



Champaign County Mental Health Board (CCMHB) Meeting Agenda

Wednesday, April 21, 2021 at 5:45PM

Lyle Shields Room, Brookens Administrative Building

1776 East Washington Street, Urbana, IL

<https://us02web.zoom.us/j/81393675682>

312-626-6799, Meeting ID: 813 9367 5682

Public Input: All are welcome to attend the Board's meetings, using the Zoom options or in person, in order to observe and to offer thoughts during the "Public Participation" period of the meeting. For support to participate during a meeting, let us know how we might help by emailing leon@ccmhb.org

If the time of the meeting is not convenient, you may still communicate with the Board and public by emailing leon@ccmhb.org any written comments which you would like us to read to the Board during the meeting. Your feedback is appreciated, but be aware that the time for each person's comments may be limited to five minutes.

1. Call to Order
2. Roll Call
3. Zoom Instructions (**page 3**)
4. Citizen Input/Public Participation
The CCMHB reserves the authority to limit individual public participation to 5 minutes and limit total time to 20 minutes.
5. Approval of Agenda*
6. President's Comments – Joseph Omo-Osagie
7. Executive Director's Comments/CCDDB Information
8. Approval of CCMHB Minutes* (**pages 4-7**)
Minutes from the March 17, 2021 meeting are included. Action is requested.
9. Expenditure List* (**pages 8-17**)
Copy of the Expenditure List is included in the packet. Action is requested to accept the list and place it on file.
10. New Business
 - A. Review of PY22 Agency Requests for Funding (**pages 18-173**)
Included for information are a spreadsheet identifying agency requests for PY22 funding and board reviewers, a list of agency and program name acronyms and glossary of terms, and program summaries of each application. The DRAFT Program Summaries were compiled by staff and are organized alphabetically. These documents will be used during the April 28th study session, for continued review of agency requests submitted by February 12th.
11. Agency Information

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

12. Old Business

A. Schedules & Allocation Process Timeline (pages 174-177)

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

11. Staff Reports - deferred

Due to staff attention to the review of agency applications for funding and the development of recommendations to the Board, staff reports are deferred.

12. Board to Board Reports

13. Board Announcements

14. Adjournment

**Board action requested*

3

Instructions for participating in Zoom Conference Bridge for CCMHB Meeting April 21, 2021 at 5:45 p.m.

You will need a computer with a microphone and speakers to join the Zoom Conference Bridge; if you want your face broadcast you will need a webcam.

Go to Join Zoom Meeting
<https://us02web.zoom.us/j/81393675682>
Meeting ID: 813 9367 5682

One tap mobile

+13126266799,,81393675682# US (Chicago)

+13017158592,,81393675682# US (Washington D.C)

Dial by your location

+1 312 626 6799 US (Chicago)

+1 301 715 8592 US (Washington D.C)

+1 646 558 8656 US (New York)

+1 669 900 9128 US (San Jose)

+1 253 215 8782 US (Tacoma)

+1 346 248 7799 US (Houston)

Meeting ID: 813 9367 5682

Find your local number: <https://us02web.zoom.us/u/kclgvKiumy>

When the meeting opens, choose to join with or without video. (Joining without video doesn't impact your participation in the meeting, it just turns off YOUR video camera so your face is not seen. Joining without video will also use less bandwidth and will make the meeting experience smoother).

Join with computer audio.

Once you are in the meeting, click on "participants" at the bottom of the screen.

Once you've clicked on participants you should see a list of participants with an option to "Raise Hand" at the bottom of the participants screen. **If you wish to speak, click "raise hand" and the Chair will call on you to speak.**

If you are not a member of the CCMHB or a staff person, **please sign in by writing your name and any agency affiliation in the Chat area.** This, like the recording of the meeting itself, is a public document. There are agenda items for Public Participation and for Agency Input, and we will monitor the 'raised hands' during those times.

If you have called in, please speak up during these portions of the meeting if you would like to make a contribution. If you have called in and therefore do not have access to the chat, there will be an opportunity for you to share your 'sign-in' information. If your name is not displayed in the participant list, we might ask that you change it, especially if many people join the call.

Members of the public should not write questions or comments in the Chat area, unless otherwise prompted by the Board, who may choose to record questions and answers there.

3

8

**CHAMPAIGN COUNTY
MENTAL HEALTH BOARD
REGULAR MEETING**

Minutes—March 17, 2021

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

5:45 p.m.

MEMBERS PRESENT: Susan Fowler, Joseph Omo-Osagie, Elaine Palencia, Julian Rappaport, Jane Sprandel, Jon Paul Youakim

MEMBERS EXCUSED: Kyle Patterson

STAFF PRESENT: Kim Bowdry, Leon Bryson, Lynn Canfield, Stephanie Howard-Gallo, Shandra Summerville, Chris Wilson

OTHERS PRESENT: Laura Lindsey, Courage Connection; Patty Walters, Josh Cornwell, DSC; Hannah Sheets, Uniting Pride; James Kilgore, Marlon Livingston, First Followers; Tracy Dace, DREAM; Janice Mitchell, Urbana Neighborhood Connections of Champaign County (UNCC); Elise Belknap, Head Start

CALL TO ORDER:

Mr. Joe Omo-Osagie called the meeting to order at 5:45 p.m. Executive Director Canfield was present at the Brookens Administrative Center as per the Open Meetings Act.

ROLL CALL:

Roll call was taken and a quorum was present.

CITIZEN INPUT / PUBLIC PARTICIPATION:

None.

APPROVAL OF AGENDA:

The agenda was in the packet for review. The agenda was approved unanimously by a roll call vote.

4

PRESIDENT’S COMMENTS:

Mr. Joe Omo-Osagie made some brief comments. Mr. Leon Bryson was introduced as the new Associate Director for the CCMHB. Mr. Bryson reviewed his professional background.

EXECUTIVE DIRECTOR’S COMMENTS:

Director Lynn Canfield reviewed the agenda.

NEW BUSINESS:

Election of Officers:

MOTION: Dr. Rappaport moved to elect Joe Omo-Osagie as President of the CCMHB. Dr. Fowler seconded the motion. There were no other nominations. A roll call vote was taken and the motion passed unanimously.

MOTION: Ms. Sprandel moved to elect Dr. Jon Paul Youakim as Vice-President/Secretary of the CCMHB. Dr. Fowler seconded the motion. There were no other nominations. A roll call vote was taken and the motion passed unanimously

CCMHB By-Laws:

The CCMHB By-Laws were included in the packet. They were last amended in 2017. Ms. Canfield reviewed potential changes and improvements that could be made to the By-Laws. There was a general Board discussion on potential revisions. A revised draft will be presented to the Board at a later date.

CCMHB FY2020 Annual Report:

The Draft FY2020 Annual Report was included in the Board packet. Ms. Canfield asked the Board to defer action because some of the information in the financial section had changed since the document was put in the packet. A final draft of the Annual Report will be presented to the Board for action at a later date. Ms. Palencia requested an error be fixed in the content of the Utilization Summary for Cunningham Children’s Home on Page 28 of the packet.

CCMHB Review of Needs and 2010-2019 Data:

The packet contained a final report prepared by Dr. Garthe and Fall 2020 Social Work Research Methods students, incorporating community needs assessment reports and aggregated CCMHB data for a nine-year period. The document was presented for information only.

First Followers Application:

A copy of a letter to the CCMHB from First Followers was included in the packet. The agency requests an exception to the application deadline, which they missed. Marlon Mitchell spoke to

5

the Board members and answered questions from them. Ms. Canfield requested a 2nd Notice of Funding Availability (NOFA) be published to the public, for legal reasons.

MOTION: Ms. Sprandel moved to open the CCMHB funding application process 21 days from when a Notice of Funding Availability (NOFA) can be posted, for any public agency to apply, for a 7 day period. Ms. Palencia seconded the motion. A roll call vote was taken and the motion passed unanimously.

Application Review Process:

A spreadsheet listing agency requests for PY22 was included in the Board packet.

AGENCY INFORMATION:

Josh Cornwell, the new Chief Financial Officer (CFO) to DSC was introduced to the CCMHB.

OLD BUSINESS:

CILA Facilities Project Update:

As follow up to the January 20 and February 17 discussion, a Briefing Memo was included in the packet for information only.

Contract Amendment Report:

A Briefing Memorandum on contract amendments was included in the Board packet.

Schedules & Allocation Process Timeline:

Updated copies of CCMHB and CCDDDB meeting schedules and CCMHB allocation timeline were included in the packet. The March study session was canceled.

CCDDDB Information:

The CCDDDB met earlier in the day. The CCDDDB meeting had similar agenda items as the CCMHB.

Approval of CCMHB Minutes:

Minutes from the February 17, 2021 meeting and the February 24, 2021 study session were included in the Board packet.

MOTION: Ms. Palencia moved to approve the CCMHB minutes from February 17, 2021 and February 24, 2021. Dr. Youakim seconded the motion. A roll call vote was taken. The motion passed.

Staff Reports

There were no staff reports this month.



Board to Board Reports:

Dr. Rappaport attended a CIT meeting.

Expenditure List:

A copy of the Expenditure List was included in the packet. Dr. Youakim asked for additional information on News Gazette expenses, which were clarified by staff.

MOTION: Dr. Fowler moved to accept the Expenditure List as presented. Ms. Palencia seconded the motion. A roll call vote was taken and the motion passed unanimously.

BOARD ANNOUNCEMENTS:

None.

ADJOURNMENT:

The meeting adjourned at 7:10 p.m.

Respectfully

Submitted by: Stephanie Howard-Gallo
CCMHB/CCDDB Staff

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

7

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

4/09/21

VENDOR NO	VENDOR NAME	TRN B	TR	TRANS DTE	NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
12	CHAMPAIGN COUNTY TREASURER	3/18/21	01	VR	53- 100		617688	3/19/21	090-053-522.06-00	POSTAGE, UPS, FED EXPRESSMENT HLTH PSTG FEB		180.75
										VENDOR TOTAL		180.75 *
41	CHAMPAIGN COUNTY TREASURER	3/25/21	01	VR	620- 42		617997	3/31/21	090-053-513.06-00	HEALTH/LIFE INS MAR HI, LI & ADMIN		3,242.12
		4/07/21	09	VR	620- 44		618372	4/09/21	090-053-513.06-00	HEALTH/LIFE INS JAN-MAR FSA ADMIN		12.00
										VENDOR TOTAL		3,254.12 *
88	CHAMPAIGN COUNTY TREASURER	3/10/21	04	VR	88- 7		617407	3/12/21	090-053-513.02-00	I.M.R.F. FUND 088		2,476.09
		3/17/21	11	VR	88- 8		617692	3/19/21	090-053-513.02-00	IMRF - EMPLOYER COST	IMRF 2/26 PR	907.25
		4/08/21	02	VR	88- 10		618376	4/09/21	090-053-513.02-00	IMRF - EMPLOYER COST	IMRF 3/12 PR	986.21
										VENDOR TOTAL		4,369.55 *
104	CHAMPAIGN COUNTY TREASURER	3/29/21	03	VR	53- 109		618004	3/31/21	090-053-533.92-00	HEAD START FUND 104		17,492.00
		3/29/21	03	VR	53- 109		618004	3/31/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR EARLY CHILHD M	8,301.00
										VENDOR TOTAL		25,793.00 *
161	CHAMPAIGN COUNTY TREASURER	3/29/21	03	VR	53- 110		618006	3/31/21	090-053-533.92-00	REG PLAN COMM FND075		4,325.00
		3/29/21	03	VR	53- 110		618006	3/31/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR HOMELESS COORD	6,275.00
		3/29/21	03	VR	53- 110		618006	3/31/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR JUSTICE SYS DIV	6,362.00
										VENDOR TOTAL		16,962.00 *
176	CHAMPAIGN COUNTY TREASURER	4/08/21	05	VR	119- 18		618381	4/09/21	090-053-513.04-00	SELF-FUND INS FND476		158.54
										WORKERS' COMPENSATION INSW/C 3/12, 26 PR		158.54 *

9

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

4/09/21

PAGE 2

VENDOR NO	VENDOR NAME	TRN B TR	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
***	FUND NO. 090	MENTAL HEALTH								
179	CHAMPAIGN COUNTY TREASURER						CHLD ADVC CTR FND679			
	3/29/21 03 VR 53- 106			618009	3/31/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR CAC		4,396.00
								VENDOR TOTAL		4,396.00 *
188	CHAMPAIGN COUNTY TREASURER						SOCIAL SECUR FUND188			
	3/10/21 04 VR 188- 13			617411	3/12/21	090-053-513.01-00	SOCIAL SECURITY-EMPLOYER	FICA 2/26 PR		2,757.23
	3/17/21 11 VR 188- 16			617697	3/19/21	090-053-513.01-00	SOCIAL SECURITY-EMPLOYER	FICA 3/12 PR		1,010.24
	4/08/21 02 VR 188- 19			618383	4/09/21	090-053-513.01-00	SOCIAL SECURITY-EMPLOYER	FICA 3/26 PR		1,098.18
								VENDOR TOTAL		4,865.65 *
15127	CHAMPAIGN COUNTY CHRISTIAN HEALTH CENTER									
	3/29/21 03 VR 53- 3			618049	3/31/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JAN MENTAL HLTH CAR		1,083.00
	3/29/21 03 VR 53- 107			618049	3/31/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	FEB MENTAL HLTH CAR		1,083.00
	3/29/21 03 VR 53- 107			618049	3/31/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	MAR MENTAL HLTH CAR		1,083.00
	3/29/21 03 VR 53- 107			618049	3/31/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR MENTAL HLTH CAR		1,083.00
								VENDOR TOTAL		4,332.00 *
15184	CHAMPAIGN COUNTY HEALTH CARE CONSUMERS						SUITE 208			
	3/30/21 02 VR 53- 108			618050	3/31/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR CHW OUTRCH/BENF		6,496.00
	3/30/21 02 VR 53- 108			618050	3/31/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR JUSTICE INVOLVE		6,261.00
								VENDOR TOTAL		12,757.00 *
15400	CHAMPAIGN MULTIMEDIA GRP-MHB						DBA NEWS GAZETTE			
	3/29/21 03 VR 53- 105			618054	3/31/21	090-053-533.70-00	LEGAL NOTICES, ADVERTISING	AD 838558 3/18		60.80
								VENDOR TOTAL		60.80 *
18230	COMMUNITY SERVICE CENTER OF NORTHERN CHAMPAIGN COUNTY									
	3/30/21 02 VR 53- 111			618068	3/31/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR RESOURCE CONNEC		5,633.00
								VENDOR TOTAL		5,633.00 *
18430	CONSOLIDATED COMMUNICATIONS									
	3/17/21 08 VR 28- 16			617756	3/19/21	090-053-533.33-00	TELEPHONE SERVICE	21738437760 3/1		29.29

9

VENDOR TOTAL

29.29 *

10

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

4/09/21

PAGE 3

VENDOR NO	VENDOR NAME	TRN B TR DTE N CD	TRNS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
19260	COURAGE CONNECTION	3/30/21 02 VR 53- 112	53- 112	618073	3/31/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR COURAGE CONNECT	10,583.00	
								VENDOR TOTAL	10,583.00 *	
19346	CRISIS NURSERY	3/30/21 02 VR 53- 113	53- 113	618075	3/31/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR BEYOND BLUE	6,250.00	
								VENDOR TOTAL	6,250.00 *	
20271	CUNNINGHAM CHILDREN'S HOME	3/30/21 02 VR 53- 114	53- 114	618076	3/31/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR ECHO HOUSING/EM	8,467.00	
								APR FAMILIES STRONG	33,592.00	
								VENDOR TOTAL	42,059.00 *	
22300	DEVELOPMENTAL SERVICES CENTER OF CHAMPAIGN COUNTY INC	3/30/21 02 VR 53- 115	53- 115	618079	3/31/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR FAM DEV CENTER	49,710.00	
								VENDOR TOTAL	49,710.00 *	
22730	DON MOYER BOYS & GIRLS CLUB	3/30/21 02 VR 53- 116	53- 116	618083	3/31/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR CU CHANGE	8,333.00	
								APR CU NGHBRHD CHAM	9,182.00	
								APR YOUTH/FAMILY SV	13,333.00	
								VENDOR TOTAL	30,848.00 *	
22870	DREAM HOUSE	3/29/21 03 VR 53- 117	53- 117	618085	3/31/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	JAN DREAM	6,666.00	
								FEB DREAM	6,666.00	
								MAR DREAM	6,666.00	
								APR DREAM	6,666.00	
								VENDOR TOTAL	26,664.00 *	
24095	EMK CONSULTING LLC	3/16/21 03 VR 53- 101	53- 101	617774	3/19/21	090-053-533.07-00	PROFESSIONAL SERVICES	INV 450 3/12	915.00	

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

4/09/21

PAGE 4

VENDOR NO	VENDOR NAME	TRN B	TR	NO	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
24215	EAST CNTRL IL REFUGEE MUTUAL ASSIST CTR SUITE 4D	3/16/21	03	VR	53- 101	617774	3/19/21	090-053-533.07-00	PROFESSIONAL SERVICES	INV 451 3/12	1,894.00	
										VENDOR TOTAL	2,809.00 *	
26000	FAMILY SERVICE OF CHAMPAIGN COUNTY	3/30/21	02	VR	53- 118	618091	3/31/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR FAM SUP/STRENGT	4,703.00	
										VENDOR TOTAL	4,703.00 *	
30550	GROW IN ILLINOIS	3/30/21	02	VR	53- 119	618095	3/31/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR COUNSELING	2,500.00	
										APR SELF HELP CENTE	2,410.00	
										APR SENIOR CNSL/ADV	13,529.00	
										VENDOR TOTAL	18,439.00 *	
35050	I3 BROADBAND - CU	3/30/21	01	VR	53- 120	618107	3/31/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR PEER SUPPORT	6,436.00	
										VENDOR TOTAL	6,436.00 *	
44570	MAHOMET AREA YOUTH CLUB	3/30/21	02	VR	53- 121	617463	3/12/21	090-053-533.29-00	COMPUTER/INF TCH SERVICES	INV 20467801 3/4	144.95	
										COMPUTER/INF TCH SERVICES	INV 20691211 4/4	144.95
										VENDOR TOTAL	289.90 *	
49870	NATIONAL ALLIANCE ON MENTAL ILLNESS	3/30/21	02	VR	53- 122	618140	3/31/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR BLAST	1,250.00	
										APR MEMBERS MATTER	1,500.00	
										VENDOR TOTAL	2,750.00 *	
54650	PEPSI COLA CHAMPAIGN-URBANA BOTTLING	3/30/21	02	VR	53- 122	618148	3/31/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR NAMI	833.00	
										VENDOR TOTAL	833.00 *	

*** FUND NO. 090 MENTAL HEALTH

3/09/21 01 VR 53- 97

617493 3/12/21 090-053-522.02-00 OFFICE SUPPLIES

INV 81108629 3/2

7.50

13

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

4/09/21

PAGE 5

VENDOR NO	VENDOR NAME	TRN B TR DTE N CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
***	FUND NO. 090	MENTAL HEALTH								
	3/29/21	03 VR 53-	103	618157	3/31/21	090-053-522.02-00	OFFICE SUPPLIES	INV 81108938	3/23	6.75
								VENDOR TOTAL		14.25 *
58118	QUILL CORPORATION (MH)						ACCOUNT QL8197518			
	3/09/21	01 VR 53-	98	617500	3/12/21	090-053-522.02-00	OFFICE SUPPLIES	INV 14761881	2/22	77.08
	3/09/21	01 VR 53-	98	617500	3/12/21	090-053-522.02-00	OFFICE SUPPLIES	INV 14783944	2/22	272.96
	3/16/21	03 VR 53-	102	617860	3/19/21	090-053-522.02-00	OFFICE SUPPLIES	INV 15076411	3/4	281.18
	4/07/21	04 VR 53-	130	618514	4/09/21	090-053-522.02-00	OFFICE SUPPLIES	INV 15183494	3/9	86.08
	4/07/21	04 VR 53-	130	618514	4/09/21	090-053-522.44-00	EQUIPMENT LESS THAN \$5000	INV 15176981	3/9	546.98
	4/07/21	04 VR 53-	130	618514	4/09/21	090-053-522.02-00	OFFICE SUPPLIES	INV 15465092	3/22	15.29
	4/07/21	04 VR 53-	130	618514	4/09/21	090-053-522.02-00	OFFICE SUPPLIES	INV 15483601	3/22	151.92
	4/07/21	04 VR 53-	130	618514	4/09/21	090-053-522.02-00	OFFICE SUPPLIES	INV 15469891	3/22	89.98
								VENDOR TOTAL		1,521.47 *
59434	RAPE, ADVOCACY, COUNSELING & EDUC SRVCS SUITE 211									
	3/30/21	02 VR 53-	123	618162	3/31/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR SEX VIOL PREV/E		5,250.00
								VENDOR TOTAL		5,250.00 *
59472	RATTLE THE STARS									
	3/30/21	02 VR 53-	124	618163	3/31/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR YTH SUIC PREV/E		7,208.00
								VENDOR TOTAL		7,208.00 *
61780	ROSECRANCE, INC.									
	3/30/21	02 VR 53-	125	618173	3/31/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR CRIMNL JUSTC PS		25,362.00
	3/30/21	02 VR 53-	125	618173	3/31/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR CRIS/ACCS/BENF		16,996.00
	3/30/21	02 VR 53-	125	618173	3/31/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR FRESH START		6,609.00
	3/30/21	02 VR 53-	125	618173	3/31/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR PREVENTION SVCS		5,000.00
	3/30/21	02 VR 53-	125	618173	3/31/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR RECOVERY HOME		16,666.00
	3/30/21	02 VR 53-	125	618173	3/31/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR SPECIALTY COURT		16,916.00
								VENDOR TOTAL		87,549.00 *

(F)

3/30/21 02 VR 53- 129 618202 3/31/21 090-053-533.07-00 PROFESSIONAL SERVICES 6,683.00
APR MHB21-039 CONSL 6,683.00
VENDOR TOTAL 6,683.00 *

15

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

4/09/21

PAGE 6

VENDOR NO	VENDOR NAME	TRN B TR	TRN NO	PO NO	CHECK NO	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
77280	UP CENTER OF CHAMPAIGN COUNTY	3/30/21	02 VR 53-126	618203	3/31/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR CHLD/YTH/FAM PR		2,647.00
								VENDOR TOTAL		2,647.00 *
78120	URBANA NEIGHBORHOOD CONNECTION CENTER	3/30/21	02 VR 53-127	618206	3/31/21	090-053-533.92-00	CONTRIBUTIONS & GRANTS	APR COMM STUDY CNTR		2,125.00
								VENDOR TOTAL		2,125.00 *
78888	VISA CARDMEMBER SERVICE - MENTAL HEALTH	3/16/21	03 VR 53-99	617921	3/19/21	090-053-533.95-00	CONFERENCES & TRAINING	3930 NACO 2/9		275.00
		3/16/21	03 VR 53-99	617921	3/19/21	090-053-533.18-00	NON-EMPLOYEE TRAINING,SEM	3930 MHFA 3/3		359.25
								VENDOR TOTAL		634.25 *
81610	XEROX CORPORATION	3/09/21	01 VR 53-96	617550	3/12/21	090-053-533.85-00	PHOTOCOPY SERVICES	INV 230339206 3/1		199.06
		4/07/21	04 VR 53-133	618570	4/09/21	090-053-533.85-00	PHOTOCOPY SERVICES	INV 230344305 4/1		199.06
								VENDOR TOTAL		398.12 *
602880	BRESSNER, BARBARA J.	3/30/21	02 VR 53-128	618235	3/31/21	090-053-533.98-00	DISABILITY EXPO	2ND QTR PROF FEE		7,031.25
								VENDOR TOTAL		7,031.25 *
630307	MATHENY, VANESSA	4/07/21	04 VR 53-131	618616	4/09/21	090-053-533.07-00	PROFESSIONAL SERVICES	INV 101 4/1		3,000.00
								VENDOR TOTAL		3,000.00 *
631293	MCMANUS, ED	3/29/21	03 VR 53-104	618269	3/31/21	090-053-533.07-00	PROFESSIONAL SERVICES	TERM 4/1-10/1/21		500.00
								VENDOR TOTAL		500.00 *
								DEPARTMENT TOTAL		409,726.94 *

*** FUND NO. 090 MENTAL HEALTH

16

MENTAL HEALTH

FUND TOTAL

409,726.94 *

17

CCMHB AGENCY PROGRAM PY2022 APPLICATION LIST

Agency	Program	Amount Requested	Selected Priority	Primary Reviewer	Secondary Reviewer	Page Numbers
CCRPC - Community Services	Justice Diversion Program	\$207,948	(old priority)	Palencia	(Fowler)	30-34
	Youth Assessment Center	\$76,350	(old priority)	Palencia	(Fowler)	35-39
Champaign County Children's Advocacy Center	Children's Advocacy	\$56,425	(old priority)	Fowler	Palencia	40-44
Champaign County Christian Health Center	Mental Health Care at CCCHC	\$33,000	Innovative/Access	Omo-Osagie	Sprandel	45-48
Champaign County (CCRPC) Head Start/Early Head Start	Early Childhood Mental Health Svcs	\$326,369	System of Care (and DD- Young Children)	Youakim	Fowler	49-53
Champaign County Health Care Consumers	CHW Outreach and Benefit Enrollment	\$80,274	Innovative/Access	Rappaport	(Fowler)	54-58
	Justice Involved CHW Services & Benefit	\$77,394	(old priority)	Patterson	Rappaport	59-63
	Disability Services	\$71,500	NEW - Innovative/Access	Rappaport	(Fowler)	64-68
Community Services Center of Northern Champaign Co.	Resource Connection	\$68,609	Innovative/Access	Sprandel	(Fowler)	69-73
Crisis Nursery	Beyond Blue-Champaign County	\$90,000	System of Care	Fowler	Youakim	74-78
DREAAM House	DREAAM Big	\$100,000	System of Care	Youakim	Fowler	79-84
DSC	Family Development	\$596,522	DD - Young Children	Fowler	Youakim	85-88
Don Moyer Boys and Girls Club	C-U CHANGE	\$100,000	System of Care	Youakim	Rappaport	89-93
	CUNC	\$110,000	System of Care	Rappaport	(Fowler)	94-99
	Community Coalition Summer Initiative	\$107,000	System of Care	Palencia	Patterson	100-102
	Youth and Family Services	\$160,000	System of Care	Fowler	Rappaport	103-106
East Central IL Refugee Mutual Assistance Center	Family Support & Strengthening	\$62,000	Innovative/Access	Youakim	Fowler	107-111
Family Service of Champaign County	Counseling	\$30,000	Crisis Response	Sprandel	Omo-Osagie	112-116
	Self-Help Center	\$28,430	Innovative/Access	Rappaport	Sprandel	117-121
	Senior Counseling & Advocacy	\$162,350	Innovative/Access	Omo-Osagie	Sprandel	122-126
Mahomet Area Youth Club	Bulldogs Learning and Succeeding	\$15,000	System of Care	Youakim	(Fowler)	127-130
	MAYC Members Matter!	\$21,905	System of Care	Fowler	Youakim	131-135
Rape Advocacy, Counseling & Education Services	Sexual Violence Prevention Education	\$63,000	(old priority)	Sprandel	Patterson	136-140
Rattle the Stars	Youth Suicide Prevention Education	\$86,500	Innovative/Access	Palencia	Sprandel	141-145
Rosecrance Central Illinois	Fresh Start	\$85,409	(old priority)	Palencia	Omo-Osagie	146-149
	Prevention	\$60,000	System of Care	Omo-Osagie	Patterson	150-153
	Specialty Courts	\$169,464	(old priority)	Patterson	Palencia	154-157
Terrapin Station Sober Living	Recovery Home	\$47,000	NEW - Innovative/Access	Omo-Osagie	Patterson	158-160
The UP Center (Uniting Pride) of Champaign County	Children, Youth, & Families Program	\$86,603	System of Care	Sprandel	Omo-Osagie	161-165
Urbana Neighborhood Connections	Community Study Center	\$25,500	System of Care	Patterson	Rappaport	166-168
WIN Recovery		\$69,488	NEW - Crisis Response	Patterson	Omo-Osagie	169-173
CCMHB requests			\$3,274,040			
		includes DD application(s) with PY22 target \$718,521				
		excludes multi-year MH/SUD contracts, which total \$1,927,270				

Agency and Program acronyms

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

CAC - Children's Advocacy Center

CC – Community Choices

CCCHC – Champaign County Christian Health Center

CCDDB – Champaign County Developmental Disabilities Board

CCHCC – Champaign County Health Care Consumers

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

CCMHB – Champaign County Mental Health Board

CCRPC – Champaign County Regional Planning Commission

CN - Crisis Nursery

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

Courage Connection – previously The Center for Women in Transition

DMBGC - Don Moyer Boys & Girls Club

DREAAM – Driven to Reach Excellence and Academic Achievement for Males

DSC - Developmental Services Center

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

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

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

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

FN - Frances Nelson previously known as Frances Nelson Health Center Health Center. The Federally Qualified Health Center operated by Promise Healthcare

FS - Family Service of Champaign County

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

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

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

JDP – Justice Diversion Program, a Regional Planning Commission program

MAYC - Mahomet Area Youth Club

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

NAMI – National Alliance on Mental Illness

PEARLS - Program to Encourage Active Rewarding Lives

PHC – Promise Healthcare

PSC - Psychological Services Center (University of Illinois)

RAC or ECIRMAC – East Central Illinois Refugee Mutual Assistance Center

RACES – Rape Advocacy, Counseling, and Education Services

RCI – Rosecrance Central Illinois

RPC – Champaign County Regional Planning Commission

UNCC – Urbana Neighborhood Community Connections Center

UP Center – Uniting Pride

UW – United Way of Champaign County

WIN Recovery – Women in Need Recovery

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

Glossary of Other Terms and Acronyms

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

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

ACA – Affordable Care Act

ACEs – Adverse Childhood Experiences

ACMHAI – Association of Community Mental Health Authorities of Illinois

ANSA – Adult Needs and Strengths Assessment

APN – Advance Practice Nurse

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

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

ASD – Autism Spectrum Disorder

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

ATOD – Alcohol, Tobacco and Other Drugs

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

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

CBCL – Child Behavior Checklist

CC – Champaign County

CCBoH – Champaign County Board of Health

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

C-GAF – Children’s Global Assessment of Functioning

CHW – Community Health Worker

CILA – Community Integrated Living Arrangement

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

CLC – Cultural and Linguistic Competence

CLST – Casey Life Skills Tool

CQL – Council on Quality and Leadership

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

CSEs - Community Service Events. Is a category of service measurement on the Part II utilization form and the actual activity to be performed should also be described in the Part I Program Performance Measures-Utilization section of the application/program plan. It relates to the number of public events (including mass media and articles), consultations with community groups and/or caregivers, classroom presentations, and small group workshops to promote a program or educate the community. Activity (meetings) directly related to planning such events may also be counted here. Actual direct service to clientele is counted elsewhere.

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

CY – Contract Year, runs from July to following June. For example CY08 is July 1, 2007 to June 30, 2008. (Also may be referred to as Program Year – PY). Most contract agency Fiscal Years are also from July 1 to June 30 and may be interpreted as such when referenced in a Program Summary e.g. FY07

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

DASA – Division of Alcoholism and Substance Abuse in the Illinois Department of Human Services.

DCFS – Illinois Department of Children and Family Services.

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

DD – Developmental Disability

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

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

DHS – Illinois Department of Human Services

DMHARS – Division of Mental Health and Addiction Recovery Services. This is the new division at the Department of Human Services that brings together the Division of Alcohol and Substance Abuse and the Division of Mental Health.

DSM – Diagnostic Statistical Manual.

DSP – Direct Support Professional

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

EI – Early Intervention

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

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

ER – Emergency Room

FACES – Family Adaptability and Cohesion Evaluation Scale

FAST – Family Assessment Tool

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

FOIA – Freedom of Information Act.

FQHC – Federally Qualified Health Center

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

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

GAF – Global Assessment of Functioning. A subjective rating scale used by clinicians to rate a client's level of social, occupational and psychological functioning. The scale included in the DSM-IV has been replaced in the DSM-V by another instrument.

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

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

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

ICADV – Illinois Coalition Against Domestic Violence

ICASA – Illinois Coalition Against Sexual Assault

24

ICDVP - Illinois Certified Domestic Violence Professional

ICFDD – Intermediate Care Facility for the Developmentally Disabled

ICJIA - Illinois Criminal Justice Authority

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

IDOC – Illinois Department of Corrections

I&R – Information and Referral

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

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

ISC – Independent Service Coordination

ISP – Individual Service Plan

ISSA – Independent Service & Support Advocacy

JDC – Juvenile Detention Center

JJ – Juvenile Justice

JJPD – Juvenile Justice Post Detention

LCPC – Licensed Clinical Professional Counselor

LCSW – Licensed Clinical Social Worker

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

LPC – Licensed Professional Counselor

MAYSI – Massachusetts Youth Screening Instrument. All youth entering the JDC are screened with this tool.

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

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

MDT – Multi-Disciplinary Team

MH – Mental Health.

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

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

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

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

NACO – National Association of Counties

NMT – Neurodevelopmental Model of Therapeutics

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

8 26

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

OMA – Open Meetings Act

ODU/SUD – Opioid Use Disorder/Substance Use Disorder

PAS – Pre-Admission Screening

PCI – Parent Child Interaction groups.

PCP – Person Centered Planning

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

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

PPSP – Parent Peer Support Partner

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

PTSD – Post-Traumatic Stress Disorder

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

PWI – Personal Well-being Index

PY – Program Year, runs from July to following June. For example PY08 is July 1, 2007 to June 30, 2008. (Also may be referred to as Contract Year – CY and is often the Agency Fiscal Year)

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

QIDP – Qualified Intellectual Disabilities Professional

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

SA – Substance Abuse

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

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

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

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

SDOH – Social Determinants of Health

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

SEDS – Social Emotional Development Specialist.

SEL – Social Emotional Learning

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

SSI – Supplemental Security Income, a program of Social Security

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

SSPC - Social Skills and Prevention Coaches.

28

SUD – Substance Use Disorder

TALKS - TALKS Mentoring (Transferring A Little Knowledge Systematically)

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

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

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

TPS – Truce Peace Seekers

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

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

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

DRAFT PY2022 MHB Program Summary

Agency: CCRPC – Community Services

Program: Justice Diversion Program

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2022 CCMHB Funding Request: \$207,948

Focus of Application: Co-Occurring and/or Multiple Conditions

Type of Contract: Grant

Priority: Behavioral Health Supports for People with Justice System Involvement (*a PY2020 priority*)

Services and People Served

Target Population: Individuals and families with justice involvement in Rantoul and the Champaign County Sheriff's Office coverage area, who have had Crisis Intervention Team (CIT) or domestic offense police contact, whether initiated by the family or due to a police response... majority are hard-to-reach individuals from underserved populations including lower income and ethnic minority households. However, no parameters are placed on the target population regarding gender, age, income, or race/ethnicity by the program beyond the individual/family having had a CIT or domestic disturbance contact with the Rantoul Police Department (RPD) or Champaign County Sheriff's Office (CCSO).

Staff Comment: an expansion of the population to be served. PY20/PY21 contract is limited to Rantoul area and to those having contact with Rantoul Police for crisis intervention or domestic offense. The PY22 expansion includes other rural residents who have had similar contact with the Sheriff's Office.

Scope, Location, and Frequency of Services: to reduce the number of repeat calls to law enforcement for social emotional behavioral (SEB) needs by increasing available services, eliminating barriers to existing services, and increasing individual's capacity to engage in treatment, while offering law enforcement an alternative to formal processing, JDP service referrals are accepted from RPD and CCSO following CIT or domestic related calls, or as recommended by JDP staff after reviewing daily police logs:

- Staff may be available for immediate response on location with police after safety has been ensured.
- JDP attempts to contact all individuals referred; appointments are scheduled to complete Adult Needs and Strengths Assessment (ANSA) to help determine level of SEB needs, if crisis can be resolved without further action or if resolution requires a treatment plan.
- When no plan for treatment is necessary, staff will offer information and/or resources to address the issue that precipitated the police involvement. When a plan for treatment is required, JDP provides short-term care planning, coordination and monitoring, including, but not limited to linkages with: housing, mental health services, substance abuse services, counseling, education and vocational training, financial education, employment, and peer mentoring.
- Coordination and monitoring may continue for up to 3 months to ensure engagement. When service connection is not readily available, program staff provide support until the individual is accepted into services, or needs are met.
- Exit assessments are completed to determine change in level of SEB needs.
- JDP will continue to work to increase the service options available within Rantoul, and to streamline service connection and delivery through collaboration with services throughout the county.

Services are provided through outreach and are community based. Case Managers work alongside officers and in the field. The Case Manager assigned to Rantoul Police Dept will have office hours at both RPD and the Community Service Center of Northern Champaign County (CSCNCC). Outreach services may be provided in clients' home and community environments, allowing for sensitivity to the specific needs and concerns of the clients' unique cultural backgrounds. M-F, 10am - 6:30pm; appointments outside of traditional business hours to accommodate clients' schedules.

Staff Comment: This proposal is to support the fourth year of operation of the Rantoul JDP and expand to CCSO jurisdiction for similar support. If there are 'resources' to offer other than information, this should be clarified, as well as how the program can increase other service options in the area, especially as funding for services is likely the key.

Access to Services for Rural Residents: Direct client services for residents of the rural areas, including the medically underserved Townships, because these are in the coverage area for CCSO. Residents of rural communities surrounding Rantoul will benefit from development of additional service options to be located in Rantoul. Services to rural residents in various locations. Staff have space to host client meetings in Urbana, Champaign, and Rantoul and travel to clients to meet in community locations or to the clients' homes.

30

Access to Services for Members of Underserved or Underrepresented Minority Populations: While not specifically targeting specific populations, RPC promotes culturally responsive services through staff training. It is expected that a good number of referrals will be generated for members of underserved or underrepresented minority populations. In the previous program year, approximately 50% of clients served from Rantoul were of a minority race as compared to the 34% minority representation in the total population in Rantoul. As services develop in Rantoul, the Rantoul Community Service Providers meeting agenda will include efforts to identify and reduce barriers for residents from northern county rural areas. All program participants will be served in spaces where they feel most comfortable and are also safe for both the client and the staff. Staff have space to host client meetings in Urbana, Champaign, and Rantoul. Office sites will include the Rantoul Police Dept, CCSO, RPC in Urbana, Youth Assessment Center, CSCNCC, clients' homes, or in community locations where the clients live.

Residency of People Served in PY2020 = 62 and in first two quarters of PY2021 = 61

Champaign	0 for PY20	0 for PY21
Urbana	0 for PY20	1 (1.6%) for PY21
Rantoul	62 (100%) for PY20	59 (96.7%) for PY21
Mahomet	0 for PY20	0 for PY21
Other Champaign County	0 for PY20	1 (1.6%) for PY21

Demographics of 62 People Served in PY2020

Age

Ages 0-6 -----	1 (1.6%)
Ages 7-12 -----	3 (4.8%)
Ages 13-18 -----	8 (12.9%)
Ages 19-59 -----	33 (53.2%)
Ages 60-75+ -----	5 (8.1%)
Not Available Qty -----	12 (19.4%)

Race

White -----	25 (40.3%)
Black / AA -----	24 (38.7%)
Other (incl. Native American and Bi-racial) -	1 (1.6%)
Not Available Qty -----	12 (19.4%)

Gender

Male -----	17 (27.4%)
Female -----	35 (56.5%)
Not Available Qty -----	10 (16.1%)

Ethnicity

Of Hispanic or Latino/a origin -----	1 (1.7%)
Not of Hispanic or Latino/a Origin -----	47 (78.3%)
Not Available Qty -----	12 (20.0%)

Program Performance Measures

CONSUMER ACCESS: Individuals and families in Rantoul and areas served by the CCSO who have had CIT or domestic related police contact; no parameters are placed on the target population regarding gender, age, income, or race/ethnicity by the program. Participant will be referred by CCSO or Rantoul Police or have a police contact record.

Within 7 days from referral, 100% of those referred will be assessed.

Within 0 days of assessment, 30% of those assessed will engage in services.

People will engage in services, on average, for: 1-3 months.

No additional demographic data will be collected.

Staff Comment: A higher engagement rate would be encouraging. Given that ANSA is completed for all referred, "0 days" from assessment to service suggests that assessment IS the service. Average length of engagement of 1-3 months reinforces the program focus on assessment and connecting people to other resources and services.

CONSUMER OUTCOMES:

1. Increase individual's capacity to engage in treatment.
2. Decrease level of need for social emotional behavioral treatment. At least 20% of treatment plan clients with initial

31

ratings of 2 or 3 will move to ratings of 1 or 0.

3. Increase available services in Rantoul.

4. Reduce number of repeat calls to law enforcement for social emotional behavioral needs. No more than 25% of the requests for law enforcement assistance for behavioral needs during the program year, will be repeat requests.

Measured by:

1. Following client enrollment, staff will enter treatment plan client data into the CCRPC's client database. Data reports will be pulled and monitored for accuracy on a monthly basis.

2. Entry and exit ANSAs will be completed for all treatment plan clients. Staff will enter scores into CCRPC's client database. Reports indicating number and percent of clients with decreased level of needs will be pulled quarterly.

3. Number of new providers offering services in Rantoul will be reported during the Rantoul Community Service Providers meeting, noted in minutes and tracked and reported quarterly by the JDP Coordinator.

4. Number of repeat requests to RPD and CCSO for SEB needs will be tracked/reported quarterly by JDP Coordinator.

Outcome gathered from all participants? No. Only individuals enrolled as TPCs will have an exit assessment to compare change in level of need.

Anticipate 190 total participants for the year.

Will collect outcome information Quarterly.

Is there a target or benchmark level for program services? No

UTILIZATION:

Treatment Plan Clients (TPCs): 52 Individuals enrolled in short-term care planning based on entry assessment results. Coordination and monitoring may continue for up to 3 months to ensure engagement. When service connection is not readily available, the Coordinator will provide support until individual is accepted into services, or needs have been met. Exit assessments to determine change in level of social emotional behavioral needs.

Non-Treatment Plan Clients (NTPCs): 140 Individuals whose initial screening indicates that crisis can be resolved without further action from JDP or RPD and no plan for treatment is necessary. Staff will offer information and/ or resources to address the issue that precipitated the police involvement.

Service Contacts (SCs): 250 Individuals and families who have had CIT or domestic related police contact, whether initiated by the family or due to a police response, who the JDP coordinator made attempts to contact, but was unable to contact or engage in services.

Community Service Events (CSEs): 20 Staff presentations; service provider facilitation meetings, including Rantoul Service Providers; meetings with providers, schools, community members, and public officials to provide information and education about the program; and community meetings/events.

Staff Comment: In PY20, utilization was below target for each category. For PY21, TPC, SC, and CSE targets were lowered and NTPC maintained. At mid-year, the program is not likely to meet the targets of 42 TPC, 70 NTPC, and 200 SC, but has already exceeded the CSE target of 12. COVID restrictions are a likely cause of underutilization, but alternative outreach and virtual services are not identified. The increased targets for PY22 relate to expansion of the service, beyond Rantoul and surrounding communities, to include CCSO contact follow-up.

Financial Analysis

PY2022 CCMHB Funding Request: \$207,948

PY2022 Total Program Budget: \$222,678

Proposed Change in Funding - PY2021 to PY2022 = \$75,308 increase or 176.1%

Current Year Funding (PY2021): \$75,308

CCMHB request is for 93% of total program revenue. Other revenue is from Contributions - various \$12,480 (6%) and Grants - Federal \$2,250 (1%).

Expenses: Personnel-related costs of \$147,960 are the primary expense charged to CCMHB at 71% of total request. Other expenses are: Consumables \$2,000 (1%); General Operating \$3,000 (1%); Occupancy \$52,988 (25%); and Local Transportation \$2,000 (1%).

Total Agency Budget has a Deficit of \$196,956; Total Program a Deficit of \$72,292; Total CCMHB BALANCED.

Program Staff to be funded by CCMHB: 0 Indirect and 2.25 Direct = 2.25 FTEs Total.

Total Program Staff: 0 Indirect and 2.55 Direct = 2.55 FTEs Total.

Staff Comment: Occupancy expense is the GATA approved indirect rate of 45% of direct staff salaries. PY20 program had \$32,097 excess revenue, which was returned to the MHB in December 2020.

Audit Findings: CCRPC is included in the County's Comprehensive Annual Financial Report (CAFR). The most recent CAFR available is for FY18.

Priorities and Decision Support Criteria

Expectations for Minimal Responsiveness: Eligibility questionnaire is out of date, missing newer information so that Board of Directors questions are unanswered, and audit responses seem inaccurate. Application is complete, meeting expectations. Pandemic-proof outreach and virtual service options may be necessary; difficult due to nature of service.

Priority: Crisis Response and Intervention: Not selected but may be appropriate. A PY2020 priority was selected, as this program had previously been funded under "Behavioral Health Supports for People with Justice Involvement, and not updated to the PY2022 priority most likely to capture the intent: Crisis Response and Intervention.

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? Yes.

Highlights from the submitted CLC Plan: Actions and benchmarks aligned with the National CLAS Standards. All the requirements were addressed in the actions and benchmarks. The Cultural Competence Committee is being intentional about going through a cultural competence assessment process and has representation from all the departments to ensure that CLC is a value implemented throughout the entire organization. They have had training and consultation from the CLC Coordinator. CLC Committee incorporates antiracist principles, systemic racism, and social justice issues into monthly meeting agendas and develops an action plan for integration into agency.

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY2021? Yes.

Highlights from the submitted CLC Progress Report: In PY2020 Regional Planning Commission conducted a CLC Organizational Assessment. They have implemented new practices based on the feedback from the assessment. Weekly Wellness Workshops for staff and families to support stress management through the development of coping skills. Staff continue to develop program and forms in different languages as needed.

Overarching Decision Support Criteria

Underserved/Underrepresented Populations and Countywide Access: Addressed in Access sections and supported by residency and demographic data. Services in Rantoul and surrounding, and would expand throughout the county; home-based appointments at times most convenient for participants.

Inclusion and Anti-Stigma: Participants will have the opportunity to address issues in a restorative manner, as an alternative to working with law enforcement. JDP will provide support from staff that are trauma informed with a strong understating of cultural competency, which will help to reduce stigma and improve access to community resources. Once enrolled, staff promote inclusion in services, working with participants to identify personalized goals and develop individual treatment plans.

Outcomes: Two outcomes relate to positive change for the individuals served, and two relate to positive system changes (also good for people): increase resources for northern and rural residents; shift cost/pressure from one the law enforcement to human services. Each is associated with a measurable target and measurement tool/strategy.

Coordinated System: Rosecrance offers Crisis Intervention service county wide, usually on-site at hospitals in CU after law enforcement has transported the client to the emergency room. CCRPC's Youth Assessment Center provides similar services for youth. JDP is responding to an identified need specifically in Rantoul and Champaign County areas outside of C-U to assist officers with a variety of situations and populations.

While many agencies attempt to work together to service clients in Rantoul, JDP is taking the lead in facilitating lasting, working collaborations between agencies, law enforcement, and Rantoul community members, and providing outreach and community-based services for individuals and families in the service area of the CCSO. JDP continues to be devoted to stimulating the growth of services offered in the Rantoul community. JDP Case Managers are part RPC's Justice Initiative team lead by a Coordinator that participates in (e.g.) the Community Coalition and YAC Advisory meetings, both focused on enhancing service delivery and coordination. RPC's Justice Initiative Programs Coordinator is also tasked with participating in community efforts to advance increased awareness and training on topics related to equity, unconscious bias and other areas of social justice in policing. The JDP Case Manager working with RPD facilitates the monthly Rantoul Community Service Providers meeting with goals of: developing a uniform referral form, sharing release of information forms, establishing MOUs between providers, promoting increased services in Rantoul, identifying and addressing barriers to access to services in northern county rural areas, and providing an opportunity to brainstorm solutions to challenging situations.

33

Budget and Program Connectedness: *The Budget Narrative indicates no other sources of funding but lists in-kind contributions of space and equipment at Rantoul Police Dept and CCSO (also lists CCRPC, but as the funding recipient, is that in-kind?). It describes: the requested increase as adding services for those with CCSO contact; expenses and the agency's GATA-approved indirect cost allocation rate plan; and responsibilities/qualifications of staff assigned to the program (Program Manager, Director, and staff).*

Approach/Methods/Innovation: ANSA to support decision making and service planning related need for treatment, urgency of the need, and level of care, and to determine change in level of SEB needs following engagement in treatment. From the 2015 Journal of Addiction Research & Therapy, "evidence suggests that the ANSA is a valid tool of measurement, and that it does reflect the client's perspective accurately, thus strengthening confidence in its use as a standardized screening instrument." <https://praedfoundation.org/tools/the-adult-needs-and-strengths-assessment-ansa/>

Evidence of Collaboration: Rantoul Police Dept; Rantoul City Schools District #137; CCSO; Youth and Family Peer Support Alliance; Hope Springs; CSCNCC; Community Plus Credit Union; Rosecrance; CRIS Healthy Aging Center.

Staff Credentials: Bachelor degrees in human or social services or related, minimum 3 years of direct client service experience, or a combination of education and experience. Master's degrees preferred. Training in cultural competency, motivational interviewing, and trauma informed service delivery. Services in accordance with the National Association of Social Workers Code of Ethics; weekly supervision; encouraged to participate in professional development trainings. As available, interns with senior standing at UIUC School of Social Work or related will work alongside the program staff.

Resource Leveraging: *While not mentioned, funding opportunities to support this work should be explored and pursued, especially to build a coordinated response across the County.* **Other Pay Sources:** N/A - *A pilot for the CCSO portion has been funded by Champaign County – CCRPC seeks this funding to continue the position; CCSO seeks to add so that there are 2. Is there a possible funding partnership?* **Client Fees:** No. **Sliding Scale:** No.

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2022 contract:

- *Board Member list should be updated and a PY22 priority should be selected.*
- *Acknowledgment of the need for more services/resources; Rantoul JD program has had fairly high turnover, and each new staff person takes time to assess the scarce services; Rantoul Providers group should help reduce this time. A similar entity or expansion of that group, if the new CCSO position is funded?*
- *Could both Rantoul Police and CCSO contacts be followed up by one person, as is the practice elsewhere? (There may be miscommunication across three County entities with regard to funding and for how many positions.)*
- *Crisis co-response will need to be coordinated across the county as each law enforcement agency seeks to develop similar capacity, some with their own funding. Other funding (state, federal, local, or private) may be available to support this work, especially if data are available across jurisdictions.*
- *Fourth quarter financial reports will be used to determine whether excess revenue is due to the Board.*
- *Or, consider a fee for service contract to avoid excess revenue at the year's end and to capture staff activity on behalf of Rantoul and rural residents, along with planning time.*
- *Eligibility questionnaire should be revised prior to next application.*

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCMHB Executive Director in writing if there are factual errors which should be corrected prior to completion of award process.

Recommendation: Pending

34

DRAFT PY2022 MHB Program Summary

Agency: CCRPC – Community Services

Program: YAC (Companion Proposal)

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2022 CCMHB Funding Request: \$76,350

Focus of Application: Mental Health

Type of Contract: Grant

Priority: Behavioral Health Supports for People with Justice System Involvement (*a PY2020 priority*)

Services and People Served

Target Population: YAC serves youth ages 10-17 who are experiencing difficulties and would benefit from assessment, linkage, and referral; includes those with contact with police departments county-wide for minor and status offenses, referred by any school district or community agency in the county, and self-referral by families (of youth with challenging behaviors.) CCMHB funding targets youth assessed as moderate to high risk on the Youth Assessment and Screening Instrument (YASI) and referred two+ times to the YAC.

Staff Comments: the PY20 report to the Advisory Committee shows that 75% of YAC TOTAL referrals were from law enforcement, 8% from the State's Attorney's Office, 7% by schools, and 5% families/community; engagement rate was 70%, with 77 resulting in station adjustments, 58 no shows after engagement, 46 'warn & release'. For the CCMHB funded portion of this program, 92 of 259 referrals were re-referrals, and 66 of 119 youth were assessed as having "moderate to high risk" and 114 referrals were made to a variety of agencies, with another 17 refusing connection.

Scope, Location, and Frequency of Services: primary point of entry for youth experiencing behavioral issues and at risk of involvement in the juvenile justice system; linking youth and their families to community resources to address individualized needs. Case managers trained in Balanced and Restorative Justice (BARJ), trauma-informed practices and Motivational Interviewing complete assessments and recommend treatment/services to support youth to be resilient, resourceful, responsible, and restored to positive community involvement. For youth repeatedly referred to YAC as compared to the one time referred youth with no to low risk level scores, CCMHB funding supports:

- Trauma screening, recommendations for evidence-based, trauma-focused, cognitive behavioral therapy.
- If service fees are a barrier to services, staff assist with requests for assistance to overcome the barriers.
- Youth lacking protective factors and natural supports are offered regular face to face meetings with a case manager until they are accepted into referred services.
- Partners such as Rosecrance, the University of Illinois' Childhood Adversities and Resilience Services (CARS) Clinic, Cunningham Children's Home, and Center for Youth and Family Solutions offer specialized services to youth served through the YAC. YAC staff facilitate groups focused on prevention and BARJ. YAC staff work in the community and schools, specifically in Rantoul at the Community Service Center and conducting services in the middle and high schools in Champaign and Urbana.
- The YAC recognizes that addressing the needs of youth's families will increase the likelihood of positive progress and outcomes and assist by providing resource information and relevant services referrals for all family members. YAC case managers may identify family level needs to support the youth they serve, referring the family to appropriate supportive services.

Services primarily at YAC, 2011 Round Barn Road in Champaign. Services also in schools in Champaign County, CCRPC sites in northwest Champaign and east Urbana, Rantoul Police Department and Community Center, and partnering organizations. May occur virtually by Zoom or phone. M-F 8am-8pm. Staff are flexible with their time to meet the needs of the youth and their families.

Staff Comments: in addition to continuation of PY20/PY21 details, Cunningham Children's Home is listed as a partner and the CSCNCC and CU schools as service locations.

Access to Services for Rural Residents: available to all youth in Champaign County, including those of rural areas. YAC strives to provide outreach to middle schools and high schools throughout Champaign County. The Champaign County Sheriff's Office also works closely with the YAC. Youth from the medically underserved Townships - Ayers, Colfax, Crittenden, Pesotum, Philo, Raymond, Sadorus, Sidney, South Homer, and Tolono, will have opportunities for services through school referrals and referrals made by Champaign County Sheriff Deputies. CCRPC maintains

relationships with all rural school districts and service providers located in the rural areas of the county. As necessary, staff visit offices in rural communities to provide program services and can offer them via Zoom or phone.

Access to Services for Members of Underserved or Underrepresented Minority Populations: staff attend and conduct outreach regarding available services at events that reach members of underserved and underrepresented minority populations. For example, FY20 outreach events occurred at: Urbana School District Unit #116 Latino Liaison Ivanhoe Estate Neighborhood Fair; Rantoul Community Resource Fair; CU Pridefest; and Marketplace Mall Food Court. YAC staff are regularly present in middle and high schools to increase awareness of the YAC services and support increased engagement. *(Service location details as above.)*

Staff Comment: previously, with law enforcement as a greater share of referrals and with proximity to Centennial HS, youth from historically underinvested communities had the most contact. Additional service locations should expand the range to include rural residents, but data below show a narrowed reach instead (pandemic impact?)

Residency of 35 People Served in PY2020 and 5 People Served in first two quarters of PY2021

Champaign	14 (40%) for PY20	3 (60%) for PY21
Urbana	13 (37.1%) for PY20	2 (40%) for PY21
Rantoul	2 (5.7%) for PY20	0 for PY21
Mahomet	1 (2.9%) for PY20	0 for PY21
Other Champaign County	5 (14.3%) for PY20	0 for PY21

Demographics of 35 People Served in PY2020

Age	
Ages 7-12 -----	3 (8.6%)
Ages 13-18 -----	32 (91.4%)
Race	
White -----	11 (31.4%)
Black / AA -----	23 (65.7%)
Other (incl. Native American and Bi-racial) -	1 (2.9%)
Gender	
Male -----	22 (62.9%)
Female -----	13 (37.1%)
Ethnicity	
Not of Hispanic or Latino/a Origin -----	31 (88.6%)
Not Available Qty -----	4 (11.4%)

Program Performance Measures

CONSUMER ACCESS: Champaign County youth ages 10-17 exhibiting behavioral issues, including youth who have had police contact. CCMHB funding supports more intense case management services for youth: who are referred 2+ to the YAC, by police departments, school districts, community agencies, and families; who are assessed as moderate to high risk on the YASI; and/or who are entered on a Formal Station Adjustment or Engagement Agreement. Community presentations inform the public about the services. Outreach includes social service agencies, public forums and meetings, schools, local police departments, media outlets, etc. People also learn about the program through direct referrals from other service providers, brochure distribution, referrals from school professionals, and referrals from other program participants and their families. Program information is on CCRPC website, in CCMHB/DDB resource guide, and United Way's 211 system. CCRPC also participates in media requests to promote YAC services.

Within 21 days from referral, 75% of those referred will be assessed.

Within 90 days of assessment, 70% of those assessed will engage in services.

People will engage in services, on average, for: 3-6 months.

In addition to race, ethnicity, age, gender, and zip code, data on household composition and income will be collected.

CONSUMER OUTCOMES:

1. Diversion of youth from justice system. The YAC aims to divert youth from the justice system, for both youth who have had police contact and been referred for station adjustment services and youth exhibiting behavioral issues. Divert at least 90% of youth from a juvenile court adjudication within one year of their YAC services.

36

2. Increase in the level of protective factors for youth upon program exit. At least a 10% increase in the percentage of youth assessed with Moderate/High Protective Factors at exit as compared to the percentage at intake.
3. Increase of resiliency within the youth referred. Service connection based on needs assessment will support individualized, meaningful services. Individuals/ families will be better informed of the services and resources available to assist them leading to increased utilization of services. At least 90% of participants will endorse having been informed of resource options and 50% will report successful linkage and utilization of recommended services.

Measured by:

1. Court Services Records/Database: A comparison of juvenile court records tracked through court services with YAC Client Database to determine how many have been adjudicated during the fiscal year.
2. The Youth Assessment Screening Inventory (YASI) tool is used to measure difference in level of risk, along with protective factors, at intake and exit. The YASI system's reporting tool provides aggregate data for youth risk levels and protective factors at entry and at exit. An annual comparison of protective factors at intake compared to protective factors at discharge will be used to evaluate program impact.
3. The YASI will be used to identify individualized needs and guide the recommended service referrals. A pre and post service survey will be used to evaluate participants' increased knowledge of services available to address their needs. Utilize YAC Client Database to track service connections for clients.

Outcome gathered from all participants? Yes

Anticipate 250 total participants for the year.

Will collect outcome information No less than annually, one year after case is closed. YASI scores at intake and exit.

Is there a target or benchmark level for program services? Yes. For FY20, nearly 97% of youth served by the YAC did not have a juvenile court adjudication following their YAC intervention.

Estimated level of change: no less than 90% of youth will avoid juvenile court adjudication within 1 year of intervention.

Staff Comment: anticipating 250 clients for PY22, a very large change from PY21 and not matched to utilization target of 55; assume the 250 are for total program rather than the intensive CCMHB-funded portion.

UTILIZATION:

Treatment Plan Clients (TPCs): 55 re-referred youth who are entered into a Formal Station Adjustment or Engagement Agreement and provided service referral and linkage.

Non-Treatment Plan Clients (NTPCs): 20 re-referred youth who are assessed to be no to low risk, indicating structured treatment services are not necessary.

Service Contacts (SCs): 40 repeat referrals the YAC team attempts to engage but are unable to.

Community Service Events (CSEs): 40 activities related to program outreach, networking, staff development and program management, including staff presentations, trainings, partner meetings/activities, volunteer recruitment/training events and community meetings/events.

Other: 50 youth, first time referrals to YAC, regardless of assessed risk level, provided service referral and linkage.

Staff Comment: In PY20, utilization targets were not achieved, and all were lowered slightly for PY21. At mid-year PY21, only the SC target of 40 appears on track to be met. The PY22 targets are the same for TPC, SC, and Other, increased for NTPC, and lowered for CSE.

Financial Analysis

PY2022 CCMHB Funding Request: \$76,350

PY2022 Total Program Budget: \$343,850

Proposed Change in Funding - PY2021 to PY2022 = 0%.

Current Year Funding (PY2021): \$76,350

CCMHB request is for 22% of total program revenue. Other revenue is from Champaign County \$242,500 (71%) and Local Grants \$25,000 (7%).

Expenses: Personnel related costs of \$49,363 are the primary expense charged to CCMHB at 65% of \$76,350. Other expenses are: Consumables \$1,250 (2%); General Operating \$7,511 (10%); Occupancy \$15,426 (20%); Local Transportation \$800 (1%); and Lease/Rental \$2,000 (3%).

Total Agency Budget shows a Deficit of \$196,956. Total Program and Total CCMHB Budgets are BALANCED.

Program Staff to be funded by CCMHB: 0 Indirect and 0.90 Direct = 0.90 FTEs Total.

Total Program Staff: 0 Indirect and 3.60 Direct = 3.60 FTEs Total.

Staff Comment: Occupancy expense is GATA approved indirect rate of 45% of direct staff salaries.

37

Audit Findings: CCRPC is included in the County's Comprehensive Annual Financial Report (CAFR). The most recent CAFR available is for FY18.

Priorities and Decision Support Criteria

Expectations for Minimal Responsiveness: Eligibility questionnaire is out of date, missing newer information so that Board of Directors questions are unanswered, and audit responses seem inaccurate. Application is complete, meeting expectations. Pandemic impact on services noted, and virtual service options will continue post-restrictions.

Priority: Crisis Response and Intervention: Not selected but may be appropriate.

Priority: Systems of Care for Children, Youth, Families: Not selected, but may be appropriate.

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? Yes.

Highlights from the submitted CLC Plan: Actions and benchmarks aligned with the National CLAS Standards. All the requirements were addressed in the actions and benchmarks. The Cultural Competence Committee is being intentional about going through a cultural competence assessment process and has representation from all the departments to ensure that CLC is a value implemented throughout the entire organization. They have had training and consultation from the CLC Coordinator. CLC Committee incorporates antiracist principles, systemic racism, and social justice issues into monthly meeting agendas and develops an action plan for integration into agency.

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY2021? Yes.

Highlights from the submitted CLC Progress Report: In PY2020 Regional Planning Commission conducted a CLC Organizational Assessment. They have implemented new practices based on the feedback from the assessment. Weekly Wellness Workshops for staff and families to support stress management through the development of coping skills. Staff continue to develop program and forms in different languages as needed.

Overarching Decision Support Criteria

Underserved/Underrepresented Populations and Countywide Access: Described in Access sections. Demographic and residency data reflect reach to Black youth residing in CU and low rural impact.

Inclusion and Anti-Stigma: provides youth and families an opportunity to be diverted from formal justice system involvement, therefore avoiding stigma that may be associated with being an adjudicated, delinquent youth. Linkage and advocacy will assist the youth and families served in gaining increased community access and preferred services/supports.

Outcomes: Two outcomes focus on the individual and positive changes resulting from the support. Another focuses on a positive cross-system change (diversion from juvenile justice) also indicating reduced costs/pressure to other systems; while not directly focused on the client, reduced justice involvement would also be a positive individual change. Recidivism-related outcomes are notoriously difficult to track, and we applaud the YAC's efforts to measure this type of outcome. This application incorporates the appropriate use of an evidence-based measure (YASI) in addition to other data collection strategies. This program could benefit from a) elaborating on the data collection and analysis process for Outcome 1 and b) either refining the scope of Outcome 3 to focus only on increasing client knowledge of/referral to needed services, or by adding some additional evidence-based measure of resiliency.

Coordinated System: N/A

Budget and Program Connectedness: The Budget Narrative provides detail on other sources of revenue for the full YAC program (treated as 'total agency'), the majority of which is the Quarter Cent for Public Safety Tax fund administered by Champaign County. Also describes expenses, the agency's GATA-approved indirect cost rate, and responsibilities/qualifications of staff assigned to the program (Case Managers and Coordinator plus Program Manager.)

Approach/Methods/Innovation:

- YASI is an innovative model that: measures both risk and strengths in juvenile populations as well as other high-risk youth; measures protective factors to help case workers build on the strengths of youth to buffer the negative impact of risk; and provides pre-screening functionality, critical for settings where triage based on risk principles is required. <https://orbispartners.com/assessment/youth-assessment-yasi/>
- Moral Reconnection Therapy (MRT): In July 2018, YAC staff were trained to provide MRT, an evidence-based cognitive-behavioral treatment system that leads to enhanced moral reasoning, better decision making, and more appropriate behavior. Research has shown MRT leads to increased participation and completion rates, decreased

disciplinary infractions, beneficial changes in personality characteristics, and significantly lower recidivism rates. MRT is offered to youth served through the YAC. <http://www.moral-reconciliation-therapy.com/>

- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT): The University of Illinois Psychological Services Center's Childhood Adversities and Resilience Services (CARS) Clinic has partnered with the YAC in research. In turn, CARS offers Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) for YAC participants. TF-CBT is an evidence-based treatment for children and adolescents impacted by trauma and their parents or caregivers. Research shows that TF-CBT successfully resolves a broad array of emotional and behavioral difficulties associated with single, multiple and complex trauma experiences. <https://tfcbt.org/>

Evidence of Collaboration: The Alliance, Cunningham Children's Home- Hope Springs, Rosecrance, UI Psychological Services Center/CARS, Champaign Unit#4 School District, Urbana Unit#116 School District, Mahomet-Seymour CUSD#3, Champaign Police Department, Urbana Police Department, UI Police Department, Champaign County Sheriff's Office, Champaign County State's Attorney's Office, Tolono Police Department, and Mahomet Police Department.

Staff Credentials: Essential knowledge, skills, characteristics and abilities for case managers include: Bachelor's in human services or related; experience in the social service field, particularly in areas of behavioral health and trauma; knowledge and respect for diverse cultures/lifestyles and problems of poverty in the community; knowledge of trauma-informed care principles; strong background in customer services and human services with program's target population; ability to follow program procedures while adjusting work style to meet the needs of the client; knowledge of continuing education options including high school, trade and college; knowledge of public assistance programs, including eligibility and application process; ability to attend community meetings, provide program information at community meetings, and collect and share relevant meeting information with team; ability to handle program and client information in a confidential manner and report concerns as mandated; ability to understand the vision, mission, and values of CCRPC and to implement in everyday work. All YAC staff are trained in the BARJ approach and BARJ Conferencing Mediation and have attended numerous trainings in providing services in a trauma-informed manner. All case managers are certified Moral Reconciliation Therapy (MRT) facilitators; one is also fluent in Spanish.

Resource Leveraging: Champaign County funds majority of YAC, with other local funding, and CCMHB for these services. The proposed CCMHB portion of total revenue is 22%, as in PY20 and PY21, BUT... **Other Pay Sources:** No other payment sources support the higher intensity services and supports identified in this application for re-referred youth with moderate-high risk screening scores. **Client Fees** No. **Sliding Scale** No.

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2022 contract:

- Underutilization in PY21 may be due to pandemic restrictions. If low utilization continues, develop outreach strategies relevant to virtual services and shorten the timeframes from referral to assessment to engagement.
- A PY22 priority should be selected and Board Member list updated.
- Fourth quarter financial reports will be used to determine whether excess revenue is due to the Board.
- Eligibility questionnaire should be done prior to next application.

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCMHB Executive Director in writing if there are factual errors which should be corrected prior to completion of award process.

Recommendation: Pending

DRAFT PY2022 MHB Program Summary

Agency/Program: Champaign County Children’s Advocacy Center

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2022 CCMHB Funding Request: \$56,425

Focus of Application: Mental Health

Type of Contract: Grant

Priority: Behavioral Health Supports for People with Justice System Involvement *(not a PY22 priority)*

Services and People Served

Target Population: victims of alleged abuse who live in Champaign County and are under 18 years of age or have a developmental disability. Free to children and non-offending family members, regardless of whether a disclosure of abuse is made by the child.

Staff Comment: Illinois establishes county CACs’ responsibilities through the Child Advocacy Center Act (55 ILCS 80). The population to be served is defined by statute and is not changed in this year’s application.

Scope, Location, and Frequency of Services: multidisciplinary, child-centered, evidence-based, coordinated response to allegations of child sexual abuse and serious physical abuse.

- Promotes healing and justice through: a family-friendly space for the initial interview and parent meeting; a legally-sound, developmentally appropriate child forensic interview; comprehensive case management to help the family navigate the crisis; crisis counseling to the child and any non-offending family member; referrals to specialized medical services; and coordination of the investigation through multidisciplinary case reviews.
- Benefits of interviews by CAC-based forensic interviewers (CAC-FI): multiple interviews per week, so practicing a specialized skill (local investigators may conduct as few as one interview per year); training on special populations such as children with autism spectrum disorders or physical disabilities; interviewing peer review, the most important factor for skills improvement; up to date on forensic interviewing protocols, so that each interview, crucial to the pursuit of justice for the child victim, is conducted in a legally-sound manner; trauma-focused cognitive behavioral therapy; free crisis counseling services to the child and non-offending family member.
- CAC conducts evidence-based trauma screenings, schedules mental health assessments for victims, coordinates monthly Multidisciplinary Team (MDT) Case Review meetings, conducts other periodic reviews of open cases, coordinates and facilitates local and regional peer review for investigators who conduct child forensic interview, and participates in and coordinates community education and prevention services.

Facility is at 201 W. Kenyon Road in Champaign, Champaign-Urbana Public Health District (CUPHD), with ample free parking, handicapped parking, and city bus stop. To ensure the privacy and confidentiality, the CAC has a locked entrance. Counseling provided at consultant offices *(listed in application)*.

Staff Comment: established program with history of CCMHB funding for administration, case management, counseling.

Access to Services for Rural Residents: Children and families residing in rural areas of Champaign County are eligible for all CAC services if referred. Referring agencies typically ensure that families have transportation for the initial interview, and when not the case, CAC contracts with a local cab company to ensure victims has access to the forensic interview and any ongoing support services deemed necessary for the family by the multidisciplinary team. Family Advocate offers referrals to families with services in or near their areas of residence. Outreach and training to rural law enforcement agencies on the process for utilizing the CAC facility and the protocol for the multidisciplinary response to investigations of abuse. Rural residents will receive forensic interviews at the CAC facility.

Access to Services for Members of Underserved or Underrepresented Minority Populations: All in need of forensic interview and support services receive a prioritized appointment at the Center. Ongoing supports virtual due to Covid-19.

Residency of 257 People Served in PY2020 and 109 in the first half of PY2021

Champaign	97 (37.7%) for PY20	48 (44.0%) for PY21
Urbana	59 (23.0%) for PY20	22 (20.2%) for PY21

Rantoul	39 (15.2%) for PY20	13 (11.9%) for PY21
Mahomet	15 (5.8%) for PY20	2 (1.8%) for PY21
Other Champaign County	47 (18.3%) for PY20	24 (22.0%) for PY21

Demographics of 257 People Served in PY2020

Age	
Ages 0-6 -----	69 (26.8%)
Ages 7-12 -----	91 (35.4%)
Ages 13-18 -----	96 (37.4%)
Ages 19-59 -----	1 (.4%)
Race	
White -----	150 (58.4%)
Black / AA -----	70 (27.2%)
Asian / PI -----	2 (.8%)
Other (incl. Native American and Bi-racial) -	35 (13.6%)
Gender	
Male -----	84 (32.7%)
Female -----	173 (67.3%)
Ethnicity	
Of Hispanic or Latino/a origin -----	17 (6.6%)
Not of Hispanic or Latino/a Origin -----	240 (93.4%)

Program Performance Measures

CONSUMER ACCESS: children under 18 who live in, have lived in, or are located in Champaign or Ford Counties, and are alleged to have been sexually or seriously physically abused. Referrals made only by law enforcement agencies or the Illinois Department of Child and Family Services (DCFS). Estimated time from referral to services is 48 hours. No formal assessment for eligibility. CAC has developed a protocol for the multidisciplinary investigation of child sexual and physical abuse which outlines eligibility criteria as guided by the National Children’s Alliance standards for Accreditation. MDT members - Chiefs of Police for the county’s law enforcement entities, State’s Attorney’s office (SAO), SAO Victim Witness Advocates, SANE and Child Abuse Pediatricians, contractual clinicians, and CAC staff - sign an MOU to ensure clients meet criteria. Notification of need for CAC services is through referrals from law enforcement and/or DCFS.

Within 1 days from referral, 90% of those referred will be assessed.

Within 2 days of assessment, 90% of those assessed will engage in services.

People will engage in services, on average, for: 6-12 months.

Additional Demographic Data: Alleged perpetrator’s age, alleged perpetrator’s gender and relationship to victim, use of interpreter for the investigation, referring entity, date of referral, date of forensic interview/intake, name of individuals who observe the forensic interview, type of abuse/allegation, medical treatment received, non-offending caregiver’s age, race and gender, number of children served who were previously served by the CAC, number of youth in care served.
Staff Comment: timeframes are appropriate, especially two days to access services, referral process well defined.

CONSUMER OUTCOMES: justice and healing through an expedited investigation into allegations of child sexual abuse and serious physical abuse while minimizing trauma to the victim; to reduce the number of times the victim has to tell their story. CAC completes the short-term outcomes below which lead to achievement of these long-term outcomes: hold the offender accountable for the crime; minimize trauma to survivors; reduce post-traumatic stress disorder symptoms; limit the burden on the family; increase knowledge of child sexual abuse; and increase safety of children.

1. Perceived neutral, safe, child and family friendly environment
2. Child attends counseling session based on trauma screening in order to initiate/facilitate healing process
3. Information gathered in legally sound manner
4. Increased provision of medical exams when necessary
5. Caregivers know why they are at CAC
6. Perceived feeling of being safe by the child victim

Measured by:

41

1. Initial Parent Visit Caregiver Survey offered to every non-offending caregiver after the initial intake and forensic interview – the non-offending caregiver will provide the information.
 2. Counseling spreadsheets (track when a referral to counseling is made, whether the child and/or caregiver attended a counseling session, and length of engagement in counseling). Counselors provide the data on monthly billing reports.
 3. Forensic Interview monthly report – the forensic interview and court clerks provide information from 115-10 hearings.
 4. Monthly family advocate report tracks medical exams – the family advocate, sexual assault nurse examiners and child abuse pediatrician will track and collect the data.
 5. Initial Parent Visit Caregiver Survey will be offered to every non-offending caregiver after the initial intake and forensic interview – the non-offending caregiver will provide the information.
 6. Youth Feedback Survey will be offered to every child victim age 7-17 who receives a forensic interview at the CAC.
- Outcome gathered from all participants?** Yes. New youth feedback survey (February 2021) is completed by the child and only recommended for those 7-17. CCCAC will follow the national recommendations for collecting this feedback.

Anticipate 185 total participants for the year.

Will collect outcome information daily for each client served.

Is there a target or benchmark level for program services? Yes CAC Logic Model indicators:

1. 95% of caregivers report a safe environment
2. Number of referrals to counseling based on elevated scores on screening as well as verbal assessment
 - a. Percentage of referrals who follow through with counselors
 - b. percentage of referrals who go to more than one appointment (longer-term)
3. 80% of forensic interviews upheld through 115-10 hearing
4. 85% of clients referred for medical exams will receive medical exams
5. 90% of caregivers know why they are at the CAC (compared to the national benchmark of 85%).
6. 90% of child victims report feeling safe while at the CAC.

Estimated levels of change: (repeats the CAC Logic Model indicators listed above)

Staff Comment: all outcomes are unchanged from previous/current year; a new one relates to child victim's experience.

UTILIZATION:

Treatment Plan Clients (TPCs): 225 children who:

1. reside in Champaign County (including residential treatment facilities), AND
2. have been interviewed as a potential victim regarding allegations of child sexual abuse or physical abuse, AND/OR
3. fit our Protocol to receive case management services and/or crisis counseling services from the CAC.

Non-Treatment Plan Clients (NTPCs): 45 children who:

1. reside in Ford County, OR
2. reside in Champaign County (including residential treatment facilities), AND
3. have been interviewed as potential non-victim witnesses to child sexual abuse or physical abuse, OR are considered at risk of harm for child sexual or physical abuse, AND who did not disclose being victimized during the interview. (If the child discloses abuse, they become a treatment plan client), OR
4. Are over the age of 18 and have an intellectual, developmental, or behavioral disability, OR
5. participated in courtesy usage of the Champaign County CAC for out-of-county or federal investigations.

Service Contacts (SCs): 270 - sum of TPC and NTPCs, Champaign County children only.

Community Service Events (CSEs): 8 - annual Child Abuse Prevention Month activities, public presentations (e.g., television and radio appearances, interviews for newspaper articles), consultations with underserved community groups (e.g., presentations to service providers or classrooms), meetings with small groups to publicize or promote the program.

Staff Comment: During PY20, the program exceeded targets for TPC, NTPC, and SC but fell short of 12 CSEs, which was lowered for PY21. At mid-year PY21, program is on track to exceed TPC and NTPC targets but perhaps not SC and CSE. For PY22, all targets are increased but CSE, which is instead lowered from 9 to 8.

Financial Analysis

PY2022 CCMHB Funding Request: \$56,425

PY2022 Total Program Budget: \$339,514

Proposed Change in Funding - PY2021 to PY2022 = 7%

Current Year Funding (PY2021): \$52,754

CCMHB request is for 17% of total program revenue. Other revenue is from United Way \$2,000 (1%); Contributions \$20,643 (6%); Illinois Attorney General Grant \$22,500 (7%); Illinois Victims of Crime Assistance (CACI) Grant \$151,492 (45%); and Illinois Department of Children & Family Services Grant \$86,354 (25%).

Expenses: Personnel related costs of \$49,425 are the primary expense charged to CCMHB at 88% of \$56,425. Other expenses are Professional Fees/Consultants \$6,000 (11%) and Membership Dues \$1,000 (2%).

Total Agency, Total Program, and CCMHB Budgets are BALANCED.

Program Staff to be funded by CCMHB: 0.38 Indirect and 0.13 Direct = 0.51 FTEs Total CCMHB.

Total Program Staff: 1.00 Indirect and 2.50 = 3.50 FTEs Total Program.

Staff Comment: Professional fees will pay for trauma-based crisis counseling for child victims and their caregivers. Membership dues will pay for CAC of IL and the National Children's Alliance memberships. Program requests an increase to cover increased costs of personnel related, consultants, and membership dues. Of other revenue, only contributions are estimated at a lower level than previous/current contract. CCMHB portion of revenue is stable over years, 16-19%.

Audit Findings: *The Champaign County Children's Advocacy Center is included in the County's Comprehensive Annual Financial Report (CAFR). The most recent CAFR available is for FY18.*

Priorities and Decision Support Criteria

Expectations for Minimal Responsiveness: *Expectations are met. However, the eligibility questionnaire is from 2011, with 5 unanswered Board of Directors questions and need for updates on audit and specific staff licensing requirements.*

Priority: Crisis Response and Intervention: *- while not selected, program aligns with this priority.*

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? *Yes. The Plan is identical to the 2021 Submitted plan. It is recommended that some actions be updated to capture the current CLC Actions for PY22.*

Highlights from the submitted CLC Plan: *Engage in the recruitment of diverse backgrounds and skills for Board Members and staff members, and Evaluate the diversity of the current Governing Board, CAC staff and MDT Members.*

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY2021? *Yes.*

Highlights from the submitted CLC Progress Report: *The CAC staff, MDT members and CAC Governing Board will review and revise the Protocol annually to ensure the implementation and maintenance of culturally competent policies and procedures so that by June 2021 a revised CAC Protocol has been approved. The Board will review the CLC Plan with proposed changes and approve or revise as necessary to ensure the provision of effective, equitable, understandable, and respectful quality care and service. Each family receives the initial caregiver satisfaction survey at their initial visit. Then 60 days after the initial visit each family receives a caregiver follow up survey.*

Overarching Decision Support Criteria

Underserved/Underrepresented Populations and Countywide Access: *Yes. Contains sufficient detail on outreach and support to rural residents. Evidence of reach is provided in previous demographic and residency data.*

Inclusion and Anti-Stigma: *Community members who work with child victims and their families work with the CAC to reduce the stigma associated with sexual abuse and promote inclusion in mental health services to heal from the abuse. MDT... ensures victims are referred and have access to the services necessary to work through the trauma associated with the abuse. CAC... ensure up to date practices in an environment that promotes inclusion and is free of discrimination.*

Outcomes: *Yes, based on logic model, includes tools to measure each. One relates to children's feeling of safety.*

Coordinated System: *unique duty to provide forensic interviews, case management, counseling and prevention education for children who are alleged to have been sexually or seriously physically abused. Asked about the relationship between CAC and CASA, the director wrote, "we are the only agency that does forensic interviews for Law Enforcement and/or DCFS investigations of abuse. CASA works with children who have been placed in foster care and need support while they go through the process of returning home (if that is allowable). Our programs very rarely serve the same children (it's only happened once since I started in 2017). We work with families at the beginning of the investigation and typically of the parent is the perpetrator then the child is allowed to stay with the other parent. CASA is involved when both parents have been deemed unfit or unable to care for their children and they are placed in foster care while the parent is given the opportunity to right any wrongs that have happened."*

Budget and Program Connectedness: *The Budget Narrative is thorough and addresses concerns raised during the pandemic, throughout which CAC remained open, offering essential services.*

Approach/Methods/Innovation: <http://www.nationalchildrensalliance.org/ncas-standards-for-accredited-members/>
https://www.nursingcenter.com/journalarticle?Article_ID=3462040&Journal_ID=3425880&Issue_ID=3461793

Two forensic interviewers, certified in ChildFirst protocol, with expanded interview certification - a multi-session forensic interview where there is concern about a child's ability to participate in a single-session

http://www.floridahealth.gov/programs-and-services/childrens-health/forensic-interview-taskforce/documents/AppendixB_Modelinfosheets.pdf

Four Master's-level clinicians, certified in Trauma-Focused Cognitive Behavioral Therapy to provide free crisis counseling to the child and any non-offending family member. https://www.cac-nh.org/wp-content/uploads/2016/04/NationalChildrensAlliance_TraumaInformedCare_Brochure-June2015.pdf

Evidence-based, standardized Trauma Screening Checklist for Children and Trauma Screening Checklist for Young Children - [https://www.gahsc.org/nm/2012/Evidence%20Based%20Trauma%20Assessment%20Tools%20\(1\).pdf](https://www.gahsc.org/nm/2012/Evidence%20Based%20Trauma%20Assessment%20Tools%20(1).pdf)

Evidence of Collaboration: DCFS Urbana Field Office, CC State's Attorney, CC SAO Victim Witness Advocates, CC Sheriff, City of Champaign Chief of Police, City of Urbana Chief of Police, City of Rantoul Chief of Police, UI Chief of Police, Illinois State Police Zone 5 Master Sergeant, Carle Child Abuse Safety Team, Carle Hospital Sexual Assault Nurse Examiners, Crisis Clinicians (Chris Washo, Stephanie Beard, Pamela Wendt, Ann Chan), Ford County State's Attorney, Ford County Sheriff, City of Paxton Chief of Police, Gibson City Chief of Police, and RACES.

Staff Credentials: requirements are outlined by National Children's Alliance standards for accreditation.

Executive Director: B.S in Psychology, A.A. in Criminal Justice; 20 + years as a supervisor in child centered programs; has completed specialized training in victim advocacy to provide these services during staff absences.

Family Advocate: M.S. in Forensic Psychology; 10+ years providing advocacy and working with youth and the criminal justice system; and specialized training in victim advocacy.

Forensic Interviewer/MDT Coordinator: B.S. in Criminal Justice; 20+ years working with children in school setting; 3 years in her position; certified forensic interviewer; and specialized training in MDT Coordination.

Part Time Forensic Interviewer: B.A. Education; 10 years as a classroom teacher in public schools; 20 years as a police officer, 12 years as a detective investigating child sexual abuse; certified forensic interviewer; in position for 7+ years.

Resource Leveraging: *Application does not indicate that this grant will be used as match for other funding.* **Other Pay**

Sources: The CAC does not collect any client/consumer fees. **Client Fees** No. **Sliding Scale** No.

Staff Comment: also serves residents of Ford County, paid by the state and other fund sources. In many communities, the county CACs receive some support from Mental Health Boards. To this, the Director shared "it is very rare for the Ford County residents served at our center to receive mental health services through one of our contractual counselors due to the location of our providers. We work with CRCC (Community Resource and Counseling Center) for individuals who want to engage in counseling services in the southern part of Ford County. For folks in the northern portion of the county we collaborate with the Kankakee Children's Advocacy Center (Child Network), to obtain mental health services through one of their providers. When we first began to serve Ford County, I was informed that Adelaide did have a discussion with the Ford County Mental Health Board and we were told that offering grants for counseling services was not something their Board did. I left a voicemail message with a current Ford County Mental Health Board member to find out more information about their funding and to see if this is still the case. We do receive Ford County fines and fees revenue."

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2022 contract:

- CLC Plan updates as indicated.
- Provide copies of all subcontracts pursuant to this contract to the CCMHB office.
- Offer a two-year term.
- Fourth quarter financial reports will be used to determine whether excess revenue is due to the Board.
- Eligibility questionnaire should be updated, possibly prior to next application cycle.

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCMHB Executive Director in writing if there are factual errors which should be corrected prior to completion of award process.

Recommendation: Pending

DRAFT PY2022 MHB Program Summary

Agency: Champaign County Christian Health Center

Program: Mental Health Care at CCCHC

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2022 CCMHB Funding Request: \$33,000

Focus of Application: Co-Occurring and/or Multiple Conditions

Type of Contract: Grant

Priority: Innovative Practices and Access to Behavioral Health Services

Services and People Served

Target Population: uninsured and underinsured residents of Champaign County, typically between age 18 and 64, with mental health conditions (1 of the 3 most common diagnoses.)

Staff Comment: PY20 was the first year of CCMHB funding for this program. Section and population to be served unchanged from previous application.

Scope, Location, and Frequency of Services: primary care providers offer their patients, many of whom report anxiety and depression: MH screenings, prescriptions, referrals to specialized care. Mental health care volunteers (psychiatrists, psychologists, counselors) would enhance community resources. Plan to recruit through other healthcare providers and establish a working agreement with psychiatric residency program. CCMHB funding would also pay a psychiatrist for CCCHC patients, to ensure level of care to some patients.

Care will be provided at the new physical location (TBD) during any primary care clinic night - every Tuesday and two Wednesdays a month. Telehealth services are available Mon-Fri, 8am-5pm, depending on patients' and volunteer providers' schedules. Case management (referrals, follow up appointments, troubleshooting) is during office hours.

Staff Comment: specifically states the need and lack of access to mental health services, goal to increase access for those uninsured/underinsured; growing access by meeting clients where they are and, crucially, through telehealth. Located within OSF's Community Resource Center until last year, seeking a new physical office space.

Access to Services for Rural Residents: majority of patients are primarily from Urbana and Champaign, but CCCHC historically (with more resources) served people through a satellite clinic in Rantoul at Crossroads of Life Church. More recently, facility within the CRC at OSF Hospital and outreach efforts through Farmer's market, Disability Expo, Parish Nurse training (that includes parish nurses across the county) and other county-wide events. With increased resources, CCCHC can serve those in rural communities, e.g., through radio ads. Rural residents may access screenings at community events (i.e., Farmer's Market, Sweet Corn Festival, etc.) and services at the clinic.

Access to Services for Members of Underserved or Underrepresented Minority Populations: free health care to underserved and underrepresented populations... unfortunate association with poverty and lack of insurance. In 2018, 65% of CCCHC clients were members of racial/ethnic minority groups - Black 28%, Asian 17%, Hispanic 5%, American Indian/Alaskan Native 1%, Mixed Race 10%, No Response 4%. Mode reported income was \$0-\$19,000/year. Frequent issues for patients are unemployment, lack of education, housing problems, and other socioeconomic concerns. Most services at the clinic, some screening and outreach in areas associated with these groups (e.g., Douglass Park).

Residency of 98 People Served in PY2020 and 30 in the first half of PY2021

<u>Champaign</u>	41 (41.8%) for PY20	16 (53.3%) for PY21
<u>Urbana</u>	19 (19.4%) for PY20	8 (26.7%) for PY21
<u>Rantoul</u>	9 (9.2%) for PY20	2 (6.7%) for PY21
<u>Mahomet</u>	1 (1.0%) for PY20	0 for PY21
<u>Other Champaign County</u>	28 (28.6%) for PY20	4 (13.3%) for PY21

Demographics of 98 People Served

<u>Age</u>	
Ages 19-59 -----	90 (91.8%)
Ages 60-75+ -----	8 (8.2%)

Race

White -----	43 (44.3%)
Black / AA -----	30 (30.9%)
Asian / PI -----	14 (14.4%)
Other (incl. Native American and Bi-racial) -	10 (10.3%)

Gender

Male -----	42 (42.9%)
Female -----	56 (57.1%)

Ethnicity

Of Hispanic or Latino/a origin -----	7 (7.1%)
Not of Hispanic or Latino/a Origin -----	91 (92.9%)

Program Performance Measures

CONSUMER ACCESS: Any person calling for an appointment or walking in that are either self reported uninsured or underinsured is eligible. No written verification is required and there is no application form to gain access to services. Self-reporting only. Additionally, those being seen in the primary care areas will be screened for psychiatric services. Potential patients are reached through various outreach events (i.e. Farmer’s market), referrals from other health care facilities (i.e. Carle Hospital, OSF Hospital), word of mouth, and online media (i.e. Facebook).

Within 5 days from referral, 80% of those referred will be assessed.

Within 0 days of assessment, 80% of those assessed will engage in services.

People will engage in services: Varies - some patients come in one time only while others may be a patient for years.

Additional Demographic Data: income (categorical), visits to ER in the past 3 months, level of education (categorical).

CONSUMER OUTCOMES:

1) Any patients receiving mental health care at CCCHC will report a 4 or better (out of 5 with 5 being the highest) on their patient satisfaction survey.

2) Increase in the number of volunteer mental health providers from 0 to 3: 1 psychiatrist, 1 psychologist, 1 counselor.
Measured by:

1) Patient satisfaction surveys

2) Volunteer Database

Outcome gathered from all participants? Yes

Anticipate 120 total participants for the year.

Will collect outcome information Weekly or upon appointment completion

Is there a target or benchmark level for program services? No

Estimated level of change: recruitment of mental health care practitioners increases the number of patients seen needing mental health care. Plan to recruit one psychiatrist, one psychologist, and one counselor - currently none of the three. With additional funding for a paid psychologist, we hope to expand to 2 additional nights a month, approximately 140 patients.

Staff Comment: In Services section, the reference is to a paid psychiatrist rather than psychologist. The outcomes are unchanged; as noted last year, level of change is tied to recruitment of providers, increasing consumer access to services.

UTILIZATION:

Treatment Plan Clients (TPCs): 160 - patients seen by a healthcare provider and assessed as having at least one behavioral or mental health issue to address.

Non-Treatment Plan Clients (NTPCs): 80 - those receiving health education information at outreach events and family members of patients who come to the clinic.

Service Contacts (SCs): 0 - those that call about services and do not come in for a scheduled appointment because either they need services beyond CCCHC’s capabilities or do not show for their appointment.

Community Service Events (CSEs): 6 -screenings done at various community events, meetings with other healthcare providers to enhance care across the county, or presentations about the clinic at churches, training of parish nurses, and other venues.

Other: 0 -includes any patients referred to other healthcare facilities

Staff Comment: In PY20, the program exceeded its TPC target but not the NTPC target. For the current year, utilization by both is lower than anticipated. The TPC target for next year is lowered from 210 to 160. Category definitions

unchanged. Waitlist for service is crucial when MH services are needed.

Financial Analysis

PY2022 CCMHB Funding Request: \$33,000

PY2022 Total Program Budget: \$131,000

Proposed Change in Funding - PY2021 to PY2022 = 153.8%

Current Year Funding (PY2021): \$13,000

CCMHB request is for 25% of total program revenue. Other revenue is from Contributions \$98,000 (75%), consisting of \$58,000 from churches and individuals, \$5,000 from fundraising events, and \$35,000 from other organizations.

Expenses: Personnel related costs of \$30,000 are the primary expense to be charged to CCMHB at 91% of the request. The other is Professional Fees/Consultants \$3,000 (9%).

Total Agency and Total Program Budgets show Surpluses of \$10. CCMHB Budget is BALANCED.

Program Staff to be funded by CCMHB: 0 Indirect and 0.72 Direct = 0.72 FTEs Total CCMHB.

Total Program Staff: 0 Indirect and 0.92 Direct = 0.92 FTEs Total Program.

Staff Comment: Professional Fees will pay for payroll service and audit fees.

Audit Findings: Financial statements are prepared in accordance with the Modified Cash Basis of Accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Financial review was received 3 months past the deadline. Not initially included, the Auditor's Checklist has been submitted. The agency is on track to engage a bookkeeper and resolve the accounting method issue within PY21.

Priorities and Decision Support Criteria

Expectations for Minimal Responsiveness: Eligibility questionnaire is out of date, with several unanswered Board of Directors questions, lack of Standard Operating Procedures, etc. Application is complete, meeting expectations.

Priority: Crisis Response and Intervention: No. – while not selected, this priority is related.

Priority: Innovative Practices and Access to Behavioral Health Services: Yes. – services align with selected priority.

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? Yes.

Highlights from the submitted CLC Plan: Annual Training will be provided to Board, Leadership, and Staff. Volunteer interpreters will be utilized and more recruited to ensure accurate communication between the providers and patients. A comment section on the patient satisfaction form will be added to collect input from patients about their experience.

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY2021? Yes.

Highlights from the submitted CLC Progress Report: CCCHC plans to conduct a board training each year that includes discussion about cultural competency. CCCHC will continue to orient volunteers to be sensitive to the unique circumstances patients are typically in, such as being low income.

Overarching Decision Support Criteria

Underserved/Underrepresented Populations and Countywide Access: Yes, as described in Access sections. With additional resources, the geographic reach would be broader.

Inclusion and Anti-Stigma: The very heart of CCCHC is to treat every person like they are worth their weight in gold. With volunteers providing care strictly because they want to be there, everyone is treating with the upmost dignity and respect. Although faith-based, CCCHC welcomes people (including other volunteers and staff in addition to patients) of all backgrounds, traditions, ethnicities, sexual orientation, races, economic status, educational levels, and political persuasions. Every person walking into the doors at CCCHC is seen, as our mission states, a neighbor.

Outcomes: Patient self-report is simple and relevant.

Coordinated System: people with behavioral health issues receive care at Promise Healthcare, Carle Hospital, OSF Hospital, Christie Clinic, and Public Health. CCCHC is the only provider that offers free care for those uninsured, underinsured or transient. Other local free clinics do not provide ongoing care for those with behavioral health problems or if so, are very limited in availability and scope. Various partners have different ways we intentionally or indirectly coordinate efforts. Carle Hospital refers patients with no insurance to CCCHC for care, and CCCHC has a direct line to Carle specialty services to meet the medical needs of our clients, and lab work to Quest Diagnostics is run through Carle. Other health care providers know they can refer patients with no insurance to CCCHC for screening and care.

Staff Comment: As an FQHC with additional funding from the CCMHB for this purpose, does Promise Healthcare offer physical and behavioral health services to the uninsured? The application references its OSF location, which is no longer used. Does OSF continue to perform free lab work for CCCHC patients and refer people from the Emergency Dept?

Budget and Program Connectedness: *The Budget Narrative provides thorough information.*

Approach/Methods/Innovation: holistic approach to health care; accounting for a person's mental, physical, social, economic, and spiritual well-being. Patients gain hope through interacting with volunteers (medical and nonmedical) who are strictly there to partner with them to improve their health. Patients are listened to, remembered by name, and offered prayer (optional) in addition to receiving primary care, lab work, screenings, and other professional health care services. While a person's faith is not part of a medicine regimen, the connection between faith and positive health outcomes is well established. Having a place where patients know people care about them is a source of hope and consequently, their well-being. <https://www.aacc.net/2018/01/01/the-case-for-faith-celebrating-hope-in-mental-health-care/>

Evidence of Collaboration: no written agreements but practiced for over 10 years.

Staff Credentials: minimum master's degree to run clinic operations. All medical providers are current or retired medical providers with current licenses. Pharmacological Director has an MD degree, Executive Director an MBA, and Fund Development Director a PhD in Community Health.

Resource Leveraging: *although not used as match for other funds, the agency accesses resources through relationships with other providers, relies on volunteers, and accesses diverse funding; the full request would increase MHB share of total revenue from 9-10% to 25%. Other Pay Sources: contributions and in-kind. Client Fees No. Sliding Scale No.*

Staff Comment: The hospitals may acknowledge the high costs to their systems associated with acute care for people unable to receive preventive care and ongoing treatment, particularly those with behavioral health conditions; this may be the basis for previous and current collaborations – might they have offer increased support for this program?

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2022 contract:

- *Eligibility questionnaire should be revised prior to the next application.*
- *Revise program plan narrative to clarify whether a paid part time psychologist or psychiatrist.*
- *Offer a two-year term.*

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCMHB Executive Director in writing if there are factual errors which should be corrected prior to completion of award process.

Recommendation: Pending

DRAFT PY2022 MHB Program Summary

Agency: Champaign County Head Start/Early Head Start

Program: Early Childhood Mental Health Services

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2022 CCMHB Funding Request: \$326,369

NOTE: by request of the CCMHB, this application combines the long-standing DD program with MH services offered through the same unit. PY21 MH amount is \$209,906 and DD \$121,081 (MHB contract = \$99,615 and DDB = \$21,466.)

Focus of Application: Mental Health – *due to developmental disability services, 'co-occurring' would be appropriate.*

Type of Contract: Grant

Priority: System of Care for Children, Youth, and Families

Services and People Served

Target Population: low-income children enrolled in Champaign County Head Start/Early Head Start (CCHS) and their caregivers (teachers and parent/guardians).

Staff Comment: all are screened, with the program's additional services based on screening/referral, described below.

Application references research supporting pre-school-based prevention/intervention.

Scope, Location, and Frequency of Services: *(combines applications to more accurately represent the program.)*

Social-emotional (S-E) development program serves children, staff, and parents:

1. Collaborates with parents and teachers through the S-E Committee to identify S-E strengths and areas of need in the children in their care, using assessments, observations (video when necessary), and reflective conversation.
2. Supports CCHS staff and parents in writing individualized S-E goals and action plans.
3. Supports CCHS staff and parents in reflection around inter/intra-personal skills used with children to improve co-regulation, attunement, empathy, and compassionate limit setting.
4. Collaborates with CCHS staff and parents in identifying individualized inter/intra-personal goals and action plans.
5. Collaborates with stakeholders to develop Support Plans for children who engage in challenging behaviors to communicate their needs.
6. Facilitates workshops, support groups, and coaching for CCHS staff and parents on social-emotional development, compassionate caregiving, stress-management, functional behavior assessments, trauma-informed practices/leadership, and cultural competency.
7. Supports staff in monitoring children's progress and outcomes.
8. Offers parenting consultation and coaching through Facebook groups and Zoom meetings.
9. Creates unique virtual stress management and equity related content for residents in collaboration with CU TRI.

Families and staff are served at assigned sites or across sites, depending on needs. Services in classrooms, homes, a community setting, or virtually. Biweekly coaching to support parents' and teachers' relationships with children.

Reflective conversations and consultation, from once a week to once a month, depending on need of adults and children.

Staff Comment: continues services described in PY19-21 for the MH and DD programs combined, adds virtual services and a focus on stress and equity.

Access to Services for Rural Residents: recruits families throughout the county at libraries, elementary schools, door to door, grocery/convenience stores, town/village events, community agencies, and many other locations. Community events such as annual Disability Expo, Read Across America, Week of the Young Child, and local school district early childhood program child-find activities. HS Performance Standards require at least 10% of enrollment for children with diagnosed disabilities. Serves children with health conditions such sickle cell anemia, asthma, and diabetes. Social-Emotional Services through centers in Champaign, Rantoul, Savoy, and Urbana, and home-based option for all HS/EHS services to families in their home, particularly meets the needs of families living in rural areas who want resources that support their child's growth and development. Another option for families working and attending school is family child care. Services in libraries, churches, coffee shops; the pandemic normalized virtual services, reaching more families.

Access to Services for Members of Underserved or Underrepresented Minority Populations: recruitment (as above). Community Assessment focuses recruitment where income-eligible families reside. Staff attends and presents information at community meetings, reaching providers serving the same populations. Center-based, home-based, and family child

care home provider options to meet the needs of children and families. Collaborates with Courage Connection (housing and supportive services to victims of domestic violence) with CCHS staff onsite to offer home-based services.

Residency of 64 People Served in PY2020 and 13 in the first half of PY2021

<u>Champaign</u>	32 (50.0%) for PY20	9 (69.2%) for PY21
<u>Urbana</u>	18 (28.1%) for PY20	1 (7.7%) for PY21
<u>Rantoul</u>	11 (17.2%) for PY20	0 for PY21
<u>Mahomet</u>	0 for PY20	0 for PY21
<u>Other Champaign County</u>	3 (4.7%) for PY20	3 (23.1%) for PY21

Demographics of 64 People Served in PY2020

<u>Age</u>	
Ages 0-6 -----	64 (100.0%)
<u>Race</u>	
White -----	17 (26.6%)
Black / AA -----	39 (60.9%)
Other (incl. Native American and Bi-racial) -	8 (12.5%)
<u>Gender</u>	
Male -----	45 (70.3%)
Female -----	19 (29.7%)
<u>Ethnicity</u>	
Of Hispanic or Latino/a origin -----	4 (6.3%)
Not of Hispanic or Latino/a Origin -----	60 (93.8%)

Program Performance Measures

CONSUMER ACCESS: Children are eligible for services funded by this grant if they score above the cut-off on the ASQ-SE screening. The S-E Committee may identify a child, teacher, or parent needing additional support. Adults can self-refer. Members of the site-level S-E Committee (Teachers, SSPC, Site Managers, Family Advocate, ECMHC) determine the need for setting an S-E Goal after screening yields an ASQ-SE score indicating eligibility for services OR challenging and disruptive or age-inappropriate behavior have been documented in the classroom or reported at home. Adults meet criteria if they are a caregiver of an enrolled child and are requesting services. All staff learn about the program’s coaching and consultation during orientation. CCHS shares information with families through parent meetings, one-on-one with teachers and family advocates, Facebook group, brochures, parent handbook. Parent education pertains to trauma informed care, S-E development, and strategies to reduce challenging behaviors and increase S-E skills.

Within 7 days from referral, 100% of those referred will be assessed.

Within 7 days of assessment, 100% of those assessed will engage in services.

People will engage in services, on average, for: between 3 months to 2 years.

Additional Demographic Data: family’s structure, income, language, education, employment, military status, marital status, and housing status such as homeowner, renter, or homeless.

Staff Comment: good timeframes for assessment and engagement; the wide range of length of service is due to variety of services, clients, and individual needs.

CONSUMER OUTCOMES:

1. Children will demonstrate improvement in social skills related to resilience such as: Self-Regulation; Initiative; Relationship building/Friendship skills; Emotional Literacy; and Problem-Solving.
2. Head Start staff will demonstrate improvement interpersonal, stress management, and caregiving skills. And a reduction in Burnout/compassion fatigue.
3. Parents will demonstrate improvement in stress management and caregiving skills.
4. Classroom management will demonstrate social-emotional sensitive interactions in fidelity with the Pyramid Model.

Measured by:

1. Pre and post resilience related social skills are assessed using the Ages and Stages Questionnaire: Social-Emotional and the DECA-P2 and DECA I/T. Throughout the school year, documentation is collected by teachers in teaching strategies GOLD regarding social emotional skills and evaluated during fall, winter, and spring checkpoints.
2. ProQOL Measure of Burnout, Compassion Fatigue, and Vicarious Trauma; and Adult DECA

50

3. Parenting Stress Index; and Adult DECA
4. TPOT/TPITOS - classroom management

Outcome gathered from all participants? No. Only collected on the formal/intensive services with TPCs.

Anticipate 480 total participants for the year.

Will collect outcome information 2 to 3 times a year.

Is there a target or benchmark level for program services? Yes. Through the GOLD Outcomes Assessment, CCHS sets a program goal that at least 90% of those who age out of the program are developmentally, socially, emotionally and health ready for Kindergarten. Anticipate that at least 85% of all enrolled children will make age-appropriate progress in S-E development. Goal of 50% of children who remain in the program and who receive services for the full period of engagement (9 or 12 months depending on the child's enrollment option) will not require a continuation of services. The DECA, ProQOL, and Parenting Stress Index are all researched and normed assessments.

Estimated level of change: difficult to estimate, as each child enters at different developmental stages with different skills and areas of need. Changes are evaluated over time using: data collected for all enrolled students at 3 checkpoints during the school year using teaching strategies GOLD to determine if their demonstration of skills is below, matches, or exceeds the "widely held standards" of S-E development; DECA for students receiving services. Using a pre and post assessment schedule, we identify clinically meaningful improvement using the normed pretest-posttest comparison table.

UTILIZATION:

Treatment Plan Clients (TPCs): 90 children, parents, or staff members who receive ongoing support or consultation which requires goal setting, planning, and follow up. (*elsewhere, the application lists a target of 80 TPCs*)

Non-Treatment Plan Clients (NTPCs): 400 children, parents, or staff who receive screening, intermittent, one-off support and consultation. Recipients of psycho-education, trainings, or professional development.

Service Contacts (SCs): 3000 meetings and observations regarding children, Practice Based Coaching with education staff, S-E Committee meetings. Reflective Consultation with staff and caregivers. Screenings and assessments. Other direct and indirect services with or on behalf of TPC and NTPC's.

Community Service Events (CSEs): 5 community trainings/workshops that share information about S-E services.

Other: 12 psycho-educational workshops, trainings, professional development efforts with staff and parents.

Staff Comment: TPC, NTPC, and SC targets are greatly increased for PY22, as the application combines what have been separate programs and sets of children/families (DD and MH); CSE target remains, and Other is reduced. During PY20, program exceeded targets for 50 TPC, 1800 SC, 5 CSE, and 50 Other, and was under the NTPC target of 80 (59 actual). At mid-year PY21, the program was on track to meet TPC target, fall below NTPC and SC, and exceed CSE and Other.

Financial Analysis

PY2022 CCMHB Funding Request: \$326,369

PY2022 Total Program Budget: \$326,369

Proposed Change in Funding - PY2021 to PY2022 = 55.5% (*incorporates the SES program, currently cofounded by MHB and DDB, for a more accurate net decrease of \$16,848 or -5.4 %*)

Current Year Funding (PY2021): \$209,906 MHS + \$99,615 SES + \$21,466 SES = \$330,987 (MHB total is \$309,521)

CCMHB request is for 100% of total program revenue.

Staff Comment: asked about other possible funding for this program, the applicant explained, "In April 2019, the program received the Early Head Start Expansion grant to expand services to 90 infants, toddlers, and pregnant women within Champaign County... we did choose to use some of that funding to hire a mental health support staff... This was the first time we have been able to access new funds to pay for MH staff" and described efforts over the last four years to secure additional funding: one not funded due to the pandemic; others awarded and indirectly supporting the program; and more recently notice of a 1.22% COLA increase for HS-EHS, to apply to wages, benefits, rent, maintenance.

Expenses: Personnel related costs of \$187,783 are the primary expense charged to CCMHB at 58% of \$326,369.

Other expenses are: Professional Fees/Consultants \$72,000 (22%); Consumables \$6,000 (2%); General Operating \$2,500 (1%); Occupancy \$54,746 (17%); Conferences/Staff Development \$2,500 (1%); and Local Transportation \$840.

Total Agency Budget shows a Surplus of \$2, Total Program Budget and CCMHB Budgets are BALANCED.

Program Staff to be funded by CCMHB: 0 Indirect and 3.22 Direct = 3.22 FTEs Total CCMHB. (Same as total program.)
Staff Comment: request is to secure funding for 4 staff - 1 part time consultant (charged to Professional Fees/Consultants) and 3 (of 4 total) full-time Social Skills and Prevention Coaches, with the fourth coach funded through an ISBE grant.

This means MHB is not the sole funder, though budget forms do not reflect this. Occupancy expense is the GATA-approved indirect rate of 45% of direct staff salaries.

Audit Findings: *Head Start/Early Head Start is included in the County's Comprehensive Annual Financial Report (CAFR). The most recent CAFR available is for FY18.*

Priorities and Decision Support Criteria

Expectations for Minimal Responsiveness: *Eligibility Questionnaire is old, missing newer questions (6 questions about their Board are unanswered, and answers to audit questions may be inaccurate now). Application is complete, meeting expectations. Notes the value of virtual services, during and post pandemic, as they engage more people.*

Priority: Systems of Care for Children, Youth, Families: *Yes. – program aligns with the selected priority.*

Priority: Collaboration with the CCDDDB/Services for Young Children and their Families: *While not selected, this program is based on an I/DD program funded by CCMHB and CCDDDB over many years, and the proposed combined program preserves those developmental supports as at least one third of the total service/client mix.*

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? *Yes.*

Highlights from the submitted CLC Plan *Actions and benchmarks aligned with the National CLAS Standards. All the requirements were addressed in the actions and benchmarks. Head Start is being intentional about going through a cultural competence assessment process during FY21 and will implement strategies from the trainings and supervisor meetings from the CLC consultation.*

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY2021? *Yes.*

Highlights from the submitted CLC Progress Report: *In PY2021 CCHS began an intense Cultural Competence Organizational Process. As a result, reflective supervision, intentional implementation of wellness programs for staff, and community engagement virtually and through social media to address disparities, racism, and discrimination were reported on the 2nd quarter report.*

Overarching Decision Support Criteria

Underserved/Underrepresented Populations and Countywide Access: *Access sections describe outreach efforts to rural residents and members of underrepresented minority groups. Some effective methods rely on in-person contact so that COVID restrictions likely caused lower service contacts; virtual services are added, enhancing access.*

Inclusion and Anti-Stigma: *recruits and enrolls all eligible children, including those who have developmental delays and challenging behaviors. Embraces the least restrictive environment and offers this model in classrooms and family childcare homes. Takes seriously the need to reduce implicit bias in our staff and the impact of structural racism for our families. S-E staff play an important role in developing and coordinating workshops, trainings, virtual content, and advocacy efforts that reduce stigma and support collective care within our program and community.*

Outcomes: *Generally, this program does a great job of utilizing evidence-based measures and being specific about the assessment plan for Outcome 1 (the child-focused outcome). We would encourage more specificity about a) how improved caregiving skills are measured for Outcome 2 (the teacher-focused outcome) and b) the timing of data collection and how data will be interpreted for Outcome 3 (the parent-focused outcome). Lastly, the program may benefit from considering the applicability of the DARS for staff/teachers and perhaps surveying teachers about the specific aspect(s) that are applicable to program activities (e.g., availability of mentors; stress-management techniques).*

Coordinated System: *Works with listed providers to enhance S-E support to enrolled children and families; completes referrals and seeks services for children identified as needing intervention with specialized professionals.*

HopeSprings offers outpatient therapy with individual children and their families.

Champaign Unit 4, Rantoul City Schools, Middletown Early Childhood, Urbana Unit 116, and Spectrum Early Childhood work with at-risk preschool age children and offer preschool education and disability services.

Child and Family Connections links families to early intervention services for infants/toddlers with developmental delays. Caregiver Connections provides limited Early Childhood Mental Health Consultation to daycares not employing S-E staff.

Budget and Program Connectedness: *The Budget Narrative provides detail on other sources of revenue for Head Start-Early Head Start (treated as 'total agency'.) This does include annual ISBE funding for HS-EHS, though no additional info about the ISBE support for fourth full time coach. (In-kind contribution includes a reduction in rent from landlords.) Each expense is described, some with explanation of how calculated, e.g., adoption of the agency's GATA-approved indirect cost methodology. Detail on staff and consultant includes total of salaries and qualifications of coaches (staff.)*

Approach/Methods/Innovation: Practice-Based Coaching (PBC) supports teachers' use of practices that lead to positive outcomes for children. <https://eclkc.ohs.acf.hhs.gov/professional-development/article/practice-based-coaching-pbc> S-E service delivery model, based on Illinois Model of Early Childhood Mental Health Consultation (evidence-based per SAMHSA) to decrease disproportionate preschool suspension and expulsion rates of Black, Indigenous, children of color. https://www.samhsa.gov/sites/default/files/programs_campaigns/IECMHC/il-approach-building-sustaining-iecmhc.pdf As a membership organization, Illinois Association Infant Mental Health helps professionals to connect with others serving children's S-E development- <https://www.ilaimh.org/the-illinois-mental-health-consultant-statewide-registry/> Harvard University's Center on the Developing Child research on child development- <https://developingchild.harvard.edu/> Pyramid Model supports social-emotional competence in infants and young children, is researched and evidenced-based, and can be found at <http://csefel.vanderbilt.edu>. CSEFEL offers strategies, training modules, and family tools to implement the model. Staff use Conscious Discipline (evidence-based, trauma-informed) to develop emotional intelligence through a self-regulation program that integrates S-E learning and discipline <https://consciousdiscipline.com>

Evidence of Collaboration: working agreements with Champaign Unit 4, Rantoul City Schools, Mahomet Middletown Early Childhood, Urbana Unit 116, Spectrum Early Childhood, and Child and Family Connections; MOU with CUTRI to collaborate on Trauma Informed capacity building within agency and community. Works with CUPHD, to provide health/nutrition services to children and pregnant women, and with CU Early, to offer kindergarten ready kits to families enrolled in home-based and family childcare homes.

Staff Credentials:

Rantoul Coach: Bachelor's in Health Education/Science, minor in Sociology, 6 years experience with children diagnosed with Autism Spectrum Disorder, Board Certified Behavior Analyst.

Savoy Coach: Bachelor's in Sociology, minor in Psychology, 11+ years in human services, certified in Illinois Medicaid Comprehensive Assessment of Needs, experience completing KEMPE Assessments.

Urbana Coach: Bachelor's in Psychology, certification in Training for Intervention Procedures, and through 100+ volunteer hours and one year of employment, he mentored young children in crisis at a local program.

ECMH Consultant: Masters in School Counseling, Doctorate in Counselor Education and Supervision, trained in Restorative Practices, Practice Based Coaching, and Self-Compassion Meditation Skills, certified in Facilitating Attuned Interactions (FAN), a trained trainer in both the Pre-K and Infant Toddler Pyramid Model, and working towards licensure.

Resource Leveraging: One position is funded by ISBE. This contract is not used as match for other funding but has led to CCHS-EHS receiving state and national recognition for their approach. See Financial Analysis for agency efforts and successes securing other resources. **Other Pay Sources:** CCHS seeks assistance from community providers who accept Medicaid prior to using MH grant funds. **Client Fees** No **Sliding Scale** No

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2022 contract:

- *Board member list should be updated. Submit a new eligibility questionnaire prior to next application.*
- *Revise budget forms to reflect that the program includes an ISBE-funded full-time staff.*
- *Add detail on the developmental services and how children are identified for these; a portion of the contract would serve up to 37% of children who have developmental issues, based on current client estimates.*
- *Fourth quarter financial reports will be used to determine whether excess revenue is due to the Board.*

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCMHB Executive Director in writing if there are factual errors which should be corrected prior to completion of award process.

Recommendation: Pending

DRAFT PY2022 MHB Program Summary

Agency: Champaign County Health Care Consumers

Program: CHW Outreach and Benefit Enrollment

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2022 CCMHB Funding Request: \$80,274

Focus of Application: Co-Occurring and/or Multiple Conditions

Type of Contract: Grant

Priority: Innovative Practices and Access to Behavioral Health Services

Services and People Served

Target Population: Champaign County residents of any age who have mental illness and/or substance use disorders, or are experiencing self-identified depression, anxiety, isolation, or other issues that affect their mental health and well-being. Many do not self-identify... in the course of working with them... mental health and behavioral health needs may be identified... Approximately 35 to 40% of clients have some such need, and the percentage is higher with older/elderly adults who frequently have isolating circumstances and/or co-morbid health issues... stressed individuals living on low incomes, no income, or low fixed incomes, dealing with complex and chaotic benefits systems that are overwhelming and stressful. Many lack health literacy, have low-literacy, or speak a different language and are underserved/underrepresented as a result. The pandemic has added stress and material needs for many, increasing the need for these services.

Staff Comment: the section is unchanged from previous year, with the exception of note about pandemic stress, presenting an excellent overview of the need for services in addition to who is served.

Scope, Location, and Frequency of Services: enrollment in health insurance and other public benefit programs, help with maintenance of benefits, case management, and education and outreach:

- Enrollment in Medicaid health insurance (including Medicaid Managed Care) or private plans through the Marketplace under the Affordable Care Act (as well as Medicare programs for those who are eligible by virtue of age or disability status);
- Enrollment in Medicare Extra Help and Medicare Savings Program to help reduce the out of pocket costs associated with Medicare;
- Enrollment in hospital/clinic financial assistance programs, such as Carle's Community Care Discount Program, and OSF's Financial Assistance Program;
- Help applying for Promise Healthcare's sliding scale and for completing the new patient packet;
- Help with prescription drugs through our in-house Rx Fund program which covers the costs of co-pays and prescriptions for low-income individuals, and, where appropriate, enrollment in pharmaceutical assistance programs to help cover the costs of prescription medications;
- Enrollment in SNAP (food stamps);
- Enrollment in SafeLink phone program;
- Access to affordable dental care and vision care; and
- Additional case-management, including warm-referrals and advocacy services as needed to help clients access other benefits and social services, including new pandemic-related assistance programs and benefits.
- One full-time equivalent CHW to provide these services to the target population.
- Services and materials will be provided in English and Spanish.

Multiple locations: CCHCC office in downtown Champaign, Rosecrance Central Illinois (all locations), Community Service Center of Northern Champaign County, Daily Bread, and other locations where the target population is served, including for special events. Community outreach at locations throughout the county and C-U. With pandemic mitigation measures in place, many services are via phone, email, zoom, and through the mail, to protect everyone's health.

Staff Comment: unchanged from last year, with addition of pandemic-related assistance programs. Notable for advocacy, case management/follow-up, community outreach/education, in-house prescription assistance, various access.

Access to Services for Rural Residents: direct outreach to provide information about services, especially to the township offices, various locations within the townships, including posting flyers at post offices, groceries, laundromats, etc; earned media and social media for outreach; work with CIT and Sheriff's Office to ensure that law enforcement officers are aware of services. Rural residents will be served at the downtown Champaign office, other locations in C-U

CC Health Care Consumers CHW

54

(including Rosecrance) if the resident is going to be in C-U for some other purpose, Community Service Center of Northern Champaign County, and if needed, in the specific community where the rural resident(s) reside.

Access to Services for Members of Underserved or Underrepresented Minority Populations: engage and serve individuals as a result of referrals, walk-ins, calls, and community outreach throughout the county. A well-established organization with an ever-increasing client base, including many in the target population who need services every year and on an ongoing basis. Outreach and education efforts around Open Enrollment for the Marketplace and Medicare, and for Medicaid Managed Care always result in more clients seeking out our services. Many walk-ins at the downtown Champaign office, centrally located and near bus lines. Regularly stationed on certain days at Daily Bread, and in Rantoul. Referral relationships with Cunningham Township, Urbana and Champaign schools, CUPHD, and many other organizations who also serve the target population. Will engage and serve individuals through social media and email once contact is established. Public health approach, to provide services where the people in need of those services are.

Residency of 158 People Served in PY2020 and 56 in the first half of PY2021

<u>Champaign</u>	70 (44.3%) for PY20	20 (35.7%) for PY21
<u>Urbana</u>	53 (33.5%) for PY20	15 (26.8%) for PY21
<u>Rantoul</u>	4 (2.5%) for PY20	5 (8.9%) for PY21
<u>Mahomet</u>	0 for PY20	1 (1.8%) for PY21
<u>Other Champaign County</u>	31 (19.6%) for PY20	15 (26.8%) for PY21

Demographics of 158 People Served in PY2020

<u>Age</u>	
Ages 13-18 -----	1 (.6%)
Ages 19-59 -----	116 (73.4%)
Ages 60-75+ -----	28 (17.7%)
Not Available Qty -----	13 (8.2%)
<u>Race</u>	
White -----	86 (54.4%)
Black / AA -----	57 (36.1%)
Asian / PI -----	2 (1.3%)
Other (incl. Native American and Bi-racial)	8 (5.1%)
Not Available Qty -----	5 (3.2%)
<u>Gender</u>	
Male -----	104 (65.8%)
Female -----	52 (32.9%)
Other (may include non-binary and gender non-conforming people)	(.6%)
Not Available Qty -----	1 (.6%)
<u>Ethnicity</u>	
Of Hispanic or Latino/a origin -----	6 (3.8%)
Not of Hispanic or Latino/a Origin -----	147 (93.0%)
Not Available Qty -----	5 (3.2%)

Program Performance Measures

CONSUMER ACCESS: residents of Champaign County who have mental illness and/or substance use disorders or are experiencing stress, anxiety, depression, grief, or other conditions that affect their mental health and well-being, whether or not they identify or present themselves as individuals with mental illness and/or substance use disorders. Referrals from mental and behavioral health providers and other agencies that have identified individuals who may meet the criteria. Referrals from individuals who self-report mental health and/or substance use disorder needs, or who indicate that they are suffering with stress, anxiety, depression, etc. Outreach and education to the general public and to agencies and organizations that are in a position to refer clients; [current] extensive referral networks and collaborations that result in new clients to our organization every day; earned media and social media to communicate program information; community meetings; and events for outreach and education to the broader community.

Within 2 days from referral, 90% of those referred will be assessed.
Within 1 days of assessment, 70% of those assessed will engage in services.



People will engage in services, on average, for: Months or years. Enrollment in public benefits must be done on an annual basis, and sometimes every six months.

Additional Demographic Data: language preference/need, and homelessness. We do not collect data on immigration status, but we are frequently exposed to this information as a result of having to know what programs and benefits an individual may or may not be eligible for based on their status.

Staff Comment: similar to PY21, with slightly lower % to engage in services; length of engagement is tied to reenrollment; in some cases, other services (case management, advocacy) occur between assistance with enrollment.

Data on homelessness reflects the vulnerability of people served, who may require increased case management at times.

CONSUMER OUTCOMES: approximately 120-200 new unduplicated clients will gain and maintain health insurance, SNAP, and other benefits and services. As a result of gaining health insurance, clients will gain access to needed care and prescriptions, food, free phones, dental and vision care, hospital financial assistance, and other benefits and services. Each client, on average, typically requires assistance with two applications. Anticipate assisting with 600 applications. At intake and throughout the process of working with the client, needs are identified and prioritized. Our Client Services Intake Form specifies benefits and services the client needs. We track outcomes for each client, as we track enrollment in health insurance, SNAP, hospital financial assistance, other benefits and services, so we know whether that need has been met.

Outcome gathered from all participants? Yes

Anticipate 200 total participants for the year.

Will collect outcome information daily, with each client encounter. Results are compiled on a monthly basis.

Is there a target or benchmark level for program services? Yes. The main target for program services is health insurance enrollment, verifiable through the state's "Medi" system, the Marketplace, and Medicare portals. Likewise, we can look up SNAP status. Enrollment in public benefits is easily verifiable.

Estimated level of change for this outcome is: 90% of people served will go to insured status from uninsured, and/or to enrollment or re-enrollment in a Medicaid Managed Care plan, a Marketplace plan, or a Medicare-related plan.

UTILIZATION:

Treatment Plan Clients (TPCs): 160 (110 new and 50 continuing) - clients who require more than one contact and who may have case management needs and who will be helped to apply for benefits.

Non-Treatment Plan Clients (NTPCs): 36 clients who need a low-intensity of service, perhaps they simply need one contact and it is to get some information, guidance, or direction. Or they might be established clients who meet program criteria but are very self-sufficient.

Service Contacts (SCs): 650 service contacts as a result of serving approximately 150 clients through this program. Clients frequently require assistance with enrollment in more than one program, and some programs, like Medicaid and Medicaid Managed Care require redeterminations and help choosing appropriate plans. Clients also frequently receive mail from DHS or Medicare that is confusing to them, and they bring us this mail or call us about it in order to get help understanding it and complying with requirements.

Community Service Events (CSEs): 20 - 6 to 8 public presentations, presentations at adult education programs, meetings between agencies where we provide education and referral information, earned media from articles and interviews, and through distribution of informational materials. (*not clear as to why 6-8 is also the suggested target.*)

Other: 32 - pertain to our Rx Fund, which helps cover costs of medications for our clients. We track clients and the number of prescriptions covered, and the cost for the prescriptions per client. Many clients, even with Medicaid or Medicaid Managed Care, cannot afford the costs of co-pays. Also, when clients' Medicaid enrollment lapses or they are dropped, they need help covering the full cost of medications until they are successfully re-enrolled in Medicaid. Pharmacies require payment at the time of service, unlike health care providers who can provide services and then back-bill Medicaid for services provided in the 90 day "look back period" prior to when Medicaid enrollment was established. *Staff Comment: PY20 actual utilization by TPCs was lower than the target, SCs and Other were slightly lower than target, and NTPC and CSE exceeded targets. Targets were adjusted for PY21, and program appears on track to meet all. The service category definitions continue for PY22, but targets are adjusted, lowering the TPC and NTPC, raising SC and Other, and maintaining CSEs. With the low assessment-referral-engagement rate, it is good to see they provide services within a realistic timeline. PY21 lower than previous years but projecting growth in the program – if virtual services are offered, how do CHWs support clients who are not tech savvy?*

Financial Analysis

PY2022 CCMHB Funding Request: \$80,274

PY2022 Total Program Budget: \$99,094

Proposed Change in Funding - PY2021 to PY2022 = 3%

Current Year Funding (PY2021): \$77,960

CCMHB request is for 81% of total program revenue. Other revenue from Contributions \$11,500 (12%) and Carle Grants \$6,500 (7%).

Expenses: Personnel related costs of \$77,477 are the primary expense charged to CCMHB at 97% of request. Other expense is Professional Fees/Consultants \$2,796 (3%).

Total Agency Budget shows a Surplus of \$11,483. Total Program and CCMHB Budgets show a Surplus of \$1.

Program Staff to be funded by CCMHB: 0.20 Indirect and 0.95 Direct = 1.15 FTEs Total CCMHB.

Total Program Staff: same.

Staff Comment: Professional fees will pay for the independent audit expense. Agency budget surplus (unless it is an error) more than offsets the requested increase for this program (\$2,314) and the other current program (\$2,254).

Audit Findings: CCHCC was required to perform a financial audit per the FY20 contract. That audit revealed material weakness regarding segregation of duties related to the organization's accounting procedures and processes. CCHCC requested an audit extension to 12/23/20, and the audit was received on time.

Priorities and Decision Support Criteria

Expectations for Minimal Responsiveness: Yes. All expectations are met.

Priority: Innovative Practices and Access to Behavioral Health Services: Yes. – program aligns with selected priority.

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? Yes.

Highlights from the submitted CLC Plan: Board discussions about Board member recruitment will consider the needs for diverse representation on the Board, and direct Board member recruitment accordingly. Plans to provide services in office and other community-based settings that are accessible, will maintain services available at main office, and other locations - Daily Bread, Community Services Center of Northern Champaign County, Cunningham Township, etc.

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY2021? Yes.

Highlights from the submitted CLC Progress Report: CCHC is fortunate to have been able to maintain its current staff. Three of our six staff members are bi-lingual in English and Spanish. All enrollment counselors are bilingual. Clients are assessed for language preference. Written materials will be offered in client meetings once language needs are. CCHC continued to provide materials in English and Spanish, including new materials developed around Open Enrollment. Materials in both languages will be made available on website and distributed at outreach events and community locations. We will also add descriptions to photos and videos on our website so that visually impaired individuals will know what is being presented.

Overarching Decision Support Criteria

Underserved/Underrepresented Populations and Countywide Access: Yes. Efforts described in Access sections.

Inclusion and Anti-Stigma: Promotes inclusion by directing outreach efforts to individuals with mental health and/or substance use disorder needs, and the organizations that serve them. Reduces stigma by offering access and enrollment to benefits, and linkages and referrals to mental and behavioral health services, as part of the full array of Community Health Worker services. Presents information and education about benefits and services in a straightforward and holistic way so that people can see mental health and behavioral health services as just as vital and central to health as medical services.

Our Rx Fund, which pays for the costs of prescriptions is one of the only resources in our community that includes psychiatric medications. Warm referrals ensure that people are treated with dignity and respect, thereby reducing stigma or fear of stigma. Enrolling individuals... and making warm referrals will improve access to care, services, and benefits.

Outcomes: Simple change in insurance and other benefit status. Relevant benchmarks for access, outcomes, utilization.

Coordinated System: identifies other providers – Rosecrance, Promise, OSF Community Resource Center, and Family Service - which help with Medicaid and other benefit enrollment, though primarily to their established clients and with limited capacity. CCHCC serves the entire community, taking referrals from these and other organizations and serving walk-ins, and has uniquely trained, certified, and experienced staff (includes SNAP, SafeLink, hospital financial assistance, and all health insurance programs); an established and effective agency with outreach and education, collaboration with other entities, and ongoing support to clients as needed.

Budget and Program Connectedness: *Yes. The Budget Narrative offers thorough details relating financial forms to program activities and describes the allocation method.*

Approach/Methods/Innovation: an innovative approach that is helping to reduce and overcome barriers to all forms of health services. <http://www.communitycatalyst.org/resources/publications/document/Community-Catalyst-CHW-Issue-Brief-1.pdf?tr=y&auid=16204507>

<http://www.commonwealthfund.org/publications/fund-reports/2014/may/addressing-patients-social-needs>

Better coordination of care and management of chronic conditions can significantly reduce health care spending, improve health outcomes, and reduce health disparities. *Application elaborates on the CHW role, public health approach.*

Evidence of Collaboration: written working agreements with Rosecrance, Champaign County Jail, Cunningham Township, Schnucks Rx pharmacy, OSF Hospital Pharmacy, UIUC School of Social Work (BSW and MSW), OSF hospital, Carle, Cunningham Children's Home, CRIS, and Daily Bread.

Staff Credentials: Bilingual in English and Spanish; federally Certified Application Counselors, for the purpose of enrolling consumers in Medicaid or private health insurance through the Marketplace with regular training and certification to maintain this status. State certified All Kids Application agency. CHW services that complement, but go far beyond, health insurance enrollment... clients do not have to see separate staff members for various different services.

Resource Leveraging: *While the application does not identify other funding for which this grant serves as match, benefits enrollment leverages substantial resources by securing coverage of health care costs. During PY20, CCMHB support was 44% of total, in PY21 84%, for PY22 81%.* **Other Pay Sources:** There are currently no other payment sources for these services. These services, as provided by us, are not billable to health insurance. Our services are provided free of charge. **Client Fees** No. **Sliding Scale** No.

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2022 contract:

- *Reconcile the apparent surplus, revising financial forms.*
- *Offer a two-year term.*

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCMHB Executive Director in writing if there are factual errors which should be corrected prior to completion of award process.

Recommendation: Pending

DRAFT PY2022 MHB Program Summary

Agency: Champaign County Health Care Consumers

Program: Justice Involved CHW Services & Benefits

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2022 CCMHB Funding Request: \$77,394

Focus of Application: Co-Occurring and/or Multiple Conditions

Type of Contract: Grant

Priority: Behavioral Health Supports for People with Justice System Involvement (*not a PY22 priority*)

Services and People Served

Target Population: County residents who are involved in the criminal justice system and who have mental illness and/or substance use disorders. Priority to those served by Rosecrance and/or referred from County Jail. Also serves those reentering the community following incarceration, walk-ins, self-referred, or referred by other health care or mental health providers... we have seen people's lives stabilized and strengthened, and their health improved as a result of this work.

Staff Comment: as in PY21. Agency services are similar across all 3 applications, but people served are not.

Scope, Location, and Frequency of Services: enrollment in health insurance and other public benefit programs, help with maintenance of benefits, case management, and education and outreach:

- Enrollment in Medicaid health insurance (including Medicaid Managed Care) or private plans through the Marketplace under the Affordable Care Act (as well as Medicare programs for those who are eligible by virtue of age or disability status);
- Enrollment in hospital/clinic financial assistance programs, such as Carle's Community Care Discount Program, and OSF's Financial Assistance Program;
- Help with prescription drugs through our in-house Rx Fund program which covers the costs of co-pays and prescriptions for low-income individuals, and, where appropriate, enrollment in pharmaceutical assistance programs to help cover the costs of prescription medications;
- Enrollment in SNAP (food stamps);
- Enrollment in SafeLink phone program;
- Access to affordable dental care and vision care; and
- Additional case-management, including warm-referrals and advocacy services as needed to help clients access other benefits and social services.
- One full-time equivalent CHW to provide these services to the target population.

Multiple locations: Champaign County Jail (all locations), CCHCC office in downtown Champaign, Rosecrance Central Illinois (all locations), Community Service Center of Northern Champaign County, Daily Bread, and, as needed, at other locations where RCI clients are served, including for special events.

Staff Comment: unchanged from PY21. Impact of pandemic is not mentioned here, but the agency provided details reports throughout and continued outreach and services to this population even when they became harder to reach.

Access to Services for Rural Residents: Majority of the County's justice involved individuals reside in CU. Residents from the ten southern-most townships can be served through referrals from Rosecrance, the Jail, and other health and social service providers. Direct outreach to these townships to provide program information - focusing on township offices and various locations within the townships, flyers at post offices, groceries, laundromats, etc. Serves rural residents who are in the County Jail while they are there. Otherwise, rural residents will be served at downtown Champaign office, other locations in C-U if the resident is going to be in C-U for some other purpose, the Community Service Center of Northern Champaign County, and if needed, in the specific community where the rural resident(s) reside.

Access to Services for Members of Underserved or Underrepresented Minority Populations: serves people at the Jail and referred by Rosecrance and other entities. By locating staff in the Jail... engage and serve individuals there, most of whom are from underserved and underrepresented minority populations... overrepresented in the criminal justice system. We contact individuals by phone and provide easy-to-understand written information. We also establish connections and credibility through word of mouth, from individuals whom we have helped and who help direct others to us... public health approach to providing CHW services... where the people in need of those services are (*locations above.*)

Residency of 69 People Served in PY2020 and 35 in the first half of PY2021

<u>Champaign</u>	36 (52.2%) for PY20	15 (42.9%) for PY21
<u>Urbana</u>	16 (23.2%) for PY20	8 (22.9%) for PY21
<u>Rantoul</u>	6 (8.7%) for PY20	2 (5.7%) for PY21
<u>Mahomet</u>	3 (4.3%) for PY20	2 (5.7%) for PY21
<u>Other Champaign County</u>	8 (11.6%) for PY20	8 (22.9%) for PY21

Demographics of 69 People Served in PY2020

<u>Age</u>	
Ages 19-59 -----	63 (91.3%)
Ages 60-75+ -----	1 (1.4%)
Not Available Qty -----	5 (7.2%)
<u>Race</u>	
White -----	27 (39.1%)
Black / AA -----	36 (52.2%)
Asian / PI -----	1 (1.4%)
Not Available Qty -----	5 (7.2%)
<u>Gender</u>	
Male -----	64 (92.8%)
Female -----	5 (7.2%)
<u>Ethnicity</u>	
Not of Hispanic or Latino/a Origin -----	44 (63.8%)
Not Available Qty -----	25 (36.2%)

Program Performance Measures

CONSUMER ACCESS: residents of Champaign County who have mental illness and/or substance use disorders and involvement with the criminal justice system. Clients are also eligible by virtue of referrals by Rosecrance and the County Jail receive priority. We will rely on direct referrals from Rosecrance and the County Jail, as well as other social and health service providers. The County Jail conducts screenings for mental health and substance use disorder of every individual booked into the jail. We will also accept referrals from other law enforcement entities in Champaign County, including CIT. Likewise, individuals who self-report as having justice involvement and mental health and/or substance use disorder needs will be served through this program. People learn about this program through Rosecrance staff (inside and outside the Jail), Jail staff, and through direct outreach by CCHCC's staff member inside the Jail. All individuals incarcerated in the Jail receive user-friendly handouts from CCHCC to let them know about our services. Other healthcare and social service organizations make referrals as well. Outreach and education to a variety of organizations, including Daily Bread, CU at Home, Township offices, etc.

Within 2 days from referral, 80% of those referred will be assessed.

Within 1 days of assessment, 80% of those assessed will engage in services.

People will engage in services, on average, for: Months or years. Enrollment in public benefits must be done on an annual basis, and sometimes every six months.

Additional Demographic Data: language preference/need and homelessness. We do not collect data on immigration status, but we are frequently exposed to this information as a result of having to know what programs and benefits an individual may or may not be eligible for based on their status.

Staff Comment: are revisions needed, regarding the jail-based brief screenings and presence of CHW at the jail? The former practice was the basis for Stepping Up Innovator County status, which has lapsed due to unrelated changes and lack of data. The Justice CHW continued to outreach to the population during periods of no in-person access. Length of engagement is tied to annual benefits re-enrollment; unless an advocacy or case management issue arises between enrollment periods, regular contact would be limited. Collection of data on homelessness is an indication of the population served by this program and agency.

CONSUMER OUTCOMES: approximately 100 to 125 unduplicated clients will gain and maintain health insurance, SNAP, and other benefits and services. As a result of gaining health insurance, clients will gain access to needed care and prescriptions, food, free phones, dental and vision care, hospital financial assistance, and other benefits and services. Each client, on average, typically requires assistance with two applications. We anticipate providing assistance with approximately 200 to 250 applications. At intake, and throughout the process of working with the client, needs are

identified and prioritized. Our Client Services Intake Form specifies the kinds of benefits and services the client needs. We track outcomes for each client, as we track enrollment in health insurance, SNAP, hospital financial assistance, and other benefits and services, so we now whether that need has been met.

Outcome gathered from all participants? Yes

Anticipate 100 total participants for the year.

Will collect outcome information daily, with each client encounter. Results are compiled on a monthly basis.

Is there a target or benchmark level for program services? Yes. The main target for program services is health insurance enrollment, verifiable through the state's "Medi" system. Likewise, we can look up SNAP status. Enrollment in public benefits is easily verifiable.

Estimated level of change for this outcome is: 90% of those served will go to insured status from uninsured, and/or to enrollment or re-enrollment in a Medicaid Managed Care plan.

UTILIZATION:

Treatment Plan Clients (TPCs): 100 (70 new and 30+ continuing) - those who require more than one contact and who may have case management needs.

Non-Treatment Plan Clients (NTPCs): 20 clients who need a low-intensity of service, perhaps they simply need one contact and it is to get some information, guidance, or direction. Or they might be established clients who meet program criteria but are very self-sufficient.

Service Contacts (SCs): 160. Clients frequently require assistance with enrollment in more than one program, and some programs, like Medicaid and Medicaid Managed Care require redeterminations and help choosing appropriate plans. Clients also frequently receive mail from DHS that is confusing to them, and they bring us this mail or call us about it in order to get help understanding it and complying with requirements.

Community Service Events (CSEs): 8 public presentations, presentations at adult education programs, meetings between agencies where we provide education and referral information, earned media from articles and interviews, and through distribution of informational materials.

Other: 8 pertain to our Rx Fund, which helps cover costs of medications for our clients. We track clients and the number of prescriptions covered, and the cost for the prescriptions per client. Many clients, even with Medicaid or Medicaid Managed Care, cannot afford the costs of co-pays. Also, when clients' Medicaid enrollment lapses or they are dropped, they need help covering the full cost of medications until they are successfully re-enrolled in Medicaid. Pharmacies require payment at the time of service, unlike health care providers who can provide services and then back-bill Medicaid for services provided in the 90 day "look back period" prior to when Medicaid enrollment was established.

Staff Comment: During PY20, the CSE target was greatly exceeded but TPC, NTPC, SC and Other targets were not met. These were adjusted downward for the current year and most appear on track to be met. PY22 targets are slightly lower.

Financial Analysis

PY2022 CCMHB Funding Request: \$77,394

PY2022 Total Program Budget: \$95,460

Proposed Change in Funding - PY2021 to PY2022 = 3%

Current Year Funding (PY2021): \$75,140

CCMHB request is for 81% of total program revenue. Other revenue is from Contributions \$9,000 (9%) and Carle Grant \$8,500 (9%).

Expenses: Personnel related costs of \$76,093 are the primary expense charged to CCMHB at 98% of \$77,393. Other expenses are: Professional Fees/Consultants \$1,300 (2%).

Total Agency Budget shows a Surplus of \$11,484, Total Program \$2, and CCMHB \$1.

Program Staff to be funded by CCMHB: 0.25 Indirect and 1.10 Direct = 1.35 FTEs Total CCMHB = Total Program Staff.

Staff Comment: Professional fees will pay for the independent audit expense. Agency budget surplus (unless it is an error) more than offsets the requested increase for this program (\$2,254) and the other current program (\$2,314).

Audit Findings: CCHCC was required to perform a financial audit per the FY20 contract. That audit revealed material weakness regarding segregation of duties related to the organization's accounting procedures and processes. CCHCC requested an audit extension to 12/23/20, and the audit was received on time.

Priorities and Decision Support Criteria

Expectations for Minimal Responsiveness: Yes. All expectations are met. Impact of pandemic not addressed.

Priority: Crisis Response and Intervention: while not selected, program aligns with this priority.

Priority: Innovative Practices and Access to Behavioral Health Services: *not selected, also aligns with this priority.*

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? Yes.

Highlights from the submitted CLC Plan: *Board discussions about Board member recruitment will consider the needs for diverse representation on the Board, and direct Board member recruitment accordingly. Plans to provide services in office and other community-based settings that are accessible, will maintain services available at main office, and other locations - Daily Bread, Community Services Center of Northern Champaign County, Cunningham Township, etc.*

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY2021? Yes.

Highlights from the submitted CLC Progress Report: *CCHCC is fortunate to have been able to maintain its current staff. Three of our six staff members are bi-lingual in English and Spanish. All enrollment counselors are bilingual. Clients are assessed for language preference. Written materials will be offered in client meetings once language needs are. CCHCC continued to provide materials in English and Spanish, including new materials developed around Open Enrollment. Materials in both languages will be made available on website and distributed at outreach events and community locations. We will also add descriptions to photos and videos on our website so that visually impaired individuals will know what is being presented.*

Overarching Decision Support Criteria

Underserved/Underrepresented Populations and Countywide Access: *Yes. Efforts described in Access section.*

Inclusion and Anti-Stigma: *Promotes inclusion by directing outreach efforts to individuals with mental health and/or substance use disorder needs, and the organizations that serve them. Reduces stigma by offering access and enrollment to benefits, and linkages and referrals to mental and behavioral health services, as part of the full array of Community Health Worker services. Presents information and education about benefits and services in a straightforward and holistic way so that people can see mental health and behavioral health services as just as vital and central to health as medical services. Our Rx Fund, which pays for the costs of prescriptions is one of the only resources in our community that includes psychiatric medications. Warm referrals ensure that people are treated with dignity and respect, thereby reducing stigma or fear of stigma. Enrolling individuals... and making warm referrals will improve access to care, services, and benefits.*

Outcomes: *Simple change in insurance and other benefit status. Relevant benchmarks for access, outcomes, utilization.*

Coordinated System: *identifies other providers – Rosecrance, Promise, OSF Community Resource Center, and Family Service - which help with Medicaid and other benefit enrollment, though primarily to their established clients and with limited capacity, with none serving people at the County Jail. CCHCC serves the entire community, taking referrals from these and other organizations and serving walk-ins, and has uniquely trained, certified, and experienced staff (includes SNAP, SafeLink, hospital financial assistance, and all health insurance programs); an established and effective agency with outreach and education, collaboration with other entities, and ongoing support to clients as needed.*

Budget and Program Connectedness: *Yes. The Budget Narrative offers thorough details relating financial forms to program activities and describes the allocation method.*

Approach/Methods/Innovation: *a number of reports describe the implementation and outcomes of studies of enrolling people, who were arrested and detained, into Medicaid so they would have health coverage upon release. Greifinger, 2007 states that jails can offer a “public health opportunity,” to connect otherwise hard-to-reach, low-income people with health insurance. People in jail often have significant health needs, including behavioral health conditions that can contribute to a cycle of relapse and reoffending. Medicaid enrollment has the potential to increase access to physical and behavioral health services upon release. However, most people in jail have brief and unpredictable lengths of stay, making it challenging to conduct outreach and provide assistance in time for their reentry to the community. People who leave jail with Medicaid coverage are more likely to seek the care that they need.*

https://www.urban.org/sites/default/files/publication/86666/using_jail_to_enroll_low_income_men_in_medicaid.pdf

<https://stepuptogether.org/innovator-counties#champaign-il>

<https://aspe.hhs.gov/system/files/pdf/201476/MedicaidJustice.pdf>

<https://aspe.hhs.gov/system/files/pdf/198726/justicebrief.pdf>

<https://ps.psychiatryonline.org/doi/pdf/10.1176/ps.2007.58.6.794>

https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3042267

https://familiesusa.org/sites/default/files/product_documents/ENR_Justice%20Population_Brief_web.pdf

Part of Champaign County’s response to the challenge of addressing a well-documented national crisis. Both the Reentry Council and the Justice and Mental Health planning body have noted the key role that these jail-based Medicaid enrollment, advocacy, and linkage services have contributed to Champaign County’s progress.

Evidence of Collaboration: written working agreements with Rosecrance, Champaign County Jail, Cunningham Township, Schnucks Rx pharmacy, OSF hospital pharmacy, OSF hospital, Carle, UIUC School of Social Work (BSW and MSW), Cunningham Children's Home, CRIS, and Daily Bread.

Staff Credentials: The CHW dedicated to this program since 2014: has more than five years of experience in providing benefits enrollment and case management; is bi-lingual in English and Spanish; federally Certified Application Counselors, for the purpose of enrolling consumers in Medicaid or private health insurance through the Marketplace, with regular training and certification. Agency is state certified for All Kids Application. CHW services complement, but go far beyond, health insurance enrollment... clients do not have to see separate staff members for various different services.

Resource Leveraging: *While the application does not identify other funding for which this grant serves as match, benefits enrollment leverages substantial resources by securing coverage of health care costs. For PY21, proposed MHB revenue was 91% of total; PY22 proposal has higher revenue from grants and contributions so that the MHB portion would be 81%.* **Other Pay Sources:** currently no other payment sources for these services. These services, as provided, are not billable to health insurance. Services are provided free of charge to the clients. **Client Fees** No **Sliding Scale** No

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2022 contract:

- *If changes in state and federal rules (bail reform; Medicaid inmate exclusion, enhanced Federal Match incentives, Reentry Act; etc.) impact the way these services are delivered, the Scope of Services may be revisited.*
- *Revise financial forms to reconcile the apparent budget surplus. (If there are errors, the statement above regarding CCMHB portion of total revenue is also in error.)*
- *Select a PY22 priority category.*

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCMHB Executive Director in writing if there are factual errors which should be corrected prior to completion of award process.

Recommendation: Pending

63

DRAFT PY2022 MHB Program Summary

Agency: Champaign County Health Care Consumers

Program: Disability Application Services

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2022 CCMHB Funding Request: \$71,500 - a NEW Request

Focus of Application: Co-Occurring and/or Multiple Conditions

Type of Contract: Special Initiative - not previously funded, can use this designation for up to three years

Priority: Innovative Practices and Access to Behavioral Health Services

Services and People Served

Target Population: Champaign County residents who have mental illness and/or substance use disorders, or are experiencing self-identified depression, anxiety, isolation, or other issues that affect their mental health and well-being, including individuals who have Justice Involvement, and individuals who are homeless or near homeless, and whose health conditions are disabling... for the purposes of their daily adult functioning, as well as their ability to work a job to earn enough money to live on. Includes stressed individuals living on low incomes, no income, or low fixed incomes, who are dealing with complex and chaotic systems for benefits that are overwhelming and stressful. Many lack health literacy or have overall low-literacy or speak a different language and are underserved or underrepresented as a result. Targets individuals whose mental health, substance use disorders, and/or physical health disorders, render them functionally disabled and unable to earn Substantial Gainful Activity (SGA) income, and therefore should qualify for one or both of the disability programs known as Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI). The application process is very daunting, tedious, confusing, and time-intensive, requiring meticulous documentation and follow-up and follow-through. The people who most need disability benefits are very often the least able to get through this challenging process on their own.

Staff Comment: population and services similar to other CCHCC programs but for people with more chronic conditions and possibly harder to reach and who have difficulty accessing services.

Scope, Location, and Frequency of Services:

- Evaluations of disabling conditions and determinations of whether to apply for SSI or SSDI or both (depending on client's work history);
- Assistance applying for SSI and for SSDI;
- Appealing adverse SSI and SSDI decisions; and
- Coordinating with attorneys for these clients in the event that the client needs an attorney for appealing a decision.
- CCHCC will also provide emotional/psychological support for individuals applying for SSI or SSDI. Often, the decision to apply for disability, and the process of doing so, can be challenging to the individual as they must come to terms with the idea that they are "disabled".
- Additional services to help facilitate approval for SSI/SSDI: helping clients access health services they need in order to document their disabling conditions; all the usual services that CCHCC provides to our other MHB clients, including applications for health insurance, prescription assistance, food stamps, etc. (provided under CCHCC's CHW Enrollment and Outreach, or our Justice Involved program.)
- One full-time Disability Specialist to provide these services to the target population. Others (at .30 FTE) to supervise and assist. Services and materials in English and Spanish.

Multiple locations: CCHCC office in downtown Champaign, Rantoul's Community Service Center of Northern Champaign County, Cunningham Township, Daily Bread, and, as needed, other locations where the target population is served, including for special events. Once connection is made with the client, work can be done remotely and will be continuous throughout the year. Community outreach events at various locations throughout the county and in C-U.

Staff Comment: proposal is a new service, for which staff will receive specialized SOAR training. Other CHW services provided by the agency are available to people applying for disability with SOAR assistance.

Access to Services for Rural Residents: direct outreach to provide information about services, focusing on the township offices and various locations within the townships, including posting flyers at post offices, groceries, laundromats, etc.; earned media and social media for outreach; and work with CIT and Sheriff's Office to ensure that law enforcement officers are aware of our services. Rural residents will be served at office in downtown Champaign, other locations in C-U if the resident is going to be in C-U for some other purpose, Community Service Center of Northern Champaign County,

and if needed, in the specific community where the rural resident(s) reside.

Access to Services for Members of Underserved or Underrepresented Minority Populations: engage and serve individuals as a result of referrals, walk-ins, calls, and community outreach throughout the county. We are a well-established organization with an ever-increasing client base, including many in the target population who need services every year and on an ongoing basis. Many walk-ins at the downtown Champaign office, centrally located and near bus lines. Regularly stationed on certain days at Daily Bread, and in Rantoul. Referral relationships with staff in Cunningham Township, Urbana and Champaign schools, CUPHD, and many other organizations who also serve the target population. Will engage and serve individuals through social media and email once we have established contact. We take a public health approach to providing our Community Health Worker services, which will now include Disability Application Services – we aim to provide our services where the people in need of those services are.

Residency and Demographic data not available as this is not a current program.

Program Performance Measures

CONSUMER ACCESS: residents of Champaign County who have mental illness and/or substance use disorders that are disabling, and who have limited income and limited ability to participate in gainful employment. Homeless individuals and individuals going through reentry following incarceration and who have disabling conditions will also be eligible for these services. Referrals from mental and behavioral health providers and other agencies that have identified individuals who may meet the criteria. In order to apply for SSI and/or SSDI, the person must be unable to work enough to meet the criteria of Substantial Gainful Activity (SGA); clients will have to demonstrate that they are either very low-income (below SGA) or have no income. We will start out slow and small, to not get overwhelmed. Outreach will begin with organizations with whom we have a referral relationship, such as Cunningham Township, Daily Bread, etc. Later, broader outreach and education to the general public and organizations in a position to refer clients. Will use earned media and social media to publicize our program and when possible hold/speak at community meetings and events.

Within 2 days from referral, 91% of those referred will be assessed.

Within 2 days of assessment, 70% of those assessed will engage in services.

People will engage in services, on average, for: Months or years. This application process is intensive and time consuming, especially if someone must appeal an adverse decision.

Additional Demographic Data: language preference/need, homelessness, and criminal justice involvement. We do not collect data on immigration status, but we are frequently exposed to this information as a result of having to know what programs and benefits an individual may or may not be eligible for based on their status.

CONSUMER OUTCOMES: This program will have impact people's lives in very positive ways, bringing them regular monthly income and other benefits once they are approved for SSI/SSDI. Being deemed disabled by being approved for these programs opens the door to many other benefits, including affordable and supportive housing, health insurance, and the stability of having a monthly income. Being approved for disability benefits can literally save people's lives. Applying for the program, with a good chance of being approved, gives people hope. And once they are approved, they have resources for housing. Being housed makes it possible to live longer and healthier. The need in our community is extensive and intensive, so this will be an important start to addressing this need. We estimate that once we have hired our Disability Specialist, and that person is trained, they will be able to take on 2 new clients each month, while continuing to work on the previous clients' cases. As cases advance, new clients' cases can be started. The outcomes that we will track will include number of clients for this service, number of applications started and what type of application (SSI, SSDI, both), how many applications are approved, how many appeals are filed, and once clients are approved, we will also track dollar amounts for lump sum back pays and monthly checks. At intake, we will use a form that helps us document whether the person qualifies for applying for SSI, or SSDI, or both. This is a form that we will create internally, specifically for this Disability Assistance Services program. The form will also help us track the parts of the applications that have been submitted, the efforts to document health conditions, and the outcomes of the applications, including approval/denial status, and what the benefits for the person will be in terms of dollar amounts of back pay lump sums, monthly incomes, and health insurance. For the clients for whom we will use the SOAR process, we will use the SOAR resources and OAT process to help track progress and outcomes on applications. Use of SOAR or a traditional process will depend on the client's circumstances and what stage of the application process they are in. But all clients will have an Disability Intake Form where we will document needs and qualifications and track progress and outcomes

Outcome gathered from all participants? Yes

Anticipate 20 total participants for the year.

Will collect outcome information daily, with each client encounter. Results are compiled on a monthly basis.
Is there a target or benchmark level for program services? Yes, disability applications filed and/or appealed; and approval for disability benefits, whether through SSI or SSDI or both. Documentation comes directly from the Social Security Administration (SSA), which will notify the client of their application status, as well as disability benefit awards.
Estimated level of change for this outcome is: disability status through SSA for 100% of those served. Disability applications have many steps and stages, so we will measure outcomes at every step and stage until approval is secured.

UTILIZATION:

Treatment Plan Clients (TPCs): 20 clients whom we are helping apply for disability benefits. We currently have 4 clients with whom we have already begun to work on their disability cases, and we anticipate that once we hire and train the Disability Specialist, we will be able to take on two new clients per month, and ultimately serve at least 20 unduplicated clients in this year. We hope to serve more, but since this is a new program and a new staff member will need to be hired, it is difficult to estimate how many total clients will be served.

Non-Treatment Plan Clients (NTPCs): 5 clients who need a low-intensity of service, perhaps they simply need one contact and it is to get some information, guidance, or direction. Or they might be established clients who meet program criteria, but are very self-sufficient.

Service Contacts (SCs): 640 contacts as a result of serving approximately 20 clients through this program. We estimate approximately 40 contacts with each client for whom we are doing a disability application. These applications are very detailed and intensive and often require working very closely with the client. The number of contacts per client may vary depending on whether we use the SOAR process for a client or a traditional process.

Community Service Events (CSEs): 4 public presentations, meetings between agencies where we provide education and referral information, earned media from articles and interviews, and through distribution of informational materials.

Other: 5 - pertain to our Rx Fund, which helps cover costs of medications for our clients. We track clients and number of prescriptions covered and the cost for the prescriptions per client. Many clients, even with Medicaid or Medicaid Managed Care, cannot afford the costs of co-pays. Also, when clients' Medicaid enrollment lapses or they are dropped, they need help covering the full cost of medications until successfully re-enrolled in Medicaid. Pharmacies require payment at the time of service, unlike health care providers who can provide services and then back-bill Medicaid for services provided in the 90 day "look back period" prior to when Medicaid enrollment was established.

Independent Staff Comment: a NEW program, to serve 20 people (possibly fewer in future years); intensive/high level of service to a small number of individuals – once enrolled do people roll into the CHW program?

Financial Analysis

PY2022 CCMHB Funding Request: \$71,500 - a NEW request

PY2022 Total Program Budget: \$91,721

CCMHB request is for 78% of total program revenue. Other revenue is from Contributions \$9,000 (10%) and Carle Grant \$10,000 (11%).

Expenses: Personnel related costs of \$70,560 are the primary expense charged to CCMHB at 99% of \$71,500. Other expenses are: Professional Fees/Consultants \$940 (1%).

Total Agency Budget shows a Surplus of \$11,483. Total Program and CCMHB Budgets are BALANCED.

Program Staff to be funded by CCMHB: 0.15 Indirect and 1.30 Direct = 1.45 FTEs Total CCMHB.

Total Program Staff: same.

Staff Comment: Professional fees will pay for the independent audit expense. Agency budget surplus (unless it is an error) could offset some of this program's cost, plus the requested increases for currently funded programs (\$2,254 and \$2,314).

Audit Findings: CCHCC was required to perform a financial audit per the FY20 contract. That audit revealed material weakness regarding segregation of duties related to the organization's accounting procedures and processes. CCHCC requested an audit extension to 12/23/20, and the audit was received on time.

Priorities and Decision Support Criteria

Expectations for Minimal Responsiveness: Yes. All expectations are met.

Priority: Innovative Practices and Access to Behavioral Health Services: Yes. – selected and aligns with priority.

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? Yes.

Highlights from the submitted CLC Plan: Board discussions about Board member recruitment will consider the needs for diverse representation on the Board, and direct Board member recruitment accordingly. Plans to provide services in office and other community-based settings that are accessible, will maintain services available at main office, and other locations - Daily Bread, Community Services Center of Northern Champaign County, Cunningham Township, etc.

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY2021? Yes.

Highlights from the submitted CLC Progress Report: CCHC is fortunate to have been able to maintain its current staff. Three of our six staff members are bi-lingual in English and Spanish. All enrollment counselors are bilingual. Clients are assessed for language preference. Written materials will be offered in client meetings once language needs are. CCHC continued to provide materials in English and Spanish, including new materials developed around Open Enrollment. Materials in both languages will be made available on website and distributed at outreach events and community locations. We will also add descriptions to photos and videos on our website so that visually impaired individuals will know what is being presented.

Overarching Decision Support Criteria

Underserved/Underrepresented Populations and Countywide Access: Yes. Efforts described above.

Inclusion and Anti-Stigma: promotes inclusion by directing outreach efforts to individuals with mental health and/or substance use disorder needs that rise to the level of disabling conditions, and the organizations that serve them... an empowerment approach, which also helps reduce stigma for clients, as they have a sense of agency in the decisions that affect their lives. SSI/SSDI will bring people resources to live the life of their choosing and to help avoid homelessness and abject poverty - being approved for disability and having a regular monthly income goes a long way towards reducing stigma and discrimination. Information and education about benefits and services is presented in a straightforward and holistic way so that people can see their mental health and behavioral health needs as just as vital and central to health as medical services. Warm referrals ensure people are treated with dignity and respect, thereby reducing stigma or fear of stigma. Uses an approach that is both sensitive and empowering.

Outcomes: Simple change in SSI/SSDI status.

Coordinated System: Rosecrance has one staff member who can provide help applying for disability benefits, but this assistance is limited to established Rosecrance clients. Cunningham Township has SOAR-trained personnel, but they have not yet applied anyone for disability. CCHCC will coordinate with Township to receive referrals to assist qualified Township clients. Land of Lincoln and some private law firms will assist individuals with filing appeals for denial of disability applications, but individuals must apply on their own first and can only get services once denied. CCHCC's goal is to get clients approved for disability at the first application, using the SOAR process or the traditional process, to avoid clients having to go through the appeals process and waiting longer for benefits. No organization in Champaign County currently helps people apply for disability benefits from start to finish and is open to the entire community (as opposed to only their established clients). CCHCC is open to all, accepts referrals and walk-ins for the target population, has been working with many of these providers, and more, for many years, is a well-established community resource for health care consumers. We have and will continue our warm referral relationships with community-based organizations, and we will continue to do outreach and education to let them know that we are available to assist individuals in this target population.

Budget and Program Connectedness: The Budget Narrative offers thorough details relating financial forms to program activities and describes the allocation method.

Approach/Methods/Innovation: Disabled individuals who have advocates help with disability applications are far more likely to get approved for disability benefits.

<https://www.disabilitybenefitscenter.org/social-security-disability-attorney/champaign>

People who are homeless are more likely to have qualifying disabling conditions.

<https://endhomelessness.org/homelessness-in-america/what-causes-homelessness/health/#:~:text=Health%20and%20Homelessness,-An%20acute%20physical&text=According%20to%20the%20U.S.%20Department.compared%20to%20the%20general%20population>

https://www.usich.gov/resources/uploads/asset_library/Homelessness-in-America-Focus-on-chronic.pdf

Furthermore, people who are homeless are more likely to have traumatic brain injuries, making the process of applying for benefits even more challenging.

<https://www.apa.org/pi/disability/resources/publications/newsletter/2014/12/homelessness>

[https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(19\)30188-4/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(19)30188-4/fulltext)

In addition, people who have been incarcerated are more likely to have qualifying disabling conditions.

<https://www.americanprogress.org/issues/criminal-justice/reports/2016/07/18/141447/disabled-behind-bars/#:~:text=According%20to%20the%20Bureau%20of,than%20four%20times%20as%20likely>

<https://www.bjs.gov/index.cfm?ty=pbdetail&iid=5500>

The SOAR process is a promising approach, especially for homeless clients. CCHCC has a long track record of working with homeless individuals and Justice Involved individuals. We firmly believe that Champaign County residents are under-enrolled in disability benefits, and the data bear that out. Champaign County's enrollment in SSI/SSDI is approximately 3,215, yet should be closer to 7,395 because approximately 6% of individuals under age 65 have a disabling condition. <https://www.disabilitybenefitscenter.org/social-security-disability-attorney/champaign>

https://www.ssa.gov/policy/docs/statcomps/ssi_sc/2019/il.html

<https://www.illinois.gov/hfs/info/factsfigures/Program%20Enrollment/Pages/champaign.aspx>

Evidence of Collaboration: written working agreements with Rosecrance Central Illinois, Champaign County Jail, Cunningham Township, Schnucks Rx pharmacy, OSF Hospital Pharmacy, UIUC School of Social Work (BSW and MSW), OSF hospital, Carle, Cunningham Children's Home, CRIS, and Daily Bread.

Staff Credentials: Disability Application Specialist, to be hired: prior experience in health care or social services, demonstrated ability to work with people from diverse backgrounds, bi-lingual English/Spanish (a plus, but not required), ability to write and advocate in a compelling way, and previous experience helping with disability applications (but not required). On-the-job training through the SOAR program and from CCHCC's Executive Director, who has many years of experience working on disability applications informally for clients. Even though CCHCC has not formally offered this service, three staff with prior experience helping with disability applications will spend part of their time on this program.

Resource Leveraging: *MHB would be the majority funding of the program. While the application does not identify other funding for which this grant would serve as match, benefits enrollment leverages substantial state/federal resources by securing coverage of health care costs.*

Other Pay Sources: currently no other payment sources for these services. These services, as provided by us, are not billable to health insurance, and are free of charge. **Client Fees** No **Sliding Scale** No

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2022 contract:

- *Because the Rosecrance SOAR case manager is funded by the CCMHB, we might ask for expansion of this service to the entire community, especially if they have capacity.*
- *If other funding is available to support this specialized case management position, it should also be pursued.*
- *Total contract maximum should be adjusted for any time from July 1 to start date of NEW Disability Specialist.*

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCMHB Executive Director in writing if there are factual errors which should be corrected prior to completion of award process.

Recommendation: Pending

DRAFT PY2022 MHB Program Summary

Agency: Community Service Center of Northern Champaign County

Program: Resource Connection

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2022 CCMHB Funding Request: \$68,609

Focus of Application: Mental Health

Type of Contract: Grant

Priority: Innovative Practices and Access to Behavioral Health Services

Services and People Served

Target Population: residents of the 9 northernmost townships in Champaign County (pop. est. 23,000). Some services target low-income families and individuals, those experiencing crisis, or those who are transient/homeless - more likely to need the direct assistance and have more problems accessing other agencies' services. 53% of our consumers are minorities, primarily African-American, with an increase in Hispanic households noted during the last several years (to 20% of total served in PY20.)

Staff Comment: with updated population and utilization data, maintains population to be served as described previously.

Scope, Location, and Frequency of Services:

- CSC office space available for other agencies' staff (during and outside regular office hours).
- Case management and follow-up for frequent users of the food pantry and other basic needs services.
- Client advocacy (as needed) with referrals, difficulty in getting services, etc.
- Screening and referral for the Kids' Foundation youth recreational scholarship program.
- On-site emergency food pantry 10:00 a.m. – 4:00 p.m., M-F.
- Financial assistance with utility payments (1/2 yrs. when funds available).
- Assistance with prescription payments (1/yr/individual).
- Clothing/shelter coordination and referral to local clothing center and emergency one night's food and lodging for transients and homeless individuals.
- Holiday Bureau food baskets/vouchers and toy distribution at Christmas time.
- Translation, advocacy, and related services for Latino population (through CSC, the Multicultural Center, and the Community Health Partnership of Illinois).
- Public phone service (local calls, no charge)
- Fax and copy service for a nominal fee
- Computer access/assistance service to download forms, LINK applications, etc. on a limited basis
- Information and referral services provided by phone and for walk-in inquiries, M-F 8:30 a.m. – 5:00 p.m. Includes the distribution of information provided by other agencies and program brochures with focus on COVID info.
- Bi-lingual information, referral, and intake program brochures and services.
- Free notary public service

Since all positions are at least partially funded by CCMHB, all these activities are supported.

Activities at offices, Monday thru Friday. [As of Feb 2021] office is limited to 1 or 2 masked wearing people at a time.

Staff Comment: retains the scope of services described in previous years, with note regarding COVID-19 mitigation.

Access to Services for Rural Residents: focuses on the nine northernmost townships in the county, though the food pantry serves the entire county, occasionally providing food for residents of Sidney, South Homer, and Tolono townships. Rural residents are served on site here in Rantoul. Some organizations using our office provide outreach and home visits to rural residents (i.e., Regional Planning Commission, Family Service Senior Resource Center, Refugee Center).

Access to Services for Members of Underserved or Underrepresented Minority Populations: offers Spanish language information regarding our services as well as other agencies' programs, participates in the local ministerial group which includes minority churches, and works with Multi Cultural Center, Up Center, and Refugee Center to stay informed of each other's programs. Most services provided at a facility centrally located in the community and accessible by public transportation. Building houses WIC program from C-U Public Health and PeaceMeal food program for seniors.

Residency of 1309 People Served in PY2020 and 600 in first half of PY2021

<u>Champaign</u>	31 (2.4%) for PY20	16 (2.7%) for PY21
<u>Urbana</u>	46 (3.5%) for PY20	28 (4.7%) for PY21
<u>Rantoul</u>	1,112 (85.0%) for PY20	501 (83.5%) for PY21
<u>Mahomet</u>	4 (.3%) for PY20	1 (.2%) for PY21
<u>Other Champaign County</u>	116 (8.9%) for PY20	54 (9.0%) for PY21

Demographics of 1309 People Served in PY2020

<u>Age</u>	
Ages 13-18 -----	45 (3.4%)
Ages 19-59 -----	1057 (80.7%)
Ages 60-75+ -----	190 (14.5%)
Not Available Qty -----	17 (1.3%)
<u>Race</u>	
White -----	580 (44.3%)
Black / AA -----	360 (27.5%)
Asian / PI -----	13 (1.0%)
Other (incl. Native American and Bi-racial)	334 (25.5%)
Not Available Qty -----	22 (1.7%)
<u>Gender</u>	
Male -----	433 (33.1%)
Female -----	868 (66.3%)
Not Available Qty -----	8 (.6%)
<u>Ethnicity</u>	
Of Hispanic or Latino/a origin -----	313 (23.9%)
Not of Hispanic or Latino/a Origin -----	974 (74.4%)
Not Available Qty -----	22 (1.7%)

Program Performance Measures

CONSUMER ACCESS: With the exception of the food pantry service - available to all low income residents of the county - the main criteria is residence in the nine northernmost townships of the county and being in need of help with mental health and/or other social services. We do provide some assistance with transportation, food, and overnight lodging for transient individuals passing thru. We request a picture ID and proof of residence that's less than 30 days in order to receive services. Homeless individuals are exempt and are provided the ability to contact Central Intake at Regional Planning. People learn about the program through articles and occasional advertising in the local paper, staff from the Village and other agencies, churches, our Facebook page, website, program brochures, and word of mouth.

Within 0 days from referral, 50% of those referred will be assessed.

Within 0 days of assessment, 95% of those assessed will engage in services.

People will engage in services, on average, for: one time or ongoing on a monthly basis, depending on the service.

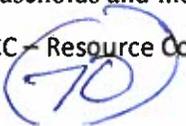
Additional Demographic Data: level of education, employment, and disability status as needed.

CONSUMER OUTCOMES:

1. People living in this area have better access to mental health/other social services.
2. People can receive immediate assistance with emergency food, clothing referral, prescription assistance, and occasional utility assistance.
3. Overall improved linkage and access to a variety of social services in one location.
4. Decreased food insecurity.
5. Increased psychological well-being.
6. Perceived cultural competency of staff.
7. Satisfaction with services.

Measured by:

1. On our annual survey, we ask clients to check all of the services they have used at our agency, and other agencies in the building, allowing us to estimate the number and type of different services people use. Additionally, staff document the number and type of referrals we make in our database.
2. In our database, staff document the number of households and individuals that are linked to our immediate services.



3. We will collect linkage data through our needs assessment tool, where we ask clients about their needs in various areas and make referrals based on those needs. When we follow up with clients later, we are able to assess whether the referral we provided met their need. We have also started asking the agencies where we refer clients to, to share with us how many of their clients came from our referral. We have established this line of communication with the clothing center and are working on doing so with LIHEAP utilities and Rosecrance if possible.
4. We are able to assess clients' basic needs and whether they are being met through our needs assessment tool, adapted from a tool developed by the Evaluation Capacity Building Team with Rosecrance and Courage Connection. Currently the use of this tool is on hold due to limited face to face contact with clients.
5. In our annual survey, we use two items from the U.S. Household Food Security Survey to assess food insecurity, which are validated as a screening tool to identify families at risk for food insecurity (Hager, E. R. et al., 2010).
6. In our annual survey, we utilize the Personal Well-Being Index-Adult, a measure of well-being with high reliability and validity. Clients provide this data.
7. In our annual survey, we utilize 6 items from the Iowa Cultural Understanding Assessment.

Outcome gathered from all participants? No. Survey to 10% of our clients, about 140 people. Needs assessment to clients during times of the day when we are less busy. Annual survey will be offered to all participants who consent, are able to read and fill out the survey, and are present during the dates during which we administer the survey. With the current COVID19 situation, the needs assessment process and the annual survey have been put on hold. We plan on restarting the annual survey this spring or summer. The needs assessment tool will remain on hold.

Anticipate 1150 total participants for the year.

Will collect outcome information: Once a month or less depending on how often we see an individual.

Is there a target or benchmark level for program services? No baseline information to help establish a target or benchmark. Data entry for the survey results has been delayed due to staff shortage and the state lock down.

Estimated level of change for this outcome: Since we had to interrupt the implementation of the needs assessment form, we do not have baseline data for comparison. Survey form will hopefully capture more accurate information on actual positive or negative outcomes of services. Estimates of referral and linkage based on the needs assessment: returning clients will be 60% more likely to agree that they knew where to get a need met in the past 3 months; 60% of clients will utilize more than one service, both rough estimates due to paused final version of the needs assessment.

UTILIZATION:

Non-Treatment Plan Clients (NTPCs): 1150 households/individuals who receive any direct service from the program.

Service Contacts (SCs): 4000 face to face or phone contacts requesting assistance or information on human services.

Other: 2200 client contacts by staff from other agencies using the program's offices, a measure of enhanced access but very dependent on other agencies' ability to send staff to Rantoul, particularly with the pandemic situation.

Staff Comment: during PY20, the program exceeded its NTPC target but not those for SC and Other; in PY21, all utilization appears to be less than planned, and targets are decreased slightly for the coming year.

Financial Analysis

PY2022 CCMHB Funding Request: \$68,609

PY2022 Total Program Budget: \$262,511

Proposed Change in Funding - PY2021 to PY2022 = 1.5%

Current Year Funding (PY2021): \$67,596

CCMHB request is for 26% of total program revenue. Other revenue: United Way \$37,602 (14%); Contributions \$100,000 (38%); Village of Rantoul Grant \$19,000 (7%); Compromise Township Grant \$900; Rantoul Township Grant \$2,000 (1%); Village of Thomasboro \$1,000; Emergency Food and Shelter Program Grant \$8,400 (3%); and Ludlow Township \$1,500 (1%).

Expenses: Personnel related costs of \$68,609 are the only expense charged, at 100% of the requested amount.

Total Agency, Total Program, and CCMHB Budgets are BALANCED.

Program Staff to be funded by CCMHB: 0.5 Indirect and 1.12 Direct = 1.62 FTEs Total CCMHB.

Total Program Staff: 1.30 Indirect and 2.16 Direct = 3.46 FTEs Total Program.

Audit Findings: *Audit revealed material weakness regarding segregation of duties related to the organization's accounting procedures and processes. Additionally, financial statements are prepared in accordance with the Modified Cash Basis of Accounting, which is a basis of accounting other than accounting principles generally accepted in the US. During PY21, the agency has completed the conversion to accrual accounting.*

Priorities and Decision Support Criteria

Expectations for Minimal Responsiveness: *Organizational Eligibility Questionnaire is older, with some questions unanswered (two regarding the Board of Directors) and one had been answered incorrectly (accrual accounting which was not in use but is now.) Application is complete, with expectations met. Some activities suspended during pandemic.*

Priority: Innovative Practices and Access to Behavioral Health Services: Yes – program aligns with selected priority.

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? Yes

Highlights from the submitted CLC Plan: *The CLC Plan that was submitted provided an overview of the required benchmarks. The staff has attended training virtually and maintains a diverse board currently with 40% minority representation and 60% female participation. Due to COVID many partnerships were redefined.*

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY2021? Yes

Highlights from the submitted CLC Progress Report: *CSCNCC has continued to provide services and talked about the barriers for transitioning into services not in person. Worked with the Refugee Center, but they indicated that a list was not available due to the rapid turn-over of translators. The Center's staff was available to help by phone when needed.*

Overarching Decision Support Criteria

Underserved/Underrepresented Populations and Countywide Access: *Outreach efforts are described in Access and other sections of the application. Demographic and residency data demonstrate broad reach: PY20 totals were similar to previous years; at mid-year PY21 lower utilization but similar patterns.*

Inclusion and Anti-Stigma: *Training in cultural competence is helpful. Strong reputation in the community for treating everyone with dignity and respect, confirmed by consumer satisfaction survey. Central location is important to reaching the community. Promotes any anti-stigma and discrimination programs available to the community by posting information in the office, on Facebook page, and making office space available for such programs.*

Outcomes: *(Assessment tools for each outcome are identified, but some of the work paused due to COVID-19.) Overall, these are highly applicable and appropriate outcome measures. This program's outcome evaluation processes may benefit most from a) considering the potential distinction between the two components of outcome 3 and b) considering the purpose and utility of outcome 5 (psychological well-being) and how that data is being interpreted and understood within the context of the data collection schedule (i.e., just once or at multiple time points). Lastly, this program may benefit to reducing the total number of outcomes assessed and increasing the assessment plan specificity of the retained outcomes. As one example of limiting potential redundant or less applicable outcomes, perhaps Outcome 5 (increased psychological well-being) and Outcome 7 (satisfaction with services) could potentially be combined into one outcome by surveying clients about the extent to which the resource center has alleviated stress due to food and/or financial insecurity, asking about confidence in the resource center's ability to help them meet a need in the future, and/or whether they would encourage a friend to use the resource center if they needed help with something.*

Coordinated System: *Although over 20 different agencies utilized the offices pre-COVID (only 7 in last half of 2020), none provide a similar range of services enhancing access to services and meeting basic needs. CSCNCC utilizes a multi-service, multi-agency approach to connect area residents with services they need; affected by the pandemic and may be further impacted in the future. Related providers are encouraged to send staff and provide services on site in Rantoul. We post (and regularly update) notifications about services available at our location. Hosted a COVID testing clinic, working with a multi-agency group to bring vaccinations to hard to reach populations in this area. Will encourage other organizations to return to our facility as the situation with COVID eases up.*

Budget and Program Connectedness: *The Budget Narrative describes the current financial position, including unexpected donations due to pandemic. There is detail on anticipated PY22 revenues (and the uncertainty in projecting), thorough description of the expenses and rationale (increased staff costs for recently hired Service Coordinator and higher cost of audit and cost of switching to accrual accounting), activities of all staff associated with the program, a note about the difficulty preparing this budget under the continuing COVID-19 considerations, which also impact fundraising activities, and a note about the increased importance of these services to the target population in the coming year.*

Approach/Methods/Innovation: *Direct services - food pantry, prescription and utility services; indirect services - referrals to mental health, domestic violence, and other services. Convenient access is facilitated through co-location of services, a "one-stop shop" for community services. An evidence-based approach particularly useful in facilitating access to services for rural populations - <https://www.ruralhealthinfo.org/toolkits/services-integration/2/co-location>*

Similarly, 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 - http://www.rupri.org/Forms/ServiceIntegration_Feb2010.pdf 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 - <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1447088/pdf/0920399.pdf> Another study by Pausell and Ford (2003) on Coordinated Economic Relief Centers (CERCs) found that CERCs made obtaining services and information more convenient for consumers, improved communication among community service providers; additionally, the communities served responded positively to CERCs - <https://www.ers.usda.gov/publications/pub-details/?pubid=43344>
Evidence of Collaboration: Rosecrance, Courage Connection, Cunningham Children's Home, CRIS Healthy Aging, C-U Public Health District, Grown in America.

Staff Credentials: All (other than new hire) received CLC training on-line. Each has 3 to 35 years experience in management, social services or accounting/bookkeeping. The new Service Coordinator has an MBA, several years experience in social services, and previous work in our youth program and handling the front desk.

Resource Leveraging: *While not used as match for another grant, program accesses several sources of revenue. MHB share of total revenue similar to PY20/PY21.* **Other Pay Sources:** N/A **Client Fees** No **Sliding Scale** No

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2022 contract:

- *Eligibility Questionnaire should be revised prior to the next application cycle.*
- *Offer a two-year term.*

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCMHB Executive Director in writing if there are factual errors which should be corrected prior to completion of award process.

Recommendation: Pending



DRAFT PY2022 MHB Program Summary

Agency: Crisis Nursery

Program: Beyond Blue Champaign County

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2022 CCMHB Funding Request: \$90,000

Focus of Application: Mental Health

Type of Contract: Grant

Priority: System of Care for Children, Youth, and Families

Services and People Served

Target Population: Mothers who have or are at risk of developing perinatal depression, targeting 33 mothers annually who have a child under age one.

Staff Comment: no change to the target population for this longstanding CCMHB contract.

Scope, Location, and Frequency of Services: A relationship-based, family focused model of intervention and treatment utilizing the Mothers and Babies evidence-based curriculum, guided by cognitive behavioral therapy and attachment theory. Services in non-traditional settings: clients' homes and neutral sites throughout Champaign County. Home visiting, Parent-Child Interaction (PCI) groups, and parent support groups reduce social isolation and provide education on perinatal depression, child development, and parenting skills.

- Screening for perinatal depression or risk of with the Edinburgh Postnatal Depression Scale at agency intake.
- Home visiting to assess symptoms, education about impact of perinatal depression, and provide counseling.
- PCI groups to engage the mother and baby, promote bonding and reduce social isolation, discuss child development topics, demonstrate positive mother and child interactions, and enhance mother's self-reliance and baby's self-regulation. To reduce stigma, groups are open to all parents in the community.
- Ages and Stages Questionnaires (ASQs) and ASQ-SE (social emotional) to track child development and early identification of social-emotional challenges.
- Support group to address social isolation, educate about perinatal depression, and promote the development of support networks.
- Crisis care when no other resource is available, for free 24 hours/day 365 days/year.
- 24 hours of planned respite care per family earned through participation in PCI groups (up to 2 hours/session attended). Respite care provides caregivers with a break and reduces stress.
- Linkages with health services, early childhood programs, resources for basic needs, utilities, legal services, transportation, housing, and intensive therapeutic services as needed.
- Community and healthcare provider education on perinatal depression to reduce stigma; outreach to inform individuals about needed screening and the Beyond Blue program.
- External consultation for related staff by a mental health professional, addressing clinical assessment of perinatal depression and appropriate interventions.

Once screened and eligible, parents may participate in the Strong Families Home Visiting program, bi-weekly visits with the opportunity to participate in weekly groups. Support groups at the Nursery and neutral sites in the County. During the pandemic, all home visiting and groups were virtual, with increased participation in PCI groups due to ease of access.

Staff Comment: unchanged from previous years, but with note on virtual groups; given that participation increased with these, the program will maintain this option when in-person services resumes, potentially reducing barriers and meeting the needs of more families.

Access to Services for Rural Residents: serves mothers/babies residing in Champaign County. Rural residents account for 51% of those served. Referral sources include CUPHD's WIC/Family Case Management program (Rantoul and Champaign), Crisis Nursery's Safe Children program, Head Start, Carle Hospital, OSF Heart of Mary, Christie Clinic, Rosecrance, current program participants, area schools/daycares, and other social service agencies. Family Specialists have also expanded relationships and connections with Rantoul schools and early childhood programs; will work to expand outreach and build relationships in Pesotum, Philo, Sadorus, Sidney and Tolono to better serve those communities. Services will also be made available to families in Ayers, Colfax, Crittenden, Raymond, and South Homer upon request.

Crisis Nursery – Beyond Blue

Access to Services for Members of Underserved or Underrepresented Minority Populations: works with Community Service Center of Northern Champaign County to identify underserved or underrepresented minority populations in Rantoul. Spreads awareness of services to apartment complexes (e.g., Golf View) in Rantoul to connect with families where they live. Building rapport with and has visited Rural Champaign County Special Education Coop to gain access to populations served for other needs. Believes in "going where families are" - home visits and groups tailored to the needs of those served and held based on need and availability of space. Intensive home visits offered in hard to reach locations. *Staff Comment: as before, over half of mothers served must reside outside CU, hence the emphasis on rural outreach.*

Residency of 30 People Served in PY2020 and of 15 in the first half of PY2021

<u>Champaign</u>	13 (43.3%) for PY20	5 (33.3%) for PY21
<u>Urbana</u>	2 (6.7%) for PY20	2 (13.3%) for PY21
<u>Rantoul</u>	6 (20.0%) for PY20	2 (13.3%) for PY21
<u>Mahomet</u>	2 (6.7%) for PY20	2 (13.3%) for PY21
<u>Other Champaign County</u>	7 (23.3%) for PY20	4 (26.7%) for PY21

Demographics of 30 People Served in PY2020

<u>Age</u>	
Ages 13-18 -----	1 (3.3%)
Ages 19-59 -----	29 (96.7%)
<u>Race</u>	
White -----	17 (56.7%)
Black / AA -----	9 (30.0%)
Asian / PI -----	2 (6.7%)
Other (incl. Native American and Bi-racial) -	2 (6.7%)
<u>Gender</u>	
Female -----	30 (100.0%)
<u>Ethnicity</u>	
Of Hispanic or Latino/a origin -----	1 (3.3%)
Not of Hispanic or Latino/a Origin -----	29 (96.7%)

Program Performance Measures

CONSUMER ACCESS: open to all mothers in Champaign County who have a child under the age of 1 and who have been identified to be "at risk" of PD, by the presence of CDC-identified risk factors (poverty, personal/family history of depression, limited social supports, marital discord) and/or a score of 10 or higher on an Edinburgh Postnatal Depression Scale (EDPS). Will identify expectant and post-natal mothers "at risk" via: Crisis Nursery staff; CUPHD's WIC/Family Management units; healthcare providers; and program participants. Also accepts referrals of expectant mothers or fathers identified as "at risk" from sources based in and serving the county: CUPHD's WIC/Family Case Management (Rantoul, Champaign), Carle, Christie, OSF, and Promise Healthcare. Program information provided for Carle and OSF's Labor and Delivery patient packets, as well as to organizations also serving rural and urban Champaign County, such as Community Service Center of Northern Champaign County, Head Start, churches, and medical professionals.

Within 2 days from referral, 80% of those referred will be assessed.

Within 7 days of assessment, 70% of those assessed will engage in services.

People will engage in services, on average, for: 9 months. The range of service varies from 3 months to 21 months.

Additional Demographic Data: Income, number of family members in the home, homeless status of family, involvement with DCFS, eligibility for services through DCFS.

Staff Comment: response time for referrals, assessments, and linkages seems realistic and manageable.

CONSUMER OUTCOMES:

1. Mothers will gain information about the effects of perinatal depression on baby.
2. Mothers will have a decrease in depressive symptoms.
3. Mothers will develop greater understanding of their child's developmental needs and an ability to meet those in positive and growth producing interactions.
4. Mothers will learn to reduce their stress, seek resources, and broaden networks.
5. Mothers will improve their capacity to engage fully in a reciprocal relationship with their babies, resulting in optimal

75

development of the baby, more successful and satisfying parenting, and a greater security for both.

Measured by (and administered by Family Specialists):

1. Edinburgh Postnatal Depression Scale (EDPS) given quarterly to assess progress re: depressive symptoms.
2. Ages and Stages Questionnaire (ASQ), which assesses child developmental progress (physical and social-emotional), administered upon entry into the program if it has not been done elsewhere. If delays are identified then the ASQ is administered again to assess progress.
3. ARCH CR1, which measures a client's sense of well-being and acquisition of parenting skills, administered annually.
4. ARCH CR1, which measures a client's sense of well-being and acquisition of parenting skills, is administered annually.
5. ARCH CR1, which measures a client's sense of well-being and acquisition of parenting skills, is administered annually.

As a result of targeted partnership with UIUC Eval project, these indicators to identify progress will also be used:

1. Baby TALK Individual Family Goal Plan will be used to support outcome of parent's awareness toward developmental milestones/appropriate developmental stages.
2. The PICCOLO observation tool will be used to document progress in strengthened parent interaction through observable parent behaviors and entered into Filemaker database.
3. Crisis Nursery safety checklist will be used to improve identification of environmental risks with a goal toward increased home safety (administered when back in the home post pandemic).
4. Mothers and Babies is used with each participant; progress through reduction in identification of PPD related risks is assessed using the "Mothers and Babies Provider Post-Implementation Survey, administered at the end of the curriculum.
5. Families will be encouraged to utilize respite care and will be given the "alternatives to respite care" survey to identify that children are in respite care instead of uncomfortable or inappropriate situations.

Outcome gathered from all participants? Yes

Anticipate 33 total participants for the year.

Will collect outcome information: The EDPS is administered quarterly and the ARCH CR1 is given annually.

Is there a target or benchmark level for program services? Yes, we expect parents to report an improvement in parenting skills, reduced risk of harm to children, and reduction in parental stress level as result of program participation.

Estimated level of change for this outcome: 70 % of persons served (23 ppl) will report an improvement in parenting skills. 70% of persons served (23 ppl) will report reduced risk of harm to children. 70% of persons served (23 ppl) will report a reduction in parental stress level.

Staff Comment: continues as in PY20/PY21, with additional assessment tools for each outcome (through Eval project).

UTILIZATION:

Treatment Plan Clients (TPCs): 33 (17 rural, 16 CU) mothers deemed at risk of PD. *may be adjusted due to pandemic.

Non-Treatment Plan Clients (NTPCs): 77 (39 rural, 38 CU) 33 infants and expected infants of the mothers participating in the program and other family members. *may need to be adjusted based on COVID-19 pandemic.

Service Contacts (SCs): 522 (270 rural, 252 CU) screenings, home visits, referral contacts for both TPCs and NTPCs. *may need to be adjusted based on COVID-19 pandemic.

Community Service Events (CSEs): 128 = 18 PCI groups for mother/baby dyads (6 rural, 12 CU) and 32 perinatal depression support groups meetings (8 rural, 24 CU). Other events include: 20 meetings with referral sources (11 rural, 9 CU); 46 presentations to community groups (24 rural, 22 CU); 2 media contacts; and a Beyond Blue page on the Crisis Nursery website with a link to Facebook page. *may need to be adjusted based on COVID-19 pandemic.

Other: 1138 hours of crisis and respite care (580 for rural mothers, 558 CU.) Actual service usage varies depending on family need and wants. *reduced by 50% due to pandemic and reduction in volunteers allowed to work in the building.

Staff Comment: All targets beside "Other" were the same in PY20 and PY21. In PY20, the program exceeded targets for NTPC, SC, and CSE, nearly met the TPC target but was short in Other (526 vs 2275 hours). At mid-year, the program is on track with TPC, NTPC, and SC but likely short of targets for CSE and Other.

Financial Analysis

PY2022 CCMHB Funding Request: \$90,000

PY2022 Total Program Budget: \$223,358

Proposed Change in Funding - PY2021 to PY2022 = 20%

Current Year Funding (PY2021): \$75,000

CCMHB request is for 40% of total program revenue. Other revenue is from United Way \$21,000 (9%), Contributions and Special Events totaling \$97,358 (44%), and DHS DFI Grant \$15,000 (7%).

Expenses: Personnel related costs of \$78,300 are 87% of the CCMHB requested amount. Other expenses: Professional Fees/Consultants \$600 (1%); Consumables \$1,500 (2%); General Operating \$1,500 (2%); Occupancy \$3,400 (4%); Conferences/Staff Development \$2,000 (2%); Local Transportation \$2,500 (3%); and Lease/Rental \$200.

Total Agency, Total Program, and CCMHB Budgets are BALANCED.

Program Staff to be funded by CCMHB: 0.03 Indirect and 1.35 Direct = 1.38 FTEs Total CCMHB

Total Program Staff: 0.35 Indirect and 2.72 Direct = 3.07 FTEs Total Program

Staff Comment: Professional fees will pay for audit expense. Slight mismatches between the revenue form (\$21,000 United Way, \$66,858 Contributions) and Budget Narrative (\$21,500 United Way, \$66,885 Contributions) should be resolved.

Audit Findings: None.

Priorities and Decision Support Criteria

Expectations for Minimal Responsiveness: *Eligibility Questionnaire out of date, with 2 unanswered Board of Directors questions and note that relatives of staff can serve on the Board. Application is complete and meets expectations. Notes the value of virtual services, during and beyond pandemic, as they engaged more people.*

Priority: Systems of Care for Children, Youth, Families: Yes – program aligns with selected priority.

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? Yes.

Highlights from the submitted CLC Plan: *CN has a policy in place that allows staff to observe a religious holiday of their choice in place of another holiday. All staff members are participating in the United Way 21-week Equity Challenge supplemented with ongoing weekly discussion. CN Advisory Committee, with community members and families that provide feedback about services, meets twice per year. The CLC Plan has been reviewed with board members and they have individually signed off as approval. The plan is also available for review on the board page for ongoing review and reference. Management continues to reference the plan and respond where needs arise related to issues and trends in both supervision and programming.*

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY2021? Yes.

Highlights from the submitted CLC Progress Report: *CN has begun using an online survey form to receive further digital feedback from families in real time. This has allowed for ongoing shaping of services to meet the needs of families and the greater community. Parent's goals and hopes for child's behavioral, developmental, and social emotional progress at home are assessed and worked towards while in services. Staff have continued to be supported with a trauma informed approach to flexible scheduling and use of personal or sick leave for family needs. This has been more apparent than ever during the difficult year we have experienced and the needed response in support of staff's mental and physical health. CN had to think outside of the box and partnered with agencies such as CU Early to communicate with families with Spanish as their first language.*

Overarching Decision Support Criteria

Underserved/Underrepresented Populations and Countywide Access: *Yes - outreach is described in Access sections, with emphasis on serving people where they are. Some effective in-person methods were suspended or reduced due to COVID restriction, impacting the program's reach and some services (e.g., respite.)*

Inclusion and Anti-Stigma: *Focuses on building relationship, from parent to child, home visitor to parent and among the community of parents themselves. Promotes program inclusion with regularly scheduled visits and follow ups, access to groups in the communities where families reside. Relationship is the key to reducing stigma and building trust in a way that promotes inclusion and allows space for families to begin understanding their own needs. Providing awareness where families are (community centers, food pantries WIC) so they can access a system of support in familiar places.*

Outcomes: *(One assessment tool could not be used during pandemic restrictions.) Generally, this outcome assessment plan incorporates a variety of perspectives and utilizes multiple evidence-based measures. The program's outcome measurement would be enhanced by a) directly linking outcomes with assessment measures/plans (using the same number for related outcomes, tools, and plans) and b) clarifying the meaning of Outcome 1 and Outcome 4. Additionally, the program would likely benefit from working with the consultation bank to confirm that anticipated outcomes conceptually and logically relate to the associated measurement strategy(ies), and to look for potential parsimony in outcome measurement tools to limit the data collection and analysis burden on Crisis Nursery staff and clients.*

Coordinated System: *Sistering CU offers hands on, practical and emotional support to parents of newborns free of charge; home visiting and emotional support with a volunteer offers parents the ability to have support with household tasks, an open ear for listening, or time to hold the baby while the family cares for themselves. Beyond Blue is similar in*

that home visiting support services are offered within this same period but with a more therapeutic level of services for parents in need of extra support due to an identified/increased risk for perinatal depression. Staff have specialized training, development and supervision with use of the Mothers and Babies curriculum. Program partners with Sistering CU for concrete assistance in the home and with the baby, making referrals for mothers who need said support to address more benign day to day tasks, contributing to a healthy baby and mother through support of a trusted individual in the home. Collaborates with CC Home Visiting Consortium towards the educational, developmental and health needs of a child.

Budget and Program Connectedness: *The Budget Narrative includes detail on other anticipated sources of revenue (including two major fundraising events), what is to be charged to each expense line (and some not charged to this contract but of interest), and duties/relationship of personnel to this program (including amounts of salary to be charged to this contract). There are slight mismatches in revenues reported here and in the Revenue Form (see above).*

Approach/Methods/Innovation:

PCI groups, aligned with PIWI Philosophy: http://csefel.vanderbilt.edu/resources/training_piwi.html
https://journals.lww.com/ijournal/Citation/2001/14010/PIWI_Enhancing_Parent_Child_Interaction_as_a.7.aspx
Evidence-based perinatal depression screen: <http://perinatology.com/calculators/Edinburgh%20Depression%20Scale.htm>
ASQ and ASQ-SE: <https://agesandstages.com/free-resources/articles/using-asq-3-and-asqse-2-together/>
Baby TALK model, parents as the expert in decisions related to the care of their child - <http://www.babytalk.org/>
Mothers and Babies toolkit <https://www.mothersandbabiesprogram.org/providers-interventionists/> for perinatal depression prevention/intervention throughout the program: easy for providers to use and mothers to understand; designed to assist mothers in focusing in on 3 key areas, along with changes in their mood; based on cognitive behavioral therapy, attachment theory, and psychoeducation; delivered by a variety of community based providers through building relationships and talking with mothers to assist in engagement with their babies. These strategies used in group setting, assisting mothers in learning to observe their thoughts and become more mindful of their mood, emotions, body and behavior, to help break down barriers of isolation caused by PPD and COVID.

Evidence of Collaboration: member of the Champaign County Home Visiting Consortium along with G.R.E.A.T. Start at CUPHD, Head Start/Early Head Start, CU Early – Urbana Champaign School Districts, Healthy Start at The Baby Fold, Parent Wonders at DSC, Children’s Home & Aid Healthy Families and Doula program, and Carle’s Healthy Beginnings and Family Foundation programs.

Additional written agreements with: Continuum of Service Providers to the Homeless, American Legion Auxiliary Unit 24, Carle Health - Community Health Initiatives, Center for Youth & Family Solutions, CCRPC, Regional Office of Education, Champaign Park District, CUPHD, Child Care Resource Service, City of Champaign, City of Urbana, Community Service Center of Northern CC, Courage Connection, C-U at Home, Cunningham Children’s Home, Cunningham Township, DSC, Eastern Illinois Foodbank, Greater Community AIDS Project, Habitat for Humanity, Hope Center of Vineyard Church, Housing Authority of CC, Land of Lincoln Legal Aid, OSF Community Resource Center, Pavilion, Rosecrance, Salvation Army, United Way, University of Illinois, School of Social Work, UP Center, Village of Rantoul, Crisis Nursery Coalition of Illinois, DHS, RACES, and Family Advocacy Center.

Staff Credentials: Executive Director: Ed.M., MSW, LCSW, 27 years in administration and social services (13 years with the agency). Director of Programming: MS in Family and Consumer Sciences, concentration in Family Studies and Human Development, and 7 years of experience directly related to abuse prevention services (5 with the agency).

Family Specialists: Bachelor's or Master's degree in education, social services, or related, and experience working with parents and children under 1 year of age. One Family Specialist anticipates completing her LCSW in Summer 2021.

Resource Leveraging: *While not used as match for another funding source, CCMHB is to be 40% of total program revenue, the same rate as for at least 4 years; other support helps stabilize this innovative program. It's not clear that agency has capacity to bill insurance or receive private pay from those with the means to pay.* **Other Pay Sources:** free for Champaign County residents. Funds from donations and annual events support the additional program expenses. No other current sources of funding to support the program. However, Crisis Nursery is always seeking out new grant and donor opportunities to continue to grow programming for families in our community. **Client Fees No Sliding Scale No**

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2022 contract:

- Revise budget forms to match. Consider a two-year term.
- Revise Eligibility Questionnaire prior to next application cycle.

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCMHB Executive Director in writing if there are factual errors which should be corrected prior to completion of award process.

Recommendation: Pending

DRAFT PY2022 MHB Program Summary

Agency: DREAM House

Program: Dream Big!

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2022 CCMHB Funding Request: \$100,000

Focus of Application: Mental Health

Type of Contract: Grant

Priority: System of Care for Children, Youth, and Families

Services and People Served

Target Population:

Boys aged 5-13, secondary focus on female siblings (as of summer 2020), who are experiencing and/or at risk of developing behavioral challenges with a moderate to high risk of system involvement, or who have an incarcerated parent. Parents/caregivers of children 5-13 experiencing and/or at-risk of developing challenging behavior and/or with a mental health disorder, or those who are living with chronic stress and low emotional and social support.

Staff Comment: continues from PY20/PY21 application, adding girls to the program; parent/caregiver focus seems even more relevant in light of the pandemic impacts. Initially 5 and 6 year olds were supported through United Way funding.

Scope, Location, and Frequency of Services: expansion of the existing Dream Big! youth development program funded by CCMHB and others to provide a three tiered, evidence-based system of services that are accessible, coordinated, and person-centered, to focus on violence prevention, behavioral health, mentoring, and wraparound services:

- Tier 1 – Universal Services: all program participants will receive two or more Universal Services: violence prevention programming, conflict resolution activities, targeted social emotional (SE) learning interventions, restorative practices, group-based psychotherapy (chronic stress, nutrition, etc.). Offered during youth and family programming. In partnership with other organizations, staff will develop and implement these ongoing supports.
- Tier 2 – Targeted Mentoring Intervention: designed to engage 25 young boys with moderate to severe behavioral challenges across two or more settings in one on one, targeted mentoring services to build behavioral health and self-regulation. Black and Latinx male mentors will be equipped to develop skill sets to effectively mentor young boys and develop pathways to trauma healing, cultural resilience, and self-regulation
- Tier 3 – Intensive Wraparound Services: serving 5-7 families with high fidelity, intensive wraparound services to address mental health needs. Dream Big! will work with families to create a goal-focused wraparound team and provide outcome-driven support to increase family resiliency. The wraparound model based on the National Center for Innovation & Excellence will be used. Expanded services will include culturally relevant assessment and treatment, effective parenting, school advocacy, case management, and trauma-informed care. This tier will contract with trained wraparound facilitators and increase capacity of wraparound services in Champaign County.

Services will occur at the Dream Big! locations at University Place Church, 403 South Wright Street, Champaign and Broadmeadow Elementary School, 500 Sunview Road, Rantoul. Locations for mentoring and wraparound may include homes of families, schools, First United Methodist Church (Rantoul), parks, libraries, community centers, and gyms.

Services will occur on a regular basis, at least daily during after school and school hours, Saturdays, and evenings.

Staff Comment: revised from current/previous years, introducing tiers as levels of intensity with appropriate support.

Access to Services for Rural Residents: expanding and becoming sustainable in Rantoul through 21st Century Learning Community Center grant. There continues to be an opportunity to serve residents in rural areas through visibility in Rantoul and surrounding. Agency will examine strategies to engage/serve residents of rural areas outside of Champaign and Rantoul, values serving residents in their community and neighborhood, in their local schools, churches, and parks.

Access to Services for Members of Underserved or Underrepresented Minority Populations: expanded program will continue to serve children and their families from underserved and underrepresented minority populations. Participant population is culturally and racially diverse with a vast majority identifying as African American. Will use system of care principles to ensure services are family-driven and youth-centered. System of care principles such as trauma-informed and family driven are valued in the program culture and drive our engagement approach. Will develop outreach materials and strategies to engage with target populations and to recruit mentors using cultural and linguistic tools and training. Agency

will continue to participate in a trauma-informed care assessment to strengthen how its programs engage and serve people. Program participants will be served in community spaces, including schools and churches, encouraging them to build the essential life skill of adaptability and to better understand the resources that exist in their community.

Staff Comment: as in PY20/PY21, the program attempts to reach Rantoul residents. Previously this was through summer and Saturday programming; other funding may expand this impact.

Residency of 80 People Served in PY2020 and 74 in the first half of PY2021

<u>Champaign</u>	35 (43.8%) for PY20	49 (66.2%) for PY21
<u>Urbana</u>	34 (42.5%) for PY20	16 (21.6%) for PY21
<u>Rantoul</u>	8 (10.0%) for PY20	7 (9.5%) for PY21
<u>Mahomet</u>	0 for PY20	0 for PY21
<u>Other Champaign County</u>	3 (3.8%) for PY20	2 (2.7%) for PY21

Demographics of 80 People Served in PY2020

<u>Age</u>	
Ages 0-6 -----	20 (25.0%)
Ages 7-12 -----	60 (75.0%)
<u>Race</u>	
Black / AA -----	63 (78.8%)
Other (incl. Native American and Bi-racial) -	17 (21.3%)
<u>Gender</u>	
Male -----	77 (96.3%)
Female -----	3 (3.8%)
<u>Ethnicity</u>	
Of Hispanic or Latino/a origin -----	6 (7.5%)
Not of Hispanic or Latino/a Origin -----	74 (92.5%)

Program Performance Measures

CONSUMER ACCESS: children ages 5-13 with challenging behavior, history of suspensions or discipline referrals, or suspected ADHD indicators; low literacy; lack of positive male role models; with an incarcerated parent or living in a single-family household; and parents of participants living with chronic stress and low emotional and social support. Eligibility is determined using: Strength & Difficulties Questionnaire (to screen for challenging behavior) completed by parent and teacher - cut-off score of above 2 for behavioral difficulties and difficulties getting along with other children, above 5 for hyperactivity, and above 3 for emotional distress; self-report of parental incarceration; parent participation in interview to discuss family’s needs and have voice in service planning. For Tier 3 services, parents will complete the Adverse Childhood Experiences questionnaire and the Duke Emotional and Social Function scale. A trauma screening for children and parents will be conducted.

Dream Big! accepts most referrals during May and August. Program participants learn about the program through: school personnel; newspaper articles, TV, social media, etc.; community networks (parent referrals, word of mouth); outreach events in Champaign, Urbana, and Rantoul; service provider meetings to recruit and share information about services; social media (by staff and parents) to promote open enrollment and services. Parents will help reach a wider audience by advocating for the program and recruiting from their networks.

Within 5 days from referral, 85% of those referred will be assessed.

Within 5 days of assessment, 100% of those assessed will engage in services.

People will engage in services, on average, for: one year. Outcomes indicate participants have engaged for 3+ years.

Additional Demographic Data: Income; System involvement (special education, mental health, foster care); Incarcerated parent status; and Family size.

Staff Comment: this section maintains the previous application's thoroughness and specific targets.

CONSUMER OUTCOMES:

1. Increase in mental health coping skills.
2. Increase in ability to identify and apply anti-violence strategies in school and in the community.
3. Increase in emotional literacy.
4. Increase in self-regulation.

5. Decrease in stress levels among parents.
6. Increase natural, emotional and social supports among parents.

Measured by:

1. Increase in mentoring services:
Number of mentors recruited; Number of mentees; Amount of training hours; Number of mentoring sessions.
2. Increase in conflict resolution skills and Developmental Assets:
Strengths and Difficulties Questionnaire provided by teacher, staff, and parent; pre and post Developmental Asset scale; Observation data and case notes.
3. Increase in ability to identify and apply anti-violence strategies in school and in the community:
Focus groups; Teacher survey; Discipline data.
4. Increase in emotional literacy: Survey; Observation data; Case studies.
5. Increase in self-regulation: Observation data.
6. Decrease in stress levels among parents: Self-reports will be used and parent focus group.
7. Increase emotional and social supports among parents:
Duke Social and Emotional Support scale collected from parents; # of natural supports on wraparound teams.

Outcome gathered from all participants? Yes

Anticipate 110 total participants for the year.

Will collect outcome information: pre, mid and post during enrollment and at the end of the program year.

Is there a target or benchmark level for program services? No

Estimated level of change for this outcome: 85% of youth will increase in emotional literacy, social emotional skills, and Developmental Assets. 85% of parents will increase 2 points on the Duke Social and Emotional Support Scale.

Staff Comments: some outcomes have been reworked and some new this year. The # of anticipated participants is increased from 65, and there is an additional outcome collection at mid-year. As before, the section is well done.

UTILIZATION:

Treatment Plan Clients (TPCs): 115 participants enrolled in at least one service during the program year. Parents are included in this category and will receive services along with youth TPC.

Non-Treatment Plan Clients (NTPCs): 100 parents, caregivers, mentors, natural supports on wraparound teams, and other youth served.

Service Contacts (SCs): 450 service activities (violence prevention, SE learning, mentoring, intervention sessions) screenings, school advocacy, parent workshops, support groups, parent coaching sessions, and family engagement events.

Community Service Events (CSEs): 25 outreach events, community presentations, volunteer recruitment opportunities.

Other: 0 *Also in this section, comments about funding and impact over previous years:*

The DREAM organization has secured several grants to sustain an evidence-informed pipeline program called Dream Big! The purpose of this program is to increase positive educational and behavioral outcomes for marginalized boys and young men. CCMHB funding played a vital role in funding this effort and supported the implementation and evaluation of the Dream Big! Program. The DREAM family appreciates the CCMHB investment in the lives of DREAMers, families, staff, volunteers, and other stakeholders. Many lives have been changed. Due to a commitment to system of care, DREAM was awarded two major grants in late 2020. First, the Illinois COVID-19 Relief Fund (ICRF) grant has provided pilot services to shape this proposed FY22 CCMHB grant application. ICRF monies will cover the expenses to train wraparound facilitators, supplies for wraparound teams, and mentor training costs. Second, DREAM was awarded a 21st Century Learning Community Center grant to expand youth development programming in Champaign and Rantoul. Thus, this CCMHB FY22 application can move beyond youth programming to further expand and prioritize services to directly address mental health and violence prevention. With over 250 shootings last year, this is a preventative call to action to support community goals to reduce gun violence.

Staff Comment: In PY20, the program exceeded targets of 65 TPCs, 100 NTPCs, and 25 CSEs and came close to 215 SCs. For PY21, the program is on track to meet the continued target of 65 TPCs and adjusted targets of 50 NTPCs, 175 SCs, and 10 CSEs. The proposed expansion warrants increases in all targets as above. NTPC and SC categories have been redefined to align with the new scope of services.

Financial Analysis

PY2022 CCMHB Funding Request: \$100,000

PY2022 Total Program Budget: \$250,000

Proposed Change in Funding - PY2021 to PY2022 = 25%

DREAM House - DREAM Big!



Current Year Funding (PY2021): \$80,000

CCMHB request is for 40% of total program revenue. Other revenue: Contributions \$40,000 (16%); IL State Board of Education \$50,000 (20%); Champaign Unit #4 Grant \$15,000 (6%); Rantoul City Schools Grant \$6,250 (3%); City of Champaign Grant \$15,000 (6%); and IL Department of Human Services Grant \$23,750 (10%).

Expenses: Personnel related costs of \$95,620 are the primary expense at 96% of the request. Other expenses are Consumables \$3,000 (3%) and Equipment Purchases \$1,380 (1%).

Staff Comment: Audit expense is not charged to the program, though \$35k is charged to total program for Professional Fees, the appropriate line for this expense.

Total Agency Budget shows a Surplus of \$264,602. Total Program and CCMHB Budget is BALANCED.

Staff Comment: the agency surplus is larger than the requested funding, suggesting the grant is not necessary for implementation of the program. Asked about this, the Director explained, "When I completed the application, I was not fully certain of summer program plans, due to COVID-19 limitations and space availability. The surplus was set aside for summer operations, program growth/expansion, and other unknown expenses. All summer and 2021-22 school year plans have been confirmed with schools and partners. DREAAM is on target to serve and engage with 400 children and youth and their families this summer in programs across the county. As a result, the FY22 surplus no longer exists."

Program Staff to be funded by CCMHB: 0 Indirect and 2.00 Direct = 2.00 FTEs Total CCMHB

Total Program Staff: 0 Indirect and 3.00 Direct = 3.00 FTEs Total Program.

Staff Comment: although he oversees all programs, no portion of the Executive Director's salary is charged to this program or contract, no portion of the Operations Director's; half of the full-time Achievement Coach, Program Manager, and Operations Coordinator's salaries are to be charged, along with all of the part-time SE Educator. Similar errors in the previous/current contract were not revised and cause problems in the quarterly reports.

Audit Findings: DREAAM requested an audit extension to 11/20/20, but failed to meet the extended deadline, submitting their audit on 3/16/2021. Financial statements are prepared in accordance with the Modified Cash Basis of Accounting, which is a basis of accounting other than accounting principles generally accepted in the US. Additionally, the financial review revealed material weakness regarding segregation of duties related to the organization's accounting procedures and processes. During PY21, the agency has completed the conversion to accrual accounting and is working with MHB staff to clarify other issues, some specific to changes in PY21 program and costs.

Priorities and Decision Support Criteria

Expectations for Minimal Responsiveness: Organization Eligibility Questionnaire is out of date. Application is complete, meeting expectations and clarifying that some services cannot be delivered during pandemic restrictions.

Priority: Systems of Care for Children, Youth, Families: Yes – the proposed program aligns with selected priority and identifies SOC values and collaborations.

Agency Cultural and Linguistic Competence Plan

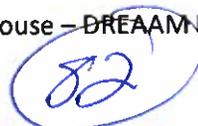
Does the agency CLC Plan include required benchmarks and National CLAS Standards? The benchmarks are not specific actions, but they are matched with the National CLAS Standards.

Highlights from the submitted CLC Plan: Staff will receive 8 hours of CLC training annually. The CLC Plan submitted had very broad actions that should be narrowed down to attainable actions steps that will meet the goals.

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY2021? Yes.

Highlights from the submitted CLC Progress Report: When DREAAM opened remote learning centers, they implemented and strengthened communication systems with parents. The use of Zoom to engage and for parent meetings have been useful and increased parent participation. Also provided tech support to parents and DREAAMers to better participate in remote learning. Communication procedures are being drafted to define communication and language assistance. Building off the training in October, Program Managers are currently receiving weekly observations, coaching, and professional development from trained social workers. The goal is to strengthen program leaders' knowledge of, and skill set in cultural competence and behavioral supports.

Overarching Decision Support Criteria



Underserved/Underrepresented Populations and Countywide Access: *Access sections describe plans to develop strategies for greater rural reach and implementation of System of Care principles to engage members of historically underinvested groups, recognizing SOC as shared values. Some progress in rural through the 21st Century grant.*

Inclusion and Anti-Stigma: On behalf of the target population, Dream Big! can become a platform to increase investment in the lives of marginalized youth, can create counter narratives of marginalized children's strengths, and can reduce disparities they face in school and community settings. These efforts will challenge deficit beliefs and over time increase inclusion and reduce discrimination across settings. As a community, stakeholders begin to see future possibilities of a non-violent community, which can reduce the stigma related to living in high-crime and high-poverty neighborhoods. Dream Big! services are aimed at cultivating mental health, academic excellence and positive citizenship. At the early intervention stage, youth can learn the importance of being a positive member of a community, importance of academic achievement, effective communication, behavioral health, and building shared goals. To this end, we are preparing youth to function in society as non-violent, young leaders.

Outcomes: *a well-reasoned, thorough outcomes assessment plan. This program may benefit from identifying a few of the most relevant outcomes and focusing on those, which avoids some potential conceptual redundancy and decreases the burden on DREAAM staff for data tracking, input, and analysis.*

Coordinated System: Don Moyer Boys & Girls Club and Urbana Neighborhood Connections Center offer youth development programming, and Cunningham's Families Stronger Together (FST) offers wraparound services. The proposed expansion will provide and prioritize direct violence prevention and evidence-based mentoring to young boys with or at-risk of having behavioral challenges - not available through another organization - to build community capacity to expand violence prevention and evidenced-based mentoring among young boys. Will coordinate with related providers to share training, universal services, and refer children and families, continue to refer youth to Don Moyers CU Change, and partner to meet the needs of Dream Big! participants and families. DREAAM currently partners with FST to support shared clients and will coordinate mental health services and supports for youth and families through proposed program.

Budget and Program Connectedness: *The budget narrative describes all revenue sources for the total agency but does not match the Revenue Form, with a different amount of Fundraising and no amount for Southwest Organizing Project grant. Includes \$105,000 in-kind support (\$25,000 for total program) which might not be accounted for in the Expense form. Each expense line is described, along with 4 staff positions and their responsibilities to the program. Additional comments detail steps the agency has taken to strengthen its financial management and reporting for 2021 and beyond.*

Approach/Methods/Innovation:

"Mentoring for Black Male Youth: A Systematic Review of the Research" reported that a cross-sectional study of African American male adolescents revealed that, controlling for age, the presence of natural mentors predicted a lower likelihood of ever using alcohol and protected participants from violence involvement and witnessing violence" (Sánchez, 2018).

Partnering with University of Illinois to pilot in Champaign the National CARES Mentoring Program, a model for alleviating intergenerational poverty and trauma among African Americans. <https://caresmentoring.org/>

Developmentally Appropriate Curriculum and Instruction - art-based education, hands-on learning, trauma-informed strategies - evidence-informed Freedom School model. <https://www.childrensdefense.org/programs/cdf-freedom-schools/>

Wraparound Certification: National Center for Innovation & Excellence <https://ncfie.org/our-expertise/wraparound/>

Evidence of Collaboration: Champaign Unit 4 School District, Rantoul City Schools #137, Rantoul Township High School District 193, Prairielands Council of Boy Scout of America, School of Social Work, University of Illinois, Banks, Bridgewater, Lewis Fine Arts Academy, 4H, University of Illinois, and The Well Experience.

Staff Credentials: Executive Director: training and extensive experience in system of care delivery, trauma-informed care, and cultural competency; 20 years of experience in community-based programming across educational settings, in social service organizations, and in the field of grant management (local, state, and federal).

Program Manager: 10 years of experience in youth development and program management, providing youth services while understanding the importance of high-quality services and program outcomes.

SE Educator: a licensed School SW at Wiley Elementary; longtime community resident; vast knowledge of evidence- and practice-based behavioral interventions, mental health, and wraparound services.

All proposed program staff have received professional development in positive youth development, trauma, cultural and linguistic competence, understanding and address challenging behavior, and effective youth engagement strategies.

Resource Leveraging: - *While it does not appear that this grant would be used as match for another, details on how previous year funding has been used to leverage other revenue is provided in the UTILIZATION category definition for "Other" (see above).* **Other Pay Sources:** N/A **Client Fees** No **Sliding Scale** No

Process Considerations and Caveats

DREAAM House – DREAAM Big!

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2022 contract:

- *Agency is working with CCMHB staff to revise forms and clarify progress, a mid-PY21 change from staff to contractors, and expenses related to COVID safety. These should be resolved prior to a new contract.*
- *Revise personnel form, where a title and name are switched; resolve the issue of apparent large budget surplus.*
- *Revise all financial forms to correct errors and to account for what appeared as a surplus (see above). With revised budget forms, we will have a better understanding of what is being requested.*
- *Total contract maximum should be pro-rated as vacancies (the 4 proposed new positions) are filled for the program.*
- *Revise Eligibility Questionnaire prior to next application.*

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCMHB Executive Director in writing if there are factual errors which should be corrected prior to completion of award process.

Recommendation: Pending

DRAFT PY2022 MHB Program Summary

Agency: Developmental Services Center

Program: Family Development

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2022 CCMHB Funding Request: \$596,522

Focus of Application: I/DD (Young Children and their Families)

Type of Contract: Grant

Priority: Collaboration with the CCDDDB (Young Children and their Families)

Services and People Served

Target Population: children birth to five years, with/at risk of developmental disabilities, and their families.

Birth to age three years, developmental screenings aide in early identification. If screening indicates a developmental concern, children are then referred for further evaluation. Eligibility for state-funded services: under 3, with a 30% delay in one or more developmental areas, and/or an identified qualifying disability. These and enhanced services are provided for children up to age 5 and with risk but ineligible for state funding through the early intervention (EI) system. While many children are at-risk for developmental delays, waiting lists for EI due to shortage of qualified therapists. FD maximizes state funds to eligible children. State reimbursement for EI is 15% of budget; local funding at 85% allows children and families uninterrupted, comprehensive services, optimizing the potential for success.

Scope, Location, and Frequency of Services:

Scope: responds to the needs of young children and their families with culturally responsive, innovative, evidence-based services that fill gaps left by insufficient state reimbursement and strict eligibility criteria. Family-centered intervention maximizes the gifts and capacities of families to provide responsive intervention within familiar routines and environments. Comprehensive intervention services include Developmental Screening, Developmental Therapy, Speech Therapy, Comprehensive Evaluation, Developmental Play Groups, Parent Support Groups, Child Care Consultation, and PLAY Project. The pandemic forced a temporary suspension of services until technology/alternative modes of therapy were implemented. Frequent check ins, and contactless drop-off of essential supplies, activity bags, and items used for virtual home visits became the norm. Consultation, encouragement, and motivation have been delivered virtually. Home visits continue to be virtual and bridge the gap until the home program can conduct much needed therapies in person.

Location/Frequency: natural environments (home visits), critical in rural areas for those isolated from services, alleviates the transportation barrier to services. Screening occurs at childcare centers, community centers, rural public schools, and public events. Services vary from weekly to monthly, based on need. Currently, services are conducted virtually to stay connected to families and provide therapy sessions.

Staff Comment: Scope of services largely unchanged from PY2021. Program serves significant percentage of rural residents; staff travel to people in their preferred settings county-wide. Changes in service delivery related to COVID noted above. State funding/Medicaid is billed for children age birth –three deemed eligible for EI services.

Access to Services for Rural Residents: Home visiting program provides for FD staff to bring services to families, eliminating barriers that may be associated with rural access. Virtual options currently available support access to those in rural areas as well. The FD program screenings occur in the family home (natural environment), childcare centers, and community centers. Therapies occur in the child's home.

Access to Services for Members of Underserved or Underrepresented Minority Populations: collaboration with rural public schools, childcare centers, churches, food pantries, and health centers to link families to services and fill gaps in services due to limited state funding. Outreach efforts and collaboration builds access for children from underrepresented groups. Staff maintain relationships with agencies serving underrepresented groups, including Rantoul Multicultural Community Center, CUPHD, DCFS, Center for Youth and Family Solutions Intact Families program, ISBE Prevention Initiative Programs, Urbana Early Childhood, and Carle Hospital. Expanded outreach efforts include letters to community representatives/stakeholders not previously engaged; wider participation in community groups/forums and inviting representatives to program meetings as guest speakers; and focus attention on underserved/underrepresented populations. CCMHB funds allow enhanced access to rural populations, with regular ongoing services in 22 different towns/villages.

Residency	724 in PY2020	651 in PY2021 (first two quarters)
<u>Champaign</u>	293 (40.5%) for PY20	251 (38.6%) for PY21
<u>Urbana</u>	132 (18.2%) for PY20	119 (18.3%) for PY21
<u>Rantoul</u>	99 (13.7%) for PY20	82 (12.6%) for PY21
<u>Mahomet</u>	50 (6.9%) for PY20	50 (7.7%) for PY21
<u>Other Champaign County</u>	150 (20.7%) for PY20	149 (22.9%) for PY21

Demographics of 724 People Served in PY2020

<u>Age</u>	
Ages 0-6 -----	724 (100.0%)
<u>Race</u>	
White -----	454 (62.7%)
Black / AA -----	156 (21.5%)
Asian / PI -----	38 (5.2%)
Other (incl. Native American and Bi-racial)-	76 (10.5%)
<u>Gender</u>	
Male -----	427 (59.0%)
Female -----	297 (41.0%)
<u>Ethnicity</u>	
Of Hispanic or Latino/a origin -----	96 (13.3%)
Not of Hispanic or Latino/a Origin -----	628 (86.7%)

Program Performance Measures

CONSUMER ACCESS: children with evidence of need for service based on assessment, at-risk for developmental disabilities or delays. This contract supports children who are “at-risk” but ineligible for state funded EI. Families learn about FD program services through local hospitals and health clinics, childcare centers, Crisis Nursery, local prevention initiative programs, other agencies, and outreach events, such as, Read Across America, disAbility Expo/events, the Mommy Baby Expo, and the Homeschool Fair. Our developmental screener participates in quarterly screening events offered at Urbana Early Childhood with the CU Home-Visiting Consortium. CFC make referrals to the FD therapists.

Of those seeking assistance or referred, 100% will receive services/support.

Within 7 days from referral, 100% of those referred will be assessed.

Within 7 days of assessment, 90% of those assessed will engage in services.

People will engage in services, on average, for: may be one-time screening or until age 5 within the therapy program.

Additional Demographic Data: language spoken, primary disability, and referral source.

CONSUMER OUTCOMES:

1: Families identify progress in child functioning in everyday life routines, play and interactions with others.

Measured by: quarterly file reviews will assess functional skills, play skills, and interactions as recorded on the home visit contact note. Family surveys mailed to some families at the end of the FY. Questions include parent perception of child’s functioning in everyday routines, play, and interactions with others. Parent input/feedback sought during home visits.

2: Children will progress in goals identified on their Individualized Family Service Plan (IFSP).

Measured by: initial and ongoing evaluation. IFSPs outline goals and strategies for services as well as outcome measures. Evaluation tools: Ages and Stages Questionnaire (ASQ), Battelle Developmental Inventory II, Infant Toddler Developmental Assessment, Preschool Language Scale, Rossetti Infant Toddler Language.

Outcome gathered from all participants? No, random sample chosen for review with the specific outcomes above.

Anticipate 655 total participants for the year.

Will collect outcome information Quarterly. Satisfaction surveys to random sample annually for outcome 2.

Is there a target or benchmark level for program services? Yes, past outcomes/results establish targets/benchmarks.

FY21 Measure: Families will identify progress in child functioning in everyday life routines, play and interactions with others. Target: 90%. Mid-Year Outcome: 100%. FY 22: Continue as written.

FY21 Measure: Children will make progress in goals identified by families on the IFSP. Target: 90%. Mid-Year Outcome: 100%. FY 22: Continue as written.

Estimated level of change for both outcomes is 90% of those reviewed: defined as any level of progress as perceived by the family or proven by an assessment.

UTILIZATION:

Treatment Plan Clients (TPCs): 655 children receiving FD program services, living in Champaign County.

Service Contacts (SCs): 200 developmental screenings.

Community Service Events (CSEs): 15 events to increase awareness.

Staff Comment: The program served 724 TPCs in PY20, exceeding their target (655) by 69 and is on target to exceed PY21 TPC target (655) as well, currently at 651. The program did not meet the proposed SCs in PY20 and is below target during the first two quarters of PY21. CSEs were exceeded in PY20 and greatly reduced for PY21, but the program has already surpassed the target of 4 CSEs during PY21. During PY21, Six Therapists average 46 home/virtual visits per month, approximately 275 visits monthly (including Play Project). One Developmental Screener averages 15 – 18 screenings per month. Two Credentialed Evaluators average 12 – 15 evaluations per month (3 – 4 hours per Evaluation).

Financial Analysis

PY22 CCMHB Funding Request: \$596,522

PY22 Total Program Budget: \$783,735

Proposed Change in Funding - PY21 to PY22 = 0%

Current Year Funding (PY21): \$596,522

CCMHB request is for 76% of total program revenue. Other revenue: United Way = \$47,500 (6%); (allocated reimbursement of training as) DHS FFS = \$4,561; Early Intervention Program Service Fees = \$135,000 (17%); and Other;

Expenses: Personnel related costs of \$481,466 are the primary expense charged to CCMHB at 81% of \$596,522. Other expenses are: Professional Fees/Consultants \$2,368; Consumables \$4,755 (1%); General Operating \$7,483 (1%); Occupancy \$34,409 (6%); Conferences/Staff Development \$3,569 (1%); Local Transportation \$17,405 (3%); Equipment Purchases \$223; Lease/Rental \$33,556 (6%); Membership Dues \$2,233; and Miscellaneous \$9,055 (2%).

Total Agency Budget shows a deficit of \$139,278, Total Program \$8,762, and Budget is BALANCED.

Program Staff to be funded by CCMHB: 1.38 Indirect and 6.84 Direct = 8.22 FTEs Total CCMHB.

Total Program Staff: 1.74 Indirect and 9.00 Direct = 10.74 FTEs Total Program.

Staff Comment: Funding primarily is for staffing. Request represents 76% of budget, some help from United Way and state funds. Personnel expenses reflect a 3% wage increase. Professional fees will pay for IT consultant, occupational therapy, speech/language pathology, psychological/social, and technology services. Miscellaneous expenses will include report filing fees, bank fees, advertising, and promotional items. Based on budget narrative, it is unclear what memberships will be paid by line 14 – Membership Dues. Audit expense not budgeted. In PY20, the program had \$1,348 excess (unspent) revenue, which was returned to the CCMHB.

Audit Findings: Audit in Compliance.

Priorities and Decision Support Criteria

Expectations for Minimal Responsiveness: Concerns identified in Organization Eligibility Questionnaire include relatives of staff allowed to serve on the Board of Directors and the questionnaire was out of date. All other sections were addressed appropriately.

Priority: Systems of Care for Children, Youth, Families: - while not selected, some alignment with this priority.

Priority: Collaboration with the CCDD/Services for Young Children and their Families: Yes. – program aligns with selected priority.

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? Yes

Highlights from the submitted CLC Plan: The Board of Directors has allocated training for all staff and all staff are required to review the CLC Plan upon hiring. DSC has formal partnerships with Illinois Self-Advocacy Alliance and St. Andrew's Lutheran Church the highlight their commitment to partner with organizations that are faith based and grass roots. A list of qualified interpreters will be maintained as a resource to ensure informed care. DSC also provides translation and interpretive services at no cost to the client. Board and Staff members review and sign the CLC Plan annually and there is a budget line item allocated for CLC training and support.

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY2021? Yes

Highlights from the submitted CLC Progress Report: *DSC Human Resource department provided support and incentives for preventing burn-out, compassion fatigue. To date some of the supports and incentives are as follows: food for DSPs during the pandemic; 12 days of Christmas; holiday contests; contest in lieu of fish fry; Target gift cards in lieu of holiday party; addition of 3-month and 1 year service awards/welcome swag bags. In progress. The Board will participate in a training and staff throughout the agency have reported attending trainings with topics on microaggressions, talking about racism with children, transgender identities, racism, and violence, and they participated in the United Way Equity Challenge.*

Overarching Decision Support Criteria

Underserved/Underrepresented Populations and Countywide Access: *See underserved/underrepresented above.*

Inclusion and Anti-Stigma: families shape decisions regarding the resulting outcomes and services, including the intensity, duration, and location of services. Access to culturally responsive services begins by building relationships with each family that honors diverse customs, viewpoints, and languages as assets. Cultural competence is a process of communication between families and providers with a goal of building cultural reciprocity – understanding and open-mindedness regarding diversity. This process is embedded within the initial referral process and assessment through intervention planning and implementation. FD staff partners with families to enhance self-sufficiency within their cultural and community foundations.

Outcomes: *Two measurable outcomes relate to a child's progress. Outcomes are measured by a survey completed by the family and screening/assessments commonly used by early childhood providers.*

Coordinated System: The Place for Children with Autism provides similar services, with an Applied Behavior Analysis (ABA) approach. We do consult, share information/resources and plan together for children/families we jointly serve. Program staff participates in Cradle to Career, the Local Area Network (LAN), the 0 to 3 Coordinating Council, Local Interagency Council (LIC), the Home-Visiting Consortium and the Rantoul Provider meetings.

Budget and Program Connectedness: *The Budget Narrative identifies sources of revenue (and how amounts were projected), what is included in each expense line, relationship of various personnel to this program, and how some expenses were calculated (Allocated Program Expense formula is reviewed by auditors annually.)*

Approach/Methods/Innovation: Services... shown to positively impact outcomes across developmental domains. The PLAY (Play and Language for Autistic Youngsters) Project, an evidence-based autism intervention devoted to helping parents develop a better connection with their child through play, and helping the child improve their language, development, behavior, and social skills. PLAY Project Consultant coaches families on methods, principles, and techniques to help deliver the intervention with their child throughout everyday interactions.

Evidence of Collaboration: Down Syndrome Network, Child and Family Connections, Multicultural Community Center Migrant/Seasonal Head Start, PLAY Project License Agreement, Unitarian Universalist Church in Urbana (playgroups), Champaign County Home-Visiting Consortium, Birth to 3 Coordinating Council, CU Public Health District.

Staff Credentials: developmental therapists, a speech therapist and a developmental screening coordinator. 5 with Master's and 1 with Bachelor's in relevant fields; 6 licensed and credentialed by the State of IL EI program; 2 developmental therapists trained/certified to provide PLAY Project; 1 a certified evaluator in ASQ Developmental tool.

Resource Leveraging: *current and proposed contract not used as match for other funding.* **Other Pay Sources:** United Way funding supports <1 FTE. State EI is billed when applicable. **Client Fees** No **Sliding Scale** No

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY22 contract:

- Offer a two year term.
- A new organizational eligibility questionnaire should be completed prior to next application cycle.

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCMHB Executive Director in writing if there are factual errors which should be corrected prior to completion of award process.

Recommendation: Pending

DRAFT PY2022 MHB Program Summary

Agency: Don Moyer Boys & Girls Club

Program: C-U CHANGE

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2022 CCMHB Funding Request: \$100,000

Focus of Application: Mental Health

Type of Contract: Grant

Priority: System of Care for Children, Youth, and Families

Services and People Served

Target Population: youth ages 11-17 (grades 7 to 12) in Champaign County, with one or more risk factor: reading one or more levels behind; in danger of or previously held back to repeat one or more academic years; attending an alternative school or with high level of truancy; involved or at-risk to of becoming involved in the juvenile justice system; involved in the DCFS system; or with negative emotional/behavior due to trauma. New students admitted as graduations occur or as open slots become available.

Staff Comment: reworked from PY20/PY21 (not 6th grade, revisions to risk factors) with continued focus on middle school and high school youth.

Scope, Location, and Frequency of Services: strength-based, intensive approach to support youth in navigating the school environment, deal with peer pressures and family engagement concerns, develop problem solving skills, and graduate from high school with a plan for the future:

- For TPCs (6-18 months), Youth/Families who have made a clear commitment to engaging in program services: intake, case management, quarterly Child and Adolescent Needs & Strengths/Family Assessment of Needs & Strengths (CANS/FANS) Assessments, intervention planning, progress reviews and family engagement activities.
- For NTPC (30-90 days), Youth/Families referred who are hesitant or resistant regarding program participation/engagement requirements or need more time to determine fit for placement.
- **School:** Staff check attendance, meeting with school social workers, counselors, teachers, school resource officers as well as, parent/guardians to complete case management, receive progress reviews and provide support in areas of improvement for each youth.
- **After School:** Programming at DMBGC and in local community (depending on residence) in areas of Improving Educational Performance, Life Skills Education and Intervention Techniques:
 - Improving Educational Performance - Homework Assistance (Power Hour) and Education & Career Goal Planning (diplomas2Degrees);
 - Life Skills Education - Coping & Risky Behavior Prevention (Positive Action), Character, Leadership & Positive Behavior Training for males (Passport to Manhood), Health, Fitness and Self-Esteem Enhancement for females (SMART Girls), Substance Abuse, Sexual Activity Prevention/Education (SMART Moves), Activities focused on Planning for the Future (CareerLaunch).

Intervention techniques during afterschool: family engagement activities and support groups, future planning, small group cohorts, crisis intervention and progress reviews

- **During the summer:** Youth will be engaged in activities to prevent involvement in the juvenile justice system: case management, academic enrichment, life skills development, field trips, employment support, etc.

Provided throughout Champaign County, to meet “those who need us most” in their environment (home, school, referral agency, etc.), to develop a plan for success. Most intervention techniques and core programs at DMBGC, activities held weekly, with positive action, field trips occurring off-site.

Staff Comment: features various levels of support and approaches to improve the consumers’ decision making and academic performance. While open to students across the county, PY20 and PY21 residency data show CU impact; pandemic restrictions may have been a factor but are not addressed in the application.

Access to Services for Rural Residents: majority of CU Change services are offered at the clients’ home, school, or an area in their immediate local community, with transportation provided for additional services (i.e., counseling, cohort groups, core programs) held at Don Moyer Boys & Girls Club, etc. Rural residents will be served in their community.

Don Moyer – CU Change



Access to Services for Members of Underserved or Underrepresented Minority Populations: will work with school districts, police departments, Youth Assessment Center, court services and juvenile probation, and community organizations to build awareness of the program. A major focus of the service will be to meet the needs of the youth and families in their respective schools, homes, and community environments. Community engagement events (fairs, workshops, etc.) as a mechanism for referrals. Awareness activities/events will be incorporated and held in areas where this population resides. Program staff will meet with families in their home when needed. Inclusive of all child serving systems, social agencies, family support organizations, faith-based organizations, civic/social groups and community-based entities that have a vested interest to improve the outcomes for youth and families. Majority of CU Change services are offered at clients' home, school, or an area in their immediate local community. Transportation will be provided for additional services (i.e., counseling services, cohort groups, core programs) held at Don Moyer Boys & Girls Club, etc.

Residency of 14 People Served in PY2020 and 10 in the first half of PY2021

<u>Champaign</u>	7 (50.0%) for PY20	7 (70.0%) for PY21
<u>Urbana</u>	3 (21.4%) for PY20	3 (30.0%) for PY21
<u>Rantoul</u>	2 (14.3%) for PY20	0 for PY21
<u>Mahomet</u>	0 for PY20	0 for PY21
<u>Other Champaign County</u>	2 (14.3%) for PY20	0 for PY21

Demographics of 14 People Served

<u>Age</u>	
Ages 7-12 -----	3 (21.4%)
Ages 13-18 -----	11 (78.6%)
<u>Race</u>	
White -----	2 (14.3%)
Black / AA -----	9 (64.3%)
Other (incl. Native American and Bi-racial) -	3 (21.4%)
<u>Gender</u>	
Male -----	5 (35.7%)
Female -----	9 (64.3%)
<u>Ethnicity</u>	
Not of Hispanic or Latino/a Origin -----	14 (100.0%)

Program Performance Measures

CONSUMER ACCESS: residents of Champaign County with limited financial resources to meet the cost of their care and having one or more of the identified risk factors and age 11-17 and/or Grades 7 to 12. CU Change will determine if a person meets criteria through: Step 1 - The Referral; Step 2 - The Family Contact and Conference; Step 3 - The Advisory Team Discussion; Step 4 - Intake and Orientation; Step 5 - Complete Participation Requirements of the Non-Treatment Plan Client Process (30-60 days); and Step 6 - Placement as Treatment Plan Client. Eligibility Criteria will be verified through: Verification of Address and needs via Referral & Intake Process; DMBGC Membership Application (collects income data); and Child and Adolescent Needs & Strengths/Family Assessment of Needs & Strengths (CANS/FANS) Assessment to access need for service. People learn about program via events (community fairs, workshops, presentations, school staff meetings, check-ins, etc.) and awareness activities/events held in areas where this population resides.

Within 5 days from referral, 95% of those referred will be assessed.

Within 7 days of assessment, 95% of those assessed will engage in services.

People will engage in services, on average, for: 6-18 months

Additional Demographic Data: Household Income, Household Type, Head of Household

Staff Comment: Criteria continue from previous years. The steps from referral to engagement have been adjusted, with addition of details for TPC and for NTPC (aligned with the scope of services description). NTPC engagement is less than two months. TPC engagement matches the average length of engagement (which is shorter than that identified in the PY20/PY21 application.) The Youth Assessment and Screening Instrument (YASI) is replaced by the CANS/FANS tools.

CONSUMER OUTCOMES:

1). 100% (50 of 50) of all youth enrolled in the program will participate in Project Learn, Positive Action, and SMART Leaders during their time in the program.

Don Moyer - CU Change

- 2). 100% (50 of 50) of all youth will be matched with a caring adult/mentor and meet with their caring adult/mentor at least once per week.
- 3). 70% (35 of 50) of all youth will participate in an average of one (1) service to community activity per month.
- 4). 70% (14 of 20) of all participants with school suspensions will show a decrease in school suspensions.
- 5). 60% (12 of 19) of all participants serving probation will show improved compliance with Probation & Court Services.
- 6). 70% (14 of 20) of all participants involved in the juvenile justice system will show decreased interaction with the juvenile justice system.
- 7). 80% (40 of 50) of all parent/guardians or caring adults will participate in at least one school progress meeting during each school year.
- 8). 80% (40 of 50) of all parent/guardians or caring adults will participate in trauma-based or family engagement activities (including "When Trauma Meets Home Sessions).
- 9). 70% (35 of 50) of all parent/guardians or caring adults will participate in quarterly progress reviews, planning sessions and family engagement activities.
- 10). 75% (38 of 50) of all participants will demonstrate improvement in school attendance and have no more than 6-7 unexcused absences per quarter.
- 11). 100% (50 of 50) of participants who complete the program will develop a documented plan for the future.

Measured by:

CANS/FANS to measure each youth's individual level of risk for delinquent conduct, key areas of programming or service need and protective factors or strengths which can be fostered to produce positive outcomes for youth and family.

- 1). Intensive Case Management, KidTrax Member Management System
- 2). Intensive Case Management
- 3). Intensive Case Management Case Management
- 4). CANS/FANS Assessment, Intensive Case Management, Progress Reports and Report Cards.
- 5). CANS/FANS Assessment, Case Management, School Districts and Champaign County Probation Services.
- 6). CANS/FANS Assessment, Case Management, School Districts and Champaign County Probation Services.
- 7). CANS/FANS Assessment and Intensive Case Management, Case Management-Parent Update Meetings, Client and Case Manager
- 8). Intensive Case Management, Parent Update Meetings
- 9). CANS/FANS Assessment and Intensive Case Management, Parent Update Meetings
- 10). Intensive Case Management, Progress Reports and Report Cards.
- 11). CANS/FANS Assessment and Intensive Case Management

Outcome gathered from all participants? Yes

Anticipate 50 total participants for the year.

Will collect outcome information: every six months.

Is there a target or benchmark level for program services? Yes. Youth admitted into the program will fully participate in the program for 36-48 months. At completion, the target/benchmark is for youth to exhibit one year of sustained improvement in individual/family risk factors, on-time grade promotion, and on track for high school graduation with a plan for the future. The sustained improvement will allow the youth to graduate from the CU Change program and serve as a peer mentor to other youth in the program.

Estimated level of change: 40 of 50 (80%) of participants exhibiting improvement in individual/family risk factors, on-time grade promotion, and on track for high school graduation with a plan for the future. Measured using CANS/FANS.

Staff Comment: the outcome measures have been reworked and the assessment tool changed (CANS/FANS replacing YASI), addressing multiple life domains. There is a mismatch, with 36-48 months engagement identified in this section compared to the average 6-18 months length of service listed above; unclear if either is incorrect.

UTILIZATION:

Treatment Plan Clients (TPCs): 50 (unduplicated) Youth/Families enrolled, who have made a clear commitment to engaging in program services. Includes intake, case management, quarterly CANS/FANS assessments, intervention planning, progress reviews, and family engagement activities.

Non-Treatment Plan Clients (NTPCs): 70 Youth/Families referred who are hesitant or resistant regarding program participation/engagement requirements or need more time to determine fit for placement.

Service Contacts (SCs): 1,000 case management sessions, counseling sessions. Unduplicated Participation in Programs (i.e., Positive Action, Passport to Manhood, SMART Girls, CareerLaunch, diplomas2Degrees, Power Hour, SMART Moves, etc.), Field Trips (i.e., college tours, team-building trips, family outings, etc.), and Mentor Meetings.

91

Community Service Events (CSEs): 144 case management sessions, family support sessions. Unduplicated Participation in Programs (i.e., Positive Action, Passport to Manhood, SMART Girls, CareerLaunch, diplomas2Degrees, Power Hour, SMART Moves, etc.), Field Trips (i.e., college tours, team-building trips, family outings, etc.), and Mentor Meetings. *Staff Comment: CSE definition repeats SC and typical use of this category. In PY20, program exceeded its target of 50 TPCs but fell short of the others. In PY21, on track for the same. Some PY22 targets have been adjusted slightly.*

Financial Analysis

PY2022 CCMHB Funding Request: \$100,000

PY2022 Total Program Budget: \$115,184

Proposed Change in Funding - PY2021 to PY2022 = 0%

Current Year Funding (PY2021): \$100,000

PY2021/PY2020/PY2019 requests and awards were for \$100,000.

CCMHB request is for 87% of total program revenue. Other revenue is from Contributions \$15,184 (13%).

Expenses: Personnel related costs of \$100,000 are the only expense to be charged to CCMHB, 100% of request.

Total Agency, Total Program, and CCMHB Budgets are BALANCED.

Program Staff to be funded by CCMHB: 0 Indirect + 2.15 Direct = 2.15 FTEs Total CCMHB = Total Program Staff.

Staff Comment: Audit expense not budgeted (typically found in Professional Fees).

Audit Findings: DMBGC requested an audit extension to 11/20/20 and submitted their audit prior to extended deadline.

Priorities and Decision Support Criteria

Expectations for Minimal Responsiveness: *Eligibility questionnaire is out of date, missing newer questions.*

Application is complete, meets expectations. The low utilization in PY20 and PY21 are presumably due to COVID-19 restrictions, but strategies for continuing services safely are not discussed; focus is on in-person efforts. During restrictions, phone and zoom calls were made, food boxes delivered, etc., including in rural areas; while not mentioned, these contacts have value and could be ongoing.

Priority: Systems of Care for Children, Youth, Families: Yes – *the proposed program aligns with selected priority.*

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? No.

Highlights from the submitted CLC Plan: *Staff will be provided a minimum of 8 hours per fiscal year for trauma-informed practice and diversity, equity, and inclusion training. Two to four opportunities will be provided as scheduled at Club youth/families' events to discuss services that were delivered. An annual satisfaction survey will be given to youth and families. DMBC will assess and review the policy for timely provision for communication and language assistance and will be reviewed by the CLC Committee.*

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY2021? Yes.

Highlights from the submitted CLC Progress Report: *Language and Communication assistance plan was reviewed and updated at December 9, 2020 Program & Facilities Committee Meeting. An Interpreter agreement with local school district aids in communication and language assistance.*

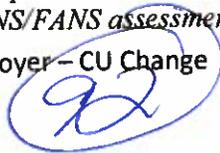
Overarching Decision Support Criteria

Underserved/Underrepresented Populations and Countywide Access: *Addressed in the Access sections. Remote services and outreach are not included. In spite of outreach efforts, there is low-no rural participation.*

Inclusion and Anti-Stigma: open to serve all youth and families in Champaign County. Referrals accepted from Juvenile Probation, Local School Districts, Youth Assessment Center, and other community organizations serving youth at risk. Staff will meet with families, in their home when needed. Inclusive of all child serving systems, social agencies, family support organizations, faith-based organizations, civic/social groups and community-based entities that have a vested interest to improve outcomes for youth and families, including those located in rural areas.

Outcomes: *The eleven outcomes have specific targets and strategies/tools for measuring each; many focus on the program's performance/staff activity, important to other systems. Some have value to the people served (linkage to adult mentors and increased attendance at school, post-secondary plans, participation on helpful activities); there could also be a focus on positive experience of the consumer and a simple readiness survey that measuring certain indicators across quality-of-life domains, coupled with their pre-post CANS/FANS assessments administered to clients.*

Don Moyer – CU Change



Coordinated System: Operation Hope (Unit 4 Schools) engages HS students in positive activities that support academic performance, healthy lifestyles and social skills, and positive adult/child relationships that empower students to envision themselves as productive members of the community... to ensure that students graduate with a post-secondary plan. C-U Goal Getters (Unit 4 Schools) is a support group that provides an opportunity for kids to make some money through community-service work and discuss potential careers and job opportunities. Families Stronger Together (Cunningham Children's Home) provides trauma-informed, culturally responsive, therapeutic services for families (of children at risk of entering or in the juvenile justice system.) DMBGC partners with each: each serves as a referral source; Operation Hope partners with CU Change in community engagement, community service events, promotes service offering together and plans college/educational trips together; Goal Getters works with CU Change with counseling and small group cohorts.

Budget and Program Connectedness: *The Budget Narrative provides detail on the few revenue sources and expenditure lines (including what is to be charged to total program and to CCMHB contract) and calculation of personnel costs. These match the other financial forms, with benefits charged to total program \$184 higher than to CCMHB contract.*

Approach/Methods/Innovation:

Program: Positive Action (evidence based) education program implemented in thousands of schools, community organizations, and other settings. Offering an extensive catalog of products, engages youth ages 4 to 18 in character development, social and emotional learning and academic improvement. <https://www.positiveaction.net/research/theory>

Program: Project Learn (promising practice) Registry: OJJDP's Model Programs Guide, <https://www.crimesolutions.gov/ProgramDetails.aspx?ID=266>

Program: SMART Leaders (promising practice) Registry: OJJDP's Model Programs Guide, <https://www.crimesolutions.gov/ProgramDetails.aspx?ID=297>

Program: Triple Play (promising practice) Registry: Promising Practices Network Programs that Work, <http://www.promisingpractices.net/programs.asp> and <https://www.crimesolutions.gov/ProgramDetails.aspx?ID=113>

Staff Comment: includes several citations, edited for space.

Evidence of Collaboration: Champaign Unit 4 Schools, Urbana 116 Schools, Rantoul City Schools #137, CC Juvenile Probation, Champaign Police Dept, Urbana Police Dept, Rantoul Police Dept, Youth Assessment Center, Regional Planning Commission, University of Illinois Social Work, Rosecrance, United Way, Center for Women in Transition, Courage Connection, Cunningham Children's Home, Mahomet Area Youth Club, Dreaam House, and Parkland College.

Staff Credentials: Teen Services Director: Bachelor's Degree in a youth development related field or four years' experience in counseling and/or social work; advanced degree preferred; must have understanding of the juvenile justice system; two or more years of experience managing a budget for a program and/or an organization; two or more years of experience supervising or managing staff in a human services delivery setting. **2 Case Managers:** Bachelor's Degree from an accredited college or university; advanced degree preferred; preferred majors/degrees include Social Work and Counseling; licensed social worker or counselor preferred; minimum one year experience working with at risk and/or gang involved youth; minimum 6 months experience with case management; understanding of the juvenile justice system.

Resource Leveraging: *With a small amount of Contributions allocated to the program, CCMHB is the majority funder; this grant is not used as match/leverage for other revenue.* **Other Pay Sources:** There are no fees or payments as a part of this service/support. **Client Fees** No **Sliding Scale** No

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2022 contract:

- *CLC Plan should be revised to include standards.*
- *Revise Program Plan to correct the CSE category definition.*
- *Include a simple measure of individual child/youth readiness, as above.*
- *Develop strategies to increase utilization, including when in-person services are not safe but children still benefit.*
- *Offer a two-year term.*
- *Eligibility questionnaire should be updated prior to next application cycle.*

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCMHB Executive Director in writing if there are factual errors which should be corrected prior to completion of award process.

Recommendation: Pending

DRAFT PY2022 MHB Program Summary

Agency: Don Moyer Boys & Girls Club

Program: CUNC

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2022 CCMHB Funding Request: \$110,000

Focus of Application: Mental Health

Type of Contract: Grant

Priority: System of Care for Children, Youth, and Families

Services and People Served

Target Population: Based on data and partner feedback:

- (a) Young adults, family members, and parents with young children/school age children who are being adversely impacted by structural violence, toxic stress, and trauma.
- (b) Community-level peer leaders & "natural helpers" who once trained will be available to provide culturally responsive, strength-based trauma sensitive, wellness, resiliency, mental health, and psych-educational interventions and supports.
- (c) Organizations/providers committed to further developing trauma informed practices, policies, and procedures to increase healthy outcomes for their clients and the community.

Staff Comment: similar to PY21 application, continues the focus on improved understanding of the impacts of trauma, also addressing the needs of those directly impacted.

Scope, Location, and Frequency of Services:

Activities at the individual, family, community, organizational and systems levels:

- Improving community and provider alignment with SAMHSA's trauma informed principles – realize, recognize, respond and avoid re-traumatizing individuals, staff, organizations & communities impacted by trauma;
- Improving the community's ability to effectively respond to those impacted by trauma through increased use of trauma informed assessments/ screens, and collaboration (co-hosting educational events, workshops, and training);
- Increasing the number of culturally responsive trained 'informal' helpers, responders, & trauma informed mental health supports (training, education, access to resources);
- Increasing the availability of community centric, culturally responsive and evidence-based practices to build resiliency, support those experiencing crisis and link people to formal and informal support;
- Work with natural helpers/peer supports to conduct an array of group-based interventions and supports like: Stress Less, GRITT, When Trauma Hits Home, Self Care workshops.

Education and Training:

- Working with volunteers, community partners, and our working group, CUTRI will host educational workshops, training, educational events, social media campaigns and provide technical assistance for organizations and groups to improve their capacity to understand trauma, trauma informed care, equity and justice informed practices.
- With the Illinois Police Training Institute, we will implement the GAINS Trauma Informed Policing training.
- To foster community transformation, CUTRI will engage with 3-4 organizations in a learning/change process through trauma informed, equity learning collaboratives. Organizations who participate will receive:
 1. Training on the basics of trauma, trauma informed care & resiliency for the entire organization;
 2. Baseline & ongoing assessment of an organization's readiness to be trauma informed & its adaptation of trauma informed practices/principles; and
 3. 6 months of trauma informed care implementation consultation

Assuming the COVID crisis will be abated, the majority of direct services & support for individuals/families will be provided within the targeted neighborhoods or locations chosen by the families, victims or survivors, including our office. Regular drop-in hours and group-based psycho-educational workshops will also occur, in person or virtually. If COVID protocols are still in order, we will meet virtually using HIPAA compliant platforms. Training & learning collaboratives at agency sites/locations. Community meetings & training at a variety of welcoming places in our community.

Staff Comment: specific services are underlined and remain in the context of the program's goals. While initially named CU Neighborhood Champions and CUNC now, this contract with DMBGC supports a portion of the work of a small non-profit referred to as CUTRI, or CU Trauma and Resiliency Initiative, which has evolved over years as part of the System of Care sustainability effort and through relevant collaboratives. Virtual services during pandemic.

Don Moyer - CUNC

94

Access to Services for Rural Residents: Data shows that incidents of community violence have primarily been centralized in Champaign, Urbana, & Rantoul. The larger CU TRI effort will provide education, advocacy & training activities for communities outside of CU. Rural residents are not part of our target population. However, with COVID our virtual events, groups, and trainings have allowed us to expand our reach.
Staff Comment: prior to PY21, reported residency showed no reach outside of CU.

Access to Services for Members of Underserved or Underrepresented Minority Populations: extremely successful at reaching our target population, with over 1/2 of referrals from word of mouth. Program also engages in targeted outreach to typically underserved populations by partnering with organizations that have strong community ties to host & participate in community events/health fairs and other outreach efforts; uses social media, targeted outreach on Facebook and Instagram; and has made presentations at schools, churches, and to community groups. The models we use are designed to reduce stigma around help-seeking behaviors, realizing & normalizing signs & symptoms of trauma, & increasing utilization & access to trauma informed services & supports when needed. We work directly with the community to respond to the needs constantly soliciting input. We partner with other grassroots groups and providers to ensure we are providing services and supports that meet their clients' needs/in a way that their clients can respond to. Individuals from underserved and underrepresented communities will be served in their neighborhood or community unless they identify alternative preferable locations. We will meet people wherever they are and wherever we are requested.

Residency of 96 People Served in PY2020 and of 79 in first half of PY2021

Champaign	26 (27.1%) for PY20	20 (25.3%) for PY21
Urbana	16 (16.7%) for PY20	6 (7.6%) for PY21
Rantoul	0 for PY20	1 (1.3%) for PY21
Mahomet	0 for PY20	0 for PY21
Other Champaign County	54 (56.3%) for PY20	52 (65.8%) for PY21

Demographics of 96 People Served in PY2020

Age	
Ages 0-6 -----	4 (4.2%)
Ages 7-12 -----	5 (5.2%)
Ages 13-18 -----	7 (7.3%)
Ages 19-59 -----	35 (36.5%)
Ages 60-75+ -----	5 (5.2%)
Not Available Qty -----	40 (41.7%)
Race	
White -----	4 (4.2%)
Black / AA -----	52 (54.2%)
Not Available Qty -----	40 (41.7%)
Gender	
Male -----	16 (16.7%)
Female -----	40 (41.7%)
Not Available Qty -----	40 (41.7%)
Ethnicity	
Not of Hispanic or Latino/a Origin -----	56 (58.3%)
Not Available Qty -----	40 (41.7%)

Program Performance Measures

CONSUMER ACCESS: Our approach is an 'opt in' one. Perception of need is another criterion. When participants wish to participate in targeted trauma focused or specific interventions, CUTRI does more selective screening--a brief adverse life events questionnaire and a wellness assessment. Educational opportunities are targeted but open to anyone who registers. Organizations apply to participate in learning collaboratives. We will anticipate that anyone who wishes to participate is eligible. People register for groups and training events. If they are aligned with our target populations and targeted community, we see them as eligible. Rarely, because of the complexity of needs or risks, working with us is not suitable until they are stabilized; we refer them to additional supports. People learn about the program through:

Don Moyer - CUNC

community partners informed of options via flyers, newsletters, listserv; direct recruitment to our audience via social media; hosting regular open events - book discussions, presentations, talks; word of mouth; and CUTRI Show on UPTV.

Within 2 days from referral, 90% of those referred will be assessed.

Within 5 days of assessment, 90% of those assessed will engage in services.

People will engage in services, on average, for: 12-15 weeks

Additional Demographic Data: (optional) family household data, current/former service involvement/use, & information about schools, household size, experiences of community violence, and how they heard about us/or who referred them.

CONSUMER OUTCOMES:

1. For Individuals and families participating in group-based services who complete our survey:
 - 75% will participate in more than one session of a skill building group;
 - 75% will refer or invite a friend/family member/colleague to participate;
 - 90% of participants will acquire increased understanding of trauma & adversity plus information about wellness & resiliency, acquiring skills they can use at home, school, or in the community.
2. Every group/workshop participant will receive a resource or linkage to other needed supports/services.
3. 75% of participants in a trauma group intervention for at least 4 weeks will report:
 - They felt supported & reconnected back to their community;
 - New useful coping skills/distress tolerance skills;
 - Will have identified a natural or a community resource;
 - That 100% will receive information about trauma, toxic stress, PTSD & will understand these things better;
 - 20 individuals for more intensive services and supports and everyone will receive at least 2 referrals to community-based services/resources/and/or supports.

Education & Training Initiatives:

1. 90% report that the training was helpful and useful.
2. 90% report acquiring skills they can use at home, school, and/or in the community.
3. 80% of those who complete the Psychological First Aid or Skills for Psychological Recovery feel equipped to use the skills acquired (to support someone who is experiencing emotional distress).

Learning Collaborative (LC):

1. 90% of those participating in the LC organizational assessment/training process report improvements in their understanding of trauma, having more tools to respond to people impacted by trauma, and are more able to avoid retraumatizing themselves and others.
2. All the organizations participating in the learning collaboratives identify a change plan with 2-3 targeted goals and clear implementation strategies & timelines.

Measured by:

Direct Service/Group Support

1. Referral data is collected via enrollment forms.
2. Trauma screenings and resilience assessments are collected before an intervention occurs or during the first week of a group/individual intervention.
3. We collect evaluations at the end of every session/intervention/group session (when possible).
4. Participants receiving a trauma informed intervention (individual or group) complete a pre-post KAB assessment.

Education, Training and Social Marketing Events

- Trauma Informed Organizational Assessment, based on Falloot & Harris's Creating Cultures of Trauma Informed Care Organizational Assessment to measure: an organization's knowledge about trauma/trauma informed care & cultural competency; use of trauma informed practices; and alignment & use of trauma informed practices related to domains of - safety, trustworthiness, collaboration, peer leadership/consumer voice, & empowerment.
- The trauma informed organizational assessments also help organizations reflect on how their policies, procedures & practice may traumatize or retraumatize their clients, staff, and the communities they serve.

Outcome gathered from all participants? No. We will not intentionally screen out people to provide outcome information. We simply know that because of confidentiality, concerns about safety, and also attrition some people will not complete assessment, screening, or other evaluation process. Similarly, some organizations may not be capable of participating in a baseline organizational assessment. *(text may be cut off by exceeding character limit)*

Anticipate 285 total participants for the year.

Will collect outcome information at the end of a group. Or in pre-post increments.

Don Moyer - CUNC

96

Is there a target or benchmark level for program services? Yes. From FY21, which we know was an unusual year. For group supports, looking at research from other programs with a similar design/aimed at a similar audience.
Estimated level of change: 75% of group participants will have improvements in resilience, wellness, and understanding.
Staff Comment: outcomes revised/refined from PY21, with measurable targets and appropriate assessment tools and strategies. Benchmarks were developed in spite of pandemic restrictions.

UTILIZATION:

Non-Treatment Plan Clients (NTPCs): 120 individuals who attend a psychoeducation, trauma informed intervention, or group-based supports (these will be groups that are more than just one session workshop).

Service Contacts (SCs): 150 Linkage & Referrals conversations to other programs/services and/or to answer questions about trauma, trauma specific services, and/or resiliency.

Community Service Events (CSEs): 127 - Trauma Specific/Resiliency Building Groups – (Stressless, GRITT, & When Trauma Hits Home) (9) For Youth (2), Young Adults (2), Essential Workers (2) and 2 for Moms/ 1 for Fathers); Wellness and Self Care Workshops (Essential Workers (9) & Caregivers/Parents (8); Targeted Community Directed informational/training sessions on trauma, resilience, and equity (20); Healing Solutions – Two 9 sessions (18); Monthly educational events, UPTV, radio show (18); Psychological First Aid & Skills for Psychological Recovery- (6 sessions); Monthly workshops for professionals (9 workshops); and Learning Collaborative Events (30).

Staff Comment: In PY20, the program exceeded all targets but TPC (37 vs 40). These were adjusted for PY21, including elimination of the TPC category, and are on track to be met. The proposed PY22 targets are adjusted again, with NTPC increased, SC and CSE decreased.

Financial Analysis

PY2022 CCMHB Funding Request: \$110,000

PY2022 Total Program Budget: \$138,260

Proposed Change in Funding - PY2021 to PY2022 = -0.2%

Current Year Funding (PY2021): \$110,195

CCMHB request is for 80% of total program revenue. Other revenue is from In-Kind Contributions \$28,260 (20%).
Staff Comment: Budget Narrative lists \$44,800 of CDBG Neighborhood grant and \$10,000 some donations, and while these are among total agency revenue sources, they do not appear in the total program revenue column of Revenue form.

Expenses: Personnel related costs of \$74,082 are the primary expense charged to CCMHB at 67% of \$110,000. Other expenses are: Professional Fees/Consultants \$13,800 (13%); Consumables \$2,500 (2%); General Operating \$3,318 (3%); Occupancy \$3,300 (3%); Conferences/Staff Development \$2,000 (2%); and Miscellaneous \$11,000 (10%).

Staff Comment: Professional fees will pay for Operations Management Consultant and stipends for Hear 4 You support workers. Miscellaneous expense is the DMBGC administrative fee, calculated as 10% of direct program costs. Audit expense is not specifically budgeted but is likely covered by this admin fee.

Total Agency Budget is BALANCED. Total Program shows a Deficit of \$53,800. CCMHB Budget is BALANCED.

Program Staff to be funded by CCMHB: 0 Indirect and 1.10 Direct = 1.10 FTEs Total CCMHB = Total Program Staff.

Audit Findings: DMBGC requested an audit extension to 11/20/20 and submitted their audit prior to extended deadline.

Priorities and Decision Support Criteria

Expectations for Minimal Responsiveness: Eligibility Questionnaire is out of date, missing older questions. The application is complete and meets expectations. Strategies used during pandemic restrictions may continue – virtual services worked well, but in-person connection is valuable for the target audience and will be restored as it becomes safe.

Priority: Systems of Care for Children, Youth, Families: Yes. – program aligns with selected priority.

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? No.

Highlights from the submitted CLC Plan: Staff will be provided a minimum of 8 hours per fiscal year for trauma-informed practice and diversity, equity, and inclusion training. Two to four opportunities will be provided as scheduled at Club youth/families' events to discuss services that were delivered. An annual satisfaction survey will be given to youth and families. DMBC will assess and review the policy for timely provision for communication and language assistance and will be reviewed by the CLC Committee.

Don Moyer - CUNC

97

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY2021? Yes.

Highlights from the submitted CLC Progress Report: *Language and Communication assistance plan was reviewed and updated at December 9, 2020 Program & Facilities Committee Meeting. An Interpreter agreement with local school district aids in communication and language assistance.*

Overarching Decision Support Criteria

Underserved/Underrepresented Populations and Countywide Access: *Outreach efforts are described in the Access sections. Due to focus on communities impacted by gun violence (CU and Rantoul), focus is not on rural residents, but the program's supports are open to all.*

Inclusion and Anti-Stigma: Trauma-informed care is a model for understanding and compassionately serving people who live with, or are affected by, the consequences of toxic stress, adversity, or trauma. It is inherently strength based, wellness oriented, holistic, and in normalizes stress responses. Trauma informed strategies are designed to advocate for services to be different, to meet the needs of individuals, families, and communities by advocating for policies, procedures and practices that are physically and emotionally safe, transparent, collaborative, prioritize the voices and choices of those being served (and their communities), are empowering, and are restorative. Trauma-informed practices are rooted in empathy and equity. Rather than the typical medical approach of asking "what is wrong with you," a trauma-informed approach would instead ask "what has happened to you?" This shift moves us away from the medical model to makes it easy for people to be open to support and for better outcomes. We strive to advocate for these values in all of our messaging, training, social media post, and advocacy work.

Outcomes: *Due to the span of services and target audiences (hence consumers), there are several measurable outcomes relevant to various consumer impacts, including self-reported positive change; tools for measuring these are identified.*

Coordinated System: CU TRI has been positioned as a local leader in educating and advocating for trauma informed policies, procedures, and practices. We are the only organization focused on trauma and supporting individuals who are impacted by structural violence and adversity on a community, system, and structural level. We have also been unique in building capacity of natural helpers, advocates, and providers to provide trauma specific and trauma informed supports. Our efforts are inherently collaborative. As a Coalition partner we intentionally connect and collaborate with Coalition partners. Over 20 different organizations regularly participate in our working group. We engage in a collaborative service model. All groups that we offer are designed with input from and marketed to anyone in that targeted population.

Budget and Program Connectedness: *Budget Narrative identifies a revenue source which does not appear on the Revenue Form. In-Kind Donations are detailed (volunteers, interns, and Board Secretary – should not be counted, as Board members cannot be 'paid'). Detail is provided on expenditures. Donated general operating (supplies and phone) (\$2,160), space (\$4,500), and unpaid labor (\$21,600) equal the amount of in-kind revenue is \$28,260.*

Approach/Methods/Innovation: While trauma informed care is not a bounded framework, its organizational framework includes well-established best practices. This year CUTRI seeks to contribute research on the efficacy of trauma informed strategies, thereby supporting the codification of the best strategies when working with communities that have been impacted structurally and strategically by adverse community experiences. We use the following to inform our work: SAMHSA - https://www.samhsa.gov/sites/default/files/programs_campaigns/childrens_mental_health/atc-whitepaper-040616.pdf and the National Council for Behavioral Health - <https://www.thenationalcouncil.org/fostering-resilience-and-recovery-a-change-package/additional-resources-for-implementation/>

This year, we intentionally are incorporating the Bridge House Trauma Informed Care Community model - <https://bridgehousing.com/PDFs/TICB.Paper5.14.pdf>

Our Direct Service Model is based on compelling research that has proven when individuals in acute crisis receive supports that are trauma informed, strength based, culturally responsive (justice oriented), & community based, they: are less likely to be adversely impacted by the long term effects of trauma; subsequently need fewer services; are less likely to develop PTSD or more complex mental health challenges. The model helps build social connections, teaches practical coping skills (including signs/symptoms of future problems), addresses basic safety, comfort needs, & help with cognitions: <https://www.hopkinsmedicine.org/news/articles/the-power-of-psychological-first-aid>

An example is OJJDP Best Practices in Violence Prevention Program - <http://nnhvip.org/>

The specific models we are using are based upon:

- Boston Medical Community Violence Response Team: <https://www.bmc.org/acute-care-trauma-surgery/community-violence-response-team-cvrt>
- The Cure Violence Model: <http://cureviolence.org/the-model/essential-elements/>
- Healing Hurt People: <https://drexel.edu/cnvsj/healing-hurt-people/overview/>

The practice models we are using are:

Don Moyer - CUNC

98

- Psychological First AID, administered within 2 weeks post crisis: <https://www.nctsn.org/treatments-&-practices/ps>
- Skills for Psychological Recovery (SPR), administered anytime post crisis <https://www.nctsn.org/treatments-&-practices/psychological-first-aid-&-skills-for-psychological-recovery/about-spr>

Evidence of Collaboration: CC Community Coalition, Christian Health Care Center, CUPHD, Crisis Nursery, DMBGC

Staff Credentials:

Full-time master's level project director/coordinator: manages operations; oversees training, education, and direct services activities; convenes, coordinates and provides technical assistance to the learning collaboratives; serves as liaison, advocates for trauma-informed practices and principles, encourages material/curriculum development; conducts/offers training and support for groups; serves as the convener of the CU Community Violence Response taskforce.

Executive Director (.10 equivalency, Master's Level): extensive experience in trauma, trauma informed care, equity and resiliency; provides administrative, supervision and organizational support, which includes grant writing, grant management and cross system collaboration.

Contractual Supports - Hear 4 U/Support 4 U: culturally responsive bachelor level individuals, trained to provide individual and/or group supports that are trauma informed, wellness focused and resiliency building.

Operations Manager: works with Don Moyers to ensure compliance with fiscal and financial management obligations.

Bachelors & Master's level interns: staff level supports - administration, research, client support, volunteer management.

Resource Leveraging: *Not used as match for another source of revenue; CCMHB does not appear to be the only source of revenue but is the largest.* **Other Pay Sources:** We always utilize existing resources. We heavily rely on donations to meet any unmet client needs when no other funding is available or there is a crisis. **Client Fees** No **Sliding Scale** No

Process Considerations and Caveats

Contracting Considerations:

If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2022 contract:

- *Subcontract agreements, such as for the payment of stipends, should be provided for the CCMHB file.*
- *With reliance on volunteers, interns (for 'staff level supports'), and consultants, care must be taken to comply with labor laws and IRS definitions.*
- *Revenue Form and Budget Narrative should be revised to reconcile differences in the presentation of program revenues, and financial forms resubmitted.*
- *Reconcile apparent error, in that Total Program Personnel for this position is twice the cost of that charged to this contract AND to Total Agency – not easily explained.*

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCMHB Executive Director in writing if there are factual errors which should be corrected prior to completion of award process.

Recommendation: Pending

Don Moyer - CUNC

DRAFT PY2022 MHB Program Summary

Agency: Don Moyer Boys & Girls Club

Program: Community Coalition Summer Initiatives

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2022 CCMHB Funding Request: \$107,000

Focus of Application: Mental Health

Type of Contract: Other - per prior contract/negotiation

Priority: System of Care for Children, Youth, and Families

Services and People Served

Target Population: Youth ages 9 to 18 with serious emotional disturbance (SED), multi-agency system-involved youth.

Scope, Location, and Frequency of Services: The Champaign County Community Coalition and Don Moyer Boys & Girls Club will support and reinforce System of Care principles and values, particularly relative to system-involved youth impacted with emotional and environmental challenges:

- Services and activities during the summer, over a focused time period, primarily when traditional supports, services and activities are minimally available to the targeted population.
- Local grass roots entities will provide a coordinated system of intervention to help address youth issues related to increased violence, lack of positive community engagement opportunities, summer academic/learning loss, lack of adult supervision and guidance, etc., that are prevalent during the summer months.
- Partners provide activities which emphasize healthy lifestyles, academic support, structured recreation opportunities, exposure to the arts, cultural awareness, positive social skills development, and positive adult interaction.
- Community engagement activities provided for general participation that will address community violence, racial understanding and community advocacy.
- Two major components of the contract: services and supports provided by specialized service providers (subcontractors) who will be directly accountable to DMBGC, which will provide administration, coordination and support services to assure that all programs and services provided under this contract are fully integrated and support system of care goals and objectives for the population served.
- If needed, program partners will be prepared to adapt services to adhere to any Covid-19 restrictions and safety requirements. The use of virtual programming for activities and service contacts will be used to continue contact with youth and for community engagement activities if needed.

Services at partner organization facilities, various local venues, community sites, regional and state sites. Dependent on the status of Covid -19 and any related restrictions, virtual/online programming may also be used when necessary.

Staff Comment: as in previous years, the proposal is to support a variety of brief summer programming, with DMBGC as the fiscal agent and reporter. In consultation with the Champaign Community Coalition Executive Committee, subcontracts are issued to various providers for initiatives focused on positive youth development and work experience. Virtual programming during pandemic and possibly beyond.

Access to Services for Rural Residents: available to youth and community members throughout Champaign County. Contracted service providers will provide outreach to youth from throughout the community. The Community Coalition is a countywide organization. Services and activities will be provided to all participants at designated locations.

Access to Services for Members of Underserved or Underrepresented Minority Populations: goal is to provide services and activities specifically to under-served or underrepresented populations. Outreach through the partnership with "grass roots" community organizations that are connected to the intended service population will be the primary effort.

Residency of 675 People Served in PY2020 and of 550 in first half of PY2021

<u>Champaign</u>	510 (75.6%) for PY20	374 (68.0%) for PY21
<u>Urbana</u>	114 (16.9%) for PY20	160 (29.1%) for PY21
<u>Rantoul</u>	43 (6.4%) for PY20	8 (1.5%) for PY21
<u>Mahomet</u>	0 for PY20	0 for PY21
<u>Other Champaign County</u>	8 (1.2%) for PY20	8 (1.5%) for PY21

Demographics of 675 People Served in PY2020

Age

Ages 7-12 -----	396 (58.7%)
Ages 13-18 -----	217 (32.1%)
Ages 19-59 -----	62 (9.2%)
<u>Race</u>	
White -----	51 (7.6%)
Black / AA -----	566 (83.9%)
Asian / PI -----	5 (.7%)
Other (incl. Native American and Bi-racial)	53 (7.9%)
<u>Gender</u>	
Male -----	442 (65.5%)
Female -----	233 (34.5%)
<u>Ethnicity</u>	
Of Hispanic or Latino/a origin -----	30 (4.4%)
Not of Hispanic or Latino/a Origin -----	645 (95.6%)

Program Performance Measures

CONSUMER ACCESS: for youth at risk and underserved community members throughout Champaign County. Each contracted service partner will determine eligibility through its service or activity registration process. Each will provide public information and outreach to eligible participants for and under-served community areas throughout Champaign County. The Community Coalition will promote programs and activities at its regular community meetings.

People will engage in services Not applicable due to the specialized and limited focus of the program.

Staff Comment: Eligibility to participate in a specific program will be tied to requirements of the subcontracted provider, with planning to ensure variety in services and people served. Subcontracts tend to be small, some are summer expansion of ongoing programs. Data from previous years could be used to estimate the length of youth engagement in programs.

CONSUMER OUTCOMES: Not applicable due to the specialized and limited focus of the program.

Outcome gathered from all participants? No. Not applicable due to the specialized and limited focus of the program.

Anticipate 1100 total participants for the year.

Will collect outcome information once (at the completion of the initiative)

Is there a target or benchmark level for program services? No

Estimated level of change not applicable due to the specialized and limited focus of the program.

UTILIZATION:

Non-Treatment Plan Clients (NTPCs): 700. Due to the nature and purpose of the program, all participants are NTPCs.

Service Contacts (SCs): 14000 engagements by partner organizations, with each participant, all services and activities.

Community Service Events (CSEs): 40 meetings with contracting organization, community meetings, planning meetings for program.

Other: 500 participants engaged in summer initiative group activities related to anti violence, racial harmony, community advocacy education and training, peace initiatives, etc.

Staff Comment: In PY20 the program exceeded targets for NTPC and SC and met the others (60 CSE and 1000 Other). Adjusted for PY21, the program will exceed NTPC target, fall slightly short of SC and Other, and meet CSE. The proposed PY22 targets for NTPC and SC are higher, CSE same, and Other lowered.

Financial Analysis

PY2022 CCMHB Funding Request: \$107,000

PY2022 Total Program Budget: \$107,000

Proposed Change in Funding - PY2021 to PY2022 = 0%

Staff Comment: set at this amount at the transition from Access Initiative to Sustainability Phase in 2017, with the Coalition coordinating programs and providers using System of Care principles.

CCMHB request is for 100% of total program revenue.

Expenses: Professional Fees/Consultants \$10,700 (10%) and General Operating \$96,300 (90%).

Staff Comment: 10% of contract pays for administrative and financial services of DMBGC, the other 90% supports subcontracts with numerous local organizations. Contract provisions for compliance with local, state, and federal regulations apply to all subcontracts, which should be provided to the CCMHB staff office for contract file.

Total Agency, Total Program, and CCMHB Budgets are BALANCED.

No staff positions are to be funded through this program.

Staff Comment: Professional fees will pay for 10% administrative fee to DMBGC. While an audit expense is not specifically budgeted (it would be described within this category), it is likely that this 10% admin covers that cost.

Audit Findings: DMBGC requested an audit extension to 11/20/20 and submitted their audit prior to extended deadline.

Priorities and Decision Support Criteria

Expectations for Minimal Responsiveness: *Eligibility questionnaire is old, missing newer questions. Application is complete, meets expectations, addresses impact of pandemic. Some virtual programs may continue.*

Priority: Systems of Care for Children, Youth, Families: Yes. – *proposed services align with selected priority.*

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? No.

Highlights from the submitted CLC Plan: *Staff will be provided a minimum of 8 hours per fiscal year for trauma-informed practice and diversity, equity, and inclusion training. Two to four opportunities will be provided as scheduled at Club youth/families' events to discuss services that were delivered. An annual satisfaction survey will be given to youth and families. DMBC will assess and review the policy for timely provision for communication and language assistance and will be reviewed by the CLC Committee.*

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY2021? Yes.

Highlights from the submitted CLC Progress Report: *Language and Communication assistance plan was reviewed and updated at December 9, 2020 Program & Facilities Committee Meeting. An Interpreter agreement with local school district aids in communication and language assistance.*

Overarching Decision Support Criteria

Underserved/Underrepresented Populations and Countywide Access: *Described in Access sections; as a result of multiple organizations planning and others delivering services, this very short-term program reaches a large set of eligible youth, and hopefully this includes many who would not otherwise engage.*

Inclusion and Anti-Stigma: open to all eligible participants regardless of race, ethnicity or sexual origin.

Outcomes: *Not included. Many children and youth participate over a short period of time and through several subcontracts; outcomes of these initiatives are important and should be developed and anticipated, even if simple and few.*

Coordinated System: primarily provided during hours and days the other service providers are not engaged with the target populations. *Staff Comment: on the other hand, success of the project has been due to collaborative efforts led by the Coalition and featuring programs coordinated across 10-14 subcontracted providers.*

Budget and Program Connectedness: *The Budget Narrative indicates that this grant, as sole revenue for the program, is paid through DMBGC to agencies contracted to provide various activities and events, describes the two expense lines; lists organizations likely to partner (as requested by the primary Board member reviewer last year); attributes no personnel. The Personnel form also lists none, but 10% of total is paid to DMBGC as 'Professional Fees/Consultants.' While the project costs could be represented differently in financial forms, the straightforward descriptions here and in the application reduce confusion.*

Approach/Methods/Innovation: Not Applicable due to the specialized and limited focus of the program.

Evidence of Collaboration: Not applicable due to the specialized and limited focus of the program.

Staff Credentials: Not applicable due to the specialized and limited focus of the program.

Resource Leveraging: *While this funding is not used as match for other sources of revenue, it has been a core activity of the Coalition, which itself leverages other funding through large-scale collaboration and focus on historically underinvested populations.* **Other Pay Sources:** None **Client Fees** No **Sliding Scale** No

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2022 contract:

- All subcontracts pursuant to this contract should be shared for the CCMHB contract file.
- A meaningful outcome should be developed and an estimate of the length of service added to plan narrative.
- CLC Plan should be revised to include standards.

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCMHB Executive Director in writing if there are factual errors which should be corrected prior to completion of award process.

Recommendation: Pending

DRAFT PY2022 MHB Program Summary

Agency: Don Moyer Boys & Girls Club

Program: Youth & Family Services

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2022 CCMHB Funding Request: \$160,000

Focus of Application: Mental Health

Type of Contract: Grant

Priority: System of Care for Children, Youth, and Families

Services and People Served

Target Population: parents/caregivers and child-serving organizations in Champaign County. Parents and caregivers of youth who have been clinically diagnosed; experiencing social, emotional, and behavioral challenges; have a history of trauma; involved with the juvenile justice, mental health or child welfare system. Child-serving systems, social service agencies, family support organizations, faith-based organizations, civic/social groups and other community-based entities interested in improving outcomes for families rearing youth with emotional and behavioral challenges.

Staff Comments: as in PY20/PY21, identifies two distinct groups.

Scope, Location, and Frequency of Services:

- Peer Support: parents/caregivers are partnered with a peer who has successfully navigated multiple child-serving systems and overcome significant challenges to improve outcomes for their child and their family's well-being. Support: peer mentoring; linkage and engagement to resources; and short/long term community support services (attend IEP meetings; court hearings; review IEP's; apply for public assistance etc.)
- Public Education: open online (via Zoom and Facebook) workshops, trainings, and support groups for parents/caregivers. COVID-19 has profoundly impacted families' normal day to day social activities. So, we have formulated our public education activities with the goal of interrupting social isolation that families are experiencing due to social distancing. The activities are preventative in nature and designed to offer families information, support, and resources to make informed decisions specific to their family and child's individual and unique needs.
- Case Coordination: for Treatment Plan and Non-Treatment Plan clients. Primary focus is to refer and link parents with essential basic needs resources, and systems navigation (i.e., filing for unemployment, applying for SNAP benefits, communicating with landlords/bill collectors, food, etc.).
- Technical Assistance and Training: consultation, trainings, and webinars that focus on System of Care values and principles, to child-serving systems, social service agencies, family support organizations, faith-based organizations, civic/social groups and other community-based entities.

Available to residents and child-serving systems in Champaign County. Families can self-refer or be referred through other programs/child-serving organizations. Meeting places, times, and mode of communication (including Zoom, Google Hangouts etc.) will vary based on the need of the family. In accordance and alignment with SOC values of offering family-driven services and supports, the primary focus to engaging parents/caregivers is determined solely by the family. This includes but, is not limited to determining the types and mix of services and supports provided.

Staff Comment: continues PY20/PY21 services and adds consideration of the impact of pandemic on families, Case Coordination as a service, and virtual programming as a mode.

Access to Services for Rural Residents: Over the years of working with families in rural communities we have found that connecting with school districts has been the most helpful. So, we will seek strategic relationships with the districts in order to raise awareness about the services and supports families can access through our organization. As with all family-driven services, rural residents will receive services and supports in places (i.e., home, school, community space, video conferencing) that best meet the need of the family.

Access to Services for Members of Underserved or Underrepresented Minority Populations: Peer support is a non-traditional service and support that is growing in popularity and use throughout the US. The peer supporter with "lived experience" is the foundation to effectively engaging underserved/underrepresented minority populations. The peer serves as a cultural broker as well as a systems navigator. The key... is to match them with a well-developed and trained peer

supporter who can establish a peer-based relationship. Underserved/underrepresented groups will receive services and supports in places (i.e., home, school, community space, video conferencing) that best meet the need of the family.

Residency of 33 People Served in PY2020 and 24 in first half of PY2021

Champaign	15 (45.5%) for PY20	10 (41.7%) for PY21
Urbana	2 (6.1%) for PY20	4 (16.7%) for PY21
Rantoul	13 (39.4%) for PY20	6 (25.0%) for PY21
Mahomet	0 for PY20	0 for PY21
Other Champaign County	3 (9.1%) for PY20	4 (16.7%) for PY21

Demographics of 33 People Served in PY2020

Age	
Ages 19-59 -----	33 (100.0%)
Race	
White -----	13 (39.4%)
Black / AA -----	16 (48.5%)
Other (incl. Native American and Bi-racial) -	4 (12.1%)
Gender	
Male -----	3 (9.1%)
Female -----	30 (90.9%)
Ethnicity	
Of Hispanic or Latino/a origin -----	2 (6.1%)
Not of Hispanic or Latino/a Origin -----	31 (93.9%)

Program Performance Measures

CONSUMER ACCESS: family with a child who has been clinically diagnosed with a social, emotional or behavioral disorder and/or is exhibiting social, emotional, or behavioral challenges that negatively impact academic performance, healthy socialization, or family/community relationships. Criteria met based upon self-disclosure that the child has a clinical diagnosis and/or expressed concern that their child's academic, socialization, or family/community relationships are being negatively impacted by the child's behavior. Families learn about our program through word of mouth, community service events, the Alliance website, Facebook and organizations we have MOUs with.

Within 14 days from referral, 70% of those referred will be assessed.

Within 14 days of assessment, 70% of those assessed will engage in services.

People will engage in services, on average, for: 9-18 months

Additional Demographic Data: primary and secondary systems involvement (education, juvenile justice, child welfare, developmental disability, mental health) and mental health diagnosis, if applicable.

Staff Comments: as in PY20/PY21, but average length of engagement is broader (was 9-12 months)

CONSUMER OUTCOMES:

Types of Support: 75% of parents/caregivers will report a greater breadth of types of supporters they have access to when facing the challenge of raising a youth with emotional behavioral needs.

Presence of Support: 75% of parents/caregivers receiving peer parent support will report greater consistency of support from important people in their life.

Acceptance of Support: 75% of parents/caregivers will report greater acceptance from people in their lives with regards to their life choices and decisions.

Systems self-efficacy: 75% of parents/caregivers will report greater efficacy when interacting with systems when voicing ideas to professionals.

Coping with Stress: 75% of parents/caregivers will report greater coping w/ stress when they face challenges in their lives.
Measured by:

The peer supporter assists the parent/caregiver with completing the FAST (Family Assessment Tool) developed by the National Wraparound Implementation Center (NWIC). This tool has six domains designed to help the peer supporter and parent/caregiver to determine the type and array of support needed for their family:

Types of Support: Breadth of possible supports that a family has access to.

Presence of the Family's Support System: The presence of a strong social support network associates with increased

resiliency (i.e., spouse/significant other, friend, family member, neighbor, faith community etc.)

Acceptance of the Family's Support System: Isolation blame and shame can have an impact on the entire family. The focus on acceptance results in more confidence, which results in a greater ability to manage challenges successfully.

System Receptivity: A major predictor of desired outcomes in family-centered care is the amount of "voice" families have in service planning. If you want a good outcome, families need to be listened to and heard.

Coping with Stress: Stress is associated with a wide range of physical and emotional ailments. Reducing caregiver stress is increasingly a focus of both medical and behavioral health systems research.

Transitions: Transitions can be stressful for the whole family, especially when the family is going it alone.

Outcome gathered from all participants? No. Outcome information will be gathered from TPC only.

Anticipate 55 total participants for the year.

Will collect outcome information: every 30 days.

Is there a target or benchmark level for program services? No.

Estimated levels of change: (repeats the outcomes listed above)

Staff Comments: the outcomes, targets, and methods of assessment continue from PY20/PY21. Reduction in anticipated participants (from 100) likely based on previous and current actual utilization, and increase in frequency of collection of outcome information (from every 90 days).

UTILIZATION:

Treatment Plan Clients (TPCs): 35 parents/caregivers who have completed our intake and enrollment process with the development of a service plan.

Non-Treatment Plan Clients (NTPCs): 20 parents/caregivers who may have completed our intake and enrollment process but have not developed a service plan; these families will still have access to linkage and engagement services this includes short-term community support services (attend IEP meetings; court hearings; review IEPs; apply for public assistance etc.); and/or youth and parents who contact us via phone or website for linkage and engagement information.

Service Contacts (SCs): 400 unduplicated face-to-face and phone contacts.

Community Service Events (CSEs): 10 public presentations, stakeholder meetings, agency meetings, support groups etc.

Staff Comment: Program exceeded the target of 500 SCs in PY20 and fell short of the rest (very low NTPC). For PY21, TPC target was increased and others lowered, but at mid-year not likely to be met. These targets are continued for PY22.

Financial Analysis

PY2022 CCMHB Funding Request: \$160,000

PY2022 Total Program Budget: \$160,000

Proposed Change in Funding - PY2021 to PY2022 = 0%

CCMHB request is for 100% of total program revenue.

Expenses: Personnel related costs of \$109,011 are the primary expense charged to CCMHB at 68% of \$160,000.

Other expenses are: Professional Fees/Consultants \$1,000 (1%); Consumables \$11,939 (7%); General Operating \$25,550 (16%); Conferences/Staff Development \$1,500 (1%); Local Transportation \$1,500 (1%); Specific Assistance \$1,500 (1%); Lease/Rental \$3,000 (2%); and Miscellaneous \$5,000 (3%).

Total Agency, Total Program, and CCMHB Budgets are BALANCED.

Program Staff to be funded by CCMHB: 0.56 Indirect and 1.43 Direct = 1.99 FTEs Total CCMHB = Total Program Staff.

Staff Comment: Professional fees will pay for grant consultant. Miscellaneous expense will pay for MH Awareness Events. Audit expense not specifically budgeted but is likely paid out of DMBGC's administrative fee, within the total General Operating Expense category.

Audit Findings: DMBGC requested an audit extension to 11/20/20 and submitted their audit prior to extended deadline.

Priorities and Decision Support Criteria

Expectations for Minimal Responsiveness: *Eigibility Questionnaire is out of date, missing newer questions. Application is complete and meets expectations. Some of the program's supports have transitioned to virtual formats effectively.*

Priority: Systems of Care for Children, Youth, Families: Yes. – *proposed program aligns with selected priority.*

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? No.

Highlights from the submitted CLC Plan: Staff will be provided a minimum of 8 hours per fiscal year for trauma-informed practice and diversity, equity, and inclusion training. Two to four opportunities will be provided as scheduled at Club youth/families' events to discuss services that were delivered. An annual satisfaction survey will be given to youth and families. DMBC will assess and review the policy for timely provision for communication and language assistance and will be reviewed by the CLC Committee.

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY2021? Yes.

Highlights from the submitted CLC Progress Report: Language and Communication assistance plan was reviewed and updated at December 9, 2020 Program & Facilities Committee Meeting. An Interpreter agreement with local school district aids in communication and language assistance.

Overarching Decision Support Criteria

Underserved/Underrepresented Populations and Countywide Access: Outreach to rural residents and to members of historically underinvested groups is described in the Access sections and in CLC Plan.

Inclusion and Anti-Stigma: The foundation of peer support (recovery-oriented, person-centered, voluntary, relationship-centered and trauma informed) model promotes inclusion and reduces stigma by connecting families with peers who have experience navigating multiple child-serving systems for their child.

Outcomes: Five relevant outcomes for parents/caregivers are identified, measured using the Family Assessment Tool, with a rationale for each. The degree of positive change reported by individual parents is not included as a measure; instead the targets relate to 75% of program participants reporting positive changes in these domains.

Coordinated System: NA

Budget and Program Connectedness: The Budget Narrative lists revenue and expenses for the program, with some categories further broken down, e.g., Consumables includes Youth and Family Engagement Training, Public Education, Office Supplies, and Outreach, which could be identified differently. Each staff position assigned to the program is listed, with hours worked per week and total wages per year.

Approach/Methods/Innovation: *Mental Health America (Mental Health America, 2013) cites six advantages of peer support programs as part of overall clinical programs, namely that Peer Support Specialists: have unparalleled passion and commitment; have insight into the experience of internalized stigma; have lived experience; have already moved from hopelessness to hope; use shared experiences to develop trust; and offer demonstrated success in improving mind and body matters. <http://www.mentalhealthamerica.net/positions/peer-services>

*Family and Youth Peer Support <https://www.chcs.org/resource/family-and-youth-peer-support-literature-review/>

Evidence of Collaboration: MOUs with CCRPC's Youth Assessment Center and Justice Diversion Program.

Staff Credentials: All Parent-Peer Support Providers (PPSP) must be willing to disclose (lived experience) that they are a parent/caregiver of a youth with behavioral health challenges and/or social/emotional needs. Minimum qualifications and credentials for a Parent-Peer Support Partner and a Case Coordinator: at least 21 years of age; high school diploma or equivalent; demonstrate the ability to work collaboratively with peers. Individual must complete and submit proof of the following screens: Fingerprint based national and State criminal history background screen; Local law enforcement screen; State and local Department of Child & Family Services abuse registry screen. Documentation of safe driving record and maintained vehicle, as well as: Current Driver's License; and Proof of auto insurance coverage.

Resource Leveraging: CCMHB is the sole source of funding and not used as match for another grant. If other revenue has been pursued, this is not discussed in the application. **Other Pay Sources:** NA **Client Fees** No **Sliding Scale** No

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2022 contract:

- CLC Plan should be revised to include the standards.
- Eligibility Questionnaire should be revised and resubmitted prior to next application cycle.

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCMHB Executive Director in writing if there are factual errors which should be corrected prior to completion of award process.

Recommendation: Pending

DRAFT PY2022 MHB Program Summary

Agency: East Central Illinois Refugee Mutual Assistance Center

Program: Family Support & Strengthening

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2022 CCMHB Funding Request: \$62,000

Focus of Application: Mental Health

Type of Contract: Grant

Priority: Innovative Practices and Access to Behavioral Health Services

Services and People Served

Target Population: natural support networks within ethnic communities in Champaign County, including, but not limited to, Mexican, Guatemalan, Honduran, Salvadoran, Peruvian, Cuban, Congolese from both the DRC and the Republic of Congo, Algerian, Liberian, Cameroonian, Russian, Vietnamese, Chinese, Afghan, Syrian, Iraqi, and other countries in the Middle East. Special attention to: families at highest risk for mental health problems, including newly arrived immigrant and refugee families who have fled violent circumstances such as war, genocide, torture and sexual violence; families with young children and without family support network; families with a child identified by schools as having special needs; unaccompanied minors; the elderly, the illiterate and relocated migrants; leaders and identified potential leaders of the ethnic communities for development of volunteer mutual assistance efforts; community agencies that serve refugee, asylee, and immigrant communities or organizations with whom the target population needs to interact.

Staff Comment: target population for this long-standing program is unchanged from previous applications.

Scope, Location, and Frequency of Services: a designated Illinois Welcoming Center, providing one-stop wrap around case management, including referrals to legal, health and mental health providers, with resources in several languages.

- Assistance with public benefits counseling, application and case management, with navigating aspects of life in the US, to become self-sufficient and develop a support system in the community.
- Linkage with service providers regarding the mental health needs of clients.
- Interpretation and translation services during appointments with mental health providers and explanation of cultural barriers that may be encountered during the sessions.
- Mediation and culturally appropriate education related to cultural differences provided.
- Counseling and/or education at the Center, a neutral site, or in the homes of families in crisis.
- Collaboration with Courage Connection and Trafficking Victims Assistance Program to serve identified victims of human trafficking with assistance while they pursue a T Visa.
- Newcomer Immigrant Support Program provides tutoring, enrichment activities and workshops to help children in grades K-8 adjust to a new culture, rules and expectations.
- Two staff liaisons serve as advocates, interpreters, and translators for parents dealing with school issues like discipline, classroom expectations, bullying, special needs, and behavior problems. Tutors are bilingual student volunteers from UI.
- Certified medical interpreters assist clients at medical appointments and court appearances. Other interpreters receive regular assessment through the DuPage Federation.
- Developing an email newsletter to increase awareness of the local immigrant community.

Services provided in office, client homes, schools, medical and service provider offices - IDHS Family Community Resource Center, Social Security Office, Department of Motor Vehicles, Promise Healthcare/Frances Nelson and CU Public Health District, local police stations, Champaign County Courthouse and Jail. Ongoing, as needed by clients. Due to COVID-19, currently most services provided via telephone, some clients seen by appointment.

Staff Comments: Scope of Services has been revised but continues to offer a wide range of supports, maximizing natural support networks within communities and making use of multiple service locations. Addresses pandemic impact as many services have shifted to telephone or by appointment.

Access to Services for Rural Residents: outreach throughout Champaign County through flyer distribution, workshops, school visits, resource fairs. Our location at CUPHD has increased our exposure to those who utilize the many services there - medical, dental, food pantry, and WIC. A Spanish bilingual counselor spends one day each week at the Community Services Center of Northern Champaign County in Rantoul. Counselors visit residents in their homes or provider office.

During COVID-19, service to Rantoul has been mostly remote, but we continue to assist many of the immigrant families with public benefits applications and rent and utility assistance.

Access to Services for Members of Underserved or Underrepresented Minority Populations: All clients are members of underserved and underrepresented minorities. We engage them through client and former client word of mouth, social service provider referrals (like IDHS, DCFS, WIC), workshops, Newcomer Immigrant Support program, school visits, faith-based organizations, employers, Adult Diversion Program, and our bilingual outreach to refugee/immigrant populations through mass outreach events, flyers, website and social media, newsletters and public benefits sessions. Once COVID-19 is no longer a health threat, we hope to increase the public benefit sessions and workshops. Caseworkers identify clients that could benefit from workshops and encourage their attendance. Workshops are conducted in participants native language, or an interpreter is provided. Youth are recruited through public schools and ELL teachers. We continue to serve the large Guatemalan population at Champaign Central HS.

Residency of 2241 People Served in PY2020 and 1422 in first half of PY2021

<u>Champaign</u>	1,098 (49.0%) for PY20	675 (47.5%) for PY21
<u>Urbana</u>	832 (37.1%) for PY20	482 (33.9%) for PY21
<u>Rantoul</u>	242 (10.8%) for PY20	197 (13.9%) for PY21
<u>Mahomet</u>	8 (0.4%) for PY20	0 for PY21
<u>Other Champaign County</u>	61 (2.7%) for PY20	68 (4.8%) for PY21

Demographics of 2241 People Served in PY2020

<u>Age</u>	
Ages 0-6 -----	368 (16.4%)
Ages 7-12 -----	318 (14.2%)
Ages 13-18 -----	239 (10.7%)
Ages 19-59 -----	1,245 (55.6%)
Ages 60-75+ -----	71 (3.2%)
<u>Race</u>	
White -----	1,622 (72.4%)
Black / AA -----	125 (5.6%)
Asian / PI -----	494 (22.0%)
<u>Gender</u>	
Male -----	1,084 (48.4%)
Female -----	1,157 (51.6%)
<u>Ethnicity</u>	
Of Hispanic or Latino/a origin -----	1,540 (68.7%)
Not of Hispanic or Latino/a Origin -----	701 (31.3%)

Program Performance Measures

CONSUMER ACCESS: majority of clients reside in Champaign County (less than .005% outside the county.) While there are immigration status and income requirements for receiving benefits, we encourage ANYONE who needs assistance to meet with a case worker/translator. We help everyone who calls, emails, or comes through our door. Our intake process determines which clients are eligible for public benefits, but any client is eligible for assistance in other areas, like information & referrals, translation and interpretation. Clients learn about our program through client and former client word of mouth, social service provider referrals like IDHS, DCFS, WIC, Promise Healthcare, medical providers like Carle and OSF, workshops, Newcomer Immigrant Support program, school visits, local faith-based organizations, employers, Adult Diversion Program, and our multi-lingual outreach to refugee/immigrant populations through mass outreach events, website and social media, flyers, newsletters and public benefits sessions.

Within 2 days from referral, 99% of those referred will be assessed.

Within 2 days of assessment, 90% of those assessed will engage in services.

People will engage in services, on average, for: one year.

Additional Demographic Data: language(s) spoken.

Staff Comment: section is revised to add referral sources; workshops and public benefits sessions have been implemented as planned in previous application. Targets continue as before.

108

CONSUMER OUTCOMES:

1. Application(s) for Social Service Public Benefit(s) completed.
2. Obtain Permanent Employment.
3. Improve Quality of Life.
4. Improve Outlook on Life.
5. Improve Relationships with Others.
6. Improve Connections with the Community.

Measured by:

1. Case notes and databases from IDHS and ICIRR will record when clients apply for social service benefits like SNAP, WIC, etc...as well as record information and referrals given to clients.
2. Case notes will indicate whether client obtained permanent employment.
3. A survey like the Personal Well Being Index-Adult (PWI-A), will measure Quality of Life.
4. PWI-A also measures Outlook on Life.
5. PWI-A also measures Relationships with Others.
6. Case notes and the PWI-A survey will reflect school, church and ESL program and/or citizenship program attendance in order to measure improved connection to community. **Note:** The PWI-A survey is short, available in several languages, and has some verbal questions. Since our clients are not native English speakers, and are frequently illiterate in their own language, we need a short survey that can be read to clients.

Outcome gathered from all participants? No. We will give surveys on the third Monday of the second month of each quarter to all clients who need assistance that day.

Anticipate 2100 total participants for the year.

Will collect outcome information Four times a year

Is there a target or benchmark level for program services? Yes. 1. Application for social services benchmark is set by DHS through the Illinois Family Resource Program (IFRP), SNAP program and WIC. We are given quarterly and yearly goals for the number of clients served, number of referrals to WIC and the number of outreach events performed by staff. 2. Target is ongoing permanent employment. 3-6 Benchmark will be improvement on the 0-10 scale when follow up completed 6 months to one year after original survey.

Estimated levels of change: 1. IFRP measures success by the # of clients that receive services... increase of 3-5% is reasonable. 2. We would like to see a 5-10% in the number of clients with permanent employment. 3.-6. We would like to see an improvement of +1-2 on the 0-10 PWI-A scale for 50% of respondents.

Staff Comment: the outcomes continue, but this section has been further developed and reformatted, adding benchmarks. Anticipates the same number of participants and frequency of data collection.

UTILIZATION:

Community Service Events (CSEs): 50 CSEs and a minimum of 15 hours of workshops - may change due to COVID-19. Normally, we hold frequent support group activities for the Vietnamese, Russian, Congolese, Spanish, and Immigrant Youth communities. Activities include meetings with community leaders, public and class presentations, our Newcomer Immigrant Support Program, public benefits sessions, workshops on cultural issues, life skills, finances and health. Staff participates in interviews on local media channels and local newspapers and with University and k-12 students.

Other: 15 - intake forms for every new case: basic client information, family information, linguistic capabilities, case diagnostic for barriers to services and self-sufficiency. Case notes for each additional contact with individual or family.

Staff Comment: In PY20, the program exceeded target of 75 CSEs and fell slightly below the target for 30 Other. Both were lowered for PY21 and are likely to be met. These targets continue for PY22.

Financial Analysis

PY2022 CCMHB Funding Request: \$62,000

PY2022 Total Program Budget: \$428,293

Proposed Change in Funding - PY2021 to PY2022 = 9.9%

Current Year Funding (PY2021): \$56,440

CCMHB request is for 14% of total program revenue. Other revenue sources are: United Way \$32,000 (7%); Contributions \$75,063 (18%); SNAP grant (applied for) \$17,500 (4%); City of Urbana grant (to be applied for) \$12,500 (3%); IFRP grant (to be applied for) \$120,000 (28%); Victor Hoersch grant (to be applied for) \$1,700; WIC grant (to be applied for) \$12,500 (3%); Illinois Welcoming Center grant (to be applied for) \$62,000 (14%); interpreter fees (\$800);

document translation fees (\$2,000); US Conference of Catholic Bishops Resettlement Program fees \$15,000 (4%); Trafficking Victims Assistance Program fees \$15,000 (4%); Interest Income (\$100); and Misc (\$130).

Expenses: Personnel related costs of \$52,658 are the primary expense charged to CCMHB at 85% of \$62,000. Other expenses are: Professional Fees/Consultants \$1,500 (2%); Consumables \$785 (1%); General Operating \$1,040 (2%); Occupancy \$1,500 (2%); Conferences/Staff Development \$105; Local Transportation \$1,200 (2%); Lease/Rental \$1,652 (3%); Membership Dues \$45; Fund Raising Activities \$1,500 (2%); and Miscellaneous \$15.

Total Agency, Total Program, and CCMHB Budgets are BALANCED.

Program Staff to be funded by CCMHB: 0.40 Indirect and 1.62 Direct = 2.02 FTEs Total CCMHB

Total Program Staff: 2.44 Indirect and 6.81 Direct = 9.25 FTEs Total Program

Staff Comment: Professional fees will pay for audit expense, HR assistance, and marketing professional.

Audit Findings: ECIRMAC requested an audit extension to 12/31/20, but failed to meet the extended deadline, submitting the audit on 2/15/21. The audit identified significant deficiencies in agency's internal control.

Priorities and Decision Support Criteria

Expectations for Minimal Responsiveness: *Organization Eligibility Questionnaire is old, missing some newer questions and indicating that there are no Standard Operating Procedures. Application is complete, meeting expectations.*

Decreased utilization could be a reflection of the pandemic's impact on services, even though some continued by phone.

Priority: Innovative Practices and Access to Behavioral Health Services: Yes. – program aligns with selected priority.

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? Yes.

Highlights from the submitted CLC Plan: *The Refugee Center Board will receive training once per year. Allocation for staff training will be in the budget for CLC Training. The Refugee Center will maintain a local resource guide for clients, with print copies as needed in appropriate languages. Will participate and attend meetings with other immigrant service and advocacy organizations within the Champaign County Immigrant Cooperative to ensure collaboration and coordination for immigrants in Champaign County.*

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY2021? Yes.

Highlights from the submitted CLC Progress Report: *During COVID-19 the facility is closed to the public. Clients are seen by appointment only when necessary. They have hired an outreach specialist to reach clients remotely to let them know about available services at The Refugee Center. Interagency collaboration providing and accepting referrals is ongoing; case notes indicate referrals made to other agencies; collection and entering of ethnic data of clients is ongoing; intake forms indicate ethnicity of clients, recorded in the database. Surveys not distributed due to COVID-19.*

Overarching Decision Support Criteria

Underserved/Underrepresented Populations and Countywide Access: *Addressed in Access and other sections.*

Inclusion and Anti-Stigma: Most of our caseworkers are immigrants who can easily identify with our clients. Their common experience in adjusting to a new home and culture promotes trust and understanding. Once a trusting relationship is established, case workers encourage and support clients to seek opportunities within the community, whether medical or mental health assessment, educational assistance, benefits assistance, job assistance, or navigating our legal system.

Outcomes: *Several measures are included, some regarding relevant consumer outcomes and some the program. Tools for measurement of each are identified. With sensitivity to varying levels of English literacy, a short, simple survey is in use.*

Coordinated System: Related services include the New American Welcome Center (NAWC) and La Linea at the University YMCA. NAWC strives to create a welcoming environment for new immigrants and to help them integrate into American society, providing citizenship programs and immigration legal assistance. La Linea is a referral service that provides assistance to mainly Spanish speakers. Immigration Project assists clients with immigration legal issues only. ISCU (CU FAIR) helps immigrants with food and transportation needs and donated household goods and furniture. Relationship with the New American Welcome Center, collaborating on several grants, including for COVID direct assistance for rent & utility payments. Working with NAWC and other immigrant language and service groups to deliver multi-lingual and culturally appropriate COVID vaccine education.

Budget and Program Connectedness: *The Budget Narrative thoroughly describes all revenue sources and expenditures associated with the program, and how costs to be charged to the CCMHB were calculated. Details are included on all personnel associated with the program; increased funding to support pay increases for several (competitive and to comply with State of IL minimum wage rules).*

Approach/Methods/Innovation: Because many of our staff are immigrants with long standing ties to the community, we develop a trusting relationship with our clients. They know that if they are having problems, they can come to us for assistance. If we need to refer them to another provider, a case worker often accompanies them for translation and support... we can accommodate 10 different languages in house plus a variety of languages by appointment. Most clients do not call for appointments but simply show up at our door – assisting clients on the spot is unique and much needed.

https://folio.iupui.edu/bitstream/handle/10244/771/TrustedHands_021010_FINAL..pdf?sequence=1

<https://extension.umn.edu/vital-connections/building-trust-communities>

Evidence of Collaboration: IDHS Immigrant Family Resource Program and Illinois Welcoming Center. US Conference of Catholic Bishops MOU to receive refugees as a remote resettlement agency; RACES Community Partnership Agreement; US Committee for Refugees & Immigrants Trafficking Victims Assistance Program; United Way. Participates in many collaborations to get resources to immigrants, including an interpretive language service group with representatives from Carle and other immigrant and foreign language groups. Meeting with the Mental Health First Aid & Faith Community Health group to discuss collaboration.

Staff Credentials: Executive Director is a licensed attorney with immigration law training. Staff members include 2 Bachelor's of Social Work and one Master's of Social Work. Two staff are medically certified translators. Some staff have decades of experience in delivering services to the immigrant community of Champaign County and are immigrants with shared common experiences. Staff receive regular public benefit application and outreach training through the Illinois Coalition for Immigrant and Refugee Rights, IL Department of Human Services, as well as continuing language assessment and training through the DuPage Federation.

Resource Leveraging: *While CCMHB grant is not used as match for another grant, the agency has applied for and plans to apply to multiple funders. Previous application proposed the MHB portion of total revenue as 18%, compared to 14% for PY22.* **Other Pay Sources:** Grants through IL Dept of Human Services, IL Coalition for Immigrant and Refugee Rights, Cunningham Township/City of Urbana, United Way & UWay designated donations, Trafficking Victims Assistance Program (TVAP), USCCB, private donors and fundraising events. **Client Fees** No **Sliding Scale** No

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2022 contract:

- Consider a two-year term.
- Eligibility questionnaire should be revised prior to next application cycle.

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCMHB Executive Director in writing if there are factual errors which should be corrected prior to completion of award process.

Recommendation: Pending



DRAFT PY2022 MHB Program Summary

Agency: Family Service of Champaign County

Program: Counseling

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2022 CCMHB Funding Request: \$30,000

Focus of Application: Mental Health

Type of Contract: Grant

Priority: Crisis Response and Intervention

Services and People Served

Target Population: County residents (as young as 5), couples, and families, majority low-income and/or without insurance, priority to those referred from Drug Court. One of the few agencies in Champaign County without a religious orientation offering both short-term and long-term behavioral health services on a sliding fee scale. 90% of clients served are the individuals who find it the most difficult to afford quality mental health services that will address their needs.
Staff Comment: continues as in prior years. Priority to Drug Court clients.

Scope, Location, and Frequency of Services:

- Mental health assessment, treatment plan development, and counseling to individuals, couples, and families
- Relationship assessment for all Drug Court clients and/or with their family members prior to graduation from Drug Court to assess how the families of the Drug Court clients have adjusted to the sobriety changes made by the individual Drug Court client.
- When providing services to Drug Court clients, our therapists prepare progress reports for those clients that are submitted to the Judge and the primary Drug Court Rosecrance counselor.
- With every client seen in the Counseling program, therapists address the needs of the individual and their family members including partners, the parents and/or the children. Issues addressed can include anger management, abuse (adult and/or child), child behavioral issues, family discord, trauma, grief and substance abuse. A strong educational component is included when addressing issues such as substance abuse and parenting challenges.

Counseling sessions primarily at the agency office. During the COVID-19 pandemic, as a result of social distancing restrictions, telehealth is an option. The therapists do coordinate services with other community service providers in an effort to ensure a "single integrated treatment plan across systems." The client's issues and needs will drive how often they will see a therapist. Sessions are approximately one hour in length and vary in frequency from weekly to monthly.
Staff Comment: as in prior years. Telehealth services as a result of pandemic (perhaps this option will continue?)

Access to Services for Rural Residents: program information is distributed to schools, places of worship, community centers and libraries in the rural Champaign County communities. At the beginning of the school year, school social workers and guidance counselors at rural community schools receive an information packet with information about linking their families to the program. The Counseling program is represented at Human Services Council and Rantoul providers group. While the program's limited staff and funding do not allow us to extend service delivery to locations outside of our Champaign facility, we offer limited evening hours so that the service is more accessible to those who may have further to travel. During the pandemic, telehealth options allow rural residents to access services from their homes.

Access to Services for Members of Underserved or Underrepresented Minority Populations: Information about our Counseling program is shared with many agencies, such as CU Public Health District, who inform their clients about our Counseling program. Flyers are put on public bulletin boards in locations such as at Lincoln Square, in grocery stores, and at Salt & Light. Limited evening hours for clients to access counseling services after their workday ends. Sliding fee scale offered and ability to accept Medicaid makes quality mental health services affordable. Counseling program services are available at our Champaign office, located along one of the main CU Mass Transit District routes. During the pandemic, telehealth allows those who are underserved/underrepresented to access services from their homes.

Staff Comment: continues PY20/PY21, including sliding scale (reducing costs to increase access), and adds participation in Rantoul Providers group, ability to accept Medicaid, and pandemic consideration, all increasing access.

Residency of 62 People Served in PY2020 and 39 in first half of PY2021

Champaign	28 (45.2%) for PY20	18 (46.2%) for PY21
Urbana	19 (30.6%) for PY20	17 (43.6%) for PY21

Rantoul	1 (1.6%) for PY20	1 (2.6%) for PY21
Mahomet	5 (8.1%) for PY20	2 (5.1%) for PY21
Other Champaign County	9 (14.5%) for PY20	1 (2.6%) for PY21

Demographics of 62 People Served in PY2020

Age	
Ages 7-12 -----	1 (1.6%)
Ages 13-18 -----	5 (8.1%)
Ages 19-59 -----	48 (77.4%)
Ages 60-75+ -----	8 (12.9%)
Race	
White -----	40 (64.5%)
Black / AA -----	17 (27.4%)
Asian / PI -----	1 (1.6%)
Other (incl. Native American and Bi-racial) -	4 (6.5%)
Gender	
Male -----	29 (46.8%)
Female -----	33 (53.2%)
Ethnicity	
Not of Hispanic or Latino/a Origin -----	62 (100.0%)

Program Performance Measures

CONSUMER ACCESS: Champaign County residents as young as age 5 through the lifespan. Initiated by direct contact from a prospective client or a referral from an outside source. Self-referrals receive a brief phone screening to discuss their issues and determine if their needs are within the scope of practice of our therapists. If their needs are beyond our scope, individuals are referred to more appropriate resources. Program determines if a person meets criteria by self-report of a potential client. As the therapist and client share information while completing the mental health assessment and social history, the therapist determines whether the client's needs and treatment will be within the scope of clinical practice offered. People learn of the program through: community fairs such as Jettie Rhodes Day and Disability Expo; agency brochures and bulletin board flyers to organizations that provide other services such as housing and food assistance to the target population; agency website and social media platforms that individuals can access through computers at the public libraries; and program information provided to places of worship and schools throughout Champaign County.

Within 2 days from referral, 90% of those referred will be assessed.

Within 5 days of assessment, 85% of those assessed will engage in services.

People will engage in services for: varies greatly, from one session to several years; it is difficult to average.

Additional Demographic Data: gross family income for purposes of the sliding fee schedule.

Staff Comment: continues much of PY20/PY21, taking out that no proof of income is required, and adding that program information is shared to places of worship and schools. Targets and length of engagement continue.

CONSUMER OUTCOMES: to improve the client's level of functioning, may include: reducing stress, depression or anxiety; reducing relationship conflicts; improving parenting or communication skills or ending an abusive relationship.

1. Individuals receiving our services will report improvement in four areas of functioning: individual, relational, social and overall.
2. Individuals receiving our services who have a treatment plan will meet the treatment goals that they established with their therapist.
3. Individuals receiving our services who have a treatment plan will have improvement in their functioning over the course of treatment.
4. Individuals who are Drug Court clients will complete a relationship assessment with the therapist. The therapist will make recommendations for additional services if appropriate.

Measured by:

1: Outcome Rating Scale (ORS) developed by Miller & Duncan (2000), a self-report questionnaire given to a client when their treatment plan is reviewed and/or revised. The ORS uses a gradient scale rating range of 0 (doing poorly) to 10 (doing very well) for each of the areas of functioning measured (individual, relational, social and overall functioning) for a maximum potential score of 40.

2: Individual treatment plans are typically reviewed quarterly. Clients determine with the therapist success in meeting

113

treatment objectives, outcomes and goals. The therapist uses the most recent treatment plan to evaluate the client's success with goal completion after a client's case is closed.

3: Global Assessment of Functioning (GAF). A GAF score is determined by the therapist during the initial mental health assessment and re-determined whenever their plan is updated or the case is closed. A comparison of scores notes changes in a client's functioning. The scale ranges from 0 (inadequate information) to 100 (superior functioning).

4: a relationship assessment developed by the Counseling program. It is completed with each Drug Court client before they can graduate. The Drug Court Judge receives a letter from the therapist noting completion of the assessment.

Outcome gathered from all participants? Yes

Anticipate 70 total participants for the year.

Will collect outcome information: quarterly and at case closure for # 1,2,3; at completion of assessment for # 4.

Is there a target or benchmark level for program services? Yes

1: The benchmark for the ORS is a total score of 35-40. This means that a client is feeling that they are doing very well in all areas of their life. This benchmark is established by those who developed the tool.

2: The treatment goals benchmark is that progress has been made on objectives and treatment goals have been met at time of case closure. This is an internal benchmark developed by our program.

3: The benchmark for the GAF is a score of 91-100 at time of case closure. This score represents superior functioning in a wide range of activities. This benchmark is established by those who developed the tool.

4: The benchmark for the Drug Court relationship assessments is that clients referred from Drug Court will successfully complete their relationship assessment. This is an internal benchmark developed by our program.

Estimated levels of change:

1: 70% of TPCs, at time of case closure, will have achieved a minimum 5 point increase in ORS score.

2: 70% of TPCs, at time of case closure, will have shown improvement on at least 60% of their objectives and will have met at least 60% of treatment goals.

3: 70% of TPCs, at time of case closure, will have achieved a minimum 5 point increase in GAF score.

4: 80% of clients referred by Drug Court will complete their assessment.

Staff Comment: maintains outcomes, targets, and assessment tools as in PY20/PY21. Increase from 65 to 70 participants.

UTILIZATION:

Treatment Plan Clients (TPCs): 40 clients seen for at least three sessions with opportunity to develop a treatment plan.

Non-Treatment Plan Clients (NTPCs): 30, primarily Drug Court clients who we see for a one-time relationship assessment; also clients who engage for several sessions but discontinue service before their treatment plan is complete.

Staff Comment: for the current year, the program is on track to meet the TPC target of 40 and below target for NTPC. In the previous year, exceeded TPC target of 35 and slightly below NTPC of 30. Proposed for PY22 is an increase in TPCs.

Financial Analysis

PY2022 CCMHB Funding Request: \$30,000

PY2022 Total Program Budget: \$73,150

Current Year Funding (PY2021): \$30,000

CCMHB request is for 41% of total program revenue. Other revenue from Contributions \$17,950 (25%) and Program Service Fees \$25,200 (34%).

Staff Comment: program service fees make up for fewer sources of revenue in PY22 and a decrease in the MHB share.

Expenses: Personnel related costs of \$24,655 are the primary expense charged to CCMHB at 82% of \$30,000.

Other expenses are: Professional Fees/Consultants \$307 (1%); Consumables \$615 (2%); General Operating \$698 (2%); Occupancy \$2,774 (9%); Conferences/Staff Development \$103; Local Transportation \$40; Equipment Purchases \$103; Lease/Rental \$43; Membership Dues \$5; and Miscellaneous \$657 (2%).

Total Agency, Total Program Budget, and CCMHB Budgets are BALANCED.

Program Staff to be funded by CCMHB: 0.19 Indirect and 0.52 Direct = 0.71 FTEs Total CCMHB.

Total Program Staff: 0.46 Indirect and 1.25 Direct = 1.71 FTEs Total Program.

Staff Comment: Professional fees will pay for IT consultant, payroll service, and audit fees. Membership dues will pay for Human Services Council membership. Miscellaneous expense will pay for computer maintenance, printing, staff/volunteer recognition, bad debt expense (NOT allowed by CCMHB), copier maintenance, and advertising.

Audit Findings: The audit revealed material weakness regarding segregation of duties related to the organization's accounting procedures and processes.

Priorities and Decision Support Criteria

Expectations for Minimal Responsiveness: *Eligibility questionnaire is out of date, with some newer questions missing. Application is complete, meeting expectations.*

Priority: Crisis Response and Intervention: *Yes. Program aligns with selected priority.*

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? *Yes.*

Highlights from the submitted CLC Plan: *Family Service Center has incorporated CLC as part of the strategic planning for the organization. Making CLC as a priority has ensure that CLC is part of the agency's commitment to cultural and linguistic competence. All board members and staff receive and review the CLC Plan when there are modifications to the plan. Interpreters, translators, and cultural consultants will be utilized whenever necessary to provide culturally and linguistically appropriate services to clients. MOUs are completed to collaborate with other agencies serving diverse populations.*

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY21? *Yes.*

Highlights from the submitted CLC Progress Report: *In this report period, several staff members participated in CLC training offered by third parties through webinars, etc. Some of the topics included: "Closing the Gap Between Values and Reality: Disability Inclusion in Culturally Specific Work;" "What is Racial Trauma: Understanding How Trauma Affects the Black Community;" "Providing Culturally Sensitive Care at End of Life;" and "People of Color, Disabilities and Mental Health." Due to the COVID-19 pandemic, many services that are normally provided in person at our facility or through home visits were provided via phone or a web-based platform to assure continued accessibility.*

Overarching Decision Support Criteria

Underserved/Underrepresented Populations and Countywide Access: *Yes. Strategies are described above and in CLC Plan. Previous year demographic and residency data demonstrate reach. Some referrals are from Drug Court, dependent on referrals and decisions of other systems and a collaborative.*

Inclusion and Anti-Stigma: *a trauma- informed program that operates on a philosophy of self-determination and respect for the client. Therapists work with clients to create a therapeutic environment that is respectful, mindful and sensitive to the client's culture, values, beliefs, traditions, customs, family values, trust and personal preferences. The client's right to make personal choices is respected, as long as no harm to self or others would result. There continues to be a stigma regarding obtaining mental health services. The Counseling program therapists do all they can to reassure clients of the benefits of mental health services. Confidential - information is only shared with outside agencies with client's consent.*

Outcomes: *Yes. Consumer outcomes are relevant and thorough.*

Coordinated System: *one of the few local agencies without a religious orientation offering both short-term and long-term behavioral health services on a sliding fee scale that targets low income and uninsured clients, also accepting most Medicaid plans. A number of other counseling services have long waiting lists. The Program Director who supervises the Counseling program attends weekly Drug Court team meetings, during which Drug Court client progress is reviewed and next levels of services discussed (for the individual and family members, to stabilize progress.) Rosecrance provides case management, group therapy for Drug Court clients and coordinates higher levels of behavioral therapies. Family Service is providing counseling services to the individual Drug Court clients and their family members, may include grief counseling, marital therapy, and/or trauma counseling. Recommendations are made by all the team members.*

Budget and Program Connectedness: *Yes. The budget narrative thoroughly describes other revenue for the program, expenses to be charged to this contract, and how those expenses were calculated.*

Approach/Methods/Innovation: *Research published by the National Association of Drug Court Professionals in their Adult Drug Court Best Practice Standards, Volume II recognizes the importance of family therapy for the family members of Drug Court participants. Articles noted include: Berg & Huebner, (2011), Reentry and the ties that bind: An examination of social ties, employment and recidivism. Justice Quarterly, 28(2), 382-410.; Fergusson et al., (2002), Deviant peer affiliations, crime and substance abuse: A fixed effects regression analysis. Journal of Abnormal Child Psychology, 30(4), 419-430.; Knight & Simpson, (1996), Influences of family and friends on client progress during drug abuse treatment. Journal of Substance Abuse, 8(4), 417-429.; Wright & Cullen, (2004), Employment, peers, and life-course transitions. Justice Quarterly, 21(1), 183-205.*

Evidence of Collaboration: *written working agreements with Champaign County Drug Court and CUPHD.*

Staff Credentials: *The two therapists are licensed clinicians (LCSW/LCPC) and have many years of experience in the mental health field. The clinical supervisor/clinical therapist is .5 FTE, clinical therapist is .53 FTE, and both have the IDCFS Trauma-Informed Credential for treatment providers. Program Director has a Masters in Nonprofit Administration*

and a background working with psychiatric patients. Weekly group clinical supervision includes client case reviews. The clinical supervisor is able to provide weekly and as needed individual supervision as well.

Resource Leveraging: *Not used as match for other funding; CCMHB portion of total program revenue is 41%. This is a decrease in the MHB share, from 47% in PY20.* **Other Pay Sources:** Other sources of program funding include donations and client fees. **Client Fees** Yes **Sliding Scale** Yes

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2022 contract:

- *Revise expense form to eliminate bad debt expense.*
- *Offer a two-year term.*
- *If telehealth expansion continues post-pandemic, will the program continue to offer it and with any impact on scope of services?*
- *Eligibility questionnaire is older (2011) – update prior to next application cycle.*

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCMHB Executive Director in writing if there are factual errors which should be corrected prior to completion of award process.

Recommendation: Pending

116

Family Service - Counseling

DRAFT PY2022 MHB Program Summary

Agency: Family Service of Champaign County

Program: Self Help Center

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2022 CCMHB Funding Request: \$28,430

Focus of Application: Mental Health

Type of Contract: Grant

Priority: Innovative Practices and Access to Behavioral Health Services

Services and People Served

Target Population: individuals in Champaign County trying to locate self-help/support groups or start a group when no local group exists to meet their needs; group leaders experiencing group dynamics challenges or wishing to improve the visibility and effective functioning of their groups; and professionals wanting to work more effectively with groups and/or refer clients to groups.

Staff Comment: as in prior years, identifies three audiences.

Scope, Location, and Frequency of Services:

1. Information database on support groups in Champaign County and selected groups in surrounding communities.
2. Publish a support group directory every other year listing local and regional groups. Distributed to professionals, group leaders and members on an ongoing basis. The online edition is continually updated as information frequently changes.
3. Maintain an internet home page and an online listing of groups and activities. The SHC maintains information regarding more than 200 self-help and support groups.
4. Establish eleven specialized lists of group information by major topical themes. Lists are posted on bulletin boards in numerous human service agency lobbies, public libraries and counseling offices. These specialized lists are available to anyone requesting them and are made available at community health fairs and forums.
5. Maintain a lending library in the SHC of training materials for self-help group leaders and individuals interested in starting a group.
6. Provide consultation services and educational packets for individuals wanting to start a group or improve existing group functioning. Consultation is by phone, video conference, or in face-to-face meetings at a location convenient to the individual.
7. Coordinate and host a day-long self-help conference for group leaders, members, professionals, and the interested public every other year. A biennial conference is planned for FY21. The next will be held in the spring of 2023.
8. Provide 1 to 3 half-day workshops in alternate years for self-help group skill development. One was held in FY21.
9. Enhance public awareness regarding self-help groups by actively participating at community fairs/forums for the public or professionals.
10. Publish and distribute the Self-Helper quarterly newsletter for group leaders, support group members and community professionals.

As an information clearinghouse, assistance to individuals through phone conversations, emails, via our website or directory, video conference, or face-to-face contact at a location convenient to the individual. Conferences and workshops at venues accessible to attendees who need to make use of public transportation. During COVID-19 social distancing restrictions, conferences and workshops are held by video conference.

Staff Comments: continues as in prior years, adds the impact of pandemic, adding video conference events.

Access to Services for Rural Residents: information on self-help groups and support groups is accessible to rural residents online and by phone/email. The SHC mailing list includes rural libraries and churches for distribution of the directory and other meeting notices. SHC also distributes information at community fairs such as at Parkland College, City of Champaign Employee Fair and the Disability Expo that many rural residents attend. Rural residents can obtain information about any self-help or support group with a phone call or email to the coordinator, who can arrange a video call or a face-to-face consultation at a convenient location for a rural resident if it is desired. The rural churches, libraries and community centers have posted the information regarding the various groups on their bulletin boards. All workshops and conferences held at Champaign locations that are easy for rural residents to find. During the current COVID-19 pandemic, when social distancing restrictions are in place, conferences and workshops are held by video conference.

Access to Services for Members of Underserved or Underrepresented Minority Populations: through agency webpage or by calling the SHC directly. Information regarding support group resources is distributed by the Self-Help Center Coordinator to organizations that serve people who are members of underserved or underrepresented minorities such as Salt & Light, Restoration Urban Ministries and C-U @ Home. Specialized support group lists are available at local libraries for anyone to obtain. The Coordinator will mail an information packet to anyone requesting. Professionals can refer an individual to a group that will best match the individual's challenges with transportation issues. The SHC is in the Family Service office building, on a main C-U Mass Transit route for anyone seeking information.

Staff Comment: similar to PY20/PY21, with addition of video conferences during pandemic.

Residency of 16 People Served in PY2020 and 17 in first half of PY2021

<u>Champaign</u>	3 (18.8%) for PY2020	12 (70.6%) for PY2021
<u>Urbana</u>	2 (12.5%) for PY2020	2 (11.8%) for PY2021
<u>Rantoul</u>	0 for PY2020	0 for PY2021
<u>Mahomet</u>	1 (6.3%) for PY2020	1 (5.9%) for PY2021
<u>Other Champaign County</u>	10 (62.5%) for PY2020	2 (11.8%) for PY2021

Demographics of 16 People Served in PY2020 are not available.

Program Performance Measures

CONSUMER ACCESS: outreach efforts and dissemination of information focused on residents of Champaign County. Unique in the nature of the services it provides as an information clearinghouse, no direct service to clients. People learn about the SHC from website, newsletters, the directory, and from flyers posted in libraries, community bulletin boards, churches, community fairs, and forums. Information about the various groups is sent to area mental health providers, area hospital social workers, and school social workers.

People will engage in services, on average, for: N/A, an information clearinghouse.

Additional Demographic Data: Due to confidentiality/anonymity, limited information is collected on the information and referral calls except for the topic and if person is a professional or a lay person. Data collected as voluntarily provided on workshop/conference registration forms: gender, ethnicity, age group, lay or professional registrant and zip code.

Staff Comment: unchanged from PY20/PY21. Not a direct service provider, no eligibility criteria other than County.

CONSUMER OUTCOMES:

1. Through the SHC, individuals and families will be made aware of the existence of self-help groups and will be provided information and/or referral to a group(s) appropriate to address their needs (when one is available).
**Participation in public awareness activities, which include informational fairs, conferences, public education presentations, media events, and publications.
**Continual update of the on-line version of the Support Group Directory, the Specialized Lists and the website.
**Rural libraries and churches will receive hard copies of the directory and other meeting notices.
2. Through the SHC, individuals wanting to start a group and group leaders experiencing difficulties will be able to effectively start and lead groups and group visibility will increase.
**Consultation services available to individuals wanting to start a group or to group leaders experiencing difficulties.
**Training opportunities provided through the biennial Self-Help Conference and the workshops.
**Resources available through lending library to help with group development and understanding of group dynamics.
3. Through the SHC, professionals will be able to locate self-help groups to which they can refer their clients and will know how to work effectively with groups.
**Distribution of the printed Support Group Directories, Specialized Lists, quarterly newsletter and website information to group leaders and professionals.
4. Through the SHC, the coordinator will monitor and track the existence of the support groups in Champaign County to better know and understand the demographics of the groups and maintain relationships with group leaders.

Measured by:

1. Individuals will be connected to a support/self-help group that will adequately address their needs. The Coordinator will maintain a log of all contacts and track distribution of the directories. Also tracked are the number of phone calls received with responses provided by the Coordinator, number of emails, number of consultations, and the topic and number of community events in which the Coordinator participates. Through the first half of FY21, the SHC Coordinator did not participate in any community fairs or in-person presentations due to the COVID-19 pandemic. He

participated in 2 community media events via WEFT radio. Information was maintained on 315 support groups. 38 printed directories were distributed, 10 I&R calls were addressed, there were 2623 website views, 2 editions of the newsletter were distributed and responses were provided to 402 emails.

2. The Coordinator will provide consultations that assist an individual start a group or help a current group leader overcome difficulties with their group. The workshop and conference topics will be relevant to address group leader needs. The SHC Coordinator developed an evaluation tool for conference and workshop attendees. Areas evaluated include skills acquisition, knowledge, satisfaction, and implementation of information. Through the first half of FY21, the coordinator provided 5 consultations. One workshop was held and we received above a 90% rating in all of the evaluated areas. Six evaluations were received from 16 attendees.
3. Professionals will be successful in locating and referring their clients to appropriate groups. Professionals will receive printed copies of the Support Group directories. See above for the first half of FY 21 numbers.
4. The SHC Coordinator will survey all known self-help and support groups once/year to collect information about group demographics and allow group leaders to share concerns or training needs that they have.

Outcome gathered from all participants? No. Will obtain outcome information from post service surveys completed by attendees at any workshops or conferences offered by the SHC and from the group leaders who complete the support group survey regarding concerns, challenges and training needs.

Anticipate 270 total participants for the year.

Will collect outcome information: after workshops and conference and annually from the Support Group survey.

Is there a target or benchmark level for program services? Yes. Set in 2005 - to obtain an overall good or excellent rating on our evaluation from all attendees of the workshops or conferences regarding skills acquisition, knowledge, satisfaction, networking opportunities and implementation of information presented by the speaker(s).

Estimated level of change for this outcome: Ninety-five percent (95%) of workshop and conference attendees will provide an overall rating of good or excellent on the workshop or conference evaluation.

Staff Comment: continues outcomes and assessment tools as in PY20/PY21 and reports on activities for the first half of PY21, some decreased by COVID, with an increase in # of support groups and addition of WEFT radio events.

UTILIZATION:

Community Service Events (CSEs): 270 In FY 22, the Self-Help Center has a target goal of 270 CSE's. We decrease the number of CSE's in the years when we do not hold a biennial conference. The SHC CSE's include our participation in public presentations such as the Parkland Depression Screening Day and consultations to individuals seeking to develop new groups. Additional CSEs are development of the Support Group directory and the Specialized lists and disseminating a quarterly newsletter to the support group mailing list.

Staff Comment: for current year, the program is on track to meet the target of 300. The PY20 target of 270 CSEs was met.

Financial Analysis

PY2022 CCMHB Funding Request: \$28,430

PY2022 Total Program Budget: \$31,230

Proposed Change in Funding - PY2021 to PY2022 = -1.7%

Current Year Funding (PY2021): \$28,930

CCMHB request is for 91% of total program revenue. Other revenue is from a Carle Foundation Hospital Grant \$2,500 (8%) and Miscellaneous (\$300).

Expenses: Personnel related costs of \$23,117 are the primary expense charged to CCMHB at 81% of \$28,430.

Other expenses are: Professional Fees/Consultants \$455 (2%); Consumables \$628 (2%); General Operating \$819 (3%); Occupancy \$1,388 (5%); Conferences/Staff Development \$182 (1%); Local Transportation \$23; Equipment Purchases \$137; Lease/Rental \$137; Membership Dues \$455 (2%); and Miscellaneous \$1,089 (4%).

Total Agency, Total Program, and CCMHB Budgets are BALANCED.

Program Staff to be funded by CCMHB: 0.13 Indirect and 0.57 Direct = 0.70 FTEs Total CCMHB.

Total Program Staff: 0.14 Indirect and 0.63 Direct = 0.77 FTEs Total Program Staff.

Staff Comment: Professional fees will pay for workshop presenters, IT consultant, payroll service, and audit expense. Membership dues will pay for IAIRS membership. Miscellaneous expense will pay for computer maintenance, printing, staff/volunteer recognition, advertising, and copier maintenance.

Audit Findings: The audit revealed material weakness regarding segregation of duties related to the organization's accounting procedures and processes.

Priorities and Decision Support Criteria

Expectations for Minimal Responsiveness: *Eligibility questionnaire is out of date, with some newer questions missing. Application is complete, meeting expectations, including how the services continued during pandemic.*

Priority: Innovative Practices and Access to Behavioral Health Services: *Yes. Program aligns with selected priority.*

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? *Yes.*

Highlights from the submitted CLC Plan: *Family Service Center has incorporated CLC as part of the strategic planning for the organization. Making CLC as a priority has ensure that CLC is part of the agency's commitment to cultural and linguistic competence. All board members and staff receive and review the CLC Plan when there are modifications to the plan. Interpreters, translators, and cultural consultants will be utilized whenever necessary to provide culturally and linguistically appropriate services to clients. MOUs are completed to collaborate with other agencies serving diverse populations.*

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY21? *Yes.*

Highlights from the submitted CLC Progress Report: *In this report period, several staff members participated in CLC training offered by third parties through webinars, etc. Some of the topics included: "Closing the Gap Between Values and Reality: Disability Inclusion in Culturally Specific Work;" "What is Racial Trauma: Understanding How Trauma Affects the Black Community;" "Providing Culturally Sensitive Care at End of Life;" and "People of Color, Disabilities and Mental Health." Due to the COVID-19 pandemic, many services that are normally provided in person at our facility or through home visits were provided via phone or a web-based platform to assure continued accessibility.*

Overarching Decision Support Criteria

Underserved/Underrepresented Populations and Countywide Access: *Yes. Strategies are described above and in CLC Plan. Previous year residency data demonstrate reach.*

Inclusion and Anti-Stigma: *Everyone who contacts the Self-Help Center has a different need whether this is finding an appropriate support group, creating a support group, a training request, etc. We do our best at helping the individual address their need whatever it is. All inquiries are confidential and anonymous. The information we collect includes the topic the individual is searching and whether the person is a professional or lay person. SHC Coordinator represents Family Service with the Alliance for Inclusion and Respect (AIR) and the Disability Expo.*

Outcomes: *Consumer outcomes are relevant to the services and people served, include measurable targets, and are associated with strategies and some tools (survey, e.g.) for assessment.*

Coordinated System: *a unique resource available to people in Champaign County and the only clearinghouse of its kind in east central Illinois; partners with several area coalitions and AIR and the Disability Expo Steering Committee. This involvement and leadership with creating, planning, and participating in events assists the Self-Help Center to ensure that information relevant to the needs of diverse populations is delivered to those who can most benefit. The SHC Coordinator has been a panel discussion member at an event held at Parkland College. The SHC Advisory Council is comprised of community members representing numerous organizations (UI College of Nursing, Circle of Friends Adult Daycare, OSF/Heart of Mary Medical Center, UI Child Development Lab, Family Advocacy Center, CCMHB/CCDDB, and P.A.C.E.) and assists SHC Coordinator with identification of conference and workshop topics and speakers.*

Budget and Program Connectedness: *Yes. The budget narrative thoroughly describes other revenue for the program, expenses to be charged to this contract, and how those expenses were calculated.*

Approach/Methods/Innovation: *Research on self-help and mutual aid support groups was conducted in 2002 by Elaina Kyrouz, Ph.D. and Keith Humphreys, Ph.D. They reviewed studies regarding: mental health groups, weight loss groups, bereavement groups, diabetes groups, caregiver groups, groups for elderly, cancer groups, chronic illness groups, and addiction-related recovery groups. The studies that were reviewed specifically looked at groups led by non-professionals. Results in the majority of these studies demonstrated positive change by group members. Examples of studies reviewed: Humphreys, K. and R. H. Moos (1996) Reduced Substance-Abuse-Related Health Care Costs among Voluntary Participants in Alcoholics Anonymous. *Psychiatric Services*, 47, 709-713. Over a period of three years, alcoholics who initially chose to attend AA were compared to those who sought help from a professional outpatient treatment provider (total N=201). Those who chose to attend AA had 45% (\$1826) lower average per-person treatment costs than did those who chose outpatient treatment.*

*Caserta, M. S. and Lund, D. A. (1993). Intrapersonal Resources and the Effectiveness of Self-Help Groups for Bereaved Older Adults. *Gerontologist* 33(5): 619-629. Widows and widowers over age 50 who participated in bereavement self-help groups (N=197) experienced less depression and grief than nonparticipants (N=98) if their initial levels of interpersonal and coping skills were low.*

Evidence of Collaboration: no written working agreements; works with community organizations such as Carle and OSF that offer support groups, to ensure their information is available in our database and directory.

Staff Credentials: The .53 FTE Self-Help Center coordinator has a B.S., Ed.M., and Ph.D. in Education from the University of Illinois, has been responsible for the Self-Help Center since 2019. His past work experience includes being a biofeedback therapist, Crisis Line Supervisor, Professor, Director of Education, and Director of Business Operations. The program director who supervises the SHC coordinator has a Master's in Nonprofit Administration and experience working with psychiatric patients, the elderly, individuals with developmental disabilities and learning disabilities.

Resource Leveraging: *as in previous years, CCMHB would provide 91% of total program revenue, not used as match for another source of funding.* **Other Pay Sources:** Other sources of program revenue include a Carle donation and workshop/conference fees when workshops/conferences are held in person. **Client Fees** No **Sliding Scale** No

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2022 contract:

- Offer a two-year term, with additional \$500 for the second year to support biennial conference.
- Eligibility questionnaire is older (2011) – update prior to next application cycle.

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCMHB Executive Director in writing if there are factual errors which should be corrected prior to completion of award process.

Recommendation: Pending

121

DRAFT PY2022 MHB Program Summary

Agency: Family Service of Champaign County

Program: Senior Counseling & Advocacy

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2022 CCMHB Funding Request: \$162,350

Focus of Application: Mental Health

Type of Contract: Grant

Priority: Innovative Practices and Access to Behavioral Health Services

Services and People Served

Target Population: any County resident age 60 or older living in a domestic setting, with one or more assessed needs: anxiety, depression, isolation, grief, or other mental health issue; neglect, abuse, exploitation, or self-neglect; and/or the need to access financial or material services or benefits. Priority to those with limited resources. Physical, social, mental, and emotional realities of aging are recognized risk factors for mental health problems... which, if unaddressed, can complicate other chronic diseases, cause [elders] to utilize medical care at a higher rate, exacerbate social isolation, and put them at increased risk for experiencing abuse, neglect, exploitation, or self-neglect. In short, it can tear down the bricks of healthy aging and impact the well-being of our community. Some services for younger adults with disabilities.

Staff Comment: population similar to PY20/PY21, includes reference to research on the need to engage seniors.

Scope, Location, and Frequency of Services:

Information, referrals, assistance with warm transfers to other providers, referral to caseworker for further assessment:

- For Non-TPCs, with the presenting request, caseworkers use interview and standardized assessments... to start a person-centered plan of services and supports; may include short-term supportive counseling, advocacy, referral.
- People become TPCs if staff believe they might benefit from extended services and if the elders are interested.
- For TPCs, long-term supportive counseling, advocacy, referral, and follow-up.
- Supportive counseling uses multiple methodologies including but not limited to: PEARLS evidence-based program to empower older adults with mild depression to manage symptoms and improve quality of life; solution-focused therapy; empathic support; behavioral activation; and motivational interviewing approaches.
- Family interventions and developing/implementing natural supports is another methodology often used.
- Advocacy includes help accessing services addressing poverty, isolation, chronic health concerns and other unmet needs that can lead to depression and anxiety. Staff refer people to community services for which they qualify, working with them until services are engaged. Staff are actively involved in outreach and education to raise awareness county-wide about services and supports available to elders and their families.
- Evidence-based healthy aging programs, including Chronic Disease Self-Management, Diabetes Self-Management, and Matter of Balance falls prevention. Family Service leads in addressing the social isolation of elders, developing a telephone reassurance program and piloting multiple innovative arts-based programs.

Services in client's home, in the office, or in community. During the COVID-19 pandemic, most casework occurs telephonically (per direction from the Illinois Department on Aging), with limited in-person visits for certain APS cases. Office hours 8:30 a.m. – 5:00 p.m., Monday-Friday. After-hours if needed. Advocacy may be a one-time phone call and referral, or until services are in place. NTPC services generally one to two months, TPC may last for several years.

Staff Comment: similar to PY20/PY21; adds telephone and limited in-person visits for continuation of services during pandemic; describes NTPC length of engagement.

Access to Services for Rural Residents: a written outreach plan to present our services to rural areas. Distribute written material and offer talks at libraries, health fairs, senior/community centers, senior potlucks, etc.; hold talks with medical providers who may serve the rural populations; and assign areas and agencies to specific staff members so that year-to-year, our outreach plan can have more cohesion and create better maintained partnerships. Brainstorming to better serve rural elders to allow for innovative approaches. Outreach work continues during COVID by speaking at virtual meetings and by creating or maintaining partnerships via phone, email, or mail. Services are provided in the homes of the elders or in their community, with them or on their behalf (telephonically during COVID) making travel unnecessary. Family Service Senior Transportation program offers rural elders rides to our office and to medical or other appointments without cost to the client. Community Services Center in Rantoul, libraries, churches, other neutral sites, or other service providers

can be used for meetings if more convenient for the elder. Most casework by phone due to COVID-19. The Illinois Department on Aging has defined certain Adult Protective Services cases as eligible for limited in-person visits.

Access to Services for Members of Underserved or Underrepresented Minority Populations: written outreach plan includes efforts to reach underserved or underrepresented minority populations. Being visible at community gatherings such as Jettie Rhodes Day, attending health fairs or senior potlucks where there are significant numbers of minority elders, leaving literature and giving talks at senior housing where the underserved and underrepresented are likely to be, and having a diverse staff in terms of age, ethnicity, and background are all parts of the plan to reach minority populations. Our office is on a bus route and easily accessed. The entry areas are designed to appeal to people of diverse backgrounds. Most services are provided in the homes of elders which helps reach those with mobility issues as well as those uncomfortable in office settings. Interpreters are arranged for those who need them. Services in the home of the elder or in the community, with them or on their behalf. *(COVID modifications and other access considerations as in rural section.)*

Residency of 949 People Served in PY2020 and of 706 in first half of PY2021

<u>Champaign</u>	430 (45.3%) for PY20	347 (49.2%) for PY21
<u>Urbana</u>	303 (31.9%) for PY20	225 (31.9%) for PY21
<u>Rantoul</u>	76 (8.0%) for PY20	42 (5.9%) for PY21
<u>Mahomet</u>	30 (3.2%) for PY20	25 (3.5%) for PY21
<u>Other Champaign County</u>	110 (11.6%) for PY20	67 (9.5%) for PY21

Demographics of 949 People Served in PY2020

<u>Age</u>	
Ages 19-59 -----	74 (7.8%)
Ages 60-75+ -----	862 (90.8%)
Not Available Qty -----	13 (1.4%)
<u>Race</u>	
White -----	536 (56.5%)
Black / AA -----	261 (27.5%)
Asian / PI -----	20 (2.1%)
Other (incl. Native American and Bi-racial) -	12 (1.3%)
Not Available Qty -----	120 (12.6%)
<u>Gender</u>	
Male -----	319 (33.6%)
Female -----	630 (66.4%)
<u>Ethnicity</u>	
Of Hispanic or Latino/a origin -----	24 (2.5%)
Not of Hispanic or Latino/a Origin -----	786 (82.8%)
Not Available Qty -----	139 (14.6%)

Program Performance Measures

CONSUMER ACCESS: Champaign County residents aged 60 or older and living in a domestic setting, with a need for services. Adult Protective Services (APS) available to those ages 18-59 with a disability. (APS services also include Piatt County residents but they are not counted as CCMHB clients.) Standardized and interview assessments along with presenting need to determine eligibility: PHQ-9, Geriatric Anxiety Scale, UCLA Loneliness Scale, and independent Activities of Daily Living Scale. Collect demographic information including income information for some financial assistance programs. An ongoing or periodic assessment of need is done as required. A score of 1 or more on the PHQ2 initial PEARLS screening makes a person eligible for an in-depth PEARLS assessment. Unless the person has a disqualifying issue as per the PEARLS program s/he is eligible for PEARLS. Word of mouth, agency referrals, brochures and other printed materials, health fairs and other community events, faith community, doctor, banker, or first responders, and media such as phone book ads, Facebook, Instagram, and agency website.

Within 14 days from referral, 90% of those referred will be assessed.

Within 7 days of assessment, 95% of those assessed will engage in services.

People will engage in services, on average, for: One day to several years, depending on the service.

Additional Demographic Data: Financial information on some people, living arrangement, living status (alone or with others), marital status, if limited English speaking.

Staff Comment: as in PY20/PY21 but Instagram rather than Twitter, and 14 days to assessment (was 30 days).

CONSUMER OUTCOMES:

1. People will be referred to needed services for anxiety, depression, and/or social isolation.
2. People will have reduced anxiety, depression, and social isolation scores.
3. Seniors and adults with disabilities receiving protective services will have reduced risk scores.
4. PEARLS clients will have reduced PHQ9 scores.
5. People will have their presenting need addressed.

Measured by:

1. Geriatric Anxiety, PHQ-9, and UCLA Loneliness Scale - assessment of elder by caseworker
2. Geriatric Anxiety, PHQ-9, and UCLA Loneliness Scale - assessment of elder by caseworker
3. Adult Protective Services At Risk Scale - assessment of elder by caseworker
4. PEARLS PHQ9 tracking sheet - completed by caseworker
5. Outreach Referral sheet - completed by caseworker

Outcome gathered from all participants? No. Those receiving service contacts or non-treatment plan services will have only #5. Only Adult Protective Services clients will have #3. Only PEARLS clients will have #4. Treatment plan clients may have #1,2,4, and/or 5; they will receive assessments twice a year for #1 and #2.

Anticipate 3400 total participants for the year.

Will collect outcome information: As needed for #1. Every 6 months for #2. Every 3 months for #3. End of program #4. At completion #5.

Is there a target or benchmark level for program services? Yes, agency-determined targets.

Estimated levels of change:

1. 90% will have referrals made; 50% will accept service to which referred.
2. 70% will experience some level of reduced scores.
3. 80% will experience some level of reduced at risk scores.
4. 50% will have some level of reduced PHQ9 scores.
5. 70% will have their presenting need met.

Staff Comment: as in PY20/PY21, but anticipating fewer total participants, and changes in frequency of collection of info.

UTILIZATION:

Treatment Plan Clients (TPCs): 400 clients who require help with long-term or complex needs including mental health issues. Their case record includes a comprehensive assessment, other assessments for depression, anxiety, social isolation, cognitive functioning and/or unmet needs. Each client has a treatment plan addressing assessed needs.

Non-Treatment Plan Clients (NTPCs): 500 clients who require interventions to address short-term or less complex needs. Their case record includes a comprehensive assessment, but no formal treatment plan is developed.

Service Contacts (SCs): 2500 clients who receive information, referral and assistance by telephone or computer to elders, those with disabilities, or those calling on their behalf regarding resources and services needed or wanted by elders.

Staff Comment: In PY20, the program exceeded TPC target, slightly below NTPC target, well below SC target. At mid-year PY21, on track to meet the TPC and NTPC targets but below SC. PY22 target for TPCs will increase, and NTPC and SC decrease.

Financial Analysis

PY2022 CCMHB Funding Request: \$162,350

PY2022 Total Program Budget: \$490,201

Current Year Funding (PY2021): \$162,350

CCMHB request is for 33% of total program revenue. Other revenue is from: United Way \$22,500 (5%); Contributions \$2,250; Fraternal Order of Police Lodge 17 Grant \$500; East Central Illinois Area Agency on Aging (ECIAAA) Senior Information Services Grant \$59,180 (12%); ECIAAA CDSMP/DSMP/MOB Grant \$10,100 (2%); ECIAAA Title VII M-Team Grant \$4,140 (1%); Ford County PHD SHIP \$2,550 (1%); Hoersch Trust Grant \$1,800; Title XX Grant \$23,986 (5%); ECIAAA Title III Caregiver Grant \$17,440 (4%); ECIAAA Title III Sr. Counseling Grant

\$28,805 (6%); ECIAAA MIPPA \$800; ECIAAA Options Counseling Grant \$1,000; IDOA Adult Protective Services \$152,200 (31%); RPC LIHEAP \$350; Interest Income \$50; and Miscellaneous \$200.

Expenses: Personnel related costs of \$136,448 are the primary expense charged to CCMHB at 84% of \$162,350. Other expenses are: Professional Fees/Consultants \$3,925 (2%); Consumables \$2,171 (1%); General Operating \$4,100 (3%); Occupancy \$5,848 (4%); Conferences/Staff Development \$2,640 (2%); Local Transportation \$3,675 (2%); Equipment Purchases \$669; Lease/Rental \$267; Membership Dues \$185; and Miscellaneous \$2,422 (1%).

Total Agency, Total Program, and CCMHB Budgets are BALANCED.

Program Staff to be funded by CCMHB: 0.48 Indirect and 3.33 Direct = 3.81 FTEs Total CCMHB.

Total Program Staff: 1.43 Indirect and 9.98 Direct = 11.41 FTEs Total Program.

Staff Comment: Professional fees will pay for IT consultant, PEARLS psychiatric consultant, contractual payment to CDSMP/DSMP/MOB co-trainers, background checks, payroll service, and audit expense. Membership dues will pay for Illinois Council of Case Coordination Units and IAIRS memberships. Miscellaneous expense will pay for computer maintenance, printing, staff/volunteer recognition, advertising, office equipment maintenance, CDSMP/DSMP/MOB license fees, class materials, and copier maintenance.

Audit Findings: *The audit revealed material weakness regarding segregation of duties related to the organization's accounting procedures and processes.*

Priorities and Decision Support Criteria

Expectations for Minimal Responsiveness: *Eligibility questionnaire is out of date, with some newer questions missing. Application is complete, meeting expectations.*

Priority: Innovative Practices and Access to Behavioral Health Services: *Yes. Program aligns with selected priority.*

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? *Yes.*

Highlights from the submitted CLC Plan: *Family Service Center has incorporated CLC as part of the strategic planning for the organization. Making CLC as a priority has ensure that CLC is part of the agency's commitment to cultural and linguistic competence. All board members and staff receive and review the CLC Plan when there are modifications to the plan. Interpreters, translators, and cultural consultants will be utilized whenever necessary to provide culturally and linguistically appropriate services to clients. MOUs are completed to collaborate with other agencies serving diverse populations.*

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY21? *Yes.*

Highlights from the submitted CLC Progress Report: *In this report period, several staff members participated in CLC training offered by third parties through webinars, etc. Some of the topics included: "Closing the Gap Between Values and Reality: Disability Inclusion in Culturally Specific Work;" "What is Racial Trauma: Understanding How Trauma Affects the Black Community;" "Providing Culturally Sensitive Care at End of Life;" and "People of Color, Disabilities and Mental Health." Due to the COVID-19 pandemic, many services that are normally provided in person at our facility or through home visits were provided via phone or a web-based platform to assure continued accessibility.*

Overarching Decision Support Criteria

Underserved/Underrepresented Populations and Countywide Access: *A variety of strategies is described in Access Sections and CLC Plan. Previous year demographic and residency data demonstrate reach.*

Inclusion and Anti-Stigma: *We are very cognizant of ageism as well as other stigma or discrimination that may be felt by elders. Caseworkers are trained to communicate comfortably about and normalize the challenges and transitions that many adults face in later life. They are also taught to speak openly and invite conversation about stigmatized conditions, such as mental and physical health diagnoses and victimization. When acting as PEARLS counselors, caseworkers build gradual depression education and symptom awareness with clients. Caseworkers discuss these and other aging topics at community events to combat ageism. Our building is accessible and has quiet areas that are comfortable for those with hearing or mobility impairments. The entry areas are designed to appeal to people of diverse backgrounds. Our staff represents diversity of age, race, ethnicity, and social background. Family Service can assist with transportation to services, if needed. But, again, we meet the clients most often in their homes where they are usually most comfortable. Our services are designed to assess the clients' needs and wants, offer them what we know of services and supports, and then help them access those that they choose to the extent that they want our assistance.*

Outcomes: *an appropriate plan for measuring program outcomes. The program may further strengthen their outcomes assessment by a) ensuring consistent understandings about what "counts" for a given outcome (e.g., accepting a referral), b) specifying which assessments are given twice yearly and at what intervals), and c) elaborating on what a presenting need is and how it may differ from Outcome 1.*

Coordinated System: CRIS Healthy Aging Center provides information and referral/assistance and caregiver support. Family caregivers receive some supportive services from other Family Service programs such as HomeCare and Meals on Wheels. Caregivers may receive consultation and referral from staff of those programs. For more intensive caregiver support, these caregivers or others who call will be referred to CRIS for assistance. Seniors needing information and referral/assistance have a choice of providers. If C&A should have a waiting list, callers will be given the option of a warm-transfer of their call to CRIS or other CRIS contact information.

Budget and Program Connectedness: *The budget narrative thoroughly describes other revenue for the program, expenses to be charged to this contract, and how those expenses were calculated.*

Approach/Methods/Innovation: PEARLS (Program to Encourage Active, Rewarding LiveS) is a community-based behavioral health program shown to reduce PHQ-9 scores in elders experiencing mild depression:

<https://depts.washington.edu/hprc/evidence-based-programs/pearls-program/>

With the COVID-19 pandemic, caseworkers have engaged in the PEARLS program with elders who are newly experiencing depression linked to social isolation or whose symptoms have been exacerbated by the pandemic. The program has proven helpful for many clients to manage the stress and anxiety of disrupted routines and constant change. Clients and the community also have access to the Chronic Disease Self Management Program, the Diabetes Self Management Program, and Matter of Balance falls prevention program through the C&A program at Family Service. Our Friendly Caller telephone reassurance program leans on the evidence behind peer-support programs by connecting socially isolated older adults with each other to socialize, share stories and coping strategies, and support each other. Adding to the research of the creative aging field, Family Service will pilot the Foundation for Art and Healing's program, Creativity Circle: <https://www.artandhealing.org/aging/> Utilizing the arts to process healthy aging topics, build resilience and self-worth, and increase social connectivity is an innovative approach for our community.

Evidence of Collaboration: working agreements with CRIS Healthy Aging Center, Care Horizon, Moultrie County Counseling Center, East Central Illinois Refugee Mutual Assistance Center, Developmental Services Center, Rosecrance, OSF Peace Meals, Office of the Coroner of Champaign County, and PACE. Active partnerships (to develop written agreements this year): University of Illinois Extension; University of Illinois Center on Health, Aging, and Disability; Parkland College; Champaign Public Library; Urbana Free Public Library; Parkland TV; and Urbana Public TV.

Staff Credentials: Caseworkers and Program Supervisor must have at least a bachelor's degree in a related field and must qualify as: 1) a Community Resource Specialist - Aging & Disabilities through Illinois AIRS; 2) a SHIP (Senior Health Insurance Program) counselor (except Adult Protective Services caseworkers); and 3) PEARLS (Program to Encourage Active, Rewarding LiveS) counselor (except APS caseworkers).

Two Caseworkers have a Master's Degree in Social Work and have earned their LSW licenses. The Program Supervisor has a Master's Degree in Gerontology. The Program Director has a Master's Degree in Social Work (with a concentration in Gerontology) and a LSW license. The Data and Grants Manager also has a Master's Degree in Social Work and a LSW license. Multiple staff members have undergone Mental Health First Aid training and basic Motivational Interviewing training. Adult Protective Services caseworkers must additionally pass Phase 1 and Phase 2 state training. All caseworkers receive individual clinical supervision every other week. Group supervision and/or training is done every other week (on the opposite weeks as individual supervision).

Resource Leveraging: *While not used as match for another grant, this contract is 33% of total program revenue, with many other sources of support (most grants). Agency has the capacity to bill other insurance when applicable. PY20/PY21 MHB share was 37%.*

Other Pay Sources: Title XX federal grant, Department on Aging Adult Protective Services contract, East Central Illinois Area Agency on Aging grants, United Way grant, Ford County PHD grant, Regional Planning Commission, corporate sponsorship, private trusts/foundations, donations. **Client Fees No Sliding Scale No**

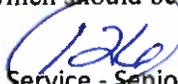
Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY22 contract:

- Eligibility questionnaire is older (2011) – update prior to next application cycle.

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCMHB Executive Director in writing if there are factual errors which should be corrected prior to completion of award process.

Recommendation: Pending


Family Service - Senior

DRAFT PY2022 MHB Program Summary

Agency: Mahomet Area Youth Club

Program: Bulldogs Learning & Succeeding Together

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2022 CCMHB Funding Request: \$15,000

Focus of Application: Mental Health

Type of Contract: Grant

Priority: System of Care for Children, Youth, and Families

Services and People Served

Target Population: students aged 6 to 16 residing in Mahomet and Seymour area... 20% to 25% of the more than 3,200 kids in the district come from low-income households that qualify for free or reduced lunch. Without MAYC, many at-risk, low-income kids with working parents would end up with little or no supervision in potentially dangerous situations when they are not in school. All receiving scholarships for BLAST and Kid's Club qualify for free or reduced lunch; at 110 of 500 total enrolled, this is in-line with the overall district demographic for low-income families. BLAST is a model of inclusion, critical to narrowing the opportunity and achievement gap between low and high-income students.

Staff Comment: similar to PY20/PY21, scholarships allow children of low-income families to attend the BLAST and Kid's Club programs which are open to all Mahomet/Seymour area students.

Scope, Location, and Frequency of Services:

- **BLAST** for students grades K-5. Enrichment activities, academic help, and cultural and community-based programming. Mahomet Seymour Schools District facilities are used since space was limited at MAYC. This provides youth a safe and structured environment, activities in their own school community, additional contact with teachers, school staff, social workers, and guidance counselors, access to specialized learning spaces (computer labs, gyms, music, and art rooms), interaction with caring community volunteers from the UI, Champaign County Park District, and others. Most importantly, the youth are part of an inclusive environment that brings students from all economic backgrounds together. Enrichment classes offer students a chance to experience new activities in arts, culture, life skills, and recreation, through 5-week sessions, 4 times throughout the school year (2 sessions per semester).
- During non-session times, students may participate in the after-school program, **Kid's Club**. Enrichment classes are age-appropriate and from multiple disciplines, including cooking classes, Code Studio, Zumba, Being Creative with Literacy, Wacky Science, Veterinary Medicine, 3D Printing, Money Matters, and many others.
- Mahomet School District has taken a larger financial stake in the program in 2020 to help with the financial burden and growth of the program, allowing MAYC to focus on scholarships for students who cannot afford to participate. Lincoln Trail Elementary and Middletown Prairie Elementary sites for ease of access for all students. Kid's Club every day after school. BLAST enrichment courses 4 days a week over 20 weeks during the school year.

Staff Comment: section is largely unchanged from prior years. Not included is impact of pandemic on in-person services.

Access to Services for Rural Residents: All program locations are outside of C-U. BLAST participants live within the Mahomet-Seymour School district boundaries. BLAST and Kid's Club at the end of each school day, at Lincoln Trail Elementary and Middletown Prairie Elementary due to programming space requirements and availability of youth.

Access to Services for Members of Underserved or Underrepresented Minority Populations: a priority... all attending K-5 in Mahomet-Seymour are eligible; space is held in each course for those in-need financially. Youth recommended for the program based on socio-economic needs are given preferential placement. Economic need is based on free and reduced lunch federal guidelines. All referred students (underserved) are given access to the program, and 100% are given a spot in Kids Club and their 1st or 2nd choice in terms of BLAST enrichment courses.

Residency of 129 People Served in PY2020 and 8 in first half of PY2021

<u>Champaign</u>	1 (0.8%) for PY20	0 for PY21
<u>Mahomet</u>	119 (92.2%) for PY20	8 (100.0%) for PY21
<u>Other Champaign County</u>	9 (7.0%) for PY20	0 for PY21

Demographics of 129 People Served during PY2020

MAYC - BLAST

127

Age	
Ages 0-6 -----	20 (15.5%)
Ages 7-12 -----	109 (84.5%)
Race	
White -----	102 (79.1%)
Black / AA -----	2 (1.6%)
Asian / PI -----	2 (1.6%)
Other (incl. Native American and Bi-racial) -	23 (17.8%)
Gender	
Male -----	61 (47.3%)
Female -----	68 (52.7%)
Ethnicity	
Of Hispanic or Latino/a origin -----	8 (6.2%)
Not of Hispanic or Latino/a Origin -----	121 (93.8%)

Program Performance Measures

CONSUMER ACCESS: elementary age youth in Mahomet School District... scholarship criteria based on free and reduced lunch eligibility. The school compares each youth against their internal documentation. Outreach to eligible participants through: School Reach, the district-wide communication platform; school website, MAYC website, and social media; and BLAST informational meetings led by MAYC staff, board members, and school principals. Programming Director will contact all parents from summer program to encourage participation during the school year. Teachers, social workers, and principals also directly encourage participation with students and parents from the target population.

Within 7 days from referral, 100% of those referred will be assessed.

Within 7 days of assessment, 95% of those assessed will engage in services.

People will engage in services, on average, for: 10 weeks for BLAST; 36 weeks for Kid's Club

Additional Demographic Data: income, family size, and family makeup.

Staff Comment: as in PY20/PY21 application, but reduction from 20 weeks for BLAST.

CONSUMER OUTCOMES:

1. Improve engagement in school - over 60% of kids will be more engaged in school due to the afterschool program.
2. Improve attendance at school - over 40% of parents will expect better attendance from their children when the child is enrolled in BLAST.
3. Increase connectivity (new friends) with peer group - over 70% of kids will make new friends as part of the program.
4. Increase interest in new areas - over 70% of parents will feel that there is enough variety in the BLAST offerings to provide a broad spectrum of subject area content for exposure into new areas.

Measured by:

1. Survey data - Improve engagement in school - BLAST coordinator at Mahomet Schools
2. Survey data - Improve attendance at school - BLAST coordinator at Mahomet Schools
3. Survey data - Increase connectivity with peer group - BLAST coordinator at Mahomet Schools
4. Survey data - Broad exposure to different topics - BLAST coordinator at Mahomet Schools

Outcome gathered from all participants? No, a voluntary survey. All data from surveys are reported and tracked.

Anticipate 100 total participants for the year.

Will collect outcome information 2 times per year (end of semester)

Is there a target or benchmark level for program services? No

Estimated level of change for this outcome:

1. 60% of kids are currently more engaged in school.
2. 45% of parents expect their children to attend school more often.
3. 85% of kids made new friends as part of the program last year.
4. 80% of parents currently feel that there is enough variety.

Staff Comment: same as PY20/PY21, but anticipated participants now include only those funded by these scholarships.

UTILIZATION:

Treatment Plan Clients (TPCs): 12 scholarships to youth that have economic needs, IEPs, special classroom considerations, and other developmental requirements. We anticipate 4 TPCs as part of BLAST programming.

MAYC - BLAST
128

Non-Treatment Plan Clients (NTPCs): 80 scholarships to youth with economic need. We expect 70 students to take advantage of this program.

Service Contacts (SCs): 2200 based on the number of courses and days met for BLAST and Kid's Club.

Community Service Events (CSEs): 1000 - based on registration, program check-in, and end of program survey.

Staff Comment: although other numbers are included in the narrative, the Utilization Form indicates PY22 targets of 12 TPC, 80 NTPC, 2200 SC, and 1000 CSE, so the mismatches are corrected above. In PY2020 all targets other than SC were met or exceeded. PY2021 targets were adjusted, but due to the impact of COVID-19 mitigations, so these are not likely to be met. (Is this related to the mismatches in application?)

Financial Analysis

PY2022 CCMHB Funding Request: \$15,000

PY2022 Total Program Budget: \$16,929

Proposed Change in Funding – PY2021 to PY2022 = 0%

Current Year Funding (PY2021): \$15,000

CCMHB request is for 89% of total program revenue. Other revenue is from Contributions \$1,879 (11%) and Misc \$50 allocated from total agency. *Staff Comment: an increase in MHB share of total revenue (from 66%), primarily due to lower Contributions and no United Way. Asked about support from the school district, the director replied, "a LONG partnership... varied in how it looks over the years. When BLAST was developed, MAYC was funding the whole thing making the enrichment programs free to all families, but this was not sustainable nor was that a need in this community [so now the] district is the primary resource for this. They organize it, host it & staff it. The BLAST courses fees that families pay cover the costs of the program and MAYC provides scholarships for youth from low-income families... These are the funds that are directly from the CCMHB in addition to the Kids Club scholarships... district provides an afterschool program – Kids Club – at both elementary schools. This program has a cost for families and MAYC covers the fees for qualified low-income families. CCRS is also a resource and is applied first before MAYC funds are used."*

Expenses: Specific Assistance of \$15,000 is the only expense to be charged to the CCMHB.

Total Agency Budget shows a Deficit of \$7,095, Total Program a Surplus of \$136, CCMHB is BALANCED.

Program Staff to be funded by CCMHB: 0 Indirect and 0 Direct = 0 FTEs Total CCMHB.

Total Program Staff: 0.03 Indirect and 0 Direct = 0.03 FTEs Total Program Staff.

Staff Comment: Audit expense is not budgeted. Traditionally the only expense to MHB is cost of scholarships.

Audit Findings: The audit revealed material weakness regarding segregation of duties related to the organization's accounting procedures and processes.

Priorities and Decision Support Criteria

Expectations for Minimal Responsiveness: Eligibility Questionnaire is out of date. Application meets expectations. Services were impacted by the pandemic, necessitating changes explained by director: "we adapted to reflect the changes in how education was being delivered. We hosted a Jr. High Remote Learning Program for students who were both attending the hybrid schedule in the fall... and for students who were opting to be fully remote learners... In the spring semester, the district offered 4 day per week in-person and we maintained the remote learning program for the fully remote learners. Through both semesters, the Jr. High students still got the 'normal' afterschool programming benefits of tutors, homework help, recreational activities, socialization with their peers in a safe environment, social and emotional development supports and life skills development... adapted our out-of-school programs as well, including adding a location last summer to accommodate more students in a safe way. We are in the planning stages for this summer's program... will adapt to whatever next school year looks like the best we can to continue to serve Jr. High youth."

Priority: Systems of Care for Children, Youth, Families: Yes. – the current/proposed services align with this priority.

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? Yes.

Highlights from the submitted CLC Plan: MAYC will partner with school social workers, United Way, Eastern Illinois Foodbank, Mahomet Helping Hands, and other organizations to ensure that our underserved populations are aware of other resources in the community. MAYC will seek out former members and siblings of current members to take staff and/or programming roles. Multiple staff members are former members. Partner with social workers and local organizations like The Reading Group to provide support and to have protocols for language assistance when needed.

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY2021? Yes.

Highlights from the submitted CLC Progress Report: *MAYC staff participated in several community events ("town halls") in September & October that were hosted by the school district & the UIUC School of Social Work. These events focused on how the district can improve diversity, equity & inclusion. MAYC staff provided some perspective about the importance of youth voice at these events. Because of the community events, MAYC has begun partnering with the district & the UIUC school of social work & will be supporting formation of a GSA at the Jr. High, bystander training for youth and possibly a parent support group for parents of students identifying as LGBTQ+. MAYC applied for & was awarded Healing Illinois Funds to host conversations about diversity & racial justice with youth & parents. MAYC staff and Board members are participating in the 21 Week United Way Equity Challenge.*

Overarching Decision Support Criteria

Underserved/Underrepresented Populations and Countywide Access: *Yes, per CLC Plan and targeting of youth from low-income households. Demographic and residency data reflective of the service area.*

Inclusion and Anti-Stigma: *demand is exceeding program offerings; yet we still are able to offer scholarships to those in-need and guarantee them space in classes. This inclusive environment gives them a chance to interact with community members, mentors, and other students that they would not have had relationships with otherwise. BLAST & Kids Club make youth happier and safer. Between 3 and 6pm are the peak hours for juvenile crime, bullying, and experimentation with drugs, alcohol, cigarettes and sex. But for the youth in our after-school programs, these hours are filled with education and recreational activities that improve their academic performance and enhance their self-esteem... transforming the most dangerous hours into some of the most fun and productive hours.*

Outcomes: *Yes. Consumer outcomes relate to the goals of the programs and are measurable and relevant.*

Coordinated System: *Don Moyer Boys and Girls Club, DREAM House, and Urbana Neighborhood Connections offer similar services, but they do not have transportation or school relationships in Mahomet. MAYC has visited all three, continues to discuss programming, offerings, state grants, and other opportunities for collaboration.*

Budget and Program Connectedness: *Yes. Budget Narrative includes sufficient detail on revenues and expenses and personnel related to this program. Additional comment - contract supports scholarships to those with financial need.*

Approach/Methods/Innovation: *(section offers detail on the outcomes) Improved attendance and engagement are specific benchmarks that the Act Now After School Network <http://www.actnowillinois.org> recognizes for strong after-school programs.... Parent survey indicates strong increases in engagement and attendance based on the programming.*

Evidence of Collaboration: *written agreement with Mahomet School District for data exchange and partnership agreements; written agreement with EI Foodbank for snack and lunch programs; informal agreement with Mahomet Helping Hands, It Takes a Village and Mom's Pantry to support those in the most need with food and clothing; written agreement with Soul Care for programming focused on mindfulness & stress reduction for Jr. High afterschool program and staff; partnership with Root 2 Branches for diversity workshops for students, parents and staff; partnerships with local churches and Candlewood Trailer Park for activities like swimming and gym use for large group games; and informal agreement with Mahomet Public library for out-of-school programs at MAYC and the library.*

Staff Credentials: *caring community members share experiences with the peers in an age-appropriate environment; content experts from the local school district, the University of Illinois, Champaign County Park District, and other similar organizations. All courses are reviewed for content, and the majority of programming staff have teaching degrees. For those programs where the lead instructor does not have a background in teaching or social work, a certified aide or teacher is assigned to the class to support the offering. Kids Club staff are hired & trained by the school district.*

Resource Leveraging: *Although not used as match for other grant funding, some contributions comprise 11% of the total program revenue. As noted above, the MHB share increases to 89% from 66%. **Other Pay Sources:** Kids' Club can access CCRS funds for some youth. BLAST fees are not covered by any other source. **Client Fees** Yes **Sliding Scale** Yes*

Process Considerations and Caveats

Contracting Considerations: *If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2022 contract:*

- *Correct the discrepancies in utilization targets.*
- *Offer a two-year term.*
- *Organizational eligibility questionnaire should be updated prior to next application cycle.*

Applicant Review and Input: *Applicant is encouraged to review this document upon receipt and notify the CCMHB Executive Director in writing if there are factual errors which should be corrected prior to completion of award process.*

Recommendation: *Pending*

MAYC - BLAST
130

DRAFT PY2022 MHB Program Summary

Agency: Mahomet Area Youth Club

Program: MAYC Members Matter!

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2022 CCMHB Funding Request: \$21,905

Focus of Application: Mental Health

Type of Contract: Grant

Priority: System of Care for Children, Youth, and Families

Services and People Served

Target Population: students aged 6 to 16 residing in the Mahomet and Seymour area... between 20% and 25% of the more than 3,200 kids in the school district come from low-income households that qualify for free or reduced lunch. Without MAYC, many at-risk, low-income kids with working parents would end up with little or no supervision in potentially dangerous situations when they are not in school. Collaborates with the school district to offer those struggling academically the afterschool program, a model of inclusion and critical to narrowing the opportunity and achievement gap between low and high-income students.

Staff Comment: revised from PY21; students qualified for free/reduced lunch, focus on those struggling academically.

Scope, Location, and Frequency of Services: full day out-of-school and after-school programs, aligned with MAYC mission to develop, support and encourage youth for lifelong success, and emphasizing five core values: Character and Stewardship; Health and Life Skills; Education and Leadership; Creative Arts and Expression, and Sports and Recreation.

- **Junior High Club** (afterschool program) on school days until 5:30pm: a safe and supervised environment that focuses on academic achievement and the development of social and emotional skills. Academic goals are consistent attendance at school, improved engagement in school and improved grades leading to graduation, and social goals are increased meaningful adult and peer connections and reduced opportunities for risky behavior. A structured environment for Jr. High students to study, socialize with peers, play sports and games, and establish meaningful relationships with caring adults. MAYC works with the Jr. High to enroll students struggling academically and/or socially. Open to all, with a capacity of up to 40 students, at no cost to families.
- **Member Matters!** (out-of-school programs) during spring, winter and summer breaks: educational STEM related projects/activities, arts and crafts, recreation and physical fitness including swimming and fishing and trips around the community. Goals are increased meaningful adult and peer connections, physical activity, food security and brain stimulating activities while in a safe and supervised environment. Without MAYC, a great many at-risk, low-income children with working parents would end up with little or no supervision in potentially dangerous situations. Ensuring that youth are involved in positive out-of-school activities is important for the strength and safety of a community.

Programs held at the MAYC building. Jr. High after-school is for 36 weeks, on school days until 5:30pm. Out-of-school programs occur over spring, winter, and summer break, 13 weeks, 5-days a week, 7:30 am to 5:30pm except for holidays. Some one-day programs for out-of-school days to support working families who don't have these days off.

Staff Comment: the narrative is revised, some details updated (hours of operation), but continues the agency values and the goals and range of activities in their afterschool and out-of-school programs. Pandemic impact not mentioned.

Access to Services for Rural Residents: The MAYC Clubhouse and the Mahomet Jr. High are outside of CU. Currently, all participants in Members Matter are rural residents. Rural residents will be served at the MAYC Clubhouse for out of school programs and the Jr. High afterschool program during the school year.

Access to Services for Members of Underserved or Underrepresented Minority Populations: a priority. All youth between the ages of 6 and 16 are eligible for Members Matter programming during school breaks, and low-income families are prioritized. As a result, 50% of the youth that participate in our spring, winter and summer break programs are eligible for scholarships. For the Jr. High Program, 70% of the youth in the program qualify for free and reduced lunch based on the Federal Guidelines. We have never turned away a referred (underserved) student from our program. The population in need economically, socially, or behaviorally are given preferential access to the program. All programs take place at the MAYC Clubhouse and program times accommodate working parents and allows us to accommodate more students. Targeted population make up at least 50% of the attendees of these programs.

Staff Comment: focus is out of school enrichment for students in the Mahomet district; demographic and residency data not diverse but representative. Impact of pandemic on services not addressed here (see below.)

Residency of 163 People Served in PY2020 and of 76 in the first half of PY2021

Champaign 1 (0.6%) for PY20 0 for PY21
Mahomet 157 (96.3%) for PY20 73 (96.1%) for PY21
Other Champaign County 5 (3.1%) for PY20 3 (3.9%) for PY21

Demographics of 163 People Served in PY2020

Age

Ages 0-6 ----- 13 (8.0%)
Ages 7-12 ----- 127 (77.9%)
Ages 13-18 ----- 23 (14.1%)

Race

White ----- 141 (86.5%)
Black / AA ----- 3 (1.8%)
Asian / PI ----- 2 (1.2%)
Other (incl. Native American and Bi-racial) - 17 (10.4%)

Gender

Male ----- 82 (50.3%)
Female ----- 81 (49.7%)

Ethnicity

Of Hispanic or Latino/a origin ----- 12 (7.4%)
Not of Hispanic or Latino/a Origin ----- 151 (92.6%)

Program Performance Measures

CONSUMER ACCESS: All youth between the ages of 6 and 16 are eligible to participate in our out-of-school programming. Financial scholarships are available to all with our income-based sliding scale fees. All youth over the age of 13 are able to attend all programs for free. Participants must be a MAYC member which is an annual application and \$20 per student fee. Our Jr. High after-school program is free to all participants. It is available to anyone attending the Mahomet-Seymour Jr. High school. Parents must fill out membership and registration forms to confirm the age of the youth, and scholarship determinations are based off of submitted income documentation. The Jr. High Program is advertised by the district and MAYC alerts members of all programs via e-mail. MAYC program information is also shared via social media. The local press shares information on the club and programs regularly as well. Referrals from current or past members as well as school staff play a big role in information sharing and referrals to MAYC programs.

Within 3 days from referral, 100% of those referred will be assessed.

Within 3 days of assessment, 75% of those assessed will engage in services.

People will engage in services: On average, for at least three years.

Additional Demographic Data: IEP/504 eligibility, household income, family size, and family makeup.

Staff Comment: description is same as PY21 application, with sliding fee scale, no cost to those aged 13 and up, and \$20 annual membership fee. Increase in time (from 2 days to 3 days) from referral to assessment and to services.

CONSUMER OUTCOMES:

Out-of-School Programs:

1. Increased enrollment numbers mirroring the increased need in the community for a safe and fun program.
2. Reduction of youth who will be home alone over the school breaks.
3. Improved relationships with peers and caring adults in the community.
4. Increased educational and recreational experiences for students of low-income families.

Jr. High afterschool Program:

1. Ensure graduation occurs on-time. At least 90% of youth will move on to the next grade level on time.
2. Improve graduation rate. At least 80% of youth will have passing grades across Math, Science, and English.
3. Improve success in high school and leading into post-secondary education. At least 60% of students will hold steady or improve grades across Reading, Math, and Science.
4. Improved engagement and attendance. At least 75% of students will miss less than 5 days of school during school year.

Measured by:

MAYC – Members Matter!

132

Out of School Programs

1. Member and registration data base
2. Parent survey/feedback
3. Parent survey/feedback
4. Parent survey/feedback

Jr. High Program

1. Report card data from Mahomet Schools through the Assistant Superintendent (Ensure graduation occurs on time).
2. Report card data from Mahomet Schools through the Assistant Superintendent (Improve graduation rates).
3. Report card data from Mahomet Schools through the Assistant Superintendent (Improve success in high school and post secondary education).
4. Attendance records by student through the Assistant Superintendent (Improved engagement and attendance).

Outcome gathered from all participants? Yes

Anticipate 150 total participants for the year.

Will collect outcome information Each quarter

Is there a target or benchmark level for program services? No

Estimated levels of change:

Out of School Programs:

1. Enrollment of 120+ (up from 100)
2. More than 40% of parents completing survey (up from 25%)

Jr. High

1. Increase of 5% to 95% of students moving on to the next grade level.
2. Increase of 10% to 90% of students passing reading, math, and science courses.
3. Increase of 10% to 70% of students maintaining or improving grades throughout school year
4. Increase 5% to 80% of students with less than 5 absences.

Staff Comment: all are continued from PY21, making the estimated levels of change confusing.

UTILIZATION:

Treatment Plan Clients (TPCs): 15 - The majority of MAYC members are primarily categorized as non-treatment plan clients. In working more closely with mental health providers, social workers, school administrators and in attempting to refer individuals to service providers, MAYC anticipates that the number of treatment plan clients may increase.

Non-Treatment Plan Clients (NTPCs): 150 socio-economically disadvantaged youth. Many attending our programming have multiple risk factors that can potentially limit success as they progress to and through adulthood.

Service Contacts (SCs): 5,750 - three homework checks a week during the school year (36 weeks) for 40 Jr. High program participants along with 1 weekly check in with parents for the 110 students per each session as part of our 13 weeks of out of school offerings.

Community Service Events (CSEs): 200 – based on 50 weeks of programming, 4 events a week, with days off for holidays and days school is not held, a week off between school and summer programming at start and end of summer.

Staff Comment: In PY2020 the program exceeded the TPC and NTPC targets, which were increased for the current year (and on track to be met). PY2020 actual SC and CSE utilization slightly below the targets, but this year likely to be met. This proposal increases the targets for TPCs and SCs to meet the need.

Financial Analysis

PY2022 CCMHB Funding Request: \$21,905

PY2022 Total Program Budget: \$168,030

Proposed Change in Funding - PY2021 to PY2022 = 21.7%

Current Year Funding (PY2021): \$18,000

CCMHB request is for 13% of total program revenue. Other sources of revenue are United Way \$14,700 (9%), Contributions \$97,425 (58%), Grants \$11,000 (7%), Membership Dues \$22,500 (13%), and Miscellaneous \$500.

Staff Comment: asked about school district support, the director replied, "a LONG partnership... varied in how it looks over the years for both programs. For example, the Jr. High Afterschool program used to be located at the school & staffed by MAYC, but... now located at the MAYC building and totally operated, funded & staffed by MAYC... For Members Matter, the district provides transportation for students to attend our afterschool program (although not this year because of COVID and the transportation limitations) and we collaborate to ensure positive outcomes through data

sharing and communication with administrators. This year they also shared some of their Healing Illinois funds with us to help our projects related to diversity... At the Jr. High level, the school district offers a homework club and other extracurricular activities. This year, due to COVID, many of these were not an option for students and there were bonus academic supports like office hours for teachers on asynchronous learning days."

Expenses: Personnel related costs of \$12,945 are the primary expense charged to CCMHB at 59% of \$21,905. Other expenses are: Professional Fees/Consultants \$2,000 (9%); Consumables \$3,218 (15%); General Operating \$562 (3%); Occupancy \$1,515 (7%); and Local Transportation \$1,665 (8%).

Staff Comment: increased request is to connect a greater number of families and adjust staff wages (minimum wage increase). Professional fees will pay for audit expense.

Total Agency Budget shows a Deficit of \$7,095, Total Program a Deficit of \$3,530, and CCMHB is BALANCED.

Program Staff to be funded by CCMHB: 0.00 Indirect and 0.45 Direct = 0.45 FTEs Total CCMHB.

Total Program Staff: 0.70 Indirect and 2.75 Direct = 3.45 FTEs Total Program.

Audit Findings: The audit revealed material weakness regarding segregation of duties related to the organization's accounting procedures and processes.

Priorities and Decision Support Criteria

Expectations for Minimal Responsiveness: Eligibility Questionnaire is out of date. Application is complete, meets expectations. Services were impacted by pandemic, necessitating program and budget changes. To the question, "This year, we adapted to reflect the changes in how education was being delivered. We hosted a Jr. High Remote Learning Program for students who were both attending the hybrid schedule in the fall (2 days per week in school, 2 days per week at MAYC and 1 asynchronous learning day) and for students who were opting to be fully remote learners (4 days per week). In the spring semester, the district offered 4 day per week in-person and we maintained the remote learning program for the fully remote learners. Through both semesters, the Jr. High students still got the 'normal' afterschool programming benefits of tutors, homework help, recreational activities, socialization with their peers in a safe environment, social and emotional development supports and life skills development... adapted our out-of-school programs as well, including adding a location last summer to accommodate more students in a safe way. We are in the planning stages for this summer's program, and it will also look a little different than 'normal'. And we will adapt to whatever next school year looks like the best we can to continue to serve Jr. High youth."

Priority: Systems of Care for Children, Youth, Families: Yes. – the proposed program aligns with selected priority.

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? Yes.

Highlights from the submitted CLC Plan: MAYC will partner with school social workers, United Way, Eastern Illinois Foodbank, Mahomet Helping Hands, and other organizations to ensure that our underserved populations are aware of other resources in the community. MAYC will seek out former members and siblings of current members to take staff and/or programming roles. Multiple staff members are former members. Partner with social workers and local organizations like The Reading Group to provide support and to have protocols for language assistance when needed.

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY2021? Yes.

Highlights from the submitted CLC Progress Report: MAYC staff participated in several community events ("town halls") in September & October that were hosted by the school district & the UIUC School of Social Work. These events focused on how the district can improve diversity, equity & inclusion. MAYC staff provided some perspective about the importance of youth voice at these events. Because of the community events, MAYC has begun partnering with the district & the UIUC school of social work & will be supporting formation of a GSA at the Jr. High, bystander training for youth and possibly a parent support group for parents of students identifying as LGBTQ+. MAYC applied for & was awarded Healing Illinois Funds to host conversations about diversity & racial justice with youth & parents. MAYC staff and Board members are participating in the 21 Week United Way Equity Challenge.

Overarching Decision Support Criteria

Underserved/Underrepresented Populations and Countywide Access: Yes, per Access and other sections and CLC Plan, targeting of youth from low-income households and/or those struggling academically or socially. Demographic and residency data reflective of the service area.

Inclusion and Anti-Stigma: demand is high; yet we still are able to offer scholarships to those in-need and guarantee them space in our program without being placed on our waiting list. Having a higher percentage of low-income families at

MAYC than in the school district better integrates and exposes students to different family situations leading to increased inclusion, understanding and empathy. Guest speakers and community leaders expose youth to different community support opportunities. Trips across Champaign County and community service activities give students a chance to interact with community members, mentors, and other students that they would not have otherwise. The after-school program makes youth happier, more engaged in school and safer. The hours between 3-6 p.m. are the peak hours for juvenile crime, bullying, and experimentation with drugs, alcohol, tobacco, and sex. But for the youth in our after-school program, these hours are filled with education and recreational activities that improve their academic performance and enhance their self-esteem. We're transforming the most dangerous hours into some of the most fun and productive hours.

Outcomes: *Outcomes relate to the goals of the programs and are measurable and relevant to participating children.*

Assessment tools include parent surveys and school attendance and report card data.

Coordinated System: Don Moyer Boys and Girls Club, DREAAM House, and Urbana Neighborhood Connections offer similar services but do not have transportation or school relationships in Mahomet. School district offers a before & after school program for elementary students only. Mahomet Parks & Recreation Department offers organized sports and adult fitness classes but no day camps or other similar youth programs. MAYC and DMBGC joint programming/field day (summer 2018 and hopefully 2021); in 2020, MAYC became a site under DREAAM's Teen Reach Program to support Jr. High students and a youth employment site under UNCC, partnering in 2021 for a Healing Illinois project. With the school district, to connect with students and for outcome data, and with the Parks & Recreation Department to use their outdoor space across the community. *While the way MAYC collaborated with DREAAM and UNCC this year is new, these centers and Don Moyer Boys & Girls Club have long maintained partnerships to serve their families.*

Budget and Program Connectedness: *The Budget Narrative explains sources of revenue, each expenditure line, how these were calculated, relationship of personnel to program, and additional comments on the increased funding request. \$11,000 is allocated to the program from "other Grants," though the source of these Grants is not identified. More detail on sources of 'agency funds' may clarify.*

Approach/Methods/Innovation: program engagement and individual growth and development for youth... Improved attendance and grades are specific benchmarks that the ACT NOW Illinois Network recognizes for strong after-school programs. <http://www.actnowillinois.org/initiatives/quality-assurance-outcomes/> Additionally, the ACT NOW standards say, "when young people become engaged in the community through enrichment activities, volunteer work, or teams and clubs, they grow up to become adults who are committed to the community". Our tracking shows strong engagement results from our participants across these key measures.

Evidence of Collaboration: written agreement with Mahomet School District for data exchange and partnership agreements; written agreement with EI Foodbank for snack and lunch program food; informal agreement with Mahomet Helping Hands, It Takes a Village and Mom's Pantry to support those in the most need with food and clothing needs; written agreement with Soul Care for programming focused on mindfulness & stress reduction for Jr. High afterschool program and staff; partnership with Root 2 Branches for diversity workshops for students, parents and staff; partnerships with local churches and Candlewood Trailer Park for activities like swimming and gym use for large group games; and informal agreement with Mahomet Public library for out-of-school programming at MAYC and the library.

Staff Credentials: Program Director - bachelor's degree in social work, teaching, organizational leadership or similar field, significant history in working with at-risk youth of all ages. All program staff are trained in stages of youth development, first aid/CPR, ACES & trauma-informed care, youth mental health first aid, group management techniques and the value of diversity, equity and inclusion.

Resource Leveraging: *Although not used as match for other grant funding, the CCMHB contract would comprise only 13% of total program revenue, with many other sources accessed.* **Other Pay Sources:** Families pay for out-of-school programs on an income-based sliding scale fee structure. United Way supports Jr. High afterschool program. independent fundraising helps offset the additional costs of the MAYC Members Matter! program. **Client Fees** Yes **Sliding Scale** Yes

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2022 contract:

- *Organizational eligibility questionnaire should be updated prior to next application cycle.*
- *Offer a two-year term.*

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCMHB Executive Director in writing if there are factual errors which should be corrected prior to completion of award process.

Recommendation: Pending

DRAFT PY2022 MHB Program Summary

Agency: Rape Advocacy, Counseling, & Education Services

Program: Sexual Violence Prevention Education

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2022 CCMHB Funding Request: \$63,000

Focus of Application: Mental Health

Type of Contract: Grant

Priority: Other/Renewal – *not a PY22 priority*

Services and People Served

Target Population: County residents aged 3+; students, parents, teachers and community members seeking information to prevent sexual violence. Special attention to inclusion of underrepresented and marginalized communities, including racial and ethnic minorities, rural residents, and members of the LGBTQ+ community. Regular prevention programming to residents of the Juvenile Detention Center to support their social and emotional growth and reduce their risk of victimization. Services to any County resident regardless of age, race, religion, sex, gender identity, immigration status, sexual orientation, or position within another identity-based group. The prevalence of sexual violence in our country is extensive (<https://www.rainn.org/statistics>); our education programs work primarily to eliminate future violence.

Staff Comment: revised from PY20/PY21 but the focus remains.

Scope, Location, and Frequency of Services: evidence-informed, multi-level, comprehensive, age-appropriate sexual violence prevention programs. School-based programs fulfill Erin's Law and National Sexuality Education Standards. <https://www.cdc.gov/violenceprevention/overview/social-ecologicalmodel.html>

- Pre-school and elementary: Second Step - Child Protection Unit, a nationally recognized program with a focus on safety; and radKIDS, a safety and empowerment curriculum.
- Middle School: Boundaries Matter, an evidence-informed program for foundational concepts to prevent violence; Safer Relationships, an evidence-informed program designed by RACES staff and evaluated with assistance from the CCMHB Consultation Bank to address sexual violence risk factors; and Safe Dates, a highly recommended program focused on healthy relationships as a form of violence prevention.
- High School: I [Heart] Consent, developed by RACES staff, evaluated with Consultation Bank; One Love, a nationally recognized program used as a follow up to I [Heart] Consent.
- Adult: Darkness to Light, a renowned program on how to prevent and respond to child sexual abuse; professional trainings designed to create more supportive responses to survivors.
- Community Events and Collaboration: sexual violence prevention information at events. RACES and CU Public Health District have also developed a coalition for sexual violence prevention. RACES works with the local Sexual Assault Response Team (including medical and law enforcement professionals) and holds roles in other collaborations combating sexual violence in Champaign County. All services are free. The discussion of this topic through multiple approaches combats stigma around sexual violence. Education sessions for K-12 are structured to ensure safety and immediate response for a child if they disclose child sexual abuse.

Educators travel to the location most convenient for participants, with most sessions completed at the requesting site, live or (now due to the pandemic) virtually. Live services preferred. When not under pandemic restrictions, weekly in-person service is provided at the Juvenile Detention Center. RACES will work with interested parties to find space, if not readily available to the group. RACES attends community events and health fairs.

Staff Comment: revised from PY20/PY21, adding 'Boundaries Matter' to middle school curriculum and adding a community collaborative. Virtual option introduced for pandemic safety and may continue, though in person is preferred.

Access to Services for Rural Residents: staff travel to all parts of Champaign County where services are requested. We recognize that the Prevention Education program often is the first point of contact people may have with any of our services. This increases the value and importance of reaching those underserved areas. We have had individuals and their families request counseling or call our crisis hotline after our Educators have been in their community. Many students from these Townships receive services wherever their school is located. For example, RACES has standing relationships with Heritage High School and Unity West. New asynchronous programming will serve more schools overall post-pandemic, allowing for the time necessary to establish in-person relationships with new (to us) rural schools. Educators

prioritize meeting participants in their communities, which sometimes leads to facilitating other services in these rural areas. For example, if a student in Ludlow discloses and is interested in starting counseling services, RACES would work with the family to see if we could send a Counselor to Ludlow to meet with the child. Services offered at no cost. With new virtual programming and service options, rural residents can be served without travel or prioritized as noted.
Staff Comment: retains much from PY20/PY21, adds partnership with Unity West, asynchronous programming and virtual service options which expand access. Pandemic impact is seen in # of participants.

Access to Services for Members of Underserved or Underrepresented Minority Populations: committed to serving all members of the community... individuals who are racial and ethnic minorities and/or members of the LGBTQ+ community are at higher risk of sexual victimization and may face unique barriers to receiving services. The curricula used are intentionally designed to be inclusive of minority populations and programming is offered to all schools in Champaign County, including those with high proportions of students of color. RACES participates in events that focus on minority populations, including CU Pride Fest and minority-specific health fairs. RACES generally provides education services in the location of the requesting body's choice. (RACES generally provides educational programming in schools.) If a group was not comfortable receiving the program in a school, we would work with them to find another space.

Residency of 4242 People Served in PY2020 and of 711 in the first half of PY2021

<u>Champaign</u>	2,493 (58.8%) for PY20	628 (88.3%) for PY21
<u>Urbana</u>	1,076 (25.4%) for PY20	30 (4.2%) for PY21
<u>Rantoul</u>	201 (4.7%) for PY20	0 for PY21
<u>Mahomet</u>	0 for PY20	0 for PY21
<u>Other Champaign County</u>	472 (11.1%) for PY20	53 (7.5%) for PY21

Demographics of 4242 People Served in PY2020

<u>Age</u>	
Ages 13-18 -----	34 (.8%)
Not Available Qty -----	4,208 (99.2%)
<u>Race</u>	
Not Available Qty -----	4,242 (100.0%)
<u>Gender</u>	
Not Available Qty -----	4,242 (100.0%)
<u>Ethnicity</u>	
Not Available Qty -----	4,242 (100.0%)

Program Performance Measures

CONSUMER ACCESS: free to all schools and community organizations... anticipated benefit of creating asynchronous versions of all content will be an ability to do more programming (synchronous and asynchronous simultaneously), especially impactful for reaching the K-5 grade level. Due to ongoing adaptations to the pandemic, we anticipate this will take a few years to be fully realized. As long as the person or organization making the request is in Champaign County, they are eligible for our prevention education programming. Paper letters are sent in August to school superintendents, school principals, and school social workers... an email two weeks later. Prevention Education is highlighted at community events; people hear about it through RACES' social media or website and call or email to request a program.

Of those seeking assistance or referred, 80% will receive services/support.

Within 3 days from referral, 100% of those referred will be assessed.

Within 8 days of assessment, 80% of those assessed will engage in services.

People will engage in services, on average, for: School programs consist of 3-4 sessions, depending on the program and/or modality (synchronous, asynchronous). Adult programming is typically one session.

Additional Demographic Data: zip code of school or organization where the presentation takes place. Due to this service being provided to large groups often over multiple sessions, we cannot collect data on race, ethnicity, age, and gender.

Staff Comment: section has been reworked to include modifications related to pandemic and which increase access.

CONSUMER OUTCOMES: to change behaviors and attitudes for a lifetime, to reduce the overall rates of sexual violence, and to create more appropriate and sensitive societal response to sexual victimization. Measuring such longitudinal change is outside the scope of a small, local agency. However, RACES uses age appropriate pre- and post-

137

tests to measure three key outcomes: knowledge gained; attitude change related to risk factors; and attitude change related to protective factors. We are looking for increased knowledge (1), decreased acceptance of measures related to risk factors (2) and increased acceptance of measures related to protective factors (3).

Measured by:

Four empirically validated assessments created and developed by curriculum providers and two assessments that were created with the CCMHB Consultation Bank. Data will be collected from participants in each of our programs.

Tools used for preschool and elementary school participants are designed to measure progress related to outcomes #1 and #3. Many protective factors for this group are related to age and gender, which will not be impacted by our programming.

Tools used for middle school and high school will measure changes related to all three outcomes.

The tool used for the Darkness to Light program, for adults, will measure change related to outcomes #1 and #3.

Outcome gathered from all participants? Yes

Anticipate 4000 total participants for the year.

Will collect outcome information: last day of each program, usually after 3rd or 4th session in a multi-session program.

Is there a target or benchmark level for program services? Yes. Benchmark based on FY19 and FY20, when two year surveys were implemented. FY19 showed promising changes in the pre and post-tests which informed some content revisions. FY21 was/is the "pandemic" year, making comparison difficult, but for the new asynchronous programming, we hope to use this as a new benchmark - to see if there is any difference between material taught synchronously or asynchronously. 4 programs use tools developed with the Consultation Bank, and 2 national evaluation tools.

Estimated level of change for this outcome: Data collected from FY19 and FY20 (and, with caveats, FY21) will be used to establish FY22 benchmarks regarding levels of change. National curricula that provide their own evaluation tools do not have recommendations for levels of change. Goals based on initial assessment of tools developed with the Consultation Bank. Based on previous years, we expect at least 75% positive outcomes, usually being much higher.

Staff Comment: updated from PY20/PY21, although the outcomes are substantively unchanged, and tools for assessing them are the same. Anticipated participants lower (from 8000), and benchmarks defined using 3 years' data.

UTILIZATION:

Service Contacts (SCs): 4,000 (unduplicated) individuals who participate in one of our sexual violence prevention education cycles, a series of three-four sequential sessions delivered to the same group of children or youth. We will count participants from both synchronous and asynchronous cycles here.

Community Service Events (CSEs): 600 in-person educational presentations. We will NOT count asynchronous presentations in this number, and the target is based on an assumption of a return to in-person presentations following the pandemic. (Should schools continue to not allow in-person guests/increase use of asynchronous presentations in FY21, this number will be lower, and the definition revised in future applications.)

Other: 40 sexual violence presentations provided at the Champaign County Juvenile Detention Center (JDC). Because the population at the JDC changes frequently we do not offer cycles to these individuals; each session is a stand-alone presentation. And because almost all of the youth at the JDC return to their home schools, many of them also participate in a cycle at their home school. Sessions delivered at the JDC provide a vital service to a very vulnerable population. (75% of weeks available when not under pandemic restrictions).

Staff Comment: In PY20, the program greatly exceeded targets of 1500 for SCs and 200 for CSEs and fell slightly short of target of 40 for Other. For PY21, the first two targets were maintained and Other was lowered to 5, but CSE and Other are likely to end below the target. The PY22 target for SCs is lowered and the target for CSEs increased.

Financial Analysis

PY2022 CCMHB Funding Request: \$63,000

PY2022 Total Program Budget: \$261,105

Current Year Funding (PY2021): \$63,000

CCMHB request is for 24% of total program revenue. Other revenue is from United Way \$28,080 (11%); Contributions \$3,696 (1%); Violence Against Women Act (VAWA) grant through ICASA \$40,004 (15%); and State of Illinois General Revenue Funds grant \$126,202 (48%).

Expenses: Personnel related costs of \$58,957 are the primary expense charged to CCMHB at 94% of \$63,000. Other expenses are Consumables \$2,543 (4%) and Membership Dues \$1,500 (2%).

Total Agency Budget shows a Surplus of \$44,612. Total Program Budget and CCMHB Budgets are BALANCED.

Staff Comment: with the surplus in Total Agency Budget, an award below the requested amount would be appropriate.

Although MHB share of total program revenue appears to be higher and total program smaller than PY20/PY21 proposal, the comparisons don't hold if there were errors in either year's application.

Program Staff to be funded by CCMHB: 0.00 Indirect and 1.31 Direct = 1.31 FTEs Total CCMHB.

Total Program Staff: 0.93 Indirect and 3.00 Direct = 3.93 FTEs Total Program.

Staff Comment: Audit expense is not budgeted. Membership Dues will pay for ICASA membership.

Audit Findings: Audit in Compliance.

Priorities and Decision Support Criteria

Expectations for Minimal Responsiveness: Organizational Eligibility Questionnaire was completed in 2011 and therefore doesn't answer newer questions. Other expectations are met. Pandemic restrictions/school closures may have had some impact, but programming was offered virtually and utilized, and this can continue.

Priority: Innovative Practices and Access to Behavioral Health Services: - while not selected, the proposed services align with this priority category.

Priority: Systems of Care for Children, Youth, Families: - while not selected, services might align with this category.

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? Yes.

Highlights from the submitted CLC Plan: All RACES Board members and staff members read the CLC plan within 90 days of first board meeting or work start date. Program Committee's responsibility as the Cultural and Linguistic Competence Committee with authority to monitor goals of CLCP and create action steps. Should there be any issues, a plan of action to fix cultural competency issues within 180 days of the assessment. Staff will advocate for use of RACES services and better support for survivors with other community organizations by attending at least 4 meetings of different community organizations. Allocate funding/resources for cultural competence training for at least 4 hours of training.

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY2021? Yes.

Highlights from the submitted CLC Progress Report: RACES has taken the opportunity of new administration to review and improve hiring policies to improve diversity in hiring; while we hired only one person in this period, we also recruited several volunteers, representing a very diverse group; Board recruitment continues similarly, as does their effort in hiring a new Executive Director, dismissing potential recruiting companies that cannot effectively indicate how they will ensure a representative candidate pool. Staff continue to complete privilege and oppression training prior to service provision. Despite a staff shortage (including an Executive Director who typically leads such efforts), RACES continued active work to improve cultural competence in its systemic practices, as well as in its programming (much of which required changes or updates in response to pandemic realities). Some of this was also reflected in some updates to language on our website, often a "first contact" for those considering our services.

Overarching Decision Support Criteria

Underserved/Underrepresented Populations and Countywide Access: Yes, as described in Access and other sections of the proposal. Residency data show some reach; as an education program, does not collect demographic data.

Inclusion and Anti-Stigma: strong focus on increasing empathy for survivors (i.e., someone who has experienced mental health trauma). That training can have an impact on interacting with others beyond survivors of sexual violence. Recognizes intersectionality for survivors and the intersection of sexual violence and all other forms of violence. https://www.cdc.gov/violenceprevention/pdf/connecting_the_dots-a.pdf Many survivors do not disclose their experiences, often due to concerns about stigma associated with being labeled a victim or survivor. Works to alleviate these concerns by sharing information about the prevalence of sexual violence and by providing strategies for supporting survivors.

Outcomes: Consumer outcomes are relevant, measurable, with some developed through our Eval Consultation Bank.

Coordinated System: the only local agency providing sexual violence prevention education. Complementary programs: comprehensive sex education programming offered through the Champaign Urbana Public Health District and mandated reporter training through the Children's Advocacy Center. Works closely with these agencies to avoid duplication and to strengthen collective efforts designed to foster health and safety. Referrals to resources available through other agencies as appropriate. This system of referral and support has led to new opportunities for collaboration, e.g., helps CUPHD meet requirements for their federal grants by providing healthy relationship programming in some of the same schools they serve. Coalition with CUPHD was also designed to streamline referrals and to ensure that duplication does not occur.

Budget and Program Connectedness: The Budget Narrative is thorough, including details on all sources of revenue, expenditure, staff assigned to the program, and how match requirements are met. Indicates that at least 10% of funding

support comes from non-Champaign County so that up to 10% of educators' time may be spent in Ford, Piatt, and Douglas. (Do those counties contribute funding for this service to their residents or is the non-CC funding from the state and federal sources, such that it could be used to service CC residents?)

Approach/Methods/Innovation: best-practice guidelines established by the CDC, consistent with the 9 principles of effective prevention programs (Nation et al., 2003, http://www.ncdsv.org/images/AmPsv_WhatWorksInPrevention_6-7-2003.pdf). This framework for violence prevention is supported by the National Center on Domestic and Sexual Violence, the CDC and the Illinois Coalition Against Sexual Assault.

Comprehensive; Varied Teaching Method; Sufficient dosage; Theory driven; Positive relationships; Appropriately timed; Socioculturally relevant; Outcome evaluation; Well-trained staff.

CDC recommendations for sexual violence prevention programming in 2016 document entitled STOPSV: A Technical Package to Prevent Sexual Violence <https://www.cdc.gov/violenceprevention/pdf/SV-Prevention-Technical-Package.pdf> RACES has chosen curricula from this document and supplemented them with evidence-informed programming developed by RACES staff and other nationally recognized organizations, to meet the needs of area residents. Uses public health approach: <https://vetoviolence.cdc.gov/sites/vetoviolence.cdc.gov/files/pdf/ViolencePreventionFundamentals.pdf> In FY19, RACES developed a 3 year, 90-page prevention plan for the Illinois Coalition Against Sexual Assault, outlining the reasoning behind the choice of each program used, and to be updated this year.

Evidence of Collaboration: Medical - Carle Foundation Hospital, OSF Urbana, McKinley Health Center, Champaign Urbana Public Health District, and Promise Health Care.

Allied Agencies - Children's Advocacy Center, Courage Connection, Champaign Urbana Public Health District, Land of Lincoln Legal Assistance Foundation, Community Service Center of Northern Champaign County, Family Service, East Central Illinois Refugee Mutual Assistance Center, Regional Planning Commission, and Community Choices.

Criminal Justice System - Champaign County State's Attorney's Office, University of Illinois Police Department, Urbana Police Department, Champaign Police Department, Rantoul Police Department, Champaign County Sheriff Department, and Champaign County Juvenile Detention Center.

Mental Health – Rosecrance and The Pavilion.

Staff Credentials: 40 hours of sexual violence crisis intervention training prior to providing direct service, including 4 hours addressing oppression; all staff have weekly supervision and quarterly classroom observation. **Prevention Education staff** annually complete 6 hours of continuing education on topics related to sexual violence each year (2 hours on children and families) and 12 hours of continuing education on sexual violence prevention. **Education Coordinator** Kayla DeCant (M.Ed. Vanderbilt University) has worked with some of the nation's leading experts on sexual violence prevention through her program. **Educator** Sierra Maniates (BA Oberlin College) has extensive experience teaching student of varying ages and is a radKIDS certified instructor. **Educator** Jacqui Groves (MFA Johns Hopkins) taught at the high school and college level prior to work with RACES. Educators must be familiar with all RACES curricula and the agency's prevention plan before they start teaching. Two are certified facilitators for the Darkness to Light program.

Resource Leveraging: the application indicates that this and another local source of revenue are used as match for ICASA funding, and that state GRF grants serve as match for federal VOCA funding. **Other Pay Sources:** United Way, State of Illinois General Revenue Funds, and federal VAWA (Violence Against Women Act). VAWA funds are dispersed by the Illinois Coalition Against Sexual Assault (ICASA), as are state funds. **Client Fees** No **Sliding Scale** No

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2022 contract:

- Select a PY22 priority category.
- If the budget surplus is not the result of errors, a lower contract amount can be offered. If it is the result of errors, these should be corrected.
- Question (from Budget Connectedness): could Champaign County residents be served by the same non-CC funding sources which allow for service provision to three other counties?
- Eligibility questionnaire should be completed prior to the next application cycle.

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCMHB Executive Director in writing if there are factual errors which should be corrected prior to completion of award process.

Recommendation: Pending

DRAFT PY2022 MHB Program Summary

Agency: Rattle the Stars

Program: Suicide Prevention

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2022 CCMHB Funding Request: \$86,500

Focus of Application: Mental Health

Type of Contract: Grant

Priority: Innovative Practices and Access to Behavioral Health Services

Services and People Served

Target Population: youth and adults in Champaign County, not those experiencing thoughts of suicide (although they benefit as well) but those who know them; to educate others on how to reach out to someone who may be experiencing suicide and to provide support and resources. Focus on engaging with people who have contact with those at higher risk for suicide, including but not limited to youth, the elderly, LGBTQ+ communities, Veterans, and BIPOC communities.
Staff Comment: continues the PY21 audiences, revised to emphasize inclusion of high-risk groups.

Scope, Location, and Frequency of Services: consultation/support services to schools, businesses, and organizations for development of a comprehensive suicide response plan, including prevention, intervention, and postvention:

- **Prevention planning** - development of new activities and integrating suicide prevention into existing programs.
- **Intervention education** program teaches how to intervene with someone who may be having thoughts of suicide through skill-based instruction covering: knowledge about suicide (scope, causes, risk and protective factors), warning signs, intervening using active listening and supportive communication skills (validation, compassion), means safety, safety planning, and accessing resources and supports. Although the core components remain the same, the program is adapted for delivery to middle and high school students, parents, educators, service providers, clergy, professionals, and others. Program can be delivered on its own but is offered as part of the comprehensive suicide response plan.
- Recommendations and support for developing **postvention** plans for responding after a suicide.
- To promote services/awareness: community events and activities at which we can hand out resources and information; collaboration with other organizations to provide activities and programming to populations at high-risk for suicide; and peer-support groups for people affected by suicide (will be conducted by either paid staff or trained volunteers.)

Location and frequency of service varies: in schools, churches, businesses, or local community organizations easily accessible to the clients. Education program may be one-time or part of a comprehensive implementation plan that involves multiple contacts. During the Covid-19 pandemic, services provided virtually.

Staff Comment: retains PY21 focus on three strategies, community-wide; virtual services added during pandemic.

Access to Services for Rural Residents: directly contact schools, churches, and community organizations in these rural areas and offer our services to rural residents in those locations, adapting our presentation to ensure they know how to access resources in their community and addressing barriers to accessing resources in urban areas. Will address specific factors that affect rural residents, such as greater negative perceptions of mental illness and higher rates of gun ownership.

Access to Services for Members of Underserved or Underrepresented Minority Populations: collaboration with other groups that serve these populations to improve engagement and to create activities and programming that meet the unique needs of the community. Prior to implementing programs, will learn about the audience and adapt the presentation to ensure that the material is relevant and accessible to all populations by considering age, race, class, gender identity, sexual orientation, language, immigration status, and ability. Will use material and examples that are relevant to the specific population and will discuss how risk and protective factors and warning signs may vary based on these and other factors. Will offer written materials in Spanish and French and in forms accessible to students of differing academic abilities. People of underserved/underrepresented groups served in local schools, churches, or community organizations.

Residency of 62 People Served in PY2020 and of 36 People Served in the first half of PY2021

<u>Champaign</u>	33 (53.2%) for PY20	23 (63.9%) for PY21
<u>Urbana</u>	19 (30.6%) for PY20	7 (19.4%) for PY21
<u>Rantoul</u>	3 (4.8%) for PY20	0 (.0%) for PY21

141

Mahomet 7 (11.3%) for PY20 2 (5.6%) for PY21
Other Champaign County 0 (.0%) for PY20 4 (11.1%) for PY21

Demographics of 62 People Served in PY2020

Age	
Ages 19-59 -----	59 (95.2%)
Ages 60-75+ -----	2 (3.2%)
Not Available Qty -----	1 (1.6%)
Race	
White -----	48 (77.4%)
Black / AA -----	9 (14.5%)
Asian / PI -----	1 (1.6%)
Other (incl. Native American and Bi-racial) -----	3 (4.8%)
Not Available Qty -----	1 (1.6%)
Gender	
Male -----	7 (11.3%)
Female -----	52 (83.9%)
Other (may include non-binary/gender non-conforming people) -----	3 (4.8%)
Ethnicity	
Of Hispanic or Latino/a origin -----	1 (2.4%)
Not of Hispanic or Latino/a Origin -----	39 (95.1%)
Not Available Qty -----	1 (2.4%)

Program Performance Measures

CONSUMER ACCESS: for anyone living, working, or attending school in Champaign County. Eligible by self-report. All training sessions will take place within Champaign County. Will directly contact schools, churches, and community organizations by phone or email to offer the program; advertise services at community outreach events; promote services on website, social media, and through the media; and collaborate with other community organizations and ask them to promote our services to their clients.

Within 2 days from referral, 100% of those referred will be assessed.

Within 60 days of assessment, 50% of those assessed will engage in services.

People will engage in services, on average, for: Youth: 3 hours in 4 sessions. Adults: 7 hours in 1 session or multiple.

Additional Demographic Data: gender identity (cis- or trans-) and sexual orientation.

Staff Comments: section retains the current eligibility criteria and outreach strategies, updates lengths of engagement.

CONSUMER OUTCOMES:

1. Increase knowledge about suicide and decrease adherence to myths
2. Increase communication skills (knowledge of what to say to support someone experiencing suicide)
3. Increase knowledge of suicide crisis response plans or how to respond to someone experiencing suicide
4. Increase perceptions of knowledge, skills, and comfort to respond to suicide

Measured by:

Outcomes 1, 2, 3, 4: Collected from youth and adults using pretest-posttest and follow-up questionnaires developed with the evaluation support team which includes unique items as well as items from the following scales and questionnaires:

- Adolescent Attitudes Toward Suicide, Stigma, and Help-Seeking Behavior Questionnaire
- 2-way Social Support Scale
- Help Seeking Acceptability at School
- Adult Help for Suicidal Youth
- scale evaluating Surviving the Teens program
- scale evaluating SafeTALK program

Outcome gathered from all participants? No. Both pre-test and post-test will be used for trainings lasting at least 3 hours. Only post-test will be used for trainings lasting 1-3 hours.

Anticipate 2000 total participants for the year.

Will collect outcome information: Before and/or after every education program and once per year from students and schools (if follow-up is allowed)

142

Is there a target or benchmark level for program services? Yes

1. Increase knowledge about suicide and decrease adherence to myths: 67% correct responses on post-test
 2. Increase communication skills (knowledge of what to say to support someone experiencing suicide): 75% correct responses on post-test
 3. Increase knowledge of suicide crisis response plans or how to respond to someone experiencing suicide: Mean of 3.5 (4pt scale) on post-test
 4. Increase perceptions of knowledge, skills, and comfort to respond to suicide: Mean of 3.5 (4pt scale) on post-test
- These benchmarks are established by data collected during previous years of the program.

Estimated level of change for this outcome:

1. Increase knowledge about suicide and decrease adherence to myths: 2 point increase from pre- to post-test.
 2. Increase communication skills: 2 point increase from pre- to post-test.
 3. Increase knowledge of how to respond to someone experiencing suicide: 1 point increase from pre- to post-test.
 4. Increase perceptions of knowledge, skills, comfort to respond to suicide: 1 point increase each from pre- to post-test.
- Varies depending on age and previous knowledge and experience; hope to see this change in 75% of clients.
Staff Comments: consumer outcomes are reworked this year, adding communication skills and perception of skills/comfort, and specific targets for all; the strategies for assessment are retained from current plan; also new is the clarification that pre-test data will not be collected from participants in shorter trainings.

UTILIZATION:

Community Service Events (CSEs): 200 school class presentations, workshop presentations, public presentations, planning meetings, media interviews, and information distribution events (speaking, tabling).
Staff Comment: program did not meet the PY20 CSE target of 150 and is not on track to meet PY21 CSE target of 200.

Financial Analysis

PY2022 CCMHB Funding Request: \$86,500

PY2022 Total Program Budget: \$102,300

Proposed Change in Funding - PY2021 to PY2022 = 0.0%

Current Year Funding (PY2021): \$86,500

CCMHB request is for 85% of total program revenue. Other revenue is from United Way \$300, Contributions and Fundraising \$14,500 (14%), and Sale of merchandise \$1000.

Expenses: Payroll Taxes \$6,500 (7.5%); Professional Fees/Consultants \$4,570 (21%); Consumables \$2,570 (12%); General Operating \$2,640 (12%); Conferences/Staff Development \$4,000 (19%); Local Transportation \$1,000 (5%); Membership Dues \$220 (1%).

Staff Comment: Professional fees will pay for financial review expense, payroll service, and QuickBooks accounting software. Membership dues will pay for American Association of Suicidology membership. Errors exist in personnel form, creating the appearance of a large surplus is equal to the total agency salary amount.

Total Agency Budget shows a Surplus of \$3,300, Total Program \$68,300, and CCMHB \$65,000.

No staff are charged to the Total Program or CCMHB.

Staff Comment: If this was not intended, then the Personnel form is incorrect, in turn causing the apparent errors and the large surplus. Fundraising Coordinator is not paid by CCMHB funding and does not provide services to the program.

Audit Findings: Financial statements are prepared in accordance with the Modified Cash Basis of Accounting, which is a basis of accounting other than accounting principles generally accepted in the US. Additionally, the financial review revealed material weakness regarding segregation of duties related to the organization's accounting procedures and processes. By February 2021, the agency had transitioned to the required accrual method of accounting.

Priorities and Decision Support Criteria

Expectations for Minimal Responsiveness: Eligibility Questionnaire is out of date, had indicated no board rotation, no (required) accrual accounting, no audit/review, not all of which are now true. Application complete and expectations met. Although some services have been available virtually during the pandemic, and could continue to be offered, school closures likely had an impact on utilization (although it has been low in previous years as well).

Priority: Innovative Practices and Access to Behavioral Health Services: Yes – program aligns with priority.

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? Yes.

Highlights from the submitted CLC Plan: Board members and staff will complete at least 4 hours of cultural competence training. A list of interpreters and translators will be provided for volunteers and staff and updated annually.

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY2021? Yes.

Highlights from the submitted CLC Progress Report: Rattle the Stars has been reviewing suicide data for different cultural groups and have been collaborating with others to address the needs of cultural groups disproportionately impacted by suicide. This includes providing materials that target Asian and Muslim communities and developing programs to address suicide in the Black community. In making our hiring decision, we focused on finding a BIPOC employee that would bring knowledge and experience with marginalized cultural groups. RTS has participated in trainings that address the needs of marginalized cultural groups. RTS is reviewing policies and have implemented changes to avoid centering White Christian norms, for example by allowing employees to choose their paid holidays rather than having a list of recognized holidays.

Overarching Decision Support Criteria

Underserved/Underrepresented Populations and Countywide Access: Addressed in Access sections and CLC Plan.

Inclusion and Anti-Stigma: teaches about suicide from a bio-psycho-socio-cultural perspective using a stress-coping model and the intrapersonal theory of suicide to increase acceptance and reduce stigma. Thoughts of suicide are normalized as "something that happens to you" rather than as a choice or decision. We teach that people experiencing suicide should be treated with compassion, dignity, and respect, rather than rejection and discrimination.

Outcomes: Consumer Outcomes are relevant to the service and measurable, developed through UIUC Evaluation Capacity project. There seems to be some potential conceptual redundancy in anticipated outcomes (e.g., 3 and 4), and this program may benefit from considering whether these outcomes are meaningfully distinct or whether they capture the same thing. Additionally, it may be useful to refine Outcome 2 to more directly reflect participant experience and to operationalize the outcome in a measurable way. Lastly, the program might find it useful to work with the consultation bank on how best to interpret and apply program benchmarks in a way that is meaningful and helpful for program strategies.

Coordinated System: n/a

Budget and Program Connectedness: The Budget Narrative describes revenues, expenses, and role of each staff person, clarifying that there are personnel related costs (which means the other financial forms should be revised). Comments indicate the purpose of the requested increase, to support more youth activities which require supplies, as well as to participate more fully when in-person activities resume. There is a note about the difficulty in securing funding, due to use of customized model and because more data will be required than available, due to reduced activities during pandemic.

Approach/Methods/Innovation: components of evidence-based* and nationally recognized programs:

- Veterans Administration: SAVE (recognize Signs, Ask about suicide, Validate, Encourage treatment and Expedite help)
- US Army: ACE (Ask, Care, Escort)
- The Jason Foundation "A Promise for Tomorrow": Be Aware, Be Able, Be Prepared
- Mental Health First Aid*: ALGEE
- SOS*: ACT (Acknowledge, Care, Tell)
 - widely used by agencies such as Sandy Hook Promise and Elyssa's Mission
- QPR*: (Question, Persuade to get help, Refer to resources)
- Kognito At-Risk* <https://www.sprc.org/resources-programs/kognito-risk-high-school-educators>
- Kognito Friend2Friend: communication skills <https://www.sprc.org/resources-programs/friend2friend>

Our program includes three basic components found in these programs: recognizing warning signs and asking about suicidal thoughts; responding with support, care, and validation; and referring to resources and professional help.

In contrast, our program discusses suicide using a bio-psycho-socio-cultural model and places a greater emphasis on skill building, providing more in-depth instruction on responding with compassion to someone experiencing suicide. We provide instruction on means safety, safety planning, follow-up, and documentation that is not included in other programs. Our program is culturally responsive and discusses the needs of BIPOC communities that is lacking in other programs.

Evidence of Collaboration: Youth and Family Peer Support Alliance, Prairie Land Conflict Mediation, and Dream Girls Academy

Staff Credentials: Executive Director/Prevention Coordinator: BS in psychology and sociology; graduate education in sociology studying systems of privilege and oppression, including race, class, and gender; multiple crisis intervention and suicide prevention training programs; attends conferences and trainings in suicide prevention; member of Illinois Suicide Prevention Alliance, serving on the Adolescent Suicide Prevention Ad Hoc Committee; and member of American

Association of Suicidology, serving on the Youth Suicide Prevention Committee, the Public Health-School/Education Committee, and the Racial Equity and Inclusion Committee. Education Assistant: BSW; pursuing an MSW; experience providing suicide prevention trainings; involved with multiple campus organizations focused on student mental health and suicide prevention; and has particular knowledge of suicide risk in South Asian communities.

Resource Leveraging: *application does not identify another source of funding for which this grant would serve as match; it does explain that other funding has not been available due to the requirements for evidence-based models not strictly implemented in this program.* Other Pay Sources: None Client Fees No Sliding Scale No

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2022 contract:

- *Revise errors in financial forms, reconciling the apparent surpluses (which currently negate the full request).*
- *Planning for continuation of services during pandemic or epidemic would strengthen the program; low utilization should be addressed, as this was the case prior to the pandemic.*
- *Eligibility questionnaire should be completed again prior to the next application cycle.*
- *Use the Consultation Bank to further refine outcomes to be measured.*

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCMHB Executive Director in writing if there are factual errors which should be corrected prior to completion of award process.

Recommendation: Pending

DRAFT PY2022 MHB Program Summary

Agency: Rosecrance Central Illinois

Program: Fresh Start

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2022 CCMHB Funding Request: \$85,409

Focus of Application: Substance Use Disorder

Type of Contract: Grant

Priority: Behavioral Health Supports for People with Justice System Involvement - *a PY20 priority*

Services and People Served

Target Population: approximately 15 County residents ages 18+, who will be/have been on parole or probation, have a prior gun arrest and/or violent crime conviction, have evidence of need for a variety of services and limited financial resources to meet the cost of care. Many have substance use disorders and have been impacted by some form of trauma. *Staff Comment: similar to PY20/PY21, but target lowered from 20; people are selected by a multi-disciplinary committee organized through the Community Coalition and based on David M. Kennedy's "Don't Shoot" model.*

Scope, Location, and Frequency of Services: intensive case management services, outreach and referral to behavioral health treatment and available community services. Community Liaison works with each participant to:

- develop a strengths-based individualized service plan based on information gathered from the participant's responses to the ANSA, an evidence-based assessment tool;
- make connections to community service providers who can help the participant address items on the individualized service plan;
- provide follow-up and monitoring of the participant's status and the services delivered;
- provide home visits, transportation to/from services and/or court;
- provide advocacy (as needed) for participants;
- help participants identify natural supports;
- address participants' immediate personal or family issues;
- and assist in reducing barriers to employment, housing, education, healthcare and behavioral health treatment.
- The amount of case management will depend upon the participant's needs: at minimum, an in-person meeting every other week, during which the Liaison will review the service plan, document steps completed and whether by target dates, and note the participant's progress in achieving goals; weekly follow-up via phone or e-mail to check on the participant's progress and determine if they need assistance or information on resources. Follow-up contacts documented in client file case notes.

Services are provided in the community at times and locations determined by Liaison and participant: homes, school/work places, probation office, jail, courthouse, community service provider locations, or any other agreed upon place. During COVID-19 pandemic some services have been and will be via telehealth. Any in-person meetings during the pandemic will follow the guidelines of the CDC, CU Public Health District and Rosecrance policies.

Staff Comment: as in PY20/PY21 proposal, relationship-based, intensive case management to help people engage with support; adds telehealth and in-person safety measures during pandemic.

Access to Services for Rural Residents: people learn about the program through their probation/parole officer. The Community Liaison coordinates with probation/parole officer to schedule a meeting to do introductions, give a description of the program, explain expectations, and issue an invitation to participate. Some demographic information is collected if the individual expresses interest in participating. Referrals can be made to the Fresh Start committee by members of the community, family, or other organizations. Services provided anywhere in Champaign County (*see above*). Transportation may be provided by the Liaison and/or bus tokens/bus passes given to the participant. During COVID-19 pandemic, some services via telehealth, and in-person meetings follow CDC/CU Public Health District guidelines.

Access to Services for Members of Underserved or Underrepresented Minority Populations: for clients from throughout Champaign County who wish to participate and are referred by the Fresh Start committee/criminal justice system. People also learn about the program through probation/parole (*process described above*). In FY20 an additional notification method was implemented involving "custom notification" which occurred within 10 days of a gun involved

incident: targeted individuals and their family members are contacted by a team consisting of a law enforcement officer, Community Liaison, and social service representative to participate in a meeting at a location in the community, to provide information about the program and give individuals an opportunity to engage. The majority of those served are from underserved/underrepresented groups. (Services, location, time, etc. as described above.)

Residency of 16 People Served in PY2020 and of 14 People Served in first half of PY2021

<u>Champaign</u>	12 (75%) for PY20	11 (78.6%) for PY21
<u>Urbana</u>	4 (25%) for PY20	3 (21.4%) for PY21
<u>Rantoul</u>	0 for PY20	0 for PY21
<u>Mahomet</u>	0 for PY20	0 for PY21
<u>Other Champaign County</u>	0 for PY20	0 for PY21

Demographics of 16 People Served in PY2020

<u>Age</u>	
Ages 13-18 -----	2 (12.5%)
Ages 19-59 -----	13 (81.3%)
Ages 60-75+ -----	1 (6.3%)
<u>Race</u>	
Black / AA -----	16 (100.0%)
<u>Gender</u>	
Male -----	16 (100.0%)
<u>Ethnicity</u>	
Not of Hispanic or Latino/a Origin -----	16 (100.0%)

Program Performance Measures

CONSUMER ACCESS: residents who are 18 or older, on probation or parole, have a prior felony arrest, prior gun arrest or violent crime conviction; law enforcement must have credible information of recent involvement in violent crime and no current unresolved cases. Law enforcement and referral sources submit list of individuals who meet the 6 criteria, and a meeting is held between law enforcement and a subset of MDT steering committee to review information on each potential participant. Law enforcement officials notify probation/parole officers of the selections. People learn about the program through probation/parole, law enforcement, court personnel, and service providers.

Within 14 days from referral, 50% of those referred will be assessed.

Within 5 days of assessment, 50% of those assessed will engage in services.

People will engage in services, on average, for: 9 months.

Additional Demographic Data: utilizing ANSA: living situation; family makeup; basic needs/financial; mental health history; alcohol or other drug abuse; social and recreational; educational/vocational; legal; medical/dental; and independent living skills. *Staff Comment: continues from PY20/PY21 unchanged.*

CONSUMER OUTCOMES:

- 1) Decrease of gun violence and violent crimes by assisting those who decide to move away from a life of crime and violence to make a fresh start through referrals/linkages to services.
- 2) 100% of those who agree to engage in the program will receive case management services from the Community Liaison. *FY20 Target and Result = 100%; FY21 Estimate = 100%.*
- 3) 100% of participants successfully linked to at least one identified community service (especially substance use disorder and mental health treatment services) housing, employment, education, benefits enrollment, or vocational support and/or resources. *FY20 Target and Result = 100%; FY21 Estimate = 100%.*
- 4) % decrease of gun violence and violent crime rate in CU communities. *FY20 Estimate: 25%; FY21 Target: 25%.*

Measured by:

- 1) Rosecrance client satisfaction survey administered twice a year tracks self-reported client progress. It covers questions that the joint commission, our payer sources and marketing teams require. It is not normed.
- 2) Adults Needs and Strengths Assessment/Community Liaison documentation
- 3) Client interview/Community Liaison documentation
- 4) Data collected from law enforcement

Outcome gathered from all participants? Yes

Rosecrance – Fresh Start

147

Anticipate 15 total participants for the year.

Will collect outcome information Twice a year

Is there a target or benchmark level for program services? No

Estimated level of change for this outcome: N/A. According to Champaign Police, Urbana Police and Champaign County Sheriff's Office, there were 189 shooting incidents in Champaign, 52 in Urbana, and 24 in County - 86% increase from 2019. These shooting incidents in 2020 resulted in 7 gun-related homicides in Champaign, 3 in County, and 2 in Urbana, totaling 12 - a 200% increase from 2019. Spikes in gun incidents are normal, however this is unusually high. Law enforcement and city/county officials are trying to determine what has contributed to the sharp increase in gun violence across the country and locally.

Staff Comments: continues the outcomes, targets, and assessment tools from PY20/PY21; lowers anticipated participants from 20 to 15; provides updates on current/recent actual performance and data on shootings and homicides.

UTILIZATION:

Treatment Plan Clients (TPCs): 15 (unduplicated) people, identified by the Fresh Start Steering Committee, who engage in the program and develop a strengths-based individualized services plan with the Community Liaison.

Non-Treatment Plan Clients (NTPCs): 10 people identified by the Fresh Start Committee who choose not to engage.

Service Contacts (SCs): 10 screenings completed.

Community Service Events (CSEs): 90 Steering Committee and other service coordination/planning meetings attended by the Community Liaison, Supervisor, and/or Administrator.

Other: 50 linkages (to transportation, employment, housing, education, healthcare, and behavioral health treatment) which the Community Liaison helps develop for TPCs.

Staff Comment: In PY20, the program fell short of Targets for TPC, SC, and Other but exceeded the Target of 10 NTPCs. For PY21, some Targets were decreased (15 TPC, 80 CSE, and 30 Other) and are on track to be met, which those which continued (10 NTPC and 10 SC) are not. For PY22, Targets for CSE and Other are increased. These categories could be redefined, i.e., SC as a count of linkages and screenings; CSEs as events where program info is shared; and Other used as the count of meetings attended by Rosecrance staff on behalf of the program.

Financial Analysis

PY2022 CCMHB Funding Request: \$85,409

PY2022 Total Program Budget: \$85,409

Proposed Change in Funding - PY2021 to PY2022 = 7.7%

Current Year Funding (PY2021): \$79,310

CCMHB request is for 100% of total program revenue. *In PY20/PY21, the MHB share was 99% due to allocated interest income and miscellaneous revenue.*

Expenses: Personnel related costs of \$70,760 are the primary expense charged to CCMHB at 83% of \$85,409. Other expenses are Professional Fees/Consultants \$11,957 (14%); and General Operating \$2,692 (3%).

Total Agency, Total Program Budget, and CCMHB Budgets are BALANCED.

Program Staff to be funded by CCMHB: 0.01 Indirect and 1.10 Direct = 1.11 FTEs Total CCMHB = Total Program Staff.

Staff Comment: Professional fees will pay for audit expense, benefits administration, legal fees, software license and support, and recruitment.

Audit Findings: None. Audit in Compliance.

Priorities and Decision Support Criteria

Expectations for Minimal Responsiveness: *Eligibility Questionnaire is out of date (2011) and therefore misses newer questions. Application is complete, expectations met.*

Priority: Crisis Response and Intervention: *While not selected, the current/proposed program aligns with this priority.*

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? Yes.

Highlights from the submitted CLC Plan: *Rosecrance uses survey responses from DEI Committee: survey, client responses to client satisfaction survey, and analysis of population served to develop specific action plan. All clients have the right to request Client Advocate to guide them through the complaint process. Following the SOP, the appropriate*

RCI leadership staff reviews and responses to the complaint. At least one RCI leader will participate in no fewer than 4 of 6 Champaign County iPLAN Behavioral Health committee meetings. Funding to cover sponsorship and staff resources to participate in community outreach events and activities. RCI will staff, and as needed coordinate with volunteers, to participate in at least 3 outreach, engagement, and/or advocacy events each year.

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY2021? Yes.

Highlights from the submitted CLC Progress Report: Due to COVID-19 pandemic, 12-step support group meetings are held virtually currently, but volunteers from 12-step community do virtual presentations to residential clients to help bridge the gap between treatment and recovery support groups. All items are on track. Outreach and engagement activities have focused on individual meetings with referral sources and using media, such as local TV station, WCIA-3 featuring stories on Rosecrance and Suicide Awareness Month and another on helping youth and families with the stress of virtual learning during the pandemic and resources available from Rosecrance. Multiple working agreements in place.

Overarching Decision Support Criteria

Underserved/Underrepresented Populations and Countywide Access: Addressed in Access sections. Participation in the program is primarily defined by justice system involvement and committee review, not open to all. Residency data show concentration in C-U; demographic data show that all served are Black men, a wide age range.

Inclusion and Anti-Stigma: Participants selected for custom notification are selected by Champaign County probation, parole, and law enforcement. Participants can also self-refer or be referred by other community agencies or members. They are identified as having met criteria including but not limited to arrests and/or involvement in shootings and/or gun violence in the community. The Community Liaison works very closely with each participant to develop an individualized service plan to ensure that needs are addressed and access is available to community services.

Outcomes: While all are appropriate to the program's goals: the first outcome does not appear measurable by the first tool (consumer satisfaction survey); the second and third are as much about the program staff as the consumer; and the fourth is of great interest to the community but not necessarily directly related to those served.

Coordinated System: Champaign County Probation, Cognition Works, Department of Corrections Parole Division, First Followers, Land of Lincoln Legal Aid, Salvation Army-Stepping Stones Program. Representatives attend Champaign Coalition and/or C-U Fresh Start MDT Steering Committee meetings, where social service needs and coordination are discussed, and Resource Sub-Committee to coordinate services and resources for clients. Fresh Start Community Liaison makes referrals to these organizations according to the needs of the individual participants.

Budget and Program Connectedness: The Budget Narrative describes revenue (MHB only), expenses, and how expenses were calculated. The amount for Professional Fees is explained as various indirect and management costs, at 14% of program revenue – details are provided.

Approach/Methods/Innovation: based on the model in David M Kennedy's gun deterrence book, "Don't Shoot: one Man Street Fellowship, and The End of Violence in Inner-City America" and successfully implemented in cities across the US - recommends a coalition of law enforcement, social services, and community working together to decrease gun violence.

Evidence of Collaboration: First Followers, Champaign County Probation, Champaign Police Dept, Eastern Illinois Food Bank, Land Of Lincoln Legal Assistance, Rantoul Police Dept, Urbana Adult Education, Urbana Police Dept, U of I Police Dept, Champaign County Sheriff, Parkland Community College, Illinois WorkNet Center, Champaign Township, Cunningham Township, C-U Mass Transit District, CU Public Health District, Salvation Army-Stepping Stones Program

Staff Credentials: Masters level staff supervised by the Clinical Coordinator, a Licensed Clinical Social Worker.

Resource Leveraging: application does not identify other funding for which this grant would be used as match. If any services are billable to insurance, Rosecrance has the capacity to do so. **Other Pay Sources:** There are no other payment sources available for this service. **Client Fees** No **Sliding Scale** No

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2022 contract:

- Select a PY22 priority category
- A Fee for Service contract would prevent excess revenue and could capture the higher utilization of a small client cohort with immediate and sometimes great needs, plus staff planning time including with MDT and Coalition.
- A new organizational eligibility questionnaire should be completed prior to next application cycle.

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCMHB Executive Director in writing if there are factual errors which should be corrected prior to completion of award process.

Recommendation: Pending

DRAFT PY2022 MHB Program Summary

Agency: Rosecrance Central Illinois

Program: Prevention Services

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2022 CCMHB Funding Request: \$60,000

Focus of Application: Substance Use Disorder

Type of Contract: Grant

Priority: System of Care for Children, Youth, and Families

Services and People Served

Target Population:

- 1) Youth: determined through student prevalence/at risk identification (primary source is Illinois Youth Survey), requests from school personnel and existing relationships, marketing strategies and key stakeholders/coalition meetings attended by Prevention staff. Focus on 4th-9th grades but not limited to this age group.
- 2) Parents: of students receiving substance abuse prevention education. Parent education information is distributed to students receiving prevention education to increase parents' knowledge of alcohol and drugs, to encourage communication between parents and their children, and to provide additional resources for parents.
- 3) Community: to strengthen youth substance abuse and prevention education, strong relationships with youth-based agencies and other partners, participation in coalitions/committees to increase awareness, communication campaigns to encourage community members' engagement in prevention (e.g., prescription drug take back days, special events), and annual Red Ribbon Campaign to schools to promote drug awareness and healthy choices.

Staff Comment: as in PY20/PY21; application notes the high return on investment, per SAMHSA.

Scope, Location, and Frequency of Services:

- Too Good for Drugs (TGFD) and Too Good for Violence (TGFV) curricula, with facts about alcohol, tobacco, and other drugs as well as life skills and violence/bullying prevention - SAMHSA Model Programs found by US Dept of Ed to have positive effect on students' behavior & knowledge, attitudes & values.
- Grade specific, interactive teaching methods to encourage students to bond with peers: skits, cooperative learning games, small group activities, and discussions. TGFD/TGFV meet IL State Standards required for Health Education, with family components for each grade level, "home workouts" to reinforce skills and provide information about harm/risk of drug use, tips for parents, and prevention information. Parents become more likely to reinforce prevention skills and norms of non-use, to support and participate in school-related activities, and to communicate a clear message regarding drug-use.
- Specialized presentations to parents/teachers upon request. Active on the Walk as One Community Coalition. Specialized services for community members and organizations upon request, including presenting about signs of use and abuse, and on the importance of prevention at Urbana School District 116 professional development day. Outreach to schools to offer to talk to PTA about substance use and prevention tools to use at home.

Weekly to Edison MS, Jefferson MS, Franklin MS, Fisher Junior HS, Unity East Elementary, Dr. King Elementary, Dr. Williams Elementary, Leal Elementary, Centennial HS, Central HS, Mahomet-Seymour HS, and Urbana MS.

Staff Comment: unchanged from prior years; while this section does not mention continuation of services during pandemic, virtual services have been added (see below).

Access to Services for Rural Residents: serves a number of these townships virtually and in person, works to recruit schools from medically underserved areas. Rural residents served at schools or community sites in participating townships. Virtual programming available upon request.

Access to Services for Members of Underserved or Underrepresented Minority Populations: outreach to all schools and other youth serving organizations in Champaign County to attempt to recruit and engage all students. To ensure that prevention programs are age appropriate for diverse populations, use of two SAMHSA-approved curricula, proven effective with African Americans, Asian Americans, Hispanic/Latinos and White students in rural, urban and suburban areas. Serves all students enrolled, in person or virtually at a public schools or community organizations county-wide.

Residency of 3946 People Served in PY2020 and 1430 People Served in the first half of PY2021

Champaign	2,707 (68.6%) for PY20	956 (66.9%) for PY21
Urbana	710 (18%) for PY20	272 (19%) for PY21
Rantoul	0 for PY20	0 for PY21
Mahomet	262 (6.6%) for PY20	128 (9%) for PY21
Other Champaign County	267 (6.8%) for PY20	74 (5.2%) for PY21

Demographics of 3946 People Served in PY2020

Age	
Ages 0-6 -----	58 (1.5%)
Ages 7-12 -----	1,721 (43.6%)
Ages 13-18 -----	2,146 (54.4%)
Ages 19-59 -----	21 (.5%)
Race	
White -----	1,792 (45.4%)
Black / AA -----	1,049 (26.6%)
Asian / PI -----	184 (4.7%)
Other (incl. Native American and Bi-racial)	921 (23.3%)
Gender	
Male -----	1,981 (50.2%)
Female -----	1,965 (49.8%)
Ethnicity	
Of Hispanic or Latino/a origin -----	491 (12.4%)
Not of Hispanic or Latino/a Origin -----	3,455 (87.6%)

Program Performance Measures

CONSUMER ACCESS: Youth at schools throughout the County. Sessions, based on request of the school or youth-based organization, may include life skills, substance abuse education, and violence prevention. Parents and communities may request special presentations. Available to any student, parent, or community in Champaign County wishing to partner with the program. Unless a scheduling conflict, all seeking resources will receive them. Staff work with schools, youth-serving organizations, parents, and communities to meet requests; effort to have Prevention Team cover requests. Outreach to schools, youth-serving organizations, parents, and communities: face-to-face, correspondence, events, and communication campaigns. Increasing community involvement to reach more students, parents, and community members.

- Within 0 days from referral, 100% of those referred will be assessed.**
- Within 15 days of assessment, 100% of those assessed will engage in services.**
- People will engage in services, on average, for: 9-10 weeks**

CONSUMER OUTCOMES: to improve youth knowledge and attitudes about alcohol, drugs and/or violence. Data collected through TGFD/TGFV pre/post tests. Additional data collected every 2 years on the Illinois Youth Survey (IYS), a validated tool created by the University of Illinois' Center for Prevention Research & Development.

- Outcome gathered from all participants? Yes**
- Anticipate 4,150 total participants for the year.**
- Will collect outcome information:** Pre/post test data will be taken once a quarter. IYS data is collected every two years.
- Is there a target or benchmark level for program services? No**
- Estimated level of change for this outcome:** For TGFD and TGFV, 10% increase from pre to post-test. For those schools participating multiple years in a row, an increase in retention rates from each subsequent year the program is implemented, i.e., 7th grade Pre-Tests are higher than 6th grade Pre-Test scores. Increase the number of schools participating in the Illinois Youth Survey for more accurate Champaign County results.
- Staff Comment: these sections continue the PY20/PY21 measures; effort to increase participation in the IL Youth Survey is important for community needs assessment and strategic planning. Previously, where the program had a presence, it reported improved retention rates for each subsequent grade through increased pre-test scores at next grade level.*

UTILIZATION:

Community Service Events (CSEs): 975

151

Staff Comments: In PY20, the program exceeded this target. At mid-year PY21, on track to meet. Target continues.

Financial Analysis

PY2022 CCMHB Funding Request: \$60,000

PY2022 Total Program Budget: \$449,816

Proposed Change in Funding - PY2021 to PY2022 = 0%

Current Year Funding (PY2021): \$60,000

CCMHB request is for 13% of total program revenue. Other revenue is from United Way \$10,000 (2%), DHS Prevention \$367,110 (82%), and Ford County MHB \$11,996 (3%).

Expenses: Personnel related costs of \$46,071 are the primary expense charged to CCMHB at 77% of \$60,000. Other expenses are: Professional Fees/Consultants \$8,400 (14%); Consumables \$518 (1%); General Operating \$3,667 (6%); Local Transportation \$1,344 (2%).

Total Agency, Total Program, and CCMHB Budgets are BALANCED.

Program Staff to be funded by CCMHB: 0.04 Indirect and 0.80 Direct = 0.84 FTEs Total CCMHB.

Total Program Staff: 0.31 Indirect and 5.50 Direct = 5.81 FTEs Total Program.

Staff Comment: Professional fees will pay for audit expense, benefits administration, legal fees, software license and support, and recruitment.

Audit Findings: None.

Priorities and Decision Support Criteria

Expectations for Minimal Responsiveness: *Eligibility Questionnaire is out of date, missing newer questions. The submitted application is complete and meets expectations but does not address how services were continued during the pandemic. Low utilization suggests they were not. Parents and community orgs are welcome to request these programs, which could offset the impact of school closures.*

Priority: Systems of Care for Children, Youth, Families: Yes – program aligns with the selected priority.

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? Yes.

Highlights from the submitted CLC Plan: *Rosecrance uses survey responses from DEI Committee: survey, client responses to client satisfaction survey, and analysis of population served to develop specific action plan. All clients have the right to request Client Advocate to guide them through the complaint process. Following the SOP, the appropriate RCI leadership staff reviews and responses to the complaint. At least one RCI leader will participate in no fewer than 4 of 6 Champaign County iPLAN Behavioral Health committee meetings. Funding to cover sponsorship and staff resources to participate in community outreach events and activities. RCI will staff, and as needed coordinate with volunteers, to participate in at least 3 outreach, engagement, and/or advocacy events each year.*

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY2021? Yes.

Highlights from the submitted CLC Progress Report: *Due to COVID-19 pandemic, 12-step support group meetings are held virtually currently, but volunteers from 12-step community do virtual presentations to residential clients to help bridge the gap between treatment and recovery support groups. All items are on track. Outreach and engagement activities have focused on individual meetings with referral sources and using media, such as local TV station, WCIA-3 featuring stories on Rosecrance and Suicide Awareness Month and another on helping youth and families with the stress of virtual learning during the pandemic and resources available from Rosecrance. Multiple working agreements in place.*

Overarching Decision Support Criteria

Underserved/Underrepresented Populations and Countywide Access: *As described in Access sections and CLC Plan. Residency data demonstrate county-wide reach but not to Rantoul (hopefully outreach efforts there will be successful).*

Inclusion and Anti-Stigma: age appropriate for diverse populations, with curricula proven effective with African Americans, Asian Americans, Hispanic/Latinos and White students in rural, urban and suburban areas. Serves all.

Outcomes: *Consumer outcomes are relevant and measurable, but it is difficult to measure any longer term positive impact on children and youth exposed to these educational programs. The county's schools have had low participation in the Illinois Youth Survey, further complicating this assessment.*

Coordinated System: no other organizations in Champaign County of which we are aware that offer these same services.

Budget and Program Connectedness: *The Budget Narrative describes revenues and expenses related to the program and offer explanation as to how these were calculated.*

Approach/Methods/Innovation: The Mendez Foundation's Too Good For Drugs and Too Good For Violence Programs. <https://toogoodprograms.org/> - Substance Abuse and Mental Health Services Administration (SAMHSA) Model Programs evaluated by the National Registry of Evidence-Based Programs and Practices.

Evidence of Collaboration: Jefferson MS; Edison MS; Franklin MS (Franklin Steam Academy); Urbana MS; Central HS; Centennial HS; Unity East Elementary School; Ludlow Elementary School; Fisher Junior/Senior HS; Mahomet-Seymour HS; Champaign-Urbana Public Health District; 21st Century Community Learning Center.

Staff Credentials: Bachelor's Degrees, specialized trainings through Prevention First, the leading organization in Illinois for knowledge building and the dissemination of evidence-based prevention strategies.

Resource Leveraging: *the application does not indicate that this funding will be used as match for another grant; increased funding from the state causes the MHB portion of total revenue to be lower than prior year (19% to 13%)*

Other Pay Sources: also funded by the State of Illinois. CCMHB funding allows Prevention Team to spread the prevention message more broadly by serving a larger population (youth and adults) through a wider variety of services. The state funding is limited to only serving specific age groups, 6-8th grades, and only allows for the provision of prescriptive prevention activities. CCMHB funding allows Rosecrance to reach out and respond to school, parent, and community needs outside of the parameters set by the State of Illinois funding. **Client Fees** No **Sliding Scale** No

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2022 contract:

- *If Prevention Education cannot be conducted during pandemic restrictions, what other strategy would be helpful to children and youth?*
- *A new eligibility questionnaire should be completed prior to next application cycle.*

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCMHB Executive Director in writing if there are factual errors which should be corrected prior to completion of award process.

Recommendation: Pending

DRAFT PY2022 MHB Program Summary

Agency: Rosecrance Central Illinois

Program: Specialty Courts

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2022 CCMHB Funding Request: \$169,464

Focus of Application: Substance Use Disorder

Type of Contract: Grant

Priority: Behavioral Health Supports for People with Justice System Involvement - a PY20 priority

Services and People Served

Target Population: Adult Drug Court consumers (ages 18 and older) are referred from the Champaign County Court. All are non-violent felony offenders with a substance use disorder, many with multiple treatment episodes, some previously incarcerated. Drug Court consumers may receive substance abuse treatment services, based on assessed needs, through RCI's Continuum of Care - Detoxification, Residential, Recovery Home, Intensive Outpatient, and Outpatient Programs.

Scope, Location, and Frequency of Services:

- Substance use disorder assessments, using the Diagnostic Statistical Manual (DSM-5) and The ASAM (The American Society of Addiction Medicine) Criteria, individualized treatment plans, group, and individual counseling services.
- Clinicians participate in weekly Drug Court team staffings.
- Staff work in collaboration with other Drug Court team members such as Champaign County Court, State's Attorney, Public Defender, Probation, Cognition Works, and Family Services. Due to the severity of client needs, frequent history of multiple treatment episodes, and extensive legal involvement, Drug Court clients require an increased level of service which results in higher successful completion rates.
- The level of services provided to participants requires more intensive coordination and collaboration than is typical for other clients. The highly collaborative approach creates a successful Drug Court system that relies heavily on Rosecrance staff time spent outside of billable hours providing treatment services.
- CCMHB-funded services are provided by Outreach Workers and include transportation to/from appointments and court sessions, case management, alcohol/other drug tests, drafting of court reports, weekly staffing with the court, planning and participation in Drug Court graduation and other special Drug Court events, Drug Court-required trainings, and quarterly Drug Court meetings. Without the funding, staff could not participate in the full scope of the Drug Court program, negatively impacting clients.

Majority of treatment services occur at Rosecrance, Probation, or County Jail. Case management services may take place in client homes and other organizations throughout the county. During the pandemic, some services have been virtual.

Staff Comment: section is revised from prior years, clarifying the MHB-funded activities of the larger treatment and drug court contexts and noting virtual services related to pandemic.

Access to Services for Rural Residents: clients come from all areas of Champaign County. Consumers are required to attend Court each Monday afternoon, as well as provide random breathalyzers and drug testing at Rosecrance and Probation. Outreach Worker assists in providing and/or arranging transportation to/from treatment and other services; bus tokens are available as needed. Clients in rural areas are provided transportation to treatment services upon request.

Staff Comment: similar to PY20 application but without weekly outpatient groups and counseling in Rantoul.

Access to Services for Members of Underserved or Underrepresented Minority Populations: consumer-driven, strength-based, trauma-informed services with sensitivity to culture, race, ethnicity, age, gender, sexual orientation, and disability. Coupled with random alcohol/drug testing, random home visits by law enforcement, incentives, sanctions, and involvement in 12-Step and/or other recovery support groups, results in higher successful completion rates. Underserved and underrepresented clients are served in all Rosecrance facilities (residential/outpatient/intensive outpatient services). Outreach workers ensure that they have access to treatment by providing transportation and case management services. Outreach services take place throughout the community to make access easily available to clients.

Residency of 51 People Served during PY2020 and 44 People Served in the first half of PY2021

Champaign 25 (49%) for PY20 24 (54.5%) for PY21

Rosecrance - Specialty Courts

154

Urbana	15 (29.4%) for PY20	10 (22.7%) for PY21
Rantoul	1 (2%) for PY20	1 (2.3%) for PY21
Mahomet	1 (2%) for PY20	1 (2.3%) for PY21
Other Champaign County	9 (17.6%) for PY20	8 (18.2%) for PY21

Demographics of 51 People Served in PY2020

Age	
Ages 19-59 -----	49 (96.1%)
Ages 60-75+ -----	2 (3.9%)
Race	
White -----	23 (45.1%)
Black / AA -----	26 (51.0%)
Other (incl. Native American and Bi-racial) -	2 (3.9%)
Gender	
Male -----	25 (49.0%)
Female -----	26 (51.0%)
Ethnicity	
Not of Hispanic or Latino/a Origin -----	51 (100.0%)

Staff Comment: more people served than in prior years; evidence of reach to rural and underserved residents.

Program Performance Measures

CONSUMER ACCESS: convicted felon, not classified as high risk dangerous, not convicted of a non-probationable offense under 20 ILCS 301/40-5; no MI or DD which would interfere with completing requirements to graduate from Drug Court; must complete a Drug Court Assessment, be willing to engage in and comply with the treatment and supervision requirements of drug court, and be a resident of Champaign County at time of assessment and time of offense. Participants must be assessed as MEDIUM-HIGH RISK/HIGH NEEDS on a Validated Risk and Needs Assessment approved by the Champaign County Drug Court. Assessment must show the participant has a drug or alcohol addiction or dependency. Substance abuse assessment now takes place prior to sentencing to Drug Court. Potential participants are identified by defense counsel, state's attorney, law enforcement, family, and friends. Defendants can request to be assessed for drug court through their attorney/counsel.

Within 0 days from referral, 100% of those referred will be assessed.

Within 3 days of assessment, 75% of those assessed will engage in services.

People will engage in services, on average, for 1 year, however most participants are in the program 1.5 years.

Additional Demographic Data: income level, education level, living arrangement, # of dependents, contact information, primary language, religion, veteran status, marital status, employment status, and legal status - not all of this information is available in aggregate form after it is entered into the electronic health record.

Staff Comment: continues from prior years.

CONSUMER OUTCOMES:

- 1) Drug court aims to eliminate substance abuse among the participants, decrease recidivism, help participants to achieve and maintain sobriety, and decrease the costs of crimes associated with substance abuse.
- 2) # of Graduate (At mid-year PY21, there were 13. FY22 target is 20.)
- 3) a) % of Graduates do not experience recidivism. FY22 target 65%.
b) Individuals w/ potential barriers receive Case Management services. (Mid-year PY21 100%. FY22 Target 100%.)

Measured by:

- 1) The Drug Court Coordinator tracks the recidivism rate of the drug court graduates: those who are convicted of a new charge (excluding minor traffic offenses or ordinance violations) or are returned to court on a revocation of probation. The Drug Court Coordinator's report data is utilized to track recidivism (which includes information tracked on drug court participants for 5 years post-graduation). The NOMs outcomes are required to be reported to the State of IL.
- 2) Client charts also are used to track progress in treatment, including admission and discharge data required for SAMHSA National Outcome Measures (NOMs). Clinical staff enter admission and discharge data required for SAMHSA NOMs in the client chart at intake and at time of discharge.
- 3) a) & b) Drug Court Coordinator tracks the recidivism rate of the drug court graduates, i.e., convicted of a new charge (excluding minor traffic offenses or ordinance violations) or are returned to court on a revocation of probation.

153

Positive changes in substance use, employment/education, and 12-step group involvement are anticipated for those who engage in the program.

Outcome gathered from all participants? Yes

Anticipate 50 total participants for the year.

Will collect outcome information at intake and at discharge, clinical staff enter admission/discharge data required for SAMHSA NOMs in the client chart.

Is there a target or benchmark level for program services? No.

Because each treatment plan is individualized, RCI evaluates program data against previously reported data year by year for quality of services provided, and NOMs outcomes do not have a national benchmark.

Staff Comment: largely unchanged from PY20/PY21, but the # of anticipated participants is lowered (from 80 to 50).

UTILIZATION:

Treatment Plan Clients (TPCs): 50 (25 continuing and 25 new) - Drug Court clients with a strengths-based, individualized Treatment Plan.

Service Contacts (SCs): 1400 weekly Drug Court reports completed and submitted to Champaign County Drug Court.

Community Service Events (CSEs): 4. 2 of each of media reports on CC Drug Court and Graduation Events.

Other: 5000 hours of Case Management provided for Drug Court clients by Rosecrance outpatient staff.

Staff Comment: PY20 targets for TPC, SC, and CSE were not met, while 1500 hour target for Other was greatly exceeded. PY21 targets were adjusted accordingly, and the program appears on track to meet all. The PY22 targets for TPC, SC, and Other are slightly lower.

Financial Analysis

PY2022 CCMHB Funding Request: \$169,464

PY2022 Total Program Budget: \$169,464

Proposed Change in Funding - PY2021 to PY2022 = -16.5%

Current Year Funding (PY2021): \$203,000

CCMHB request is for 100% of total program revenue. *Previously the MHB portion was 73% (but a higher amount.)*

Expenses: Personnel related costs of \$140,807 are the primary expense charged to CCMHB at 83% of \$169,464. Other expenses are: Professional Fees/Consultants \$23,725 (14%); General Operating \$2,472 (1%); Occupancy \$1,500 (1%); Local Transportation \$960 (1%).

Total Agency, Total Program, and Total CCMHB Budgets are BALANCED.

Program Staff to be funded by CCMHB: 0.09 Indirect and 2.40 Direct = 2.49 FTEs Total CCMHB = Total Program Staff.

Staff Comment: Professional fees will pay for audit expense, benefits administration, legal fees, software license and support, and recruitment. Last year, other estimated sources of revenue were included, but this year, MHB is the sole funder. (Contradicted by the plan narrative answer "Yes" to Client Fees.) All PY22 costs are lower, including those for staff: this year 100% of the salaries of two FT staff and 40% of the salary of FT coordinator are charged, whereas for PY21, 45% of one FT supervisor, 20% of FT coordinator, and 70% of three staff were charged to this contract.

Audit Findings: None.

Priorities and Decision Support Criteria

Expectations for Minimal Responsiveness: *Eligibility Questionnaire is out of date, missing new questions. Application was complete, expectations met. Some services virtual during pandemic; not clear if virtual will continue post-pandemic.*

Priority: Crisis Response and Intervention: - *while not selected, program aligns most closely with this priority.*

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? Yes.

Highlights from the submitted CLC Plan: *Rosecrance uses survey responses from DEI Committee: survey, client responses to client satisfaction survey, and analysis of population served to develop specific action plan. All clients have the right to request Client Advocate to guide them through the complaint process. Following the SOP, the appropriate RCI leadership staff reviews and responses to the complaint. At least one RCI leader will participate in no fewer than 4 of 6 Champaign County iPLAN Behavioral Health committee meetings. Funding to cover sponsorship and staff resources to*

participate in community outreach events and activities. RCI will staff, and as needed coordinate with volunteers, to participate in at least 3 outreach, engagement, and/or advocacy events each year.

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY2021? Yes.

Highlights from the submitted CLC Progress Report: Due to COVID-19 pandemic, 12-step support group meetings are held virtually currently, but volunteers from 12-step community do virtual presentations to residential clients to help bridge the gap between treatment and recovery support groups. All items are on track. Outreach and engagement activities have focused on individual meetings with referral sources and using media, such as local TV station, WCIA-3 featuring stories on Rosecrance and Suicide Awareness Month and another on helping youth and families with the stress of virtual learning during the pandemic and resources available from Rosecrance. Multiple working agreements in place.

Overarching Decision Support Criteria

Underserved/Underrepresented Populations and Countywide Access: Described in Access sections. Participation in the program is defined by justice system involvement and needs assessment, not open to all.

Inclusion and Anti-Stigma: a multi-disciplinary team to ensure that all participants receive quality care and have access to community resources designed to improve their lives. The outreach worker assists clients with access to housing, employment, medical care, education, and mental health services, providing transportation, assistance with paperwork and enrollment in healthcare through Affordable Care Act, advocacy with landlords and employers, and accessing food banks.

Outcomes: Consumer outcomes are relevant and measurable. One of them is as much a measure of program performance as of client participation.

Coordinated System: the only substance treatment provider participating in the Champaign County Drug Court Program and Team. Staff participate in weekly drug court team meeting at which stakeholders coordinate provision of services. Staff refer clients to services provided by these organizations to help decrease and/or remove barriers to treatment.

Budget and Program Connectedness: The Budget Narrative describes revenue (MHB only), expenses, and how expenses were calculated. The amount for Professional Fees is explained as various indirect and management costs, at 14% of program revenue, lower than previous rate of 16.5% – details on the category are included.

Approach/Methods/Innovation: assessment based on DSM-5 and ASAM criteria; modules from evidence-based approaches - the Matrix Model, Seeking Safety, and Hazelden Co-Occurring Disorders Program; Cognitive Behavioral Therapy; gender-specific group therapy; and intensive case management. CCMHB funding supports the latter: <https://store.samhsa.gov/product/TIP-27-Comprehensive-Case-Management-for-Substance-Abuse-Treatment/SMA15-4215>

Evidence of Collaboration: Champaign County Court, Carle Hospital, Champaign County Probation, Family Services, State's Attorney, Public Defender, Cognition Works, SAFE House, Champaign County Sheriff, Courage Connection.

Staff Credentials: Outreach Workers (Bachelor-level staff), directly supervised by an experienced, licensed Clinical Coordinator who attends court staffing, court sessions, and Drug Court events. Rosecrance maintains a strong commitment to providing ongoing internal and external training to ensure staff knowledge and skills are current within the field. As part of Certification now required by the Administrative Office of Illinois Courts, all Drug Court Team members are required to attend specified annual state and national trainings held by The Illinois Association of Problem-Solving Courts (ILAPSC) and National Association of Drug Court Professionals (NADCP).

Resource Leveraging: application does not identify other sources of funding for which this contract would serve as match. If any services are billable to insurance, Rosecrance has the capacity to do so. **Other Pay Sources:** Rosecrance has a Charity Care program: reduction in self pay balance for clients who can demonstrate that they are unable to pay their balance in full based on current finances. **Client Fees** Yes **Sliding Scale** No

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2022 contract:

- Select a PY22 priority category.
- Consider a fee for service contract format, to: eliminate excess revenue at year end; capture levels of activity on behalf of people with immediate and sometimes great need, along with staff time in planning and team meetings.
- A new eligibility questionnaire should be completed prior to next application cycle.

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCMHB Executive Director in writing if there are factual errors which should be corrected prior to completion of award process.

Recommendation: Pending

DRAFT PY2022 MHB Program Summary

Agency: Terrapin Station Sober Living NFP

Program: Recovery Home

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2022 CCMHB Funding Request: \$47,000 - A NEW Request

Focus of Application: Co-Occurring and/or Multiple Conditions

Type of Contract: Special Initiative - not previously funded, can use this designation for up to three years

Priority: Innovative Practices and Access to Behavioral Health Services

Services and People Served

Target Population: individuals who have substance use disorders, mental illness, physical disabilities, and homelessness, and who are in need of: structured sober/recovery based living, step down from substance use residential treatment, the military, or transitioning from criminal justice system - jail, prison, probation/parole; gradual adjustment to community living, while increasing sustainability of recovery efforts.

Scope, Location, and Frequency of Services: strengths-based case management, grounded in the principles that all individuals have the capacity to change and grow. The focus is on individual strengths, not pathology. The individual is the director of their care and their recovery.

- Staff provides: weekly group services and house meetings; intensive case management based on individualized needs; support activities for daily living and relapse prevention skills; access to vocational/educational programs; assistance in linking clients to medical, psychiatric, counseling, and dental services in the community; education on money management/budgeting; education on accessing peer or community supports and activities such as church, AA/NA meetings, other sobriety based/mental health support groups; recreational activities; transportation services; and provision of service work/volunteer/work opportunities.
- Upon request: Animal Therapy, Aroma Therapy, Transcendental Meditation Sessions, Red Light Therapy, Group Music Sessions, Music Lessons, Drum Circles, Education on how to turn Street Smarts into legitimate entrepreneurial enterprises, Health Coaching for those Suffering from eating disorders, Vitamin Deficiency and or Obesity, and cultural impact of drugs over the past Century. Individuals are drug tested on a random basis.

Services and supports provided within the recovery home and in the community, on a daily basis.

Staff Comment: although the MHB currently funds a similar service, the approach is different, with peer mentoring.

Access to Services for Rural Residents: Anyone meeting eligibility criteria may engage in the program. All individuals in the program will be provided services at the Recovery Home and offered the same services as non-rural residents.

Access to Services for Members of Underserved or Underrepresented Minority Populations: Anyone meeting eligibility criteria may engage in the program. All individuals in the program will be provided services at the Recovery Home and offered the same services.

Residency and Demographic data are not available, as this program is not currently funded by the CCMHB.

Program Performance Measures

CONSUMER ACCESS: Adults with substance use disorders, mental illness, homelessness, and/or physical disabilities. An initial intake interview is conducted over the phone then if the individual is interested in the program an in-person interview is scheduled. Once the interview is completed, the Board of Directors decides within 24 hours if admission is granted. Basic criteria: 30 days of sobriety; employment within 2 weeks OR that the individual receives disability benefits; pass initial urine screen; and no history of convicted sex offenses. People learn about the program via residential treatment centers, other halfway houses, social media, and internet search.

Within 3 days from referral, 100% of those referred will be assessed.

Within 1 day of assessment, 100% of those assessed will engage in services.

People will engage in services, on average, for: 3 months.

CONSUMER OUTCOMES: decreased likelihood of relapse, homelessness, recidivism, and gradual adjustment to community living, while increasing sustainability of recovery efforts. We estimate that 1 out of 5 individuals will successfully complete the program.

Measured by: House Manager will collect the following from the individual participating in the program: Successful Completion; Recidivism Rates; Permanent housing; and Length of sobriety.

Outcome gathered from all participants? Yes

Anticipate 20 total participants for the year.

Will collect outcome information Quarterly

Is there a target or benchmark level for program services? No

Estimated level of change for this outcome: 50% of individuals participating in the program will complete the program successfully and transition to community living, while increasing sustainability of recovery efforts and sobriety.

UTILIZATION:

Non-Treatment Plan Clients (NTPCs): 40 Individuals that participate in the program.

Staff Comment: TPC is a more appropriate category, given the criteria and level of service.

Financial Analysis

PY2022 CCMHB Funding Request: \$47,000 - A NEW Request

PY2022 Total Program Budget: \$21,200

CCMHB request is for 100% of total program revenue.

Expenses: Personnel related costs of \$24,000 are the primary expense charged to CCMHB at 51% of the request. Other expenses are: Professional Fees/Consultants \$3,500 (7%); Consumables \$3,500 (7%); General Operating \$3,000 (6%); Conferences/Staff Development \$2,000 (4%); Local Transportation \$2,000 (4%); Specific Assistance \$2,500 (5%); Equipment Purchases \$5,000 (11%); and Miscellaneous \$1,500 (3%).

Total Agency Budget shows a Deficit of \$2,800, Total Program a Deficit of \$11,050, Total CCMHB BALANCED.

Program Staff to be funded by CCMHB: 0 Indirect and 1.00 Direct = 1.00 FTE Total CCMHB.

Total Program Staff: 0 Indirect and 1.00 Direct = 1.00 FTE Total Program.

Staff Comment: Substantial errors exist in revenue and expense forms. Professional fees will pay for vocational or academic assistance. Based on budget narrative, it is unclear what Miscellaneous expense will pay for. If financial forms are corrected, budgets may be closer to balanced.

Audit Findings: N/A - applies only to applicants with existing CCMHB contracts.

Priorities and Decision Support Criteria

Expectations for Minimal Responsiveness: Organization Eligibility Questionnaire and application indicate that a board member (president) is also paid staff and that no other board members reside in Champaign County. The position to be funded is the director. The organization should establish board policies which prohibit this, and, if awarded a contract, the director should step down from the agency's board. A related concern is how finances can be managed by this small organization, with appropriate Board oversight, by July 1. Application is complete. Pandemic restrictions and related adjustment of services are not addressed.

Priority: Crisis Response and Intervention: No. – while not selected, program aligns with this priority.

Priority: Innovative Practices and Access to Behavioral Health Services: Yes – aligns with this selected priority.

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? The actions identified in the CLC Plan are very broad. Terrapin is a new agency and will require training on CLC Plan development.

Highlights from the submitted CLC Plan: Management and Board Members will create and organize a Cultural and Linguistic Competence Committee to assess and ensure that individuals participating in the program, as well as staff and Board Members, are receiving culturally and linguistically appropriate service and training annually. Develop and/or obtain and display a directory of local providers that are equipped to render CLC training and direct service assistance in area of Communications.

Overarching Decision Support Criteria

Underserved/Underrepresented Populations and Countywide Access: *As with other recovery/sober living homes, services are often on location and limited to a relatively small client group. While statements in the Access section indicate that the program is open to all, regardless of residency or membership in an historically underinvested group, detail on outreach and engagement to these groups is not included.*

Inclusion and Anti-Stigma: a fresh take and expansion on what we have come to learn over the years through previous and current Halfway Houses, Sober Living Homes, and all other well intended and well recognized forms of recovery programs for addicts and the mentally ill. This program is intended for those who are just getting out of Prison, Rehab or the Military as well as the homeless or people with physical disabilities. We are a Dual Diagnosis Recovery Home but welcome Addicts of any kind. Any House in our name is run as Democratically as humanly possible with the house Manager being near equal parts president and housemate.

Outcomes: *Includes outcomes of value the people served. Specific targets related to individuals are not identified, arguably difficult to set, but there is a measurable target for the program (1 of 5 participants complete it.) The tools for measuring outcomes could be further defined – support through the UIUC Evaluation project may help.*

Coordinated System: similar or related services at Community Outreach Intervention Project, CUPHD, Jesus House, Restoration Urban Ministries, CU at Home, Courage Connection, Recovery Options, Rosecrance Sober Living. Coordinates with CUPHD for Narcan services and clean needle exchange. If an individual were to not be able to complete the program successfully or were not a good fit, they would potentially be referred to Jesus House, Restoration Urban Ministries, CU at Home, Courage Connection, Recovery Options, or Rosecrance Sober Living.

Budget and Program Connectedness: *The Budget Narrative describes other sources of revenue which, though small, include creative fundraising efforts and service/rental fees paid by participants. There is also good detail on each expense line and the responsibilities of the house manager, the only staff, and consulting LCSW. As a small program, there are no business office staff, no one primarily responsible for bookkeeping and accounting. Items match with expense form.*

Approach/Methods/Innovation: Peer Based Recovery Services - <https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers> Strength Based Case Management - <https://positivepsychology.com/strengths-based-interventions/>

Evidence of Collaboration: *some described above. The program should partner with providers who can assist with benefits enrollment, to connect people to services and supports which are stabilizing and billable to other payors, maximizing the local funding.*

Staff Credentials: House Manager is a peer mentor and is in recovery, due to heroin induced compartment syndrome which resulted in an above knee amputation of the left leg, and has driven his passion for helping others; trained in Narcan administration; Harm Reduction. The program also works with a Licensed Clinical Social Worker that volunteers to work with individuals as needed as well as for professional consultation.

Resource Leveraging: *application does not identify other sources of funding for which this contract would serve as match.* **Other Pay Sources:** Small donations **Client Fees** Yes **Sliding Scale** Yes

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2022 contract:

- *Revise financial forms; these errors are of concern as the expectation was outlined in Instructions.*
- *Develop strategies for outreach and engagement of rural residents and underrepresented groups, even though a small client group is proposed.*
- *Work with CLC Coordinator on CLC Plan development.*
- *Per funding guidelines, agency board members cannot be compensated and at least one should be a resident of Champaign County. The contract could be held until these issues are resolved, and the contract maximum prorated to the start date if after July 1.*
- *Consider support through the UIUC Evaluation Capacity project.*

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCMHB Executive Director in writing if there are factual errors which should be corrected prior to completion of award process.

Recommendation: Pending

DRAFT PY2022 MHB Program Summary

Agency: The UP Center of Champaign County/Uniting Pride

Program: Children, Youth & Families

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2022 CCMHB Funding Request: \$86,603

Focus of Application: Mental Health

Type of Contract: Grant

Priority: System of Care for Children, Youth, and Families

Services and People Served

Target Population: sexual and gender minority youth and adults of Champaign County, including but not limited to people identifying as lesbian, gay, bisexual, transgender, and/or queer (LGBTQ). No other county-wide organizations focus exclusively on the needs of LGBTQ residents, who experience unique mental health challenges and social stress from occupying a minoritized status and having to navigate potentially hostile environments. Rates of depression, anxiety, substance use, suicidal ideation, and suicide deaths are higher among LGBTQ people than cisgender, heterosexual peers.
Staff Comment: maintains the priority population from prior years.

Scope, Location, and Frequency of Services:

- weekly support and social groups, community-building events, educational workshops (for community organizations to learn more about LGBTQ people and their needs and to enhance their LGBTQ affirming practices), and festivals and events to benefit the local LGBTQ community.
- CCMHB funding is for support/social groups: Queeries (pre-teen), Talk it UP! (teen), UParent (parents and caregivers of LGBTQ youth), Play Group (LGBTQ youth and their caregivers), Trans UP (transgender adults), UPLift (partners of LGBTQ people), and AgingUP! (LGBT older adults).
- Responsive to needs and requests from the LGBTQ community, develops new support services as-needed based on requests. Groups provide critical resources for promoting the well-being of the LGBTQ community by directly reaching and impacting LGBTQ residents.
- Our support and social services strive to increase LGBTQ belongingness, sense of social support, self-sufficiency, and self-efficacy for better mental and physical health outcomes and wellbeing.

Weekly groups, one to two hours each. During COVID-19, groups met via distance technology (e.g., Zoom); all programming will return to in-person when safe, at the Champaign office or accessible community settings such as public parks and libraries. Advertises programs via social media and a monthly newsletter and responds to requests for program offerings via e-mail and social media, enrolling participants on an ongoing basis.

Staff Comment: this section has been revised from prior years with focus on the range of support groups for various audiences and responsiveness to participants' input; adds consideration for pandemic safety. Although not mentioned here, the agency maintains a resource directory of health care and other providers welcoming of the population.

Access to Services for Rural Residents: In partnership with Planned Parenthood, the Program Director is strengthening services and uniting our community through creating an LGBTQ+ Affirming HealthCare Practitioner Network and Directory. Program Director developed a LGBTQ+ Standards of Care document; affirming providers have been asked to submit a form; the directory includes a transgender-affirming provider list and asks for zip code information - allows rural residents to have greater knowledge and access to affirming providers in the hopes of preventing stigmatizing experiences with non-affirming providers. Once it is safe to offer in-person meetings, will work with libraries throughout rural County to offer programming. For those seeking in-person services in CU, transportation assistance in the form of a gas card and/or bus passes for rural residents who could not otherwise access services. Training committee provides workshops to education rural services providers. Program Director will continue communicating with all county GSAs twice annually to assess needs, discuss our programming, and promote online meetings. Rural residents are currently served through Zoom meetings. Once in-person meetings are safe, we hope to establish partnerships with rural libraries for meeting spaces. However, stigma in rural areas could prevent some LGBTQ residents from attending events in public spaces. Continuing zoom meetings and the gas card option will safeguard anonymity and assist those seeking to attend meetings in CU.

Access to Services for Members of Underserved or Underrepresented Minority Populations: anti-racism framework in programming and services. We recognize that many of our services have predominantly served white audiences... have begun strengthening collaborations with additional community organizations. The Program Director will continue to build partnerships with organizations specifically serving Black, Latinx, people of color, and low-income populations who are disproportionately underserved in LGBTQ+ community services, e.g., Boys and Girls Club and HITNHOMEBOY. We have partnered with the LGBTQ Homeless Workgroup (UI LGBTQ Resource Center). Strengthening partnerships is critical to reach underserved and underrepresented populations and to gain trust that our work is committed to broaden our services. Recent collaborations have resulted in a Black Mental Health Matters speaker series, HIV Awareness Program, and trainings for Continuum of Care providers. Once in-person services resume, we hope to begin hosting activities and events involved with after-school programs. Outreach resulted in Zoom activities and events. Once in-person services resume, will network with locations serving underserved populations to offer services in their organizations or a separate agreed upon location, to bring services to locations that suit comfortability and accessibility.

Staff Comment: these sections are updated from PY20/PY21, identifying strategies for post-pandemic outreach along with progress through collaborations. Residency and demographic data on people served show some broadened reach, though no Black/African American participants, and increased totals from prior years.

Residency of 51 People Served in PY2020 and 24 People Served in the first half of PY2021

Champaign	26 (51.0%) for PY20	6 (25.0%) for PY21
Urbana	16 (31.4%) for PY20	13 (54.2%) for PY21
Rantoul	0 for PY20	0 for PY21
Mahomet	3 (5.9%) for PY20	0 for PY21
Other Champaign County	6 (11.8%) for PY20	5 (20.8%) for PY21

Demographics of 46 People Served in PY2020

Age	
Ages 0-6 -----	5 (10.9%)
Ages 7-12 -----	6 (13.0%)
Ages 13-18 -----	19 (41.3%)
Ages 19-59 -----	16 (34.8%)
Race	
White -----	26 (56.5%)
Asian / PI -----	1 (2.2%)
Other (incl. Native American and Bi--racial) -	3 (6.5%)
Not Available Qty -----	16 (34.8%)
Gender	
Male -----	10 (21.7%)
Female -----	10 (21.7%)
Other (may include non-binary and gender non-conforming people)	(26.1%)
Not Available Qty -----	14 (30.4%)
Ethnicity	
Of Hispanic or Latino/a origin -----	2 (4.3%)
Not of Hispanic or Latino/a Origin -----	29 (63.0%)
Not Available Qty -----	15 (32.6%)

Program Performance Measures

CONSUMER ACCESS: self-identified LGBTQ people and their partners and family members who reside in Champaign County. For workshops, any group or organization in the County. UP events open to all. When someone contacts UP, Program Director typically responds within 48-72 hrs with info about when relevant programs are offered; if the person is interested, they are welcomed to join. Programs are promoted in social media, monthly newsletter, trainings, and special events, such as the annual Pride Festival and Parade, Queer Prom, and Trans Day of Remembrance event.

Within 4 days from referral, 100% of those referred will be assessed.

Within 0 days of assessment, 100% of those assessed will engage in services.

People will engage in services, on average, for one year. Individuals may participate as long as they continue to meet specific group requirements.

Additional Demographic Data: gender and sexual identity information.

Staff Comment: revised for PY22, adding the Program Director's response and with a shorter time from referral to assessment (from 6 days to 4), and longer engagement in services (from 6 months to a year).

CONSUMER OUTCOMES:

Outcome 1: increased sense of community

Outcome 2: improved self-efficacy

Outcome 3: improved social support

Outcome 4: improved self-worth

Outcome 5: access to affirming and knowledgeable resources

For the allies we serve, our outcomes are:

Outcome 6: increased caregiver support

Outcome 7: increased knowledge and practical skills to support LGBTQ adults and youth

Outcome 8: access to affirming and knowledgeable resources.

Uniting Pride evaluation team has developed a survey for all support group participants to take every six months to assess changes for the 7 outcomes listed above. Surveys will be administered online, and all participants will create a unique ID that is only identifiable to Uniting Pride's evaluation team and Program Director. All information will be kept confidential and only reported in aggregate. The measures we use for each outcome are validated and include:

Outcome 1: Psychological Sense of LGBT Community Scale (PSOC-LGBT; 25)

Outcome 2: Generalized Self-Efficacy Scale (26)

Outcome 3: Multidimensional Scale of Perceived Social Support (MSPSS; 27)

Outcome 4: Rosenberg Self-Esteem Scale (28)

Outcomes 5-7 - We are expanding our evaluation forms and procedures. Our survey for allies is under development and we will investigate validated measures to use. Adding a measure for Outcome 5 to evaluations for LGBTQ clients.

Outcome gathered from all participants? No - will attempt to gather outcome information from all participants in our ongoing services (Play Group, Queeries, Talk It UP, UParent, UPLift, and Aging UP) and from community members who participate in our educational workshops and trainings. Surveys are voluntary, not to be a barrier to participation.

Anticipate 60 total participants for the year.

Will collect outcome information: Support group participants, every 6 months. Training participants, after each session.

Is there a target or benchmark level for program services? No

Estimated level of change for this outcome: 10% improvement in outcomes for returning clients, 25% for new clients. 85% of clients will experience improvement.

Staff Comment: outcomes and assessment tools have been updated, following work with the UIUC Evaluation Capacity project; targets are not listed per outcome, but specific estimated levels of change have been added; anticipated participants is lowered from 200 in PY21 but doesn't match the NTPC target of 90; data to be collected Q6 mos for groups and after trainings; and while a tool for measuring #8 is not identified, the directory confirms this outcome.

UTILIZATION:

Non-Treatment Plan Clients (NTPCs): 90 - LGBTQ children, adolescents, adults, and family members attending one of our support groups. NTPCs will be asked to complete a form asking for demographic information and performance metrics. New NTPCs include individuals attending a support group for the first time in FY22. Individuals who attended a support group meeting in FY21 and again in FY22 will be counted as Continuing NTPCs.

Service Contacts (SCs): 250 - individuals who contact Uniting Pride about support group services or referrals for LGBTQ resources; will also include # of individuals attending support groups and educational events and opportunities for connection through technology, such as Discord. Participants tracked only by their reason for contacting UP.

Community Service Events (CSEs): 50 - annual Pride Festival, Queer Prom, education events, fundraising events and social gatherings, promoting community and inclusion of LGBTQ individuals; organization and school/GSA visits, assessing community need for LGBTQ education and services and promoting the support group programs.

Staff Comment: In PY20, the targets for NTPC, SC, and CSE were exceeded, and each was increased for PY21. Program is on track to exceed the SC target of 80 but not NTPC and CSE targets of 65 and 50. Increase in NTPC and SC for PY22.

Financial Analysis

PY2022 CCMHB Funding Request: \$86,603

PY2022 Total Program Budget: \$130,113

Proposed Change in Funding - PY2021 to PY2022 = 172.6%
Current Year Funding (PY2021): \$31,768

CCMHB request is for 67% of total program revenue. Other revenue is from Contributions \$43,500 (33%).

Expenses: Personnel related costs of \$62,077 are the primary expense charged to CCMHB at 72% of \$86,602. Other expenses are: Professional Fees/Consultants \$3,000 (3%); Consumables \$2,450 (3%); General Operating \$8,400 (10%); Conferences/Staff Development \$1,400 (2%); Specific Assistance \$700 (1%); Equipment Purchases \$3,500 (4%); Lease/Rental \$4,900 (6%); and Membership Dues \$175.

Total Agency Budget shows a Surplus of \$5,680, Total Program a Surplus of \$9,180, and Total CCMHB a Surplus of \$1. This suggests that there are errors in financial forms and possibly that the full amount requested is not needed.

Program Staff to be funded by CCMHB: 0 Indirect and 1.40 Direct = 1.40 FTEs Total.

Total Program Staff: 0 Indirect and 2.00 Direct = 2.00 FTEs Total

Staff Comment: Professional fees will pay for audit expense. Budget narrative unclear on what Membership Dues covers.

Audit Findings: UP Center requested an extension of their financial review deadline to 12/31/20, but failed to meet the deadline, submitting the review on 1/26/21. Findings have been addressed, including implementation of accrual accounting, and the organization's board members have worked closely with MHB staff to resolve concerns.

Priorities and Decision Support Criteria

Expectations for Minimal Responsiveness: Organizational eligibility questionnaire is older, missing newer questions (no Standard Operating Procedures and no Audit at initial registration.) Application is complete, expectations met.

Priority: Systems of Care for Children, Youth, Families: Yes. – program aligns with selected priority.

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? Yes.

Highlights from the submitted CLC Plan: The UP-Center Board will receive CLC Training Annually and has allocated 8 hours of CLC Training for Staff and Volunteer Staff. Current collaborations include Don Moyer Boys & Girls Club, HITNHOMEBOY, IMC, Cunningham Township, Planned Parenthood, The Art Coop, GCAP, Champaign-Urbana Public Health Department, RACES, and the LGBT Resource center.

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY2021? Yes.

Highlights from the submitted CLC Progress Report: With most programming being virtual, the program coordinators have heightened our social media presence. Online programming and events have expanded. PrideFest events included an online auction, queer history event, a kickoff mix and mingle, a story hour, queer clothing giveaway, pronoun workshop, cultural competence care for trans and gender diverse patients clinician. panel discussion, biblical self-defense training, and a program for older adults. However, our programming this quarter has included a Global Pride Event, World AIDs Day Event, Coffee and Social hours, and Game Nights. Services have expanded to including the following support groups: Aging UP, Trans UP, Uplift, Talk it UP, UParent, Queeries, Play Group, and Read UP. Each of these events are marketed through our social media, website, and the monthly newsletter.

Overarching Decision Support Criteria

Underserved/Underrepresented Populations and Countywide Access: described in Access and other sections, outreach includes partnerships and awareness events/workshops. Transportation support for rural residents.

Inclusion and Anti-Stigma: reduces anti-LGBTQ stigma and increases LGBTQ affirming practices within the community through education and advocacy efforts, educational programming within the broader community focused on LGBTQ cultural competency. Trainings provide insight into LGBTQ needs, assists organizations with becoming LGBTQ-affirming; provided to personnel at public schools, healthcare providers, religious affiliates, and nonprofit organizations, e.g., DSC and Champaign and Urbana public schools. Training is enhanced for broader outreach through a committee and accessible training request process. Community activities and events provide positive visibility that benefits the local LGBTQ community and helps reduce stigma and discrimination. Support services expanded to meet the needs of people across the lifespan and provide more access to LGBTQ-affirming services, with a true impact on LGBTQ health and wellbeing by enhancing belongingness, social support, self-sufficiency, and self-efficacy for folks of varying ages.

Outcomes: a really comprehensive outcomes assessment plan with appropriate and evidence-based measurement tools. This program may benefit from identifying a few of the most relevant outcomes and focusing on those, which avoids some conceptual redundancy and decreases the burden on UP staff and participants.

Coordinated System: UI LGBT Resource Center addresses homophobia, biphobia, transphobia, and heterosexism and works to make safe environments for LGBT people but is limited to UI students, faculty, staff. Many upper-level students, faculty, and staff express interest in services outside the University, as attending a support service with undergraduate students can be uncomfortable; access to a community-service is critical. Outreach and education to locations where youth and teens access services: public libraries, after school programs, churches, and mental health providers. Local high schools and middle schools have GSAs where LGBTQ youth can socialize and get support, and many teen-specific services have LGBTQ+ focused events and groups. Rosecrance, Pavilion, Compass Counseling, and Carle provide MH support for youth and teens. Planned Parenthood provides HRT and medical support for transgender people over 16. Coordinates with UIUC LGBT Resource Center, cross listing events in our separate newsletters... and providing volunteer opportunities for students. The LGBT Resource Center houses the LGBTQ Homeless Workgroup initiative, which UP offers trainings to reach other community-based organizations and University-affiliated groups. UP will collaborate on community events to promote LGBTQ-visibility, inclusivity, and affirmation. Trainings regularly offered and given to teachers, church groups, and after-school programs as we work to build ongoing connections with leaders at those programs. Co-sponsors events with Urbana Free Library and other public places where youth and adults gather.

Budget and Program Connectedness: *Budget Narrative provides detail not only on revenue sources, staff assigned to the program, and expenditure categories and how these were determined, but also addresses the issue of diversifying funding sources. The organization is taking steps to strengthen fundraising and record-keeping in order to qualify for private grant funds during the next fiscal year. However, there appear to be discrepancies across financial forms.*

Approach/Methods/Innovation: In non-metropolitan areas, LGBTQ resources are often weak, decentralized, and within questionable social climates, making the presence of specific LGBTQ centers more meaningful. Affirming programs, policies, and practices are protective through offering support and providing opportunity for connectedness... associated with better psychological and social wellbeing across the lifespan. Higher social support among LGBTQ adolescents is associated with positive self-esteem, lower levels with lower self-esteem and higher shame, depression, anxiety, and alcohol/drug problems. Age-based and developmentally appropriate support groups, even outside of clinical mental health practice, are effective in supporting LGBTQ mental health. Definitions of "family" among LGBTQ people are broad, and due to rejection from families of origin, families of choice are incredibly important, providing practical and social support and buffer negative impacts of homophobia, transphobia, and racialized trauma... programs provide opportunities for LGBTQ people to build families of choice and to increase connections between families of origin looking for support. Use of Relational-Cultural Theory model - <https://www.wcwoonline.org/IBMTI-Site/relational-cultural-theory> - individuals grow and heal through growth-fostering connections to supportive and affirming others within the social context to help understand how cultural and political factors impact individual and community well-being.

Evidence of Collaboration: written working agreements with: Planned Parenthood, Urbana Park District, Urbana Free Library, Compassion and Choices, HITT'NHOMBOY, Art Coop, and the U of I LGBTRC. Informal agreements with RACES, GCAP, Champaign-Urbana Public Health Department, Independent Media Center, Don Moyer Boys and Girls Club, USD-116, USD-4, Equality Illinois, Channing Murray Foundation, and Champaign Library.

Staff Credentials: volunteer facilitators with various backgrounds - LCSW, Degree in Gender & Sexuality Studies, founding member of GCAP - and multiple years of experience as LGBTQ advocates. Programming Director, the only paid staff, has a Certified Welfare Employee License and certificates in Trauma Focused Cognitive Behavioral Therapy, Dementia Care, and Child Endangerment Risk Assessment Protocol, among others. Training committee facilitators: Jaz Routon - MA in Sociology and Sexuality Studies, PhD Candidate in Human Development and Family Studies, research focus on the health and wellbeing of rural LGBTQ populations. Courtney Cuthbertson - PhD in Sociology, expertise in MH/SUD, LGBTQ populations, and community outreach including in rural and nonmetropolitan communities.

Resource Leveraging: - *application does not identify a source of funding for which CCMHB would be match.*

Other Pay Sources: We rely on personal, corporate, and other donations, actively seeking additional grants for programs and services. **Client Fees** No **Sliding Scale** No

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2022 contract:

- *Revise financial forms and resolve the apparent surplus.*
- *Eligibility questionnaire should be updated prior to next application cycle.*

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCMHB Executive Director in writing if there are factual errors which should be corrected prior to completion of award process.

Recommendation: Pending

165

DRAFT PY2022 MHB Program Summary

Agency: Urbana Neighborhood Connections Center, Inc.

Program: Community Study Center

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2022 CCMHB Funding Request: \$25,500

Focus of Application: Mental Health

Type of Contract: Grant

Priority: System of Care for Children, Youth, and Families

Services and People Served

Target Population: children/youth in grades K-12, who are enrolled in Urbana School District, and who benefit from community based academic, social emotional (SE) and recreational enrichment activities; emphasis on African American and low-income youth to address difficulties related to increasing self-esteem/self-image and social functioning.

Staff Comment: largely unchanged from PY20/PY21, defined per school district, demographic data, and need.

Scope, Location, and Frequency of Services:

The following reflects operations pre-COVID-19 and will return to full capacity once restrictions are lifted:

- 7:30am - 5:30pm, M-F, beginning July 1, 2020. Focus on maintaining adequate technology and skilled staff to assist youth in-person with meeting academic requirements, as with service delivery from April to June 2020.
- During the academic school year, after-school sessions M-F, 3-6pm for children in grades K-12 (intense emphasis on K-8) where staff assists children with academic enrichment activities assigned by their classroom teacher or by UNCC's Activity Leaders. Upon completion of academics, participants may participate in recreational activities, arts and crafts, dance groups, social responsibility groups, movies, video games or digital learning activities.
- School Out Days (i.e., teacher institute and parent-teacher conferences) are held from 8am – 5pm and closely resemble the structure of summer programming.
- During the summer break, an eight-week Summer Enrichment Camp (8am - 5pm, M-F) during which times participants are offered small group academic enrichment sessions focused on reading, writing and math along with SE development, digital literacy, and afternoon recreational and leisure activities for youth in grades K-8.
- In addition to continuing the implementation of life enriching activities including life/social skills, conflict resolution groups, and family focused events along with linkage and referral to professional treatment agencies, UNCC has provided more evidence-based interventions with youth grades K-8 through "Bibliotherapy" in small group sessions.
- Facilitated by Master Level Social Workers and select staff; youth will continue engagement in weekly reading and relating groups via the H.O.P.E. (Helping Other People Evolve) Challenge experience.

Group activities at UNCC's principal location. The proposed skill development groups incorporating the use of Bibliotherapy and Second Step Curriculum will occur year-round during weekly mental wellness groups. Each group session will last approximately 30 - 45 minutes depending on age and ability levels.

Staff Comment: revised with regard to changes in 2020 due to pandemic, otherwise maintains long-standing service array and focus on academic enrichment and SE development.

Access to Services for Rural Residents: available and accessible to rural residents if interested. Program doesn't offer transportation - it would be the parents/guardians responsibility. We offer bus fare for children in middle school and older who travel by public transportation, but children living in certain rural areas may find this option cumbersome.

Access to Services for Members of Underserved or Underrepresented Minority Populations: outreach to targeted schools and neighborhoods to inform them of services to targeted populations. All services will be provided at Urbana Neighborhood Connections Center located at 1401 East Main Street in Urbana.

Staff Comment: unchanged from PY20/PY21; while totals are lower due to pandemic, the people served have similar residency and demographic characteristics to prior years.

Residency of 51 People Served in PY2020 and 35 People Served in first two quarters of PY2021

Champaign	1 (2%) for PY20	9 (25.7%) for PY21
Urbana	48 (94.1%) for PY20	25 (71.4%) for PY21
Rantoul	0 for PY20	0 for PY21
Mahomet	2 (3.9%) for PY20	0 for PY21

Other Champaign County 0 for PY20 1 (2.9%) for PY21

Demographics of 51 People Served in PY2020

Age

Ages 0-6 ----- 12 (23.5%)
Ages 7-12 ----- 31 (60.8%)
Ages 13-18 ----- 8 (15.7%)

Race

Black / AA ----- 48 (94.1%)
Asian / PI ----- 1 (2.0%)
Other (incl. Native American and Bi-racial) - 2 (3.9%)

Gender

Male ----- 26 (51.0%)
Female ----- 25 (49.0%)

Ethnicity

Not of Hispanic or Latino/a Origin ----- 51 (100.0%)

Program Performance Measures

CONSUMER ACCESS: Champaign County residents (specific outreach to Urbana residents); enrolled in local school districts (K12); and willing to participate in a continuum of structured and supervised out of school academic, SE, and recreational activities. Criteria determined by: review of registration document and meeting with parent (if child is in elementary) and child/youth. People learn about the program from school personnel, family to family, informational fliers.

Within 1 day from referral, 100% of those referred will be assessed.

Within 2 days of assessment, 100% of those assessed will engage in services.

People will engage in services, on average, for: 1 year with longest being 8 years (K - 8th grade)

Additional Demographic Data: Income level via free and/or reduced lunch or SNAP

Staff Comment: continued from PY20/PY21 – a previous error in % had been corrected.

CONSUMER OUTCOMES:

1. Engage youth in structured out of school educational, social emotional (SE) development and recreational activities.
2. Reduced and/or minimal criminal activities by engaged youth.
3. Expose targeted high school students to various college and career related activities.
4. Implementation and accomplishment of 2 of the Cultural Competency Plan goals and objectives.

Expected Results

1. Maintain and/or increase the number of hours spent investing in academic and S-E skill development.
2. Exposure to new and/or increased amount of involvement in physical fitness and cultural arts activities designed to promote acceptable behaviors, attitudes and confidence needed to maintain positive and healthy lifestyles at home, school and on community.
3. Exposure to juvenile delinquent indicators and prevention services to reduce and/or minimal criminal activities by engaged youth.
4. Increased knowledge, awareness and skill performance related to Cultural Competency planning and implementation. In addition to outcomes related to the overall operation of the Community Study Center, special efforts will continue to be made to incorporate essentials of Illinois State Social Emotional Learning Standards that (1) develop self-awareness and self-management skills necessary to achieve school and life success; (2) use self-awareness and interpersonal skills to establish and maintain positive relationships; and (3) demonstrate decision-making skills and responsible behaviors in personal, school, and community context. By incorporating S-E Learning skills during non-school hours, youth will be able to recognize and model healthy S-E and academic functioning in multiple environments.

Methods used to collect information on the above outcomes will include:

1. Daily Attendance Records.
2. Consultation with parents and school personnel.
3. Graduation diploma, verification of employment and/or college admission letter.
4. Use of Skyward Data Base per Urbana School District approval.

Outcome gathered from all participants? Yes

Anticipate 75 total participants for the year.

Will collect outcome information quarterly.

1/6/20

Is there a target or benchmark level for program services? Yes. Progression to the next grade level with minimal behavioral disruptions, consistent with UNCC's goal of providing effective enrichments that assist each youth with successful transitioning into adulthood.

Estimated level of change for this outcome: at least 75 youth will undergo a process through which they will (1) take an in-depth look into one's self-identity; therefore gaining an understanding of the need to maintain a healthy sense of self-worth; (2) take on a global perspective; thereby learning to view life and/or situations through various lens; and (3) create a self-help plan that allows them to practice what they have learned through the H.O.P.E. experiences.

Staff Comment: largely unchanged from PY20/PY21, but with elimination of use of participation and satisfaction surveys to assess outcomes, and with lower anticipated total participants (from 125 or 150 to 75).

UTILIZATION:

Non-Treatment Plan Clients (NTPCs): 75 unduplicated people receiving multiple programs within one category, the Community Study Center (CSC): community based academic support, tutoring, Reading/literacy/Math instruction, social/emotional development, prevention, intervention, and career opportunities.

Staff Comment: During PY20, the target for 150 NTPCs was exceeded. In PY21, the program appears on track to meet the target of 125. The target is lowered for PY22. To capture something of the volume of activities being accessed, a target could be added for SC totaling attendees at all activities (highly duplicated) or totaling the activities offered.

Financial Analysis

PY2022 CCMHB Funding Request: \$25,500

PY2022 Total Program Budget: \$196,100

Proposed Change in Funding - PY2021 to PY2022 = 0%

Current Year Funding (PY2021): \$25,500

CCMHB request is for 13% of total program revenue. Other revenue: United Way \$53,850 (27%); Contributions \$26,000 (13%); DHS/Teen REACH grant \$15,000 (8%); City of Urbana \$15,000 (8%); Community Foundation \$3,500 (2%); and State of Illinois ISBE-Nutrition Program \$30,000 (15%).

Expenses: Personnel related costs of \$15,000 are the primary expense charged to CCMHB at 59% of \$25,500. Other expenses are: Consumables \$4,000 (16%); General Operating \$3,000 (12%); Occupancy \$2,500 (10%); and Local Transportation \$1,000 (4%) (bus tokens and annual passes for youth and families).

Total Agency Budget shows a Deficit of \$100. Total Program and Total CCMHB Budgets are BALANCED.

Staff Comment: Personnel form does not attribute any staff to the CCMHB or to Total Program. In contrast, the Budget Narrative describes that \$15,000 of salaries/wages are to be charged to the CCMHB contract, for 4 positions including Activity Leaders and Special Life/Social Skills Groups Leader. The Expense form shows the same amount (\$15,000) as a portion of total Payroll Taxes. Audit expense is not specifically budgeted.

Audit Findings: Audit for 2019 was received 9 months late, on 1/24/21 (agency's fiscal year is the calendar year.) Additionally, the audit failed to include the contractually required Auditor's checklist Schedules of Operating Revenues and Expenses. The 2020 Audit should arrive during April.

Priorities and Decision Support Criteria

Expectations for Minimal Responsiveness: Because the eligibility questionnaire was completed in 2011, it contains out of date information and is missing newer answers, e.g., indicates that the Board of Directors is not representative of the service area. Application was complete, meeting expectations. This organization has been funded by the CCMHB for many years, worked to resolve any concerns arising with reporting requirements or policies/procedures, and early on in the pandemic response phase, surveyed the families of young people they serve to understand their changing needs and to plan for continuation of services. Application clarifies that many services cannot be offered during pandemic restrictions.

Priority: Systems of Care for Children, Youth, Families: Yes – the selected priority fits the proposed program.

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? Yes.

Highlights from the submitted CLC Plan: UNCC will maintain adequate technology for youth communication with school personnel while providing available staff to assist with any communication barriers. Work with County CLC Coordinator to enhance policies and processes for maintaining effective culturally competent services.

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY2021? Yes.

Highlights from the submitted CLC Progress Report: UNCC administration has engaged staff in 2 different culturally relevant workshops focused specifically on best practices when working with our specific youth. UNCC has begun to direct specific attention to enhancement/development of African American lively hood through the eyes of our youth and the greater Urbana Community. UNCC will provide open forums through which African American youth and adults will process issues, concerns, etc. related to Racism, Reactions and Recovery.

Overarching Decision Support Criteria

Underserved/Underrepresented Populations and Countywide Access: As a small, neighborhood-center-based program, rural participation does not occur but is welcome, with transportation a barrier. Access (and other) sections of the application describe outreach and services designed for members of historically underinvested groups.

Inclusion and Anti-Stigma: through weekly H.O.P.E. Empowerment groups, youth benefit from positive social, emotional and life-skills experiences. H.O.P.E. groups provide a non-traditional, practical treatment approach for addressing life's distractions and obstacles faced by many youth within the context of their home and community life. Activities will aid in efforts to decrease stigmas associated with identifiable groups of youth and mental health services. Masters level social workers and assistants will continue to utilize bibliotherapy as a therapeutic and treatment tool, specific emphasis on youth and staff in culturally relevant readings and discussions to enhance their ability to recognize racism, understand reactions, and developing strategies for healthy recovery from such traumatizing experiences. *Staff Comment: programming specifically meant to reduce the impact of racism aligns with Board goals for PY22.*

Outcomes: All outcomes are appropriate to the goals of this small but mighty program focused on positive youth development. To account for changes in the consumer rather than program performance and process, a tool could assess individual participants' S-E skills at intervals (e.g.) Consider as a pilot program for UIUC Evaluation, if continued.

Coordinated System: similar or related services/supports (not limited to): Urbana School District 21st Century Learning Centers, Don Moyer Boys and Girls Club, DREAAM. Will continue to partner with schools in the Urbana School District to provide effective academic, recreation and social emotional enrichment to participating youth - attending school-based meetings, consulting with parents/guardians, maintaining classroom to community academic and behavioral resources that complement the individual school. Will collaborate with Don Moyer and DREAAM as opportunities present.

Budget and Program Connectedness: The Budget Narrative describes revenues and expenses in sufficient detail, relating to the Program Plan. Errors in the Personnel and Expense forms do not change the proposed costs. CCMHB funding assists with the costs ("payroll and taxes") of 4 or 5 part time staff, whose responsibilities are described.

Approach/Methods/Innovation: Bibliotherapy Education Project © website, Knoth, Maeve Visser. "What Ails Bibliotherapy?", Good Therapy – Bibliotherapy, Second Step Program | Second Step <https://www.secondstep.org> Social-Emotional Learning Curriculum | Committee for Children <https://www.cfchildren.org/programs/social-emotional-learning>, and Elementary School Curriculum | Second Step www.secondstep.org/elementary-school-curriculum

Evidence of Collaboration: agreements with UI FABLAB, Urbana Park District, Rosecrance, Urbana School District.

Staff Credentials: Mental wellness groups incorporating the use of Bibliotherapy and/or Second Step Life Skills will be coordinated, facilitated, co-facilitated or supervised by either: Janice Mitchell, BS, MA, Beth Hand, BS, MSED, Sheronda Williams, MSW, and may also include UI MSW students.

Resource Leveraging: At 13% (from 10% in PY20), MHB is not the largest or smallest portion of revenue and is not used as match for another grant. Services are not billable to Medicaid or other insurance payor, and because the targeted youth are from low-income households, private pay is not an option. City of Urbana and ISBE provide revenue, none from Urbana Schools. **Other Pay Sources:** Unaware of other payment sources. **Client Fees** No **Sliding Scale** No

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2022 contract:

- Clarify in the contract that, because the agency's fiscal year ends 12/31, audit is due in spring of the following year.
- If the UIUC Evaluation Capacity project continues during PY22, consider as a pilot program.
- Work with CLC Coordinator to enhance policies.
- Recommend a two-year term for this stable, long-standing program.
- Complete a new Eligibility Questionnaire prior to next application cycle.

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCMHB Executive Director in writing if there are factual errors which should be corrected prior to completion of award process.

Recommendation: Pending

DRAFT PY2022 MHB Program Summary

Agency: WIN Recovery

Program: Re-Entry & Recovery Home

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2022 CCMHB Funding Request: \$69,488 - A NEW REQUEST

Focus of Application: Mental Health – *also Substance Use/ Co-Occurring*

Type of Contract: Grant

Priority: Crisis Response and Intervention

Services and People Served

Target Population: justice-impacted women and LGBTQ2+ individuals who struggle with Substance Use disorder or Co-Occurring diagnosis, reentering the community.

Staff Comment: the application includes incarceration data (national and local) to make a strong case. Although the MHB currently funds similar services, none focus on this population.

Scope, Location, and Frequency of Services: gender-responsive, trauma-informed health-promoting services as an alternative to incarceration upon reentry:

- service navigation and assistance to meet individualized self-identified needs that may include but not limited to; (a) housing, (b) case management, (c) WIN Recovery Support Plan contains self-identified goals and assessments of progress, (d) physical/mental/emotional health care services, (e) substance misuse/trauma recovery, (f) education, (g) employment, (h) legal assistance, (i) leadership training, (j) peer-facilitated support groups, (k) civic participation/community outreach, (l) family therapy/reunification, (m) compliance with parole/probation/DCFS/other agencies and (n) recovery-based programming.
- consumables, general operating supplies, occupancy expense, specific assistance, equipment purchases and lease/rental. When residents first come to our home, we provide food, bedding, laundry supplies, and other necessities allowing them to focus on their recovery. We would provide all residents with the curriculum books for our trauma, parenting, and recovery classes. Funding would also help residents with fees they accumulated while incarcerated, DCFS, or drug court. As each resident's needs are different from the next (*text exceeded limit.*)

Transitional housing, continuum of services based on each client's individual recovery - all services within the home, outsourcing services that require professional credentials. Post-onsite living phase, assistance and support as needed.

Staff Comment: identifies relevant supports and services (some billable to insurance) and specific assistance; the use of MHB funding to cover fees imposed by DCFS, Court Services, etc., should be carefully considered.

Access to Services for Rural Residents: based in Champaign but serves residents in rural areas through wrap-around programs. Outreach to connect residents who seek additional support with local health organizations and social services. The HACC vouchers that the clients receive upon graduation are valid in all of Champaign County, including the rural areas & Townships. As there is a lack of Mental Health services and transitional housing for the homeless, we prioritize all individuals that seek assistance from WIN Recovery. Before residents complete our program and are ready to move on, they have a list of services they may need according to their address. Residents also leave us understanding that they can contact us for support if they need assistance in the future. Clients begin phase one by being served in the transitional house, located in Champaign. Once they have built a strong recovery path, and leadership is in agreement over that fact, they will move onto phase two, to our independent house. Once they graduate and move onto phase three, they can live entirely independently, knowing that we will never stop serving and supporting them.

Access to Services for Members of Underserved or Underrepresented Minority Populations: serves justice-involved women and the LGBTQ2+ community who struggle with substance misuse and have a history of trauma. Historically... underserved and underrepresented minority populations. Reentry programs for our residents are few and far between, inside and out of jails and prisons. Our services bridge the gap to ensure our residents have a lifelong recovery and do not re-offend; residents are referred to us through relationships we have built with local probation, parole, and treatment facilities. In the past, we have visited jails and prisons to spread awareness of our program. Our online presence allows us to boost client success and show that our program works. We attend/host community events to get the word out there about WIN Recovery. We require residents to volunteer within the community to inspire others to follow the path to

recovery. We serve our residents in two homes, both in Champaign. Our residents first come to live in our transitional house. In this house, they begin their recovery process, find a job and live among their peers. Once leadership feels a resident has established roots and on a healthy recovery path, we move them over to our independent house. In this house, residents live among each other where they live with less supervision but still active in their recovery and the program.

Residency and Demographic data not available, as the program is not currently funded by the CCMHB.

Program Performance Measures

CONSUMER ACCESS: women or individuals of the LGBTQ2+ community coming from jail, prison, halfway house, transitional house, recovery home, or treatment center. Additional criteria: on parole, probation or pretrial services, DCFS involvement, Mental Health Issues/Diagnosis, Substance Abuse Disorder, history of trauma, Homeless under the State and Federal Poverty Level, from Champaign County, have evidence of a need for services based on assessment, and have limited financial resources to meet the cost of care. An individual must first contact WIN Recovery, a brief eligibility questionnaire is filled out, and the Program Director will schedule a one-on-one assessment with the individual for a later date. During this assessment, the Program Director will ask the individual questions from the individual intake assessment form. Leadership reviews client eligibility and decides whether to accept an individual into the program. Referrals from treatment centers, Illinois DOC, Court Services, Illinois Parole Reentry Group, and other State agencies. Pre-COVID, visited jails/prisons to let women know there is a safe place to go once released. Residents also spread the word.

Within 2 days from referral, 100% of those referred will be assessed.

Within 2 days of assessment, 100% of those assessed will engage in services.

People will engage in services: transitional housing 275-365 days, depends on client's mental and economic stability.

Additional Demographic Data: IDs, Family Reunification, Criminal History, treatment completion, Social Economic Status, Income, Employment Status, Education, Recovery Milestones, Formerly incarcerated, and number of children.

CONSUMER OUTCOMES: based on individual needs upon entering program; needs change through each stage of program, services adjusted to assist them to improve their health and quality of life. With broad scopes of services, we can provide the best care to help our clients become productive members to reenter society.

Outcomes include: Maintain Sobriety; a decrease in Mental/Behavioral Health Services; Obtain Stable Housing; Obtain Employment; Access to Education; Family Reunification; Program Completion; and No Recidivism.

Measured by:

- Risky Behavior Survey (in the substance Use and Risky Behaviors) - staff will administer and collect data through a pre- & post-interview with client and update internal benchmark database as clients meet their milestones.
- Adult Needs and Strengths Assessment (in the Need/Stability Measures) - clients fill out at intake and completion of program; staff monitor client's self-identified goals and program progress during case management updating their file.
- Clients with MTW voucher will be documented for reporting to HACC and in client's file; those who find stable housing of their own will be tracked through exit survey, completed by each client; client will provide work schedules and pay stubs to track employment.
- Clients' documentation of DCFS service plan and update completion of requirements; staff attend court updates, children visitations and return home plans, and update files and progress notes during case management.
- Clients fill out a Trauma-informed practice scale (in PTSD, Trauma, and/or Refugee specific assessment) and an assessment (evaluation of our program).
- Staff will monitor and collect recidivism data during residences here and after completion of the program.

Outcome gathered from all participants? Yes

Anticipate 30 total participants for the year.

Will collect outcome information when clients enter program, between phases, complete program, and periodically after.

Is there a target or benchmark level for program services? Yes. 12 evidence-based benchmarks from A New Way of Life's Safe House Replication model: (a) housing stability, (b) acquiring personal identification, (c) maintenance of sobriety, (d) development of self-identified goals, (e) progress toward achieving self-identified goals, (f) compliance with conditions of probation or parole, (g) no re-incarceration, (h) ability to access benefits or assistance, (i) regular attendance at recovery meetings, (j) enrollment in school, (k) access resources to employment, and (l) sought employment.

Estimated level of change for this outcome is 98%, an amount we wish to see each year. Ideally, we strive to reach the highest quantity of participants that we would like to see a change in at 100%.

Staff Comment: addresses measurement vs diversity of needs, value of the model (self-worth and transformation).

UTILIZATION:

Treatment Plan Clients (TPCs): 30 - clients meeting eligibility, accepted into program, residing in our homes, and with a recovery support plan when entering the program. WIN Recovery plans to collect and report on the rate of participants' completing their treatment plan recommendations. For case management, we plan on monitoring inpatient discharge plans, behavioral health therapy goals and objectives for clients, outpatient substance-use treatment plans, mandatory parole requirements, drug court plan, and DCFS service plans.

Non-Treatment Plan Clients (NTPCs): 0 - any family member the client reunites with during engagement in services; difficult to set this target as reunification is different for each; we do keep track of mothers regaining custody from DCFS.

Service Contacts (SCs): 20 - individuals that contact our program but are not eligible; we refer to similar organizations in their community. Hard to target based on potential clients' eligibility, parole dates, and our bed availability.

Community Service Events (CSEs): 7 – e.g., a free community drive-in viewing of the movie “Just Mercy” hosted in partnership with Salt & Light in Urbana.

Financial Analysis

PY2022 CCMHB Funding Request: \$69,488 - A NEW Request.

PY2022 Total Program Budget: \$133,093

CCMHB request is for 52% of total program revenue. Other revenue from various Grants: A New Way of Life (Safe House Network) \$25,000 (19%); Pritzker Foundation \$21,105 (16%); Criminal Justice Initiative Leadership Circle \$15,000 (11%); Walmart Community Grant (Champaign) \$1,000 (1%); Walmart Community Grant (Sams) \$1,500 (1%).

Expenses: Personnel related costs of \$24,960 are 36% of the full request. Other expenses: Occupancy \$7,532 (11%); Specific Assistance \$3,780 (5%); Equipment Purchases \$8,062 (12%); Lease/Rental \$12,800 (18%); Consumables \$5,000 (7%); and General Operating \$7,354 (11%).

Total Agency, Total Program, and Total CCMHB Budgets are BALANCED.

Program Staff to be funded by CCMHB: 0 Indirect and 1.00 Direct = 1.00 FTEs Total. (Same as Total Program Staff.)

Staff Comment: this does not match Expense or Budget Narrative forms; there appear to be errors in the Personnel form so that this should probably be 2.00 Direct = 2.00 Total FTEs. Total agency staff include three others for whom no portion of salary is charged to this program or to CCMHB contract; this is not an error, but the two positions related to this program are not properly counted as part of total agency. Significant errors exist in revenue and expense forms.

Audit Findings: N/A. This applies only to applicants with existing CCMHB or CCDDDB contracts.

Priorities and Decision Support Criteria

Expectations for Minimal Responsiveness: *In Eligibility Questionnaire, agency answered “Yes” to the question of which kind of accounting method is used. Application was complete, meeting expectations. Evidence of seeking and accessing other funds and supportive arrangements. Provides clarification that some services could not be offered during pandemic restrictions (e.g., in jail/prison meetings, community and outreach events.)*

Priority: Crisis Response and Intervention: Yes. – aligns with the priority selected in application.

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? Yes, and will require additional support to develop actions for their CLC Plan that are specific to their programs.

Highlights from the submitted CLC Plan: WIN Recovery will allocate resources for Cultural Competence training for staff and board members. WIN will provide access for language and communication assistance for clients.

Overarching Decision Support Criteria

Underserved/Underrepresented Populations and Countywide Access: *The target population is an underrepresented one. Wraparound services for rural residents, but the core of the program is transitional housing in Champaign. With program reliance on referrals, outreach directly to residents is not a focus.*

Inclusion and Anti-Stigma: diversity, equity, and inclusivity as core values that advance our mission. We understand the importance of individuals, regardless of their lived experience. Implementing these core values drives the work of WIN Recovery leaders. Leadership team is diverse and made up of returning citizens, individuals in the LGBTQ2+ community, graduates of WIN Recovery, and individuals directly impacted by the criminal justice system's injustices. Our inclusivity gives us the ability to openly share views and perspectives that shape, blend, and influence how to advance our mission

and solve problems in potentially more innovative and inclusive ways. Our diverse leadership focuses on all aspects of our work to understand and address the nation's critical injustices to gain mobility and strength to continue to close disparities and oppression. Leadership program is imperative to redefine formerly incarcerated individuals' narrative, breaking the stigmas and discrimination our women face. We encourage our women to share their experience, strength, and hope with the community to change the stigma about formerly incarcerated women and LGBTQ2+ individuals.

Outcomes: *Describes a set of measurable outcomes related to positive changes in people using the program. Targets are for 'increase' or 'decrease,' and assessment tools/process are included.*

Coordinated System: The only organization focused on our target population, though some offer similar: (a) Rosecrance, in-patient treatment/transitional housing/out-patient treatment, (b) Pavilion, Mental/Substance Abuse in-patient treatment, (c) CU at Home, emergency women's shelter/transitional housing, which supports only 2 women, (d) First Followers, reentry program for men only, (e) Carle, substance abuse outpatient treatment/counseling, (f) Housing Authority, housing assistance for residents of Champaign County, and (g) RPC Justice Diversion, case management for persons who have Rantoul Police Dept Crisis Intervention Team.

- Coordinates with Rosecrance, Pavilion, Carle Addiction, Drug Court, Probation, and Reentry group for referrals.
- Partners with Housing Authority for Move to Work voucher program: clients receive a voucher for housing anywhere in the County; to maintain 8-year maximum eligibility, they must keep a full-time job or full-time education, will receive additional services, developing 5 personal goals with cash incentives once achieved to secure homeownership.
- Works with YWCA to provide technology services to our women through their Strive Program, beginner computer skills to assist with career development. When clients complete the class, they keep the Chrome Book.
- Partners with UI through education and internship opportunities: clients may enroll in the Odyssey program to work towards educational goals. Agency utilizes intern programs to assist with various organizational needs.

Budget and Program Connectedness: *The Budget Narrative clearly lists all sources of revenue for the program, this request accounting for 52% of total. Expenses are explained in greater detail, many to be charged at 50% to this grant. Specific Assistance is to be utilized as a last resort, with 42% charged to this contract. Lease/Rental charged at 80%. Personnel are described – two full time staff (current vacancies), one to be funded by this contract. These salaries may need to be adjusted to retain qualified, committed staff. As a small program, there are no business office staff, no one primarily responsible for bookkeeping and accounting.*

Approach/Methods/Innovation: part of the Sisterhood Alliance for Freedom and Equality (SAFE) Housing Network, created in 2018 by A New Way of Life (ANWOL) Reentry Project founder Susan Burton. A project of ANWOL, the SAFE Housing Network, is dedicated to supporting the replication of ANWOLs innovative, internationally acclaimed, community-based, health-promoting reentry model. ANWOL Replication Study (2018) goes into great length about how a program that has existed since 1998 has had nothing but success with its approach. WIN Recovery has the unique advantage of being the first to replicate the model. Those in the network pride themselves on the fact that the approach works because of their first-hand lived experience. Harbor Area Halfway Houses (HAHH) was a California Department of Corrections and Rehabilitation reentry program. Before the merging of HAHH and ANWOL in 2018, residents felt “no personal agency..., did not receive guidance or support on how to reenter mainstream society..., and treated the women as criminals who required monitoring.” The ANWOL Narrative Evaluation (2020), which reported on the merger, found their residents felt better equipped to reintegrate into society. Residents had a new sense of agency and autonomy as ANWOL draws upon the strengths of each individual. Homes once described as an extension of prison now described as welcoming and homey. The ANWOL philosophy had a “profound impact on the atmosphere, programming, and lived experience of the women residing in HAHH.” <https://anewwayoflife.org/safe-housing-network/>

Evidence of Collaboration: MOU with Housing Authority for a home where our clients begin phase two, living independently. Once clients finish this phase, they graduate and move onto phase three and become eligible for a Move To Work Voucher from HACC, waiving the criminal background requirements (barriers for our population.) We provide graduated clients with 12 vouchers a year for those who want to reside in Champaign County, with additional case management through WIN and also HACC that includes the SHIFT program.

Staff Comment: partnering with providers for benefits enrollment can connect people to services and supports which are stabilizing and billable to other payors, maximizing the local funding.

Staff Credentials: Executive Director/Founder: Bachelors in Communications, MSW with concentration in MH from UI; QMHP; specialized training, continued support, and mentoring through the SAFE House Network. Program Manager: Bachelors in Special Ed K-12 with Early Childhood Special Ed certification from EIU; DEI training. As a justice-impacted WIN program graduate, uses her life experience and journey to lead and support women like her. *A peer mentor program director and program service director are to be hired; credentials not included.* Our formerly incarcerated leadership redefines the narrative, which is imperative to breaking free of the stigmas. We uniquely place our graduated

residents in leadership positions to use their expertise and superior knowledge of the criminal justice system. We believe the people that have lived through disparities are the ones who can best solve them. Environment centered on compassion, accountability, understanding, and empathy, unlike typical reentry programs through peer-led leadership. All staff has personal experience in the areas that we provide support for and are part of the population we serve. We cultivate a culture that promotes empowerment and trust, leading to more successful outcomes.

Resource Leveraging: *Application does not indicate this funding would be used as match for another revenue source.*

Other Pay Sources: grants from A New Way of Life, The Pritzker Family Foundation, Criminal Justice Initiative, FICPFM, CFECI, Illinois Humanities Envisioning Justice, Walmart, Goodman, and United Way. Seeking funds from drug court, state and national foundations; seeking contracts with DCFS, probation, and IDOC, sponsorships with local businesses and community members. **Client Fees** No **Sliding Scale** No

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2022 contract:

- *Revise financial forms, to resolve errors in Personnel, Expense, and Revenue forms.*
- *Work with CLC Coordinator to develop the CLC Plan fully.*
- *Because it is not clear from the Eligibility Questionnaire, the agency should demonstrate that they use accrual accounting. If they do not currently, conversion to accrual will be expected.*
- *Pro-rate the contract start date and maximum to the start date of the two staff to be hired and to allow time for the above.*

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCMHB Executive Director in writing if there are factual errors which should be corrected prior to completion of award process.

Recommendation: Pending



12.A.

CCMHB 2021 Meeting Schedule

5:45PM Wednesday after the third Monday of each month
Brookens Administrative Building, 1776 East Washington Street, Urbana, IL

<https://us02web.zoom.us/j/81393675682>

312-626-6799, Meeting ID: 813 9367 5682

~~March 24 – Putman Room – *study session*~~ Cancelled

April 21 – Shields Room

April 28 – Shields Room - *study session*

May 12 – Shields Room - *study session*

May 19 – Shields Room

June 23 – Shields Room

July 21 – Shields Room

September 15 – Shields Room – *joint study session*

September 22 – Shields Room

October 20 – Shields Room

October 27 – TBD – *study session*

November 17 – Shields Room

December 15 – Shields Room - *tentative*

This schedule is subject to change due to unforeseen circumstances.

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

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

Meetings are archived at <http://www.co.champaign.il.us/mhbddb/MHBMeetingDocs.php>

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

174



CCDDB 2021 Meeting Schedule

9:00AM Wednesday after the third Monday of each month
Brookens Administrative Building, 1776 East Washington Street, Urbana, IL
<https://us02web.zoom.us/j/81559124557>
312-626-6799, Meeting ID: 815 5912 4557

March 17 – Staff Office, Pod 200

~~**March 24** – Putman Room – *tentative study session*~~ Cancelled

April 21 – Shields Room

April 28 – Putman Room – study session

May 19 – Shields Room

June 23 – Shields Room

July 21 – Shields Room

August 18 – Shields Room – *tentative*

September 15 5:45PM – Shields – *study session with CCMHB*

September 22 – Putman Room

October 20 – Shields Room

November 17 – TBD

December 15 – Shields Room - *tentative*

This schedule is subject to change due to unforeseen circumstances.

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

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

Meetings are posted in advance and recorded and archived at
<http://www.co.champaign.il.us/mhbddb/DDBMeetingDocs.php>

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

175

DRAFT January to December 2021 Meeting Schedule with Subject and Allocation Timeline for PY2022 continued, moving into PY2023

The schedule provides dates and subject matter of meetings of the Champaign County Mental Health Board through 2021. 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 are tentative dates for steps in the funding allocation process for Program Year 2022 (July 1, 2021 – June 30, 2022) and deadlines related to PY2021 agency contracts. **2021 meetings are scheduled to begin at 5:45PM; these may be confirmed by contacting Board staff.**

- 1/04/21 *Online System opens for Agency Registration and Applications for PY2022*
- 1/20/21 **Regular Board Meeting:** Election of Officers
- 1/27/21 **Study Session:** Mid-Year Program Presentations
- 1/29/21 *Agency PY21 2nd Q Reports and CLC Progress Reports due*
- 2/12/21 *Agency deadline for submission of applications for PY2022 funding. Online system will not accept forms after 4:30PM.*
- 2/16/21 *List of Requests for PY2022 Funding assembled*
- 2/17/21 **Regular Board Meeting**
Discussion of Board Members' Review of Proposals;
Mid-year updates on new agency programs
- 2/24/21 **Study Session:** Mid-Year Program Presentations
- 3/17/21 **Regular Board Meeting:** FY2020 Annual Report
(includes utilization data from agencies for PY20)
- 4/14/21 *Program summaries released to Board, copies posted online with CCMHB April 21, 2021 meeting agenda*
- 4/21/21 **Regular Board Meeting**
Program Summaries Review and Discussion
- 4/28/21 **Study Session**
Program Summaries Review and Discussion
- 4/30/21 *Agency PY2021 3rd Quarter Reports due*

176

5/5/21 *Allocation recommendations released to Board; copies posted online with CCMHB meeting agenda*

5/12/21 **Study Session: Allocation Recommendations**

5/19/21 **Regular Board Meeting:**
Allocation Decisions; Authorize Contracts for PY2022

6/23/21 **Regular Board Meeting**
Approve FY2022 Draft Budgets

6/23/21 *PY2022 Contracts Completed*

7/21/21 **Regular Board Meeting**

8/27/21 *Agency PY2021 4th Q Reports, CLC Progress Reports, and Annual Performance Measure Reports due*

9/15/21 **Joint Study Session with CCDDDB**

9/22/21 **Regular Board Meeting**
Draft Three Year Plan 2022-2024 with 2022 Objectives

10/20/21 **Regular Board Meeting**
Release Draft Program Year 2023 Allocation Criteria

10/27/21 **Study Session**

10/28/21 *Agency Independent Audits, Reviews, or Compilations Due*

10/29/21 *Agency PY2022 First Quarter Reports Due*

11/17/21 **Regular Board Meeting**
Approve Three Year Plan with FY2022 Objectives
Allocation Decision Support – PY23 Allocation Criteria

12/13/21 *Public Notice to be published on or before this date, giving at least 21-day notice of application period.*

12/15/21 **Regular Board Meeting - tentative**

177