CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARD
CHAMPAIGN COUNTY MENTAL HEALTH BOARD

Champaign County Mental Health Board (CCMHB) Meeting Agenda

Wednesday, March 23, 2022 at 5:45PM

Shields-Carter Room, Brookens Administrative Building, 1776 E. Washington Street, Urbana, IL
https://us02web.zoom.us/j/81393675682 312-626-6799, Meeting ID: 813 9367 5682

Pursuant to the Governor's Executive Order establishing a pandemic disaster in the State of Illinois that covers the County of Champaign, and the CCMHB President's determination that holding this meeting in person is not prudent at this time due to health concerns with COVID-19 cases and hospitalizations reported in the county, this meeting will be held remotely via zoom. Public comment also will be taken remotely. The public may watch the meeting live through this link or view it later in archived recordings at https://www.co.champaign.il.us/mhbddb/MeetingInfo.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 during a meeting, let us know how we might help by emailing stephanie@ccmhb.org. If the time or format of the meeting are not convenient, you may still communicate with the Board by emailing stephanie@ccmhb.org any written comments 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 5 minutes.*

1. Call to Order
2. Roll Call
3. Zoom Instructions **(page 3)**
4. Approval of Agenda*
5. Citizen Input/Public Participation
   The CCMHB reserves the authority to limit individual public participation to 5 minutes and limit total time to 20 minutes.
6. President's Comments – Joseph Omo-Osagie
7. Executive Director's Comments – Lynn Canfield
8. Approval of CCMHB Minutes **(pages 4-9)***
   Minutes from the 2/16/22 study session and 2/23/22 board meeting are included. Action is requested.
9. Expenditure List **(pages 10-15)***
   An "Expenditure Approval List" is included. Action is requested, to accept the list and place it on file.
10. New Business
    A. CCMHB FY 2021 Annual Report **(pages 16-61)***
       The Draft FY2021 Annual Report is included in the board packet for review and approval. Action is requested.
    B. Review of Applications for PY23 Funding **(pages 62-65)**
       The packet includes a suggested board checklist and spreadsheet of applications to be reviewed, with primary and secondary reviewers. No action is requested.
    C. Agency Request for Amendment of PY22 Contracts **(pages 66 and 67)***

The packet includes a Decision Memo, with attachment, requesting a change the maximums of Cunningham Children's Home contracts. Action is requested.

D. Staff Request for Amendment to Extend a Contract Term **(page 68)***
The packet includes a Decision Memo requesting board action to extend the term of a contract. Action is requested.

11. Old Business
    A. CILA Update **(pages 69-79)***
    A decision memorandum and attachments are included. Board action is requested.
    B. Schedules & Allocation Process Timeline **(pages 80-84)**
    Updated copies of CCMHB and CCDDB meeting schedules and CCMHB allocation timeline are included in the packet.
    C. Acronyms and Glossary **(pages 85-96)**
    A list of commonly used acronyms is included for information.
12. Agency Input
    The CCMHB reserves the authority to limit individual public participation to 5 minutes and total time to 20 minutes.
13. CCDDB Input
14. Staff Reports **(pages 97-115)**
    Included for information are reports from Lynn Canfield and Chris Wilson. Due to focus on review of applications, other staff reports are deferred until May.
15. Board to Board Reports **(page 116)**
    Included in the packet is a chart listing agency board meetings.
16. Board Announcements
17. Adjournment

**Board action requested*

#3

Instructions for participating in Zoom Conference Bridge for CCMHB regular meeting March 23, 2022 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.

#8

CHAMPAIGN COUNTY MENTAL HEALTH BOARD STUDY SESSION

Minutes—February 16, 2022

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

5:45 p.m.

MEMBERS PRESENT:	Matt Hausman, Daphne Maurer, Joseph Omo-Osagie, Elaine Palencia, Kyle Patterson, Jane Sprandel, Jon Paul Youakim
STAFF PRESENT:	Kim Bowdry, Leon Bryson, Lynn Canfield, Stephanie Howard-Gallo, Shandra Summerville
OTHERS PRESENT:	Pat Ege, Cunningham Children's Home; Laura Lindsey, Courage Connection; Nelson Novak, Terrapin Station Sober Living; Stephanie Cockrell, The Well Experience; James Kilgore, First Followers; Jodi McGhee, Head Start; Sara Balgoyen, Mahomet Area Youth Club (MAYC)

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, along with staff member Stephanie Howard-Gallo.

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.

PRESIDENT'S COMMENTS:

None.

EXECUTIVE DIRECTOR'S COMMENTS:

Director Lynn Canfield reviewed the agenda.

STUDY SESSION – Funded Program Midyear Presentations:

Recovery Home:

Nelson Novak, Executive Director of Terrapin Station Sober Living, reported on the new Recovery Home program.

Family Services:
Stephanie Cockrell, Executive Director of The Well Experience, reported on the new Family Service program.

Following the presentations, Board members were given an opportunity to ask questions and make comments.

BOARD ANNOUNCEMENTS:

None.

ADJOURNMENT:

The meeting adjourned at 7:00 p.m.

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

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

#8

CHAMPAIGN COUNTY MENTAL HEALTH BOARD REGULAR MEETING

Minutes—February 23, 2022

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

5:45 p.m.

MEMBERS PRESENT:	Joseph Omo-Osagie, Jon Paul Youakim, Matthew Hausman, Daphne Maurer, Elaine Palencia, Kyle Patterson, Jane Sprandel
MEMBERS EXCUSED:	
STAFF PRESENT:	Kim Bowdry, Leon Bryson, Lynn Canfield, Stephanie Howard-Gallo, Shandra Summerville, Chris Wilson
OTHERS PRESENT:	Danielle Matthews, DSC; Gail Raney, Dave Kellerhalls, Rosecrance; Katie Harmon, Jessica McCann, Jodi McGhee, Lisa Benson, RPC; Tasha Saltsgaver, Rantoul Police Department

CALL TO ORDER:

Mr. Joe Omo-Osagie called the meeting to order at 5:45 p.m. Instructions were included in the packet. Executive Director Canfield was present at the Brookens Administrative Center as per the Open Meetings Act, along with staff member Stephanie Howard-Gallo.

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.

PRESIDENT'S COMMENTS:

None.

EXECUTIVE DIRECTOR'S COMMENTS:

Ms. Canfield discussed the application review process and timeline. She also discussed important upcoming Illinois General Assembly bills.

APPROVAL OF CCMHB MINUTES:

Meeting minutes from the January 19, 2022 Board meeting and the January 26, 2022 study session were included in the Board packet.

MOTION: Mr. Hausman moved to approve the CCMHB minutes from the meetings on January 19, 2022 and January 26, 2022. Ms. Palencia seconded the motion. A roll call vote was taken. The motion passed.

EXPENDITURE LIST:

The Expenditure List was included in the Board packet for consideration.

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

NEW BUSINESS:

Funded Program Midyear Presentation:
Included in the packet was a presentation on the CCRPC Justice Diversion program, expanded in PY22 due to ARPA funds. Ms. Lisa Benson, Director of Community Services, Ms. Jessica McCann, Community Services Program Manager, and Ms. Tasha Saltsgaver, Rantoul Police Department presented.

CCMHB Application Review Process:
A briefing memo detailed the CCMHB Application Review process. A list of PY23 funding requests to be reviewed, a chart comparing all PY23 CCMHB requests to current funding, a chart of all PY23 funding requests (CCMHB and CCDDB), and a suggested review checklist were in the Board packet as well.

Champaign County ARPA Fiscal Recovery Funds:
A briefing memo provided an update on ARPA Fiscal Recovery Funds with focus on premium pay. Included were the 2021 project request form and current year report forms and an excerpt from Ed McManus' newsletter.

AGENCY INFORMATION:

None.

OLD BUSINESS:

211 Quarterly Reports:
A report on 211 calls during Oct-Dec 2021 is included for information only.

CILA Update:
A briefing memorandum is included for information only.

Schedules & Allocation Process Timeline:
Copies of CCMHB and CCDDB meeting schedules and CCMHB allocation timeline were included in the packet.

Acronyms and Glossary:
A list was included in the Board packet.

CCDDB Information:
The CCDDB met this morning. They had similar agenda items as the CCMHB.

STAFF REPORTS:

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

BOARD TO BOARD REPORTS:

None.

BOARD ANNOUNCEMENTS:

None.

OTHER BUSINESS:

Closed Session Minutes Review:
Minutes of previous closed sessions were provided separately to each Board member. The staff recommendation is due to ongoing litigation the Board should accept the closed session minutes as presented and continue maintaining them as closed.

MOTION: Ms. Sprandel moved to accept the closed session minutes from February 19, 2020 and February 26, 2020 as presented and continue maintaining them as closed. Dr. Youakim seconded. The motion passed unanimously.

ADJOURNMENT:

The meeting adjourned at 7:07 p.m.

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

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

Champaign County, IL

VENDOR INVOICE LIST

INVOICE	P.O.	INV DATE	CHECK RUN	CHECK #	INVOICE NET	DUE DATE	TYPE	STS	INVOICE DESCRIPTION
1 CHAMPAIGN COUNTY TREASURER									
Jan MHB21-004		01/01/2022	011422A	101	4,325.00	01/31/2022	INV	PD	MHB21-004 Homeless Servic
Jan MHB22-006		01/01/2022	011422A	103	4,702.00	01/31/2022	INV	PD	MHB22-006 Children's Advo
Jan MHB22-010		01/01/2022	011422A	101	27,197.00	01/31/2022	INV	PD	MHB22-010 Early Childhood
Jan MHB22-025		01/01/2022	011422A	101	6,362.00	01/31/2022	INV	PD	MHB22-025 Youth Assessmen
Jan MHB22-043		01/01/2022	011422A	101	17,329.00	01/31/2022	INV	PD	MHB22-043 Justice Diversi
Jan Office Rent		01/01/2022	011422A	102	1,927.03	01/31/2022	INV	PD	Lease Agreement Between C
					61,842.03				
10148 COMMUNITY SERVICE CENTER OF NORTHERN									
Jan MHB22-008		01/01/2022	013122A	418	5,717.00	01/31/2022	INV	PD	MHB22-008 Resource Connec
10163 CRISIS NURSERY									
Jan MHB22-005		01/01/2022	011422A	112	7,500.00	01/31/2022	INV	PD	MHB22-005 Beyond Blue
10170 DEVELOPMENTAL SERVICES CENTER OF									
Jan MHB22-012		01/01/2022	011422A	114	49,710.00	01/31/2022	INV	PD	MHB22-012 Family Developm
10175 DON MOYER BOYS & GIRLS CLUB									
Jan MHB22-015		01/01/2022	011422A	115	8,333.00	01/31/2022	INV	PD	MHB22-015 C-U Change
Jan MHB22-022		01/01/2022	011422A	115	13,333.00	01/31/2022	INV	PD	MHB22-022 Youth and Famil
Jan MHB22-037		01/01/2022	011422A	115	9,166.00	01/31/2022	INV	PD	MHB22-037 CUNC
					30,832.00				
10183 ALEXANDER F CAMPBELL									
501		12/02/2021	013122A	433	1,059.11	01/31/2022	INV	PD	Online system support
502		12/02/2021	013122A	433	1,894.00	01/31/2022	INV	PD	Q1 Online System Support
					2,953.11				
10214 FIRST FOLLOWERS									
Jan MHB22-003		01/01/2022	013122A	438	7,916.00	01/31/2022	INV	PD	MHB22-003 Peer Mentoring
Jan MHB22-034		01/01/2022	013122A	438	3,291.00	01/31/2022	INV	PD	MHB22-034 First Steps Ree
					11,207.00				
10263 I3 BROADBAND - CU									
23002701		01/04/2022	010622A	18	144.95	02/01/2022	INV	PD	Internet Service 2/4/22 -
10348 MCS OFFICE TECHNOLOGIES INC									
01-693118		01/04/2022	011422A	143	1,845.00	02/03/2022	INV	PD	MHB22-040 Managed IT Serv
10352 MAHOMET AREA YOUTH CLUB									
Jan MHB22-032		01/01/2022	011422A	139	1,250.00	01/31/2022	INV	PD	MHB22-032 Bulldogs Learn
Jan MHB22-033		01/01/2022	011422A	139	1,825.00	01/31/2022	INV	PD	MHB22-033 Members Matter

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Champaign County, IL

VENDOR INVOICE LIST

INVOICE	P.O.	INV DATE	CHECK RUN	CHECK #	INVOICE NET	DUE DATE	TYPE	STS	INVOICE DESCRIPTION
					3,075.00				
10464 RAPE, ADVOCACY, COUNSELING & EDUCATION SERVICES									
Jan MHB22-002		01/01/2022	011422A	151	5,250.00	01/31/2022	INV	PD	MHB22-002 Sex Violence Pr
10488 ROSECRANCE, INC.									
Jan MHB21-019		01/01/2022	011422A	155	16,996.00	01/31/2022	INV	PD	MHB21-019 Crisis, Access,
Jan MHB21-020		01/01/2022	011422A	155	25,362.00	01/31/2022	INV	PD	MHB21-020 Criminal Justic
Jan MHB21-023		01/01/2022	011422A	155	16,666.00	01/31/2022	INV	PD	MHB21-023 Recovery Home
Jan MHB22-027		01/01/2022	011422A	155	5,000.00	01/31/2022	INV	PD	MHB22-027 Prevention Serv
Jan MHB22-028		01/01/2022	011422A	155	14,122.00	01/31/2022	INV	PD	MHB22-028 Specialty Court
Jan MHB22-030		01/01/2022	011422A	155	7,117.00	01/31/2022	INV	PD	MHB22-030 Fresh Start
					85,263.00				
10583 UNIVERSITY OF ILLINOIS									
Jan MHB22-039		01/01/2022	011422A	171	6,968.75	01/31/2022	INV	PD	MHB22-039 Build Eval Capa
10595 UP CENTER OF CHAMPAIGN COUNTY									
Jan MHB22-009		01/01/2022	013122A	557	7,217.00	01/31/2022	INV	PD	MHB22-009 Children Youth
10638 VISA CARDMEMBER SERVICE									
3930 1/11/22		01/19/2022	012122A	354	594.00	01/19/2022	INV	PD	3930 STATEMENT 1/11/22
10683 WIN RECOVERY INC									
Jan MHB22-069		01/01/2022	011422A	177	5,790.00	01/31/2022	INV	PD	MHB22-069 WIN Recovery
10703 BARBARA J. BRESSNER									
Q1 MHB22-046		01/01/2022	011422A	94	2,250.00	01/31/2022	INV	PD	disABILITY Resource Expo
18092 COURAGE CONNECTION									
Jan MHB21-007		01/01/2022	013122A	422	10,583.00	01/31/2022	INV	PD	MHB21-007 Courage Connect
18148 THE WELL EXPERIENCE									
Jan MHB22-068		01/01/2022	011422A	167	6,666.00	01/31/2022	INV	PD	MHB22-068 Family Services
18259 CHAMPAIGN COUNTY HEALTH CARE CONSUMERS									
Jan MHB22-044		01/01/2022	011422A	104	6,690.00	01/31/2022	INV	PD	MHB22-044 CHW Outreach an
Jan MHB22-045		01/01/2022	011422A	104	6,450.00	01/31/2022	INV	PD	MHB22-045 Justice Involve
Jan MHB22-066		01/01/2022	011422A	104	5,958.00	01/31/2022	INV	PD	MHB22-066 Disability Serv
					19,098.00				
18305 CUNNINGHAM CHILDRENS HOME									
Jan MHB21-018		01/01/2022	011422A	113	8,467.00	01/31/2022	INV	PD	MHB21-018 ECHO Housing an
Jan MHB21-036		01/01/2022	011422A	113	33,592.00	01/31/2022	INV	PD	MHB21-036 Families Strong

Champaign County, IL

VENDOR INVOICE LIST

INVOICE	P.O.	INV DATE	CHECK RUN	CHECK #	INVOICE NET	DUE DATE	TYPE	STS	INVOICE DESCRIPTION
					42,059.00				
18323 DIMOND BROS. INSURANCE LLC									
320920		01/12/2022	012122A	239	3,125.00	01/21/2022	INV	PD	CCMHB Directors & Officer
321665		01/13/2022	012122A	239	2,698.00	01/21/2022	INV	PD	CCDDB Directors and Offic
					5,823.00				
18343 FAMILY SERVICE OF CHAMPAIGN COUNTY									
Jan MHB22-014		01/01/2022	011422A	119	2,500.00	01/31/2022	INV	PD	MHB22-014 Counseling Fami
Jan MHB22-016		01/01/2022	011422A	119	2,369.00	01/31/2022	INV	PD	MHB22-016 Self-Help Cente
Jan MHB22-017		01/01/2022	011422A	119	13,529.00	01/31/2022	INV	PD	MHB22-017 Senior Counseli
					18,398.00				
18412 TERRAPIN STATION SOBER LIVING NFP INC									
Jan MHB22-067		01/01/2022	011422A	166	3,916.00	01/31/2022	INV	PD	MHB22-067 Recovery Home
18413 PROMISE HEALTHCARE									
Jan MHB21-013		01/01/2022	011422A	150	29,176.00	01/31/2022	INV	PD	MHB21-013 Mental Health S
Jan MHB21-041		01/01/2022	011422A	150	8,998.00	01/31/2022	INV	PD	MHB21-041 Promise Healthc
47 INVOICES					432,875.84				

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** END OF REPORT - Generated by Chris M. Wilson **

Champaign County, IL

VENDOR INVOICE LIST

INVOICE	P.O.	INV DATE	CHECK RUN	CHECK #	INVOICE NET	DUE DATE	TYPE	STS	INVOICE DESCRIPTION
1 CHAMPAIGN COUNTY TREASURER									
Feb MHB21-004		02/01/2022	020722A	631	4,325.00	02/07/2022	INV	PD	MHB21-004 Homeless Servic
Feb MHB22-006		02/01/2022	020722A	633	4,702.00	02/07/2022	INV	PD	MHB22-006 Children's Advo
Feb MHB22-010		02/01/2022	020722A	631	27,197.00	02/07/2022	INV	PD	MHB22-010 Early Childhood
Feb MHB22-025		02/01/2022	020722A	631	6,362.00	02/07/2022	INV	PD	MHB22-025 Youth Assessmen
Feb MHB22-043		02/01/2022	020722A	631	17,329.00	02/07/2022	INV	PD	MHB22-043 Justice System
Feb Office Rent		02/01/2022	020722A	632	1,927.03	02/07/2022	INV	PD	Feb Office Rent
					61,842.03				
41 CHAMPAIGN COUNTY MENTAL HEALTH BOARD									
46-5364-3351		02/07/2022	020722A	637	15,000.00	02/07/2022	INV	PD	Transfer of cash from CIL
10148 COMMUNITY SERVICE CENTER OF NORTHERN									
Feb MHB22-008		02/01/2022	020722A	650	5,717.00	02/07/2022	INV	PD	MHB22-008 Resource Connec
10163 CRISIS NURSERY									
Feb MHB22-005		02/01/2022	020722A	657	7,500.00	02/07/2022	INV	PD	MHB22-005 Beyond Blue
10170 DEVELOPMENTAL SERVICES CENTER OF									
Feb MHB22-012		02/01/2022	020722A	662	49,710.00	02/07/2022	INV	PD	MHB22-012 Family Developm
10175 DON MOYER BOYS & GIRLS CLUB									
Feb MHB22-015		02/01/2022	020722A	663	8,333.00	02/07/2022	INV	PD	MHB22-015 C-U Change
Feb MHB22-022		02/01/2022	020722A	663	13,333.00	02/07/2022	INV	PD	MHB22-022 Youth and Famil
Feb MHB22-037		02/01/2022	020722A	663	9,166.00	02/07/2022	INV	PD	MHB22-037 CU Neighborhood
					30,832.00				
10183 ALEXANDER F CAMPBELL									
511		01/28/2022	020722A	670	5,705.00	02/28/2022	INV	PD	Compliance checklist dash
512		01/28/2022	020722A	670	280.00	02/28/2022	INV	PD	Workbook edit training fo
					5,985.00				
10214 FIRST FOLLOWERS									
Feb MHB22-003		02/01/2022	020722A	673	7,916.00	02/07/2022	INV	PD	MHB22-003 Peer Mentoring
Feb MHB22-034		02/01/2022	020722A	673	3,291.00	02/07/2022	INV	PD	MHB22-034 First Steps Ree
					11,207.00				
10263 I3 BROADBAND - CU									
23293331		02/07/2022	021622A	926	144.95	02/14/2022	INV	PD	Internet service 3/4/22 -
10348 MCS OFFICE TECHNOLOGIES INC									
01-693559		02/02/2022	021622A	966	495.00	02/14/2022	INV	PD	MHB22-040 Managed IT Serv
10352 MAHOMET AREA YOUTH CLUB									

Champaign County, IL

VENDOR INVOICE LIST

INVOICE	P.O.	INV DATE	CHECK RUN	CHECK #	INVOICE NET	DUE DATE	TYPE	STS	INVOICE DESCRIPTION
Feb MHB22-032		02/01/2022	020722A	714	1,250.00	02/07/2022	INV	PD	MHB22-032 BLAST
Feb MHB22-033		02/01/2022	020722A	714	1,825.00	02/07/2022	INV	PD	MHB22-033 Members Matter
					3,075.00				
10423 PEPSI COLA CHAMPAIGN-URBANA BOTTLING									
81103796		01/18/2022	021622A	978	13.90	02/14/2022	INV	PD	5Gal water jugs
10453 QUILL CORPORATION									
22857084		02/04/2022	022822A	1279	131.95	03/06/2022	INV	PD	Batteries, Clorox wipes,
10464 RAPE, ADVOCACY, COUNSELING & EDUCATION SERVICES									
Feb MHB22-002		02/01/2022	020722A	748	5,250.00	02/07/2022	INV	PD	MHB22-002 Sexual Violence
10488 ROSECRANCE, INC.									
Feb MHB21-019		02/01/2022	020722A	754	16,996.00	02/07/2022	INV	PD	MHB21-019 Crisis, Access,
Feb MHB21-020		02/01/2022	020722A	754	25,362.00	02/07/2022	INV	PD	MHB21-020 Criminal Justic
Feb MHB21-023		02/01/2022	020722A	754	16,666.00	02/07/2022	INV	PD	MHB21-023 Recovery Home
Feb MHB22-027		02/01/2022	020722A	754	5,000.00	02/07/2022	INV	PD	MHB22-027 Prevention Serv
Feb MHB22-028		02/01/2022	020722A	754	14,122.00	02/07/2022	INV	PD	MHB22-028 Specialty Court
Feb MHB22-030		02/01/2022	020722A	754	7,117.00	02/07/2022	INV	PD	MHB22-030 Fresh Start
					85,263.00				
10583 UNIVERSITY OF ILLINOIS									
Feb MHB22-039		02/01/2022	020722A	782	6,968.75	02/07/2022	INV	PD	MHB22-039 Build Eval Capa
10595 UP CENTER OF CHAMPAIGN COUNTY									
Feb MHB22-009		02/01/2022	020722A	784	7,217.00	02/07/2022	INV	PD	MHB22-009 Children Youth
10638 VISA CARDMEMBER SERVICE									
3930 2/9/22		02/09/2022	021622A	1032	189.98	03/07/2022	INV	PD	Statement 2/9/22
10683 WIN RECOVERY INC									
Feb MHB22-069		02/01/2022	020722A	807	5,790.00	02/07/2022	INV	PD	MHB22-069 WIN Recovery
10687 XEROX CORPORATION									
230438713		02/02/2022	022822A	1352	199.06	03/04/2022	INV	PD	MHB Jan Xerox Service
18092 COURAGE CONNECTION									
Feb MHB21-007		02/01/2022	020722A	656	10,583.00	02/07/2022	INV	PD	MHB21-007 Courage Connect
18148 THE WELL EXPERIENCE									
MHB22-068		02/01/2022	020722A	774	6,666.00	02/07/2022	INV	PD	MHB22-068 Family Services

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Champaign County, IL

VENDOR INVOICE LIST

INVOICE	P.O.	INV DATE	CHECK RUN	CHECK #	INVOICE NET	DUE DATE	TYPE	STS	INVOICE DESCRIPTION
18223 ASSOC OF COMMUNITY MENTAL HEALTH AUTHORITIES OF IL									
1150		02/01/2022	021622A	855	8,000.00	03/31/2022	INV	PD	1st half 2022 ACMHAI Annu
18259 CHAMPAIGN COUNTY HEALTH CARE CONSUMERS									
Feb MHB22-044		02/01/2022	020722A	636	6,690.00	02/07/2022	INV	PD	MHB22-044 CHW Outreach an
Feb MHB22-045		02/01/2022	020722A	636	6,450.00	02/07/2022	INV	PD	MHB22-045 Justice Involve
Feb MHB22-066		02/01/2022	020722A	636	5,958.00	02/07/2022	INV	PD	MHB22-066 Disability Serv
					19,098.00				
18305 CUNNINGHAM CHILDRENS HOME									
Feb MHB21-018		02/01/2022	020722A	659	8,467.00	02/07/2022	INV	PD	MHB21-018 ECHO Housing an
Feb MHB21-036		02/01/2022	020722A	659	33,592.00	02/07/2022	INV	PD	MHB21-036 Families Strong
					42,059.00				
18343 FAMILY SERVICE OF CHAMPAIGN COUNTY									
Feb MHB22-014		02/01/2022	020722A	671	2,500.00	02/07/2022	INV	PD	MHB22-014 Counseling
Feb MHB22-016		02/01/2022	020722A	671	2,369.00	02/07/2022	INV	PD	MHB22-016 Self-Help Cente
Feb MHB22-017		02/01/2022	020722A	671	13,529.00	02/07/2022	INV	PD	MHB22-017 Senior Counseli
					18,398.00				
18412 TERRAPIN STATION SOBER LIVING NFP INC									
Feb MHB22-067		02/01/2022	020722A	773	3,916.00	02/07/2022	INV	PD	MHB22-067 Recovery Home
18413 PROMISE HEALTHCARE									
Feb MHB21-013		02/01/2022	020722A	745	29,176.00	02/07/2022	INV	PD	MHB21-013 Mental Health S
Feb MHB21-041		02/01/2022	020722A	745	8,998.00	02/07/2022	INV	PD	MHB21-041 Wellness
49 INVOICES					449,425.62				

** END OF REPORT - Generated by Chris M. Wilson **

CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

DECISION MEMORANDUM

DATE: March 23, 2022
TO: Members, Champaign County Mental Health Board (CCMHB)
FROM: Lynn Canfield, Stephanie Howard-Gallo
SUBJECT: CCMHB Annual Report for Fiscal Year 2021

Attached for review and approval is the Annual Report for Fiscal Year 2021, January 1 to December 31, 2021. The preparation of the Annual Report is a collaboration among staff members and Board president. Included are a financial accounting of revenue and expenditures, agency program allocations, service activity totals by agency and program (with explanations as introduced in the FY2016 Annual Report), aggregate demographic and residency data, and service sector charts for the past year. The Three-Year Plan (FY 2022 – FY 2024) with One-Year Objectives for FY2022, approved at the December 2021 meeting, is also presented.

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

Decision Section

Motion: Move to approve the Champaign County Mental Health Board Fiscal Year 2021 Annual Report.

_____ Approved
_____ Denied
_____ Modified
_____ Additional Information Needed

Champaign County Mental Health Board

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

The CCMHB's Annual Report provides an accounting to the citizens of Champaign County of the CCMHB's activities and expenditures during the period of January 1, 2021 through December 31, 2021.

The CCMHB's Three-Year Plan for the period January 1, 2022 through December 31, 2024 presents the CCMHB's goals for development of Champaign County's system of community mental health, intellectual and developmental disabilities, and substance use disorder services and facilities, with One-Year Objectives for January 1, 2022 through December 31, 2022.

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

Champaign County Mental Health Board

Fiscal Year 2021 Annual Report & Three-Year Plan 2022-2024

Table of Contents

LISTING OF 2021 BOARD MEMBERS AND STAFF

BOARD MEMBERS

Mr. Joseph Omo-Osagie, President

Dr. Jon Paul Youakim, Vice President

Dr. Susan Fowler

Mr. Matthew A. Hausman

Dr. Daphne Maurer

Dr. Thom Moore (to February 2021)

Ms. Elaine Palencia

Mr. Kyle Patterson

Dr. Julian Rappaport

Ms. Jane Sprandel

Ms. Kathleen Wirth-Couch (to February 2021)

STAFF MEMBERS

Lynn Canfield
Executive Director

Kim Bowdry
Associate Director for Intellectual and Developmental Disabilities

Leon Bryson
Associate Director for Mental Health & Substance Use Disorder Services (March 2021)

Mark J. Driscoll
Associate Director for Mental Health & Substance Use Disorder Services (to March 2021)

Stephanie Howard-Gallo
Operations & Compliance Coordinator

Shandra Summerville
Cultural & Linguistic Competence Coordinator

Chris Wilson
Financial Manager

CCMHB President's Report

As President, it is my pleasure on behalf of the Champaign County Mental Health Board (CCMHB/Board) to present to the citizens of Champaign County the 2021 Annual Report. Per the Illinois Community Mental Health Act (405 ILCS 20/), this fulfills the annual financial reporting requirement, with accounting of 2021 revenues and expenditures, allocation amounts for community agencies by program, and costs of the CILA project, a collaboration with the Champaign County Board for Care of Persons with a Developmental Disability (CCDDB). Detailed descriptions of funded program services and reported utilization are also offered, with charts aggregating reported service data and the commitment of financial resources. Closing out the report is a new Three-Year Plan with Fiscal Year 2022 Objectives. Incorporated into this strategic plan is a Theory of Change Logic Model, developed by the Board and staff with support from University of Illinois Department of Psychology researchers who have engaged in an evaluation capacity building project with agencies for six years.

In September, the CCMHB completed a community needs assessment, the framework for the new Plan and the annual funding priorities. The full assessment report is available in English and Spanish:
https://www.co.champaign.il.us/MHBDDB/PDFS/Full_2021_Community_Needs_Report_ENGLISH.pdf
https://www.co.champaign.il.us/MHBDDB/PDFS/Full_2021_Community_Needs_Report_ESPANOL.pdf

In July, due to persistent staffing shortages in I/DD direct care, the CCMHB and CCDDB chose to sell the two properties which had served as small group homes (CILAs). One house was sold in September. The other became vacant in July and required repairs which continued through the year.

Notably, 2021 was the second full year of the global COVID-19 pandemic, contributing to a behavioral health crisis across the country. Trauma, grief, and disruption have taken an especially high toll on children and youth. Meanwhile provider agencies continued to operate in a challenging fiscal and regulatory environment, with a growing workforce shortage, inadequate state reimbursement rates, and barriers related to Medicaid managed care and 'siloed' payment systems. Meeting the emerging needs will require substantial focus and investment in our community-based systems. To offer some stability for continuing programs, the Board awarded two-year contracts to ten of the funded agency programs for the program year ending June 30 and to twenty-one for the program year beginning July 1. Although the amount of funding awarded to agencies increased for the eighth year, additional one-time funding from Champaign County helped meet the growing need through new and expanded programs.

Now is the time to make a real investment in our community! In March 2021, the Federal Government passed the American Rescue Plan Act (ARPA) which included federal investments and opportunities to advance mental health policies and resources at the local and state level. This legislation provided much-need support to strengthen Champaign County's system of care. Half of the $770,436 which was transferred to the CCMHB supported programs from July 1 to December 31, and the other half will be spent in 2022. This fiscal relief funding created an opportunity for new providers to help fill in the gaps of services. The established providers with expanded mental health and substance use services can provide staff training, fill professional positions, develop crisis mobile response teams, and offer immediate quality care and program resources to members of our community.

In closing, I want to thank you for your interest in the work of the CCMHB. What has been accomplished would not be possible without the commitment of my fellow volunteer board members, including outgoing members Dr. Julian Rappaport and Dr. Susan Fowler, and the dedicated staff team.

Respectfully,

Joseph Omo-Osagie

Joseph Omo-Osagie (Mar 3, 2022 09:19 CST)

Joseph Omo-Osagie
CCMHB President, 2021

SECTION I: Financial Reports and Service Data

CHAMPAIGN COUNTY MENTAL HEALTH BOARD

ANNUAL FINANCIAL REPORT

1/1/21 - 12/31/21

	2020	2021
Beginning of the Year Fund Balance	$ 3,440,634	$ 3,268,719
REVENUE		
General Property Taxes	$ 4,802,522	$ 5,278,325
Back Taxes, Mobile Home Tax &	-	-
Payment in Lieu of Taxes	1,088	3,679
Local Government Revenue		
Champ County Developmental Disabilities Board	346,706	366,344
Interest Earnings	7,627	1,343
Gifts and Donations	2,900	100
Disability Expo	13,805	100
Miscellaneous	-	2,205
American Rescue Plan Act**	-	770,436
TOTAL REVENUE	$ 5,174,648	$ 6,422,532
EXPENDITURES		
Administration & Operating Expenses:		
Personnel	$ 544,001	$ 564,542
Commodities	12,362	8,632
Services	288,560	295,970
Interfund Transfers*	5,819	972
Capital Outlay	-	-
Sub-Total	$ 850,742	$ 870,116
Grants and Contributions:		
Program	4,495,820	5,063,438
Capital	-	-
Sub-Total	$ 4,495,820	$ 5,063,438
TOTAL EXPENDITURES	$ 5,346,562	$ 5,933,554
Fund Balance at the End of the Fiscal Year	$ 3,268,719	$ 3,757,698

** ARPA Funds were received in full, but only half expended in 2021. The other half will be disbursed in 2022.

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

CHAMPAIGN COUNTY CILA FACILITIES

ANNUAL FINANCIAL REPORT

1/1/21 - 12/31/21

REVENUE	2020	2021
From Mental Health Board	$ -	$ -
From Developmental Disabilities Board	$ 50,000.00	$ 50,000.00
Rent	$ 16,500.00	$ 2,926.56
Other Misc Revenue	$ 1,995.46	$ 179.93
Sale of Fixed Asset	$ -	$ 226,017.05
TOTAL REVENUE	$ 68,495.46	$ 279,123.54

EXPENDITURES		
Mortgage Principal	$ -	$ -
Mortgage Interest	$ -	$ -
Commodities	$ 5,536.60	$ 6,283.30
Professional Fees	$ 6,000.00	$ 3,372.66
Utilities	$ 738.58	$ 2,590.06
Building/Landscaping Maintenance	$ 13,697.45	$ 19,398.67
Building Improvements	$ -	$ 14,432.00
Other Services	$ 2,653.12	$ 1,904.50
TOTAL EXPENDITURES	$ 28,625.75	$ 47,981.19

CHAMPAIGN COUNTY MENTAL HEALTH BOARD
PROGRAM ALLOCATIONS -- FY2021
1/1/21 - 12/31/21

AGENCY/PROGRAM	TOTAL PAID
CHAMPAIGN COUNTY CHILDREN'S ADVOCACY CENTER	
Children's Advocacy Center	**54,590.00**
CHAMPAIGN COUNTY CHRISTIAN HEALTH CENTER	
Mental Health Care	**23,002.00**
CHAMPAIGN COUNTY HEALTH CARE CONSUMERS	
CHW Outreach and Benefit Enrollment	79,116.00
Disability Services (6 months)	35,748.00
Justice Involved CHW Services & Benefits	76,268.00
Agency Total	**191,132.00**
CHAMPAIGN COUNTY REGIONAL PLANNING COMMISSION	
Headstart - Early Childhood Mental Health Services	268,136.00
Headstart - Social/Emotional Development Services (6 months)**	49,809.00
Homeless Services System Coordination	51,906.00
Justice Diversion Program	141,632.00
Youth Assessment Center	76,350.00
Agency Total	**587,833.00**
COMMUNITY SERVICE CENTER OF NORTHER CHAMPAIGN COUNTY	
Resource Connection	**68,104.00**
COURAGE CONNECTION	
Courage Connection	**127,000.00**
CRISIS NURSERY	
Beyond Blue Champaign County	**82,500.00**
CUNNINGHAM CHILDREN'S HOME	
ECHO Housing and Employment Support	101,604.00
Families Stronger Together	403,106.00
Agency Total	**504,710.00**
DEVELOPMENTAL SERVICES CENTER	
Family Development Center **	**596,522.00**
DON MOYER BOYS & GIRLS CLUB	
CU Neighborhood Champions	110,099.00
Community Coalition Summer Youth Programs	107,000.00
CU Change	100,000.00
Youth and Family Services	160,000.00
Agency Total	**477,099.00**
DREAAM HOUSE	
DREAAM	**90,000.00**
EAST CENTRAL ILLINOIS REFUGEE ASSISTANCE CENTER	
Family Support and Strengthening	**59,220.00**
FAMILY SERVICE	
Counseling	30,000.00
Self Help Center	28,684.00
Senior Counseling and Advocacy	162,350.00
Agency Total	**221,034.00**
FIRST FOLLOWERS	
FirstSteps Community Re-Entry House	39,546.00

CHAMPAIGN COUNTY MENTAL HEALTH BOARD
PROGRAM ALLOCATIONS -- FY2021
1/1/21 - 12/31/21

AGENCY/PROGRAM	TOTAL PAID
Peer Mentoring for Re-entry	95,000.00
Agency Total	**134,546.00**
GROW IN ILLINOIS	
Peer Support	**77,239.00**
MAHOMET AREA YOUTH CLUB	
BLAST	15,000.00
Members Matter!	19,952.00
Agency Total	**34,952.00**
NATIONAL ALLIANCE ON MENTAL ILLINOIS	
NAMI Champaign County (6 months)	**5,002.00**
PROMISE HEALTHCARE	
Mental Health Services with Promise	351,526.00
Promise Healthcare Wellness	72,044.00
Agency Total	**423,570.00**
RAPE ADVOCACY COUNSELING EDUCATION SERVICES	
Sexual Violence Prevention Education	**63,000.00**
RATTLE THE STARS	
Youth Suicide Prevention Education (9 months)	**64,876.00**
ROSECRANCE CENTRAL ILLINOIS	
Criminal Justice PSC	304,350.00
Crisis, Access, & Benefits	203,960.00
Fresh Start	82,362.00
Prevention Services	60,000.00
Recovery Home	200,000.00
Specialty Courts	186,236.00
Agency Total	**1,036,908.00**
TERRAPIN STATION SOBER LIVING	
Recovery Home (6 months)	**23,496.00**
UP CENTER OF CHAMPAIGN COUNTY (UNITING PRIDE)	
Children, Youth, and Families Program	**59,184.00**
URBANA NEIGHBORHOOD CONNECTIONS	
Community Study Center	**25,500.00**
WELL EXPERIENCE	
Family Services (6 months)	**39,996.00**
WIN RECOVERY	
WIN Recovery (6 months)	**34,740.00**
GRAND TOTAL	**5,105,755.00**

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

Service Totals – Brief Narrative of What the Service Categories Represent

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

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

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

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

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

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

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

Utilization Summaries for PY2021
Champaign County Mental Health Board Funded Programs

Detail on each program's performance toward defined consumer outcomes during the funding year of July 1, 2020 to June 30, 2021 is available at http://ccmhddbrds.org, among downloadable public files toward the bottom of the page. The relevant document is titled "CCMHB PY21 Performance Outcome Reports."
TPC = Treatment Plan Client
NTPC = Non-Treatment Plan Client
CSE = Community Service Event
SC = Screening Contact or Service Contact
Other, as defined in individual program contract

Priority: Intellectual/Developmental Disabilities - Collaboration with Champaign County Developmental Disabilities Board (CCDDB), focus on Young Children

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Champaign County Regional Planning Commission Head Start/Early Head Start
Social Emotional Development Services $99,615 (+CCDDB contract for $21,466)
Seeks to identify and address social-emotional concerns in the early childhood period, as well as to promote mental health among all Head Start children. The social-emotional portion of the program focuses on aiding the development of self-regulation, problem solving skills, emotional literacy, empathy, and appropriate social skills. Accomplishments in these areas will affect a child's ability to play, love, learn and work within the home, school and other environments. All fit together to form the foundation of a mentally healthy person.
Utilization targets: 50 TPC, 50 NTPC, 20 CSE, 600 SC, 10 Other (newsletter articles, staff training)
Utilization actual: 45 TPC, 90 NTPC, 14 CSE, 729 SC, 39 Other

Developmental Services Center
Family Development Center $596,522
Serves children birth to five years old, with or at risk of developmental disabilities, and their families. FDC responds to needs with culturally responsive, innovative, evidence-based services. Early detection and prompt, appropriate intervention can improve developmental outcomes for children with delays and disabilities and children living in at-risk environments. Family-centered intervention maximizes the gifts and capacities of families to provide responsive intervention within familiar routines and environments.
Utilization targets: 655 TPC, 200 SC, 4 CSE
Utilization actual: 828 TPC, 189 SC, 21 CSE

Individual Advocacy Group **CILA Expansion** $0 (CCDDB contributed $50,000)
This annual investment pays for mortgage and property management costs of two of the three local small group homes run by Individual Advocacy Group,

which was selected in 2014 through an RFP process to provide services to people with I/DD living in MHB/DDB owned-homes. During 2019, the CCMHB contributed a larger share in order to pay off the mortgage loan in full; the CCDDB continues to transfer $50,000 into the fund each year until their total payments are equal to the CCMHB contribution.
Utilization: 4 TPCs with staffing ratios from 1:4 to 2:3 and a choice between IAG 'Flexible Day Experience' and day programs run by other local providers. One house closed in December 2020, the other July 2021, with all 4 individuals moving to CILAs in other counties.

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

Champaign County RPC Head Start/Early Head Start
Early Childhood Mental Health Services $209,906
Support from an Early Childhood Mental Health Assistant includes assisting teaching staff and parents in writing individualized social-emotional goals to include in lesson plans for children identified through screening; developing with parents and teaching staff an Individual Success Plan for children who exhibit challenging behaviors; offering teachers social and emotional learning strategies; monitoring children's progress and outcomes; and providing information to families and staff. Facilitation of meetings with a child's parent(s) and teaching staff throughout the process of the child receiving services as well as supporting parents and teaching staff with resources, training, coaching, and modeling.
Utilization targets: 50 TPC, 80 NTPC, 1800 SC, 5 CSE, 50 Other
Utilization actual: 60 TPC, 45 NTPC, 1815 SC, 66 CSE, 874 Other

Courage Connection
Courage Connection $127,000
A family's immediate safety is intimately connected to their long-term success. A community's stability is threatened when any family is in danger. Courage Connection helps victims and survivors of domestic violence rebuild their lives through advocacy, housing, counseling, court advocacy, self-empowerment, community engagement, and community collaborations.
Utilization targets: 425 TPC, 110 NTPC, 600 SC, 150 CSE
Utilization actual: 750 TPC, 337 NTPC, 887 SC, 166 CSE

Crisis Nursery
Beyond Blue – Champaign County $75,000
Beyond Blue serves mothers who have or are at risk of developing perinatal depression (PD), targeting mothers who demonstrated risk factors for PD and are pregnant or have a child under age one. Individual and group support and education to facilitate healthy parent-child engagement. Research suggests that 10-20% of mothers suffer from PD, nearly half are undiagnosed. Addresses risk

factors that lead to emotional disturbances and multiagency and system involvement in children. Works to increase awareness of PD and reduce stigma.
Utilization targets: 33 TPC, 77 NTPC, 522 SC, 128 CSE, 2275 Other (hours of in-kind/respite care)
Utilization actual: 27 TPC, 71 NTPC, 300 SC, 104 CSE, 374.75 Other

Cunningham Children's Home
Families Stronger Together $403,107

The Families Stronger Together is a new program that provides trauma informed, culturally responsive, therapeutic services to build resiliency in families with youth age ten to seventeen who are or at risk of involvement in the juvenile justice system. Level of engagement with the familiy is based on assessed need and can last anywhere from one month to ten months. The therapeutic services apply the Attachment, Regulation, and Competency (ARC) treatment framework. Services may include individual therapy, family therapy, psychoeducation services, care coordination, intensive family engagement, and aftercare.
Utilization targets: 50 TPC, 25 NTPC, 1125 SC, 10 CSE
Utilization actual: 23 TPC, 20 NTPC, 931SC, 20 CSE

DREAAM House
DREAAM $80,000

DREAAM is a prevention and early intervention program for boys aimed at cultivating academic excellence and social emotional health. Designed to increase positive outcomes (academic achievement, self-efficacy, social mobility) and decrease negative outcomes (suspensions, low educational performance, violence). Evidence-informed components: 1) day-long summer program, 2) 5-day week, after-school program, 3) school-based mentoring, 4) Saturday athletic activities, and 5) family engagement and training. Embedded in each component is social emotional learning and behavioral health instruction to foster transfer of skills from DREAAM House to school to home.
Utilization actual: 65 TPC, 50 NTPC, 175 SC, 10 CSE
Utilization actual: 165 TPC, 76 NTPC, 408 SC, 14 CSE

Don Moyer Boys & Girls Club
CU Change $100,000

The program seeks to impact under-resourced youth with potential for high school graduation by providing group and individual support, counseling, life skills training, and exposure to positive cultural and healthy life choices. Emphasizes academic support, community engagement, interactive, hands on learning experiences and exposure to positive life alternatives. Assists youth with navigating obstacles to success in the school environment, increasing positive peer and community involvement and developing a positive future plan.
Utilization targets: 50 TPC, 79 NTPC, 850 SC, 150 CSE
Utilization actual: 55 TPC, 78 NTPC, 263 SC, 117 CSE

Don Moyer Boys & Girls Club
CUNC $110,195

An initiative designed to increase community understanding of trauma and expand community capacity to implement trauma-informed practices and procedures. Goals are: addressing the needs of those impacted by trauma and violence and creating more supportive and healed communities. Accomplished through training community members, focusing on youth leaders and elder helpers, and educating the community about trauma and trauma-informed care to support the creation of community-based trauma response teams.
Utilization targets: 75 NTPC, 250 SC, 250 CSE
Utilization actual: 4 TPC, 116 NTPC, 227 SC, 183 CSE

Don Moyer Boys & Girls Club
Community Coalition Summer Initiatives $107,000

Services and supports by specialized providers, through subcontract to Don Moyer Boys and Girls Club, to engage Champaign County's youth in a a range of positive summer programming: strengthening academics; developing employment skills and opportunities; athletics; music and arts instruction; etc. Supports and reinforces System of Care principles and values particularly relative to system-involved youth impacted with emotional and environmental challenges. Reports to and through the Champaign County Community Coalition and the CCMHB.
Utilization targets: 582 NTPC, 12320 SC, 40 CSE, 700 Other
Utilization actual: 692 NTPC, 13840 SC, 40 SCE, 840 Other

Don Moyer Boys & Girls Club
Youth and Family Services $160,000

Family-driven, youth-guided services for and with families and children experiencing mental health and/or emotional challenges. Supports are offered at home, in school, and in the community for optimal recovery. Partnering with caregivers to provide the best-fit, most comprehensive services and supports possible. Peer-driven support from those with lived experiences and challenges, educational opportunities to make informed decisions, and technical support to help navigate complicated systems for the best possible outcomes for each individual and their family.
Utilization targets: 35 TPC, 20 NTPC, 400 SC, 10 CSE
Utilization actual: 20 TPC, 6 NTPC, 463 SC, 16 CSE

Mahomet Area Youth Club
Bulldogs Learn & Succeed Together (BLAST) initially $15,000, amended to $9,232

MAYC's BLAST Programming for students K-12 includes enrichment activities, academic help, and cultural and community-based programming. MAYC partnered with Mahomet Seymour Schools District in this endeavor for several reasons: it allows the use of district facilities, providing a safe and structured environment, children participate in activities in their own school community, additional contact with teachers, school staff, social workers, and guidance

counselors, specialized learning spaces (including computer labs, gyms, music and art rooms), access to a variety of caring community volunteers, and most importantly, an inclusive environment that brings students from all economic backgrounds together. Open to all students but targeting low income and/or struggling students, making the program available at no cost.
Utilization targets: 12 TPC, 85 NTPC, 1100 SC, 500 CSE
Utilization actual: 7 TPC, 13 NTPC, 1251 SC, 496 CSE

Mahomet Area Youth Club
MAYC Members Matter! initially $18,000, amended to $23,768
Emphasizes five core values: Character and Stewardship; Health and Life Skills; Education and Leadership; Creative Arts and Expression, and Sports and Recreation. The MAYC Junior High Club operates Monday thru Friday from 3:30pm to 6:00pm on school days that provides a safe place for up to 40 students at no cost, to study, socialize with peers, play sports and games, and establish meaningful relationships with caring adults. Goals for this program are consistent attendance at school, improved grades, and graduating on time. The out-of-school program operates Monday thru Friday from 7:00a.m. To 6:00p.m., offering activities including educational STEM related projects/activities, arts and crafts, recreation and physical fitness including swimming and trips around the community. Goals for this program are increased meaningful adult and peer connections, physical activity, knowledge of health and nutrition, food security, brain stimulating activities and retention of knowledge gained during the school year.
Utilization targets: 12 TPC, 150 NTPC, 2200 SC, 200 CSE
Utilization actual: 26 TPC, 158 NTPC, 4328 SC, 240 CSE

NAMI Champaign County Illinois
NAMI Champaign County $10,000
NAMI Champaign County offers free information and support to people living with mental health problems and their families. NAMI Ending the Silence is an engaging presentation that helps audience members learn about the warning signs of mental health conditions and what steps to take if you or a loved one are showing symptoms of a mental illness. Other program offerings: NAMI Family-to-Family; NAMI in Our Own Voice (IOOV); and NAMI Family Support Group.
Utilization targets: 45 CSE
Utilization actual: 104 CSE

Rape Advocacy, Counseling & Education Services
Sexual Violence Prevention Education $63,000
Rape Advocacy, Counseling & Education Services (RACES) is the only agency charged with providing comprehensive services to victims of sexual assault in Champaign County. Trauma-informed counseling, 24-hour crisis hotline, and in-person advocacy at hospital Emergency Departments and at meetings with law enforcement or Courthouse. Also offers prevention education to thousands of

local children and adults per year and conducts community events to further the aim to create a world free of sexual violence.
Utilization targets: 1500 (# attending) SC, 200 CSE, 5 Other (presentations at the JDC)
Utilization actual: 2653 (# attending) SC, 36 CSE, 0 Other

Rosecrance Central Illinois
Prevention Services $60,000
An evidence-based life skills and drug education curriculum for Champaign County students. Programs available for preschool through high school. Sessions on health risks associated with the use of alcohol, tobacco and other drugs. Life skills sessions may include instruction on and discussion of refusal skills, self-esteem, communicating with parents, and related social issues. Prevention team are active members of several anti-drug and anti-violence community-wide coalitions working to reduce youth substance abuse.
Utilization targets: 975 CSE
Utilization actual: 1344 CSE

UP Center (Uniting Pride) of Champaign County
Children, Youth & Families Program $31,768
Program serves LGBTQ adolescents aged 11-18; LGBTQ families; and children dealing with issues related to the stigmatization of their gender and sexual identifications and identities. Services include provision of social-emotional supports, non-clinical crisis intervention, case management referrals, risk reduction strategies, strengths development, community-building events, and management of adult volunteers within this program. Program provides a weekly adolescent non-clinical support group.
Utilization targets: 3 TPC, 65 NTPC, 80 SC, 50 CSE
Utilization actual: 0 TPC, 68 NTPC, 319 SC, 72 CSE

Urbana Neighborhood Connections
Community Study Center $25,500
Empowerment zone which youth benefit from productive year-round academic, recreational, and social-emotional supplements. Point of contact for information, linkage and referral to community resources. Study Center provides opportunity to engage school aged youth in non-traditional, practical intervention and prevention approaches for addressing difficulties. In individual and group activities facilitated/supervised by program staff and volunteers, participants can process feelings in a secure and supportive environment.
Utilization targets: 125 NTPC
Utilization actual: 131 NTPC

Priority: Behavioral Health Supports which Reduce Incarceration

Champaign County Children's Advocacy Center (CAC)
Children's Advocacy $52,754

Promoting healing and justice for children/youth who have been sexually abused. The CAC provides: a family-friendly initial investigative interview site; supportive services for the child and non-offending family, promoting healing; and abuse investigation coordination. Most of the young people served are victims of sexual abuse. CAC services are also provided to those children/youth who are victims of severe physical abuse and to victims of child trafficking. Trauma inflicted by these crimes is deep; with the right help the young person can begin to heal.
Utilization targets: 220 TPC, 25 NTPC, 245 SC, 9 CSE
Utilization actual: 264 TPC, 68 NTPC, 222 SC, 9 CSE

Champaign County Health Care Consumers
Justice Involved CHW Services & Benefits $75,140

Community Health Worker services (as below), for people at the Champaign County jail. Services are offered on-site, to improve access to care upon discharge/release. Provider also coordinates with related programs and coalitions, toward improved response for those in crisis or incarcerated.
Utilization targets: 110 TPC, 28 NTPC, 180 SC, 8 CSE, 12 Other (Rx fund)
Utilization actual: 80 TPC, 20 NTPC, 783 SC, 16 CSE, 13 Other (Rx fund)

Champaign County Regional Planning Commission – Community Services
Justice Diversion Program $75,308

The Justice Diversion Program is the primary connection point for case management and services for persons who have Rantoul Police Department Critis Intervention Team (CIT) and/or domestic contacts, offering case management with a goal to reduce criminal recidivism and help clients develop and implement plans to become successful and productive members of the community, offering law enforcement an alternative to formal processing. The JDP develops additional community resources and access to services in Rantoul.
Utilization targets: 42 TPC, 70 NTPC, 200 SC, 12 CSE
Utilization actual: 14 TPC, 72 NTPC, 137 SC, 12 CSE

Champaign County Regional Planning Commission – Community Services
Youth Assessment Center (YAC) $76,350

The YAC screens youth for risk factors and links youth/families to support and restorative community services. The YAC provides an alternative to prosecution for youth involved in delinquent activity. Case managers, using Trauma Informed Care and BARJ principles, screen juvenile offenders referred to our program to identify issues that might have influenced the offense and link youth to services

to address the identified issues. Focused on helping youth be resilient, resourceful, responsible and contributing members of society.
Utilization targets: 55 TPC, 13 NTPC, 40 SC, 50 CSE, 50 Other (1st time refer)
Utilization actual: 16 TPC, 16 NTPC, 29 SC, 39 CSE, 10 Other (1st time referral)

Family Service of Champaign County
Counseling $30,000

Affordable, accessible counseling services to families, couples and people of all ages. Clients are given tools and supports to successfully deal with life challenges such as divorce, marital and parent/child conflict, depression, anxiety, abuse, substance abuse/dependency and trauma. Strength-based, client driven services utilize family and other natural support systems and are respectful of the client's values, beliefs, traditions, customs and personal preferences.
Utilization targets: 40 TPC, 35 NTPC
Utilization actual: 36 TPC, 13 NTPC

FirstFollowers
FirstSteps Reentry House (NEW) $39,500

FirstSteps Community House is new program that operates a transition house for adult men returning home to Champaign County after incarceration. The program provides rent free housing in a five bedroom house donated for use by the Housing Authority of Champaign County. Up to four men can be housed at a time. First Followers staff will assist the residents in transition, help them set up plans of action and goals, provide transportation to potential employment or service opportunities, and facilitate their integration into the community. Projected length of engagement is between three months to a year.
Utilization targets: 11 TPC, 40 NTPC, 8 SC, 6 CSE
Utilization actual: 5 TPC, 30 NTPC, 11 SC, 5 CSE

First Followers
Peer Mentoring for Re-entry $95,000

Mission is to build strong and peaceful communities by providing support and guidance to the formerly incarcerated, their loved ones, and the community. Offers assistance in job searches, accessing housing and identification as well as emotional support to assist people during the transition from incarceration to the community. In addition, we carry out advocacy work aimed at reducing the stigma associated with felony convictions and attempt to open doors of opportunity for those with a criminal background.
Utilization targets: 55 TPC, 260 NTPC, 55 SC, 15 CSE
Utilization actual: 31 TPC, 89 NTPC, 31 SC, 18 CSE

Rosecrance Central Illinois
Criminal Justice PSC $304,350

Individuals at the Champaign County Jail receive screening and, as appropriate, mental health assessment, substance abuse assessment, counseling, case

management, individual and/or intensive outpatient substance abuse treatment, and linkage to additional supports as needed in the community.
Utilization targets: 145 TPC, 235 NTPC, 760 SC
Utilization actual: 67 TPC, 77 NTPC, 201 SC, 61 Other (group sessions)

Rosecrance Central Illinois
Fresh Start $79,310

Aimed at addressing the root cause of the violence, customized for our community in coordination with the Champaign Community Coalition's Fresh Start Initiative, involving a 3-pillar approach – Community, Law Enforcement, and a Case Manager. Identifies and focuses on individuals with history of violent, gun-related behaviors. Participants are offered an alternative to violence, with intensive case management, assistance accessing services (such as medical, dental, behavioral health) to address immediate personal or family issues and to overcome barriers to employment, housing, education.
Utilization targets: 15 TPC, 10 NTPC, 10 SC, 80 CSE, 30 Other
Utilization actual: 19 TPC, 11 NTPC, 8 SC, 161 CSE, 43 Other

Rosecrance Central Illinois
Specialty Courts $203,000

People sentenced to Champaign County Drug Court receive substance use disorder assessment, individualized treatment planning, individual counseling sessions, and a wide array of education and therapeutic groups. Case manager provides intensive case management to connect the clients to overcome barriers to treatment, such as access to food, clothing, medical and dental services, mental health treatment, employment, housing, education, transportation, and childcare.
Utilization targets: 60 TPC, 1500 SC, 4 CSE, 6000 Other = 600 hours case management, 5400 hours counseling. "Other" represents services funded by other sources leveraged through CCMHB support for non-billable activities crucial to the operation of the Specialty Court.
Utilization actual: 53 TPC, 1037 SC, 4 CSE, Other 15 hours assessment, 313 hours case management, 1875 hours counseling.

Priority: Innovative Practices and Access to Behavioral Health Services

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Champaign County Christian Health Center
Mental Health Care at CCCHC $13,000

CCCHC patients may receive mental health screenings, primary care, prescriptions, and referrals to specialized care as needed. Any uninsured and underinsured resident of Champaign County, typically between the ages of 18 and 64, is eligible. Primary care providers treat or refer those with MH conditions, especially anxiety and depression. With this grant CCCHC will recruit new psychiatrists, psychologists, and counselors to provide direct MH care, greatly

enhancing community resources. Recruiting strategies: contacting hospitals and health care facilities to promote CCCHC; targeting organizations that have potential MH volunteers; and connecting with a psychiatrist who runs a residency program to bring services to CCCHC patients.
Utilization targets: 210 TPC, 60 NTPC, 6 CSE
Utilization actual: 48 TPC, 0 NTPC, 0 CSE

Champaign County Health Care Consumers
CHW Outreach & Benefit Enrollment $77,960

Enrollment in health insurance and other public benefit programs; help with maintenance of benefits; case management; education and outreach. Enrollment in Medicaid, Medicaid Managed Care, private plans through ACA Marketplace, Medicare for those eligible by virtue of age or disability, Medicare Extra Help, Medicare Savings Program to reduce the out of pocket costs, hospital/clinic financial assistance programs. Help applying for Promise Healthcare's sliding scale and completing the new patient packet. In-house Rx Fund for low-income individuals, enrollment in pharmaceutical assistance programs, SNAP and SafeLink phone program. Access to affordable dental and vision care. Case-management, referrals and advocacy to access other benefits and social services.
Utilization targets: 160 TPC, 55 NTPC, 600 SC, 20 CSE, 30 Other (Rx fund)
Utilization actual: 119 TPC, 42 NTPC, 790 SC, 25 CSE, 40 Other (Rx fund)

Champaign County Regional Planning Commission – Community Services
Homeless Services System Coordination $51,906

Homeless Services System Coordination program supports a position to: support, facilitate, and direct the IL-503 Continuum of Care (CoC); to support the body's mission to end homelessness in Champaign County through a coordinated network of resources for those who are homeless or at-risk of becoming homeless; coordinate efforts across the CoC membership to support its goals and the Homeless Emergency and Rapid Transition to Housing (HEARTH) Act regulations; and build and maintain collaborative partnerships with CoC membership and affiliates, working closely with the CoC Executive Committee.
Utilization targets: 6 TPC, 40 SC, 26 CSE
Utilization actual: 10 TPC, 104 SC, 52 CSE

Community Service Center of Northern Champaign County
Resource Connection $67,596

A multi-service program aimed at assisting residents of northern Champaign County with basic needs and connecting them with mental health and other social services. Serves as a satellite site for various human service agencies providing mental health, physical health, energy assistance, and related social services. Features an emergency food pantry, prescription assistance, clothing and shelter coordination, and similar services for over 1,700 households in northern Champaign County.

Utilization targets: 1400 NTPC, 4500 SC, 2700 Other (contacts with other agencies using CSCNCC as a satellite site)
Utilization actual: 669 NTPC, 2970 SC, 838 Other

Cunningham Children's Home
ECHO Housing and Employment Support $101,604

Works closely with individuals who are homeless or at risk of homelessness, through intensive case management and care coordination geared towards promoting permanent housing and employment and resolving barriers. The Case Manager takes a holistic approach to supportive services by countering possible barriers to goal stability (e.g., basic needs, child care, physical health, and mental health). Participants receive weekly services that last until 90 days after obtaining both housing and employment.
Utilization targets: 20 TPC, 24 NTPC, 568 SC, 25 CSE
Utilization actual: 22 TPC, 4 NTPC, 924 SC, 34 CSE

East Central IL Refugee Mutual Assistance Center
Family Support and Strengthening $56,440

Supports and strengthens refugee and immigrant families transitioning and adjusting to American culture and expectations. Provides orientation, information/referral, counseling, translation/interpretation services, culturally appropriate educational workshops, and help accessing entitlement programs. Bi-monthly newsletter and assistance to refugee/immigrant mutual support groups. Staff speaks nine languages and accesses community volunteers to communicate with clients in languages not on staff.
Utilization targets: 50 CSE, 15 Other (hours of workshops)
Utilization actual: 83 CSE, 15 Other

Family Service of Champaign County
Self-Help Center $28,930

Information about and referral to local support groups. Provides assistance to develop new support groups and maintaining and strengthening existing groups. Program maintains a database of Champaign County support groups, national groups, and groups in formation. Information is available online and in printed directory and specialized support group listings. Provides consultation services, workshops, conferences, educational packets and maintains a lending library of resource materials.
Utilization target: 300 CSE
Utilization actual: 289 CSE

Family Service of Champaign County
Senior Counseling & Advocacy $162,350

For Champaign County seniors and their families. Services are provided in the home or in the community. Caseworkers assist with needs and challenges faced by seniors, including grief, anxiety, depression, isolation, other mental health issues, family concerns, neglect, abuse, exploitation and need for services or benefits acquisition. Assists seniors providing care for adult children with

disabilities and adults with disabilities age 18-59 experiencing abuse, neglect or financial exploitation.
Utilization targets: 350 TPC, 500 NTPC, 3500 SC
Utilization actual: 471 TPC, 524 NTPC,1910 SC

GROW in Illinois
Peer Support $77,239

Mutual-help; peer to peer 12-step program provides weekly support groups for mental health sufferers of all races and genders. GROW compliments the work of professional providers by connecting people with others in similar situations and empowering participants to do that part which they can and must be doing for themselves and with one another. While professional providers offer diagnosis and treatment, consumer-providers offer essential rehabilitation and prevention services because of firsthand experience with the recovery process. Groups offered include in-person as well as virtual sessions for men and for women, and are held in various locations around the county including Champaign County Jail.
Utilization targets: 115 NTPC, 1200 SC, 4 CSE
Utilization actual: 57 NTPC, 871 SC, 10 CSE

Promise Healthcare
Mental Health Services with Promise $350,117

On-site mental health services to achieve the integration of medical and behavioral health care as supported by both the National Council for Community Behavioral Healthcare and the National Association of Community Health Centers. Mental health and medical providers collaborate, make referrals, and even walk a patient down the hall to meet with a therapist. Patients receive mental illness treatment through counselor, psychiatrist or primary care provider. Counseling and psychiatry are available to patients at Frances Nelson, the satellite site at Rosecrance Walnut Street, and Urbana School Health Center.
Utilization targets: Counseling Services: 500 TPC, 2750 SC. Psychiatric Services: 1600 TPC in psychiatric practice, 850 NTPC getting psych meds through primary care, 7500 SC psychiatric service encounters, 4 CSE lunch and learn sessions, 50 Other as denials (reported by business office).
Utilization actual: Counseling Services: 420 TPC, 1358 SC. Psychiatric Services: 1407 in psychiatric practice, 471 getting psych meds through primary care, 3962 psychiatric service encounters, 0 lunch and learn sessions, other.

Promise Healthcare
Promise Healthcare Wellness $107,987

Support, case management, and benefit enrollment for patients with non-clinical barriers to achieving optimum medical and mental health. Targets hundreds of patients who have a mental health diagnosis and a chronic medical condition and those at risk of or who have had a justice system encounter. Coordinators work with patients to remove barriers to optimum medical and mental health. Facilitates care at satellite location, and supports collaborations with other agencies, and community outreach.

Utilization actual: 175 TPC, 460 NTPC, 1500 SC, 27 CSE, 2200 Other (enrolled in healthcare coverage)
Utilization actual: 288 TPC, 225 NTPC, 690 SC, 15 CSE, 1201 Other

Rattle the Stars
Youth Suicide Prevention Education $86,500

Designed to build skills and improve competence to encourage intervention between peers, and by parents and adults. Covering three core areas for intervention: what to look for to recognize mental illness, mental health crises, and suicidal thoughts; how to intervene by using appropriate and effective communication skills; and accessing necessary resources for professional care. Program is developed from evidence informed models and adheres to best practices suggested by nationally recognized mental health and suicide prevention agencies.
Utilization targets: 200 CSE
Utilization actual: 139 CSE

Rosecrance Central Illinois
Crisis, Access, & Benefits $203,960

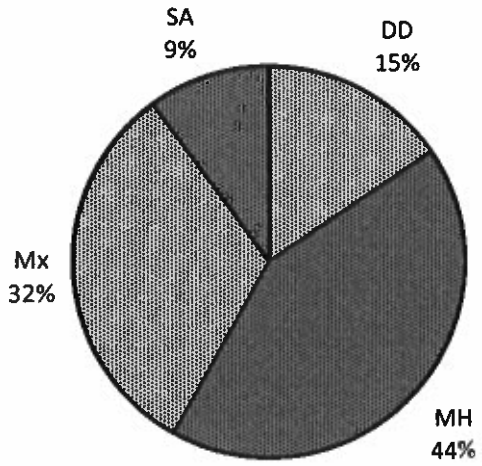
A 24-hour program including Crisis Team and Crisis Line. Clinicians provide immediate intervention by responding to crisis line calls and conducting crisis assessments throughout Champaign County. The Crisis Team works closely with hospitals, local police, the University, and other local social service programs. Offers access services including information, triage, screening, assessment, and referral for consumers and members of the community.
Utilization targets: 1400 NTPC (intake screenings, mental health assessments), 2300 SC (crisis calls), 15 CSE, Other = 200 (benefits applications).
Utilization actual: 853 NTPC (intake screening or mental health assessments), 3317 SC (crisis calls), 0 CSE, Other = 106 benefits applications. Program also reports 853 Crisis team contacts (not a subset of crisis calls) and 853 mental health assessments by Crisis team.

Rosecrance Central Illinois
Recovery Home $200,000

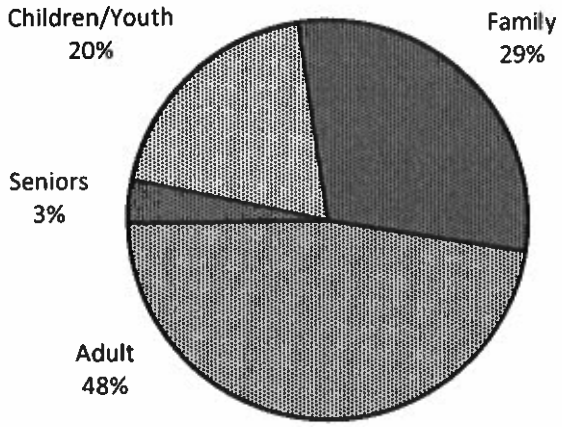
Therapeutic interventions that facilitate removal of barriers for safe/supportive housing; 12-Step support involvement; independent living skills; education/vocational skills; identification and use of natural supports; use of community resources; and peer support. Evidence based practices to be used include: 12-Step model and peer support; Level system; Case Management; and Contingency management initiatives.
Utilization targets: 31 TPC, 95 SC
Utilization actual: 20 TPC, 52 SC

Funding by Sector, Population, and Service in Program Year 2021 (PY21)

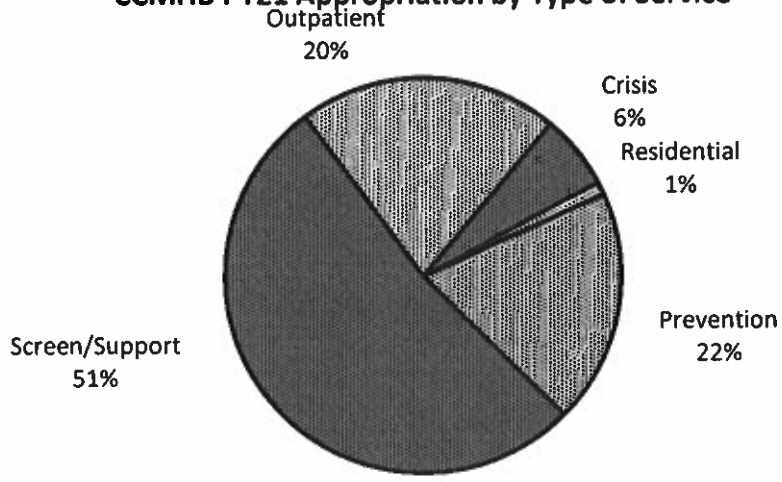
CCMHB PY21 Appropriation by Community Mental Health Sector



CCMHB PY21 Appropriation by Target Population

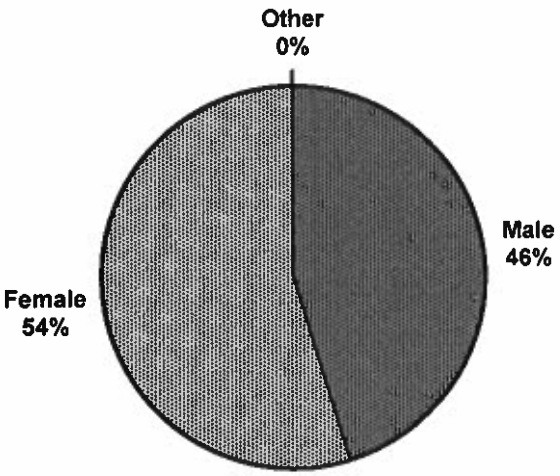


CCMHB PY21 Appropriation by Type of Service

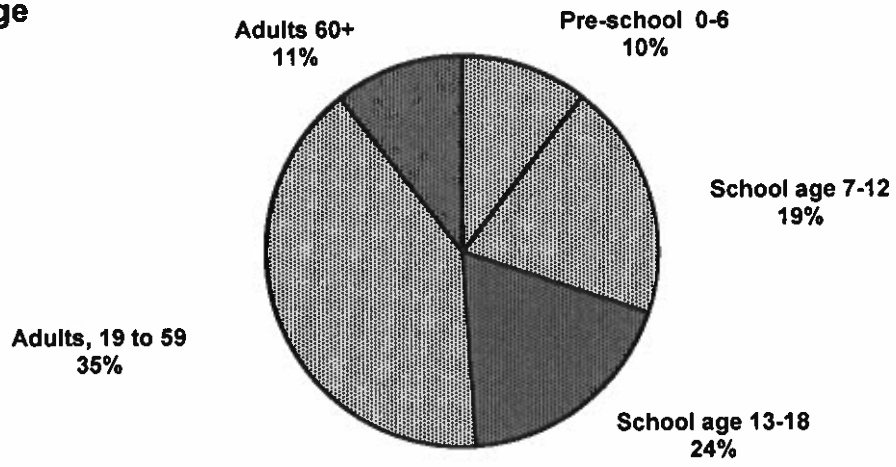


Demographic and Residency Data for Persons Served in Program Year 2021

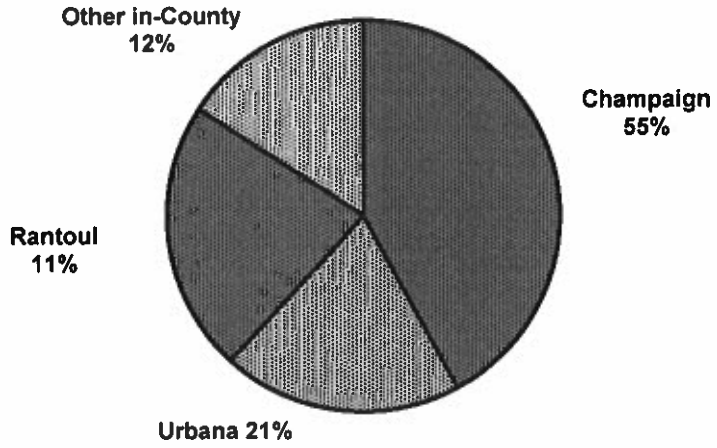
Gender



Age

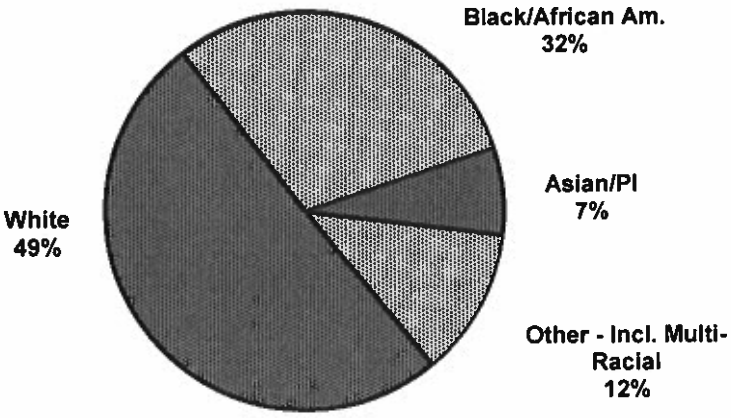


Residency

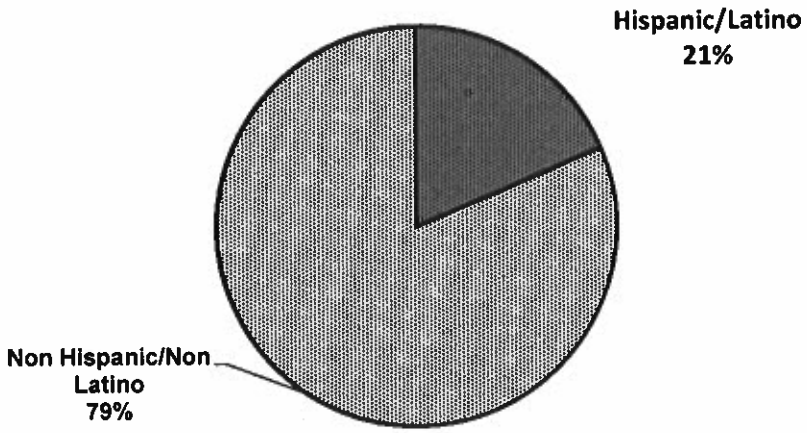


Demographic and Residency Data for Persons Served in Program Year 2021

Race



Ethnic Origin



SECTION II: Three-Year Plan 2022-2024
with FY 2022 One-Year Objectives

CHAMPAIGN COUNTY MENTAL HEALTH BOARD

THREE-YEAR PLAN

FOR

FISCAL YEARS 2022-2024
(1/1/2022 – 12/31/2024)

WITH

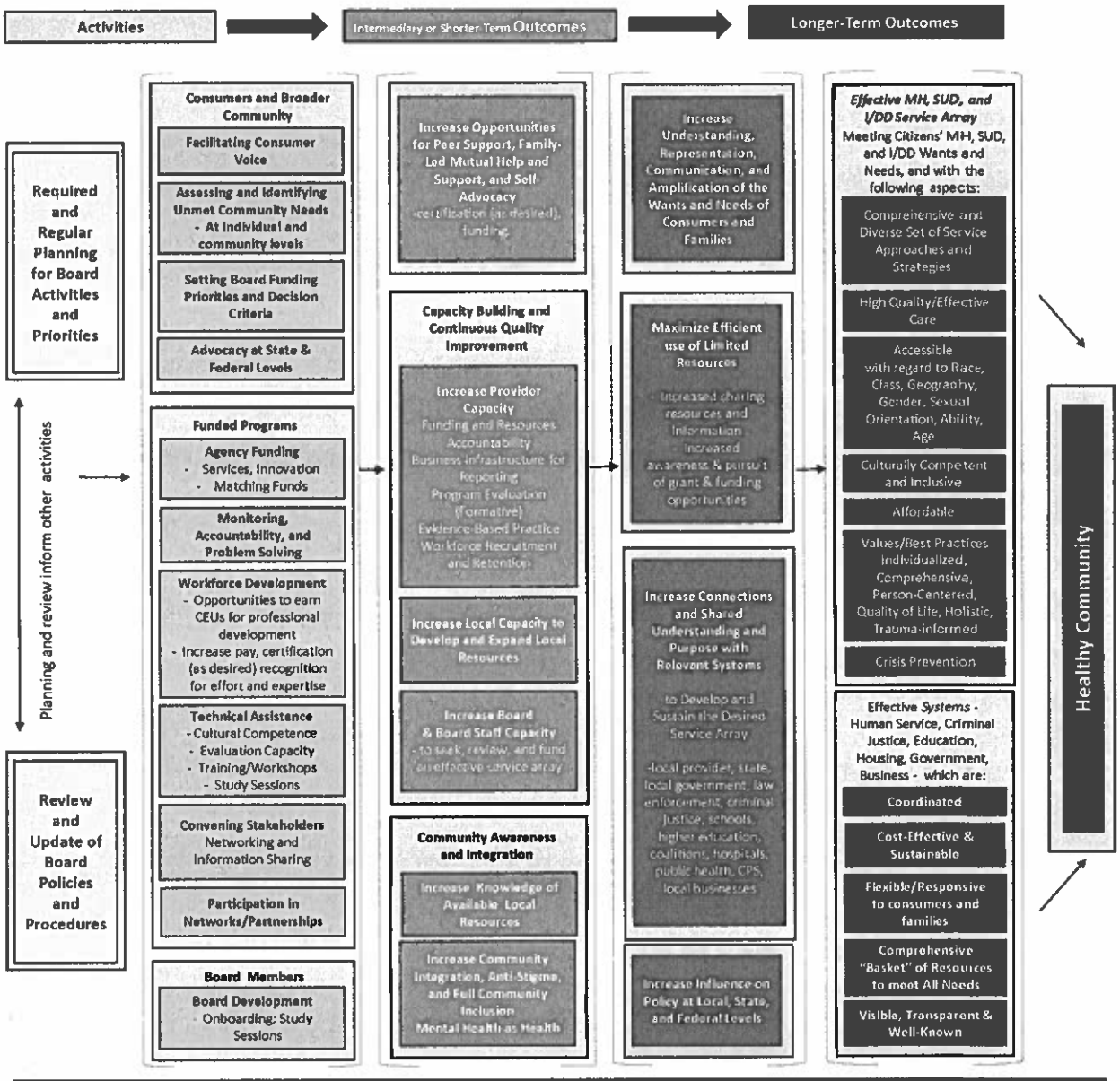
ONE YEAR OBJECTIVES

FOR

FISCAL YEAR 2022
(1/1/2022 – 12/31/2022)

Purpose:

To promote health and wellbeing in the community through the promotion of a local system of services for the prevention and treatment of mental or emotional, intellectual or developmental, and substance use disorders, in accordance with the assessed priorities of the citizens of Champaign County.



Champaign County Mental Health Board

Three Year Plan for 2022-2024 with One Year Objectives

Logic Model Developed by Board and Staff with the UIUC Evaluation Capacity Building Project Team during Spring 2021

CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

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

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

MISSION STATEMENT

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

STATEMENT OF PURPOSES

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

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

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

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

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

COORDINATED SYSTEMS OF CARE

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

Objective 1.1: Expand use of evidence-informed, evidence-based, best practice, recommended, and promising practice models appropriate to the presenting need to improve outcomes for individuals across the lifespan and for their families and supporters. (Allocation Priority/Criteria Objective)

Objective 1.2: Promote wellness for people with mental illnesses, substance use disorders, or intellectual and/or developmental disabilities to prevent and reduce early mortality, through support services including access to services addressing basic needs, enrollment in benefit plans and coordinated access to primary care. (Allocation Priority/Criteria Objective)

Objective 1.3: Support development or expansion of residential and employment supports for persons with behavioral health diagnoses and no other payor source. (Allocation Priority/Criteria Objective)

Objective 1.4: Support broad based community efforts to prevent overdose deaths and expand treatment options for substance use disorders and addictions. (Allocation Priority/Criteria Objective)

Objective 1.5: Build resiliency and support recovery e.g. peer supports, outside of a clinical setting. Peer-run/operated, mutual help groups support professional medical therapy for recovery, maintenance of recovery, and familial support. (Allocation Priority/Criteria Objective)

Objective 1.6: Build evaluation capacity of contracted providers utilizing expertise of evaluators from the Department of Psychology at the University of Illinois to improve positive outcomes of those engaging in funded services. (Policy Objective)

Objective 1.7: Increase providers' ability to set internal goals for advancing program performance outcome evaluation. (Policy Objective)

Objective 1.8: Support targeted efforts for workforce recruitment and retention initiatives, with level of assistance linked to length of service commitment. (Allocation Priority/Criteria Objective)

Objective 1.9: Enable providers to implement flexible responses to operations during the COVID-19 pandemic, such as supporting telehealth or other virtual service options, to maintain access and engagement with clients and community. (Collaboration/Coordination Objective)

Goal #2:

Sustain commitment to addressing health disparities experienced by historically underinvested populations.

Objective 2.1: Support culturally and linguistically responsive and family driven support networks for underrepresented populations, underserved populations, and general populations of Champaign County. (Allocation Priority/Criteria Objective)

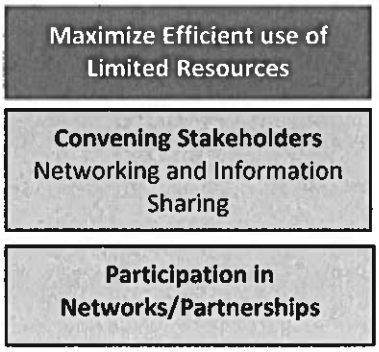
Objective 2.2: Provide technical assistance in support of continuous improvement of cultural and linguistic competence plans to meet the needs of the population served. (Collaboration/Coordination Objective)

Objective 2.3: Encourage providers and other community-based organizations to allocate resources to provide training, seek technical assistance, provide language access and communication assistance, and pursue other professional development activities for staff and governing or advisory boards to advance cultural and linguistic competence. (Allocation Priority/Criteria Objective)

Objective 2.4: Where families and communities are disproportionately impacted by incarceration, encourage the development of social networks and improved access to resources. (Policy Objective)

Objective 2.5: Assess and address the needs of residents of rural areas and farm communities. (Policy Objective)

Objective 2.6: Review data on the impact of COVID-19 on Champaign County residents with particular attention to underinvested populations and promote provider response to mitigate the adverse impact, as resources allow. (Collaboration/Coordination Objective)



Goal #3:

On behalf of all eligible Champaign County residents, improve access to the supports, services, and resources currently available and beneficial to some.

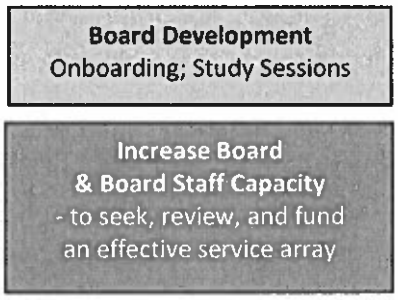
Objective 3.1: Participate in various coordinating councils whose missions align with the needs of the populations of interest to the Board with the intent of strengthening coordination between providers in the delivery of services. (Collaboration/Coordination Objective)

Objective 3.2: Explore at the Board level potential for collaboration on issues of mutual interest with the C-U Public Health District and the Champaign County Board of Health. (Collaboration/Coordination Objective)

Objective 3.3: Engage with CUPHD, United Way, Carle Foundation Hospital, and OSF in the collaborative planning process for the next Community Health Improvement Plan. (Collaboration/Coordination Objective)

Objective 3.4: Increase awareness of community services and access to information on when, where, and how to apply for services, including through system navigators and expanded language access. (Collaboration/Coordination Objective)

Objective 3.5: Explore feasibility of co-locating services in neighborhood community centers to reach underinvested populations, including in rural areas. (Collaboration/Coordination Objective)



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

Objective 4.1: Coordinate integration, alignment, and allocation of resources with the CCDDB to ensure the efficacious use of resources within the intellectual/developmental disability (I/DD) service and support continuum. (Allocation Priority/Criteria Objective)

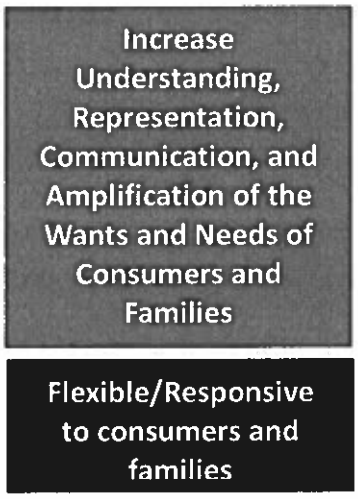
Objective 4.2: Assess alternative service strategies that empower people with I/DD and increase access to integrated settings as exemplified by the collaborative approach to the Employment First Act. (Policy Objective)

Objective 4.3: With the CCDDB, continue financial commitment to community-based housing for people with I/DD from Champaign County. (Allocation Priority/Criteria Objective)

Objective 4.4: Collaborate with the CCDDB on promoting inclusion and respect for people with I/DD. (Collaboration/Coordination Objective)

Objective 4.5: Collaborate with the CCDDB for use of the funds from the sale of the CILA homes to meet the needs of Champaign County residents with I/DD with significant support needs. (Policy/Allocation Priority/Criteria Objective)

CHILDREN AND FAMILY FOCUSED PROGRAMS AND SERVICES



Goal #5:
Building on progress achieved through the six-year Cooperative Agreement between the Federal Substance Abuse and Mental Health Services Administration (SAMHSA), the Illinois Department of Human Services (IDHS), and the Champaign County Mental Health Board

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

Objective 5.1: Support the efforts of the Champaign Community Coalition and other system of care initiatives. (Collaboration/Coordination Objective)

Objective 5.2: Sustain and build on the successes of Champaign County family-run organizations that incorporate family-driven and youth-guided principles in use of peer support specialists, and other peer-to-peer supports to assist multi-system involved youth and their families (Allocation Priority/Criteria Objective)

Objective 5.3: Support development of a coordinated response to community violence, including gun violence, that leverages existing investments by the Board in prevention and early intervention services for children, youth, and families, with funds from other funders to mitigate the public health crisis associated with community violence and in particular gun violence. (Policy Objective)

Objective 5.4: Promote and support those targeted interventions that specifically address historical trauma experienced by African American and other minority youth. (Allocation Priority/Criteria Objective)

Objective 5.5: Sustain commitment to building systems that are trauma-informed, family-driven, youth-guided, and culturally responsive. (Policy Objective)

Objective 5.6: Acknowledging racial trauma as a mental health issue, develop an appropriate response. (Policy Objective)

Objective 5.7: Identify or create opportunities to advocate at local, state, and national levels for full implementation and funding of safety net, screening, and crisis response for all children and families, including those with multi-system involvement or encountering multiple barriers to success and health. (Collaboration/Coordination Objective/Policy Objective)

CRIMINAL JUSTICE AND MENTAL HEALTH SYSTEM COLLABORATION

Goal #6:

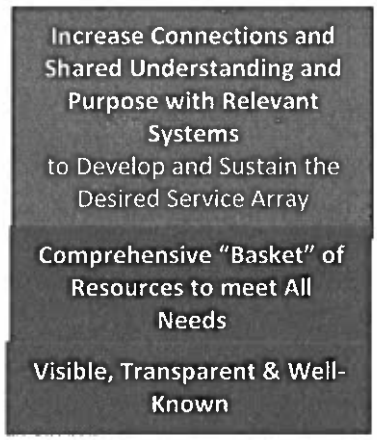
Divert persons with behavioral health needs or intellectual and/or developmental disabilities from the criminal justice system, as appropriate.

Objective 6.1: Continue involvement in the Crisis Intervention Team Steering Committee in support of increased collaboration between law enforcement and crisis service providers on implementing mobile crisis response in the community. (Collaboration/Coordination Objective)

Objective 6.2: Sustain efforts to engage persons with behavioral health diagnoses re-entering the community from jail or prison or with recent involvement with the criminal justice system, in treatment and other support services such as the Champaign County Problem Solving Court and reentry services. (Allocation Priority/Criteria Objective)

Objective 6.3: Support integrated planning and service coordination for adults involved in the criminal justice system through participation in the Champaign County Reentry Council or similar body to address identified needs. (Collaboration/Coordination Objective)

Objective 6.4: Through the National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD), in its partnership with the National Association of Counties (NACo), use and promote technical assistance and support through collaborative and mentorship opportunities aimed at improving outcomes for those with behavioral health needs and justice system involvement. (Collaboration/Coordination Objective)



Goal #7:

In conjunction with the Champaign County Sheriff's Office, other law enforcement, and community stakeholders, pursue a continuum of services as an alternative to incarceration

and/or overutilization of local emergency departments for persons with behavioral health needs or developmental disabilities.

Objective 7.1: Support initiatives providing housing and employment supports for persons with a mental illness, substance use disorder, and/or intellectual and developmental disabilities through local collaborations. (Allocation Priority/Criteria Objective)

Objective 7.2: Identify supports and services which reduce unnecessary incarceration and institutionalization, including behavioral health assessments, crisis stabilization, and treatment for addictions. (Collaboration/Coordination Objective)

Objective 7.3: Collaborate in the planning and implementation of mobile crisis response and other crisis supports. (Allocation Priority/Criteria Objective, Collaboration/Coordination Objective)

Comprehensive and Diverse Set of Service Approaches and Strategies

High Quality/Effective Care

Goal #8:

Support interventions for youth who have juvenile justice system involvement.

Objective 8.1: Through participation on the Youth Assessment Center Advisory Committee, advocate for community and education-based interventions contributing to positive youth development and decision-making. (Collaboration/ Coordination Objective)

Objective 8.2: Through participation in the Champaign Community Coalition and other community focused initiatives, encourage multi-system collaborative approaches for improving outcomes for youth and families and communities. (Collaboration/Coordination Objective)

Objective 8.3: Utilize the principles from "Models for Change" to reduce the disproportionate minority contact with law-enforcement and involvement with the juvenile justice system. (Policy Objective)

COMMUNITY ENGAGEMENT & ADVOCACY

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

Objective 9.1: Continue support for and involvement in efforts to promote inclusion and challenge stigma and discrimination, such as the disABILITY Resource Expo: Reaching Out for Answers, Ebertfest, National Children's Mental Health Awareness Day, and other related community education events. (Collaboration/Coordination Objective)

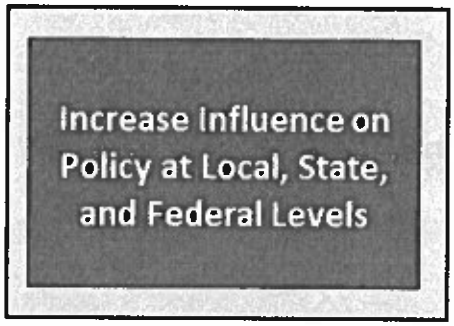
Objective 9.2: Promote substance use disorder prevention initiatives as a community education tool targeting youth and young adults. (Collaboration/Coordination Objective)

Objective 9.3: Participate in behavioral health community education initiatives, such as National Depression Screening Day, to encourage individuals to be screened and seek further assistance where indicated. (Collaboration/Coordination Objective)

Objective 9.4: Encourage and support efforts to more fully integrate people with behavioral health disorders and/or intellectual and/or developmental disabilities into community life in Champaign County. (Allocation Priority/Criteria Objective)

Objective 9.5: Support Mental Health First Aid for Adults, Youth, and Teens, to encourage community members to provide first responder support for people that may be experiencing signs and symptoms of a crisis. (Collaboration/Coordination Objective)

Objective 9.6: Support development of web-based resources to make information on community services more accessible and user-friendly. (Collaboration/Coordination Objective)



Goal #10:

Engage with other local, state, and national stakeholders on emerging issues.

Objective 10.1: Monitor implementation of State Plan amendments, 1115 waiver pilot projects, and Managed Care by the State of Illinois, and advocate through active participation in the Association of Community Mental Health Authorities of Illinois (ACMHAI) and other statewide associations and advocacy groups. (Collaboration/Coordination Objective)

Objective 10.2: Track state implementation of class action suit settlements involving persons with intellectual and/or developmental disabilities or mental illness, e.g. Ligas Consent Decree and Williams Consent Decree, and advocate for the allocation of state resources sufficient to meet needs of clients returning to home communities or seeking fuller integration in their communities. (Policy Objective)

Objective 10.3: Maintain active participation in the National Association of County Behavioral Health and Developmental Disability Directors (NACHBDD), National Association of Counties (NACo), and like-minded national organizations, to understand trends, best practices, and innovations and to advocate at the national level. (Collaboration/Coordination Objective)

Objective 10.4: Monitor State actions to implement terms of the NB vs Norwood Consent Decree to improve access and treatment to children and youth for community based mental health and behavioral health care under the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) provisions of the Medicaid Act. (Policy Objective)

Objective 10.5: Advocate at the state and national levels on the issue of behavioral health and intellectual and developmental disability workforce shortages. (Policy Objective)

Approved December 15, 2021

#10.B.

CCMHB Application Review Template

Minimal responsiveness:	Y/N	concerns/comments
Are services or supports directly related to mental health, substance use disorder, or I/DD?		
Does the application address how this program will improve the quality of life of those with behavioral health conditions or I/DD?		
Does the application include evidence that other possible funding has been identified and explored and found not available or to have been maximized?		
Does the application provide too much information? Does the application provide enough information? Is the purpose of the funding request clearly stated?		

Priority Categories: check appropriate

Victim Services _____
Crisis Stabilization _____
Innovative Practices and Access to Behavioral Health Services _____
System of Care for Youth and Families _____
System of Care for Early Childhood and Families _____
Collaboration with CCDDB – Young Children and their Families _____

Overarching Considerations:	Y/N	concerns/comments
Does the program plan narrative reflect CLC work, to engage underserved populations? Does the agency address whether/how rural residents may use the program (if relevant)?		
Inclusion and Anti-Stigma addressed?		
Evidence-based, evidence-informed, recommended, or promising practice/approach?		
Staff qualifications, credentials, specialized training?		
Outcomes?		
Evidence of coordination/collaboration with providers of similar or related services?		
Clear connection between budget and proposed program?		
Planning for continuation of services during pandemic or epidemic?		

Other comments:

- Is the amount of funding requested appropriate to the level and type of services to be provided?
- Are there details to be negotiated?
- Is a 2-year award reasonable?

CCMHB PY2023 (25) APPLICATIONS TO BE REVIEWED

Agency	Program	Request	Selected Priority	Primary Reviewer	Secondary Reviewer
CCRPC - Community Services	Homeless Services System Coordination	$54,281	Innovative/Access	EP	JPY
CU at Home	Shelter Case Management	$256,700	Crisis	KP	DM
CC Head Start/Early Head Start	Early Childhood Mental Health Services	$347,235	SOC/DD	JPY	DM
CC Health Care Consumers	Disability Services	$71,500	Innovative/Access	JPY	JS
Courage Connection	Courage Connection	$127,000	SOC	KP	JPY
Cunningham Children's Home	ECHO	$127,249	Innovative/Access	KP	MH
	FST	$398,092	SOC	JPY	MH
DREAAM House	DREAAM House	$100,000	SOC	MH	JPY
Family Service of CC	Creative Social Connectivity for Seniors	$25,000	Innovative/Access	DM	MH
FirstFollowers	FirstSteps Community Reentry House	$39,500	Crisis	JPY	JS
	Peer Mentoring for Re-entry	$95,000	Crisis	JPY	JOO
GROW in Illinois	Peer Support	$129,583	Innovative/Access	JOO	MH
Real Life Families	Family Coaching on the Go	$53,167	Innovative/Access	JOO	EP
Rosecrance Central Illinois	Benefits Case Management	$80,595	Innovative/Access	DM	EP
	Criminal Justice PSC	$320,000	Crisis	MH	JS
	Crisis Co-Response Team (CCRT)	$207,948	Crisis	MH	EP
	Prevention	$60,000	SOC Youth	JOO	DM
	Recovery Home	$100,000	Innovative/Access	EP	KP
Terrapin Station Sober Living	Recovery Home	$61,000	Innovative/Access	EP	KP
THRIVING: Families	Project JDC	$3,000	Innovative/Access	JS	KP
	The Garden Hills Project	$5,241	Innovative/Access	JS	KP
	THRIVING: Community	$3,730	Innovative/Access	JS	DM
	THRIVING: CU	$11,520	Innovative/Access	JS	JOO
Well Experience	Well Family Care Program	$100,000	Innovative/Access	EP	JOO
WIN Recovery	Recovery and Reentry Home	$93,283	Crisis	DM	JOO
	CCMHB only	**$2,870,624**			

excludes the set of multiyear contracts which continue into PY23 and total $2,113,326
of these multi year contracts, $596,522 is for DD services
multiyear MH/SA commitments total $1,516,804

CCMHB AGENCY PROGRAM PY2023 APPLICATION LIST		PY2022	PY2023	PY22 Contract
Agency	Program	Award	Request	Extended for PY23
CCRPC - Community Services	Homeless Services System Coordination	$51,906	$54,281	n/a
	Justice Diversion Program	$207,948	$0	n/a
	Youth Assessment Center	$76,350	$0	$76,350
CU at Home	Shelter Case Management Program	$0	$256,700	n/a
CC Children's Advocacy Center	Children's Advocacy	$56,425	$0	$56,425
CC Christian Health Center	Mental Health Care at CCCHC	$33,000	$0	$33,000
CC Head Start/Early Head Start	Early Childhood MH Svcs (MH and DD)	$326,369	$347,235	n/a
CC Health Care Consumers	CHW Outreach and Benefit Enrollment	$80,274	$0	$80,274
	Justice Involved CHW Services & Benefits	$77,394	$0	$77,394
	Disability Services	$71,500	$71,500	n/a
Community Svc Center of Northern	Resource Connection	$68,609	$0	$68,609
Courage Connection	Courage Connection	$127,000	$127,000	n/a
Crisis Nursery	Beyond Blue-Champaign County	$90,000	$0	$90,000
Cunningham Childrens Home	ECHO Housing and Employment Support	$101,604	$127,249	n/a
	Families Stronger Together	$403,107	$398,092	n/a
DREAAM House	DREAAM House	$100,000	$100,000	n/a
DSC	Family Development Center (DD)	$596,522	$0	$596,522
Don Moyer Boys and Girls Club	C-U CHANGE	$100,000	$0	$100,000
	CUNC	$110,000	$0	$110,000
	Community Coalition Summer Initiatives	$107,000	$0	n/a
	Youth and Family Services	$160,000	$0	$160,000
East Central IL Refugee Mutual Assis	Family Support & Strengthening	$62,000	$0	$62,000
Family Service of CC	Counseling	$30,000	$0	$30,000
	Creative Social Connectivity for Seniors	$0	$25,000	
	Self-Help Center	$28,430	$0	$28,930
	Senior Counseling & Advocacy	$162,350	$0	$162,350
FirstFollowers	FirstSteps Community Reentry House	$39,500	$39,500	n/a
	Peer Mentoring for Reentry	$95,000	$95,000	n/a
GROW in Illinois	Peer-Support	$77,239	$129,583	n/a
Mahomet Area Youth Club	Bulldogs Learning and Succeding Together	$15,000	$0	$15,000
	MAYC Members Matter!	$21,905	$0	$21,905
Promise Healthcare	Mental Health Services with Promise	$350,117	$0	n/a
	Promise Healthcare Wellness	$107,987	$0	n/a
Rape Advocacy, Counseling & Educa	Sexual Violence Prevention Education	$63,000	$0	$63,000
Real Life Families	Family Coaching on the Go	$0	$53,167	
Rattle the Stars	Suicide Prevention Education	$86,500	$0	n/a

CCMHB AGENCY PROGRAM PY2023 APPLICATION LIST (continued)		PY2022	PY2023	PY22-PY23 Contract
Rosecrance Central Illinois	Benefits Case Management NEW	$0	$80,595	
	Criminal Justice PSC	$304,350	$320,000	n/a
	Crisis, Access, & Benefits	$203,960	$0	n/a
	Crisis Co-Response Team (CCRT) NEW	$0	$207,948	
	Fresh Start	$85,409	$0	
	Prevention	$60,000	$60,000	n/a
	Recovery Home	$200,000	$100,000	n/a
	Specialty Courts	$169,464	$0	$169,464
Terrapin Station Sober Living	Recovery Home	$47,000	$61,000	n/a
The UP Center of CC	Children, Youth, & Families Program	$86,603	$0	$86,603
The Well Experience	Well Family Care Program (was Family Services)	$80,000	$100,000	n/a
THRIVING: Families	Project JDC	$0	$3,000	
	The Garden Hills Project	$0	$5,241	
	THRIVING: Community	$0	$3,730	
	THRIVING: CU	$0	$11,520	
Urbana Neighborhood Connections	Community Study Center	$25,500	$0	$25,500
WIN Recovery	Recovery & Re-Entry	$69,488	$93,283	n/a
	PY23 Requests plus 2 Yr Contracts		$2,870,624	$2,113,326
	Total (PY22 Awards vs PY23 Requests plus 2 Yr Contracts)	$5,415,810	$4,983,950	
	Total CCMHB (excludes ARPA amount of $770,436)	$4,645,374	$4,983,950	
	Total CCMHB MH/SA (excludes DD amount)	$3,926,853	**$4,237,762**	**MH/SA requests**
	Total CCMHB DD amount	$718,521	**$746,188**	**DD (no CILA $)**
			(DSC FD and DD portion of HS-EHS and?)	
	PY23 MH/SA requests are greater than PY22 MH/SA awards by $310,909			

#10.C.

CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARD
CHAMPAIGN COUNTY MENTAL HEALTH BOARD

DECISION MEMORANDUM

DATE: March 23, 2022
TO: Champaign County Mental Health Board (CCMHB)
FROM: Lynn Canfield, Leon Bryson
SUBJECT: Agency Request to Amend PY22 Contracts

Background:
For PY21 and PY22, the CCMHB contracted with Cunningham Children's Home for services through two multi-year contracts:

- MHB 21-036, Families Stronger Together, $403,107 for each year and
- MHB 21-018, ECHO Housing & Employment Support, $101,604 per year.

On March 9, 2022, Cunningham Children's Home staff requested additional funding to cover the costs of meeting increased needs through the ECHO program, proposing to use as yet unspent funds from the Families Stronger Together contract. As this is not typical, CCMHB staff requested additional details from the agency, which are attached. The increased need for ECHO services relates to the recent spike in Omicron COVID-19 cases and thus the following contract provision applies:

> *"This contract shall be subject to realignment, reconfiguration, or redirection in scope of services, financial presentation, and/or contract maximum, as deemed necessary by the Board to respond to the COVID-19 pandemic or other declared natural or man-made disasters."*

Budget Impact:
The annual total of the Board's current contracts with Cunningham Children's Home is $504,711. Reducing the contract maximum for Families Stronger Together by $13,000 and increasing that of ECHO by the same amount will have a neutral impact on the CCMHB budget.

Decision Section:
Motion to approve amendments to decrease the Families Stronger Together contract by $13,000 and to increase the ECHO Housing and Employment Support contract by $13,000.

_____ Approved
_____ Denied
_____ Modified
_____ Additional Information Needed

March 10, 2022

Dear members of the Champaign Count Mental Health Board,

During our second quarter review and in the past week, we identified several situations, mostly connected to COVID and workforce issues resulting in this request.

We are requesting for this current fiscal year (FY22) to move funding from our Families Stronger Together (FST) grant to our Empowering Connections through Hope and Opportunities (ECHO) grant at the level of $13,000.

For our ECHO program, during FY22, a portion of our ECHO coordinator had already been budgeted in a state grant, Emergency Services Grant (ESG) to help Champaign County citizens impacted by COVID to find permanent housing. The ESG was a two-year grant, but when the housing needs were much higher than expected, the funding was used up much quicker. Therefore, the ESG grant ended in mid-August 2021. The ECHO coordinator's time in the ESG grant was repurposed to meet the higher needs of our ECHO clients, especially during the Omicron surge and will continue. This effect on salary and benefits is offset in part due to underspending in other line items, but not fully.

In the FST grant, we had fewer expenses due to the delay to hire for the associate director position, and now a delay with hiring the coordinator position. Conferences is the largest line item under budget due to not bringing community ARC training in person because of COVID. We would rather our staff training time be aligned with local leaders and the direction are community is going. Also due to COVID, specific assistance for families and travel have been underspent to date but will increase for the remainder of the grant cycle.

We are seeking the CCMHB approval to "right size" each program. Total impact would be an increase of $13,000 to the ECHO grant and a decrease of $13,000 to the FST grant, net zero effect.

Thank you for your consideration,

Ann Pearcy MS, LCPC
Director of Community Services

Elizabeth Meckley
Controller

Cunningham Children's Home
1301 N Cunningham Ave, Urbana, Illinois 61802 217.367.3728
PO Box 878, Urbana, Illinois 61803-0878 cunninghamhome.org
A mission and ministry of the United Methodist Women of the Illinois Great Rivers Conference.

#10.D.

CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARD
CHAMPAIGN COUNTY MENTAL HEALTH BOARD

DECISION MEMORANDUM

DATE: March 23, 2022
TO: Champaign County Mental Health Board (CCMHB)
FROM: Lynn Canfield, Leon Bryson
SUBJECT: Staff Request to Extend the Term of a Contract

Background:
Per a publicly available allocation timeline and responsibilities established by the Community Mental Health Act, 405 ILCS 20, the Champaign County Mental Health Board reviews funding requests each year and makes allocation decisions prior to the start of the agency program year on July 1. This commitment is met regardless of the number and complexity of applications, with a small staff team, and within a very rough, early estimate of revenues to support allocations. In 2021, 47 requests for funding were submitted, and the staff person who had analyzed these for over twenty years retired, along with two board members, making the review process more challenging than usual. In May of 2021, tiered staff recommendations were approved, including twenty-one for two-year contract awards, many lower than requested unless revenue expectations changed, and others deferred for possible American Rescue Plan funding.

Purpose:
Immediately after board approval, contracts were developed and negotiations initiated. One of those included an error, with the offer of a two-year contract to a longstanding program which had previously had a two-year contract. We were not aware of the miscommunication until after the deadline for PY23 applications and instead believed that the agency had simply not reapplied for continued funding. It is the staff belief that our error caused the agency to miss the opportunity to request PY23 funding for this program and that it is in the best interest of the CCMHB and the community to extend this contract by a one-year term.

Decision Section:
Motion to approve a one-year extension of the term of PY2022 contract with Don Moyer Boys and Girls Club for Coalition Summer Youth Initiatives.

_____ Approved
_____ Denied
_____ Modified
_____ Additional Information Needed

CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

DECISION MEMORANDUM

DATE: March 23, 2022
TO: Champaign County Mental Health Board (CCMHB)
FROM: Lynn Canfield, Executive Director
SUBJECT: Update on CILA Facilities Project

Background:

The CILA Facilities Project is a collaboration of the CCMHB and the Champaign County Developmental Disabilities Board (CCDDB), initiated in 2014 on behalf of residents who had I/DD and complex support needs and had been unable to secure residential services in or near their home community. For several years, challenges were met by the service provider, families of those served, Independent Service Coordination staff, and CCDDB/CCMHB members and staff. By 2020, difficulties securing a workforce were insurmountable. With our CILAs empty, the Boards made the difficult decision to sell them and reinvest in meaningful supports for this population.

Updates:

The first home was sold in September, adding **$226,017.05** to the CILA Facilities Fund, with insurance refund of **$681**. Repairs to the second home were identified prior to listing, and two inspections indicated the need for roof replacement. This was not covered by our insurance.

- Removal of dead tree and landscaping stones - **$475+$195** *done*
- Replace garage door -**$1876** *done*
- Refinish hardwood flooring - **$2275** *done*
- Replace broken face plates – **$20** *done (completed with other work)*
- Remove panel under kitchen sink, install cabinet doors - **$603.46** *done*
- Repair/repaint kitchen ceiling, remove stickers, paint interior - **$2650** *done*
- Repair front railing, repair and restain rear deck, remove picket fence, fill in holes, plant grass seed - **$1635** *done*
- Remove signs from interior – *waiting, due to potential buyer*
- Roof replacement – **$14,432** *done*

When the home was listed in September, there were 11 realtor showings and an offer, contingent on the buyer's inspection report repairs, which could not be completed by closing. The home was taken off the market to resolve issues:

- Repair/replace downspouts as needed – *work order placed*
- Prep and paint trim around exterior doors – *work order placed*

- Repair auto-retract feature of garage door – **$84** *done*
- Qualified electrician to correct double tapping in electrical panel. Properly secure wiring in crawlspace. – *work order placed - can be done for below* **$300**
- Professional HVAC company to inspect the heating system and the scorching issue. All repairs and/or replacement to be completed as recommended. – *servicing and inspection* **$216.50** *done - functioning normally, do not replace/repair.*
- Qualified plumber to replace improper piping material with appropriate materials, make necessary repairs to low water flow at left side back bathroom sink, and identify the source of the moisture and perform necessary repairs. - **$729** *(repair shower pan, faucet, showerhead in master bath and showerhead and faucet in hall bath, install downspout extensions to correct water in crawlspace). Shower pan replaced.*
- Issue with standing water in the crawlspace to be corrected by the installation of a sump pit and sump pump with appropriate plumbing to move the water away from the home - *downspout extensions will correct it, given the amount of seepage and lack of proper downspout extensions; sump pump unnecessary.*
- Properly secure wiring in crawlspace. Install ductwork to vent the dryer to the exterior of the building. Replace improper filter. – *work order placed.*
- Replace cover plates and outlet in back bathroom; repair ceiling fan in SE bedroom; replace 2 outlets on east side of kitchen island; replace doorbell button; replace garage attic access ladder; vent dryer outside. - **$950**
- Effected subfloor and floor joists to be replaced by a qualified contractor. Any mold/mildew remaining after repairs will be cleaned and treated by a professional contractor (below back bedroom shower). Bathroom flooring to be repaired or reinstalled after repairs (below back bedroom shower). – *Joists appear to be fine - **$11,722.02**. More damage discovered, **$840**. Because the 2015 remodel caused this damage, an insurance claim has been filed to cover the repair cost.*

With the bathroom subfloor repaired, resolving water incursion problems and the most important issues, the realtor has completed a new Market Analysis *(see attached)* and suggests list price of $285,000. The previous buyer has remained in contact with the realtor and made an offer of $275,000 *(attached)* and subsequently agreed to waive the inspection contingency. If the Boards authorize the Director to accept this offer but sale does *not* go through, the house will be relisted.

Possible Next Steps:

As a shared project of the Boards, further discussion will determine appropriate uses of the fund. Suggestions are ranked by alignment with the original purpose:

- Specific assistance to people who have I/DD and complex service needs, especially those who are unable to secure services here, covering the types of purchase made through the CCDDB mini-grant process.
- Fund treatment for people who have I/DD and co-occurring behavioral or physical health issues which result in complex support needs.
- Pay DSPs working in Champaign County to complete accredited trainings and offer retention payments after a period of employment within the County.
- Lease or purchase a space to provide staff offices, to exhibit works by artists with I/DD, and to host board and group meetings. CILA funds could support a subset of expenses.

Recommended Action:

During 2021, the Boards selected a realtor and authorized the Executive Director to approve listing and sale of the properties. The approved resolution remains valid, so that those decisions do not need to be made again. For transparency, each Board is asked to consider the new offer of $275,000 (with inspection contingency waived) as well as the relisting of the property at $285,000, per the updated market analysis.

Decision Section:

Motion to authorize the Executive Director to accept the offer on the Englewood property at $275,000, pending CCDDB approval.

_____ Approved
_____ Denied
_____ Modified
_____ Additional Information Needed

Motion to authorize relisting of the Englewood property at $285,000, pending similar approval by the CCDDB.

_____ Approved
_____ Denied
_____ Modified
_____ Additional Information Needed

JOEL WARD HOMES REALTORS®

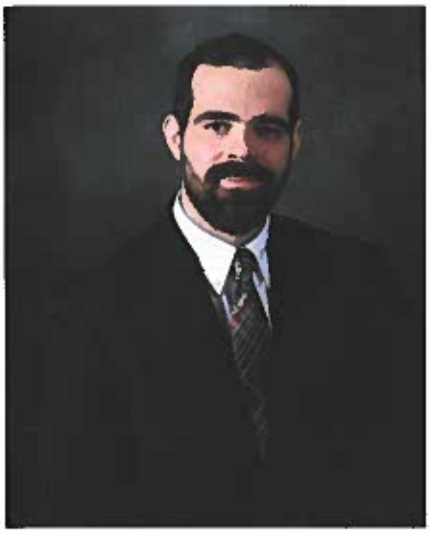
Real Estate Market Update

February 2022

By Nick Ward

Solid information about our **local market** is helpful for everyone, and especially for our clients who are thinking about entering into a real estate transaction this year.

This update is based upon information supplied by the Champaign County Association of REALTORS Multiple Listing Service for all attached and detached single-family properties in Champaign, Savoy or Urbana. **It is important to keep in mind that specific segments of the market may have performed better or worse than the overall market analyzed below.**

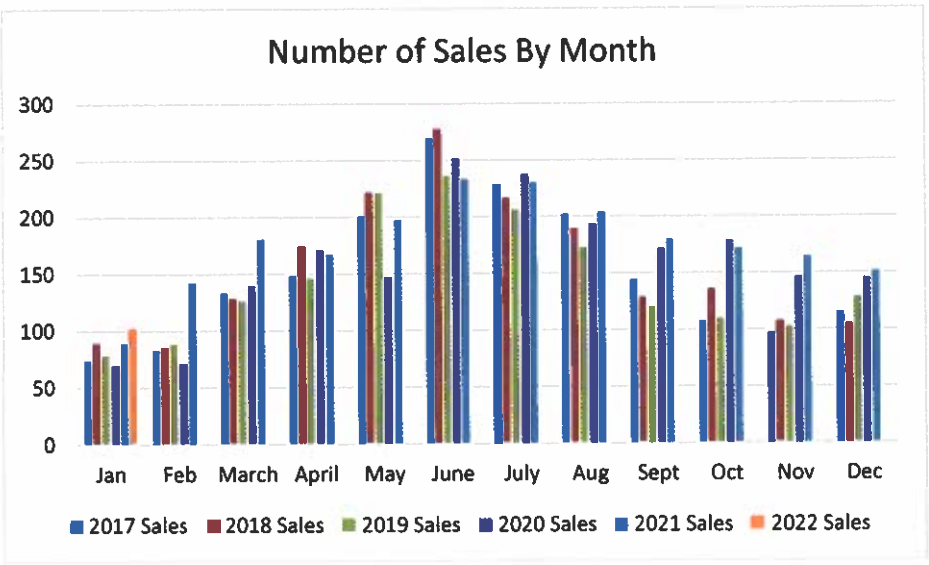


Comparing the Last 12 Months with the Previous 12 Months

For the most recent twelve months (02/01/2021-1/31/2022) the MLS reported 2,121 sales with a median sale price of $180,000 and a reported average marketing time of 44 days. For the prior twelve months (02/01/2020-1/31/2021) the MLS reported 1,945 sales with a median sale price of $172,500 and a reported average marketing time of 83 days.

This shows an increase in the number of sales of 176 homes or 9.0%. The median sale prices saw a 4.3% increase. There are currently 138 homes on the market with an average marketing time of 127 days. This results in a 0.7-month supply of homes in inventory, which is a significant shortage relative to historical supply demand relationships in this market.

Please note that while the number of sales still significantly higher than the historical average for the month of November, the market has slowed considerably since its peak in July of this year.



Interest Rates

The Interest Rate Story: For most of 2017, 30-year fixed rate mortgages were available from 3.75% to 4.125%. Interest rates increased rapidly in January and February of 2018 and had remained relatively stable within the range of 4.5% to 4.75%. In September 2018, rates moved as high as 5% before starting to decline as the year ended. Beginning in 2019 rates started a decline.

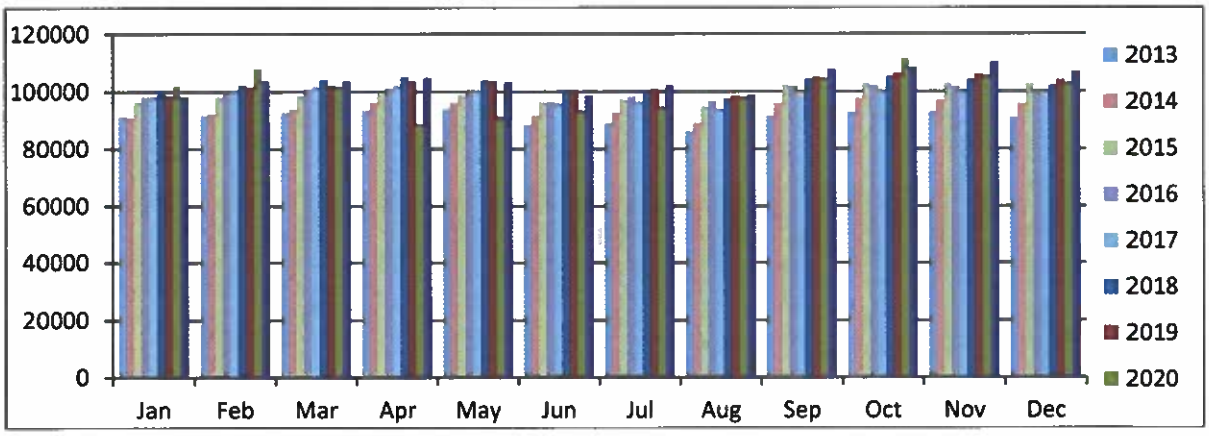
In 2020, rates varied from 3.5% to 3.6% through March. Since then, and with the advent of the novel coronavirus pandemic and the Federal Reserve cutting the interest rate, rates have been more volatile and fluctuating within the 2.5% to 3.5% range. This trend continued in 2021 and into early 2022, but interest rates are beginning to rise. Currently, 30-year fixed rate mortgage financing is available at 4.00%. Many experts are projecting interest rates to increase over the coming 12 months. Please note that the interest rate can vary significantly between lending institutions and borrower qualifications. Contact your Joel Ward Homes agent for recommendations!

Local Employment Analysis

The close connection between employment levels and the strength of housing markets has been well established, both locally and on a national basis. **In December 2021 (the last month for which data has been published) there were 106,818 employed people in Champaign County and an unemployment rate of 3.2%. In December 2020 there were 102,913 people employed with an unemployment rate of 5.1%. This results in a 3.8% increase in the number of people employed.** The current rate of unemployment is consistent with the rates since prior to the Covid-19 pandemic.

What follows is a graph showing the number of jobs in Champaign County, by month, based upon non-seasonally adjusted U.S Bureau of Labor Statistics data.

NUMBER OF JOBS IN CHAMPAIGN COUNTY NON-SEASONALLY ADJUSTED DATE PER BLS

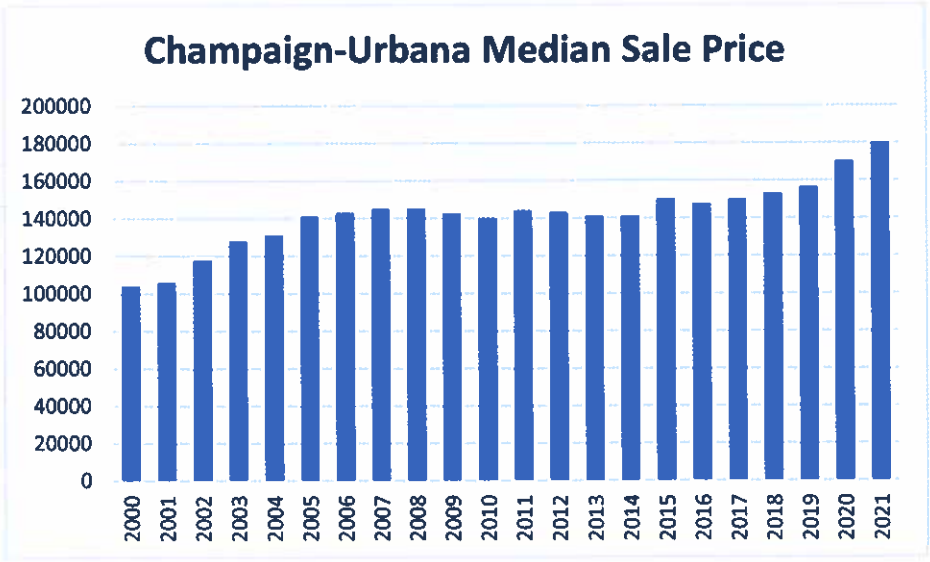


Conclusions

It is most notable that there is a significant shortage of homes in inventory, which is putting upward pressure on sales prices. This is most likely due to the combination of pent-up demand being released, along with the historically low interest rates.

What does this mean to the home seller? While we are currently in the slowest time of year, we are still seeing atypically short marketing times and high sales prices. The shortage of homes available, combined with the likelihood of higher interest rates are continuing to push sale prices upward. It is likely this will stabilize as interest rates right, but it is currently an excellent time to sell for top dollar. Contact your Joel Ward Homes REALTOR for the best options!

For buyers, the primary concern is the rising interest rates. Some project that rate increases will be significant, and it is very likely that interest rates will continue to increase during the year. This makes it important for buyers to move quickly and lock in long-term financing to offset risks posed by inflation and increasing interest rates. The current supply of homes in inventory is exceedingly low, which is likely going to make it more difficult to find suitable housing. This makes it even more important for your REALTOR to stay current on all homes which are listed for sale and meet your criteria.



Overall, Champaign-Urbana real estate has proven to be a good investment over time with an average annual appreciation rate of 2.6% since 2000, and this includes the 2009-2013 financial crisis and recession.

Remember that each particular segment of the market is different. If you are thinking about selling your home, or buying one, the best decision is to contact your Joel Ward Homes REALTOR to obtain current information about the specific segment of the market relevant to your property.

Real Estate Market Report

3707 Englewood, Champaign
Updated as of 2/28/2022

OVERALL MARKET CONDITIONS: See attached "February 2022 Market Update."

SPECIFIC MARKET CONDITIONS: At the current time, for one-story detached homes in Champaign and Savoy with 1,500 to 2,500 square feet of living space, listed or sold from $180,000 to $280,000, the MLS reports 105 sales in the prior year with a median sale price of $2018,300, and an average marketing time of 18 days. Comparing the year over year data for this market segment, there was a 10.5% increase in the number of sales (105 and 95 the year prior), a 0.1% decrease in the median sales price (within the range of stable), and a 33.3% decrease in average marketing time. Currently there is 1 listing in this market segment with marking time of 4 days. This results in a 0.1-month supply of homes in inventory which is in balance relative to the overall market at 0.7-months of supply. Please note that the current supply and demand relationship is in a historic state of shortage compared to the 5-year average of 3.2 months of supply.

SUBJECT HISTORY: The subject was purchased in 2015 for $215,500 and has been used as an assisted living home since.

MARKETING STRENGTHS: The primary strength of the subject is that it has been updated with a new roof, refinished hardwood flooring, and new tile in one bathroom. It has also been updated with handicap accessible amenities and doors, a feature that is unique in our market. It also has a superior view with the lake in the rear and is located in a popular neighborhood of Champaign.

MARKETING CHALLENGES: The primary marketing challenge is that the kitchen now appears dated due to the recent improvements to walls and flooring.

COMPETITIVE LISTINGS: MLS data sheets on all competitive listings are attached. There is currently only 1 other listing in the subject's market segment. It is 1412 Mayfair, a 3-bedroom/ 1.5 bath house with 1609 square feet and a partial basement. This house is currently listed for $219,900 with 4 days of marketing time.

RECENT SALES OF SIMILAR HOMES: MLS data sheets and a "Price Adjusted Comparables" sheets are attached. Please note that of the 4 comparable sales provided, Sale #4 is located in a different neighborhood and has been afforded the least weight in a determination of likely sales price. It has been included primarily to bracket the upper end of the range, as the more similar sales all have upward adjustments.

SUMMARY OF CONCLUSIONS AND RECOMMENDATIONS: "Price Adjusted Comparable Sales" indicate a likely sale price in the range of $263,000 (rounded) to $280,000 (rounded). With an average sale to list price ratio of 97%, this would indicate a list price in the range of $271,000 to $288,600 (rounded). The significant shortage of homes indicates that an initial list price at the upper end of the range is most appropriate. Additionally, we are entering the prime marketing time of the season. Based on these factors, a recommended list price at the upper end of the indicated range is most appropriate.

STATE OF ILLINOIS MANDATED DISCLOSURES:

INTENDED PURPOSE: The intended purpose of this Comparative Market Analysis (CMA) is to provide information, analysis and recommendations to assist the homeowner in pricing their property.

PROPERTY INTEREST: The property interest being considered in this CMA is a fee-simple interest.

SCOPE OF WORK: The subject property was inspected and its strengths and weaknesses with respect to its marketability were analyzed and reported. The subject's market segment defined. The market segment was analyzed to determine the supply and demand relationships, to identify those competitive properties most similar to the subject and to identify those sold properties most similar to the subject. A selection of sold properties was made, and a "Price Adjusted Comparable" analysis was made, making quantitative adjustments to comparable sales intended to produce a indicated likely sale price of the subject. In the context of existing and expected overall market conditions, the above information and analyses were reconciled to produce a recommended list price range for the subject.

CMA NOT AN APPRAISAL: This is a comparative market analysis, not an appraisal of the market value of the real estate and was prepared by a licensed real estate broker or managing broker, not by a state certified real estate appraiser acting in his or her role as a state certified real estate appraiser. (Note that Nicholas Ward is a licensed residential real estate appraiser acting only in the role of managing broker in relationship to this client.)

Respectfully Submitted,

Nicholas Ward, Managing Broker

Price Adjusted Comparable Sales

	Subject	Sale #1		Sale #2		Sale #3	
Street Address	3707 Englewood	1105 Waters Edge Rd		1401 Casselbury Ln		1503 Casselbury	
City	Champaign	Champaign		Champaign		Champaign	
Sale Price			$245,000		$249,900		$298,000
Price/SF		$151.99		$151.27		$125.00	
Sale Date		2/9/2022		11/17/2021		9/21/2021	
Days on Mkt		160		17		8	
Concessions		None		750	-$750	1000	-$1,000
Location & View	Good/Lake	Average	$10,000			Good/Lake	
Lot Size	8,190 sf	8,190 sf					
Curb Appeal	Average	Average		Average		Average	
Age	24	19	0	24		25	
Quality	Average	Average	-5,000	Average	-5,000	Average	
Exterior	Average	Average		Average		Average	
Condition	Average	Average		Average	10,000	Average	10,000
Square Footage	1988	1,612	16,920	1652	15,120	2,384	-17,820
Total/BDBS/BTHS	7/4/2.0	7/4/2.0		6/3/2.0	0	9/4/2.1	-2,500
Basement Size	None	None		None		None	
Basement Finish	None	None		None		None	
Fireplace	Fireplace	Fireplace		Fireplace		Fireplace	
Garage	2 Car Attached	2 Car Attached		3 Car Garage	-5,000	3 Car Garage	-5,000
Porch/Patio/Deck	Deck	Deck		Porch/Patio	-2,000	LgDeck	-2,000
Net Adjustments			21,920		12,370		-18,320
Indicated Sale Price			$266,920		$262,270		$279,680
Features:	Remodel 2015	Roof 2021		Updated kitchen			
	Roof 2021	Updtaed Kitchen		Updated bath			
	Refin HW	Updated bath		Granite Counters			
	New Flooring 1 BA	Updated Carpet					
	Repainted	Granite Counters					
	New Garage Door						

8 2

From: Nick Ward
To: Lynn Canfield
Subject: Offer on Englewood
Date: Monday, March 7, 2022 10:12:15 AM
Attachments: 3707 Englewood - Purchase Contract (2).pdf

Good morning Lynn,

We received an offer for 3707 Englewood from DCF/DSC and I have attached it below. They have offered $275,000 and would be having another home inspection, closing on 4/15. They also requested that I include the below message. I've let them know we likely can't make any decisions until the board meets, but they still wanted to get their offer in. Please let me know if you have any questions, and what your thoughts are! Also, I'm out of town for a conference so I may be slow to respond at times, but I am still working.

DCF and it's Board are very excited to work out the purchase of this property. It will help with the overall structure of services that DSC is able to provide to their residential clients. We had hoped to complete the transaction last fall when we had the property under contract but understand the time needed for the County Board to evaluate the extent of the damages found in the home inspection and the cost of repairs.

We are offering $275,000. This is $26k over the original agreed upon sale price from the last contract. We feel this accounts for the change in value in the overall market for this property. We understand that there were additional costs incurred to resolve the inspection issues and feel that those were generally maintenance items that for better or worse come with any property.

3707 Englewood is a great fit for DSC/DCF with the various components of a group home already included (fire alarms and fire systems, accessibility and other operational components of a group home) but we also feel those benefits adversely affect the market value of the home for the typical home buyer.

A more traditional buyer would likely spend a significant amount of money to convert the property back into a typical home (removing fire alarms, installing residential flooring in all bedrooms and the living room, replacing all interior doors with standard doors, etc.

The home has also been 'well-loved' with quite a bit of wear and tear in the bathrooms, and kitchen and we anticipate spending a fair amount of money updating counters, cabinets, etc.

We hope the Board finds our offer exciting and the potential to sell the home to DCF/DSC as an added bonus. We look forward to working out the details.

Sincerely,

Mark Waldhoff
Past-President - DSC Board of Directors
217-714-3603

CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARD
CHAMPAIGN COUNTY MENTAL HEALTH BOARD

#11. B.

CCMHB 2022 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

January 19, 2022 – Shields-Carter Room
January 26, 2022 – *study session* - Shields-Carter Room
February 16, 2022 – *study session* - Shields-Carter Room
February 23, 2022 – Shields-Carter Room
March 23, 2022 – Shields-Carter Room
April 20, 2022 – Shields-Carter Room
April 27, 2022 – *study session* - Shields-Carter Room
May 18, 2022 – *study session* - Shields-Carter Room
May 25, 2022 – Shields-Carter Room
June 22, 2022 – Shields-Carter Room
July 20, 2022 – Shields-Carter Room
September 21, 2022 – Shields-Carter Room
September 28, 2022 – *study session* - Shields-Carter Room
October 19, 2022 – Shields-Carter Room
October 26, 5:45PM –*study session with CCMHB* - Shields-Carter
November 16, 2022 – Shields-Carter Room *(off cycle)*
December 21, 2022 – Shields-Carter Room *(off cycle) - 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.
Meetings are archived at http://www.co.champaign.il.us/mhbddb/MHBMeetingDocs.php

Public Input: All meetings and study sessions include time for members of the public to address the Board. All are welcome to attend meetings, using the Zoom options or in person, in order to observe and to offer thoughts during "Public Participation". For support to participate, let us know how we might help by emailing stephanie@ccmhb.org.

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

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CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARD
CHAMPAIGN COUNTY MENTAL HEALTH BOARD

CCDDB 2022 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

January 19, 2022 – Shields-Carter Room
February 23, 2022 – Shields-Carter Room
March 23, 2022 – Shields-Carter Room
April 20, 2022 – Shields-Carter Room
May 18, 2022 – Shields-Carter Room
June 22, 2022 – Shields-Carter Room
July 20, 2022 – Shields-Carter Room
August 17, 2022 – Shields-Carter Room - *tentative*
September 21, 2022 – Shields-Carter Room
October 19, 2022 – Shields-Carter Room
October 26, 2022 5:45PM – Shields-Carter Room – study session with CCMHB
November 16, 2022 - Shields-Carter Room
December 21, 2022 – Shields-Carter Room

This schedule is subject to change due to unforeseen circumstances.

Please email stephanie@ccmhb.org to confirm meetings or to request alternative format documents, language access, or other accommodation needed to participate.
All meetings and study sessions include time for members of the public to address the Board.
Meetings are posted in advance and recorded and archived at
http://www.co.champaign.il.us/mhbddb/DDBMeetingDocs.php

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.

IMPORTANT DATES - 2022 Meeting Schedule with Subjects, Agency and Staff Deadlines, and Allocation Timeline for PY23

The schedule offers dates and subject matter of meetings of the Champaign County Mental Health Board. Subjects are not exclusive to any given meeting, as other matters requiring Board review or action may also be addressed. Study sessions may be scheduled on topics raised at meetings, brought by staff, or in conjunction with the CCDDB. Included are tentative dates for steps in the funding allocation process for PY23 and deadlines related to PY22 agency contracts. **Meetings and study sessions are scheduled to begin at 5:45PM; these may be confirmed by Board staff.**

1/3/22	*Online system open for applications for PY23 funding*
1/19/22	**Regular Board Meeting**
1/26/22	**Study Session:** Mid-Year Program Presentations
1/28/22	*Agency PY22 2nd Quarter and CLC progress reports due*
1/31/22	*Deadline for updated agency eligibility questionnaires*
2/11/22	*Deadline for submission of applications for PY23 funding (Online system will not accept any forms after 4:30PM.)*
2/16/22	**Study Session:** Mid-Year Program Presentations
2/16/22	*List of Requests for PY2023 Funding assembled*
2/23/22	**Regular Board Meeting** Discussion of Board Members' Review of Proposals; Mid-year updates on new agency programs
3/23/22	**Regular Board Meeting:** FY2021 Annual Report
4/13/22	*Program summaries released to Board, posted online with CCMHB April 20, 2022 meeting agenda*
4/20/22	**Regular Board Meeting** Program Summaries Review and Discussion

4/27/22	**Study Session** Program Summaries Review and Discussion
4/29/22	*Agency PY2022 3rd Quarter Reports due*
5/11/22	*Allocation recommendations released to Board, posted online with CCMHB study session agenda*
5/18/22	**Study Session:** Allocation Recommendations
5/25/22	**Regular Board Meeting** Allocation Decisions; Authorize Contracts for PY2023
6/22/22	**Regular Board Meeting** Draft FY2023 Budget, Election of Officers
6/24/22	*Deadline for agency application/contract revisions* *Deadline for agency letters of engagement w/ CPA firms* *PY2023 agency contracts completed*
6/30/22	*Agency Independent Audits, Reviews, or Compilations due (only applies to those with calendar FY, check contract)*
7/20/22	**Regular Board Meeting**
8/26/22	*Agency PY2022 4th Quarter reports, CLC progress reports, and Annual Performance Measure Reports due*
9/21/22	**Regular Board Meeting** Draft Three Year Plan 2022-2024 with 2023 Objectives
9/28/22	**Study Session**
10/19/22	**Regular Board Meeting** Release Draft Program Year 2024 Allocation Criteria
10/26/22	**Joint Study Session with CCDDB** at 5:45PM
10/28/22	*Agency PY2023 First Quarter Reports due*
11/16/22	**Regular Board Meeting** (off cycle)

	Approve Three Year Plan with One Year Objectives Allocation Decision Support – PY24 Allocation Criteria
12/11/22	*Public Notice of Funding Availability to be published by date, giving at least 21-day notice of application period.*
12/21/22	**Regular Board Meeting** (off cycle) – tentative
12/31/22	*Agency Independent Audits, Reviews, Compilations due*
1/2/23	*Online system opens for applications for PY24 funding*

#11.C.

Agency and Program Acronyms

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

CC – Community Choices

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

CCCHC – Champaign County Christian Health Center

CCDDB or DDB – Champaign County Developmental Disabilities Board

CCHCC – Champaign County Health Care Consumers

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

CCMHB or MHB – Champaign County Mental Health Board

CCRPC or RPC – Champaign County Regional Planning Commission

CN - Crisis Nursery

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

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

Courage Connection – previously The Center for Women in Transition

DMBGC - Don Moyer Boys & Girls Club

DREAAM – Driven to Reach Excellence and Academic Achievement for Males

DSC - Developmental Services Center

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

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

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

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

FS - Family Service of Champaign County

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

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

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

JDP – Justice Diversion Program, a Regional Planning Commission program

MAYC - Mahomet Area Youth Club

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

NAMI – National Alliance on Mental Illness

PATH – regional provider of 211 information/call services

PEARLS - Program to Encourage Active Rewarding Lives

PHC – Promise Healthcare

PSC - Psychological Services Center (University of Illinois)

RAC or ECIRMAC – East Central Illinois Refugee Mutual Assistance Center

RACES – Rape Advocacy, Counseling, and Education Services

RCI – Rosecrance Central Illinois

RPC or CCRPC – Champaign County Regional Planning Commission

UNCC – Urbana Neighborhood Community Connections Center

UP Center – Uniting Pride

UW or UWCC – United Way of Champaign County

WIN Recovery – Women in Need Recovery

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

Glossary of Other Terms and Acronyms

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

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

ACA – Affordable Care Act

ACEs – Adverse Childhood Experiences

ACMHAI – Association of Community Mental Health Authorities of Illinois

ANSA – Adult Needs and Strengths Assessment

APN – Advance Practice Nurse

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

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

ASD – Autism Spectrum Disorder

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

ATOD – Alcohol, Tobacco and Other Drugs

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

CALAN or LAN – Child and Adolescent Local Area Network

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

CBCL – Child Behavior Checklist

CC – Champaign County

CCBoH – Champaign County Board of Health

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

CDC – federal Centers for Disease Control and Prevention

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

C-GAF – Children's Global Assessment of Functioning

CHW – Community Health Worker

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

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

CLC – Cultural and Linguistic Competence

CLST – Casey Life Skills Tool

CMS – federal Centers for Medicare and Medicaid Services

CQL – Council on Quality and Leadership

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

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

CSPH – Continuum of Service Providers to the Homeless

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

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

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

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

DCFS – Illinois Department of Children and Family Services.

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

DD – Developmental Disability

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

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

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

DHS – Illinois Department of Human Services

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

DSM – Diagnostic Statistical Manual

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

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

EI – Early Intervention

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

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

ER – Emergency Room

FACES – Family Adaptability and Cohesion Evaluation Scale

FAST – Family Assessment Tool

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

FOIA – Freedom of Information Act

FQHC – Federally Qualified Health Center

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

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

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

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

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

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

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

HFS or IDHFS – Illinois Department of Healthcare and Family Services

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

I&R – Information and Referral

ICADV – Illinois Coalition Against Domestic Violence

ICASA – Illinois Coalition Against Sexual Assault

ICDVP - Illinois Certified Domestic Violence Professional

ICFDD – Intermediate Care Facility for the Developmentally Disabled

ICJIA - Illinois Criminal Justice Authority

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

IDHFS or HFS – Illinois Department of Healthcare and Family Services

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

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

IDOC – Illinois Department of Corrections

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

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

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

1. an organizational capacity assessment;

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

ISC – Independent Service Coordination

ISP – Individual Service Plan

ISSA – Independent Service & Support Advocacy

JDC – Juvenile Detention Center

JJ – Juvenile Justice

JJPD – Juvenile Justice Post Detention

LAN – Local Area Network

LCPC – Licensed Clinical Professional Counselor

LCSW – Licensed Clinical Social Worker

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

LPC – Licensed Professional Counselor

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

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

MDT – Multi-Disciplinary Team

MH – Mental Health

MHDDAC or CCMHDDAC – Mental Health and Developmental Disabilities Agencies Council

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

MI – Mental Illness

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

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

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

NACO – National Association of Counties

NMT – Neurodevelopmental Model of Therapeutics

NOFA – Notice of Funding Availability

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

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

OMA – Open Meetings Act

OUD/SUD – Opioid Use Disorder/Substance Use Disorder

PAS – Pre-Admission Screening

PCI – Parent Child Interaction groups.

PCP – Person Centered Planning

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

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

PPSP – Parent Peer Support Partner

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

PTSD – Post-Traumatic Stress Disorder

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

PWI – Personal Well-being Index

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

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

QIDP – Qualified Intellectual Disabilities Professional

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

RFI – Request for Information

RFP – Request for Proposals

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

SIM – Sequential Intercept Mapping, a model developed by SAMHSA

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

SSI – Supplemental Security Income, a program of Social Security

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

SSPC - Social Skills and Prevention Coaches.

SUD – Substance Use Disorder

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

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

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

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

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

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

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

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

#14

Executive Director's Report – *Lynn Canfield, March 2022*

Background - Strategic Plan Goals:

Champaign County Mental Health Board Current Three-Year Plan Goals

1. Support a **continuum of services** to improve the quality of life experienced by individuals with mental or emotional disorders, substance use disorders, or intellectual and/or developmental disabilities (I/DD) and their families residing in Champaign County.
2. Sustain commitment to addressing health disparities experienced by **historically underinvested populations.**
3. Improve **access** to supports, services, and resources currently available and beneficial.
4. Continue the collaborative working relationship with the CCDDB.
5. Building on progress achieved through the six-year Cooperative Agreement between the Federal Substance Abuse and Mental Health Services Administration (SAMHSA), the Illinois Department of Human Services (IDHS), and the CCMHB, **sustain the SAMHSA/IDHS system of care** model.
6. **Divert persons with behavioral health needs or I/DD from the criminal justice system**, as appropriate.
7. In conjunction with the Champaign County Sheriff's Office, other law enforcement, and community stakeholders, pursue a continuum of services as an **alternative to incarceration and/or overutilization of local Emergency Departments** for persons with behavioral health needs or I/DD.
8. Support **interventions for youth** who have juvenile justice system involvement.
9. Address the need for **acceptance, inclusion, and respect** associated with a person's or family member's mental illness, substance use disorder, intellectual and/or developmental disability through broad based community education efforts to increase community acceptance and positive self-image.
10. Engage with other local, state, and national stakeholders on **emerging issues**.

Champaign County Developmental Disabilities Board Current Three-Year Plan Goals

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

Activities of Staff and Board Members:

To support CCMHB Three Year Plan goals 1-8 and CCDDB Three Year Plan goals 1-7, we are focused on review of 14 applications for DDB funding and 25 MHB, submitted between January 3 and February 11. In the last three days of the open application period, there was an explosion of agency activity, with many questions requiring technical assistance. We relied heavily on the online system developer for solutions. As applications were submitted, we sent emails acknowledging them and I set up drafts of the long-form staff program summary/analysis of each one. This year, we will add a 'summary of the summary' to support the Boards' review and decision processes. The Board packet includes a list of applications to be considered. When the system closed at 4:30PM on Friday,

February 11, I replaced the NOFA with a statement on the public page of the online system and took an early look at possible budgets toward understanding the affordability of allocations. The estimate I started with then has already been increased and will increase again later in the spring, but we do not yet have some of the information required for full budget planning for 2023. While I am eager to put those together, we can focus on application review and discussion for now, and affordability later.

Contracts with service providers appear as Contributions & Grants, the largest expenditure line in each Board's budget. A small share of costs are non-agency activities in support of individuals, families, agencies, and community, which impact Personnel, Professional Services, Expo, Public Relations, and Non-Employee Training costs and are accomplished with independent contractors, associations, or partnerships. Many activities and collaborations are referenced in other staff reports. We have a new IT service provider and are using the County's new accounting system (on the ERP). Costs related to the ERP appear in the budget as an interfund transfer to the County but will be charged to a service line. Many activities and collaborations are referenced in staff reports.

Anti-Stigma and Community Awareness:

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

Resource information: 211 is a call-based service provided by PATH and cofunded by United Way, the CCMHB, and the CCDDB. A research project of the UIUC Community Data Clinic offers an online directory using these data, working to improve provider information and feedback to 211 and the CDC site. PATH currently serves as call center for 988 (National Suicide Prevention Lifeline) for counties other than Champaign, which relies on the crisis line operated by Rosecrance, expanded through a state grant for 988 implementation. PATH has been selected to provide 988 services for the region, so I look forward to learning how these will coordinate. In recognition of the UIUC CDC's lead student researcher, I submitted a letter of support for his nomination for a Campus Award for Excellence in Public Engagement.

Alliance for Inclusion and Respect (AIR) social media continue anti-stigma messaging and promotion of members and local artists. AIR will sponsor an 'anti-stigma' film (not yet selected) and post-screening Q&A during the Roger Ebert's Film Festival, April 20-23, and the annual art show and sale on Saturday, April 23 in front of the Virginia Theatre.

disABILITY Resource Expo Steering Committee is working toward an October 15 in-person event at Vineyard Church. All are welcome to join the Steering Committee and subcommittees which bring the event together. I have volunteered for the Marketing/Sponsorship Committee. Dylan and Allison Boot of BootBooks, LLC, are coordinating all Expo planning with support from outgoing coordinator Barbara Bressner and graphic designer Pat Mayer. ChrispMedia maintains AIR and Expo websites, now with short videos, and provides additional technical support for Expo events. The exhibitor videos were produced by UIUC students.

CCMHB/CCDDB CILA:

(MHB goals 1 and 4 and DDB goals 1 and 5)

This packet includes a memo with updates. Because the core issue ending the original iteration of this project was the direct support professional (DSP) workforce shortage, and because we want to preserve existing local CILA capacity, we monitor the state and federal funding situation and raise this advocacy issue at state and national association meetings (more below).

Support for Agency Programs:

(MHB goals 1, 3, 5, 6, 7, and 8 and DDB goals 1, 2, 3, 4, 6, and 7)

Support Activities of CCDDB/CCMHB Staff: Cultural and Linguistic Competence training and technical assistance; numerous collaborations, such as Champaign County Transition Planning Committee, Continuum of Service Providers to the Homeless, Champaign County Community

Coalition, Champaign County Reentry Council, Drug Court Steering Committee, Coalition Race Relations Subcommittee, Human Services Council, CUPHD I-Plan Behavioral Health Committee, Youth Assessment Center Advisory Committee, Child and Adolescent Local Area Network Meeting; Monthly Provider Learning Opportunities free of charge and offering CEUs to a primary audience of case managers, joined by family advocates and social workers; and exploration of professional development curricula such as those offered by College of Direct Support, National Association of DSPs, and Georgetown Institute Leadership Training.
Independent Contractors: Alex Campbell of EMK offers technical support for users of our online application and reporting system. Board members interested in learning to view forms may reach him at afcampbell9@msn.com. We are archiving data and adding new capacities, such as a compliance dashboard to track required submissions (other than quarterly and semi-annual reports); this will include audit reports, board meeting minutes, certificates of liability, letters of engagement with CPAs, subcontracts, etc. John Brusveen, CPA, reviews all agency audits, compilations, and financial reviews, summarizing findings and recommendations. The CCMHB has a new bookkeeping support pilot project, through which consultants from MTF and Allaso-Stevenson are working with two small agencies each (Terrapin Station, UP Center, Well Experience, and WIN Recovery) to improve bookkeeping, financial reporting, and audit-readiness. In June, they will make recommendations for any subsequent phase of support.
UIUC Evaluation Capacity Project: intensive support offered to new and continuing programs (RPC Independent Service Coordination, Community Choices, Well Experience, RACES, WIN Recovery, and UP Center) and workshops and consultation bank to a broader network.

Executive Director Activities:

In addition to collaborations described above, I continue to review audits/reviews and request explanations or return of excess revenue when relevant. We are still waiting for three audits/reviews and for additional information about two others. Payments are suspended for three agencies with late audits; payments are released for two others due to proof of timely engagement and that the delay resulted from the CPA firm staffing issues. For most audits and reviews submitted after the deadline, payments have been restarted and concerns addressed, with some excess revenue returned. As mentioned above, I prepared initial drafts of long-form program summaries/analyses for each request for funding. While not always easy on the eyes, it was encouraging to read all the agency plans, including some well-thought-out new proposals. As the season progresses and we begin to clarify affordability, these detailed analyses may be helpful for making decisions.

Intergovernmental/Interagency Collaborations:

(MHB goals 1, 2, 4, 9, and 10 and DDB goals 1,2, 3, 5, 8, and 9)

Champaign County Department Heads: with the County Executive, Admin staff, and other Departments' representatives, this bimonthly meeting covers budgets, ERP implementation, facilities issues, ARPA fiscal recovery fund requests, budget process, and employee recognition.
Community Advisory Network for the 2022 Community Tech Fellowship: an effort led by the UIUC Community Data Clinic, this group evaluated applications for $5,000 technology related grants and awarded four. Feedback from the organizations resulted in monthly workshops on: Trauma, Resilience, & Healing; Local Art Production Resources; Working with At-Risk Youth; Affordable Digital Media Production; and Budgeting/Financing Social Justice for Sustainability. I will attend as possible, but they conflict with other meetings.
Mental Health and Developmental Disabilities Agency Council: monthly meeting of agency representatives, not all of which are funded by the Boards, for discussion of agency activities, federal and state updates, special topics, and announcements.
Regional Champaign-Vermilion Executive Committee: bimonthly meeting of public and private entities responsible for community health plans. The most recent I-Plan identified

behavioral health and community violence as priorities. A new community health needs assessment survey is in use. The search for a coordinator has begun, with financial commitments from members to support increased salary to attract and keep qualified candidates.

UIUC School of Social Work, Community Learning Lab, and We CU: While we hesitate in Spring to take projects through the CLL due to review of agency applications and development of recommendations and subsequent contracts, we have support from We CU for translation of board documents and Expo materials. I submitted a letter of support for the nomination of WE CU co-directors for a Campus Award for Excellence in Public Engagement. I met with the "Social Work 542: Program Evaluation" class for discussion of community needs assessment and strategic planning; students will send feedback on our assessment report, strategic plan, and annual priorities later in the semester.

Partnerships related to Underrepresented Populations and/or Justice System:

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

Champaign Community Coalition: monthly Goal Team meetings include updates from law enforcement, reports on positive youth programming, trauma-informed system work, and efforts to reduce community violence. The Executive Committee meets less frequently, but we have discussed programming which may result from the City of Champaign's ARPA investments in these priority areas, through grants with some of our own currently funded organizations.

Crisis Intervention Team (CIT) Steering Committee: bimonthly meetings of representatives of law enforcement, EMS, hospital, behavioral health, providers of service to people with housing insecurity, support network leaders, and other interested parties, to promote CIT training, review data analyzed by City of Urbana, and share updates. I have asked the committee for a special meeting to consider whether Champaign County could be a pilot community for a NACBHDD project featuring **Cloud9** technology and consultants, to improve our cross-sector data collection and reporting, for better human and system outcomes: https://www.cloud9telehealth.com/.

"Empowering youth impacted by violence in Champaign County to promote health equity: a photo-voice project." - a collaboration between Judge Ford, Charles Burton on behalf of the Don Moyer Boys and Girls Club, and Dr. Windsor of UIUC School of Social Work. Application has been submitted to UIUC, aligned with the Chancellor's Call to Action. I met with Judge Ford prior to their submission and have agreed to serve as an external reviewer.

Illinois Mental Health Task Force Regional Council – the Behavioral Health Administrator for Illinois Courts hosts monthly Resource Mapping Workshops to complete a Sequential Intercept Map for each region of the state; our region is well-represented.

State and National Associations and Advocacy:

(MHB goal 10 and DDB goal 9)

Association of Community Mental Health Authorities of Illinois (ACMHAI): Executive, Legislative, Medicaid, Strategic Planning, and I/DD committees address contracting and monitoring processes, state funding and policies, levies, goal setting, community awareness, etc. Government Strategy Associates updates the membership on state legislative activity and uses our input for advocacy. I accepted the role of Vice President when the serving VP resigned and have been replaced as I/DD committee chair. ACMHAI Legislative Committee Highlights:

- SB3215 and HB4228 – Mental Health Validation bills would ensure that current 377 and 708 boards are 'validated'. This bill allows for continuation of any 377 and 708 boards which were established after passage of PTell but prior to the relevant change in 377 and 708 referendum language and sees that future 377 and 708 boards are properly established. Our Committee Chair testified to the Senate, where the bill passed and was assigned to Revenue & Finance. The House version passed and was referred to Assignments. The SB is amended, the 'clean bill' and the one we'd like to see move forward; witness slips will be needed.

- Other bills to support: HB4452 also cleans up referendum language in the Community Mental Health Act; HB4729 and HB5086 establish and appropriate for a Safe Gun Storage campaign – response to increased gun suicides and accidents in many of our counties; HB4616 and SB3607 would increase DSP wages by $3.50; HB4832 and SB4063 would increase the underlying rates methodology to support DD wage increases; HB4606 and SB3156 fix an incorrect term in the MHDD Act and establish a pilot DSP credentialing program – referred to Rules; SB3438 and HB5333 MH Assessment Reform simplify the IMCANS process; SB2948 for 988 Trust Fund – referred to Rules; SB3681 would fund MH crisis through probation – referred to Senate Appropriations; and SB2910 would have created an MH oversight officer - though not currently moving, it is now included in the Governor's budget.
- A change in state and local government lobbying may make it more difficult for non-profit organization representatives to offer comment to any government entities, but we will wait for rules from JCAR and Secretary of State to clarify actual impacts. The worst interpretation would inhibit our own needs assessment and policy-setting processes and may also create a barrier for elected officials who serve on non-profit boards.

National Association of Counties (NACO): monthly Health Steering Committee meetings with legislative updates, local innovations, and policy issues; quarterly Healthy Counties Advisory Board and Stepping Up Innovator County calls. At the pre-conference HSC meeting, our NACBHDD-sponsored policy resolution (advocating for a Bureau of Labor Statistics classification for DSPs) was approved. *Notes from the February 12 NACO Legislative and Policy Conference HSC Meetings are below, with NACBHDD notes.*

National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD): as the current board secretary, I attend Executive Committee meetings, reviewing policies and financials, and planning meetings and events. I also attend Monthly I/DD committee meetings and chair monthly meetings of the reconstituted Behavioral Health and Justice Committee. I moderated the first "Candid Conversation" on the topic of Youth Mental Health.

The remainder of this report is a collection of my notes from the NACBHDD Annual Legislative and Policy Conference and the NACO HSC meetings, held virtually between February 12 and 16.

"Preparing for Change: 988 Rollout and the Crisis Response Continuum" *– I moderated this session on behalf of the NACBHDD Behavioral Health and Justice Committee. 988, the three-digit number for behavioral health crises, will go live on July 16, 2022. Experts predict call volumes to increase beyond current call levels, building off the National Suicide Prevention Lifeline and network of over 180 local crisis centers, many dependent on volunteers, and expanding the focus on behavioral health crises. The FCC approved new text capabilities for 988 although many 911 systems lack similar capabilities.*

Nichole Cunha, LCSW, Crisis Program Administrator, Utah Division of Substance Abuse and Mental Health – system is being designed for anyone, anytime, anywhere, with goals of better care, hospital diversion, law enforcement/jail diversion. Mobile Crisis Outreach teams. All receiving centers connected to subacute hospitalization or residential services. Utah has a Behavioral Health Crisis Response Commission (to operationalize 988) which includes legislators, system stakeholders, people with lived experience, and Medicaid. Utah's Crisis System Specific Statutes, starting around 2015. Review of the last decade of developments toward the system. Two-year legislative study to explore policies and funding of crisis systems. Continuum goes beyond the traditional components in that there are specialized ACT teams and bridge services ('hospital without walls' for those with SMI), robust CIT through state contracts, and youth receiving centers in addition to adult centers.

Rachel Lucynski, MBA, Director, Community Crisis Intervention and Support Services, the Huntsman Mental Health Institute – described how this system looks on the ground. Team staffs and operates the 24/7 crisis call lines. Training and certification, statewide coordination of services with 'least restrictive' level of care as guiding philosophy. They also staff and operate the Utah Warm Line with certified peer support specialists. Mobile Crisis Outreach Teams act as dispatch; information sharing agreements across the state

for continuity of care and documentation; SafeUT Crisis Chat & School Safety App; Receiving Center. 92k crisis calls last year, expect an increase, so there's a recruitment effort and certification process with local universities statewide. At least 50% of the workforce is remote, which will increase; focus on CLC; strategic education, collaboration, and formalized partnerships.

Mary Abrams, MA, Senior Health Policy Analyst, New Jersey Association of Mental Health and Addiction Agencies, Inc. – NJ is a little behind; we have pieces of a crisis system, not yet linked. 988 legislation just heard in committee in early February, rewritten many times, not yet moved. Would give 6 months from passage for their Dept of Human Services to solicit a contract for crisis call services, with award likely early 2023. NJ has a large network of hotlines in operation, lots of work on connectedness so that 988 calls will be taken; teams and training to come, as there was no appropriation for mobile teams; fees from telecom would fund the entire system (no opposition from telecom during the hearing). Have to move through two committees, budget and appropriations, prior to reaching the governor. A coalition in NJ (of statewide associations representing many systems and consumers) has been around a few years and meets informally to make recommendations on the bill, all of which have been accepted. NJ also has many established services to be connected. NJAMA has long advocated for screening centers. 11 of 21 NJ counties have early intervention, walk-in urgent care style programs, 7 of which are operated by the organization which runs the screening center. Expanding to the other 10 through an RFP just released. Block grant funds are putting up 9 mobile crisis centers.

Matthew Taylor, Director of Network Development, National Suicide Prevention Lifeline – Preparing for 988 Implementation. Review of the Lifeline Mission, currently a network with 196 independent call centers (in good news for us, IL just awarded one organization a contract to provide back up for all call centers). 3.6m answered contacts in FY2021. 9 national backups. 3 Spanish Centers. 42 Crisis Chat and Text Centers. 1 Veterans call line backup. 36% received public funds to answer lifeline calls, but this is dramatically increasing due to SAMHSA grants to communities. Routing of calls is increasingly negotiated with the state level. Review of the 988 legislation/definitions. Robust series of backups and redundancies. 988 builds on the Lifeline by: scale of access and visibility (3 digits should be easier); scope of services beyond suicide; access to omni-channel services; access to specialized services (rural, LGBTQ+, AI/AN people, communities of color); and stakeholder investment (greater public funding, though more is needed)). Private funds used for 50 988 state planning grants around 8 core planning assumptions: follow up services, 24/7 primary access, diversified funding, volume growth projections, operational and clinical and performance standards, implementation coalitions, consistency in public messaging, referral listings and linkages to local crisis services. Majority of current centers need more staff to meet the anticipated call volume; 80% offer follow up, some with services in crisis continuum; mobile crisis teams in the area for 96%, and 39% were operated by the same organization as the call center. Where to direct the public for information? Get to know the local Lifeline center. https://suicidepreventionlifeline.org/our-network/

Richard McKeon, Ph.D., Chief, Suicide Prevention Branch, Center for Mental Health Services, SAMHSA - Suicide has increased over the last decade, encouraging to see a small decrease in 2019 and 2020, but these are uneven, with concern for particular populations (Black Americans and youth in particular). SAMHSA guidelines on behavioral crisis care – https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf - start with the crisis line but connect to mobile teams, facilities, connection to post-crisis wraparound services, next day appointments with Mental Health Clinic if needed; lower reliance on police. Lifeline doesn't currently have geolocation. SAMHSA designated $282m to strengthen and expand the existing Lifeline. NOFOs released in December 2021, all states eligible, non-competitive; SAMHSA will make up to 56 awards, by April 15, to start April 30. https://samhsa.gov/988. SAMHSA also convened a co-sponsorship group, open to associations.

Q&A:

Question about the UT team about where centers are located and for more info about the specialized youth centers. Answer: local centers plus the Salt Lake County system (managed by Optum); some varying interpretations in UT but encouraging lots of follow up communication; team of dispatchers coordinate between the crisis line and MCOT teams (for ETA, standard questions about safety) but still working on these processes, with technology improvements to support that; Youth Receiving Centers are operated by the juvenile justice system, community based service arm, not zero refusal, don't necessarily take aggressive or violent youth, and this service is not managed directly by DHS, but they provide technical assistance; not staffed by clinicians in the same way, but referrals are made to other systems.

Question about plans to expand the number of local or regional crisis lines with which 988 will partner. Matthew Taylor answered: still accepting applications from new local and regional crisis contact centers

who wish to join the Lifeline; when applications are received, meeting with the State Mental Health authority to hear preferences on further expanding the Lifeline network in their state; some states are wishing to keep the number of centers as is at the moment to ensure that they can best support the centers who have been longstanding and historically underfunded services; a few states are welcoming more centers to join the network; Lifeline and SAMHSA's focus is to shore up the existing network and staff up the current centers to meet anticipated 988 volume growth, particularly as it launches this summer.
Question as to which actions, policy or otherwise, to coordinate with public safety to ensure behavioral health emergencies are responded to properly. McKeon answered: co-sponsorship agreement includes variety of stakeholders (Dept of Transportation, National Emergency Number Association, etc); all state grants require 988 and 911 coordination within the state; convening a Community of Practice, because this is vitally important on national, state, and local levels; collocation of call centers with stakeholders and multiple streams of effort.
Question about geolocation. https://www.fcc.gov/document/988-geolocation-report-national-suicide-hotline-designation-act; complex (safety, privacy, and technology) and many discussions with FCC; very focused on moving this forward. There is movement across the country to create a uniform credentialling/training program, as crisis call workers have been trained in many different ways; variation outside the standards for suicide risk assessment, so SAMHSA and the Lifeline are both looking at revising some curricula and developing others. Lifeline looks at the centers' standards, lots of latitude in trainings but must map clearly to the risk protocols; "standards in training and practice" dept will be expanding these; make sure we have a voice so there's no disconnect between state and national policies. In Utah, a lot of work in this area, requirements in addition to the NSPL standards, core competencies, and robust training, extended beyond the crisis line and to the whole continuum staff. John Buckner added 'As a reminder, geolocation is especially important to Active Duty Military. A good majority of military retain their home state area code or first duty station during their service. I have a 760 area code, dialed 988 to test and got San Diego and understand the delay of implementation. I live in Norfolk with almost 100k military in the region alone." Note that some area codes are several hours wide.
Question: Being from rural/frontier Michigan and having been on a "Mobile Crisis Team" back in the 1990's and the death of a worker back then. We have very limited cell coverage and no law enforcement coverage for large periods of time. I am extremely concerned about the safety of staff being sent out particularly with potential SUD issues. How is this addressed frontier and rural communities?
Response: this is a challenge and active discussion in Utah, also safety concerns which present themselves due to delays. Team can opt not to place themselves at risk or co-respond. Rural and frontier cel phone coverage is an issue, so teams can access the radio network used by law enforcement.

***"Partner Spotlight" - Blaire Bryant**, Associate Legislative Director, NACo:*

Summary of ARPA's direct funding to counties, with final rule released on January 6, 2022 outlining all eligible uses. Behavioral health was in the interim rule and expanded dramatically in the final rule, with an array of services in prevention, recovery, harm reduction, BH facilities and equipment, diversion programs, equitable access, peer support groups, 988, evidence-based OUD treatment and recovery, and more. Final rule also addressed violence prevention in this category due to the increased rates of violence resulting from the pandemic: focused deterrence, street outreach, violence interrupters, hospital-based, capacity building, reduction of gun violence, trauma informed care, wraparound, prevention.
Policy highlights: Congress looking to remove barriers to MH and SUD care, sought feedback from stakeholders; NACO response highlighted the county role, lifting some of the IMD exclusion (jails, esp), financing BH enhancements of crisis response infrastructure. Webinars on 988 to watch on demand.

***"Behavioral Health in Rural Communities: Unique Challenges and Opportunities"** - moderated by Kevin Martone, NARMH President, Executive Director, TAC: access is a major issue, dependent on workforce, financing, telehealth, etc. - how do we work with children and youth and serve diverse populations, including tribal?*

Shauna Reitmeier, CEO, Alluma, and NARMH President-Elect - Alluma is a CCBHC in NW Minnesota, 90 miles from Canada so that when their cel pones roam, they often access Canadian towers, with large fees. This is very large geographically but only 68K people. 'Structural urbanism' informs policies and models, not translating well to rural áreas. Challenges: fee for service; in large ag áreas, give us the flexibility and we'll figure it out; timely response hard when the team is 45 minutes from hospital; used

telemedicine early on but Broadband not sufficient; to meet people where they are, relationships with primary care clinics and schools have been critical. ACT not required of their CCBHC, very hard to get this up and running due to the limited workforce; they have to offer so much choice within one organization serving many counties. Discussion of other states trying to implement ACT, maybe needing special consideration for rural ACT teams.

Chip Johnston, Executive Director, Centra Wellness Network (MI) – always shortstaffed! Collaborations across crisis, schools, inpatient, senior centers with strategy to avoid driving many hours to hospital setting. The fidelity issues of CCBHC were too much, given the staff and time needed, so they backed out. Of several major EBPs, only three were studied in rural areas. Our area is about 20 people per square mile, with many of the same problems noted in MN. Instead of ACT, intensive case management team serving around 10 clients. With Medicaid, the state is often limited to basic models; Medicaid waivers or state plans could include population-based guidelines or exceptions to the models. Urbanized models don't work here.

Q&A:

Bob Sheehan raised the question: what's the rural equivalent of these models? We apologize but don't pilot them; let's add to the agenda as a national advocacy point, e.g., instead of ACT, 24/7 response.

Cherryl Ramirez added that Oregon also has lots of rural and frontier areas; one member had an audit of their COE ACT, which may be paused now due to difficulties, when it seems people would still benefit from the intensive services. ACT fidelity is hard right now. Many rural and frontier community mental health programs are struggling. The first version of OR's 988 legislation did not include any input from our CMHPs - had to insert ourselves to make the revised version reflective of the actual existing crisis system.

Chris Printer - Neither evidenced based practices nor emerging telehealth/virtual platforms have been normed to sparse, rural population areas... which is in reality most of the nation.

Sarah Paige Fuller – if we are having trouble with keeping enough psychiatry and /registered nurses for ACT/ICT in Norfolk VA, I can't imagine how hard for rural communities.

Kevin Martone – BH crisis services should be BH led; trickiest in rural/frontier areas, so states should give them consideration in their plans. Panelists added that social media and websites help get the word out; also use word of mouth, senior centers, and church bulletin boards. For large immigrant populations in some rural areas, now hiring cultural liaisons to work specifically in community outreach areas.

Joanie Blamer - We have done a lot of marketing in the last year and it has helped with citizens understanding who we are and what we do. It also helped with getting more applicants.

"Partner Spotlight" - Stephanie Katz, JD, MPH, *Assistant Vice President, Public Policy and Advocacy, National Council for Mental Wellbeing (formerly National Council for Behavioral Health):*

NCMW is a large organization, doing lots of behavioral health policy and advocacy work. History of the org, with 3500 members. 2022 Priorities: increase access to MH and SUD care; protect and grow resources for these; support the MH/SUD workforce; bolster crisis care services; reduce stigma and discrimination. COVID impacts on BH organizations: wait lists have increased dramatically (48-day wait is the national average); difficulty recruiting staff (a BH crisis in itself). The new model, CCBHC, with focus on service continuum and timely access, includes care coordination, tons of guidance on collaboration, payment rates that allow for higher staff salaries. Implementation of 988; expected increased of billions of calls, and we need services for people after they make that call. Telehealth continuation, esp seeing huge decrease in no-shows. Expanding who can bill to Medicare (esp SUD workforce). Loan repayment programs. Great cost savings to other systems are associated with the CCBHCs, as well as dramatic reductions in wait time.

Q&A:

Bob Sheehan suggested we combine our Hill Day events post-virtual meeting life. Shauna Reitmeier reminded us that the Medicare population is about to increase as well, into a system with barriers we still need to work through. Medicare doesn't cover a broad array of services as Medicaid does.

"Panel Discussion State of the Behavioral Health and I/DD Workforce," *- hosted by NACBHDD's I/DD Committee, with moderator* ***Maria Walker,*** *Program Planner, Polk County Health Services - increased needs during COVID, 302% increase in use of teleservices, projected shortages of behavioral health providers, psychiatrists, and more, adding to the already high burnout rates in each; increase in vacancies and turnover in DD workforce causing community-based agencies to turn away new clients. Maria introduced three national experts to address these shortages.*

Robert Espinoza, Vice President of Policy, PHI – overview of workforce crisis; long term services will need to fill about 7.4m jobs in direct care between 2019 and 2029, amplified by COVID. Calls for reform of long-term care financing to improve the quality of jobs. Washington State has adopted the first and only long-term care policy for all. Increase compensation for direct care workers, as the median wage is near $12/hr, so that 45% of these workers live in poverty. A wage parity law to establish a wage floor, adjusted for regional cost of living and hopefully addressing recruitment and retention. Training system for personal care aides requiring 75 hours of training and passing a competency exam plus 12 hours of continuing education. Examples of direct care workforce interventions: advancement opportunities; recruitment efforts; MercyCare's Innovation Fund in Arizona, Minnesota's Direct Support Connect Registry to link people to workers based on preferences; Workforce Reporting Requirements in Texas (data collection). Shift the public narrative on direct support: Wisconsin's WisCaregivers Career Program (Public Education) to recruit nursing assistants, adopted in other states. See more at http://PHInational.org

Mary P. Sowers, Executive Director, National Association of State Directors of Developmental Disabilities Services – unprecedented Challenge for State I/DD systems: HCBS Workforce, where the pandemic exacerbated an already fragile situation. Almost half of providers have stopped offering some services, and many have closed. DSPs are among a diverse array of professionals, with varying skills and job descriptions: community integration and employment supports require unique sills, credentialling strategies different for each role; ARPA enhanced match allows HCBS to provide a one-time investment opportunity, with bonuses, wage/benefit enhancements, training and career paths, provider capacity building around recruitment and retention, data collection and quality improvement. Almost all states have included an explicit investment in workforce issues. Need for federal, state, and partner efforts to devise long-range solutions: sustainable investments in the whole workforce, professionalizing the workforce, ensuring benefit analysis to avoid disincentives to long range career commitments.
https://www.nationalcoreindicators.org/staff-stability-survey/

Joseph M. Macbeth, President and Chief Executive Officer, National Alliance for Direct Support Professionals – "Rebuilding the Direct Support Workforce:" make and keep some promises that lead to systemic change. DSPs should be recognized and celebrated because once again they met a crisis head on and rose to the occasion with skill, dedication, and grace. Share their stories, struggles, and achievements with decision makers. They have earned our deepest respect, and our system would fold without them. We expect much more from them than others. If DS workforce issues are the highest priority for I/DD providers, then a standard occupational code with the USBLS is the highest priority for the DS workforce. Nothing we do is as important as this: for professional identity (nomenclature, behaviors, perception, qualifications, status, and structure) and for data collection. All direct care jobs are critically important, but they're all different. DSP definition, with 15 nationally validated competency areas, crosswalked with other caregiving jobs using data pulled from ONET/US BLS - found that they do share a lot of skills with others, but the reality is that DSPs have a unique and complex skills profile. BLS doesn't open these during the 8-10 year period, but 2026 or 2028 are too long to wait. There are 840 classifications; registered nurse is one category working in multiple systems sharing core competencies; DSP is the same kind of umbrella category, sharing skill standards but requiring additional training for specialty areas. SB1437 (Hassan, Collins) recognizes the DSP role, and HR 4779 would circumvent the BLS process and require the OMB to work with BLS on details of the category. Amplify DSP voices and let them lead: share their stories via video, unfiltered by employers, trade associations, and unions; help them engage in policy considerations – this could very well be a social justice issue. 2022 NADSP Advocacy Symposium hopes to bring thousands of DSPs together to advocate. NADSP is urging congress to stay on this, with Bobby Scott (VA) leading the workforce committee. Build Back Better included considerations for HCBS; cautiously optimistic that some provisions might continue now that BBB will not, with bipartisan support. Healthcare benefits for DSPs are a major recruitment factor (10% of workers have no coverage, many work in states with limited Medicaid); employers avoid health coverage by keeping people part time. Median age of DSP is 43, so the perception of youthful workforce is a myth. Older DSPs leave due to poor retirement benefits. 335 providers could not accept eligible individuals due to staff shortages; this has not improved during the pandemic. Concern about competition for workers into the field, when so many fields have a shortage: reflected in some state's ARPA plans, with population-specific wage increases to counter this possibility.
https://phinational.org/resource/competitive-disadvantage-direct-care-wages-are-lagging-behind/

"Federal Stakeholders and Funded Partners Update" *– moderated by Robert Sheehan, NACBHDD Chair and Chief Executive Officer, Community Mental Health Association of Michigan – one question*

was about what NOT to fund: some prevention strategies not feasible, but the shift to teleservices helped against the disrupted infrastructure, now adapt strategies to new circumstances. Money should go to orgs not typically included, especially on behalf of disproportionately impacted groups. Work on how to protect people's safety and privacy as we make telehealth permanent. Without policies, not sustainable. Regarding collaboration, currently in MI, school-based mental health is VERSUS community-based mental health, while coordination involves sectors in their respective roles.

Anita Everett, M.D., DFAPA, Director, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration – a good example of what makes sense for Medicaid to pick up is mobile crisis teams. Admin has doubled SAMHSA's mental health block grants to states and counties. The SIM is very helpful to map out what falls into each sector's lane and gives a procedure for partnership, hopefully justifying the staff time involved in partnering. Priorities: CCBHC, tremendous amount of additional funding; crisis services development and 988; and school-based MH services.

Carole Warshaw, MD, Director, National Center on Domestic Violence, Trauma, and Mental Health - developed guidelines with SAMHSA for suicide and other hotlines many years ago which will continue to influence policy now. Cross-sector collaboration requires funding for that activity/time; fee for service took that away (e.g., when IL switched to Medicaid); working out confidentiality agreements depends on these. Can't determine (IL again the example) whether domestic violence is contributing to overdose, due to the siloed data and administration systems. Website is www.nationalcenterdvtraumamh.org

Judith R. Qualters, PhD, MPH, Director, Division of Injury Prevention, Centers for Disease Control and Prevention – re Domestic Violence, we have a lot of money for four years, looking to build sustainable partnerships and cross-sector collaboration, but people are so exhausted just trying to sustain a workforce, they're not feeling especially creative to do this. Building evidence for it and then working at the federal policy level. Most programs need to work with others for implementation, e.g., comprehensive suicide prevention funding to ten states and the U of Pittsburgh requires development of MDTs; thoughtful about engaging with NGOs to understand their constituents' needs; work very closely with state and local health departments, e.g., assessment of strategies in place. We target things which are preventable, using the same scientific methods we'd use to prevent other diseases, targeting risk factors and using proven strategies; in overdose, we administer "Drug Free Communities" grants, suicide prevention program, ACEs, etc. and focus on special populations and rural communities. Engage esp when there are funding opportunities (mailing lists). Focus upstream to prevent crisis; equity and disproportionate impacts; suicide, overdose, and ACE assessment tool (SPACECAT) https://www.cdc.gov/injury SPACECAT: Suicide, Overdose, and Adverse Childhood Experiences Prevention Capacity Assessment Tool. https://my.astho.org/spacecat/home https://www.cdc.gov/suicide/prevention/index.html https://www.cdc.gov/injury/wisqars/index.html

Nancy Kirchner, Technical Director, Division of Benefits and Coverage, Center for Medicaid and CHIP Services, Centers for Medicare and Medicaid Services – to sustain and scale up these recent efforts, states have a lot of flexibility. Recent attention to crisis services has highlighted opportunities many states could already take advantage of; ARPA includes a nod to crisis and may prod states to do more and then sustain it through Medicaid. Best practice example: mobile crisis work in partnership with SAMHSA. Primary partners are the state Medicaid agencies; states tend to want to run programs, whereas the Medicaid state plan is a collection of benefits, each with different rules. An idea can be captured in a state plan amendment. There may be pieces you can't do, or the benefit isn't the best fit for the project. Crisis services, MH services, mobile crisis services, and SUD services are not categories you can find in Medicaid; what we do have are benefits areas which can be used for these. In Dec 2021, issued guidance for use of ARPA funds for mobile crisis services for the increased federal match. mobile crisis CMS guidance link https://www.medicaid.gov/federal-policy-guidance/downloads/sho21008.pdf

Congressman Katko's (NY) recorded video message to us.

"Social Media Workshop" *- hosted by NACBHDD's Communications & Public Affairs Committee Chair Rene Hurtado, Chief of Staff, Emergence Health Network - most of us are not trained marketing professionals, but we need to use social media as a strategy. Traditional print media has been hit hard as more people consume news digitally, but website audience traffic is growing (digital newspaper subscriptions too). Combine print and social media. Traditional broadcast media on the decline as*

streaming and unplugging increase. Local news station viewership increasing, along with the hours they dedicate to news each day.

André B. Treiber, Legislative and Communications Director, Texas State Representative Sheryl Cole. – Benefits of social media in BH: provide resources; raise awareness (not bound by the gatekeeping of traditional journalism); combat misinformation; meet people where they're at; remote advocacy (no longer only letters and in-person visits to communicate with lawmakers, harder to ignore than email campaigns). Example: "Strengthening Mental Health Crisis Response in Maryland" used data and listed relevant bills and info. Advance the issues you care about. Emerging trends: over 80% get news from digital devices, and over 50% prefer them; generational divides, with the youngest (18-29) preferring it from social media sites. Survey of our own group showed that: most get news from newspapers, then cable news and local news, then facebook, and "other" was greater than news shows; our organizations use facebook, then twitter, then instragram/youtube/other.

Blending old and new media: big differences within social media platforms (audiences, content, algorithms); remain relevant while still feeding the old media markets. Example: NAMI partnered with Sheryl Cole's office on an end-stigma campaign; she tells her story of bipolar; NAMI Walk. Posting content across platforms.

Tips for effective social media advocacy and outreach: variety of voices; specific goals and targets in mind; build around a committee hearing or bill or day of action; and look for opportunities to work with allies. The art of the 'like' and the 'share': audience engagement and other useful metrics, being aware of best practices for each channel; organization-wide involvement (don't reinvent the wheel on resources, experts can work with the communications team to develop the content of posts); and inoculation (constantly changing strategy for the language used as clickbait strategies, don't be outdated).

There are 2.9 billion facebook, 1.1b Instagram (less rural), 211m Twitter, 800m LinkedIn (skewed to professional audience), 444 Pinterest (mostly female), 1b TikTok, and 306m Snapchat users. To reach LGBTQ youth, the best method is TikTok. Helpful tips to improve your posts: personal, visual, and conversational; shared hashtags with other advocacy orgs; boost content of orgs you support by liking, sharing, and retweeting their posts; follow the accounts of lawmakers, post on their FB pages, and tweet at them. For success on FB, keep it short and sweet, make it visual, post regularly, ask your networks to share and like, brand, create events, and push traffic to your website. For success on Twitter, use hashtags, keep tweeting, make it visual, follow and follow back, and ask community collaborators to retweet.

"How the Behavioral Health and I/DD Systems Are Using COVID Funds to Close Long-Standing Gaps & Support Stability" *- moderated by Cherryl Ramirez, Executive Director, AOCMHP, introduced panelists, posed a series of questions, and offered comments on each topic. Some Oregon members have emptied out their reserves in order to keep staff.*

Shelly Chandler, CEO, Iowa Association of Community Providers – prioritizing the flexible funding, telehealth and audio-only were important especially since broadband is inconsistent; low wages contribute to the loss of workforce (gap has continued). ARPA are one-time dollars, waiting for initial distribution; twice weekly meetings with state Medicaid director, DHS; ministerial orgs weekly, raising visibility of the importance of BH and DD services, but we are in a catastrophe not a crisis. Peer support to expand in the I/DD system. Medicaid director is aware of the admin burden in IA, which is very rule-heavy and doesn't let go of anything. We actually can pivot on a dime, as we did March 17, 2020; we need to give up long established rules that are now barriers, e.g, Institutions for Mental Disease (IMD) and the vast majority of MI and DD rules written in the 1980s, when it was new to be come out of institutional care. An I/DD provider in IA gives tours to 2nd graders so they remember when they return on High School Career Day.

Aaron "AJ" Walker, MPA, Policy Manager, National Association of State Mental Health Program Directors – some states using funds for workforce training; may not even have enough staff in the office to get these funds out. Regarding use of telecom fees, telecom providers did not like that funds could be used outside of the call centers, for mobile crisis, e.g. Start with call centers and then move out to the continuum of services; also clarify it's not a tax but exactly like 911. Consider building on program successes when seeking reauthorizations through Congress – include people with DD, MI, and co-occurring disorders, to break down some siloes with the one-time funding (we've never had that co-occurring disorder focus but can't ignore it now). We can't go back to the way it was, with the social service umbrella we had. States will start paying attention to these services and invest their discretionary funds.

Tim DeWeese, LMSW, Director, Johnson County Mental Health Center – getting these funds into services at the county level. Locally, we looked at: most immediate needs, new or exacerbated barriers to access, and community engagement. Post card campaign! We are able to offer competitive pay, but still fewer and fewer people take an interest in direct care. Burnout and the administrative burden of public systems has also driven providers away from the community-based systems. $1.2m in municipal funds are coming to the MH Center now – know how to demonstrate your value, including with data on savings. We always struggle with sustainability, but this is a great example of a time for trying some new things; collect data to compare before and after. Go way upstream with workforce, including to high schools, to engage real world learning opportunities for HS seniors so they know that public health careers are viable.

Q&A and Comments:

Oregon I/DD programs, lots of ARPA funded programs, developing PSWs, technology to continue virtual services, workforce development, state DD worked well with communities. Maria Walker warned to be cognizant of the limited number of workers, even for the great new ideas. Mike Hammond, Optum, added that states are asking the MCOs to address workforce issues.

***Keynote Address** – introduced by Robert Sheehan, CEO, Community Mental Health Association of Michigan, Chair of NACBHDD Board of Directors.*

Miriam E. Delphin-Rittmon, Ph.D., Assistant Secretary for Mental Health and Substance Use, U.S. Department of Health and Human Services – committed to well-being of the country, focusing on key areas across priorities: equity, workforce, financing, recovery. Priorities for preventing overdose (huge increases in fentanyl), enhancing access to suicide prevention and crisis care, promoting children and youth BH, using performance measures, data (qualitative and quantitative) and evaluation, integrating primary and behavioral healthcare. Overall negative MH impacts of the pandemic are reported; across the board, services were also negatively impacted (for all age groups), including that many unable to access due to long wait lists, limited broadband or equipment. Great impact on health disparities, disproportionate impacts, amplifying social and economic factors as well (social determinants of health). Data from the beginning of the pandemic showed some of these disparities in hospitalization rates. SAMSHA Crisis Response includes the rollout of 988 and crisis system. Budget increase for SAMHSA in response to the pandemic. Continue to reduce health disparities and ensure the safe delivery of BH services.

Q&A:

How will SAMSHA turn the incredible infusion of dollars during the pandemic into a sustained solution to the workforce needed to deliver behavioral health and intellectual and developmental disability services with access to all? Critical areas of the moment; expand the workforce and its diversity with a fellowship program. Adding funding for the non-CCBHC folks, very hard to do in states without Medicaid expansion or demonstration funds. Lots of discussion of this model and how to expand it, CMS and SAMHSA have met twice with states about expansion of these and crisis services across the country.

Request for comment on the challenges with delivering care in rural areas, transferring evidence-based policies to areas which lack the resources. Not a new issue; EBPs may be the gold standard, but we have to consider context (rural areas or participant demographics, e.g.), so introduce adaptations to the model; policy lab will be releasing a guide adapting EBPs to be contextually and culturally responsive. EBPs emerged because someone strayed from the standard model, in every single case, a science-driven model. Let's blow out the evidence spectrum to include practice-based and community-based evidence, expanding the pool, technology transfer, basics of data collection to develop evidence for innovative models. Promising practices around the edges are important, even if not fully validated. A huge advantage of CCBHC in the context of this philosophy is the federal standardization of an effective continuum but implemented in a way that is defined by and meets the needs of the communities where they live. It offers our communities the best of evidence and customization. How do you incorporate this philosophy within your grants to bolster the CCBHCs? Examining the language of the NOFAs to create some wiggle room for community-based practices and culturally responsive traditions.

National Association of Counties (NACO Legislative and Policy Conference HSC Meetings:

"Innovators & Implementers: How Counties are Supporting the Strategic Vision for Medicaid and CHIP" - counties have an important role and distinct perspective when it comes to delivering health care services, having the closest proximity to residents of all forms of government and direct oversight of the

provision of healthcare services as purveyors of the local healthcare system... counties are the driving force behind the Centers for Medicare and Medicaid Service's (CMS) strategic vision for Medicaid and CHIP, which centers around: coverage and access; equity; and innovations & whole-person care.

Daniel Tsai, Deputy Administrator & Director, Center for Medicaid & CHIP Services, CMS - the main goals of this administration's work with Medicaid: expansion for all states; preparing for eligibility renewals when the public health emergency ends; access to behavioral health and physician networks, whether managed care or Medicaid, and removing barriers to coverage; and value-based care, including equity. Medicaid financing remains important, but the admin wants to partner to work on all the county-level aspects. Lots of opportunity to improve coordination at federal and local levels – Medicaid, Medicare, SAMHSA are working on consistent frameworks, definitions, and messaging. Interest in working with NACo to understand county experiences.

Helen Stone, HSC Vice Chair and Commissioner, Chatham County, GA – because GA is a non-expansion state, Chatham County has had to be creative, especially around care in the detention center, courts, and jail, where they've seen high prevalence of MH and SUD, and folks have no access to care if living under or just above poverty level. Because this is the large portion of the county's operating budget, they started a behavioral crisis/diversion center focusing on Intercept 0. Expanded CIT. People access the center on their own or referred by law enforcement. Last summer, began planning a 24/7 walk-in center for juveniles and their families, asking $16m from the state. Specialty Court also sees the need. Legislation introduced to address those incarcerated for voluntary and involuntary treatment. FQHC has mobile units and can go out to the jail to treat people, and this House Bill might address the gap.

Nick Macchione, Chair, HSC Medicaid & Indigent Care Subcommittee Director and Deputy Chief Administrative Officer of San Diego County Health and Human Services Agency - accidental overdose deaths continue to increase in San Diego (fentanyl deaths a 990% increase), 1 in 13 ppl have an SUD, and COVID created interrelated issues. SUD Harm Reduction Strategy with four components: cross sectoral convening, healthcare integration and access, housing, and workforce. The Drug MediCal Organized Delivery System was part of their 1115 waiver, required county match (not state), had to increase number of people served and volume of care, and had to create financial sustainability to drive real savings. Significant increase in people served. In the first year, it was a challenge to get providers Medicaid certified, with no federal money, requiring a huge local investment. In year 2, drew down from Medicaid. Over 90% had access to care, over 90% initiated treatment, and individualized care increased (from 46% to 76% in case management, 14% to 40% in intensive outpatient services). This has been re-approved to build out the SUD delivery system with the health care system through 'Whole Person Wellness' coordinated care. Had to move the fidelity from psychosocial model to evidence-based; providers did not have IT infrastructure or medical oversight, so connected to FQHCs and attracted new providers. As to how savings through early intervention are tracked, the County had to build those data collection systems; the first savings were from a great reduction of those who cycle through jail; getting better with metrics for evaluation as we go.

Hon. Derek Young thanked panelists and called for an emphasis on housing in the coming year.

"Public Health Forward: County Strategies for Modernizing the U.S. Public Health System" *- in July 2021 the Bipartisan Policy Center convened a task force of current and former federal, state, and local government officials and a key health stakeholder to develop a 5-year roadmap for public health leaders and elected officials to build a more robust and sustainable public health system. The work is in response to what is being described as a "critical crossroads" for the nation's public health system, which in light of the ongoing pandemic, has seen historic federal investments following years of underfunding.*

Anand Parekh, MD, MPH, Chief Medical Advisor, Bipartisan Policy Center - recommendations from the task force report: public health is too big to fail; we don't place the resources where we know they will make a difference; focus on local and state officials, with significant funding coming to counties through ARPA and COVID relief. 12 Actions identified: provide flexible funding and maximize existing assets; evaluate the social and economic impact of public health programs; strengthen collection of timely and actionable data to guide programs, respond to emergencies, and address inequities; invest in data sharing; invest in recruitment and retention of diverse and inclusive workforce (gap of 80k public health workers nationally); improve hiring and promotion policies; review, modernize governance structures and statutory responsibilities; support and communicate roles of public health departments to the public; incentivize partnerships across sectors; establish a dedicated body charged with monitoring, assessing, and influencing

the implications of all policy on health; invest in relationship and partnership development; invest in the capacity of community based organizations.

Hon. Phyllis Randall, Chair, HSC Behavioral Health Subcommittee and Chair At-Large, Loudon County, VA - summarized the work of the breakout groups: Is it the responsibility of counties to do as much Prevention work as possible? E.g., mobile dental units visiting schools. Other groups identified benefits enrollment, especially for seniors, workforce development, paying for childcare and school for those in training, public relations endeavor for health care, and more.

Congressional Update: Health Policy "Hot Topics" - *Health Steering Committee Chair Hon. Derek Young introduced all committee officers and speakers for this session - impending policy on two leading health issues: behavioral health & maternal and child health; challenges and opportunity for policy advancement in the current congressional landscape.*

Miranda Lynch-Smith, Deputy Assistant Secretary for Human Services Policy, Office of the Assistant Secretary for Planning and Evaluation – HHS has tackled the greatly increased new Medicaid enrollees, vaccination programs and related investments, and greater focus on health equity and maternal health with several initiatives and new investments. Behavioral health is another key priority, with multiple crisis points, including increased overdose deaths and disproportionate racial and ethnic impacts; a full continuum of services is needed for recovery from SUD, with coordinated harm reduction efforts and budget requests in the billions focused on prevention; a new oversight position is created, working on data and evaluation, overdose prevention, development of a diverse workforce, and increasing the IT workforce as well. Addressing community-level social determinants/drivers of health is critical, as they impact as much as 50% of people's individual health outcomes, while individual treatment impacts 20%. Enthusiastic focus on health equity across all departments within HHS, seeking to engage those with lived experience at all levels, as they are the experts on barriers and potential solutions.

Rodney Whitlock, Vice President of Health Policy, McDermott+ Consulting - politics and impact on policy; funding the government will come together but also talk of supplemental appropriations - will cogent arguments for these be made? Demolition is easier than construction, but 2022 is not without possibility. User fee acts (Rx drugs) will pass because they are necessary to fund the FDA; could be a lot of talk but not much action about MH and SUD needs, CURES 2.0, and telehealth. The wild card is that the public health emergency designation needs to end for political reasons unless there is an obvious reason; if so, there will be tremendous pressure on congress to keep some of the enhancements in place, which could compel action - likely not done by September 30, so that after elections there may be a productive lame duck session driven by political activity. From July 29 to election day, of 70 days total, there are only 11 voting days for Congress; they do need to be home to listen to constituents, so these 11 days are the opportunities to act on legislation. The public health emergency stands in the middle of that. There won't be a data-driven conversation about the election. The biggest trend to understand is that the last president who went into midterms with both houses of congress controlled by his party was Jimmy Carter in 1978. Discussion of whether portions of Build Back Better will be broken out, movement to talk about the Mental Health sections. Driver for a package which can pass the Senate (60 votes) will be about money, which solutions to MH crisis rely on, so they might not happen. Maybe not the same for SUD, as we saw a bill pass a few years back under these circumstances. The focus on Opioids has made room for talk about meth.

"Proposed Interim Resolutions" *– see below for details of each. No discussion or amendment, and unanimous approval for resolutions on maternal health and 988. Regarding DSP classification, there was a question about educational requirements (answer - certification based on completion of trainings) and unanimous approval. Regarding lifting the Medicaid inmate exclusion prior to re-entry, discussion about changes which have made this narrower than the resolution we previously supported (30 days prior to release now, in order to get more support); supportive comments regarding getting SUD treatment started earlier; unanimous approval. The resolution proposing national standards for medical examiners and coroners had a friendly amendment, unanimous approval of the amended proposal.*

- **Proposed Interim Resolution on Improving Maternal Health Outcomes**

Issue: Lack of health care access for postpartum women and children, and workforce shortages including lack of diversity are key contributors to poor maternal health outcomes. Policy changes are needed to

improve maternal health outcomes through improved access to postpartum healthcare coverage under Medicaid and growing and diversifying the perinatal workforce.
Proposed Policy: The National Association of Counties (NACo) urges the federal government to enact policies that will assist counties in improving maternal health outcomes by (1) making investments in the perinatal workforce and (2) removing the 5-year sunset on the American Rescue Plan Act of 2021 provision that would give states the option to extend Medicaid postpartum coverage from 60 days to 12 months.
Background: The United States has a high maternal mortality rate, with approximately 700 deaths of new or expectant birthing people each year, and an additional 60,000 individuals experiencing life-threatening postpartum complications. Maternal mortality has been increasing in the United States for decades. About three in five of the pregnancy related deaths are thought to be preventable. There are large racial disparities, with African American individuals two and a half times as likely to die. Medicaid covers over half of all births in this country. Under current law, Medicaid must provide postpartum coverage for 60 days. Complications and even death due to pregnancy and birth, is not limited to the first 60 days. There are many conditions, including cardiovascular disease, hypertension and behavioral health , that account for significant share of pregnancy related mortality and morbidity due to a lack of proper length of disease management. Extending Medicaid coverage does help prevent maternal deaths.
There is a need to grow and diversify the clinical and non-clinical maternal health care workforce. By investing in the workforce, the United States can provide equitable care for women who are disproportionately impacted by death and disease. Women often have better health outcomes with people from similar backgrounds to themselves.
Fiscal/Urban/Rural Impact: Would provide extended Medicaid postpartum coverage to individuals in counties, including county-owned health care delivery system.
Sponsor(s): Erica C. Crawley, Commissioner, Franklin County, Ohio; Kenneth Wilson, Administrator, Franklin County, Ohio

- **Proposed Interim Resolution Supporting 988 Implementation and Comprehensive Behavioral Health Crisis Care**

Issue: Federal support is needed for implementing nationwide local crisis support systems for people experiencing a behavioral health crisis and calling the new 988 call centers.
Proposed Policy: The National Association of Counties (NACo) supports federal legislation to ensure that all people have access to comprehensive crisis care services to stabilize patients in crisis and direct them to the most appropriate treatment options. Such legislation should direct the U.S. Department of Health and Human Services (HHS) to ensure a standard set of behavioral health crisis services are universally available, including: 24/7 crisis hotlines and call center; mobile crisis services; behavioral health urgent care facilities; 23-hour crisis stabilization and observation beds; and short-term crisis residential options. Legislation should also provide coverage of behavioral health crisis services for all patients no matter the source of their health insurance. The U.S. Congress should authorize and appropriate adequate funding for the development of these services in counties, including technical assistance from HHS and a platform for communities to share successful ideas and services. The legislation should establish a panel of experts to improve coordination among 911 dispatchers and 988 crisis hotline call centers, so that those in need are quickly connected to the appropriate service. NACo further supports legislative and regulatory action that provides flexibility and direct funding to counties for the launch, infrastructure, and modernization of the new hotline through establishing a Behavioral Health Crisis Coordinating Office; supporting the 250+ existing regional and local National Suicide Prevention Lifeline call centers; permanently authorizing $2.23 billion in Mental Health Block Grant (MHBG) funding with a 10 percent crisis services set-aside; forming a new pilot program for mobile crisis response, peer teams, and in- home crisis stabilization; and providing resources for specialized services, including language services, for underserved populations. NACo supports amending Medicaid by authorizing Medicaid financing for regional and local NSPL call center operations, and crisis programs; excluding psychiatric acute care crisis beds from the institutions for mental disease (IMD) payment prohibition; and expanding the existing 10 state Medicaid Certified Community Behavioral Health Centers (CCBHC) demonstration to permit any state to participate. NACo supports legislation to support behavioral health crisis response on the ground with Health Resources Services Administration (HRSA) Capital Development Grants that include crisis receiving and stabilization programs, and call centers; behavioral health workforce training program expansions; and access to and oversight of mental health and substance use disorder crisis response services

Background: The United States is facing a national mental health pandemic and the COVID-19 public health emergency has only worsened these devastating numbers. Our country's lack of an effective and widely available mental health crisis system is leading to tragic results for people in crisis. Too often law enforcement is dispatched to respond to individuals experiencing crises, including behavioral health crises. For marginalized communities, limited access to crisis care and mental health specialists can cause even more devastation. In response, in 2020 the U.S. Congress enacted bipartisan legislation directing the Federal Communications Commission (FCC) to implement the three-digit dialing code 988, which will replace the National Suicide Prevention Lifeline on July 16, 2022. Like 911 but for mental health emergencies, the 988 response system is intended to provide callers with local crisis support, instead of law enforcement response. The Substance Abuse and Mental Health Services Administration (SAMHSA) has worked with state leaders to provide guidance on the continuum of crisis services that should be accessible by 988. Key components include 24/7 call centers who can dispatch mobile crisis teams, and crisis facilities, where people can get the help they need in a supportive environment. While the 988 number is expected to support millions of people each year who face a mental health or substance use crisis, robust investment in the hotline and crisis response care is necessary to ensure that people who call 988 can access crisis services. Without congressional action, many areas of the country will continue to lack the ability to provide crisis services to those who call for help in an emergency.
Fiscal/Urban/Rural Impact: These measures would provide county behavioral health authorities, county public health departments and county health care and hospital systems with critical resources to expand services available to meet the needs of individuals experiencing crisis. They would establish standards regarding crisis care and a continuum of care for individuals experiencing mental or behavioral health crisis with the objective of stabilizing individuals and engaging them in appropriate treatment settings. They would also improve the quality of behavioral health crisis services and expand the availability of such services so that more individuals in need receive care.
Sponsor(s): Los Angeles County, Calif.; California State Association of Counties; Dr. Theresa M. Daniel, Commissioner, Dallas County, Texas

- **Proposed Interim Resolution Supporting the Role of Direct Support Professionals**

Issue: Direct support professionals (DSPs) play a critical role in the care provided to people with intellectual and developmental disabilities. There is an inaccurate representation of the number and turnover rates of DSPs due to miscategorization in the Standard Occupational Classification System.
Proposed Policy: The National Association of Counties (NACo) supports federal efforts to develop a discrete occupational category for direct support professionals (DSPs) to help states and the federal government better interpret the shortage of these professionals in the labor market and collect data on the high turnover rate of DSPs.
Background: The Standard Occupation Classification system is designed and maintained solely for statistical purposes and is used by Federal statistical agencies to classify workers and jobs for the purpose of collecting, calculating, analyzing, or disseminating data. Establishing a discrete occupational category for DSPs will result in an accurate representation and better align data collection with the experiences in communities.
Fiscal/Urban/Rural Impact: Would positively impact both rural and urban communities due to collection of accurate data to better understand the scope of workforce shortages.
Sponsor(s): National Association of County Behavioral Health & Developmental Disability Directors

- **Proposed Interim Resolution Supporting Legislation and Administrative Waivers to Lift the Medicaid Inmate Exclusion Prior to Reentry**

Issue: Support for federal legislation and Medicaid Section 1115 waivers to lift the statutory Medicaid inmate exclusion for services provided to persons in custody for a certain period prior to their reentry into their communities.
Proposed Policy: The National Association of Counties (NACo) supports legislation which would allow Medicaid payment for medical services furnished to an incarcerated or detained individual in local or state custody during a specified period preceding the individual's release. NACo also supports advancing such provisions via the earliest available legislative vehicle. NACo also urges the U.S. Department of Health and Human Services' (HHS) Centers for Medicare and Medicaid Services (CMS) to approve, with maximum flexibility, states' requests for Section 1115 waivers to test delivering and paying for Medicaid services to

an incarcerated or detained individual in local or state custody during a specified period preceding the individual's release.

Background: NACo has long supported, and actively advocated for, legislation to ease the Medicaid inmate exclusion for individuals in custody in county jails, including expansive legislation to fully repeal the payment exclusion in Medicaid, Medicare, the Children's Health Insurance Program (CHIP) and other federal health insurance programs. In 2018, during the 115th Congress, Rep. Paul Tonko (D-N.Y.) introduced legislation to permit Medicaid coverage for services provided to inmates 30 days prior to reentry. Rep. Tonko's bill, the Medicaid Reentry Act, was reintroduced in the 116th and the current 117th Congress (H.R. 955). Also, in the 117th Congress, a Senate companion bill (S. 285) was introduced by Sen. Tammy Baldwin (D-Minn.). With the support of a broad coalition of stakeholders, including NACo and the National Sheriffs' Association, the provisions of the Medicaid Reentry Act garnered sufficient support to be included in the House-passed version of the Build Back Better Act (H.R. 5376) and the legislative text of the sections of the Build Back Better Act under the jurisdiction of the Senate Finance Committee released on Dec. 11, 2021. In recent years states, including Vermont, Arizona, California, Kentucky, Montana and Utah, have asked CMS for Section 1115 waiver authority to test various models for their Medicaid program to deliver and pay for medical services for inmates during specified periods of time prior to their release from custody. Both the provisions of the Medicaid Reentry Act and the various state waiver proposals are aimed at improving health outcomes for individuals as they transition from custody back to life in their communities.

Fiscal/Urban/Rural Impact: Nearly all counties own and operate jails and are responsible for the health of individuals held in custody. It is worth noting that the vast majority of those individuals incarcerated in county jails are detainees awaiting adjudication and have not been convicted of a crime. Many counties also provide public health and health care services, including behavioral health services, to their residents. Lifting the Medicaid inmate exclusion by legislation or by a Section 1115 waiver would support better and more equitable health outcomes for the justice-involved population.

Sponsor(s): Toni Preckwinkle, Board President, Cook County, Ill.

- **Proposed Interim Resolution on Advancing the Implementation of National Standards and Accreditation Requirements for Coroners/Medical Examiners Workers**

Issue: For countless decades, Coroner and Medical Examiner Offices have struggled with common challenges; funding, staffing, training opportunities, and lack of resources. Currently, medicolegal death investigations are highly varied and inconsistent. This mixed system hinders public safety with a lack of qualifications and any professional development requirements. The poor understanding of disease and underlying mechanisms of death ultimately results in inaccurate conclusions and skewed death statistics. These miscalculations affect the development and implementation of needed policies and practices, thereby directly affecting members of the community. Also, of great concern, is that without best practice guidelines, both criminal and civil litigation may suffer egregiously negative consequences.

Proposed Policy: The National Association of Counties (NACo) supports federal legislative and regulatory changes that do the following: 1) Advances research and provides technical assistance for data collection and analysis that chart a pathway for enhancing statewide training and standards for coroners and medical examiners; 2) Assists in the obtainment of coroner and medical examiner accreditation(s) through the International Association of Coroners and Medical Examiners (IACME) and/or the National Association of Medical Examiners (NAME) through direct federal resources to counties; and/or 3) Assists in the obtainment of certification of non-forensic pathologists, coroners, and medicolegal death investigators through the American Board of Medicolegal Death Investigators (ABMDI) through direct federal resources to counties to enhance the proficiency of medicolegal death investigations.

Background: The county Coroner/Medical Examiner is an integral partner in public health, criminal justice, environmental health, education, and many other aspects of the community. In addition to investigating and certifying the cause and manner of deaths, they are essential in tracking important community trends such as suicides, opioid overdoses, motor vehicle accidents, and homicides. Coroners/Medical Examiners also often serve as monitors to potential public health threats, and are subsequently responsible for overseeing and confirming all pandemic deaths outside of established medical facilities. Current mortality statistics report approximately 2.6 million deaths every year in the United States. Of these deaths, about 1 million are investigated by a Coroner or Medical Examiner systems. Today, there are approximately 2,500 Coroner/Medical Examiner systems in the United States. Of these, approximately 1,900 of these are Coroner jurisdictions. These entities' primary responsibility is that of

investigating unexpected and suspicious deaths falling under their governmental jurisdiction and determining the cause and manner of death. Additionally, identification of the decedent, notification of the next of kin, and public health reporting may also be required actions. The American Coroner/Medical Examiner Offices have continuously struggled with all too familiar challenges. These include a lack of funding, inadequate staffing, inadequate training, and a lack of uniformed forensic standards, along with the acknowledgment and recognition of the importance of this essential role within the community.
Fiscal/Urban/Rural Impact: The impact of the lack of funding allocation and appropriate resources currently experienced not only negatively impacts community members of all counties but puts the county in question at risk for unnecessary litigation and financial responsibilities. These negative outcomes directly stem from the insufficiency of proper resources, training, funding, and availability of qualified and certified Death Investigators, Coroners, and Medical Examiners. As a cautious estimate, we request an allocation of $2.5 million in a two-year commitment to complete an assessment and development of the national research and technical assistance project as proposed.
Sponsor(s): Dotti Owens, M.A., D-ABMDI, Coroner, Ada County, Idaho

"Health Policy Wins & Priorities Update" *- Blaire Bryant, NACo, presented her top three picks for 2021 wins in health policy: historic investments in public health as congressional appropriations to the CDC for grants to local health departments; bipartisan legislation, the Medicaid Reentry Act, due process continuity of care act (addresses the former by letting people keep Medicaid when booked); HHS is now coordinating all agencies to advance health equity, Medicaid to incentivize it, and legislation supports equity waivers (e.g., 12 months post-partum). Review of 2021-2022 priorities: legislation to help counties offer more behavioral health care; protection of the federal-state partnership for healthcare financing (Medicaid); funding for prevention and infrastructure in public health.* ***Finally, all of our interim resolutions were passed at the NACo Board meeting.***

Champaign County Mental Health Board
FY21 Revenues and Expenditures as of 12/31/21

Revenue	Q4	YTD	Budget	% of Budget
Property Tax Distributions	$ 941,846.37	$ 5,282,003.99	$ 5,312,965.00	99.42%
From Developmental Disabilities Board	$ 71,764.94	$ 366,343.94	$ 404,296.00	90.61%
Gifts & Donations	$ -	$ 200.00	$ 18,000.00	1.11%
Other Misc Revenue	$ 553.53	$ 773,984.08	$ 113,000.00	684.94%
TOTAL	**$ 1,014,164.84**	**$ 6,422,532.01**	**$ 5,848,261.00**	**109.82%**

Expenditure	Q4	YTD	Budget	% of Budget
Personnel	$ 153,554.57	$ 564,541.97	$ 580,633.00	97.23%
Commodities	$ 2,495.39	$ 8,632.43	$ 16,295.00	52.98%
Contributions & Grants	$ 1,409,384.00	$ 5,063,438.00	$ 5,267,226.00	96.13%
Professional Fees	$ 49,423.50	$ 129,830.11	$ 140,000.00	92.74%
Other Services	$ 61,535.28	$ 167,111.06	$ 229,055.00	72.96%
TOTAL	**$ 1,676,392.74**	**$ 5,933,553.57**	**$ 6,233,209.00**	**95.19%**

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Champaign County Developmental Disability Board
FY21 Revenues and Expenditures as of 12/31/21

Revenue	Q4	YTD	Budget	% of Budget
Property Tax Distributions	$ 773,377.54	$ 4,337,207.70	$ 4,360,483.00	99.47%
From Mental Health Board	$ 971.56	$ 971.56	$ 6,800.00	14.29%
Other Misc Revenue	$ 322.85	$ 790.59	$ 19,000.00	4.16%
TOTAL	**$ 774,671.95**	**$ 4,338,969.85**	**$ 4,386,283.00**	**98.92%**

Expenditure	Q4	YTD	Budget	% of Budget
Contributions & Grants	$ 726,958.72	$ 3,514,153.04	$ 3,931,987.00	89.37%
Professional Fees	$ 71,764.94	$ 366,343.94	$ 404,296.00	90.61%
Transfer to CILA Fund	$ -	$ 50,000.00	$ 50,000.00	100.00%
TOTAL	**$ 798,723.66**	**$ 3,930,496.98**	**$ 4,386,283.00**	**89.61%**

Wilson

CCMHB Liaison Choices 2022

	Jane Sprandel	Daphne Maurer	Matthew Hausma	Elaine Palencia	Kyle Patterson	Jon Paul Youakim	Joe Omo-Osagie	New Member #1	New Member #2
Courage Connection (4th Mon., 5:30pm)									
CCRPC (Head Start and Community Services)									
Cunningham Children's Home(meets qtrly)									
**Children's Advocacy Ctr (4th Thurs., 9 am)									
CC Health Care Consumers(4th Thurs., 6 p.m.)									
Christian Health Center (last Sat., 10 a.m.)									
Community Service Ctr (3rd Thurs., 4:30 pm)									
Crisis Nursery (2nd Wed., 5:30 pm)									
Don Moyer (3rd Tues., 7 am)									
DSC (4th Thurs., 5:30 pm)									
DREAAM House (2nd Thurs., 9 am)									
ECIRMAC (Refugee Ctr (2nd Tues., 4 pm)									
Family Service (2nd Mon., noon)									
First Followers (generally 3rd Fri., 5 pm)									
GROW in IL (last Mon., 7 pm)									
Mahomet Area Youth Club (2nd Tues., 7 am)									
Promise Healthcare (4th Tues., 6 pm)									
RACES (3rd Thurs., 6 pm)									
Rosecrance (last Tues, 4:30 pm)		X							
Terrapin Station Sober Living									
UP Center (3rd Thurs., 6 pm)									
Urbana Neighborhood Conn.(2nd Thurs., 6 pm)									
Well Experience (4th Sat at noon)									
WIN Recovery (2nd Monday, 5:30 p.m.)									
Crisis Intervention Team (bi-monthly Wed 9am)									
Community Coalition (2nd Wed., 3:30pm)									
Expo Committees (various)	X								

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