EM	7,981.00
		8/05/19	07 VR	53- 288		596355	8/09/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG PARENTING MODEL	23,412.00
										VENDOR TOTAL	31,393.00 *
22300	DEVELOPMENTAL SERVICES CENTER OF	8/05/19	07 VR	53- 289		596360	8/09/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG FAM DEV CENTER	48,262.00
										VENDOR TOTAL	48,262.00 *
22730	DON MOYER BOYS & GIRLS CLUB	8/05/19	07 VR	53- 290		596364	8/09/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG CU CHANGE	6,864.00
		8/05/19	07 VR	53- 290		596364	8/09/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG CU NGHBRHD CHAM	5,393.00
		8/05/19	07 VR	53- 290		596364	8/09/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG YOUTH/FAMILY SV	13,333.00
										VENDOR TOTAL	25,590.00 *
22870	DREAAM HOUSE	8/05/19	07 VR	53- 291		596367	8/09/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG DREAAM	6,666.00
										VENDOR TOTAL	6,666.00 *
24215	EAST CNTRL IL REFUGEE MUTUAL ASSIST CTR SUITE 4D	8/05/19	07 VR	53- 292		596370	8/09/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG FAM SUP/STRENGT	4,703.00
										VENDOR TOTAL	4,703.00 *
26000	FAMILY SERVICE OF CHAMPAIGN COUNTY	8/05/19	07 VR	53- 293		596375	8/09/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG COUNSELING	2,500.00
		8/05/19	07 VR	53- 293		596375	8/09/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG SELF HELP CENTE	2,369.00
		8/05/19	07 VR	53- 293		596375	8/09/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG SENIOR CNSL/ADV	13,529.00
										VENDOR TOTAL	18,398.00 *

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*** FUND NO. 090 MENTAL HEALTH												
26760	FIRST FOLLOWERS	8/05/19	07 VR	53-	294		596380	8/09/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG PEER MNTR REENT VENDOR TOTAL	7,916.00 7,916.00 *
30550	GROW IN ILLINOIS	8/05/19	07 VR	53-	295		596386	8/09/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG PEER SUPPORT VENDOR TOTAL	6,436.00 6,436.00 *
35050	I3 BROADBAND - CU	7/22/19	05 VR	53-	277		595861	7/26/19	090-053-533.29-00	COMPUTER/INF TCH SERVICES	INV 16662801 7/4 VENDOR TOTAL	144.95 144.95 *
135 44570	MAHOMET AREA YOUTH CLUB	8/05/19	07 VR	53-	296		596413	8/09/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG BLAST	1,250.00
		8/05/19	07 VR	53-	296		596413	8/09/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG MEMBERS MATTER	1,500.00
												VENDOR TOTAL
49870	NATIONAL ALLIANCE ON MENTAL ILLNESS	7/08/19	03 VR	53-	261		595375	7/12/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUL NAMI CHAMPAIGN	833.00
		8/05/19	07 VR	53-	297		596426	8/09/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG NAMI CHAMPAIGN	833.00
												VENDOR TOTAL
54650	PEPSI COLA CHAMPAIGN-URBANA BOTTLING	8/06/19	02 VR	53-	305		596435	8/09/19	090-053-522.02-00	OFFICE SUPPLIES	INV 81100371 7/8	19.68
		8/06/19	02 VR	53-	305		596435	8/09/19	090-053-522.02-00	OFFICE SUPPLIES	INV 81100539 7/22	13.12
												VENDOR TOTAL
57196	PROMISE HEALTHCARE	8/05/19	07 VR	53-	298		596441	8/09/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG MENTAL HLTH SVC	20,187.00
		8/05/19	07 VR	53-	298		596441	8/09/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG WELLNESS	4,833.00
												VENDOR TOTAL

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VENDOR NO	VENDOR NAME	TRN B DTE	TR N CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 090 MENTAL HEALTH											
59434	RAPE, ADVOCACY, COUNSELING & EDUC SRVCS SUITE 211	8/05/19	07 VR	53- 299		596444	8/09/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG SEX VIOL PREV/E VENDOR TOTAL	1,496.00 1,496.00 *
59472	RATTLE THE STARS	8/05/19	07 VR	53- 300		596445	8/09/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG YTH SUIC PREV/E VENDOR TOTAL	4,583.00 4,583.00 *
61780	ROSECRANCE, INC.	8/06/19	02 VR	53- 301		596452	8/09/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG CRIMNL JUSTC PS	25,362.00
		8/06/19	02 VR	53- 301		596452	8/09/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG CRIS/ACSS/BENF	16,996.00
		8/06/19	02 VR	53- 301		596452	8/09/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG FRESH START	6,609.00
		8/06/19	02 VR	53- 301		596452	8/09/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG PREVENTION SVCS	5,000.00
		8/06/19	02 VR	53- 301		596452	8/09/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG RECOVERY HOME	16,666.00
		8/06/19	02 VR	53- 301		596452	8/09/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG SPECIALTY COURT VENDOR TOTAL	16,916.00 87,549.00 *
74550	TROPHYTIME, INC.	7/22/19	05 VR	53- 276		595909	7/26/19	090-053-522.02-00	OFFICE SUPPLIES	INV 128828 7/8 VENDOR TOTAL	9.65 9.65 *
77280	UP CENTER OF CHAMPAIGN COUNTY	7/22/19	05 VR	53- 266		595912	7/26/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUL CHLD/YTH/FAM PR	2,647.00
		8/06/19	02 VR	53- 302		596474	8/09/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG CHLD/YTH/FAM PR VENDOR TOTAL	2,647.00 5,294.00 *
78888	VISA CARDMEMBER SERVICE - MENTAL HEALTH AC#4798510049573930	7/18/19	03 VR	53- 275		595751	7/19/19	090-053-522.02-00	OFFICE SUPPLIES	3930 AMAZON 6/13	59.98
		7/18/19	03 VR	53- 275		595751	7/19/19	090-053-533.18-00	NON-EMPLOYEE TRAINING, SEM3930	CAFE LIBRY 7/1	53.00
		7/18/19	03 VR	53- 275		595751	7/19/19	090-053-533.29-00	COMPUTER/INF TCH SERVICES3930	COMCAST 7/11	128.41
										VENDOR TOTAL	241.39 *

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*** FUND NO. 090 MENTAL HEALTH											
81610	XEROX CORPORATION	7/18/19	03 VR	53- 278		595763	7/19/19	090-053-533.85-00	PHOTOCOPY SERVICES	INV 230140581 7/1 VENDOR TOTAL	285.89 285.89 *
602572	BOWDRY, KIM	7/08/19	07 VR	53- 271		595433	7/12/19	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	70.10 MILE 5/1-6/26 PARKING 6/26 VENDOR TOTAL	40.66 2.25 42.91 *
									MENTAL HEALTH BOARD		
604568	CANFIELD, LYNN	7/08/19	07 VR	53- 272		595441	7/12/19	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	112 MILE 5/10-6/27 PARKING 5/28-6/26 VENDOR TOTAL	64.96 10.25 75.21 *
									MENTAL HEALTH BOARD		
619548	HOWARD-GALLO, STEPHANIE	7/08/19	07 VR	53- 273		595473	7/12/19	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	44 MILE 5/7-6/7 VENDOR TOTAL	25.52 25.52 *
									MENTAL HEALTH BOARD	DEPARTMENT TOTAL	382,168.70 *
									MENTAL HEALTH	FUND TOTAL	382,168.70 *

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*** FUND NO. 090 MENTAL HEALTH												
*** DEPT NO. 053 MENTAL HEALTH BOARD												
25	CHAMPAIGN COUNTY TREASURER	9/04/19	02 VR	53-	342		597577	9/09/19	090-053-533.50-00	RENT-GENERAL CORP FACILITY/OFFICE RENTALS	SEP OFFICE RENT VENDOR TOTAL	1,841.37 1,841.37 *
41	CHAMPAIGN COUNTY TREASURER	8/28/19	04 VR	620-	117		597250	8/30/19	090-053-513.06-00	HEALTH INSUR FND 620 EMPLOYEE HEALTH/LIFE INS	AUG HI, LI & ADMIN VENDOR TOTAL	3,805.80 3,805.80 *
88	CHAMPAIGN COUNTY TREASURER	8/15/19	02 VR	88-	33		596695	8/16/19	090-053-513.02-00	I.M.R.F. FUND 088 IMRF - EMPLOYER COST	IMRF 8/2 PR	902.06
		8/21/19	04 VR	88-	34		596970	8/23/19	090-053-513.02-00	IMRF - EMPLOYER COST	IMRF 8/16 PR	902.06
		9/05/19	02 VR	88-	36		597581	9/09/19	090-053-513.02-00	IMRF - EMPLOYER COST	IMRF 8/30 PR VENDOR TOTAL	944.67 2,748.79 *
104	CHAMPAIGN COUNTY TREASURER	9/04/19	01 VR	53-	318		597583	9/09/19	090-053-533.92-00	HEAD START FUND 104 CONTRIBUTIONS & GRANTS	SEP EARLY CHILDHD M SEP SOC/EMOT DEV SV VENDOR TOTAL	17,889.00 7,300.00 25,189.00 *
161	CHAMPAIGN COUNTY TREASURER	9/04/19	01 VR	53-	319		597585	9/09/19	090-053-533.92-00	REG PLAN COMM FND075 CONTRIBUTIONS & GRANTS	SEP HOMELESS COORD SEP JUSTICE SYS DIV SEP YOUTH ASSMT CTR VENDOR TOTAL	4,464.00 6,275.00 6,362.00 17,101.00 *
176	CHAMPAIGN COUNTY TREASURER	8/14/19	03 VR	119-	44		596698	8/16/19	090-053-513.04-00	SELF-FUND INS FND476 WORKERS' COMPENSATION	INSW/C 7/5, 7/19 PR VENDOR TOTAL	207.44 207.44 *
179	CHAMPAIGN COUNTY TREASURER	9/04/19	01 VR	53-	315		597587	9/09/19	090-053-533.92-00	CHLD ADVC CTR FND679 CONTRIBUTIONS & GRANTS	SEP CAC VENDOR TOTAL	4,396.00 4,396.00 *

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*** FUND NO. 090 MENTAL HEALTH											
188	CHAMPAIGN COUNTY TREASURER							SOCIAL SECUR FUND188			
	8/15/19	02	VR 188-	58		596700	8/16/19	090-053-513.01-00	SOCIAL SECURITY-EMPLOYER	FICA 8/2 PR	1,165.66
	8/21/19	04	VR 188-	61		596975	8/23/19	090-053-513.01-00	SOCIAL SECURITY-EMPLOYER	FICA 8/16 PR	1,165.67
	9/05/19	02	VR 188-	64		597588	9/09/19	090-053-513.01-00	SOCIAL SECURITY-EMPLOYER	FICA 8/30 PR	1,220.70
										VENDOR TOTAL	3,552.03 *
15127	CHAMPAIGN COUNTY CHRISTIAN HEALTH CENTER										
	8/29/19	04	VR 53-	316		597275	8/30/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP MENTAL HLTH CAR	1,083.00
										VENDOR TOTAL	1,083.00 *
15184	CHAMPAIGN COUNTY HEALTH CARE CONSUMERS SUITE 208										
	8/29/19	04	VR 53-	317		597276	8/30/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP CHW OUTRCH/BENF	4,941.00
	8/29/19	04	VR 53-	317		597276	8/30/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP JUSTICE INVOLVE	4,564.00
										VENDOR TOTAL	9,505.00 *
15495	CHAMPAIGN URBANA AREA PROJECT SUITE #702										
	8/29/19	04	VR 53-	320		597278	8/30/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP TRUCE	4,166.00
										VENDOR TOTAL	4,166.00 *
18230	COMMUNITY SERVICE CENTER OF NORTHERN CHAMPAIGN COUNTY										
	8/29/19	06	VR 53-	321		597288	8/30/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP RESOURCE CONNEC	5,633.00
										VENDOR TOTAL	5,633.00 *
18430	CONSOLIDATED COMMUNICATIONS										
	8/22/19	03	VR 28-	70		597003	8/23/19	090-053-533.33-00	TELEPHONE SERVICE	21738437760 8/1	30.41
										VENDOR TOTAL	30.41 *
19260	COURAGE CONNECTION										
	8/29/19	06	VR 53-	322		597296	8/30/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP COURAGE CONNECT	10,740.00
										VENDOR TOTAL	10,740.00 *
19346	CRISIS NURSERY										
	8/29/19	06	VR 53-	323		597298	8/30/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP BEYOND BLUE	6,250.00
										VENDOR TOTAL	6,250.00 *

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*** FUND NO. 090 MENTAL HEALTH												
20271	CUNNINGHAM CHILDREN'S HOME											
		8/29/19	06 VR	53-	324		597299	8/30/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP ECHO HOUSING/EM	7,981.00
		8/29/19	06 VR	53-	324		597299	8/30/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP PARENTING MODEL	23,412.00
											VENDOR TOTAL	31,393.00 *
22300	DEVELOPMENTAL SERVICES CENTER OF									CHAMPAIGN COUNTY INC		
		8/29/19	06 VR	53-	325		597304	8/30/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP FAM DEV CENTER	48,262.00
											VENDOR TOTAL	48,262.00 *
22730	DON MOYER BOYS & GIRLS CLUB											
		8/29/19	06 VR	53-	326		597307	8/30/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP CU CHANGE	8,627.00
		8/29/19	06 VR	53-	326		597307	8/30/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP CU NGHBRHD CHAM	5,393.00
		8/29/19	06 VR	53-	326		597307	8/30/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP YOUTH/FAMILY SV	13,333.00
											VENDOR TOTAL	27,353.00 *
22870	DREAAM HOUSE											
		9/06/19	01 VR	53-	327		597626	9/09/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP DREAAM	6,666.00
											VENDOR TOTAL	6,666.00 *
24095	EMK CONSULTING LLC											
		9/06/19	04 VR	53-	344		597628	9/09/19	090-053-533.07-00	PROFESSIONAL SERVICES	INV 358 9/4	2,144.00
											VENDOR TOTAL	2,144.00 *
24215	EAST CNTRL IL REFUGEE MUTUAL ASSIST CTR									SUITE 4D		
		8/29/19	06 VR	53-	328		597311	8/30/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP FAM SUP/STRENGT	4,703.00
											VENDOR TOTAL	4,703.00 *
26000	FAMILY SERVICE OF CHAMPAIGN COUNTY									GRANTS		
		8/29/19	06 VR	53-	329		597316	8/30/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP COUNSELING	2,500.00
		8/29/19	06 VR	53-	329		597316	8/30/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP SELF HELP CENTE	2,369.00
		8/29/19	06 VR	53-	329		597316	8/30/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP SENIOR CNSL/ADV	13,529.00
											VENDOR TOTAL	18,398.00 *

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*** FUND NO. 090 MENTAL HEALTH												
26760	FIRST FOLLOWERS	8/29/19	06 VR	53-	330		597318	8/30/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP PEER MNTR REENT VENDOR TOTAL	7,916.00 7,916.00 *
27970	FREDERICK & HAGLE	8/12/19	02 VR	53-	307		596743	8/16/19	090-053-533.07-00	PROFESSIONAL SERVICES	3.75HR JULY 8/1	825.00
		9/04/19	02 VR	53-	343		597634	9/09/19	090-053-533.07-00	PROFESSIONAL SERVICES	2.16HR AUG 8/20 VENDOR TOTAL	476.00 1,301.00 *
30550	GROW IN ILLINOIS	8/29/19	06 VR	53-	331		597327	8/30/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP PEER SUPPORT VENDOR TOTAL	6,436.00 6,436.00 *
35050	I3 BROADBAND - CU	8/12/19	02 VR	53-	308		596752	8/16/19	090-053-533.29-00	COMPUTER/INF TCH SERVICES	INV 16831161 8/4	144.95
		9/06/19	04 VR	53-	345		597644	9/09/19	090-053-533.29-00	COMPUTER/INF TCH SERVICES	INV 17001311 9/4 VENDOR TOTAL	144.95 289.90 *
44570	MAHOMET AREA YOUTH CLUB	8/29/19	06 VR	53-	332		597351	8/30/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP BLAST	1,250.00
		8/29/19	06 VR	53-	332		597351	8/30/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP MEMBERS MATTER VENDOR TOTAL	1,500.00 2,750.00 *
49870	NATIONAL ALLIANCE ON MENTAL ILLNESS	8/29/19	06 VR	53-	333		597361	8/30/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP NAMI CHAMPAIGN VENDOR TOTAL	833.00 833.00 *
54650	PEPSI COLA CHAMPAIGN-URBANA BOTTLING	8/26/19	03 VR	53-	313		597374	8/30/19	090-053-522.02-00	OFFICE SUPPLIES	INV 81100720 8/5	19.68
		8/26/19	03 VR	53-	313		597374	8/30/19	090-053-522.02-00	OFFICE SUPPLIES	INV 81100891 8/19 VENDOR TOTAL	19.68 39.36 *

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*** FUND NO. 090 MENTAL HEALTH												
57196	PROMISE HEALTHCARE											
		8/29/19	06 VR	53-	334		597377	8/30/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP MENTAL HLTH SVC	20,187.00
		8/29/19	06 VR	53-	334		597377	8/30/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP WELLNESS	4,833.00
											VENDOR TOTAL	25,020.00 *
58118	QUILL CORPORATION											
		8/12/19	02 VR	53-	306		596783	8/16/19	090-053-522.02-00	OFFICE SUPPLIES	INV 8904145 7/23	14.40
		8/12/19	02 VR	53-	306		596783	8/16/19	090-053-522.02-00	OFFICE SUPPLIES	INV 8921546 7/23	65.14
		8/12/19	02 VR	53-	306		596783	8/16/19	090-053-522.02-00	OFFICE SUPPLIES	INV 8975331 7/25	10.71
		8/26/19	03 VR	53-	311		597378	8/30/19	090-053-522.02-00	OFFICE SUPPLIES	INV 9221879 8/5	178.53
											VENDOR TOTAL	268.78 *
59434	RAPE, ADVOCACY, COUNSELING & EDUC SRVCS SUITE 211											
		8/29/19	06 VR	53-	335		597381	8/30/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP SEX VIOL PREV/E	5,893.00
											VENDOR TOTAL	5,893.00 *
59472	RATTLE THE STARS											
		8/29/19	06 VR	53-	336		597382	8/30/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP YTH SUIC PREV/E	4,583.00
											VENDOR TOTAL	4,583.00 *
61780	ROSECRANCE, INC.											
		8/29/19	06 VR	53-	337		597387	8/30/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP CRIMNL JUSTC PS	25,362.00
		8/29/19	06 VR	53-	337		597387	8/30/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP CRIS/ACSS/BENF	16,996.00
		8/29/19	06 VR	53-	337		597387	8/30/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP FRESH START	6,609.00
		8/29/19	06 VR	53-	337		597387	8/30/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP PREVENTION SVCS	5,000.00
		8/29/19	06 VR	53-	337		597387	8/30/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP RECOVERY HOME	16,666.00
		8/29/19	06 VR	53-	337		597387	8/30/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP SPECIALTY COURT	16,916.00
											VENDOR TOTAL	87,549.00 *
67355	SOCIAL CHAMPAIGN											
		8/27/19	05 VR	53-	314		597394	8/30/19	090-053-533.18-00	NON-EMPLOYEE TRAINING, SEMIN	INV 101 8/5	700.00
											VENDOR TOTAL	700.00 *

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*** FUND NO. 090 MENTAL HEALTH												
74445	TRIAD SHREDDING CORP	8/26/19	03	VR	53-	310	597407	8/30/19	090-053-533.07-00	PROFESSIONAL SERVICES	INV CCMH 33926 8/19	45.00
											VENDOR TOTAL	45.00 *
76609	UNITED WAY OF CHAMPAIGN COUNTY	8/29/19	06	VR	53-	341	597411	8/30/19	090-053-533.07-00	PROFESSIONAL SERVICES	1ST QTR 211 PATH SV	4,516.00
											VENDOR TOTAL	4,516.00 *
76867	UNIV OF IL SPONSORED PROG & RESEARCH ADM	8/29/19	06	VR	53-	340	597412	8/30/19	090-053-533.07-00	PROFESSIONAL SERVICES	JUL MHB20-039 CONSL	6,566.00
		8/29/19	06	VR	53-	340	597412	8/30/19	090-053-533.07-00	PROFESSIONAL SERVICES	AUG MHB20-039 CONSL	6,566.00
		8/29/19	06	VR	53-	340	597412	8/30/19	090-053-533.07-00	PROFESSIONAL SERVICES	SEP MHB20-039 CONSL	6,566.00
											VENDOR TOTAL	19,698.00 *
77280	UP CENTER OF CHAMPAIGN COUNTY	8/29/19	06	VR	53-	338	597413	8/30/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP CHLD/YTH/FAM PR	2,647.00
											VENDOR TOTAL	2,647.00 *
78120	URBANA NEIGHBORHOOD CONNECTION CENTER	9/08/19	01	VR	53-	267	597705	9/09/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JUL COMM STUDY CNTR	2,125.00
		9/08/19	01	VR	53-	303	597705	9/09/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	AUG COMM STUDY CNTR	2,125.00
		9/08/19	01	VR	53-	339	597705	9/09/19	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP COMM STUDY CNTR	2,125.00
											VENDOR TOTAL	6,375.00 *
78888	VISA CARDMEMBER SERVICE - MENTAL HEALTH AC#4798510049573930	8/20/19	03	VR	53-	309	597087	8/23/19	090-053-533.95-00	CONFERENCES & TRAINING	3930 UNITED AIR 7/1	30.00
		8/20/19	03	VR	53-	309	597087	8/23/19	090-053-533.95-00	CONFERENCES & TRAINING	3930 UNITED AIR 7/1	30.00
		8/20/19	03	VR	53-	309	597087	8/23/19	090-053-533.18-00	NON-EMPLOYEE TRAINING, SEM	3930 CAFE LIBRY 7/2	60.00
		8/20/19	03	VR	53-	309	597087	8/23/19	090-053-533.95-00	CONFERENCES & TRAINING	3930 ANCOR 7/25	310.00
		8/20/19	03	VR	53-	309	597087	8/23/19	090-053-522.02-00	OFFICE SUPPLIES	3930 AMAZON 7/27	59.98
		8/20/19	03	VR	53-	309	597087	8/23/19	090-053-522.06-00	POSTAGE, UPS, FED EXPRESS	3930 USPS 8/8	8.10
		8/20/19	03	VR	53-	309	597087	8/23/19	090-053-533.29-00	COMPUTER/INF TCH SERVICES	3930 COMCAST 8/11	128.41

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*** FUND NO. 090 MENTAL HEALTH											
		8/20/19	03 VR	53- 309		597087	8/23/19	090-053-522.06-00	POSTAGE, UPS, FED EXPRESS	3930 USPS 8/12	8.10
										VENDOR TOTAL	634.59 *
81610	XEROX CORPORATION	8/22/19	03 VR	53- 312		597096	8/23/19	090-053-533.85-00	PHOTOCOPY SERVICES	INV 230148859 8/1	285.89
										VENDOR TOTAL	285.89 *
602572	BOWDRY, KIM	9/06/19	04 VR	53- 346		597735	9/09/19	090-053-533.12-00	MENTAL HEALTH BOARD JOB-REQUIRED TRAVEL EXP	51.8 MILE 7/10-8/19	30.04
										VENDOR TOTAL	30.04 *
604568	CANFIELD, LYNN	9/06/19	06 VR	53- 347		597742	9/09/19	090-053-533.95-00	MENTAL HEALTH BOARD CONFERENCES & TRAINING	TRANSP 7/11-16 VEGA	77.88
		9/06/19	06 VR	53- 347		597742	9/09/19	090-053-533.95-00	CONFERENCES & TRAINING	LODG 7/11-16 VEGAS	883.23
		9/06/19	06 VR	53- 347		597742	9/09/19	090-053-533.95-00	CONFERENCES & TRAINING	MEALS 7/11-16 VEGAS	212.00
		9/06/19	06 VR	53- 347		597742	9/09/19	090-053-533.12-00	CONFERENCES & TRAINING JOB-REQUIRED TRAVEL EXP	64.5 MILE 7/18-8/21	37.41
										VENDOR TOTAL	1,210.52 *
611802	DRISCOLL, MARK	9/06/19	04 VR	53- 348		597749	9/09/19	090-053-533.12-00	MENTAL HEALTH BOARD JOB-REQUIRED TRAVEL EXP	141 MILE 7/2-8/20	81.78
										VENDOR TOTAL	81.78 *
619548	HOWARD-GALLO, STEPHANIE	9/06/19	04 VR	53- 349		597760	9/09/19	090-053-533.12-00	MENTAL HEALTH BOARD JOB-REQUIRED TRAVEL EXP	38 MILE 7/1-8/23	22.04
										VENDOR TOTAL	22.04 *
641810	SUMMERVILLE, SHANDRA A	9/06/19	04 VR	53- 350		597793	9/09/19	090-053-533.12-00	MENTAL HEALTH BOARD JOB-REQUIRED TRAVEL EXP	114 MILE 7/1-8/26	66.12
		9/06/19	04 VR	53- 350		597793	9/09/19	090-053-533.12-00	NON-EMPLOYEE TRAINING, SEMREIM	SCHNUCKS 7/30	49.36
										VENDOR TOTAL	118.98 *

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*** FUND NO. 090 MENTAL HEALTH												
646620	WILSON, CHRIS								MENTAL HEALTH BOARD			
	9/06/19	04	VR	53-	351	597809	9/09/19	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	14.4 MILE 8/20		8.35
										VENDOR TOTAL		8.35 *
									MENTAL HEALTH BOARD		DEPARTMENT TOTAL	414,420.07 *
									MENTAL HEALTH		FUND TOTAL	414,420.07 *

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