



Champaign County Mental Health Board (CCMHB) Meeting Agenda

Wednesday, May 22, 2024, 5:45PM

*This meeting will be held in person at the Shields-Carter Room of the
Brookens Administrative Building, 1776 East Washington Street, Urbana, IL 61802
Members of the public may attend in person or watch the meeting live through this link:
<https://uso2web.zoom.us/j/81393675682> Meeting ID: 813 9367 5682*

- I. Call to order**
- II. Roll call**
- III. Approval of Agenda***
- IV. CCMHB and DDB Schedules, updated MHB Timeline (pages 3-8) *No action needed.***
- V. CCMHB Acronyms and Glossary (pages 9-20) *No action needed.***
- VI. Citizen Input/Public Participation** *All are welcome to attend the Board's meeting to observe and to offer thoughts during this time. The Chair may limit public participation to 5 minutes per person and/or 20 minutes total.*
- VII. Chairperson's Comments – Jon Paul Youakim**
- VIII. Executive Director's Comments – Lynn Canfield**
- IX. Approval of CCMHB Board Meeting Minutes (pages 21-26)***
Minutes from the 4/17/24 CCMHB meeting and 4/24/24 study session are included for approval. Action is requested.
- X. Vendor Invoice Lists (pages 27-39)***
Action is requested to accept the "Vendor Invoice Lists" and place them on file. For information are Additional Details for these expenditures.
- XI. Staff Reports (pages 40-57)**
Included for information only are reports from Kim Bowdry, Leon Bryson, Lynn Canfield, Stephanie Howard-Gallo, and Chris Wilson.
- XII. New Business**
 - a) Responses to Draft PY25 Program Summaries and Reviews (pages 58-88)**
For information are communications from agency representatives regarding CCDDDB-CCMHB staff errors in program summaries and responses to questions raised during review.
 - b) Staff Recommendations for PY2025 Funding (pages 89-108)***
*A decision memorandum identifies staff recommendations for funding of programs through CCMHB and I/DD Special Initiatives funds. **(This version may be replaced by an addendum, to be posted at minimum 48 hours in advance of the***

*meeting, if changed by board or external circumstances after this publication.)
Action is requested.*

- c) **MHB PY25 Funding Recommendations** (pages 109-111)
A chart of all PY25 funding requests is included for information only. A second chart shows these recommendations organized by priority category and in the context of current and recommended two year contracts.
- d) **Changes in Reporting** (pages 112-117)*
A decision memorandum describes proposed changes in reporting requirements. Action is requested.
- e) **Audit Update and Contract Termination** (pages 118-119)*
Promise Healthcare 2022 audit is completed so that an earlier request can be considered. Action is requested.

XIII. Old Business

- a) **Evaluation Capacity Building** (pages 120-122)
For information only, an Executive Summary of the Year One Report is included in the packet. Representatives will be available to answer questions, and the full report will be discussed during the June meeting.
- b) **PY24 Third Quarter Reports and Data** (pages 123-168)
Included for information only are submitted third quarter service activity reports and charts summarizing claims data for PY24 funded programs.

XIV. Successes and Other Agency Input

The Chair reserves the authority to limit individual participation to 5 minutes and/or total time to 20 minutes.

XV. Board to Board Reports (page 169)

XVI. County Board Input

XVII. Champaign County Developmental Disabilities Board Input

XVIII. Board Announcements and Input

XIX. Adjournment

** Board action is requested.*

For accessible documents or assistance with any portion of this packet, please [contact us](mailto:leon@ccmhb.org) (leon@ccmhb.org).



CCMHB 2024 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> (if it is an option)

- January 17, 2024** – Shields-Carter Room
- January 24, 2024** – *Study Session* - Shields-Carter Room
- February 21, 2024** – Shields-Carter Room
- ~~**February 28, 2024** – *Study Session* Shields-Carter Room~~ **CANCELLED**
- March 20, 2024** – Shields-Carter Room
- March 27, 2024** – *Joint Study Session w CCDDDB* - Shields-Carter
- April 17, 2024** – Shields-Carter Room
- April 24, 2024** – *Study Session* - Shields-Carter Room
- May 15, 2024** – *Study Session* - Shields-Carter Room
- May 22, 2024** – Shields-Carter Room
- June 12, 2024** – Shields-Carter Room (*off cycle*)
- July 17, 2024** – Shields-Carter Room
- August 21, 2024** – Shields-Carter Room - *tentative*
- September 18, 2024** – Shields-Carter Room
- September 25, 2024** – *Joint Study Session w CCDDDB* - Shields-Carter
- October 16, 2024** – *Joint Meeting w CCDDDB* - Shields-Carter
- October 23, 2024** – Shields-Carter Room
- November 20, 2024** – Shields-Carter Room
- December 18, 2024** – Shields-Carter Room - *tentative*

This schedule is subject to change due to unforeseen circumstances.

Please email stephanie@ccmh.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, whether using the Zoom options or in person, to observe and to offer thoughts during "Public Participation". For support to participate, let us know how we might help by emailing stephanie@ccmh.org. If the time of the meeting is not convenient, you may still communicate with the Board by emailing stephanie@ccmh.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.



CCDDB 2024 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>

January 17, 2024 – Shields-Carter Room

February 21, 2024 – Shields-Carter Room

March 20, 2024 – Shields-Carter Room

March 27, 2024 5:45PM – Shields-Carter Room – *joint study session with the CCMHB*

April 17, 2024 – Shields-Carter Room

May 22, 2024 – Shields-Carter Room

June 12, 2024 – Shields-Carter Room (*off cycle*)

July 17, 2024 – Shields-Carter Room

August 21, 2024 – Shields-Carter Room - *tentative*

September 18, 2024 – Shields-Carter Room

September 25, 2024 5:45PM – Shields-Carter Room – *joint study session with the CCMHB*

October 16, 2024 5:45PM – Shields-Carter Room – *joint meeting with the CCMHB*

October 23, 2024 – Shields-Carter Room

November 20, 2024 – Shields-Carter Room

December 18, 2024 – Shields-Carter Room – *tentative*

This schedule is subject to change due to unforeseen circumstances.

Please email stephanie@ccmhb.org to confirm meetings or to request alternative format documents, language access, or other accommodation needed to participate.
All meetings and study sessions include time for members of the public to address the Board.

Meetings are posted in advance and recorded and archived at
<http://www.co.champaign.il.us/mhbddb/DDBMeetingDocs.php>

Public Input: All are welcome to attend the Board's meetings, whether virtually or in person, 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

2024-25 Meeting Schedule with Subjects, Agency and Staff Deadlines, and PY26 Allocation Timeline

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 CCDDDB. Included are tentative dates for steps in the funding allocation process for PY26 and deadlines related to PY24 and PY25 agency contracts. **Regular meetings and study sessions are scheduled to begin at 5:45PM and may be confirmed with Board staff.**

- 6/1/24 *For contracts with a PY24-PY25 term, all updated PY25 forms should be completed and submitted by this date.*
- 6/12/24 **Regular Board Meeting – off cycle**
Election of Officers
- 6/18/24 *Deadline for agency application/contract revisions*
Deadline for agency letters of engagement w/ CPA firms.
- 6/21/24 *PY2025 agency contracts completed.*
- 6/30/24 *Agency Independent Audits, Reviews, or Compilations due.*
(only applies to those with calendar FY, check contract)
- 7/17/24 **Regular Board Meeting**
Draft FY2025 Budgets
- 8/21/24 **Regular Board Meeting - tentative**
- 8/30/24 *Agency PY2024 4th Quarter reports, CLC progress reports, and Annual Performance Measure Reports due.*
- 9/18/24 **Regular Board Meeting**
Community Needs Assessment Report
DRAFT Program Year 2026 Allocation Criteria

- 9/25/24 **Joint Study Session with CCDDDB**
- 10/16/24 **Joint Meeting with CCDDDB**
I/DD Special Initiatives
- 10/23/24 **Regular Board Meeting**
Draft Three Year Plan 2025-2027 with 2025 Objectives
- 10/23/24 *Agency PY2025 First Quarter Reports due.*
- 11/20/24 **Regular Board Meeting**
Approve Three Year Plan with One Year Objectives
Approve PY26 Allocation Criteria
- 11/29/24 *Public Notice of Funding Availability to be published by
this date, giving at least 21-day notice of application period.*
- 12/18/24 **Regular Board Meeting** - tentative
- 12/20/24 *Online System opens for Applications for PY2026 Funding.*
- 12/31/24 *Agency Independent Audits, Reviews, or Compilations due.*
- 1/22/25 **Regular Board Meeting**
Mid-Year Program Presentations
- 1/29/25 **Study Session: Mid-Year Program Presentations**
- 1/31/25 *Agency PY25 2nd Quarter and CLC progress reports due.*
- 2/10/25 *Deadline for submission of applications for PY26 funding
(Online system will not accept any forms after 4:30PM).*
- 2/19/25 **Regular Board Meeting**
Discuss list of PY26 Applications and Review Process
- 3/19/25 **Regular Board Meeting**
Discussion of PY26 Funding Requests
- 3/26/25 **Joint Study Session OR Joint Meeting with CCDDDB**

- 4/14/25 *Program summaries released to Board, posted online with CCMHB April 23 meeting agenda and packet.*
- 4/23/25 Regular Board Meeting**
Board Review, Staff Summaries of Funding Requests
- 4/25/25 *Agency PY2025 3rd Quarter Reports due.*
- 4/30/25 Study Session**
Board Review, Staff Summaries of Funding Requests
- 5/12/25 *Allocation recommendations released to Board, posted online with CCMHB May 21 study session packet.*
- 5/21/25 Study Session: Allocation Recommendations**
- 5/28/25 Regular Board Meeting (off cycle)**
Allocation Decisions; Authorize Contracts for PY2026
- 6/1/25 *For contracts with a PY25-PY26 term, all updated PY26 forms should be completed and submitted by this date.*
- 6/17/25 *Deadline for agency application/contract revisions.
Deadline for agency letters of engagement w/ CPA firms.*
- 6/18/25 Regular Board Meeting**
Draft FY2026 Budget, Election of Officers
- 6/20/25 *PY2026 agency contracts completed.*
- 6/30/25 *Agency Independent Audits, Reviews, or Compilations due.
(only applies to those with calendar FY, check contract)*
- 7/16/25 Regular Board Meeting (off cycle)**
- 8/20/25 Regular Board Meeting - tentative**
- 8/29/25 *Agency PY2025 4th Quarter reports, CLC progress reports, and Annual Performance Measure Reports due.*

- 9/17/25** **Regular Board Meeting**
Draft Three Year Plan 2025-27 with 2025 Objectives
Approve DRAFT FY 2026 Budgets
- 9/24/25** **Joint Study Session with CCDDDB**
- 10/22/25** **Regular Board Meeting**
Draft Program Year 2027 Allocation Criteria
- 10/29/25** **Joint Meeting with CCDDDB**
I/DD Special Initiatives
- 10/31/25* *Agency PY2026 First Quarter Reports due.*
- 11/19/25** **Regular Board Meeting**
Approve Three Year Plan with One Year Objectives
Approve PY27 Allocation Criteria
- 11/28/25* *Public Notice of Funding Availability to be published by date, giving at least 21-day notice of application period.*
- 12/17/25** **Regular Board Meeting– tentative**
- 12/19/25* *Online system opens for applications for PY27 funding.*
- 12/30/25* *Agency Independent Audits, Reviews, Compilations due.*

Agency and Program Acronyms

AA- Alcoholics Anonymous
AIR – Alliance for Inclusion and Respect (formerly Anti-Stigma Alliance)
BLAST – Bulldogs Learning and Succeeding Together, at 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 Champaign County 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, also CSC
CU TRI – CU Trauma & Resiliency Initiative
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 program of Cunningham Children’s Home
ECIRMAC or RAC – East Central Illinois Refugee Mutual Assistance Center or The Refugee Center
ECMHS - Early Childhood Mental Health Services, a program of CCRPC Head Start
FD – Family Development, previously Family Development Center, a DSC program
FPL – Federal Poverty Level
FS - Family Service of Champaign County
FST – Families Stronger Together, a program of Cunningham Children’s Home
GCAP – Greater Community AIDS Project of East Central Illinois
IAG – Individual Advocacy Group, Inc., a provider of I/DD services
MAYC - Mahomet Area Youth Club
NA- Narcotics Anonymous
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 (UIUC) or Problem Solving Courts (Drug Court)
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, a program of CCRPC
YFPSA-Youth & Family Peer Support Alliance

Glossary of Other Terms and Acronyms

211 – Information and referral services call service

988 – Suicide and Crisis Lifeline

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

ACL – federal Administration for Community Living

ACT- Acceptance Commitment Therapy

ACT – Assertive Community Treatment

ADD/ADHD – Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder

ADL – Activities of Daily Living

ALICE - Asset Limited, Income Constrained, Employed

A/N – Abuse and Neglect

ANSA – Adult Needs and Strengths Assessment

APN – Advance Practice Nurse

ARC – Attachment, Regulation, and Competency

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

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

ASD – Autism Spectrum Disorder

ASL – American Sign Language

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

ASQ-SE – Ages and Stages Questionnaire – Social Emotional screen.

ATOD – Alcohol, Tobacco, and Other Drugs

BARJ - Balanced and Restorative Justice approach

BD – Behavior Disorder

BJMHS - Brief Jail Mental Health Screening Tool

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, a multi-purpose tool to support decision making, including level of care, service planning, and monitoring of outcomes of services.

CARS - Childhood Adversities & Resilience Services, a service of the UIUC Psychological Services Center

C-CARTS – Champaign County Area Rural Transit System

CATS – Child and Adolescent Trauma Screen

CBCL – Child Behavior Checklist

CBT – Cognitive Behavioral Therapy

CC – Champaign County

CCBoH – Champaign County Board of Health

CCHVC - Champaign County Home Visiting Consortium

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

CCSO – Champaign County Sheriff's Office

CDC – federal Centers for Disease Control and Prevention

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

CES – Coordinated Entry System

C-GAF – Children’s Global Assessment of Functioning

CGAS – Children’s Global Assessment Score

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

COC - Continuum of Care Program

CQL – Council on Quality and Leadership

CPTSD or c-PTSD – Complex Post-Traumatic Stress Disorder

CRSS- Certified Recovery Support Specialist

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

CSEs – Community Service Events, as described in a funded agency’s program plan, may include 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. 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 health assessment instrument

CST – Community Support Team

CY – Contract Year, July 1-June 30. Also Program Year (PY), most agencies’ Fiscal Year (FY)

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

DBT -- Dialectical Behavior Therapy

DCFS – Illinois Department of Children and Family Services

DECA – Devereux Early Childhood Assessment for Preschoolers

DEI – Diversity, Equity, and Inclusion

Detox – abbreviated reference to detoxification, 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 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

DOJ – federal Department of Justice

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

DV – Domestic Violence

EAP – Employee Assistance Program

EBP - Evidence Based Practice

EHR – Electronic Health Record

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, reimbursement or performance-based billings are the basis 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, which for the County is January 1 through December 31.

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.

GSRC – Gender and Sexuality Resource Center

GSA – Gender/Sexuality Alliances

HACC – Housing Authority of Champaign County

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

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

HEARTH Act – Homeless Emergency and Rapid Transition to Housing

HFS or IDHFS – Illinois Department of Healthcare and Family Services

HHS – federal department of Health and Human Services

HIC – Housing Inventory Counts

HIPPA – Health Insurance Portability and Accountability Act

HMIS – Homeless Management Information System

HRSA – Health Resources and Services Administration, housed within the federal Department of Health and Human Resources and responsible for Federally Qualified Health Centers.

HSSC – Homeless Services System Coordination

HUD – Housing and Urban Development

I&R – Information and Referral

ILAPSC – Illinois Association of Problem-Solving Courts

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

IECAM - Illinois Early Childhood Asset Map

IEP – Individualized Education Plan

I/ECMHC – Infant/Early Childhood Mental Health Consultation

IGA – Intergovernmental Agreement

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

IOP – Intensive Outpatient Treatment

IPLAN - Illinois Project for Local Assessment of Needs, 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.

ISBE – Illinois State Board of Education

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, plus all the gender identities and sexual orientations that letters and words cannot yet fully describe.

LIHEAP – Low Income Home Energy Assistance Program

LPC – Licensed Professional Counselor

MAP – Matching to Appropriate Placement, a tool focused on those seeking stable housing

MBSR – Mindfulness-Based Stress Reduction

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

MCR – Mobile Crisis Response, previously SASS, a state program that provides crisis intervention for children and youth on Medicaid.

MDT – Multi-Disciplinary Team

MH – Mental Health

MHFA – Mental Health First Aid

MHDDAC or CCMHDDAC – Mental Health and Developmental Disabilities Agencies Council

MHP – Mental Health Professional. Rule 132 term, typically referring to a bachelor's level staff providing services under the supervision of a QMHP.

MI – Mental Illness, also Mental Impairment

MI – Motivational Interview

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

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

MOU – Memorandum of Understanding

MRT – Moral Reconciliation Therapy

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

NACO – National Association of Counties

NADCP – National Association of Drug Court Professionals

NMT – Neurodevelopmental Model of Therapeutics

NOFA – Notice of Funding Availability

NTPC – NON Treatment Plan Clients, new clients engaged in a given quarter with case records but no treatment plan, which may include: 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 described in a funded agency's program plan. Continuing NTPCs are those without treatment plans who were 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. New TPCs are those new 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)

OCD – Obsessive-Compulsive Disorder

ODD – Oppositional Defiant Disorder

OMA – Open Meetings Act

OP – Outpatient (treatment)

OD/SUD – Opioid Use Disorder/Substance Use Disorder

PAS – Pre-Admission Screening

PCI – Parent Child Interaction groups.

PCP – Person Centered Planning

PFS - Protective Factors Survey

PIT- Point in Time count. A count of sheltered and unsheltered homeless persons carried out on one night in the last 10 calendar days of January or at such other time as required by HUD.

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.

PLWHA – People living with HIV/AIDS

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, a database implemented by IDHS 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.

PWD – People with Disabilities

PWI – Personal Well-being Index

PY – Program Year, July 1 to June 30. Also Contract Year (CY), often agency Fiscal Year (FY)

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 who has been licensed.

REBT -- Rational Emotive Behavior Therapy

RFI – Request for Information

RFP – Request for Proposals

RTC – Residential Treatment Center

SA – Sexual Assault

SA – Substance Abuse

SACIS – Sexual Assault Counseling and Information Service

SAD – Seasonal Affective Disorder

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

SAMHSA NOMs – National Outcome Measures

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, phone and face-to-face contacts with consumers who may or may not have open cases in the program, can include information and referral contacts or initial screenings/assessments or crisis services, sometimes referred to as service encounter.

SDOH – Social Determinants of Health

SDQ – Strengths and Difficulties Questionnaire

Seeking Safety – present-focused treatment for clients with history of trauma and substance use

SED – Serious Emotional Disturbance

SEDS – Social Emotional Development Specialist

SEL – Social Emotional Learning

SIM – Sequential Intercept Mapping, a model developed by SAMHSA

SMI – Serious Mental Illness

SNAP – Supplemental Nutrition Assistance Program

SOAR – SSI/SSDI Outreach, Access, and Recovery, assistance with 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 (replaces SA – Substance Abuse)

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

TANF – Temporary Assistance for Needy Families

TBRA – Tenant-Based Rental Assistance

TF-CBT – Trauma-Focused Cognitive Behavioral Therapy

TPCs – Treatment Plan Clients, service participants with case records and treatment plans. Continuing TPCs are those 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. New TPCs are new clients with treatment plans written in a given quarter of the program year. Each TPC should be reported only once during a 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

TCU DS - Texas University Drug Screening tool

VAWA - Violence Against Women Act

VOCA - Victims of Crime Act

WHODAS – World Health Organization Disability Assessment Schedule, a generic assessment instrument for health and disability, 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.

WIOA – Workforce Innovation and Opportunity Act

WIC – Women, Infants, and Children, A food assistance program for pregnant women, new mothers and young children eat well and stay healthy.

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

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

**CHAMPAIGN COUNTY
MENTAL HEALTH BOARD
REGULAR MEETING**

Minutes—April 17, 2024

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

5:45 p.m.

MEMBERS PRESENT: Molly McLay, Chris Miner, Joe Omo-Osagie, Elaine Palencia, Jen Straub, Jane Sprandel, Jon Paul Youakim

MEMBERS EXCUSED: Lisa Liggins-Chambers

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

OTHERS PRESENT: James Kilgore, Marlon Mitchell, First Followers; Jennifer Spain, Lisa Benson, Katie Harmon, CCRPC; Jim Hamilton, Promise Healthcare; Brenda Eakins, Keysa Haley, GROW; Nicole Frydman, UP Center; Laura Lindsey, Elizabeth Cook, Courage Connection; Nelson Novak, Terrapin Station Sober Living (TSSL); Cindy Crawford, Community Service Center of Northern Champaign County (CSCNCC); Amy Brown, Don Moyer Boys and Girls Club (DMBGC); Anne Percy, Paige Garrison, Cunningham Children’s Home (CCH); Danielle Matthews, DSC; Melissa Courtwright, C-U at Home; Morene Christman, Darya Shahgheibi, GCAP; Bethany Little, WIN Recovery; Claudia Lenhoff, CCHCC

CALL TO ORDER:

Dr. Youakim called the meeting to order at 5:45 p.m.

ROLL CALL:

Roll call was taken, and a quorum was present.

APPROVAL OF AGENDA:

An agenda was available for review. A request was received by First Followers staff to review their application early in the meeting due to another commitment.

MOTION: Dr Youakim moved to accept the agenda as amended to review First Followers at the beginning of the review of program summaries. Ms. McLay seconded the motion. The motion passed.

CCDDB and CCMHB SCHEDULES:

Updated copies of CCDDB and CCMHB meeting schedules and CCMHB allocation timeline were included in the packet.

ACRONYMS and GLOSSARY:

A recently revised list of commonly used acronyms was included for information.

CITIZEN INPUT / PUBLIC PARTICIPATION:

None.

PRESIDENT’S COMMENTS:

Dr. Youakim stated he looked forward to a good discussion on the program summaries.

EXECUTIVE DIRECTOR’S COMMENTS:

Ms. Canfield reviewed the agenda and reminded attendees to sign in the zoom chat or in person.

APPROVAL OF CCMHB MINUTES:

Minutes from the 3/20/2024 board meeting and 3/27/2024 study session were included in the packet.

MOTION: Dr. Youakim moved to approve the minutes from the 3/20/24 MHB meeting and the 3/27/24 joint study session with the CCDDB. Ms. McLay seconded the motion. A voice vote was taken. The motion passed.

VENDOR INVOICE LISTS:

Vendor Invoice Lists were included in the Board packet.

MOTION: Ms. Palencia moved to approve the Vendor Invoice Lists. Mr. Miner seconded the motion. A voice vote was taken, and the motion passed unanimously.

STAFF REPORTS:

None.

NEW BUSINESS:

CCMHB 2023 Annual Report:

A draft of the 2023 CCMHB Annual Report was included in the packet. Dr. Youakim reviewed its highlights.

MOTION: Ms. Palencia moved to accept the 2023 Annual Report as presented. Ms. Straub seconded the motion. A voice vote was taken and the motion passed.

Audit Update and Contract Termination:

A Decision Memorandum on audits and financial reviews of MHB funded agencies and possible actions regarding the WIN Recovery contract was included in the Board packet. Bethany Little from WIN Recovery offered a verbal update on the audit. Board members discussed options.

MOTION. Dr. Youakim moved to waive cancellation and to continue to withhold payments related to WIN Recovery’s PY24 contract, including those which have accrued since January 1 and subsequent payments described in the contract, until the audit is received, reviewed by staff, and any issues resolved. Mr. Miner seconded the motion. A voice vote was taken and the motion passed.

PY2025 Application for Funding:

A spreadsheet of PY25 funding requests was included in the packet. Program summaries offered staff reviews of the requests. Board members began the review of applications in alphabetical order, after reviewing First Followers first. Many agency representatives were present to answer questions from Board members. This review will continue at the board’s study session on April 24th 2024.

OLD BUSINESS:

None.

SUCSESSES AND AGENCY INPUT:

None.

BOARD TO BOARD REPORTS:

None.

COUNTY BOARD INPUT:

None.

CCDDB INPUT:

The CCDDB met earlier in the day and completed their review of requests for funding.

BOARD ANNOUNCEMENTS AND INPUT:

None.

ADJOURNMENT:

The meeting adjourned at 7:36 p.m.

Respectfully

Submitted by: Stephanie Howard-Gallo
CCMHB/CCDDB Operations and Compliance Coordinator

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

**CHAMPAIGN COUNTY
MENTAL HEALTH BOARD
STUDY SESSION**

Minutes—April 24, 2024

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

5:45 p.m.

MEMBERS PRESENT: Lisa, Liggins-Chambers, Chris Miner, Joseph Omo-Osagie, Elaine Palencia, Molly McLay, Jane Sprandel, Jen Straub, Jon Paul Youakim

STAFF PRESENT: Kim Bowdry, Leon Bryson, Lynn Canfield, Chris Wilson

OTHERS PRESENT: Jaya Kolisetty, Khayla Moore, RACES; Barry Bradlyn; Keysa Haley, Brenda Eakins, GROW in Illinois; Lisa Wilson, The Refugee Center (ECIRMAC); Paige Russell, Ann Percy, Cunningham Children’s Home; Laura Lindsay, Courage Connection; Nicole Frydman, UP Center; Amy Brown, Don Moyer; Tracy Parsons, City of Champaign; Nelson Novak, Terrapin Station Sober Living (TSSL); Bethany Little, WIN Recovery; Dave Kellerhalls, Melissa Pappas, Rosecrance; Melissa Courtwright, CU at Home; Darya Shahgheibi, GCAP; Kelly Russel, CU Early; Jessica McCann, RPC; Danielle Matthews, DSC

CALL TO ORDER:

Dr. Jon Paul Youakim called the meeting to order at 5:46 p.m.

ROLL CALL:

Roll call was taken and a quorum was present.

CITIZEN INPUT / PUBLIC PARTICIPATION:

None.

APPROVAL OF AGENDA:

The agenda was in the packet for review and approved.

PRESIDENT’S COMMENTS:

None.

EXECUTIVE DIRECTOR’S COMMENTS:

Lynn Canfield reminded attendees to sign in to the zoom chat or in-person.

STUDY SESSION:

Continuation of 2025 Program Summary Review:

A spreadsheet of PY25 funding requests was included in the packet. Program summaries offered staff reviews of the requests. Board members continued the review of program summaries from where they left off on 4/17/2024. Many agency representatives were present to answer questions from Board members.

AGENCY INPUT:

None.

BOARD ANNOUNCEMENTS:

None.

ADJOURNMENT:

The meeting adjourned at 8:00 p.m.

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

Minutes are in draft form and subject to CCMHB approval.

Champaign County, IL

VENDOR INVOICE LIST



INVOICE	P.O.	INV DATE	CHECK RUN	CHECK #	INVOICE NET	PAID AMOUNT	DUE DATE	TYPE	STS	INVOICE DESCRIPTION
10703	BARBARA J. BRESSNER									
Q2	MHB24-046	04/01/2024	040524A	31285	2,500.00	2,500.00	04/30/2024	INV	PD	Q2 MHB24-046 '24 Disab
	CHECK DATE: 04/05/2024									
18805	C-U AT HOME									
Apr '24	MHB24-021	04/01/2024	040524A	31288	21,391.00	21,391.00	04/30/2024	INV	PD	MHB24-021 Shelter Case
	CHECK DATE: 04/05/2024									
1 CHAMPAIGN COUNTY TREASURER										
Apr '24	MHB23-004	04/01/2024	040524A	31260	4,523.00	4,523.00	04/30/2024	INV	PD	MHB23-004 Homeless Ser
	CHECK DATE: 04/05/2024									
Apr '24	MHB23-026	04/01/2024	040524A	31259	28,936.00	28,936.00	04/30/2024	INV	PD	MHB23-026 Early Childh
	CHECK DATE: 04/05/2024									
Apr '24	MHB24-006	04/01/2024	040524A	31269	5,325.00	5,325.00	04/30/2024	INV	PD	MHB24-006 Children's A
	CHECK DATE: 04/05/2024									
Apr '24	MHB24-025	04/01/2024	040524A	31261	6,362.00	6,362.00	04/30/2024	INV	PD	MHB24-025 Youth Assess
	CHECK DATE: 04/05/2024									
Apr '24	Office Rent	04/01/2024	040524A	31266	2,196.78	2,196.78	04/30/2024	INV	PD	053 Apr'24 Office Rent
	CHECK DATE: 04/05/2024									
27	18254	CHAMPAIGN COUNTY CHRISTIAN HEALTH CENTER			47,342.78					
Apr '24	MHB24-029	04/01/2024	040524A	503016	2,750.00	2,750.00	04/30/2024	INV	PD	MHB24-029 Mental Health
	CHECK DATE: 04/05/2024									
Feb '24	MHB24-029	02/01/2024	040524A	503016	2,750.00	2,750.00	02/29/2024	INV	PD	MHB24-029 Mental Health
	CHECK DATE: 04/05/2024									
Jan '24	MHB24-029	01/01/2024	040524A	503016	2,750.00	2,750.00	01/31/2024	INV	PD	MHB24-029 Mental Health
	CHECK DATE: 04/05/2024									
Mar '24	MHB24-029	03/01/2024	040524A	503016	2,750.00	2,750.00	03/31/2024	INV	PD	MHB24-029 Mental Health
	CHECK DATE: 04/05/2024									
18259	CHAMPAIGN COUNTY HEALTH CARE CONSUMERS				11,000.00					
Apr '24	MHB23-066	04/01/2024	040524A	503017	7,625.00	7,625.00	04/30/2024	INV	PD	MHB23-066 Disability A
	CHECK DATE: 04/05/2024									
Apr '24	MHB24-044	04/01/2024	040524A	503017	7,208.00	7,208.00	04/30/2024	INV	PD	MHB24-044 CHW Outreach
	CHECK DATE: 04/05/2024									

Champaign County, IL

VENDOR INVOICE LIST



INVOICE	P.O.	INV DATE	CHECK RUN	CHECK #	INVOICE NET	PAID AMOUNT	DUE DATE	TYPE	STS	INVOICE DESCRIPTION
Apt'24 MHB24-045	04/05/2024	04/01/2024	040524A	503017	7,512.00	7,512.00	04/30/2024	INV	PD	MHB24-045 Justice Invo
10148 COMMUNITY SERVICE CENTER OF NORTHERN					22,345.00					
Apt'24 MHB24-008	04/05/2024	04/01/2024	040524A	31310	5,717.00	5,717.00	04/30/2024	INV	PD	MHB24-008 Resource Con
18092 COURAGE CONNECTION										
Apt'24 MHB23-007	04/05/2024	04/01/2024	040524A	31312	10,583.00	10,583.00	04/30/2024	INV	PD	MHB23-007 Courage Conn
10163 CRISIS NURSERY										
Apt'24 MHB24-005	04/05/2024	04/01/2024	040524A	31313	7,500.00	7,500.00	04/30/2024	INV	PD	MHB24-005 Beyond Blue
18305 CUNNINGHAM CHILDRENS HOME										
Apt'24 MHB23-018	04/05/2024	04/01/2024	040524A	31316	10,604.00	10,604.00	04/30/2024	INV	PD	MHB23-018 ECHO Housing
Apt'24 MHB23-036	04/05/2024	04/01/2024	040524A	31316	33,174.00	33,174.00	04/30/2024	INV	PD	MHB23-036 Families Str
10170 DEVELOPMENTAL SERVICES CENTER OF					43,778.00					
Apt'23 MHB24-012	04/05/2024	04/01/2024	040524A	31320	54,681.00	54,681.00	04/30/2024	INV	PD	MHB24-012 Family Devel
18323 DIMOND BROS. INSURANCE LLC										
1112309	04/12/2024	04/04/2024	041224A	31744	3,794.00	3,794.00	05/11/2024	INV	PD	Policy # EMN0577834
10175 DON MOYER BOYS & GIRLS CLUB										
Apt'24 MHB24-015	04/05/2024	04/01/2024	040524A	31321	3,335.00	3,335.00	04/30/2024	INV	PD	MHB24-015 CU Change
Apt'24 MHB24-022	04/05/2024	04/01/2024	040524A	31321	13,333.00	13,333.00	04/30/2024	INV	PD	MHB24-022 Youth & Fami
Apt'24 MHB24-037		04/01/2024	040524A	31321	9,166.00	9,166.00	04/30/2024	INV	PD	MHB24-037 CUNC

Champaign County, IL

VENDOR INVOICE LIST



INVOICE CHECK DATE: 04/05/2024 P.O. INV DATE CHECK RUN CHECK # INVOICE NET PAID AMOUNT DUE DATE TYPE STS INVOICE DESCRIPTION

INVOICE CHECK DATE	P.O.	INV DATE	CHECK RUN	CHECK #	INVOICE NET	PAID AMOUNT	DUE DATE	TYPE	STS	INVOICE DESCRIPTION
10185 EAST CNTRL IL REFUGEE MUTUAL ASSIST CTR										
Apr '24	MHB24-001	04/01/2024	040524A	31323	5,166.00	5,166.00	04/30/2024	INV	PD	MHB24-001 Family Suppo
Feb '24 MHB24-001										
Feb '24	MHB24-001	02/01/2024	040524A	31323	5,166.00	5,166.00	02/29/2024	INV	PD	MHB24-001 Family Suppo
Jan '24 MHB24-001										
Jan '24	MHB24-001	01/01/2024	040524A	31323	5,166.00	5,166.00	01/31/2024	INV	PD	MHB24-001 Family Suppo
Mar '24 MHB24-001										
Mar '24	MHB24-001	03/01/2024	040524A	31323	5,166.00	5,166.00	03/31/2024	INV	PD	MHB24-001 Family Suppo
100 EMPLOYEE VENDOR										
Bowdry 4/1/24		03/29/2024	040524A	31609	15.28	15.28	04/30/2024	INV	PD	Mileage 2/1/24 - 3/22/24
18343 FAMILY SERVICE OF CHAMPAIGN COUNTY										
Apr '24	MHB24-014	04/01/2024	040524A	31332	2,500.00	2,500.00	04/30/2024	INV	PD	MHB24-014 Counseling
Apr '24	MHB24-016	04/01/2024	040524A	31332	2,369.00	2,369.00	04/30/2024	INV	PD	MHB24-016 Self Help Ce
Apr '24	MHB24-017	04/01/2024	040524A	31332	14,865.00	14,865.00	04/30/2024	INV	PD	MHB24-017 Senior Couns
10214 FIRST FOLLOWERS										
Apr '24	MHB23-003	04/01/2024	040524A	31337	7,916.00	7,916.00	04/30/2024	INV	PD	MHB23-003 Peer Mentori
Apr '24	MHB23-034	04/01/2024	040524A	31337	3,291.00	3,291.00	04/30/2024	INV	PD	MHB23-034 First Steps
10242 GROW IN ILLINOIS										
Apr '24	MHB23-011	04/01/2024	040524A	31347	10,798.00	10,798.00	04/30/2024	INV	PD	MHB23-011 Peer Support

Champaign County, IL



VENDOR INVOICE LIST

INVOICE	P.O.	INV DATE	CHECK RUN	CHECK #	INVOICE NET	PAID AMOUNT	DUE DATE	TYPE	STS	INVOICE DESCRIPTION
10263	I3 BROADBAND - CU									
3372496-1	CHECK DATE: 04/12/2024	04/01/2024	041224A	31779	124.95	124.95	05/02/2024	INV	PD	Internet service 5/4/2
19785	IMMIGRANT SERVICE OF CHAMPAIGN-URBANA									
Apr '24	MHB24-010	04/01/2024	040524A	31382	7,500.00	7,500.00	04/30/2024	INV	PD	MHB24-010 Immigrant Me
	CHECK DATE: 04/05/2024									
10348	MCS OFFICE TECHNOLOGIES INC									
01-704523	CHECK DATE: 04/12/2024	04/01/2024	041224A	503081	545.74	545.74	05/01/2024	INV	PD	Apr '24 MHB22-040 Manag
01-704658	CHECK DATE: 04/26/2024	04/22/2024	042624A	503158	101.25	101.25	05/22/2024	INV	PD	Service Ticket #42192
					646.99					
10423	PEPSI COLA CHAMPAIGN-URBANA BOTTLING									
81103672	CHECK DATE: 04/12/2024	03/05/2024	041224A	503086	7.25	7.25	04/04/2024	INV	PD	Acct # 05734
81103904	CHECK DATE: 04/05/2024	03/26/2024	040524A	503038	14.50	14.50	04/25/2024	INV	PD	Acct # 05734
81104189	CHECK DATE: 04/26/2024	04/19/2024	042624A	503161	14.50	14.50	05/19/2024	INV	PD	Water 5gal jug
					36.25					
19991	PIATO CAFE, INC									
12092	CHECK DATE: 04/26/2024	04/20/2024	042624A	32395	280.00	280.00	05/20/2024	INV	PD	Box Lunches for AIR Ar
10464	RAPE, ADVOCACY, COUNSELING & EDUCATION SERVICES									
Apr '24	MHB24-002	04/01/2024	040524A	31422	6,250.00	6,250.00	04/30/2024	INV	PD	MHB24-002 Sexual Violen
	CHECK DATE: 04/05/2024									
Apr '24	MHB24-035	04/01/2024	040524A	31422	11,666.00	11,666.00	04/30/2024	INV	PD	MHB24-035 Sexual Traum
	CHECK DATE: 04/05/2024				17,916.00					
10488	ROSECRANCE, INC.									
Apr '24	MHB24-019	04/01/2024	040524A	31430	6,716.00	6,716.00	04/30/2024	INV	PD	MHB24-019 Benefits Cas
	CHECK DATE: 04/05/2024									

Champaign County, IL

VENDOR INVOICE LIST



INVOICE	P.O.	INV DATE	CHECK RUN	CHECK #	INVOICE NET	PAID AMOUNT	DUE DATE	TYPE	STS	INVOICE DESCRIPTION
Apt'24 MHB24-020	04/05/2024	04/01/2024	040524A	31430	26,666.00	26,666.00	04/30/2024	INV	PD	MHB24-020 Criminal Jus
Apt'24 MHB24-023	04/05/2024	04/01/2024	040524A	31430	8,333.00	8,333.00	04/30/2024	INV	PD	MHB24-023 Recovery Hom
Apt'24 MHB24-027	04/05/2024	04/01/2024	040524A	31430	6,125.00	6,125.00	04/30/2024	INV	PD	MHB24-027 Child & Fami
Apt'24 MHB24-028	04/05/2024	04/01/2024	040524A	31430	14,833.00	14,833.00	04/30/2024	INV	PD	MHB24-028 Specialty Co
Apt'24 MHB24-030	04/05/2024	04/01/2024	040524A	31430	17,329.00	17,329.00	04/30/2024	INV	PD	MHB24-030 Crisis Co-Re
18412 TERRAPIN STATION SOBER LIVING NFP INC					80,002.00					
Apt'24 MHB24-067	04/05/2024	04/01/2024	040524A	31448	6,639.00	6,639.00	04/30/2024	INV	PD	MHB24-067 Recovery Hom
10583 UNIVERSITY OF ILLINOIS										
Apt'24 Award 112237	04/05/2024	04/01/2024	040524A	31457	10,427.00	10,427.00	04/30/2024	INV	PD	MHB23-039 Building Age
Mar'24 Award 112237	04/12/2024	03/01/2024	041224A	31856	10,416.00	10,416.00	03/31/2024	INV	PD	MHB23-039 Building Age
10595 UP CENTER OF CHAMPAIGN COUNTY					20,843.00					
Apt'24 MHB24-009	04/05/2024	04/01/2024	040524A	31462	15,838.00	15,838.00	04/30/2024	INV	PD	MHB24-009 Children, Yo
10597 URBANA ADULT EDUCATION										
Apt'24 MHB24-042	04/05/2024	04/01/2024	040524A	31464	6,432.00	6,432.00	04/30/2024	INV	PD	MHB24-042 C-U Early
10687 XEROX CORPORATION										
230648671	04/12/2024	04/01/2024	041224A	31877	199.06	199.06	05/01/2024	INV	PD	Mar'24 Copier Service
					199.06					

Champaign County, IL

VENDOR INVOICE LIST



INVOICE	P.O.	INV DATE	CHECK RUN CHECK #	INVOICE NET	PAID AMOUNT	DUE DATE	TYPE	STS	INVOICE DESCRIPTION
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57 INVOICES
475,341.31

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

ACCOUNT DETAIL HISTORY FOR 2024 04 TO 2024 04

ORG YR/PR	OBJECT PROJ	JNL EFF DATE	SRC REF1	REF2	REF3	CHECK #	OB	AMOUNT	NET LEDGER BALANCE
20000154	501001	STATIONERY AND PRINTING							
24/04	416 04/29/24	API 010358	63382	MARTIN ONE SOURCE IN	32731			180.83	180.83
	W 050324A	Flyers - English/Spanish							
	LEDGER BALANCES --- DEBITS: 180.83 CREDITS: .00								180.83
20000154	501002	OFFICE SUPPLIES							
24/04	416 04/29/24	API 010453	63376	QUILL CORPORATION	503195			48.37	48.37
	W 050324A	Gbc binding element 3/4 bk							
	LEDGER BALANCES --- DEBITS: 48.37 CREDITS: .00								48.37
20000154	501005	FOOD NON-TRAVEL							
24/04	16 04/01/24	API 010423	61202	PEPSI COLA CHAMPAIGN	503038			14.50	14.50
	W 040524A	Water 5gal jug							
24/04	119 04/05/24	API 010423	61601	PEPSI COLA CHAMPAIGN	503086			7.25	21.75
	W 041224A	Water 5gal jug							
24/04	318 04/22/24	API 010423	62989	PEPSI COLA CHAMPAIGN	503161			14.50	36.25
	W 042624A	Water 5gal jug							
24/04	318 04/22/24	API 019991	62988	Box Lunches for AIR Artists @ PIATO CAFE, INC	32395			280.00	316.25
	W 042624A								
24/04	416 04/29/24	API 010453	63376	QUILL CORPORATION	503195			96.72	412.97
	W 050324A	Just water spring 300ml 24ct							
	LEDGER BALANCES --- DEBITS: 412.97 CREDITS: .00								412.97
20000154	501013	DIETARY NON-FOOD SUPPLIES							
24/04	416 04/29/24	API 010453	63376	Vanity fair everyday 300/pk na QUILL CORPORATION	503195			11.67	11.67
	W 050324A								
	LEDGER BALANCES --- DEBITS: 11.67 CREDITS: .00								11.67

ACCOUNT DETAIL HISTORY FOR 2024 04 TO 2024 04

ORG YR/PR	OBJECT PROJ	JNL EFF DATE	SRC REF1	REF2	REF3	CHECK #	OB	AMOUNT	NET LEDGER BALANCE
20000154	502001		PROFESSIONAL SERVICES						
24/04	16 04/01/24	API 010583	MHB23-039	61171			31457	10,427.00	10,427.00
	W 040524A	Apr'24	Award 112237				UNIVERSITY OF ILLINO		
24/04	16 04/01/24	API 010703	MHB24-046	61214			31285	2,500.00	12,927.00
	W 040524A	Q2	MHB24-046 '24 Disability Re BRESSNER						
24/04	162 04/05/24	API 018807	281	61597			503070	652.25	13,579.25
	W 041224A	FY23	County Audit Progress Bil CLIFTONLARSONALLEN L						
24/04	162 04/05/24	API 018807	281	61597			503070	74.64	13,653.89
	W 041224A	FY23	County Audit Progress Bil CLIFTONLARSONALLEN L						
24/04	162 04/05/24	API 018807	281	61597			503070	204.44	13,858.33
	W 041224A	FY23	County Audit Progress Bil CLIFTONLARSONALLEN L						
	LEDGER BALANCES	---	DEBITS:	13,858.33			CREDITS:	.00	NET: 13,858.33
20000154	502002		OUTSIDE SERVICES						
24/04	119 04/05/24	API 010348	MHB22-040	61602			503081	545.74	545.74
	W 041224A	Apr'24	MHB22-040 Managed IT se MCS OFFICE TECHNOLOG						
24/04	318 04/22/24	API 010348		62987			503158	101.25	646.99
	W 042624A	Service Ticket #42192	audio is MCS OFFICE TECHNOLOG						
24/04	416 04/29/24	API 010348		63385			503189	67.50	714.49
	W 050324A	Service Ticket #42323	- MFA re MCS OFFICE TECHNOLOG						
	LEDGER BALANCES	---	DEBITS:	714.49			CREDITS:	.00	NET: 714.49
20000154	502003		TRAVEL COSTS						
24/04	16 04/01/24	API 000100		61218			31609	15.28	15.28
	W 040524A	22.8 Mile 2/1/24 - 3/22/24	Unknown						
	LEDGER BALANCES	---	DEBITS:	15.28			CREDITS:	.00	NET: 15.28
20000154	502007		INSURANCE (non-payroll)						
24/04	119 04/05/24	API 018323		61607			31744	895.00	895.00
	W 041224A	Commercial Cyber and Privacy L	DIMOND BROS AGENCY						

ACCOUNT DETAIL HISTORY FOR 2024 04 TO 2024 04

ORG YR/PR	OBJECT PROJ JNL EFF DATE	SRC REF1	REF2	REF3	CHECK #	OB	AMOUNT	NET LEDGER BALANCE	
24/04	119 04/05/24	API 018323		61607		31744	2,899.00	3,794.00	
	W 041224A	Directors and Officers - Renew DIMOND BROS AGENCY							
LEDGER BALANCES --- DEBITS:							3,794.00	3,794.00	
LEDGER BALANCES --- CREDITS:							.00	.00	
20000154	502013	RENT							
24/04	16 04/01/24	API 000001 203		61174		31266	2,196.78	2,196.78	
	W 040524A	053 Apr'24 Office Rent CCT							
LEDGER BALANCES --- DEBITS:							2,196.78	2,196.78	
LEDGER BALANCES --- CREDITS:							.00	.00	
20000154	502025	CONTRIBUTIONS & GRANTS							
24/04	16 04/01/24	API 000001 MHB24-006		61105		31269	5,325.00	5,325.00	
	W 040524A	Apr'24 MHB24-006 Chi Tdren's Ad CCT							
24/04	16 04/01/24	API 000001 MHB23-026		61113		31259	28,936.00	34,261.00	
	W 040524A	Apr'24 MHB23-026 Early Childho CCT							
24/04	16 04/01/24	API 000001 MHB23-004		61114		31260	4,523.00	38,784.00	
	W 040524A	Apr'24 MHB23-004 Homeless Serv CCT							
24/04	16 04/01/24	API 000001 MHB24-025		61117		31261	6,362.00	45,146.00	
	W 040524A	Apr'24 MHB24-025 Youth Assessm CCT							
24/04	16 04/01/24	API 010148 MHB24-008		61119		31310	5,717.00	50,863.00	
	W 040524A	Apr'24 MHB24-008 Resource Conn COMMUNITY SERVICE CE							
24/04	16 04/01/24	API 010163 MHB24-005		61122		31313	7,500.00	58,363.00	
	W 040524A	Apr'24 MHB24-005 Beyond Blue - CRISIS NURSERY							
24/04	16 04/01/24	API 010170 MHB24-012		61129		31320	54,681.00	113,044.00	
	W 040524A	Apr'24 MHB24-012 Family Develo DEVELOPMENTAL SERVICE							
24/04	16 04/01/24	API 010175 MHB24-015		61130		31321	3,335.00	116,379.00	
	W 040524A	Apr'24 MHB24-015 DON MOYER BOYS & GIR							
24/04	16 04/01/24	API 010175 MHB24-037		61138		31321	9,166.00	125,545.00	
	W 040524A	Apr'24 MHB24-037 CUNC DON MOYER BOYS & GIR							
24/04	16 04/01/24	API 010175 MHB24-022		61139		31321	13,333.00	138,878.00	
	W 040524A	Apr'24 MHB24-022 Youth & Famil DON MOYER BOYS & GIR							
24/04	16 04/01/24	API 010185 MHB24-001		61141		31323	5,166.00	144,044.00	
	W 040524A	Apr'24 MHB24-001 Family Suppor EAST CNTRL IL REFUGE							
24/04	16 04/01/24	API 010214 MHB23-034		61147		31337	3,291.00	147,335.00	

ACCOUNT DETAIL HISTORY FOR 2024 04 TO 2024 04

ORG YR/PR	OBJECT PROJ JNL EFF DATE	SRC REF1	REF2	REF3	CHECK #	OB	AMOUNT	NET LEDGER BALANCE
	W 040524A	Apr'24	MHB23-034	First Steps R	FIRST FOLLOWERS			
24/04	16 04/01/24	API 010214	MHB23-003	61149	31337		7,916.00	155,251.00
	W 040524A	Apr'24	MHB23-003	Peer Mentorin	FIRST FOLLOWERS			
24/04	16 04/01/24	API 010242	MHB23-011	61150	31347		10,798.00	166,049.00
	W 040524A	Apr'24	MHB23-011	Peer Support	GROW IN ILLINOIS			
24/04	16 04/01/24	API 010464	MHB24-035	61152	31422		11,666.00	177,715.00
	W 040524A	Apr'24	MHB24-035	Sexual Trauma	RAPE, ADVOCACY, COUN			
24/04	16 04/01/24	API 010464	MHB24-002	61154	31422		6,250.00	183,965.00
	W 040524A	Apr'24	MHB24-002	Sexual Viole	n RAPE, ADVOCACY, COUN			
24/04	16 04/01/24	API 010488	MHB24-019	61155	31430		6,716.00	190,681.00
	W 040524A	Apr'24	MHB24-019	Benefits Case	ROSECRANCE, INC.			
24/04	16 04/01/24	API 010488	MHB24-027	61161	31430		6,125.00	196,806.00
	W 040524A	Apr'24	MHB24-027	Child & Famil	ROSECRANCE, INC.			
24/04	16 04/01/24	API 010488	MHB24-020	61163	31430		26,666.00	223,472.00
	W 040524A	Apr'24	MHB24-020	Criminal Just	ROSECRANCE, INC.			
24/04	16 04/01/24	API 010488	MHB24-030	61164	31430		17,329.00	240,801.00
	W 040524A	Apr'24	MHB24-030	Crisis Co-Res	ROSECRANCE, INC.			
24/04	16 04/01/24	API 010488	MHB24-023	61166	31430		8,333.00	249,134.00
	W 040524A	Apr'24	MHB24-023	Recovery Home	ROSECRANCE, INC.			
24/04	16 04/01/24	API 010488	MHB24-028	61168	31430		14,833.00	263,967.00
	W 040524A	Apr'24	MHB24-028	Specialty Cou	ROSECRANCE, INC.			
24/04	16 04/01/24	API 010595	MHB24-009	61170	31462		15,838.00	279,805.00
	W 040524A	Apr'24	MHB24-009	Children, You	UP CENTER OF CHAMPAI			
24/04	16 04/01/24	API 010597	MHB24-042	61126	31464		6,432.00	286,237.00
	W 040524A	Apr'24	MHB24-042	C-U Early	URBANA ADULT EDUCATI			
24/04	16 04/01/24	API 018092	MHB23-007	61121	31312		10,583.00	296,820.00
	W 040524A	Apr'24	MHB23-007	Courage Conne	CTION			
24/04	16 04/01/24	API 018254	MHB24-029	61106	503016		2,750.00	299,570.00
	W 040524A	Apr'24	MHB24-029	Mental Health	CHAMPAIGN COUNTY CHR			
24/04	16 04/01/24	API 018259	MHB24-044	61107	503017		7,208.00	306,778.00
	W 040524A	Apr'24	MHB24-044	CHW Outreach	CHAMPAIGN COUNTY HEA			
24/04	16 04/01/24	API 018259	MHB23-066	61110	503017		7,625.00	314,403.00
	W 040524A	Apr'24	MHB23-066	Disability Ap	CHAMPAIGN COUNTY HEA			
24/04	16 04/01/24	API 018259	MHB24-045	61111	503017		7,512.00	321,915.00
	W 040524A	Apr'24	MHB24-045	Justice Invol	CHAMPAIGN COUNTY HEA			
24/04	16 04/01/24	API 018305	MHB23-018	61123	31316		10,604.00	332,519.00

ACCOUNT DETAIL HISTORY FOR 2024 04 TO 2024 04

ORG YR/PR	OBJECT PROJ JNL	EFF DATE	SRC REF1	REF2	REF3	CHECK #	OB	AMOUNT	NET LEDGER BALANCE	
W	040524A	Apr '24	MHB23-018	ECHO Housing	CUNNINGHAM CHILDRENS					
24/04	16	04/01/24	API 018305	MHB23-036	61124		31316	33,174.00	365,693.00	
W	040524A	Apr '24	MHB23-036	Families Stro	CUNNINGHAM CHILDRENS					
24/04	16	04/01/24	API 018343	MHB24-014	61142		31332	2,500.00	368,193.00	
W	040524A	Apr '24	MHB24-014	Counseling	FAMILY SERVICE OF CH					
24/04	16	04/01/24	API 018343	MHB24-016	61144		31332	2,369.00	370,562.00	
W	040524A	Apr '24	MHB24-016	Self Help Cen	FAMILY SERVICE OF CH					
24/04	16	04/01/24	API 018343	MHB24-017	61146		31332	14,865.00	385,427.00	
W	040524A	Apr '24	MHB24-017	Senior Counse	FAMILY SERVICE OF CH					
24/04	16	04/01/24	API 018412	MHB24-067	61169		31448	6,639.00	392,066.00	
W	040524A	Apr '24	MHB24-067	Recovery Home	TERRAPIN STATION SOB					
24/04	16	04/01/24	API 018805	MHB24-021	61125		31288	21,391.00	413,457.00	
W	040524A	Apr '24	MHB24-021	Shelter Case	C-U AT HOME					
24/04	16	04/01/24	API 019785	MHB24-010	61151		31382	7,500.00	420,957.00	
W	040524A	Apr '24	MHB24-010	Immigrant Men	IMMIGRANT SERVICE OF					
LEDGER BALANCES --- DEBITS: 420,957.00 CREDITS: .00 NET:									420,957.00	
20000154	502046	EQUIP LEASE/EQUIP RENT								
24/04	119	04/05/24	API 010687	248	61604		31877	199.06	199.06	
W	041224A	Mar '24	Copier Service		XEROX CORPORATION					
LEDGER BALANCES --- DEBITS: 199.06 CREDITS: .00 NET:									199.06	
20000154	502048	PHONE/INTERNET								
24/04	119	04/05/24	API 010263		61605		31779	144.95	144.95	
W	041224A	Internet service	5/4/24 - 6/3/	I3 BROADBAND - CU						
24/04	119	04/05/24	API 010263		61605		31779	-20.00	124.95	
W	041224A	Credit - Service	disruption	I3 BROADBAND - CU						
24/04	234	04/09/24	API 018287		62044		31973	97.66	222.61	
W	041924A	Mental Health	Phones (1 & 2	CO CONSOLIDATED COMMUNI						
LEDGER BALANCES --- DEBITS: 242.61 CREDITS: -20.00 NET:									222.61	
GRAND TOTAL --- DEBITS: 442,631.39 CREDITS: -20.00 NET:									442,611.39	

ACCOUNT DETAIL HISTORY FOR 2024 04 TO 2024 04

ORG YR/PR	OBJECT JNL	PROJ EFF DATE	SRC	REF1	REF2	REF3	CHECK #	OB	AMOUNT	NET LEDGER BALANCE
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61 Records printed

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

Champaign County, IL

VENDOR INVOICE LIST



INVOICE	P.O.	INV DATE	CHECK RUN CHECK #	INVOICE NET	PAID AMOUNT	DUE DATE	TYPE	STS	INVOICE DESCRIPTION
10170 DEVELOPMENTAL SERVICES CENTER OF									
Apt' 24	IDDSI24-080	04/01/2024	040524A 31320	20,833.00	20,833.00	04/30/2024	INV	PD	IDDSI24-080 Individual
CHECK DATE: 04/05/2024									
10424 PERSONS ASSUMING CONTROL OF THEIR ENVIRONMENT INC.									
Apt' 24	IDDSI24-079	04/01/2024	040524A 31416	3,000.00	3,000.00	04/30/2024	INV	PD	IDDSI24-079 Consumer C
CHECK DATE: 04/05/2024									
				3,000.00					
				23,833.00					

2 INVOICES

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

Kim Bowdry,
Associate Director for Intellectual & Developmental Disabilities
Staff Report – March, April, & May 2024

CCDDB/CCMHB/IDDSI: March and April consisted of reviewing PY25 I/DD funding applications and working on Program Summaries with other CCDDB/CCMHB team members. I spent time with Executive Director Canfield discussing Decision Memorandums for PY25 Funding Recommendations. I am also working on special provisions that will be included in PY25 contracts.

PY2024 3rd Quarter Reports were due on April 26, 2024. Stephanie Howard-Gallo sent agency staff a due date reminder on April 4, 2024. 3rd Quarter Program Reports for CCDDB and CCMHB I/DD funded programs are in the CCDDB Board packet for review. PY2024 3rd Quarter Claims reports for CCDDB and CCMHB I/DD funded programs were created using the data entered in the system by agency staff. I am reviewing and documenting the information provided in the reports. This information was added to the CCDDB and CCMHB I/DD funded program Performance Data Charts.

PACE submitted their PY2023 Audit on March 28, 2024.

CUAN completed PY24 application changes in March, however needed to make further corrections. At the time of this writing, the additional corrections have not been made. The agency has not submitted any PY24 Quarterly Reports thus far due to the pending application changes.

In late February, I attended the ‘Apprenticeships for Youth with Disabilities’ hosted by CCRPC. This presentation detailed the pilot project done in Madison County, IL to help youth with disabilities transition from high school to work.

I participated in a meeting with other CCDDB staff and one agency applying for PY25 funding to discuss potential application revisions.

I participated in monthly meetings with CCDDB/CCMHB staff and Dr. Dariotis from the Family Resiliency Center, related to the Evaluation Capacity project.

I spent time with Director Canfield and a Board member, discussing PY25 applications. I met with Director Canfield, Board Executives, and other staff members to discuss the IDDSI application and programs using I/DD set aside funds.

Ebertfest: I supported artists at the Ebertfest Art Sale on April 20, 2024. Artists were set up in the upper lobby inside the theater. There was high theater traffic throughout the day and all artists seemed to have made good sales during the event.

Contract Amendments: A contract amendment was completed for PACE in early April to reflect the agency's new address. PACE has moved into an office space at Lincoln Square Mall.

A contract amendment was completed for the DSC Workforce Development and Retention program. IDHS-DDD offered a one-time 'Recruitment and Retention' bonus program for Community Day Services (CDS) staff. This allowed DSC to increase the final bonus payment for other agency staff who were not eligible for the bonus payment from IDHS-DDD. This final bonus payment will be comparable to bonus payments from IDHS-DDD and no duplicate payments will be made.

Learning Opportunities: A two-part training session is scheduled for May 16, 2024. The session will focus on Seizure First Aid and Narcan Training. You can register to attend [here](#). In June, Lara Davis, Human Rights Authority Disability Rights Manager will present "What is The Illinois Guardianship and Advocacy Commission's Human Rights Authority." Both events will be held at Champaign Public Library.

Disability Resource Expo: Planning of the 2024 Expo is underway. The Expo is being planned for October 26, 2024, at Market Place Shopping Center. Expo Coordinators are working to secure sponsors now. I met one of the Expo Coordinators at the Expo storage facility. We noticed that a smaller unit was available next to our current unit. I worked with Steering Committee members to schedule a group of volunteers to move from one unit to another.

MHDDAC: I participated in the March and April meetings of the MHDDAC. At the March meeting, Angela Yost provided a presentation on CCRPC's Developmental Disability Services program and more specifically about the dual diagnosis program that CCRPC offers. During the March meeting, Austin Ward from Dispute Resolution Institute provided a presentation on the services that the Dispute Resolution Institute offers. Providers shared agency updates during the April meeting. The next meeting is scheduled for May 28, 2024.

ACMHAI: I participated in the March, April, and May ACMHAI Executive Committee meetings. I participated in the March and May I/DD Committee meetings.

Human Services Council: At the April HSC meeting, Mel Liong, Program Director, Pace and Zahara Hussein, RACES presented on the services provided by their agencies. During the May meeting, Isabel Anderson, Hope Fair Housing Center presented on the services provided by Hope Fair Housing Center. The Human Services Council does not meet during June and July. The next meeting is scheduled for August 1, 2024.

Transition Planning Committee (TPC): I attended the March and May meetings of the TPC. TPC meetings are held at Douglass Library. Representatives from Cunningham's Children's Home provided a presentation on various services offered by Cunningham at the March meeting. The May meeting provided a recap of the Student Transition Retreat (held on April 18, 2024) organized by the TPC.

Race Relations Subcommittee: I participated in biweekly Community Coalition Race Relations Group Subcommittee meetings. I attended the Race Relations group meeting in April and May.

Other: I participated in the 'IDHS-DDD Day Program: Recruitment and Retention Grant Program Training' in March. I also participated in several other webinars.

Leon Bryson, Associate Director for Mental Health & Substance Use Disorders

Staff Report- March, April, & May 2024

Summary of Activity

During March, April, and May, I spent most of my time evaluating PY25 funding applications and preparing program summaries with MHB/DDB staff. Twenty-four applications were submitted for the Board's approval, two of which focused on MH and I/DD services. The other application pertains to the I/DD Special Initiatives fund. After the Board makes its decision, the next step is to work on contract negotiations in June. Furthermore, I collaborated with Ms. Canfield on the Decision Memorandum for PY25 Funding Recommendations and special provisions to be included in PY25 contracts.

The PY24 third quarter Program Service Activity reports were due on April 26, 2024, at 11:59PM CST. Ms. Stephanie Howard-Gallo emailed reminders to all agencies about the third quarter report deadline and extension requests. Only one agency requested an extension to finish their reports by the deadline. Four agencies did not ask for extensions but instead submitted their reports a few days later, requiring me to reopen the online system. I checked the reports for mistakes and entered the information into an Excel database.

PY23 Audit/Review Update: At the time of this report, CCMHB had obtained a PY22 audit from Promise Healthcare. They are now working on their PY23 audit, which is due on June 30, 2024. We obtained PY23 audits from First Followers, WIN Recovery, ECIRMAC (The Refugee Center).

Contract Amendments: On April 1, 2024, Terrapin Station Sober Living requested a contract amendment to redistribute Professional Fees to meet other expenses. On April 11, 2024, Champaign County Children's Advocacy Center requested a contract change to adjust the budget to meet the needs of their counseling services.

Evaluation Capacity Committee Team: I attended and participated in the monthly meetings with the Evaluation Capacity project staff. The evaluation team requested CCMHB/CCDDB staff to review a few instructional videos on outputs vs outcomes for agencies they are working with.

CCMHDDAC Meeting: I attended and participated in the monthly meetings of CCMHDDAC. The members received updates from the participating agencies. The next meeting is scheduled for Tuesday, May 28, 2024 at 9am via zoom.

CIT Steering Committee: The next CITSC meeting is on June 5, 2024 at 10am at the Brookens Administrative Center in Urbana. Urbana Police Lieutenant Zachery Mikalik replaced Lieutenant Cory Koker as the lead for the meetings.

Reentry Executive Committee & Council Meetings: I attended and participated in the monthly Executive Committee and Council meetings. Mr. David Kellerhals and his Rosecrance staff now give monthly reports to the Council on reentry demographics, resource access, and recidivism rates. In addition, the Rosecrance marketing department designed a new Reentry Program

brochure. The Council is looking to reintroduce missing partner agencies to the Council meetings to address the on-going challenges connected to recidivism reduction, employment opportunities, education, housing, and health outcomes.

Continuum of Service Providers to the Homeless (CSPH): I attended and participated in the monthly meetings of CSPH. Members heard and participated in the FY25 Homeless Prevention Funding Recommendations and Vote; Emergency Solutions Grant Update, and a review of the CoC Performance Report from HUD.

Reentry Housing Coalition Meeting: On April 30th at 11am, I entered the Microsoft Teams meeting with six other people. However, the meeting never began. I reached out to the facilitator to see when the next meeting would be.

Rantoul Service Provider's Meeting: I attended and participated in the monthly meetings. The members provided updates. The next meeting is scheduled for Monday, May 20th at 9am via Microsoft Teams.

SOFTT/LANS Meeting: Members have been meeting and discussing how to make the meetings more effective and have formed subcommittees to improve their outreach efforts. The next SOFTT/LANS meeting is this Wednesday, May 15, 2024, from 1:30-3pm at the Champaign Public Library. This will be the second in-person meeting of the year.

Community Awareness/Anti-Stigma Efforts/Alliance for Inclusion and Respect (AIR) Planning Committee: I attended and participated in the monthly meetings. Also, was fortunate to view a few of the movies at Ebertfest.

Other Activities:

- On May 16th from 9am-12pm, I will attend Seizure First Aid & Narcan Training at the Champaign Public Library. Ms. Kristen Neaville, the Central Illinois Case Coordinator for Epilepsy Advocacy Network Illinois will lead a Seizure First Aid training. Ms. LaSienna Burton, a Prevention Specialist for the Champaign-Urbana Public Health District will lead the Narcan component of the training.
- May 13th, I attended the Drug Court Graduation via zoom.
- On May 3rd, Ms. Canfield, Mr. Chris Wilson, and I met with Mr. James Kilgore from First Followers to clarify some budget and program concerns.

Executive Director's Report – Lynn Canfield, May 2024

Background - Strategic Plan Goals:

Champaign County Mental Health Board Current Three-Year Plan Goals

1. Support a **continuum of services** to improve the quality of life experienced by individuals with mental or emotional disorders, substance use disorders, or intellectual and/or developmental disabilities and their families residing in Champaign County.
2. Sustain commitment to addressing health disparities experienced by **historically underinvested populations**.
3. Improve **access** to supports, services, and resources currently available and beneficial.
4. Continue the collaborative working relationship with the Champaign County Board for Care and Treatment of Persons with a Developmental Disability (CCDDB).
5. Building on progress achieved through the six-year Cooperative Agreement between the Federal Substance Abuse and Mental Health Services Administration (SAMHSA), the Illinois Department of Human Services (IDHS), and the 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 intellectual and/or developmental disabilities (I/DD), along with their families, residing in Champaign County.
2. Sustain the commitment to improving outcomes for members of **underrepresented and underserved populations**.
3. Improve **access to and engagement in services** through increased coordination among providers, community stakeholders, people with I/DD, their families, and other key supporters.
4. Encourage high-quality **person-centered planning** and follow-through for people served by funding from the CCDDB and, through the Intergovernmental Agreement, from the CCMHB.
5. Continue the collaborative working relationship with the Champaign County Mental Health Board.
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, the allocation of funding for services through agency contracts and the subsequent development and monitoring of those contracts are a primary focus. We completed the review of all applications for PY25 funding for each of the DDB, MHB, and IDDSI funds and, with very early 2025 budget estimates and board and agency input during and since April discussions, have drafted affordable allocation recommendations. Using the revised Funding Requirements and Guidelines for each board,

along with proposed revisions to requirements, staff suggestions, and feedback from attorney Barb Mann and consulting CPA John Brusveen, I revised all of the templates to be used for agency contracts for PY25 or PY25-PY26, once awards are approved. Staff are tracking the contracting conditions and will review revised application forms as those are completed.

Contracts with service providers appear as Contributions & Grants, the largest expenditure line in each Board's budget. A small share of total costs are non-agency activities which also support individuals, families, agencies, and community. These appear in Personnel, Professional Services, Public Relations, Advertising, Books, Printing, Rental, and Non-Employee Training costs and are accomplished through staff, independent contractors, associations, or partnerships. Many activities and collaborations are referenced in other 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 offers call-based and online resource information. United Way, CCMHB, and CCDDDB co-fund this service. PATH has served as a call center for this and 988, though the state has awarded 988 contracts to another provider for PY25. PATH's new director is reevaluating the cost of services to our County, which has more calls than most of their areas.

Alliance for Inclusion and Respect (AIR) social media and website feature anti-stigma messaging and promotion of member organizations and local artists/entrepreneurs who have behavioral health conditions or disabilities. AIR sponsored an 'anti-stigma' film and events during the Roger Ebert's Film Festival, April 17-20, 2024. I served on the festival advisory committee and met with AIR members for our own planning of promotions and activities. MHB paid for film sponsorship; this and other AIR costs are budgeted as Public Relations and offset by Donations. After the film, MHB member Joseph Omo-Osagie joined the maker of "Omoiyari: A Song Film by Kishi Bashi" for discussion of its themes and for an improvised musical performance. For the first time, the annual art show and sale was held inside the theatre, and many artists and their supporters have since shared this was much better than being outside, with good sales, a comfortable environment, and lots of interaction with festival attendees.

disABILITY Resource Expo is set for October 26, 2024 at Market Place Mall. So far, we've had many discussions of sponsorship levels and opportunities to have an Expo booth at other events.

CCMHB/CCDDDB I/DD Special Initiatives Fund:

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

Continuing the focus on individuals with I/DD and complex support needs and their families, PY25 allocation priorities for this fund borrowed heavily from input from self-advocates with I/DD. One application was submitted aligning to a high priority and is recommended for a two-year term. We might also consider not opening a competitive funding opportunity for this fund for PY26, due to economic conditions which might impact the Boards' revenues.

Support for Agency Programs:

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

Activities described in staff reports:

- Cultural and Linguistic Competence training and technical assistance and Mental Health First Aid training and coordination (Shandra Summerville).

- Collaborations: Champaign County Transition Planning Committee, Continuum of Service Providers to the Homeless, Champaign County Community Coalition, Champaign County Reentry Council, Coalition Race Relations Subcommittee and Goal Teams Meetings, Human Services Council, I-Plan Behavioral Health Committee, Local Funders Group, UIUC Campus-Community Compact, Youth Assessment Center Advisory Committee, and more (Kim Bowdry, Leon Bryson, Shandra Summerville, or myself).
- Monthly Provider Learning Opportunities (Kim Bowdry), free of charge and offering CEUs to a primary audience of case managers, joined by family advocates and social workers.

Independent Contractors:

- Alex Campbell of EMK offers technical support for users of the online application and reporting system. Board members interested in learning to view forms and reports may choose to work with him on navigating the system.
- John Brusveen, CPA, reviews all agency audits, compilations, and financial reviews, summarizing findings. While not a direct support to agencies, his recommendations help our staff team understand what to discuss with them and how to improve processes.
- Barb Mann, Attorney, reviews contract templates or portions of those, and offers guidance on other issues as needed.

UIUC Evaluation Capacity Project: Ms. Bowdry, Mr. Bryson, and I meet with the director of UIUC Family Resiliency Center monthly. The project's first annual report has been completed.

UIUC Student Projects: We and members of the Local Funders Group and the Regional Health Plan Group presented a project to a UIUC class. This would involve collecting survey data from people with I/DD and behavioral health conditions. The instructor felt the project was too involved for this class, so we do not have a student project this spring. I presented to two Social Work classes, one on Philanthropy and the other on Policy.

Executive Director Activities:

In addition to collaborations above and below, I've spent time on personnel policy addenda and operational needs statement, agency contract templates for PY25, collecting information about how to improve our own reports, and draft agendas and information for future board meetings.

I review independent CPA audits and financial reviews and discuss with team members, sometimes with additional agency information. A few delayed audits have resulted in the need for Board action.

I attend meetings of the statewide groups **Going Home Coalition (I/DD)**, **They Deserve More Coalition (I/DD)**, **Mental Health Summit**, and **DMH/Trade Associations**. Two members of the CCDDDB and I presented to the Going Home Coalition on 377 and 708 boards. We had hoped they would welcome a presentation on our Expo event by the coordinators, but the group is focused on actions of the IDHS-Division of DD and the Illinois legislature.

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 and other Department representatives, periodic meetings include: new phone system and migration to dot-gov; Scott M. Bennett Administrative Center; future budget; new employment laws; and open discussion.

Local Funders Group: includes the Cities, Community Foundation, and United Way, to share allocation processes and budgets, data on utilization and outcomes, priorities for funding, and strengthening the local system of services. Two shared projects for this year are the survey designed for administration by UIUC students (see above) but now taken up by the United Way Emerging Community Leaders and a non-profit summit over the summer.

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. We announce deadlines, report on recent board meetings, and explain any changes to process or expectations. Between meetings, I forward funding opportunities which may be of interest to some agencies, or to a collaboration.

Metropolitan Intergovernmental Council: representatives from local government meet on topics of interest and roundtable discussion. Our February meeting focused on 211 and opened the door for a follow-up on 988, not yet scheduled.

Regional Champaign-Vermilion Executive Committee: bimonthly meeting of public and private entities responsible for community health needs assessment and strategic plans. The most recent health plan/I-Plan identified behavioral health and community violence as priorities. The IPlan Coordinator leads all workgroups. Mr. Bryson and I alternate participation in the monthly Behavioral Health workgroup meetings. The Boards might consider changing the timing of our three year plans to align with others in this group and to take advantage of the shared survey.

Student Mental Health Community of Practice at the University of Illinois: MHB Vice President Molly McLay and I attend monthly meetings. The group may benefit from learning more about the 211 and 988 systems and why these could be useful to students.

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 County Community Coalition: I attend quarterly meetings of the Executive Committee, which sets Coalition priorities and discusses current issues of concern to all. While the issue of referrals across systems has been identified as critical, we have not yet met to discuss.

Crisis Intervention Team (CIT) Steering Committee: bimonthly meetings of representatives of law enforcement, EMS, hospital, behavioral health, providers of service to people in crisis or with housing insecurity, support network representatives, and other interested parties, to promote CIT training and share updates.

Drug Court Steering Committee: The group was not able to meet this Spring, which might have been helpful for feedback from the system partners regarding CCMHB's PY25 funding allocations. I did meet with Judge Dyer and other county partners individually to understand current and planned activities. The County is working on an application for additional funding to support the Problem Solving Courts.

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

Association of Community Mental Health Authorities of Illinois (ACMHAI): I attend meetings of the Executive, Legislative, and I/DD Committees for committee-specific issues,

planning webinars, discussion of practices, state funding and policies, goal setting, community awareness, etc. Government Strategy Associates updates the membership on state legislative activity and relies on our input for advocacy. I serve as President of the association this year, leading Executive Committee meetings and meetings of the membership. Our next meeting will be held virtually in August, with workforce development as the training topic.

The April membership best practices training was a panel discussion with three experts on the state's I/DD system, the Director of IDHS-DDD, the CEO of Illinois Association of Rehabilitation Facilities, and the Executive Director of the Illinois Council on Developmental Disabilities. Our business meeting included committee and community reports, a legislative update from GSA, and consideration of revised bylaws. Recordings and slide decks are available: [Best Practice Training](#), [Business Meeting](#), [IDHS DDD Slide Deck](#), [IARF Slide Deck](#), and [Amended ACMHAI Bylaws](#).

Illinois Legislative Issues for 2024: With other ACMHAI leadership, I continued discussion of possible revisions to the Community Mental Health Act. The house bill (444) has not been brought for a vote, but other proposals of importance to people with MI, SUD, and I/DD are in play. Weekly updates regarding their status include links to creating witness slips in support.

National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD): As Secretary, I work with the Executive Committee to review policies, positions, financials, and the CEO's performance. We updated the by-laws, dues structure, and officer responsibilities, which were then adopted at the Legislative and Policy Conference. Due to the cost of time and travel, I will participate in the summer meeting via zoom, if possible. The primary activity will be strategic planning, for which another Illinois member will participate.

I attend bimonthly I/DD committee calls for presentations by national experts and for discussion of state and federal issues. I chair bimonthly meetings of the Behavioral Health and Justice Committee. Policy priorities and presentations relate to Medicaid Reentry, 988, crisis response, specialty courts, and diversion from the criminal justice system. NACBHDD is partnering with the National Association of Counties on a mental health advisory council. In September I will switch to chairing the I/DD committee.

National Association of Counties (NACO): I participate in Health Steering Committee, Healthy Counties Advisory Board, Resilient Counties Advisory Board, and Stepping Up Innovator calls.

Through the Health Policy Steering Committee, and as a Vice Chair of its Behavioral Health Subcommittee and liaison from NACBHDD, I support policy resolutions related to DSP classification, Medicaid and IMD changes, crisis response, and building the workforce. The Healthy Counties Advisory Board focuses on community health and safety: the physical and built environment; community and interpersonal violence; mental health and substance use; safe and affordable housing; transportation and infrastructure. To create health-supportive environments where everyone has access to the full benefits of society, we acknowledge threats such as gun violence, significant amounts of lead in parks, limited access to healthcare, etc.

In 2016, Champaign County joined the Stepping Up Initiative and Data Driven Justice Initiative. Stepping Up has merged with a NACo community of practice called Familiar Faces, through which members learn about other communities' solutions and successful pilot programs. We are an Innovator County due to the brief screening of all who are booked into the Jail. This brief screening is no longer conducted, so I have become less active but continue to receive information and webinar options through the initiative.

Stephanie Howard-Gallo

Operations and Compliance Coordinator Staff Report – May 2024 Board Meeting

SUMMARY OF ACTIVITY:

3rd Quarter Reporting:

3rd quarter financial and program reporting was due April 26, 2024. I sent a reminder of the deadline out to the agencies in early April, along with a copy of the form to request for a deadline extension, if needed.

Immigrant Services requested an extension, which was approved. WIN Recovery, Christian Health Center, and Cunningham Children's Home (all CCMHB funded) had missing reports without a requested extension. All the above agencies had their reports in by April 29, 2024.

Other Compliance:

I contacted many agencies about missing minutes from their Board meetings, as required in their contract.

Application Review:

I reviewed compliance issues for all the agencies. Findings were written within the program summaries.

Audits:

Audits/financial compilations for most of the agencies were due December 31, 2023. WIN Recovery (CCMHB funded) submitted their audit on April 24, 2024. Promise Healthcare submitted their 2022 audit on May 10, 2024.

Completed audits are sent to a consultant (John Brusveen) for review. I provide the consultant with all financial reports for funded programs from FY2023.

CCMHB Annual Report:

The CCMHB 2023 Annual Report was approved at the April CCMHB meeting and was posted to the county website. Copies were sent to Illinois Department of Human Services-Division of Mental Health and to elected

officials of Champaign County. An ad announcing the report was sent to the *News Gazette* for publication. Paper copies are available.

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

Each year, I organize the AIR Art Show/Sale (April 20,2024) during Ebertfest at the Virginia Theatre in Champaign. Seven artists/groups participated. The theatre provided tables and chairs. We provided tablecloths, water, lunch, and staff support, especially during set-up and tear-down.

This was the first year the art show was held inside the theatre, with extremely positive feedback from the artists, supporters, and Ebertfest organizers.

The event was promoted inside the theatre and here, <https://www.facebook.com/allianceforAIR> and <https://champaigncountyair.com/>

Other:

- Prepared meeting materials for CCMHB/CCDDB regular meetings, special meetings, and study sessions/presentations.
- Attended meetings for the CCMHB/CCDDB.
- Composed minutes for the CCMHB/CCDDB meetings.

FUND DEPT 2108-050 : DEVLPMNTL DISABILITY FUND - DEVLMTNL DISABILITY BOARD

COMBINED REPORTING FOR YEAR: 2024 FROM PERIOD: 01 THROUGH PERIOD: 04



	ACTUAL 2023 JAN - APR	ACTUAL 2024 JAN - APR	2024 ANNUAL BUDGET
REVENUES			
4001 PROPERTY TAX			
01 PROPERTY TAXES - CURRENT	0.00	0.00	5,179,568.00
03 PROPERTY TAXES - BACK TAX	0.00	0.00	2,415.00
04 PAYMENT IN LIEU OF TAXES	0.00	0.00	4,000.00
06 MOBILE HOME TAX	0.00	0.00	3,000.00
4001 PROPERTY TAX TOTAL	0.00	0.00	5,188,983.00
4008 INVESTMENT EARNINGS			
01 INVESTMENT INTEREST	18,005.10	28,722.28	44,834.00
4008 INVESTMENT EARNINGS TOTAL	18,005.10	28,722.28	44,834.00
4009 MISCELLANEOUS REVENUES			
02 OTHER MISCELLANEOUS REVENUE	0.00	0.00	5,000.00
4009 MISCELLANEOUS REVENUES TOTAL	0.00	0.00	5,000.00
TOTAL REVENUES	18,005.10	28,722.28	5,238,817.00
EXPENDITURES			
5020 SERVICES			
01 PROFESSIONAL SERVICES	135,704.00	141,788.00	425,371.00
07 INSURANCE (NON-PAYROLL)	0.00	4,333.00	4,333.00
25 CONTRIBUTIONS & GRANTS	1,353,178.00	1,349,474.00	4,816,113.00
5020 SERVICES TOTAL	1,488,882.00	1,495,595.00	5,245,817.00
TOTAL EXPENDITURES	1,488,882.00	1,495,595.00	5,245,817.00
OTHER FINANCING SOURCES (USES)			
6001 OTHER FINANCING SOURCES			
01 TRANSFERS IN	0.00	0.00	7,000.00
6001 OTHER FINANCING SOURCES TOTAL	0.00	0.00	7,000.00
7001 OTHER FINANCING USES			
01 TRANSFERS OUT	-50,000.00	0.00	0.00

FUND DEPT 2108-050 : DEVLPMNTL DISABILITY FUND - DEVLMTNL DISABILITY BOARD

COMBINED REPORTING FOR YEAR: 2024 FROM PERIOD: 01 THROUGH PERIOD: 04



	<u>ACTUAL</u> 2023 JAN - APR	<u>ACTUAL</u> 2024 JAN - APR	<u>2024</u> ANNUAL BUDGET
7001 OTHER FINANCING USES TOTAL	-50,000.00	0.00	0.00
TOTAL OTHER FINANCING SOURCES (USES)	-50,000.00	0.00	7,000.00
NET CHANGE IN FUND BALANCE	1,520,876.90	1,466,872.72	0.00



FUND DEPT 2101-054 : I/DD SPECIAL INITIATIVES - CILA PROJECT

COMBINED REPORTING FOR YEAR: 2024 FROM PERIOD: 01 THROUGH PERIOD: 04

	ACTUAL 2023 JAN - APR	ACTUAL 2024 JAN - APR	2024 ANNUAL BUDGET
REVENUES			
4008 INVESTMENT EARNINGS			
01 INVESTMENT INTEREST	6,380.70	6,086.33	6,000.00
4008 INVESTMENT EARNINGS TOTAL	6,380.70	6,086.33	6,000.00
TOTAL REVENUES	6,380.70	6,086.33	6,000.00
EXPENDITURES			
5010 COMMODITIES			
17 EQUIPMENT LESS THAN \$5000	0.00	0.00	5,063.00
5010 COMMODITIES TOTAL	0.00	0.00	5,063.00
5020 SERVICES			
01 PROFESSIONAL SERVICES	0.00	0.00	1,000.00
19 ADVERTISING, LEGAL NOTICES	0.00	0.00	200.00
25 CONTRIBUTIONS & GRANTS	0.00	95,332.00	399,737.00
5020 SERVICES TOTAL	0.00	95,332.00	400,937.00
TOTAL EXPENDITURES	0.00	95,332.00	406,000.00
OTHER FINANCING SOURCES (USES)			
6001 OTHER FINANCING SOURCES			
01 TRANSFERS IN	50,000.00	0.00	0.00
6001 OTHER FINANCING SOURCES TOTAL	50,000.00	0.00	0.00
TOTAL OTHER FINANCING SOURCES (USES)	50,000.00	0.00	0.00
NET CHANGE IN FUND BALANCE	-56,380.70	89,245.67	400,000.00

FUND DEPT 2090-053 : MENTAL HEALTH - MENTAL HEALTH BOARD

COMBINED REPORTING FOR YEAR: 2024 FROM PERIOD: 01 THROUGH PERIOD: 04



	ACTUAL 2023 JAN - APR	ACTUAL 2024 JAN - APR	2024 ANNUAL BUDGET
REVENUES			
4001 PROPERTY TAX			
01 PROPERTY TAXES - CURRENT	0.00	0.00	6,302,595.00
03 PROPERTY TAXES - BACK TAX	0.00	0.00	2,941.00
04 PAYMENT IN LIEU OF TAXES	0.00	0.00	1,500.00
06 MOBILE HOME TAX	0.00	0.00	4,200.00
4001 PROPERTY TAX TOTAL	0.00	0.00	6,311,236.00
4004 INTERGOVERNMENTAL REVENUE			
76 OTHER INTERGOVERNMENTAL	135,704.00	141,788.00	425,371.00
4004 INTERGOVERNMENTAL REVENUE TOTAL	135,704.00	141,788.00	425,371.00
4008 INVESTMENT EARNINGS			
01 INVESTMENT INTEREST	22,584.20	31,006.18	56,268.00
4008 INVESTMENT EARNINGS TOTAL	22,584.20	31,006.18	56,268.00
4009 MISCELLANEOUS REVENUES			
01 GIFTS AND DONATIONS	450.00	0.00	3,000.00
02 OTHER MISCELLANEOUS REVENUE	9,856.00	0.00	42,000.00
4009 MISCELLANEOUS REVENUES TOTAL	10,306.00	0.00	45,000.00
TOTAL REVENUES	168,594.20	172,794.18	6,837,875.00
EXPENDITURES			
5001 SALARIES AND WAGES			
02 APPOINTED OFFICIAL SALARY	30,870.55	34,075.36	110,745.00
03 REGULAR FULL-TIME EMPLOYEES	106,212.77	111,522.08	389,583.00
05 TEMPORARY STAFF	0.00	0.00	1,000.00
08 OVERTIME	0.00	0.00	500.00
5001 SALARIES AND WAGES TOTAL	137,083.32	145,597.44	501,828.00
5003 FRINGE BENEFITS			
01 SOCIAL SECURITY-EMPLOYER	10,125.84	10,588.36	38,275.00
02 IMRF - EMPLOYER COST	3,494.41	3,750.92	13,559.00
04 WORKERS' COMPENSATION INSURANC	443.05	641.24	2,001.00

FUND DEPT 2090-053 : MENTAL HEALTH - MENTAL HEALTH BOARD

COMBINED REPORTING FOR YEAR: 2024 FROM PERIOD: 01 THROUGH PERIOD: 04



	ACTUAL 2023 JAN - APR	ACTUAL 2024 JAN - APR	2024 ANNUAL BUDGET
05 UNEMPLOYMENT INSURANCE	1,655.53	0.00	1,656.00
06 EE HEALTH/LIFE	18,635.60	17,672.40	89,064.00
5003 FRINGE BENEFITS TOTAL	34,354.43	32,652.92	144,555.00
5010 COMMODITIES			
01 STATIONERY AND PRINTING	176.46	417.42	1,000.00
02 OFFICE SUPPLIES	1,281.05	662.37	4,200.00
03 BOOKS, PERIODICALS, AND MANUAL	0.00	0.00	300.00
04 POSTAGE, UPS, FEDEX	473.85	113.09	2,000.00
05 FOOD NON-TRAVEL	204.74	729.04	1,000.00
13 DIETARY NON-FOOD SUPPLIES	0.00	42.77	200.00
17 EQUIPMENT LESS THAN \$5000	0.00	2,177.25	7,000.00
21 EMPLOYEE DEVELOP/RECOGNITION	0.00	0.00	285.00
5010 COMMODITIES TOTAL	2,136.10	4,141.94	15,985.00
5020 SERVICES			
01 PROFESSIONAL SERVICES	30,747.75	54,446.56	180,000.00
02 OUTSIDE SERVICES	2,079.00	2,899.47	28,000.00
03 TRAVEL COSTS	3,712.99	2,281.56	7,000.00
04 CONFERENCES AND TRAINING	660.00	0.00	4,000.00
05 TRAINING PROGRAMS	1,950.00	0.00	12,000.00
07 INSURANCE (non-payroll)	0.00	5,285.00	15,000.00
12 REPAIRS AND MAINTENANCE	0.00	0.00	300.00
13 RENT	8,194.69	8,570.43	40,000.00
14 FINANCE CHARGES AND BANK FEES	0.00	0.00	30.00
19 ADVERTISING, LEGAL NOTICES	44.00	0.00	12,000.00
21 DUES, LICENSE & MEMBERSHIP	8,000.00	16,000.00	20,000.00
22 OPERATIONAL SERVICES	2,148.39	1,989.48	7,000.00
24 PUBLIC RELATIONS	16,500.00	15,000.00	20,000.00
25 CONTRIBUTIONS & GRANTS	1,705,342.00	1,702,989.00	5,801,407.00
37 REPAIR & MAINT - BUILDING	0.00	0.00	300.00
45 ATTORNEY/LEGAL SERVICES	975.00	0.00	2,000.00
46 EQUIP LEASE/EQUIP RENT	597.18	597.18	3,000.00
47 SOFTWARE LICENSE & SAAS	9,243.67	9,920.80	14,000.00
48 PHONE/INTERNET	808.25	946.46	2,470.00
5020 SERVICES TOTAL	1,791,002.92	1,820,925.94	6,168,507.00

FUND DEPT 2090-053 : MENTAL HEALTH - MENTAL HEALTH BOARD

COMBINED REPORTING FOR YEAR: 2024 FROM PERIOD: 01 THROUGH PERIOD: 04



	ACTUAL 2023 JAN - APR	ACTUAL 2024 JAN - APR	2024 ANNUAL BUDGET
TOTAL EXPENDITURES	1,964,576.77	2,003,318.24	6,830,875.00
OTHER FINANCING SOURCES (USES)			
7001 OTHER FINANCING USES			
01 TRANSFERS OUT	0.00	0.00	-7,000.00
7001 OTHER FINANCING USES TOTAL	0.00	0.00	-7,000.00
TOTAL OTHER FINANCING SOURCES (USES)	0.00	0.00	-7,000.00
NET CHANGE IN FUND BALANCE	1,795,982.57	1,830,524.06	0.00

From: [Lisa Benson](#)
To: [Leon Bryson](#); [Lynn Canfield](#)
Cc: [Katie Harmon](#); [Jeremy Reale](#)
Subject: RE: CCMHB PY2025 Program Summary- Homeless Services System Coordination
Date: Friday, April 12, 2024 11:35:08 AM

Good morning Leon and Lynn,

Thank you for sharing the CCMHB staff summary of the Homeless Services System Coordination program application. Based on the staff comment in the Financial Analysis section, we are providing additional information to assist reviewers to understand the information in the Personnel and Expense Forms. The personnel costs budgeted in this application are 60% of a full-time Coordinator. RPC's budgetary practice is to utilize an average direct labor base of 85% of employee wages in calculating amounts that may be allocable to any grants or programs. The remaining 15% of employee annual salaries and wages is attributable to fringe benefit time (holiday/sick/vacation/etc.) which is not directly charged to any programs, but is rather captured through the application of a standard fringe benefit rate that is then accounted for within the benefits line item on the budget application. Therefore, RPC develops its program budgets utilizing the 0.85 FTE as the "baseline" of directly allocable time/wages. This is the explanation for the .85FTE noted in the Personnel Budget section rather than 1.0FTE that is the staff full time equivalency that will be dedicated to delivering the program.

We hope that this information is helpful.

Sincerely,

From: Leon Bryson <leon@ccmhb.org>
Sent: Monday, April 8, 2024 4:09 PM
To: Katie Harmon <kharmon@ccrpc.org>; Lisa Benson <lbenson@ccrpc.org>
Cc: Lynn Canfield <lynn@ccmhb.org>; Chris Wilson <chris@ccmhb.org>; Stephanie Howard-Gallo <stephanie@ccmhb.org>; Kim Bowdry <kim@ccmhb.org>; Shandra Summerville <shandra@ccmhb.org>
Subject: CCMHB PY2025 Program Summary

CAUTION: External email, be careful when opening.

Dear Executive Director,

Your program summary represents our initial review of your organization's application for PY2025 funding from the Champaign County Mental Health and Developmental Disabilities Boards (CCMHB-CCDDB). Your organization's program summary is attached and can be found online (https://www.co.champaign.il.us/mhbddb/agendas/mhb/2024/240417_Meeting/240417_Full_Board_Packet.pdf) within the April 17, 2024, Board Packet.

Each document is marked “DRAFT” and should be considered a work in progress and is subject to additions and corrections. You are encouraged to review the documents and notify the CCMHB-CCDDB) Executive Director in writing if there are factual errors, not differences of opinion, in need of correction prior to completion of the award process.

All applications were reviewed and evaluated by CCMHB staff and board members using guidelines approved by the CCMHB (i.e., decision memorandum titled “CCMHB PY2025 Allocation Priorities and Decision Support Criteria”). A copy of the criteria memo is accessible through the Online Reporting System at ccmhddbrds.org.

The Champaign County Mental Health Board meeting on **Wednesday, April 17, 2024 at 5:45PM** and study session on **Wednesday, April 24, 2024 at 5:45PM** will include a review of the staff program summaries. Agency executive directors and other representatives are encouraged to attend in person at the Shields-Carter Room at Brookens or virtually (<https://us02web.zoom.us/j/81393675682>) and should be prepared to answer questions that may be directed to them by the CCMHB members or staff.

The final staff recommendations will be formatted in Decision Memorandums for the May 22, 2024 meetings.

We appreciate the time and effort involved in the preparation of your application and thank you for your interest in working with the Champaign County Mental Health and Developmental Disabilities Boards.

Thank you!

Leon

Leon Bryson
Associate Director
CCMHB/CCDDB
1776 E. Washington St.
Urbana, IL 61802
217.367.5703
leon@ccmhb.org

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From: [Elizabeth Cook](#)
To: [Leon Bryson](#); [Laura Lindsey](#)
Cc: [Lynn Canfield](#); [Kim Bowdry](#); [Chris Wilson](#); [Stephanie Howard-Gallo](#); [Shandra Summerville](#)
Subject: RE: CCMHB PY2025 Program Summary
Date: Wednesday, April 10, 2024 12:53:21 PM

Dear Leon,

Our thanks to you and your team for the very thorough review of Courage Connection's application. We are grateful for CCMHB's past support and appreciate the opportunity to apply for FY25 funding. Your support makes a big impact on individuals and families recovering from domestic violence in Champaign County.

I read and wanted to respond to the following in the summary: "...because the service area is beyond Champaign County, the agency should demonstrate and use other funding for service to non-Champaign County residents, and if the state funding is used to cover non-residents, it should equally apply to Champaign County (ensuring that MHB funds are not supplanting other sources.)"

We will work diligently to ensure that all CCMHB funding is directly applied to Champaign County residents. Please know that we read these comments carefully.

With thanks for your work!

Elizabeth

Elizabeth McGreal Cook
Chief Executive Officer
courageconnection.org
217.840.1858



From: Leon Bryson <leon@ccmhb.org>
Sent: Monday, April 8, 2024 4:35 PM
To: Laura Lindsey <llindsey@courageconnection.org>; Elizabeth Cook <ecook@courageconnection.org>
Cc: Lynn Canfield <lynn@ccmhb.org>; Kim Bowdry <kim@ccmhb.org>; Chris Wilson <chris@ccmhb.org>; Stephanie Howard-Gallo <stephanie@ccmhb.org>; Shandra Summerville <shandra@ccmhb.org>
Subject: CCMHB PY2025 Program Summary

Dear Executive Director,

Your program summary represents our initial review of your organization’s application for PY2025 funding from the Champaign County Mental Health and Developmental Disabilities Boards (CCMHB-CCDDB). Your organization’s program summary is attached and can be found [online](#) within the April 17, 2024 Board Packet.

Each document is marked “DRAFT” and should be considered a work in progress and is subject to additions and corrections. You are encouraged to review the documents and notify the CCMHB-CCDDB) Executive Director in writing if there are factual errors, not differences of opinion, in need of correction prior to completion of the award process.

All applications were reviewed and evaluated by CCMHB staff and board members using guidelines approved by the CCMHB (i.e., decision memorandum titled “CCMHB PY2025 Allocation Priorities and Decision Support Criteria”). A copy of the criteria memo is accessible through the Online Reporting System at cmhddbrds.org.

The Champaign County Mental Health Board meeting on **Wednesday, April 17, 2024 at 5:45PM** and study session on **Wednesday, April 24, 2024 at 5:45PM** will include a review of the staff program summaries. Agency executive directors and other representatives are encouraged to attend in person at the Shields-Carter Room at Brookens or virtually (<https://us02web.zoom.us/j/81393675682>) and should be prepared to answer questions that may be directed to them by the CCMHB members or staff.

The final staff recommendations will be formatted in Decision Memorandums for the May 22, 2024 meetings.

We appreciate the time and effort involved in the preparation of your application and thank you for your interest in working with the Champaign County Mental Health and Developmental Disabilities Boards.

Thank you!

Leon

Leon Bryson
Associate Director
CCMHB/CCDDB
1776 E. Washington St.
Urbana, IL 61802
217.367.5703
leon@ccmhb.org

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From: [Leon Bryson](#)
To: [Lynn Canfield](#); [Chris Wilson](#)
Subject: FW: Vacancy Position??
Date: Monday, April 29, 2024 11:57:07 AM

Read below.

From: Laura Lindsey <llindsey@courageconnection.org>
Sent: Monday, April 29, 2024 11:39 AM
To: Leon Bryson <leon@ccmhb.org>
Subject: RE: Vacancy Position??

Good morning, Leon!

I hope you are doing well also. I love gloriously gloomy days, they're my absolute favorite. To my knowledge, there is/was one vacant Counselor position and one vacant Client Advocate position at the time of the FY2025 CCMHB grant application. I believe the Client Advocate position has been filled (since February when the FY25 grant application was submitted), while the third Counselor position is vacant. Courage Connection has been scheduling interviews for different candidates/positions, the key seems to be finding the right fit. Vacancies definitely occur off and on throughout the year.

Some grantors require that we submit monthly personnel documentation to record these changes (new hires, staff leaving, promotions, medical/family leave, vacancies, etc.) that occur. Is this something CCMHB would like to start receiving each month as well (for those positions affected by CCMHB funding specifically or maybe you'd prefer any agency position change/vacancy)? We have emailed in the past about vacancies that have occurred, though I wasn't sure if there was a piece of documentation we should complete like we need to do for other grant contract compliance.

Today, Laura White, our new Director of Programs started at Courage Connection. This position is key to the functioning of Courage Connection because this position supports and supervises the programs and helps them collaborate efficiently. We're hopeful that this addition can help to stabilize the turnover we seem to be experiencing at this time.

Did this answer your questions or not really what you were looking for to obtain a clear sense of how things are progressing?

With gratitude,
Laura Lindsey – **Courage Connection**

From: Leon Bryson <leon@ccmhb.org>
Sent: Monday, April 29, 2024 08:02
To: Laura Lindsey <llindsey@courageconnection.org>
Subject: Vacancy Position??

Importance: High

Good morning, Laura.

I hope you're doing well on this rainy Monday. A full-time counselor position was open at the time the funding application was submitted. Please correct me if I am wrong. Is this vacancy still open? Are there any other vacancies right now? Is it off and on throughout the year? I'm attempting to obtain a clear sense of how things are progressing with Courage Connection. Kindly notify me.

Thanks.

Leon

Leon Bryson

Associate Director

CCMBB/CCDD

1776 E. Washington St.

Urbana, IL 61802

217.367.5703

leon@ccmbb.org

-
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From: [Ann Pearcy](#)
To: [Lynn Canfield](#)
Cc: [Elizabeth Meckley](#)
Subject: RE: Follow Up Questions About Cunningham Applications...
Date: Tuesday, April 30, 2024 3:28:57 PM

Hello Lynn,

Thank you for reaching out. Yes, I am the right person. I have cc Elizabeth our controller as well. I placed our responses below in **Green**. Please let me know if anything further is needed. I hope you have a great day

From: Lynn Canfield <lynn@ccmh.org>
Sent: Saturday, April 27, 2024 7:23 PM
To: Ann Pearcy <apearcy@cunninghamhome.org>
Subject: Follow Up Questions About Cunningham Applications...

Hi Anne!

I think you are the right person to ask these questions of. This is by way of follow up to the board discussion of PY25 applications and is a combination of board questions posed since then and of staff questions in the reviews:

1. At the time of application, the full-time Case Aide (for whom 50% of costs is to be charged) for ECHO was vacant. From the budget narrative it seems this position is to be hired at the start of the contract year (i.e., related to the increased request) – is this right? **That is correct this is a new and much needed position. As Angie explained during the CCMHB meeting.**
2. Also for ECHO, the Miscellaneous expense of \$8,320 is not explained in the budget narrative – what is it to include? Misc is explained in the budget narrative for FST, so maybe the same explanation applies to ECHO. **Yes, the description for ECHO Misc. would be the same as the narrative for FST.**
3. \$28,800 flexible funds are included in the ECHO application (specific assistance) and will cover emergency hotel shelter and other client needs. How was this amount determined? **20 clients X \$600 per client total of \$12,000 + Emergency funds 12 clients X \$1400 per client for a total of \$16,800 these funds cover such things as furniture items, beds, household items, security deposits, rent, insurance needed to obtain the apartment.**
4. Same question for the \$10,000 of specific assistance in FST. **40 clients X \$250 per client total of \$10,000 these funds cover such things as camps for youth, pool passes, buss passes, hard goods as client needs.**

Thank you for clarifications, and I hope you are having a great weekend!

Lynn Canfield

Executive Director, CCDD/CCMHB
1776 E. Washington St., Urbana, IL 61802

217.367.5703

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From: [FirstFollowerscu](#)
To: [Lynn Canfield](#); [Chris Wilson](#); [Leon Bryson](#)
Cc: marlonmitchell@sbcglobal.net
Subject: Follow up on Friday Meeting
Date: Sunday, May 5, 2024 9:02:08 AM

Dear Lynn,

We really appreciated the opportunity to fully explain some of the confusion that emerged from our audit and proposal. A few key points

1. The Schedules set up by CLA are not in conformity with the structure of MHB reporting and budgets. We need to ask them to add another column in both expenses and revenue so we would end up with a separate column for Peer Mentoring and FirstSteps as per our reporting and proposal. We need to ask CLA to change this.
2. We shared the Transaction chart with the MHB and that was helpful in terms of clarifying all our funding sources.
3. The structure that CLA used to report Peer Mentoring was not in compliance with MHB requests and we should have caught that. For clarity, we have a drop-in center, a portion of which is funded by the MHB grant of 95,000. However, as we have grown we have added new activities and programs that operate out of the drop-in center. These would be Families of Resilience, reentry housing, public education and materials production, advocacy and community outreach. These activities are led by people who work within the drop-in center framework but whose salary/contract is paid through other grants and fundraising. The only salary allocated to MHB Peer Mentoring is a portion of Marlon's. We also clarified that Peer Mentoring for us is not a program but an approach or philosophical basis for our work. We labeled it as peer mentoring when we first applied for funding from MHB and that label has remained. We need to change that to make it clearer.
4. The audit report notes some delay in doing bank reconciliations past 30 days. We will resolve this by including the Bank Recon in the financial documents that are provided to the board each month.
5. We need to make sure that formal approval of our proposal is minuted by the board.
6. The budget surplus in the application is due to both the need to approximate the amount we will receive for FY25 from funders who have not yet determined allocations. There also can be surplus because all our other funders operate on a reimbursement basis and some of them take months to reimburse. This means that money owed us at the end of the the fiscal year may not be received until well into the following year, creating a an apparent surplus for money that has actually already been spent.
7. In-kind contributions-we need to expense these. That is, allocate them to a specific line item so that the in-kind contributions will appear as spent, not merely as extra money.
8. Residence-people coming out of IDOC have a default assignment for release to the county where they were convicted. However, they can apply to be released to another county, though that is often slow and difficult. We have a good relationship with the IDOC housing coordinator in this district so we can ask him to facilitate such a transfer to Champaign County and it will be done in a couple days. This means that person will be released and become a resident of our county. We make these arrangements before the person is released. We do not recruit people for FirstSteps or any other programs that we run from outside Champaign County nor do we facilitate a re-location to our county. If people want to move, we will provide services when they get here.
9. We will commit to send someone to the Re-Entry Council and to serve on the exec committee.

I hope this summarizes our meeting. Please feel free to follow up if there is anything I left out

or got wrong.
Thanks once again.
James

Intake for clients seeking services
Families of Resilience
Community outreach
Advocacy
Crisis support for trauma-impacted families
Public education and materials production
Training for emerging adults

Marlon Mitchell
Founder and Executive Director

James Kilgore
Dir. of Advocacy and Outreach

FirstFollowers Reentry Program
<http://www.firstfollowersreentry.com/>

From: [Darya Shahgheibi](#)
To: [Leon Bryson](#)
Cc: [Lynn Canfield](#); [Chris Wilson](#); [Stephanie Howard-Gallo](#); [Kim Bowdry](#); [Shandra Summerville](#)
Subject: Re: CCMHB PY2025 Program Summary
Date: Tuesday, April 16, 2024 11:18:51 AM

Hi Leon,

I appreciate you taking the time to review our organization's grant application and sending us this summary. It looks accurate.

To briefly clarify a point of confusion noted in the summary—the advocate position would be part time, ranging from 25-30 hours per week.

Would you like for me to send corrected financials prior to the meeting tomorrow? If so, would you be able to send a blank copy of the financial forms used in the grant application? I am having some difficulties accessing the original template in the agency portal.

Well wishes,

Darya Shahgheibi

(she/her or they/them)

Executive Director

Greater Community AIDS Project of East Central Illinois (GCAP)

P.O Box 713 | Champaign, IL 61824

Talk or Text: 217-351-2437

executivedirector@gcapnow.com | web: www.gcapnow.com

GCAP mission: to empower members of our community who are HIV+, and to eliminate the transmission of HIV through education and advocacy. Since our founding, GCAP has collaborated with local organizations and providers to serve our community by providing educational outreach to the public, and support to those who are living with HIV/AIDS in the form of transitional housing, emergency financial assistance, and other services.

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On Tue, Apr 9, 2024 at 9:57 AM Leon Bryson <leon@ccmhb.org> wrote:

Dear Executive Director,

Your program summary represents our initial review of your organization's application for PY2025 funding from the Champaign County Mental Health and Developmental Disabilities Boards (CCMHB-CCDDB). Your organization's program summary is attached and can be found [online](#) within the April 17, 2024 Board Packet.

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The final staff recommendations will be formatted in Decision Memorandums for the May 22, 2024 meetings.

We appreciate the time and effort involved in the preparation of your application and thank you for your interest in working with the Champaign County Mental Health and Developmental Disabilities Boards.

Thank you!

Leon

Leon Bryson

Associate Director

CCMBB/CCDBB

1776 E. Washington St.

Urbana, IL 61802

217.367.5703

leon@ccmbb.org

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From: [Darya Shahgheibi](#)
To: [Chris Wilson](#)
Cc: [Lynn Canfield](#)
Subject: Re: GCAP application questions
Date: Tuesday, April 30, 2024 10:29:33 AM

The only source of funding for the new client services advocate position (similar to a case manager) would be the CCMHB grant. I considered allocating a portion of our HOPWA grant from IDPH to fund this position. However, this would have required the advocate to dedicate 50% of their time to HOPWA-related activities, specifically "housing counseling". While providing housing counseling is an option, our experience shows that clients have a more pressing need for support with internal motivation, emotional well-being, and a sense of belonging in the community. These factors are crucial for clients to find and *maintain* permanent housing. Additionally, housing counseling is offered to our clients in collaboration with an HIV housing coordinator at CUPHD. It's important to note that our current HOPWA grant is still used to cover operational costs like utilities, the majority of our insurance (D&O, liability, workers comp, etc), even if we don't use it for staff salaries. I could inquire about HOPWA covering mileage for this position, as it would directly benefit clients in the HOPWA house.

To answer briefly, not all program related costs would fall under the CCMHB grant, as some (notably, operational costs) are being picked up by our HOPWA grant. We continue to look for funding for this program, and are hopeful we can find additional funding in the coming years.

I hope that fully answered your question! Please let me know if there's anything else :)

Darya Shahgheibi

(she/her or they/them)

Executive Director

Greater Community AIDS Project of East Central Illinois (GCAP)

P.O Box 713 | Champaign, IL 61824

Talk or Text: 217-351-2437

executivedirector@gcapnow.com | web: www.gcapnow.com

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attachments.

On Tue, Apr 30, 2024 at 10:03 AM Chris Wilson <chris@ccmhb.org> wrote:

Good morning Darya,

Thank you for the detailed information. It was very helpful. We have one more question for you. Is CCMHB going to be the only source of funding for this program?

Thanks,
-Chris

Chris M. Wilson

Financial Manager

Champaign County Mental Health & Developmental Disabilities Boards

1776 E. Washington St.

Urbana, IL 61802

(217)367-5703

<https://www.ccmhddbrds.org>

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From: Darya Shahgheibi <executivedirector@gcapnow.com>

Sent: Monday, April 29, 2024 2:24 PM

To: Lynn Canfield <lynn@ccmhb.org>

Cc: Chris Wilson <chris@ccmhb.org>

Subject: Re: GCAP application questions

Hi Lynn,

I appreciate you reaching out and seeking clarification on the expenses listed in our

application. I have provided some additional details below. If you have any questions, please let me know.

- Personnel Costs
 - Executive Director:
 - 50% time HOPWA program, 25% time general operations/admin, 25% proposed CCMHB program. Billed to each cost code accordingly
 - Payroll \$63955/ CCMHB proposal at .25: \$15,988.75
 - Payroll taxes \$5,436.18/ CCMHB proposal at .25:\$1,359.04
 - Benefits \$2,951.77/ CCMHB proposal at .25:\$737.94
 - Benefits include 2 weeks PTO and 2 personal days. Initially, this was submitted to include a healthcare stipend however this has since been removed. Healthcare stipends are taxable income, and were included in the gross income amount, and accounted for when calculating payroll taxes.
 - Client Services Advocate:
 - New position, 100% time spent on program. Any time not spent on proposed program billed to GCAP gen op.
 - Part time employee .62 (25 hours per week)
 -

Hoping to increase to full time employee in next year or two upon acquisition of additional transitional housing facility.

- Payroll: \$30,000.00
- Payroll Taxes: \$2,550.00
- Benefits: \$865.38

- Benefits include 2 Personal Days and 2 weeks PTO

- Total personnel costs: \$45,988.75 (payroll), \$3,909.04 (payroll tax), \$1,603.33 (benefits), \$51,501.12 (total personnel)

- Total benefit cos has changed from original proposal due to removal of healthcare stipend

- Professional fees: This is just to cover cost of audit/ CYEFR. We currently work with Fueller and Kuester (who are familiar with CCMHB financial reports), and have a written agreement with them for audits, 990s, etc.

- Consumables: Our current client services representative (volunteer) provides food and beverages for clients at each group meeting. She pays for this out of pocket, and is not reimbursed by the agency. It is our hope to be able to provide food and drink at our client services meetings to encourage attendance and to take the financial burden off of our volunteers. While we appreciate the donation, it is not a sustainable option. Additionally, upon entering the house, clients are provided a “welcome package” with snacks, a notebook, pens, etc. This is currently billed to our general fund, and we are hoping to have funding for this. Clients appreciate the thoughtfulness and it is a nice way to build rapport. Other miscellaneous consumables include paper, folders for clients, etc. The expense allocated to this line item was informed by previous year end financial reports, current costs for meals and consumables, etc.

- General Operating
 - 20% of current general operating costs (including D&O insurance, workers comp, general liability, telecommunications–AT&T), and office supplies for new hire.
 - Cost of additional license for case management software
 - Cost of additional employee for quickbooks
- Conferences/SD: cost to pay for Motivational Interviewing training
- Local Transportation: IRS rate of .67 for instate mileage. Client Services Advocate responsible for client transportation. Reimbursable up to \$50/month or 75 mi per month. Long distance travel may be required for trainings, or client intake in rural areas
- Specific Assistance: funds would allow for TPC to have access to furniture upon discharge from the program. Would be an incentive to finish the program, and would allow for clients to transition safely into permanent housing. We offer emergency financial assistance to individuals struggling with rent, utilities, healthcare costs, and transportation, however this is outside the scope of what we currently offer.
- Misc:
 - cost of printing educational materials for outreach and education, vendor fees for various outreach events in town (approx 75-150 per event), outreach supplies such as water, snacks, etc. (approx 2000)
 - This number has been changed from 4000 to 2000 as our initial request was informed by a line item that included fundraising

supplies (in addition to education/outreach). This has been updated to reflect the actual cost of outreach and education.

Darya Shahgheibi

(she/her or they/them)

Executive Director

Greater Community AIDS Project of East Central Illinois (GCAP)

P.O Box 713 | Champaign, IL 61824

Talk or Text: 217-351-2437

executivedirector@gcapnow.com | web: www.gcapnow.com

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On Mon, Apr 29, 2024 at 11:06 AM Lynn Canfield <lynn@ccmhb.org> wrote:

Hello Darya!

It is possible that errors in GCAP's application financial forms have more to do with not completing the total program column and with some discrepancies across forms (personnel costs, e.g.) If the program is funded, you will have some time to fix those things, including with our input if needed.

At this time, we want to make sure we understand the full request, so if you have a moment, perhaps list the expenses to be charged to CCMHB, just in an email, so that we can review with you. It could be that we will want more description of items, but it could also be that you are clear on what GCAP is asking for and can help clarify for us.

Lynn Canfield

Executive Director, CCDB/CMHB

1776 E. Washington St., Urbana, IL 61802

217.367.5703

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From: [Baumgartner, Teresa](#)
To: [Lynn Canfield](#); [Braune, Terry](#); mpappas@rosecrance.org; [Beavers, Ryan](#)
Cc: [Chris Wilson](#); [Leon Bryson](#)
Subject: RE: Follow Up Questions to PY25 Applications
Date: Thursday, May 2, 2024 2:53:04 PM

Hello CCMHB Team,

Below is our response to your question #1 regarding the M&G line on the budgets.

Expenses included on the M&G line of the professional fees category include those costs that are typically included in our Federally Negotiated Indirect Cost Rate (NICRA). I believe we have provided to you our approved NICRA documentation. Rosecrance also considers the amount awarded per contract and reduces the M&G if needed to align the budget with the CCMHB awarded contract total. The calculation for the M&G line is total award less total direct expenses, with the result not to exceed 28.95% (Rosecrance NICRA) of the award.

Thank you,
Teresa



Teresa E. Baumgartner, CPA
Vice President of Finance

Rosecrance Health Network
1021 N. Mulford Road, Rockford, IL 61107
T 815.387.5626
C 815.297.5995
F 815.316.4726

rosecrance.org

Rosecrance is a leading provider of behavioral health services with nationally recognized addiction treatment programs. Rosecrance serves clients at locations across Illinois, Wisconsin and Iowa.

From: Lynn Canfield <lynn@ccmhb.org>
Sent: Wednesday, May 1, 2024 5:40 PM
To: Braune, Terry <tbraune@rosecrance.org>; Pappas, Melissa <mpappas@rosecrance.org>; Beavers, Ryan <RBeavers@rosecrance.org>; Baumgartner, Teresa <tbaumgartner@rosecrance.org>
Cc: Chris Wilson <chris@ccmhb.org>; Leon Bryson <leon@ccmhb.org>
Subject: RE: Follow Up Questions to PY25 Applications

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content is safe**

Thank you very much for these. I will share with the board and include in the May packets. For the side issues we've been discussing, I am hopeful our Friday morning conversation will be good for both of us!

Lynn

From: Braune, Terry <tbraune@rosecrance.org>
Sent: Wednesday, May 1, 2024 5:01 PM
To: Lynn Canfield <lynn@ccmhb.org>; mpappas@rosecrance.org; Beavers, Ryan <RBeavers@rosecrance.org>; Baumgartner, Teresa <tbaumgartner@rosecrance.org>
Cc: Chris Wilson <chris@ccmhb.org>; Leon Bryson <leon@ccmhb.org>
Subject: RE: Follow Up Questions to PY25 Applications

Lynn,

Re: 1. When will Rosecrance finance be able to provide the response about the indirect cost agreement? **Teresa Baumgartner/Ryan Beavers will respond by Friday COB.**

Re: 3. By “engage in clinical treatment,” what does that mean? Is clinical treatment limited to the Rosecrance clinician doing the IM+CANS assessment, other Rosecrance clinicians, and/or any clinician in the community? And if clinical treatment must be limited to Rosecrance, how could the psychiatrist’s caseload possibly be filled given the differences in caseloads between psychiatry and other kinds of clinical services? **Youth psychiatry is limited to individuals involved in Rosecrance clinical treatment. Rosecrance’s medical professionals consider best care practice to require involvement in clinical treatment to prescribe and monitor psychiatric medications. The doctor is not full time, and the caseloads have been adjusted accordingly. Currently, there is availability for immediate admission into both clinical services and psychiatry.**

Re: 8. Are the referrals made by Rosecrance primarily linking them to other Rosecrance resources, or other community resources too? Is there a breakdown on how frequently the referrals are internal versus external? And how does this vary across program? **Referrals are made to Rosecrance resources and community resources. There is no breakdown available for internal vs. external referrals. Champaign County does not have a closed-loop referral system to track this data point (IRIS).**



Terry Braune, M.B.A., CHC

Director of Grant Compliance

Rosecrance Health Network

1021 N. Mulford Road, Rockford, IL 61107

815.387.1619

rosecrance.org

Rosecrance is a leading provider of behavioral health services with nationally recognized addiction treatment programs. Rosecrance serves clients at locations across Illinois, Wisconsin and Iowa.

From: Lynn Canfield <lynn@ccmhb.org>

Sent: Tuesday, April 30, 2024 1:33 PM

To: Braune, Terry <tbraune@rosecrance.org>; Pappas, Melissa <mpappas@rosecrance.org>;
Beavers, Ryan <RBeavers@rosecrance.org>

Cc: Chris Wilson <chris@ccmhb.org>; Leon Bryson <leon@ccmhb.org>

Subject: RE: Follow Up Questions to PY25 Applications

WARNING

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Hello again Terry and Melissa and Ryan.

I have some follow up questions from a board member, for which responses will be appreciated within this week (close of business Friday is good).

Thanks for all of your attention to our follow-ups. We are trying to have a careful and consistent process this year, so your information helps a lot.

Re: 1. When will Rosecrance finance be able to provide the response about the indirect cost agreement?

Re: 3. By “engage in clinical treatment,” what does that mean? Is clinical treatment limited to the Rosecrance clinician doing the IM+CANS assessment, other Rosecrance

clinicians, and/or any clinician in the community? And if clinical treatment must be limited to Rosecrance, how could the psychiatrist's caseload possibly be filled given the differences in caseloads between psychiatry and other kinds of clinical services?

Re: 8. Are the referrals made by Rosecrance primarily linking them to other Rosecrance resources, or other community resources too? Is there a breakdown on how frequently the referrals are internal versus external? And how does this vary across program?

From: Braune, Terry <tbraune@rosecrance.org>

Sent: Tuesday, April 30, 2024 12:29 PM

To: Lynn Canfield <lynn@ccmhb.org>; mpappas@rosecrance.org; Beavers, Ryan <RBeavers@rosecrance.org>

Cc: Chris Wilson <chris@ccmhb.org>; Leon Bryson <leon@ccmhb.org>

Subject: RE: Follow Up Questions to PY25 Applications

Lynn,

Please see Rosecrance's responses (in red) below:

1. In progress (or perhaps completed) is Chris' request for clarification of the calculation of **M&G** allocated in all contracts under the Professional Fees line. Thank you to Ryan and Chris for working on this one. **Rosecrance Finance department will provide this response.**
2. My note about **Youth CST** which wouldn't be charged to MHB but is interesting and hopeful does not represent an urgent question, but I wanted to make sure these earlier exchanges are including in this email so that any additional info is in one place. **Per your email, yes, Youth CST is a Medicaid-billable service. Barriers for this service in the past have been youth and family engagement, and difficulty with staff recruitment/retention. Current barriers continue to be staff recruitment.**
3. Regarding **Child and Family Services**, we are interested in further details about how people access the service. The application is not necessarily unclear on this, but more details will help us understand how it works. What is the process by which a patient can become established with the psychiatrist? Are they required to engage in counseling (or any other kind of) services at Rosecrance to begin or continue to see the psychiatrist? **Process is as follows: Clients complete comprehensive assessment (IM+CANS) for determination of clinical program and are referred to psychiatric services. Clients are required to engage in clinical treatment in conjunction with psychiatry services. If client successfully completes clinical treatment, client is able to continue psychiatry services as medically necessary.**
4. Regarding the **Benefits Case Management** program, we are also unclear on whether the service is open to anyone or only open to people referred from other Rosecrance programs. The application seems to say both things, but again, we may be misreading it. **The service is open to anyone.**
5. In general, are other programs open to people referred from anywhere? It seems clear for certain programs (Criminal Justice, Crisis Co Response, and Specialty Courts) that referrals

come from other systems (law enforcement/justice contact), so this general question is really more about the **Benefits CM, Child & Family, and Recovery Home**. Referrals can come from anywhere.

6. Do all law enforcement agencies served through **CCRT** use the CIT forms? **Yes**.
7. What specific efforts have been made to secure **funding from other sources**, especially for those programs which benefit other local governmental units and hospital systems and for which state and federal opportunities have been coming and going? **The Rosecrance Grant Management Team researches, vets, and applies for federal, state, and local grants opportunities as approved by executive leadership.**

The most obvious are **Criminal Justice PSC** (highly valued by our partners), **Crisis Co-Response** (esp given that the City of Urbana is now trying to figure out best practices), and **Specialty Courts** (which I only learn about by accident and too late to support)? I appreciated Terry Braune sharing upcoming funding opportunities with me. I have shared them with county officials because MHB would not be the co-applicant, and a closer relationship between Rosecrance and the County departments or Cities would seem more likely to secure other funding. Without any new funding to support these three important programs, it appears that the MHB is the only entity willing and able to fill the gaps, which is not an ideal use of this fund (best suited as the payer of last resort.) **Rosecrance responded to the CCMHB request to build awareness of grant opportunities and has provided information for a variety of justice-related funding. If County or Municipal departments are considering applying for funding, Rosecrance would be willing to partner with the County/Municipality to execute the grant-funded services as a sub-contractor.**

8. Finally, do case managers and clinicians (or other staff) record detail on **individual referrals and successful linkages** for all programs in such a way that it could be shared to us? **Information is shared with CCMHB quarterly on the program reports. Champaign County does not have a closed-loop referral system (IRIS).**



Terry Braune, M.B.A., CHC
Director of Grant Compliance

Rosecrance Health Network
1021 N. Mulford Road, Rockford, IL 61107
815.387.1619

rosecrance.org

Rosecrance is a leading provider of behavioral health services with nationally recognized addiction treatment programs. Rosecrance serves clients at locations across Illinois, Wisconsin and Iowa.

From: Lynn Canfield <lynn@ccmhb.org>

Sent: Sunday, April 28, 2024 7:02 PM

To: Pappas, Melissa <mpappas@rosecrance.org>; Braune, Terry <tbraune@rosecrance.org>;
Beavers, Ryan <RBeavers@rosecrance.org>

Cc: Chris Wilson <chris@ccmhb.org>; Leon Bryson <leon@ccmhb.org>

Subject: Re: Follow Up Questions to PY25 Applications

WARNING

This email originated outside of Rosecrance Health Network.

DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe

I'm sorry to keep adding to it, but for question 3, I should be more specific:

What is the process by which a patient can become established with the psychiatrist? Are they required to engage in counseling (or any other kind of) services at Rosecrance to begin or continue to see the psychiatrist?

From: Lynn Canfield

Sent: Sunday, April 28, 2024 12:57 PM

To: Pappas, Melissa <mpappas@rosecrance.org>; Braune, Terry <tbraune@rosecrance.org>;
Beavers, Ryan <RBeavers@rosecrance.org>

Cc: Chris Wilson <chris@ccmhb.org>; Leon Bryson <leon@ccmhb.org>

Subject: Follow Up Questions to PY25 Applications

Dear All:

Happy Monday! I have some questions related to the full set of applications for PY25 funding. These are by way of follow up to the board discussion of PY25 applications and represent a combination of board questions posed since then and of staff questions in the reviews:

1. In progress (or perhaps completed) is Chris' request for clarification of the calculation of **M&G** allocated in all contracts under the Professional Fees line. Thank you to Ryan and Chris for working on this one.
2. My note about **Youth CST** which wouldn't be charged to MHB but is interesting and hopeful does not represent an urgent question, but I wanted to make sure these earlier exchanges are including in this email so that any additional info is in one place.
3. Regarding **Child and Family Services**, we are interested in further details about how people access the service. The application is not necessarily unclear on this, but more details will help us understand how it works.
4. Regarding the **Benefits Case Management** program, we are also unclear on whether the service is open to anyone or only open to people referred from other Rosecrance programs. The application seems to say both things, but again, we may be misreading it.

5. In general, are other programs open to people referred from anywhere? It seems clear for certain programs (Criminal Justice, Crisis Co Response, and Specialty Courts) that referrals come from other systems (law enforcement/justice contact), so this general question is really more about the **Benefits CM, Child & Family, and Recovery Home**.
6. Do all law enforcement agencies served through **CCRT** use the CIT forms?
7. What specific efforts have been made to secure **funding from other sources**, especially for those programs which benefit other local governmental units and hospital systems and for which state and federal opportunities have been coming and going?
 The most obvious are **Criminal Justice PSC** (highly valued by our partners), **Crisis Co-Response** (esp given that the City of Urbana is now trying to figure out best practices), and **Specialty Courts** (which I only learn about by accident and too late to support)?
 I appreciated Terry Braune sharing upcoming funding opportunities with me. I have shared them with county officials because MHB would not be the co-applicant, and a closer relationship between Rosecrance and the County departments or Cities would seem more likely to secure other funding. Without any new funding to support these three important programs, it appears that the MHB is the only entity willing and able to fill the gaps, which is not an ideal use of this fund (best suited as the payer of last resort.)
8. Finally, do case managers and clinicians (or other staff) record detail on **individual referrals and successful linkages** for all programs in such a way that it could be shared to us?

Ideally, your responses to these questions would be good to have before the close of business on Friday, May 3 (sooner would be even better in case we still aren't clear on all.) I would like to share the set of questions and responses with our team and with board members, which would also mean including it in the May board packets. I appreciate your knowledge and attention to these as we begin the time-sensitive decision process for PY25 contracts, and I'm grateful for your work in this community.

Lynn Canfield

Executive Director, CCDD/CCMH
 1776 E. Washington St., Urbana, IL 61802
 217.367.5703

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From: [Kim Bowdry](#)
To: [Lynn Canfield](#)
Subject: FW: CCDDDB-IDDSI PY2025 Program Summary- Community Life Short Term Assistance
Date: Monday, April 15, 2024 2:48:38 PM
Attachments: [CCRPC Short Term IDDSI PY25 PSumm.pdf](#)

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From: Angela Yost <ayost@ccrpc.org>
Sent: Monday, April 15, 2024 12:39 PM
To: Kim Bowdry <kim@ccmhb.org>
Cc: lbenson@ccrpc.org; Jessica McCann <JMcCann@ccrpc.org>
Subject: FW: CCDDDB-IDDSI PY2025 Program Summary- Community Life Short Term Assistance

Hi Kim,

On Page 4 of the summary, it states that we would be assisting individuals with applying for the CCAMR grant if needed. I am just wanting to clarify, that we would not be assisting with that application process. We would be checking with them to see if they have requested the funds from CCAMR yet, and if not, then requiring that they do so before we move forward. Please let me know if you have any questions.

ANGELA YOST, QIDP/MSW
Program Coordinator
Developmental Disability Services
Community Services
A division of the Champaign County Regional Planning Commission

1776 E. Washington St, Urbana, IL 61802
P 217.888.0252 | F 217.253.8060 | CCRPC.ORG



PEOPLE. POSSIBILITIES.

From: Lisa Benson <lbenson@ccrpc.org>
Sent: Friday, April 12, 2024 11:30 AM
To: Kim Bowdry <kim@ccmhb.org>; Lynn Canfield <lynn@ccmhb.org>
Cc: Jessica McCann <JMcCann@ccrpc.org>; Angela Yost <ayost@ccrpc.org>; Jeremy Reale

<jreale@ccrpc.org>

Subject: RE: CCDDDB-IDDSI PY2025 Program Summary- Community Life Short Term Assistance

Good morning Kim and Lynn,
Thank you for sharing the CCDDDB staff summary of the Community Life Short Term Assistance program application. Based on the staff comment in the Financial Analysis section, we are providing additional information to assist reviewers to understand the information in the Personnel Forms. Personnel costs charged to this contract include 40% of a full-time case manager and 20% of a full-time program manager. RPC's budgetary practice is to utilize an average direct labor base of 85% of employee wages in calculating amounts that may be allocable to any grants or programs. The remaining 15% of employee annual salaries and wages is attributable to fringe benefit time (holiday/sick/vacation/etc.) which is not directly charged to any programs, but is rather captured through the application of a standard fringe benefit rate that is then accounted for within the benefits line item on the budget application. Therefore, RPC develops its program budgets utilizing the 0.85 FTE as the "baseline" of directly allocable time/wages. The 0.40 FTE and 0.20 FTE numbers noted in the Personnel Budget section are based off of the percentages of the 0.85 FTE direct staff time/wages that will be dedicated to delivering program services rather than 1.0 FTE for each staff position.

We hope that this information is helpful.

Sincerely,

From: Kim Bowdry <kim@ccmhb.org>

Sent: Monday, April 8, 2024 3:17 PM

To: Lisa Benson <lbenson@ccrpc.org>; Jessica McCann <JMcCann@ccrpc.org>; Angela Yost <ayost@ccrpc.org>

Cc: Lynn Canfield <lynn@ccmhb.org>; Stephanie Howard-Gallo <stephanie@ccmhb.org>; Shandra Summerville <shandra@ccmhb.org>; Chris Wilson <chris@ccmhb.org>; Leon Bryson <leon@ccmhb.org>

Subject: CCDDDB-IDDSI PY2025 Program Summaries

CAUTION: External email, be careful when opening.

Dear Executive Director,

Your program summaries represent our initial review of your organization's applications for PY2025 funding from the Champaign County Mental Health and Developmental Disabilities Boards (CCMHB-CCDDDB). Your organization's program summaries are attached and can be found [online](#) within the April 17, 2024 Board Packet.

Each document is marked "DRAFT" and should be considered a work in progress and is subject to additions and corrections. You are encouraged to review the documents and notify the CCDDDB-CCMHB Executive Director in writing if there are factual errors, not differences of opinion, in need of

correction prior to completion of the award process.

The applications were reviewed and evaluated by CCDDDB/CCMHB staff and board members using guidelines approved by the CCDDDB and CCMHB (i.e., decision memorandum titled “CCDDDB PY2025 Allocation Priorities and Decision Support Criteria” and “I/DD Special Initiatives PY2025 Allocation Priorities and Decision Support Criteria”). Copies of the criteria memos are accessible through the Online Reporting System at ccmhddbrds.org.

The Champaign County Developmental Disabilities Board meeting on **Wednesday, April 17, 2024 at 9:00 AM** will include a review of the program summaries. Agency executive directors and other representatives are encouraged to attend the meeting (<https://us02web.zoom.us/j/81559124557>) and should be prepared to answer questions that may be directed to them by the CCDDDB members or staff. The Community Life Short Term Assistance application will also be reviewed by the CCMHB. The CCMHB meetings (<https://us02web.zoom.us/j/81393675682>) will be held on **April 17, 2024** and **April 24, 2024**, both **at 5:45 PM**.

The final staff recommendations will be formatted in Decision Memorandums for the May 22, 2024 meetings.

We appreciate the time and effort involved in the preparation of your application and thank you for your interest in working with the Champaign County Mental Health and Developmental Disabilities Boards.

Thank you!

Kim

Kim Bowdry
(pronouns: she/her/hers)
Associate Director
CCMHB/CCDDB
1776 E. Washington St.
Urbana, IL 61802
217.367.5703
kim@ccmh.org

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DECISION MEMORANDUM

DATE: May 22, 2024
TO: Members, Champaign County Mental Health Board (CCMHB)
FROM: Leon Bryson and Kim Bowdry, Associate Directors,
and Lynn Canfield, Executive Director
SUBJECT: **Recommendations for Allocation of PY2025 Funding**

Purpose:

For consideration by the CCMHB, this memorandum presents staff recommendations for funding for the Program Year (PY) 2025 (July 1, 2024 through June 30, 2025). Initial considerations were discussed during a May 15 study session. Key considerations in the allocation strategy have been to avoid disrupting current programming and to focus where the community needs are clearest. In this draft, sections detailing affordability and specific concerns have been removed, and now each recommendation is followed by a suggested action the Board may take. Decision authority rests with the CCMHB and their discretion concerning the most appropriate use of available dollars based on assessment of community needs, best value, alignment with criteria, affordability, and distribution across categories of need and service intensity.

Statutory Authority:

CCMHB funding policies are predicated on the requirements of the Illinois Community Mental Health Act (405 ILCS 20 / Section 0.1 et. seq.) All funds are allocated within the intent of the controlling act as codified in the laws of the State of Illinois. The recommendations described in this memorandum are based on staff assessment of how closely applications align with statute, CCMHB funding policies, approved decision support criteria and priorities, and Board discussion. Best and Final Offers may be sought as part of the contract negotiation process. The CCMHB reserves the right to refrain from making an award when such action is deemed to be in the best interest of the County.

Background and Existing Commitments:

Input from people with MI, SUD, or I/DD and their supporters should influence system advocacy and planning. The 2021 community needs assessment report features this kind of feedback, which informed the Board’s current strategic plan and funding priorities. That report is available [here](#). Additional input from people with I/DD was

Recommendations for Allocation of PY25 Funding – page 1

shared directly with the CCMHB and the Champaign County Developmental Disabilities Board (CCDDDB) during a joint study session, the recording of which can be [viewed here](#). Self-advocates' comments were incorporated into PY2025 priorities for all funds under the Boards' authority.

Utilization data are useful for guiding the next set of decisions. A summary of utilization by PY23 MHB funded programs is [found on pages 56-72 of this posted packet](#). **Program performance outcomes** reports for PY2023 are aggregated in [this report](#).

In addition to assessed preferences and the results of funded services, longstanding collaborations with other governmental and community-based entities play a role in shaping funding priorities and recommendations.

Justice System and Behavioral Health Collaborations address the needs of people who have justice system involvement and behavioral health needs. Community-based care has dramatic cross-system cost-shift impacts (every \$1 spent saves \$2-\$10 in other systems) and improves quality of life of individuals and families. The Board's commitment to programs which reduce justice system and law enforcement involvement continues, with consideration for data on gun violence, overdose deaths, child abuse, domestic and community violence, and disparities in access and care. Some programs prioritize people involved in Champaign County Problem Solving Courts or at the Champaign County Jail.

The Champaign County Community Coalition shares the Board's interest in trauma-informed and culturally responsive practices. This large collaboration includes leadership from local government, community-based organizations, neighborhoods, schools, and the faith community. The Coalition sustains System of Care values through youth programming and efforts to mitigate the impacts of community violence. Early childhood providers are active in this network as well as in a separate home visitors consortium.

Collaboration with the Champaign County Developmental Disabilities Board (CCDDDB) is described in an Intergovernmental Agreement between the Boards, requiring integrated Intellectual/Developmental Disabilities (I/DD) planning, a specific CCMHB set-aside commitment, and shared authority over a separate special fund.

The CCMHB set-aside for I/DD programs changes each year by the percentage change in the Board's property tax revenue. The PY24 total was \$859,883, with \$809,883 for agency contracts and \$50,000 'credit' for CILA. Applying an adjusted increase of 3.4% results in PY2025 total of \$889,119, all in support of contracts. For PY25, the CCMHB maintains its interest in services for very young children and their families. One CCMHB contract for DD services has a two-year term, making a decision unnecessary. Both boards will consider recommendations for the remaining CCMHB I/DD allocation.

The Boards share a commitment to a special I/DD-focused collaboration, which from 2015 to 2021 enabled the operation of two small group homes. After the sale of the homes, this was renamed I/DD Special Initiatives Fund. The boards approved a set of

PY25 funding priorities, in the hope of serving the population initially of concern, people with I/DD and complex service needs not readily addressed in Champaign County.

Two-year Contracts approved for PY24 and PY25. Sixteen current contracts extend through June 30, 2025. These commitments total \$2,116,086. With one exception, the annual amounts do not increase in the second year, and application forms are updated in May, with technical assistance available as during the open application period.

CCRPC – Youth Assessment Center	\$76,350
CCCAC – Children’s Advocacy Center	\$63,911
CCCHC – Mental Health Care at CCCHC	\$33,000
CCHCC – CHW Outreach and Benefit Enrollment	\$86,501
CCHCC – Justice Involved CHW	\$90,147
CSCNCC – Resource Connection	\$68,609
Crisis Nursery – Beyond Blue	\$90,000
DSC – Family Development	\$656,174
<i>(uses \$656,174 of the MHB I/DD set aside)</i>	
ECIRMAC (Refugee Center) – Family Support & Strengthening	\$62,000
Family Service of CC – Counseling	\$30,000
Family Service of CC – Self-Help Center	\$28,930
Family Service of CC – Sr Counseling & Advocacy	\$178,386
Promise Healthcare – Mental Health Services	\$330,000
Promise Healthcare – PHC Wellness	\$107,078
RACES – Sexual Trauma Therapy Svcs	\$140,000
RACES – Sexual Violence Prevention Education	\$75,000

Priorities, Overarching Considerations, and Expectations for Minimal Responsiveness:

The PY2025 CCMHB funding priorities and decision support criteria were approved on November 15, 2023 and can be viewed using [this link](#).

Twenty-four funding requests were submitted for the Board’s consideration, totalling **\$3,800,847**. Twenty-one focus on mental health and substance use disorders, two a mix of mental health and developmental supports for young children and their families, and one specific to the I/DD Special Initiatives fund.

The CCDDDB reviewed fifteen other I/DD applications totaling \$4,946,817, and, to support integrated planning, the I/DD Special Initiatives request and the two early childhood requests submitted to CCMHB. Officers of both boards and staff have discussed those three applications.

In applications for PY2025 funding, agencies identified priority categories as follows:

- **Safety and Crisis Stabilization:** 8 applications, totaling \$1,652,723
(Plus 2 multi-year contracts adding \$166,497 to this priority.)

- **Healing from Interpersonal Violence:** 1 application, totaling \$128,038
(Plus 2 multi-year contracts adding \$278,911 to this priority.)
- **Closing the Gaps in Access and Care:** 7 applications, totaling \$808,955
(Plus 8 multi-year contract adding \$862,504 to this priority.)
- **Thriving Children, Youth, and Families:** 7 applications, totaling \$978,186
(Plus 2 multi-year contracts adding \$152,000 to this priority.)
- **Collaboration with CCDDDB - Very Young Children and Their Families:** 2 applications + 1 multi-year contract, totaling \$889,119 (adjusted to remove MH cost.) The CCMHB will allocate this amount for developmental services, coordinated with CCDDDB and finalized at a CCMHB meeting.

Requests for Funding and Budget Impact:

CCMHB allocations to agencies have risen steadily from \$3,189,290 in PY12 to \$5,723,686 in PY24. Increases were possible due to property tax revenue growth and reductions in administrative costs. For PY21, the CCMHB made an informed decision to award contracts greater than budgeted. Due to unspent funds being returned and some payments suspended, ‘overfunding’ did not result in a deficit in 2020. Suspended payments were released during 2021, reducing the amount available for allocations, and revealing an **unsustainable level of awards**. For PY22, because behavioral health needs had surged and agencies proposed to meet these needs, the County provided American Rescue Plan funds, increasing PY22 awards by \$770,436. For PY23 and PY24, awards were again based on property taxes, with no other substantial revenue. For 2025, the projected growth in property tax revenue is less than half the rate increase of 2024.

Following submission of proposals, CCMHB staff reviewed all materials, along with previously reported data, independent audit reports, and compliance records of incumbent programs and agencies. Draft program summaries incorporated input from all staff and were shared with agencies, board members, and public, to support the Board reviews which were conducted in public meetings during April. Agency corrections of staff errors and responses to board questions were considered in the recommendations which follow.

Twenty-three submitted proposals relate to mental health or substance use disorders (MH/SUD). Two also address developmental needs, and a proposal submitted to the I/DD Special Initiatives fund is exclusive to I/DD supports. The PY25 CCMHB requests total \$3,800,847, inclusive of MI, SUD, and I/DD programs. \$2,116,086 is already obligated for PY25 through two-year contracts, of which \$656,174 is for DD. \$232,945 is the remaining set-aside amount for DD. Requests related to MH or SUD total \$3,567,902.

Taken together, the MH/SUD amounts total \$5,027,814, exceeding last year’s MH/SUD awards of \$4,913,803 by \$114,011 and exceeding the projected available amount by \$175,462. Using an early projection of 2025 revenue, the total PY25 allocation target amount of **\$5,741,472** is an increase of \$26,529 over PY24 total awards of \$5,714,943. This PY25 target could support \$4,852,353 for MH/SUD and \$889,119 for I/DD. This is the lowest projected growth in recent years, with available amount further impacted by

withheld payments, sometimes carrying a liability from one budget year to the next. This target amount may also be too high for increased allocations in PY26, when many current programs are likely to apply for renewal.

Staff recommendations should be affordable within revenue projections, but 2025 budgets will be developed later with input from County officials. If the final awards made through this process exceed available funds, it may be necessary to balance with: delayed effective dates; prorated contract award amounts as any compliance issues are resolved; prorated contracts where staff remain to be hired; deferral for later consideration pending resolution of any compliance issues; fee for service contracts; use of fund balance; or commitment to lower total awards next year.

A total PY25 amount of \$5,741,472 could add new MH/SUD contracts at \$3,392,440, or \$175,462 below requests. An advantage to not committing the full amount of the target would be to allow the fund balance to rise toward the goal, however gradually. Unfortunately for the budget and fund balance, this set of requests for funding addresses continuing and growing needs of the community and aligns well with Board priorities.

DECISION SECTIONS:

Contract Negotiations and Special Notifications

Some recommendations are contingent on completion of contract negotiations, application revisions, resolution of compliance issues, and hiring of program staff. Awards may be adjusted by the cost of a staff vacancy and amended when that vacancy is filled. Award recipients may be required to revise program or financial forms to align with CCMHB planning, budget, and policy specifications. They may be asked for more information prior to contract execution, to reach terms agreeable to both parties. If requirements are not met prior to completion of the contract, a later contract start date will be established and the award reduced commensurate with the shorter term. Failure to submit required information shall result in cancellation of the contract award.

Motion to authorize the Executive Director to conduct contract negotiations as specified in this memorandum:

- _____ Approved
- _____ Denied
- _____ Modified
- _____ Additional Information needed

Recommendations are based on revenue estimates not finalized until the Champaign County Board approves budgets in November or December of 2024. For this reason, all PY2025 CCMHB contract maximums will be subject to reductions necessary to compensate for any CCMHB revenue shortfall. These reductions will be documented by contract amendment at the discretion of the CCMHB Executive Director and Board

President or designee, with every effort made to maintain the viability and integrity of prioritized contracts. All PY2025 contracts will include the following provision:

Obligations of the Board will cease immediately without penalty or further payment being required if, in any fiscal year, the tax that is levied, collected, and paid into the “Community Mental Health Fund” is judged by the CCMHB Executive Director not to be sufficient for payment as delineated in the terms and conditions under this Contract.

Motion to authorize the Executive Director to implement contract maximum reductions as described in this memorandum:

- _____ Approved
- _____ Denied
- _____ Modified
- _____ Additional Information needed

A provision was added to PY23 and PY24 contracts to clarify that specific terms of an agency’s contract may supersede a provision of the funding guidelines, if the exception is in the best interest of the CCMHB and Champaign County. This remains relevant:

The CCMHB Requirements and Guidelines for Allocation of Funds are incorporated into this contract by reference, except this contract will control should there be an inconsistent/contrary provision in the aforesaid Requirements and Guidelines. If the contract and funding guidelines are not in agreement, the contract shall prevail. For example, if the Provider will incur higher cost for an audit, review, or compilation than allowed per the Funding Requirements and Guidelines, the greater amount may be agreed to through the original budget submitted with an application or by a subsequent formal written request.

Motion to include in all contracts the provision referencing specific exceptions to Funding Requirements and Guidelines, as described in this memorandum:

- _____ Approved
- _____ Denied
- _____ Modified
- _____ Additional Information needed

Staff Recommendations for Agency Allocations

To support Board consideration, staff recommendations are organized in roughly the order in which they were reviewed. Some recommendations are for partial funding due to affordability, especially as we consider sustainable levels of funding. Many recommendations are for two-year terms, which may be of benefit to both the applicant and funder. Some recommendations identify special conditions to be met prior to contracting or during the contract year. Program-specific concerns have been added as discussion points for the Board, many raised by individual Board members. If awarded, prerequisites should be completed by June 18 to avoid delayed payments or reduced

maximums. Negotiations may be conducted through email, remote meeting, or in person. In the event of a failed contract negotiation, the Board may be asked to take later action.

NOTE: in addition to the pre-contracting requirements identified per request below, any final award which is for a different amount than requested will trigger the need for revised budget plan forms and, in some cases, adjustment to the Scope of Services. Also as part of the contracting process, organizations will share with the CCMHB Operations and Compliance Coordinator their annual certificates of insurance, any relevant subcontracts, and letters of engagement with CPA firms.

CCRPC-Community Services – Homeless Services System Coordination

- *Request: \$54,281, 74% of total program revenue*
- *Priority: Safety and Crisis Stabilization*
- ***Required prior to contract:*** *details on Conferences expense.*
- ***Special Provisions*** *(to address during contract year): excess revenue based on Q4 report rather than audit; if a two-year term, excess revenue cannot be spent in 2nd year, and an updated Agency Plan for PY26 submitted prior to June 2025.*
- ***Recommendation:*** *fund at the requested annual level; offer a two-year term.*

Motion to approve CCMHB funding of **\$54,281** per year for a two-year term, for **CCRPC – Community Services – Homeless Services System Coordination**, subject to the caveats as presented in this memorandum, and to authorize the CCMHB Executive Director and Board Officer to execute the agreement:

_____ Approved
_____ Denied
_____ Modified
_____ Additional Information Needed

C-U at Home – Shelter Case Management Program

- *Request is for \$256,700, 66% of total program revenue*
- *Priority: Safety and Crisis Stabilization*
- ***Required prior to contract:*** *n/a.*
- ***Special Provisions:*** *partner with other organizations serving this population, to avoid duplication of effort and to maximize positive outcomes for those served and identify effective strategies and service gaps; participate in CSPH and CIT Steering Committee; demonstrate efforts to secure other funding; if a two-year term, excess revenue cannot be spent in 2nd year, and an updated Agency Plan for PY26 submitted prior to June 2025.*
- ***Recommendation:*** *fund at the requested level, which is the same as PY23 and PY24; offer a two-year term.*

Motion to approve CCMHB funding of **\$256,700** per year for a two-year term, for **C-U at Home – Shelter Case Management Program**, subject to the caveats as

presented in this memorandum, and to authorize the CCMHB Executive Director and Board Officer to execute the agreement:

- _____ Approved
- _____ Denied
- _____ Modified
- _____ Additional Information Needed

CU Early - CU Early

- *Request is for: \$80,723, 16% of total program revenue*
- *Priorities: Thriving Children, Youth, and Families; partial alignment with Collaboration with CCDDDB*
- **Required prior to contract:** *select a TPC target rather than a range.*
- **Special Provisions:** *the Provider will indicate # of children screened with developmental delay/risk in quarterly report comment section; collaborate with providers of similar services; report on other funding sought (especially through ISBE); inform eligible families of PUNS and ISC; at the end of the contract term, program-specific audited financial statements will be provided (from combined audit); if a two-year term, excess revenue cannot be spent in 2nd year, and an updated Agency Plan for PY26 submitted prior to June 2025.*
- **Recommendation:** *fund at requested level, committing \$16,145 to developmental support (through the MHB's DD set-aside); offer a two-year term.*

Motion to approve CCMHB funding of **\$80,723** per year for a two-year term, for **CU Early - CU Early**, subject to the caveats as presented in this memorandum, and to authorize the CCMHB Executive Director and President to execute the agreement:

- _____ Approved
- _____ Denied
- _____ Modified
- _____ Additional Information Needed

CC Head Start/Early Head Start – Mental Health Services

- *Request is for: \$388,463, 100% of total program revenue*
- *Priorities: Thriving Children, Youth, and Families; partial alignment with Collaboration with CCDDDB*
- **Required prior to contract:** *the Early Head Start Expansion grant which funds a fourth coach should be included in financial forms (personnel, expense, revenue, and budget narrative); any other revisions required to support the greater focus on developmental delays/risk.*
- **Special Provisions:** *continue to collaborate with providers of similar services and to report on efforts to secure other funding; inform eligible families of PUNS and ISC; online service claims reporting; report on other funding sought; excess revenue based on Q4 report rather than audit; if a two-year term, excess revenue*

cannot be spent in 2nd year, and an updated Agency Plan for PY26 submitted prior to June 2025.

- **Recommendation:** fund at \$385,463, which is a lower amount than requested but an increase over the current level; commit \$216,800 to developmental support (through the MHB’s DD set-aside); offer a two-year term.

Motion to approve CCMHB funding of **\$385,463** per year for a two-year term, for **Champaign County Head Start/Early Head Start – Mental Health Services**, subject to the caveats as presented in this memorandum, and to authorize the CCMHB Executive Director and Board Officer to execute the agreement:

- _____ Approved
- _____ Denied
- _____ Modified
- _____ Additional Information Needed

Champaign County Health Care Consumers – Disability Application Services

- *Request: \$105,000, 94% of total program revenue*
- *Priority: Closing the Gaps in Access and Care*
- **Required prior to contract:** update CLC Plan.
- **Special Provisions:** report in comment sections of quarterly reports the disability type; participate in CSPH and collaborate with providers of similar services to avoid duplication and maximize positive impacts; participate in Evaluation Capacity project group activities; if a two-year term, excess revenue cannot be spent in 2nd year, and an updated Agency Plan for PY26 submitted by June 2025.
- **Recommendation:** fund at \$102,000 which is lower than requested but an increase over the current level; offer two-year term.

Motion to approve CCMHB funding of **\$102,000** per year for a two-year term for **Champaign County Health Care Consumers – Disability Application Services**, subject to the caveats as presented in this memorandum, and to authorize the CCMHB Executive Director and Board Officer to execute the agreement:

- _____ Approved
- _____ Denied
- _____ Modified
- _____ Additional Information Needed

Courage Connection – Courage Connection

- *Request: \$128,038, 5% of total program revenue.*
- *Priority: Healing from Interpersonal Violence*
- **Required prior to contract:** resolve \$80 difference in reported rental income; if any positions are vacant at July 1, consider a lower contract amount, pro-rated by the cost of vacancies, and amended as vacancies are filled; update CLC Plan.

- **Special Provisions:** office hours in Rantoul and attend Rantoul Service Providers Group; continue to demonstrate that the program does not use MHB funds to supplant other sources of funding which are meant to support all of the clients OR that they are accessing equal non-state funding for out of county clients; track and report # of clients engaging in therapy and # in counseling, in quarterly reports; if a two-year term, excess revenue from the 1st year cannot be spent in the 2nd year of the contract term, and updated Agency Plan for PY26 should be complete prior to June 2025.
- **Recommendation:** fund at requested level, a small increase over the current and prior years level; offer two-year term.
- **Additional Recommendation:** the CCMHB might approve use of this grant as match for IDHS DVPI and/or ICADV VOCA and VAWA.

Motion to approve CCMHB funding of **\$128,038** per year for a two-year term for **Courage Connection – Courage Connection**, subject to the caveats as presented in this memorandum, and to authorize the CCMHB Executive Director and Board Officer to execute the agreement:

_____ Approved
 _____ Denied
 _____ Modified
 _____ Additional Information Needed

Motion to approve **Courage Connection** to use funding from the CCMHB contract as match for other funds throughout the term of the CCMHB contract:

_____ Approved
 _____ Denied
 _____ Modified
 _____ Additional Information Needed

Cunningham Children’s Home – ECHO Housing and Employment Support

- **Request:** \$203,710, 100% of total program revenue.
- **Priority:** Closing the Gaps in Access and Care
- **Required prior to contract:** clarifications in budget narrative; revise any outdated details in program plan narrative.
- **Special Provisions** assist the MHB in tracking any changes in state and federal funding and rules related to these services; collaborate with providers of similar services, especially SOAR; report on efforts to secure other funding; if a two-year term, excess revenue cannot be spent in 2nd year, and an updated Agency Plan for PY26 submitted prior to June 2025.
- **Recommendation:** fund at \$200,710, which is lower than requested but greater than the current, supporting program growth; offer a two-year term.

Motion to approve CCMHB funding of **\$200,710** per year for a two-year term for **Cunningham Children’s Home – ECHO Housing and Employment Support**,

subject to the caveats as presented in this memorandum, and to authorize the CCMHB Executive Director and Board Officer to execute the agreement:

_____ Approved
_____ Denied
_____ Modified
_____ Additional Information Needed

Cunningham Children’s Home – Families Stronger Together

- *Request: \$282,139, 100% of total program revenue.*
- *Priority: Thriving Children, Youth, and Families*
- ***Required prior to contract:*** *revise outdated details in the program plan narrative (CSE description, written collaborative agreements); identify numeric CSE target.*
- ***Special Provisions:*** *collaborate with providers of similar services and with efforts of the Champaign County Community Coalition; participate in Evaluation Capacity project group activities; report on efforts to secure other funding; if a two-year term, excess revenue cannot be spent in 2nd year, and an updated Agency Plan for PY26 submitted prior to June 2025.*
- ***Recommendation:*** *fund as requested; offer a two-year term.*

Motion to approve CCMHB funding of **\$282,139** per year for a two-year term for **Cunningham Children’s Home – Families Stronger Together**, subject to the caveats as presented in this memorandum, and to authorize the CCMHB Executive Director and Board Officer to execute the agreement:

_____ Approved
_____ Denied
_____ Modified
_____ Additional Information Needed

Don Moyer Boys and Girls Club - CU Change

- *Request: \$85,575, 99% of total program revenue*
- *Priority: Thriving Children, Youth, and Families*
- ***Required prior to contract:*** *possible revision of CSE category; update program plan narrative (CWIT); provide detail on Conference expense; update CLC Plan.*
- ***Special Provisions:*** *continue to participate as a target program in the Evaluation Capacity project; a program representative should attend MHDDAC meetings (this is a standard provision); for TPCs, develop self- and family-directed and approved, written treatment plans (those without may be counted as NTPCs); participate in relevant collaborations (YAC Advisory Committee, SOFFT/LAN and Coalition).*
- ***Recommendation:*** *fund at \$82,575, which is greater than the current level but lower than requested.*

Motion to approve CCMHB funding of **\$82,575** for **Don Moyer Boys and Girls Club - CU Change**, subject to the caveats as presented in this memorandum, and

to authorize the CCMHB Executive Director and Board Officer to execute the agreement:

- _____ Approved
- _____ Denied
- _____ Modified
- _____ Additional Information Needed

Don Moyer Boys and Girls Club - Community Coalition Summer Youth Initiatives

- *Request: \$107,000, 100% of total program revenue*
- *Priority: Thriving Children, Youth, and Families*
- **Required prior to contract:** *identify numeric targets for the utilization categories, with the understanding that these are not easily tracked.*
- **Special Provisions** *(to address during the contract year): accelerated payment schedule; provide subcontracts for all programs involved; statement of Coalition structure and purpose; DMBGC 10% admin fee; collect brief survey feedback from youth and report with other Q1 reports, with no other quarters required; present results to the CCMHB in a fall/winter meeting or study session; if a two-year term, excess revenue cannot be spent in 2nd year, and an updated Agency Plan for PY26 submitted prior to June 2025.*
- **Recommendation:** *fund at the current level of \$90,000, which is lower than requested and lower than the traditional amount; offer a two-year term.*

Motion to approve CCMHB funding of **\$90,000** per year for a two-year term for **Don Moyer Boys and Girls Club - Community Coalition Summer Youth Initiatives**, subject to the caveats as presented in this memorandum, and to authorize the CCMHB Executive Director and Board Officer to execute the agreement:

- _____ Approved
- _____ Denied
- _____ Modified
- _____ Additional Information Needed

FirstFollowers – FirstSteps Community Reentry House

- *Request: \$69,500, 54% of total program revenue.*
- *Priority: Safety and Crisis Stabilization*
- **Required prior to contract:** *resolve financial forms; identify numeric targets for utilization measures and consider using the categories differently, to more fairly represent unique qualities of the program; resolve any remaining audit issues.*
- **Special Provisions** *develop written individualized support plans for residents; if a two-year term, excess revenue from the 1st year cannot be spent in the 2nd year of the contract term, and updated Agency Plan for PY25 should be completed prior to June 2024; participate in CSPH, Reentry Council, and collaborate with Rosecrance Central Illinois Criminal Justice program on behalf of individuals*

eligible for service; document client residency pre-incarceration during intake and maintained in client files.

- **Recommendation:** *fund at \$58,500, an increase over current level but not the full request; offer a two-year term.*

Motion to approve CCMHB funding of **\$58,500** per year for a two-year term for **FirstFollowers – FirstSteps Community Reentry House**, subject to the caveats as presented in this memorandum, and to authorize the CCMHB Executive Director and Board Officer to execute the agreement:

_____ Approved
_____ Denied
_____ Modified
_____ Additional Information Needed

FirstFollowers – Peer Mentoring for Reentry

- *Request: \$95,000, 46% of total program revenue.*
- *Priority: Safety and Crisis Stabilization*
- **Required prior to contract:** *resolve financial forms; in Program Plan Narrative, identify specific numeric targets for utilization measures and clarify outcome targets and assessment tool for outcome #4; resolve any remaining audit issues.*
- **Special Provisions:** *develop written individualized support plans with the most active participants, those working toward self- identified goals; document client residency pre-incarceration during intake and maintained in client files; participate in CSPH, Reentry Council, and add agency representation on the Reentry Council Executive Committee; collaborate with providers of similar services; if a two-year term, excess revenue from the 1st year cannot be spent in the 2nd year of the contract term, and updated Agency Plan for PY26 should be completed prior to June 2025.*
- **Recommendation:** *fund as requested; offer a two-year term.*

Motion to approve CCMHB funding of **\$95,000** per year for a two-year term for **FirstFollowers – Peer Mentoring for Reentry**, subject to the caveats as presented in this memorandum, and to authorize the CCMHB Executive Director and Board Officer to execute the agreement:

_____ Approved
_____ Denied
_____ Modified
_____ Additional Information Needed

GCAP – Advocacy, Care, and Education Services – NEW

- *Request: \$65,000, 100% of total program revenue.*
- *Priority: Closing the Gaps in Access and Care*
- **Required prior to contract:** *revise financial forms as identified in the agency’s follow-up email, which updates the total request to \$61,566; choose specific targets for utilization categories (rather than ranges).*

- **Special Provisions:** participate in Evaluation Capacity project group activities; work with the CLC Coordinator to align CLC Plan action steps with agency mission, program goals, and CLAS standards; mid-year progress report to the Board. The total agency revenue will require an independent CPA financial review (rather than audit) within six months of the end of the contract/program year 25 (on or before December 30, 2025.)
- **Recommendation:** fund at \$61,566, offer a one-year term.

Motion to approve CCMHB funding of **\$61,566** for **GCAP – Advocacy, Care, and Education Services**, subject to the caveats as presented in this memorandum, and to authorize the CCMHB Executive Director and Board Officer to execute the agreement:

_____ Approved
 _____ Denied
 _____ Modified
 _____ Additional Information Needed

GROW in Illinois – Peer-Support

- **Request:** \$159,740, 95% of total program revenue.
- **Priority:** Closing the Gaps in Access and Care
- **Required prior to contract:** update CLC plan; revise financial forms to absorb the apparent \$2,050 error in conference/staff development expense.
- **Special Provisions:** participate in CSPH, CIT Steering Committee, and Reentry Council meetings; avoid use of this contract to serve non-residents but also to demonstrate total agency revenue specific to non-residents, which could not be used to offset the cost of this service to Champaign County residents; if a two-year term, excess revenue from the 1st year cannot be spent in the 2nd year of the term, and updated Agency Plan for PY26 should be completed prior to June 2025.
- **Recommendation:** fund at \$157,690, which is the amount of request adjusted by \$2,050; offer two-year term.

Motion to approve CCMHB funding of **\$157,690** per year for a two-year term for **GROW in Illinois – Peer-Support**, subject to the caveats as presented in this memorandum, and to authorize the CCMHB Executive Director and Board Officer to execute the agreement:

_____ Approved
 _____ Denied
 _____ Modified
 _____ Additional Information Needed

Rosecrance Central Illinois – Benefits Case Management

- **Request:** \$84,625, 99% of total program revenue
- **Priority:** Closing the Gaps in Access and Care

- **Required prior to contract:** work with CCMHB staff on the program’s M&G allocation and other items to be charged to Professional Fees; update CLC Plan (this will be the case for all Rosecrance contracts.)
- **Special Provisions:** collaborate with providers of similar services, especially those using SOAR; maximize other funding; report on individual referrals and linkages in quarterly reports; engage with the CLC Coordinator to increase focus on types of lived expertise represented on the agency board and staff teams and to increase the engagement of members of minority communities; if a two-year term, excess revenue cannot be spent in 2nd year, and an updated Agency Plan for PY26 submitted prior to June 2025.
- **Recommendation:** fund as requested; offer a two-year term.

Motion to approve CCMHB funding of **\$84,625** per year for a two-year term for **Rosecrance Central Illinois – Benefits Case Management**, subject to the caveats as presented in this memorandum, and to authorize the CCMHB Executive Director and Board Officer to execute the agreement:

- _____ Approved
- _____ Denied
- _____ Modified
- _____ Additional Information Needed

Rosecrance Central Illinois – Child & Family Services

- **Request:** \$77,175, 38% of total program revenue
- **Priority:** Thriving Children, Youth, and Families
- **Required prior to contract:** see above.
- **Special Provisions:** collaborate with providers of similar services and SOFFT/LAN Council; maximize other funding; report on individual referrals and linkages in quarterly reports; inform CCMHB of opportunities to advocate for statewide improvements to the system, including ‘paperwork reduction’; encourage referrals from other organizations (including smaller, local ones) involved with children and families; engage with CLC (as noted above); if a two-year term, conditions (as above).
- **Recommendation:** fund at the PY24 level, \$73,500; offer a two-year term.

Motion to approve CCMHB funding of **\$73,500** per year for a two-year term for **Rosecrance Central Illinois – Child & Family Services**, subject to the caveats as presented in this memorandum, and to authorize the CCMHB Executive Director and Board Officer to execute the agreement:

- _____ Approved
- _____ Denied
- _____ Modified
- _____ Additional Information Needed

Rosecrance Central Illinois – Criminal Justice PSC

- *Request: \$336,000, 73% of total program revenue*
- *Priority: Safety and Crisis Stabilization*
- ***Required prior to contract: see above.***
- ***Special Provisions:*** *collaborate with providers of similar services; input from justice partners to MHB staff; maximize other funding; report on individual referrals and linkages in quarterly reports; participate in Evaluation Capacity project group activities; inform CCMHB of opportunities to advocate for statewide/federal funding or improvements to the system; if a two-year term, conditions (as above).*
- ***Recommendation:*** *fund as requested; offer a two-year term.*

Motion to approve CCMHB funding of **\$336,000** per year for a two-year term for **Rosecrance Central Illinois – Criminal Justice PSC**, subject to the caveats as presented in this memorandum, and to authorize the CCMHB Executive Director and Board Officer to execute the agreement:

_____ Approved
 _____ Denied
 _____ Modified
 _____ Additional Information Needed

Rosecrance Central Illinois – Crisis Co-Response Team and Diversion Center

- *Request: \$410,000, 70% of total program revenue*
- *Priority: Safety and Crisis Stabilization*
- ***Required prior to contract: see above.***
- ***Special Provisions:*** *input from justice system partners to CCMHB staff; participate in CIT Steering Committee; assist the MHB and staff in tracking changes in state and federal rules and funding for this type of service; continue to maximize other sources of funding; report on individual referrals and linkages in quarterly reports; if a two-year term (as above.)*
- ***Recommendation:*** *fund as requested; offer a two-year term.*

Motion to approve CCMHB funding of **\$410,000** per year for a two-year term for **Rosecrance Central Illinois – Crisis Co-Response Team and Diversion Center**, subject to the caveats as presented in this memorandum, and to authorize the CCMHB Executive Director and Board Officer to execute the agreement:

_____ Approved
 _____ Denied
 _____ Modified
 _____ Additional Information Needed

Rosecrance Central Illinois – Recovery Home

- *Request: \$100,000, 19% of total program revenue*
- *Priority: Closing the Gaps in Access and Care*
- ***Required prior to contract: see above.***

- **Special Provisions:** relevant collaborations; maximize other funding; report the # of clients who were Champaign County residents prior and on individual referrals and linkages in quarterly reports; participate in Evaluation Capacity project group activities; engage with CLC (as above); if a two-year term, conditions (as above).
- **Recommendation:** fund as requested, the current level; offer a two-year term.

Motion to approve CCMHB funding of **\$100,000** per year for a two-year term for **Rosecrance Central Illinois – Recovery Home**, subject to the caveats as presented in this memorandum, and to authorize the CCMHB Executive Director and Board Officer to execute the agreement:

_____ Approved
 _____ Denied
 _____ Modified
 _____ Additional Information Needed

Rosecrance Central Illinois – Specialty Courts

- **Request:** \$186,900, 99% of total program revenue
- **Priority:** Safety and Crisis Stabilization
- **Required prior to contract:** see above; revise the expense related to May 2024 conference.
- **Special Provisions:** rework outcomes to more direct impact on people served; report on individual referrals and linkages in quarterly reports; input from Problem Solving Court partners; inform the MHB of opportunities to advocate for statewide or federal funding or improvements to the system and of relevant changes in state/federal policies; continue to pursue/maximize other funding.
- **Recommendation:** fund at the PY24 level, \$178,000.

Motion to approve CCMHB funding of **\$178,000** for **Rosecrance Central Illinois – Specialty Courts**, subject to the caveats as presented in this memorandum, and to authorize the CCMHB Executive Director and Board Officer to execute the agreement:

_____ Approved
 _____ Denied
 _____ Modified
 _____ Additional Information Needed

Terrapin Station Sober Living NFP - Recovery Home

- **Request:** \$90,880, 87% of total program revenue
- **Priority:** Closing the Gaps in Access and Care
- **Required prior to contract:** revise expense categories and budget narrative form; provide estimated targets for TPCs (who will have written treatment plans); update CLC Plan.

- **Special Provisions:** document efforts to secure other funding for home improvements and to appeal the tax exemption finding; use Evaluation project resources to find an assessment tool; share a contingency plan for continuation of treatment for residents should the Provider become unable to continue services; as practical, collaborate with Drug Court, CIT Steering Committee, Continuum of Service Providers to the Homeless, and other similar providers, esp of homeless services and MH/SUD care; participate in Evaluation Capacity project group activities; if a two-year term, excess revenue cannot be spent in 2nd year, and an updated Agency Plan for PY26 submitted prior to June 2025.
- **Recommendation:** fund at \$88,880, which is lower than requested but higher than the current level; offer a two-year term.

Motion to approve CCMHB funding of **\$88,880** per year for a two-year term for **Terrapin Station Sober Living NFP – Recovery Home**, subject to the caveats as presented in this memorandum, and to authorize the CCMHB Executive Director and Board Officer to execute the agreement:

_____ Approved
 _____ Denied
 _____ Modified
 _____ Additional Information Needed

The UP Center of Champaign County - Children, Youth & Families Program

- **Request:** \$190,056, 62% of total program revenue
- **Priority:** Thriving Children, Youth, and Families
- **Required prior to contract:** revise financial forms.
- **Special Provisions:** continue to pursue other sources of funding; consider written treatment plans for NTPCs who engage in multiple program activities long-term (to later consider them as TPCs); attend SOFFT/LAN meetings and other relevant collaborations; identify strategies to increase engagement of diverse people, which may include accessing support from the CLC Coordinator; if a two-year term, excess revenue cannot be spent in 2nd year, and an updated Agency Plan for PY26 submitted prior to June 2025.
- **Recommendation:** fund as requested, at current level; offer a two-year term.

Motion to approve CCMHB funding of **\$190,056** per year for a two-year term for **The UP Center of Champaign County - Children, Youth & Families Program**, subject to the caveats as presented in this memorandum, and to authorize the CCMHB Executive Director and Board Officer to execute the agreement:

_____ Approved
 _____ Denied
 _____ Modified
 _____ Additional Information Needed

WIN Recovery – Community Support ReEntry Houses

- *Request: \$244,342, 16% of total program revenue*
- *Priority: Safety and Crisis Stabilization*
- **Required prior to contract:** *develop numeric targets for utilization measures; update measures of access if 100% is not probable; revise forms to remove outdated references.*
- **Special Provisions:** *engage with CLC Coordinator for support; participate in Evaluation Capacity project group activities; participate in Reentry Council, CSPH and possibly Drug Court Steering Committee; increase collaboration with FirstFollowers and pursue additional collaborations with local providers, e.g., Christian Health Center; document client residency pre-incarceration; report quarterly on # of people in the home for greater than three months; if a two-year term, excess revenue cannot be spent in 2nd year, and an updated Agency Plan for PY26 submitted prior to June 2025.*
- **Recommendation:** *fund at \$129,000, which is lower than requested but higher than the current and prior year level; offer a two-year term.*

Motion to approve CCMHB funding of **\$129,000** per year for a two-year term for **WIN Recovery – Community Support ReEntry Houses**, subject to the caveats as presented in this memorandum, and to authorize the CCMHB Executive Director and Board Officer to execute the agreement:

_____ Approved
 _____ Denied
 _____ Modified
 _____ Additional Information Needed

Total PY25 Funding Recommended = \$3,625,446
Total PY25 Requests Recommended for Deferral (later decision) = \$0
Total PY25 Requests and Portions of Requests Recommended for Denial = \$175,402

Exceeds Allocation Parameters, Any Priority

The difference between what appears affordable for PY25 and total requests is \$175,462. For PY24, the ‘shortfall’ was \$934,652, the most competitive CCMHB allocation process in recent memory. The development of staff recommendations was challenging, and the Board made difficult final decisions. There is a strong chance that PY2026 will be a tougher cycle again. While many capable organizations are prepared to address the unmet behavioral health and disability support needs of our community, public funds do not rise with needs, so these financial resources are not sufficient to empower all.

PY24 obligations continuing for PY25 plus those PY25 requests recommended for funding total an amount **greater** than the projected available by \$60. In the event of increased PY25 revenues, the Board might consider fully funding some programs. Higher PY25 revenue could result from an increase in the anticipated property tax revenue for 2025, cancellation or reduction of PY25 contracts, agencies lowering the amounts of PY25 contracts due to securing other funding or pro-rating for vacancies, or the Board receiving unexpected other revenues.

Staff Recommendations for Agency Allocations through the I/DD Special Initiatives Fund

Staff and board members reviewed the following application, which at \$232,033 is affordable within the fund’s projected budget. For integrated planning as described in the intergovernmental agreement, this was also discussed by officers of both boards, the Associate Directors, and the Executive Director.

CCRPC Community Services – Community Life Short Term Assistance

- *Request: \$232,033, 100% of total program revenue.*
- *IDDSI Priority: Community Life*
- *Required prior to contract: n/a*
- *Special provisions: during the first quarter, meet with CCDDDB/CCMHB staff and possibly other stakeholders to discuss grant parameters; track contacts with people who do not have any services; coordinate with other agencies providing similar services; report quarterly via Online Reporting System; offer information on online technology training and access for staff and clients; require scholarship denial prior to specific assistance; align with IDHS-DDD purchase process; mid-year progress report to both Boards; participate in Evaluation Capacity project group activities; excess revenue based on Q4 report rather than audit; if a two-year term, excess revenue cannot be spent in 2nd year, and an updated Agency Plan for PY26 submitted prior to June 2025.*
- *Recommendation: fund through the I/DD Special Initiatives Fund at the level requested; offer a two-year term. Because the fund is under joint authority of the CCMHB and CCDDDB, approval by both boards is required. Both boards will meet separately on May 22, 2024.*

Motion to approve I/DD Special Initiatives funding of **\$232,033** per year for a two-year term for **CCRPC Community Services – Community Life Short Term Assistance**, subject to the caveats as presented in this memorandum, and to authorize the CCMHB Executive Director and Board Officer, pending similar approval by the CCDDDB:

_____ Approved
_____ Denied
_____ Modified
_____ Additional Information Needed

If this program is contracted for a two-year term, the Boards might consider not opening an I/DD Special Initiatives funding opportunity for PY26. This is the only application submitted directly to the fund in its first two years, and it addresses a high priority category.

CCMHB and IDDSI PY2025 Funding Recommendations		PY2025		
Agency	Program	Request	Priority	Recommendation
CCRPC - Community Services	Homeless Services System Coordination	\$54,281	Safety and ...	\$54,281
CU at Home	Shelter Case Management Program	\$256,700	Safety and ...	\$256,700
CU Early	CU Early	\$80,723	Thriving Child...	\$80,723
CC Head Start/Early Head Start	Early Childhood MH Svcs (MH and DD)	\$388,463	Thriving Child...	\$385,463
CC Health Care Consumers	Disability Services	\$105,000	Closing Gaps...	\$102,000
Courage Connection	Courage Connection	\$128,038	Healing from...	\$128,038
Cunningham Childrens Home	ECHO Housing and Employment Support	\$203,710	Closing Gaps	\$200,710
	Families Stronger Together	\$282,139	Thriving Child...	\$282,139
Don Moyer Boys and Girls Club	C-U CHANGE	\$85,575	Thriving Child...	\$82,575
	Community Coalition Summer Initiatives	\$107,000	Thriving Child...	\$90,000
FirstFollowers	FirstSteps Community Reentry House	\$69,500	Safety and ...	\$58,500
	Peer Mentoring for Reentry	\$95,000	Safety and ...	\$95,000
GCAP - NEW	Advocacy, Care, & Education Services - NEW	\$65,000	Closing Gaps...	\$61,566
GROW in Illinois	Peer-Support	\$159,740	Closing Gaps...	\$157,690
Rosecrance Central Illinois	Benefits Case Management	\$84,625	Closing Gaps...	\$84,625
	Child & Family Services	\$77,175	Thriving Child...	\$73,500
	Criminal Justice PSC	\$336,000	Safety and ...	\$336,000
	Crisis Co-Response Team (CCRT)	\$410,000	Safety and ...	\$410,000
	Recovery Home	\$100,000	Closing Gaps...	\$100,000
	Specialty Courts	\$186,900	Safety and ...	\$178,000
Terrapin Station Sober Living	Recovery Home	\$90,880	Closing Gaps...	\$88,880
The UP Center of CC	Children, Youth & Families Program	\$190,056	Thriving Child...	\$190,056
WIN Recovery	Community Support ReEntry Houses	\$244,342	Safety and ...	\$129,000
	Total PY25 Requests to be reviewed =	\$3,800,847	Total Recommend =	\$3,625,446
			Target Available =	\$3,625,386
	Total CCMHB MI/SUD	\$3,567,902	For MH/SUD =	\$3,392,441
	Total CCMHB DD PY25 amount (excludes 2 yr contract)	\$232,945	For DD=	\$232,945
IDDSI: CCRPC	Community Life Short Term Supports	\$232,033	Community Life	\$232,033
<i>Other PY25 obligations are two year (PY24-PY25 contracts totaling \$2,116,086)</i>				

Agency	Program	Safety and Crisis Stabilization	Healing from Interpersonal Violence	Closing the Gaps in Access and Care	Thriving Children, Youth, and Families	I/DD Collaboration with CCDDB	ONE YEAR	TWO YEAR
FirstFollowers	First Steps Reentry House	\$58,500						\$58,500
	Peer Mentoring for Re-entry	\$95,000						\$95,000
GCAP - NEW	Advocacy, Care... NEW			\$61,566			\$61,566	
GROW in Illinois	Peer-Support			\$157,690				\$157,690
Promise Healthcare	Mental Health Services			\$330,000			\$330,000	
	PHC Wellness			\$107,078			\$107,078	
Rape Advocacy, Counsel	Sexual Trauma Therapy		\$140,000				\$140,000	
	Sexual Violence Prevention		\$75,000				\$75,000	
Rosecrance Central Illinois	Benefits Case Management			\$84,625				\$84,625
	Child & Family Services				\$73,500			\$73,500
11	Criminal Justice PSC	\$336,000						\$336,000
11	Crisis Co Response (CCRT)	\$410,000						\$410,000
	Recovery Home			\$100,000				\$100,000
	Specialty Courts	\$178,000					\$178,000	
Terrapin Station Sober Living	Recovery Home			\$88,880				\$88,880
WIN Recovery	Community Support ReEntry	\$129,000						\$129,000
The UP Center of Champions	Children, Youth, & Families				\$190,056			\$190,056
	Subtotals by Priority and Term	\$1,629,697	\$406,949	\$1,712,256	\$1,103,511	\$889,119	\$322,141	\$3,303,305
					Total	\$5,741,532		\$5,741,532
					Target	\$5,741,472		\$5,741,532



DECISION MEMORANDUM

DATE: May 22, 2024
TO: Members, Champaign County Developmental Disabilities Board (CCDDB)
and Members, Champaign County Mental Health Board (CCMHB)
FROM: Lynn Canfield, Executive Director
SUBJECT: **Recommendations for Changes in Agency Reporting**

Purpose:

For consideration by the CCDDB and CCMHB, this memorandum presents an update on recent changes to the application and reporting system. It then offers recommendations and requests board approval for revised reporting categories and timelines.

Background:

Each quarter, agencies use the online system to share five reports related to each program funded by the CCDDB or CCMHB:

- Service Activity to track utilization measures and offer commentary.
- Residency and demographic data on clients new that quarter.
- Expenses and revenues for the program year up to the end of that quarter.

At the end of the second quarter and the end of the program year, financial reports also include explanations of variances greater than 20% of budget, per expense category.

After the second quarter, agencies complete and upload a brief report on progress in CLC Plan action areas. At the end of the year, they prepare a more detailed CLC Progress Report.

A report on Performance Outcomes is also shared after the program year closes.

From time to time, we seek input on these reports as well as application forms. As needed, users inform us of barriers which may be specific to their program or agency, may arise from other online system changes, or may relate to the relevance of data. Researchers with the evaluation projects have also contributed to some improvements of the application and report forms. Just as we have for the past two years, we look forward to the new team's suggestions for improving the year end performance outcomes report.

Changes to Registration and Application:

During the most recent period for agencies to register and apply for funding, CCDDDB-CCMHB staff learned of three technical issues interfering with some applicants' experience. We have addressed each and are discussing other ways to improve the application forms, process, and instructions for the next cycle.

Barrier: Some new registrations were not completed, and some did not appear to be completed. We noticed that steps of the process may have been missed, but we have also discovered that some new users, especially those with gmail and certain other addresses, did not receive the system's auto-generated messages confirming successful registration or fulfilling two-step authentication requests. Had we known that a step had been missed or an email not generated or not received, we would have helped new users. For those who waited until nearly the end of the application period to try registering, our help would not have made much difference. The application instructions advise people to start early.

Solutions: EMK Consulting has set up a 'dashboard' so that our staff may check on the progress of any new registration efforts throughout the open period. We will not be able to test it until the PY26 cycle starts, but we will add a warning about the auto-generated email to the application instructions document.

Barrier: The application Expense form includes a calculator to show how Total Agency, Total Program, and Board Contract revenue and expense totals compare. It only completed these calculations when the separate Revenue form had been submitted. As a result, the Board Contract column, which is required to be balanced, would not appear balanced until forms were submitted, leading applicants to believe their work was not complete. Worse still, an error message was generated telling them they needed to balance that column.

Solution: The Expense form calculator has been updated so that it updates and compares totals each time the forms are saved, which may be done multiple times before submitting. In addition to removing the unhelpful caution, this will allow agency users to check their work throughout the process.

Barrier: The application instructions identify word limits for text boxes, and these limits also appear in the relevant text boxes of the application's Program Plan Narrative form. The design included warnings at the top of that form identifying text boxes with limits exceeded and by how much. Unfortunately, it seemed that the agency view did NOT include these warnings, though system administrators (i.e., the developers and all CCDDDB-CCMHB staff) could see them. As a result, applicants could not identify the cause of their form not being ready to submit and relied on assistance to understand the issue. Reducing a text answer can take some time, even when it's clear how much needs to be cut. While all were able to help people complete the process, this added stress to an already stressful process.

Solution: EMK Consulting has added the 'exceeds limits' statements to the agency view.

Barrier: The application Budget Narrative had been designed to accommodate larger text boxes than others, as close to unlimited as we could get. Even with the large capacity, the visual box itself had created an unintended barrier. Some organizations are larger with more complex budget plans to describe.

Solution: EMK Consulting has increased the capacity to maximum of 2,000 words and expanded the space to show all of them. In some cases, this still might not be adequate, so an upload option can be agreed on with staff (uploads are not always easy to find, so our staff will need to be notified.)

The changes above relate to application forms. Other changes to the content of forms, instructions, timeline, or other process may be useful to agency users and board members. We are aware of problems experienced by some applicants. Possible enhancements (e.g., requiring numeric entries where they are requested and often omitted, allowing uploaded documents for more circumstances) are under discussion, including whether there will be an extra cost for them and whether they might create new, unintended issues for users. The following are changes to report forms, in progress or completed recently:

Barrier: Demographic and zip code reports have numeric boxes next to each category, allowing analysis across programs and years. If a number was not entered into a particular box, the report could not be completed and ‘submitted.’ Subtotals and totals within a form are not impacted by no entry, so the system requirement to enter zeroes was confusing.

Solution: EMK eliminated the requirement to enter zeroes in demographic and zip code categories. Forms can be submitted with boxes skipped if no clients ‘checked the box.’

Barrier: The Performance Outcome Report which had been designed by the prior Evaluation Capacity Building research team was lengthy and not accessible. It also asked questions which are answered by agencies throughout the year in their quarterly reports.

Solution, Barrier, Solution: Our first effort to streamline this form eliminated redundancies as well as the need for the agency to copy and paste from their application form. Unfortunately, it did not resolve all of the accessibility issues and even created a new problem (unintended text limits). Subsequent suggestions from a DDB member, new evaluation team lead, and our own staff seem to have solved it.

Proposed Changes to Report Categories and Requirements:

During 2024, Mental Health Board members discussed collecting data on preferred language, as language access appears to be a barrier to some services. This may be less relevant to services funded by the DDB, but even optional data in this category may be useful in future planning. Our demographic and zip code categories were established decades ago and have only been adjusted very lightly over the years, so it was not surprising that when I turned to agency users, community members, and other funders for input, many updates were suggesting, including using an inclusive phrase in place of “Other.”

Current requirement: No language data are collected.

Proposed change: Preferred language use could be an open-ended question (text box) or a small number of choices from among the many languages in use in our community, plus an open-ended option:

- Arabic
- ASL (any dialect or variety)
- English

French
Q'anjob'al
Spanish
My preferred language is not listed [option to identify it]
Not Available

Current requirement: Age categories match those collected and reported to the State of Illinois except that several years ago ours eliminated 75+: 0-6, 7-12, 13-18, 19-59, 60+.

Proposed change: To match the state's categories, restore 75 and older:

0-6
7-12
13-18
19-59
60-74
75+
Not Available

Current requirement: Race categories in use are White, Black/African American, Asian/Pacific Islander, Other (incl Native American and Bi-racial), Not Available. A separate category requests ethnic origin, namely of Hispanic or Latino/a origin, Not of Hispanic or Latino/a origin, Not Available. The separation of ethnicity from race was to be consistent with the state's requirement. Several other sets are in use currently, from which we might choose an array most compatible with Champaign County residents.

Proposed change: Combine the separate race and ethnic origin categories into one, "Race/Ethnicity" and offer the following options for people to choose from.

African American/Black
Asian/Asian American
Latina/Latine/Latino/Latinx
Middle Eastern/North African
Multi-Racial
Native American/First Nations/American Indian
White
My race/ethnicity is not listed [option to identify it]
Not Available

Current requirement: Gender categories have been Male, Female, Other (may include nonbinary and gender nonconforming people), Not Available. We read a great deal of feedback on these categories and were offered many options for an updated array.

Proposed change:

Agender
Genderfluid
Man
Non-binary
Woman
My gender is not listed [option to identify it]
Not Available

Current requirement: Although we did not ask about residency data categories, which are all of the zip codes in Champaign County, CCDDDB-CCMHB staff have discussed agency feedback regarding multiple Champaign and Urbana zip codes. We understand why these had been collected separately (as proxies for income information) but given that this is not as valid as it once was, and especially that other categories above might be expanded, this would also be a good time to revise zip code categories.

Proposed change:

- 60949 Ludlow
- 61801/61802/61803 Urbana
- 61815 Bondville
- 61816 Broadlands
- 61820/61821/61822/61824/61825/61826 Champaign
- 61840 Dewey
- 61843 Fisher
- 61845 Foosland
- 61847 Gifford
- 61849 Homer
- 61851 Ivesdale
- 61852 Longview
- 61853 Mahomet
- 61859 Ogden
- 61862 Penfield
- 61863 Pesotum
- 61864 Philo
- 61866 Rantoul
- 61871 Royal
- 61872 Sadorus
- 61873 Saint Joseph
- 61874 Savoy
- 61875 Seymour
- 61877 Sidney
- 61878 Thomasboro
- 61880 Tolono
- My zip code is not listed here [option to identify it]
- Not Available

Current requirement: Contracts have required that, after the second and fourth quarters, agencies explain variance of any expense category of greater than 20% of the budgeted amount, with a \$100 minimum. For large contracts or agencies with multiple sources of funding, this minimum is low enough to trigger required explanations of nearly all categories, more information than is practical to share or review.

Proposed change: Require explanations of financial variances greater than 20% and \$500.

Current requirement: Any equipment over \$1,000 is considered a capital equipment purchase. Capital equipment cannot be charged to the Equipment expense category and must be charged instead to the Miscellaneous Expense category. Considering that it is no longer possible to purchase cellphones or laptop computers for less than \$1,000, a higher threshold would seem to make sense for all.

Current IRS guidelines increase the amount to \$2500, with these considerations in mind: Current Economic Conditions, reflecting the true cost of equipment in today’s market; Administrative Simplicity, simplifying the capitalization process and reducing administrative burden; Financial Reporting, ensuring that financial statements accurately represent the organization’s financial health; Compliance with Tax Regulations, adhering to IRS guidelines and taking advantage of tax benefits where applicable; and Strategic Financial Planning, aligning the capitalization policy with the organization’s long-term financial strategy.

Proposed change: Recategorize purchases of equipment as above, with the new threshold as \$2,500. This change would take effect beginning with PY2025 contracts and reporting.

For all of the above, we understand that even positive changes will take some time, so the first year of use of these new data categories and variance thresholds will be a transition year. We will be able to update the report forms to support all, and PY25 contract language will include the variance details, but it may take time for agencies to adjust their data collection tools to match these, worth noting in future analysis of results.

The final change we propose would not start until PY26. We may also revise the application expense form and subsequent expense report forms, for PY26 and beyond, by adding a category which might have been helpful to all in the last round of applications and reviews, but we will continue to discuss this idea and other related possibilities.

Current requirement: First, second, and third quarter reports are due by midnight on the last Friday of the month following the quarter (October, January, April.) Fourth quarter and year-end reports are due by midnight on the last Friday of the second month following the end of the contract year (i.e., August.) Staff confirmation that all have been completed, or that extensions were requested before the deadline, determines time-sensitive next steps for our team. Gaining two days to complete the review would allow us to do so more accurately.

Proposed change: For PY2026, shift the first, second, and third quarter report deadlines to the last Wednesday of the month following the quarter and shift the fourth quarter and year-end reports to the last Wednesday of August. While this would not take effect for PY25, the next set of contracts, there may be two-year contracts among them, so that multi-year agreements would have specific details on deadlines matching other PY2026 contracts.

Decision Section:

Motion to approve the revised demographic and residency report categories and revised financial variance and equipment expense report thresholds to take effect July 1, 2024, and to approve the reporting deadline changes to take effect July 1, 2025, as proposed in this memorandum:

- _____ Approved
- _____ Denied
- _____ Modified
- _____ Additional Information needed



DECISION MEMORANDUM

DATE: May 22, 2024
TO: Members, Champaign County Mental Health Board (CCMHB)
FROM: Lynn Canfield, Executive Director
SUBJECT: Promise Healthcare 2022 Audit and PY24-PY25 Contracts

Background:

Per CCMHB Requirements in force at the time PY2024 applications were submitted and agreements signed, contracts would be automatically cancelled if an audit was delayed more than three months past the deadline. That deadline is six months after the close of the agency fiscal year.

While the cancellation rule has since changed, in [Requirements revised in late 2023](#), automatic cancellation applied to the two Promise PY24-PY25 contracts when the 2022 audit was not received by September 30, 2023. The Board approved an extension in October. From minutes:

Agency Request for Consideration:

A formal request from Promise Healthcare to waive the automatic cancellation of PY24 contracts was included in the packet. Board members asked for additional information from board staff and Promise staff and discussed how to incorporate the responses.

MOTION: Ms. Palencia moved to delay the automatic contract cancellations of CCMHB contracts with Promise Healthcare for Mental Health Services (#MHB24-013) and PHC Wellness (#MHB24-041) until December 27, 2023. Mr. Hausman seconded the motion. A roll call vote was taken, and the motion passed.

When the audit was not completed by the extended deadline and contracts were cancelled, the Board agreed to postpone a decision on waiving cancellation:

Request from Promise Healthcare:

A formal request from Promise Healthcare to waive the cancellation of PY24 contracts as of January 1, 2024, due to a late audit was included in the packet as addendum on January 12, 2024.

MOTION: Dr. Youakim moved to postpone the request to waive the contract cancellations of CCMHB contracts with Promise Healthcare for Mental Health Services (#MHB24-013) and PHC

Wellness (#MHB24-041) until the audit is received and reviewed by CCMHB staff. Ms. Sprandel seconded the motion. A roll call vote was taken, and the motion passed.

Audit Update:

Promise Healthcare’s 2022 audit was approved by their board on May 9 and shared with CCMHB staff May 10. Our consulting CPA and staff are now reviewing it, but this is complicated by the agency using a different fiscal year than contract year and by the previously submitted contract year-end financial reports being revised by the agency. At the time of this writing, our review is not complete; if there are any issues to resolve, we have not yet identified them.

Board Actions for Consideration:

If the CCMHB review of Promise’ 2022 audit is completed by the time of this meeting, the Board will be able to take up the postponed request.

Motion to **waive cancellation** of CCMHB contracts with Promise Healthcare for Mental Health Services (#MHB24-013) and PHC Wellness (#MHB24-041).

- _____ Approved
- _____ Denied
- _____ Modified
- _____ Additional Information Needed

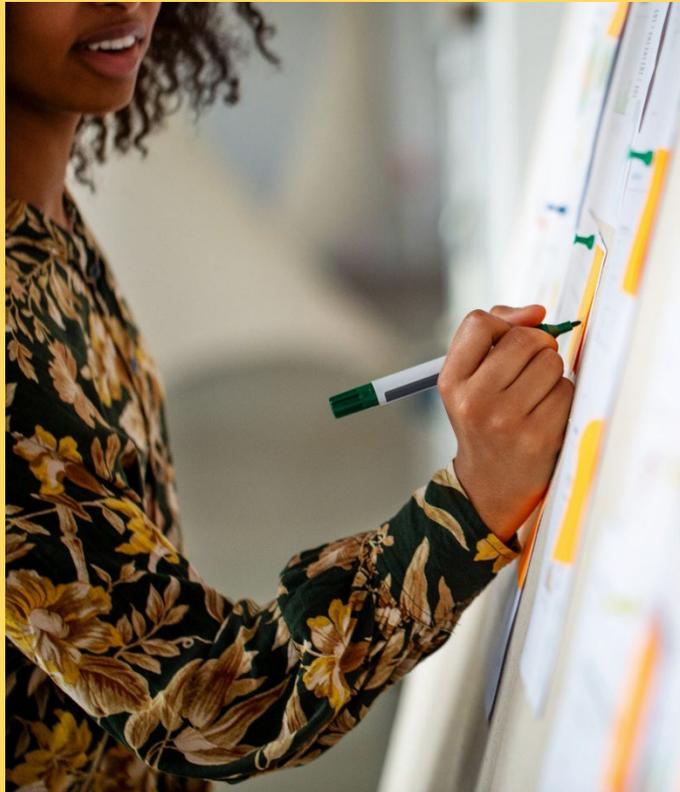
Payments on these two contracts have been held since July 1, 2023. Per CCMHB Funding Requirements (current and prior year versions), the Board is not obligated to issue any payments if an audit is delayed longer than a year past the close of the agency’s fiscal year, which is the case now. The Board could choose to issue none of the payments. It could choose to release some or all of the payments. It could choose to make the release of payments dependent on be resolution of any issues raised by the audit. At this time CCMHB review of the audit is not complete and issues for follow up not identified.

Motion to **release payments** for CCMHB contracts with Promise Healthcare for Mental Health Services (#MHB24-013) and PHC Wellness (#MHB24-041), pending resolution of any issues related to the 2022 audit.

- _____ Approved
- _____ Denied
- _____ Modified
- _____ Additional Information Needed

Empowerment and Participatory Approaches to Building Agency Evaluation Capacity Project

Year One Annual Report: Identifying Needs and Moving to Action



April 30, 2024
Family Resiliency Center
University of Illinois Urbana-Champaign

Year 1 Annual Report Prepared for the Mental Health and Developmental Disability Board by the Family Resiliency Center; Department of Human Development and Family Studies; College of Agricultural, Consumer, and Environmental Sciences; University of Illinois, Urbana-Champaign

Executive Summary

Funded agencies are providing important programs and resources for community members with mental health and developmental disabilities to thrive. Using empowerment evaluation strategies, this project builds agency staff capacity to measure and report on what services are provided, who is served and how, and progress toward meeting goals for service delivery and changes in outcomes.

During Year 1, the Family Resiliency Center (FRC) evaluation team learned about past evaluation experiences, expectations for the FRC evaluation team, current evaluation practices, and strengths and challenges related to conducting quality program evaluations through interviews, surveys, focus groups, report review, a group level assessment (GLA) session, and an ongoing working group (Figure 1). Over 75 people participated.

Figure 1. Year 1 Readiness and Needs Assessment Methods by the Numbers



Key Findings from Assessment Activities

The Year 1 readiness and needs assessment revealed **five key findings** across board members, agency leaders, agency staff, and the FRC evaluation team (Figure 2). These findings inform current and planned action steps.

Action Steps

Although some action steps noted in the report are specific to the evaluation team, many apply to board members, board staff, agency leaders and staff, and evaluators, demonstrating it takes capacity and action across all invested participants to make this work successful.

Year 1 Deliverables

The FRC evaluation team began enacting action steps in Year 1 through technical assistance with three programs, creating a working group, developing publicly available microlearnings (go.illinois.edu/FRC-toolkits), writing two reports, and participating in regular meetings for timely progress report-outs.

Figure 2. Summary of Assessment Activity Findings

KEY FINDING	DESCRIPTION	EXAMPLE ACTION STEP
 <p>“We Don’t Know What We Don’t Know”</p>	<p>Familiarity with evaluation knowledge, including terminology and practices, varies.</p>	<p>Identify and tailor needed supports.</p>
 <p>User-Friendly Evaluation Training is Needed and Staff and Boards are Receptive to Learning</p>	<p>Training needs to meet everyone where they are. Agency staff and board members are willing to learn.</p>	<p>Develop microlearning videos on key topics, such as differentiating outputs versus outcomes.</p>
 <p>“Giving Back Time” via Evaluation Tools and Efficiencies</p>	<p>Agency staff are understaffed and have limited capacity. Evaluation efficiencies (e.g., standardized data tools) can help minimize time needed for evaluation activities.</p>	<p>Provide technical assistance to a few programs. Agencies develop internal evaluation and reporting procedure documentation.</p>
 <p>Developing Capacity for Storytelling and Effective Reporting</p>	<p>There is a desire to learn how to use evaluation methods to share programs’ stories and improve reporting.</p>	<p>Provide tips and strategies on using qualitative and quantitative approaches.</p>
 <p>Adopting a Mindset of “We are All in This Together”</p>	<p>Aligning expectations, cross-agency collaboration, and evaluation team engagement can work together to advance evaluation and move to outcomes.</p>	<p>Develop a working group / learning community. Establish open-communication channels.</p>

PY2024
3rd Quarter
Program Service Activity
Reports

For the Champaign County Mental Health Board



Quarterly Program Activity / Consumer Service Report

Agency: Champaign County Children's Advocacy Center

Program: Champaign County Children's Advocacy Cen Period Third Quarter PY24

Submitted 04/17/2024 by K MAY

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	8	170	40	130	
Quarterly Data (NEW Clients)	1	41	19	22	
Continuing from Last Year (Q1 Only)					

Comments:



Quarterly Program Activity / Consumer Service Report

Agency: **Champaign County Head Start/Early Head Start MHB**

Program: **Early Childhood Mental Health Svcs Period Third Quarter PY24**

Submitted **04/26/2024** by **JSPAINMHB**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	5	3000	380	80	12
Quarterly Data (NEW Clients)	3	493	23	22	13
Continuing from Last Year (Q1 Only)					

Comments:



Quarterly Program Activity / Consumer Service Report

Agency: **Champaign County Health Care Consumers**

Program: **CHW Outreach and Benefit Enrollment Period Third Quarter PY24**

Submitted **04/26/2024** by **CLAUDIALENNHOFF**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	8	780	25	160	6
Quarterly Data (NEW Clients)	3	172	4	39	4
Continuing from Last Year (Q1 Only)					

Comments:

This last quarter we have worked with many people who need applications for Medicaid, SNAP, hospital financial assistance, free phones, affordable dental and vision care, and a few who needed prescription assistance. The prescriptions were for very expensive medications such as inhalers, mental health medications, and a medication for a dialysis patient. Several clients were individuals for whom their Medicaid and SNAP benefits had to be reinstated after they were dis-enrolled from these benefits for no good reason. The state's system is glitchy and all too often, clients suffer a nasty surprise when they find out they not longer have Medicaid to pay for their prescriptions or SNAP to buy food. It is always better for the client if they work with us to expedite the re-establishment of their benefits, rather than if they try to go to the DHS office to do it. Our clients are already stressed and struggling with mental health issues. Losing access to a mental health medication is not good for them. For the clients who need medications, we help them out of our Rx Fund program so they can get the medications as soon as possible, even as we work to reestablish their Medicaid coverage.



Quarterly Program Activity / Consumer Service Report

Agency: **Champaign County Health Care Consumers**

Program: **Disability Application Services** Period **Third Quarter PY24**

Submitted **04/26/2024** by **CLAUDIALENNHOFF**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	4	700	5	37	8
Quarterly Data (NEW Clients)	3	411	4	17	7
Continuing from Last Year (Q1 Only)					

Comments:

We are now getting referrals from Promise Healthcare, Strides, both Townships, hospital social workers, and word of mouth for our Disability Application Services Program. The vast majority of clients to this program are individuals with complicated mental health situations, which are the hardest cases to get approved. The "easiest" cases are those involving individuals who need their benefits reinstated after incarceration. But that is a small proportion of all the cases, and the vast majority of the cases are challenging because the system is so difficult, and the people who need help are individuals who are suffering greatly and whose lives are unstable, and who have challenges at being able to follow through on keeping appointments, providing accurate information, etc. The absolutely most difficult cases involve individuals with untreated thought disorders such as schizophrenia. As an example, we have one such client who has an upcoming hearing with an Administrative Law Judge (ALJ). He does not trust lawyers, doctors, police, and judges. If he does not show up for his ALJ hearing his case will be terminated, and he will have to start from scratch. In addition, many of the clients we work with have such unstable lives that we first have to help stabilize them in various ways, including helping them maintain their housing, prevent evictions, helping them apply for and get housed, helping them apply for LIHEAP so they can pay utilities, etc. We have had to help rescue animals, and even people from abusive situations before we can help the clients start doing their disability applications. Whenever we think we have now seen everything, we are confronted with a new and horrifying situation.



Quarterly Program Activity / Consumer Service Report

Agency: **Champaign County Health Care Consumers**

Program: **Justice Involved CHW Services & Benefits** Period **Third Quarter PY24**

Submitted **04/26/2024** by **CLAUDIALENNHOFF**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	8	200	25	75	10
Quarterly Data (NEW Clients)	4	51	6	20	3
Continuing from Last Year (Q1 Only)					

Comments:

We are steadily getting more referrals from the jail staff and Rosecrance. Chris Garcia is often in the jail at the same time that other CCHCC staff are teaching the "Pregnancy and Parenting" Class in the jail, so he will stop in to the class so he can be introduced to the female inmates. This has resulted in us serving more female clients through this program. The jail's WiFi was down for a long time this quarter and finally got fixed. While it was down, it was difficult to do actual applications for Medicaid, SNAP, and hospital financial assistance while working in the jail, so a lot of this quarter was spent gathering the information from the inmates, but doing the applications at our office and then sharing the necessary information with inmates via emails to the appropriate Rosecrance or jail personnel. The NTP Clients are ones for whom it was not possible to do applications because they were being sentenced to IDOC. In a few NTP Client cases, the meeting or communication was for the purpose of getting a referral for one of their family members (their cases are not represented in this report if they are not justice-involved). We also continue to follow up with individuals who have been released from IDOC to assist them as well.



Quarterly Program Activity / Consumer Service Report

Agency: CCRPC - Community Services

Program: YAC (Companion Proposal) Period Third Quarter PY24

Submitted 04/25/2024 by KDOUGHTY@CCRPC.ORG

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	70	60	150	100	25
Quarterly Data (NEW Clients)	17	24	59	1	3
Continuing from Last Year (Q1 Only)					

Comments:

In the past quarter, the Youth Assessment Center has made notable progress in enhancing our program’s effectiveness. We successfully maintained our commitment to providing comprehensive services, despite managing an increased caseload, while an employee was on leave. Case Managers were able to connect multiple families to vital mental health resources, such as the Youth & Family Peer Support Alliance, offering crucial supportive services for the entire family unit. However, we continue to grapple with the lack of youth-focused substance abuse programs and securing counseling and mentoring services for youth, at no cost in a timely manner. We are committed to seeking innovative solutions by collaborating with stakeholders to overcome these challenges with the aim to make a positive impact in the lives of the youth we serve.

The following testimony is an illustration of the transformative power of our program. YAC assists the youth in navigating personal challenges with resilience and support, ultimately pioneering stability and growth. Myla was referred to the Youth Assessment Center by the State’s Attorney due a fight at her school where she was a perpetrator. The YASI assessment indicated an overall moderate risk to reoffend and moderate strengths at opening and was assessed at an overall low risk, with strengths very high at the closing. During the assessment, we discovered severe trauma the youth was working through, and she requested a referral for counseling, which we were able to facilitate through a community referral. Myla was very receptive to the Reflections program. Upon transferring schools, she faced struggles, however this youth was able to incorporate the Reflections program into her daily life to help her deal with the situations and was able to work things out with the other youth, without fighting. This success story highlights the importance of our holistic approach in empowering youth to overcome obstacles and thrive.



Quarterly Program Activity / Consumer Service Report

Agency: **CCRPC - Community Services**

Program: **Homeless Services System Coordination** Period **Third Quarter PY24**

Submitted **04/18/2024** by **KHARMON@CCRPC.ORG**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	26	40	0	50	0
Quarterly Data (NEW Clients)	15	108	0	34	0
Continuing from Last Year (Q1 Only)					

Comments:

- 1/3/2024 CoC Coordinator Meeting with Village of Rantoul (Brian Hunt)
- 1/8/2024 CoC Coordinator Presentation on CSPH Strategic Plan to Urbana City Council

- 1/9/2024 CoC Coordinator Presentation on CSPH Strategic Plan to City of Urbana
Community Development Commission
- 1/10/2024 CoC Coordinator Interview with WCIA
- 1/17/2024 Point-in-Time Count Volunteer Training
- 1/23/2024 CoC Coordinator Presentation at Champaign County Mental Health and
Developmental Disabilities Agency Council
Meeting
- 1/24/2024 CoC Coordinator Point-in-Time Count Press Conference
- 1/24/2024 Unsheltered Point-in-Time Count
- 1/30/2024 CoC Coordinator Meeting with Promise Healthcare
- 2/6/2024 Point-in-Time Subcommittee Meeting
- 2/8/2024 CoC Coordinator Presentation to City of Champaign Neighborhood Services
Advisory Board
- 2/14/2024 CoC Coordinator Meeting with Reintegration Haven Homes (Samantha Branch
and Wayne Taylor)
- 2/20/2024 CoC Coordinator Meeting with City of Champaign Township (Kyle Patterson)
- 2/21/2024 CoC Coordinator Presentation to Champaign County Mental Health Board
- 2/28/2024 CoC Coordinator Presentation/Training to Coordinated Entry System Committee
on VI-SPDAT Replacement Tools



Quarterly Program Activity / Consumer Service Report
 Agency: **Champaign County Christian Health Center**
 Program: **Mental Health Care at CCCHC Period Third Quarter PY24**
 Submitted **04/30/2024** by **JTRASK**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	8	800	500	200	100
Quarterly Data (NEW Clients)	3	289	162	8	25
Continuing from Last Year (Q1 Only)					

Comments:

Our Outreach and Wellness Director is doing an outstanding job getting word out about CCCHC and coordinating offsite screening and educational services to the community. For example, we recently provided sports physicals offsite at Douglas Park for First String's Opening Day (youth baseball league). Our outreach coordinator has a regular presence at many community sites, including Salt & Light, Cultivators Food Pantry (handed out 125 flyers), Family and Graduate Housing on U of I's campus, CU Prison, and other locations.

While our treatment plan clients are low, we are in the process of improving these numbers through a partnership with Carle's psychiatry residency program. We are currently working on a collaborate agreement that would allow Carle psychiatric medical residents to provide care for CCCHC's patients. We anticipate this greatly enhancing our treatment plan numbers.



Quarterly Program Activity / Consumer Service Report

Agency: **Courage Connection**

Program: **Courage Connection** Period **Third Quarter PY24**

Submitted **04/24/2024** by **LLINDSEY**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	150	700	200	750	
Quarterly Data (NEW Clients)	32	165	26	127	
Continuing from Last Year (Q1 Only)					

Comments:

7 individuals received 12 hours of Individual Therapy in our Counseling & Therapy program.
 51 individuals received 94.25 hours of In-Person Counseling from our Counseling & Therapy program.
 28 individuals received 57.25 hours of Telephone Counseling from our Counseling & Therapy program.



Mental Health Board

Quarterly Program Activity / Consumer Service Report

Agency: **Crisis Nursery**

Program: **Beyond Blue Champaign County Period Third Quarter PY24**

Submitted **04/22/2024** by **CRISISNURSERY**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	86	380	70	30	925
Quarterly Data (NEW Clients)	35	72	8	3	261.75
Continuing from Last Year (Q1 Only)					

Comments:

Successes:

Strong Families Coordinator, Hannah Hensley, and Family Specialist, Teoko Pearson, discuss the success surrounding the facilitation of the Growth and Bloom Beyond Blue Support Group.

A success I have noticed during this quarter is the Growth & Bloom Beyond Blue Support Group that took place during Quarter 3. The support group was facilitated by Family Specialist, Teoko Pearson. This group was successful at every session and included three moms who were very engaged in the activities and topics surrounding growth in motherhood. Teoko shared that topics included bonding with baby, feeding practices, sleep time routines and self-care practices. The moms were able to connect in discussion and learn about each other and their babies and how similar their experiences have been. At the end of the group, the moms informed Teoko of how much the group has impacted them in building continuous and loving bonds with their infants while also growing into themselves as mothers. The moms shared that the group reminded them of how important self-care is and they must take care of themselves to be able build healthy attachments with their babies. The three active participants at the group are friends now and spend time together weekly to engage in self-care activities and play dates with their babies.

Family Specialists, Teoko Pearson and Sophia Marick, discuss successes with mothers they are currently working with in the Beyond Blue program.

Sophia- One of my mom’s has recently returned back to work after being on maternity leave. She was very stressed about this and how it will affect their established routine and separating from her baby which in turn has affected her mood. Mom has now gotten through the difficult part and is getting into a process of balancing both roles and routines. She expressed feeling guilty because breastfeeding and pumping were adding so much stress and taking away time from her children, but she felt obligated to do it. We talked together through pros and cons and mom decided that she feels it is best to stop pumping. She reported her stress level has decreased immensely overnight from that decision.

Teoko- I have had consistent visits with my new client who has been excited to participate in the program and learn more about herself, her baby and how her mental health experiences have impacted her relationships with her children. She communicates well and we have built a positive relationship in terms of talking about goals for her and the baby as well as for herself. She has talked about being a single mother with four children and the challenges that have come with

that. She has started to open up about her mental health and how she has experiences of high emotions and what she can do to manage these emotions as they occur to practice self-regulation. We begin each session identifying at least 1 positive occurrence from the week to start visits on a positive foot. She informed me that she has been thinking about getting counseling for her older son who has some behavioral issues. I have talked to her about different programs that are available in the community such as the DREAM program and Big Brother Big Sister Program as additional supports for her older children. She has been very open to resources that I provide to her and will be reaching out to the programs to seek counseling for her older son.

Challenges:

Strong Families Coordinator, Hannah Hensley, discusses challenges related to rural enrollment and connecting with referral sources.

A challenge I have noticed during this quarter while delivering Beyond Blue services to families is the retention and recruitment of rural families. The team and I have made several outreach efforts to attempt to increase the rural enrollment numbers. At the beginning of the quarter on January 17th, the Director of Quality Improvement and I met with Lauren Somers, a Social Worker on the Labor and Delivery Unit at Carle. We discussed the implementation of the Beyond Blue program, discussed the referral process and how parents can get connected to our services and enroll in the program. In February, I met with Casey Bailey (WIC Coordinator), several case managers at Champaign Urbana Public Health, Rachel Charters (Great Start's Program Coordinator), Great Start home visitors, and Great Start doulas. I presented on the Beyond Blue program and described all services in detail, including the Mothers and Babies curriculum. I provided them with updated brochures and the Strong Families referral form. We discussed ways for WIC and Great Start to share Beyond Blue's information with families and moms who are experiencing perinatal/postpartum depression. Throughout the month of March our Family Specialists attended infant story times at numerous rural library locations to connect with families in those communities. Information regarding Beyond Blue was shared with the families in attendance and how to connect with us for services. The Director of Quality Improvement and I met with Cecilia Lopez, the Nursing Manager for OB services at Carle, on March 29th. We described the Beyond Blue program in detail, including the Mothers and Babies curriculum that is used with mothers in the home, Beyond Blue eligibility criteria, referral process, support groups, and more. Cecilia invited the two of us to speak at their next upcoming team meeting and present on the Beyond Blue program. This meeting will take place on Tuesday, April 16th. Another challenge I have noticed during this quarter is the difficulty in getting connected to other professionals in the community. I have reached out to many different agencies in the community to attempt to establish connections and inform them of Crisis Nursery's services and it has been challenging to connect with them. Most of the agencies take a while to respond or don't respond at all. It has taken multiple attempts to reach out to gain a response and establish a connection. This can become difficult when attempting to connect with other agencies to increase enrollment numbers and spread the word of the program.

Testimonials:

Strong Families Coordinator, Hannah Hensley, discusses her work with a mom and education surrounding the Mothers and Babies curriculum.

As I reflect on my time working with mothers in the Beyond Blue program during quarter 3, my mind stays on one family in particular. I started working with this mom several months ago and I have been working on building rapport and strengthening our relationship. This mom struggles with postpartum depression and suffers from depressive and anxiety symptoms daily. She has expressed to me that these symptoms are so severe they get in the way of her ability to effectively bond with her baby. Shortly after the mom was enrolled in the Beyond Blue program, I was able to refer her to a mental health agency in the county that provides counseling, support groups, and other services to support moms as they navigate through the difficult postpartum stage. Shortly after she was referred and started counseling services, she said to me, "Thank you so much for referring me. I have an appointment with a counselor for next week. I am shocked they got me in so quickly. I am so grateful for your help and I don't know what I would do without you and Crisis Nursery's services." She has been seeing a counselor now every week for months and is now on stable anti-depressants

that have greatly increased her mood and decreased the depressive symptoms. During home visits, we have been exploring the Mothers and Babies curriculum. Mom has discovered several coping strategies from the course that she uses daily to calm her nerves and increase her mood. At the last home visit, I checked in on her and baby's relationship and Mom's ability to bond with baby as I know this has been difficult for her. Mom said her and baby's relationship has improved greatly since she started implementing the strategies from the Mothers and Babies course and the strategies she learns from her counselor. She said the most helpful strategy she uses every day from the M&B course is the mindfulness practice walking meditation. She said this strategy helps her focus on relieving the tension from her body and grounding herself. She said since the symptoms have decreased, she feels that she has more mental capacity to spend extra quality time with her baby and when she does spend quality time with baby, this improves her mood greatly.



Quarterly Program Activity / Consumer Service Report
 Agency: **Community Service Center of Northern Champaign County**
 Program: **Resource Connection** Period **Third Quarter PY24**
 Submitted **04/18/2024** by **CSCRANTOUL**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target		3500	1100		2100
Quarterly Data (NEW Clients)	3	480	140		318
Continuing from Last Year (Q1 Only)					

Comments:

We have seen a 16% increase in our NTPC compared to the same quarter last year. This is most likely due to persistent inflationary economic forces requiring people to utilize available services and our ongoing marketing efforts. Our Service Contacts were down significantly from the same quarter a year ago, perhaps due to CCRPC's clients having finally acclimated to their new location resulting in many fewer requests for them. In the Other category, our agency contacts number is up by 6%. This has been due to an increase in clients being seen here by the Refugee Center, New American Welcome Center, Hope Springs and Community Services of Cunningham Children's Home, and by CRIS Healthy Aging and Champaign County Health Care Consumers seeing clients here now as well. 56 of the agency's Other numbers include CCMHB-funded programs.

We have worked diligently to promote the program doing Community Service Programs at local schools, on radio, and in local groups.



Quarterly Program Activity / Consumer Service Report

Agency: **C-U at Home, Inc.**

Program: **Shelter Case Management Program** Period **Third Quarter PY24**

Submitted **04/24/2024** by **MCOURTWRIGHT**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	50	5500	25	55	
Quarterly Data (NEW Clients)	16	832	7	8	
Continuing from Last Year (Q1 Only)					

Comments:



Quarterly Program Activity / Consumer Service Report

Agency: **CU Early**

Program: **CU Early Period Third Quarter PY24**

Submitted **04/15/2024** by **KRUSSELL**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	5	506	5	23	
Quarterly Data (NEW Clients)	1	94	0	3	
Continuing from Last Year (Q1 Only)					

Comments:

The CU Early bilingual home visitor enrolled 3 new children to her caseload during this quarter. 2 children on her caseload turned 3 and were exited out of the program.

The CU Early bilingual home visitor completed home visits, playgroups and screening contacts for a total of 94 for the 3rd quarter.

The CU Early program coordinator attended Read Across America an early literacy event at Lincoln Square that was held on April 2.

CU Early continues to coordinate and plan with Krannert Center for the Performing Arts and the Spurlock Museum the Mayan Celebration event scheduled for June 9, 24.

All CU Early staff attended a 2 hour professional development workshop presented by Tanya Blackshear on February 29 to meet the requirements of the Cultural and Competency plan. Content of the presentation centered around Micro aggressions.



Quarterly Program Activity / Consumer Service Report

Agency: **Cunningham Children's Home**

Program: **ECHO Housing and Employment Support** Period **Third Quarter PY24**

Submitted **04/24/2024** by **APOSEY**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	25	510	15	20	
Quarterly Data (NEW Clients)	17	280	1	4	
Continuing from Last Year (Q1 Only)					

Comments:

21 clients received services in the ECHO program during the third quarter of FY24. There were 16 continuing TPC, four (4) new TPC, and one (1) new NTPC.

There were a total of 24 inquiry contacts from 24 individuals. Two were enrolled as new ECHO clients. There were a total of 256 service contacts (and an additional 29 attempted contacts). The target number of service contacts for the year is 510. The program has exceeded the target for FY24. Services to clients were provided by the ECHO Case Manager, the Program Coordinator, the Community Services case aide, and other support staff as needed.

There were a total of 17 community service events for the quarter. The program has already exceeded the target of 25 CSE's for the year.



Quarterly Program Activity / Consumer Service Report

Agency: **Cunningham Children's Home**

Program: **Families Stronger Together Period Third Quarter PY24**

Submitted **04/26/2024** by **APOSEY**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	10	1050	25	50	
Quarterly Data (NEW Clients)	3	607	27	6	
Continuing from Last Year (Q1 Only)					

Comments:

We served a total of 123 clients during the third quarter of FY24. 18 clients were continuing TPC, six (6) were new TPC, 72 were continuing NTPC, and 27 were new NTPC. The program has exceeded the target number of NTPC and is on track to meet the target number of TPC for FY24. Ten clients were discharged during the third quarter.

We completed 168 Service Contacts with treatment plan clients, and 439 Service Contacts with non-treatment plan clients (for a total of 607). Thirty-one (31) additional attempts to contact clients and/or caregivers were also made. FST group sessions with non-treatment plan clients were conducted with partners in the community including the Boys and Girls and Club, the Juvenile Detention Center, Freedom School, and the LIFT program.

There were three (3) Community Service Events during the third quarter of FY24.



Quarterly Program Activity / Consumer Service Report

Agency: **Don Moyer Boys & Girls Club**

Program: **CUNC Period Third Quarter PY24**

Submitted 04/26/2024 by KSIMMS

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	175	150	165		
Quarterly Data (NEW Clients)	33	142	46	1	
Continuing from Last Year (Q1 Only)					

Comments:

CSE:

(Our NTPC are represented in these figures)

We continued our services at Freedom School but moved to the in person session component called Tiger Academy (8 sessions)

We conducted sessions at the following locations

Novak (7 sessions)

Eden (8 sessions)

Parkland Highway and Construction (2 sessions)

Kanda - Celebration of Families Event

Learning Collaborative

3 monthly sessions

2 individuals sessions w/ CU @ Home

2 sessions w/ Cunningham Township

2 sessions w/ JDC and we conducted an organizational assessment/and burnout assessment with the staff and provided a report

1 consultation session with Strides

Trauma Training Workshops

2 Soccer Planet Engagement event

Trauma Informed Library Services - Urbana

Early Childhood Center training - managing emotions/self-care & - Champaign & Mahomet

Urbana Schools Winter Institute- Complex Trauma & Immigrants & Refugees

New American Welcome Center Trauma & Immigration Talk

Black Mental Health panel - CUPHD

IL Children's Mental Health Foundation - understanding community violence

NAAPID - Champaign Schools

Communities of Practice - Involvement

CU Digital Equity

Campus Community Compact

International Transformational Resilience Coalition (selected community of practice to build a trauma informed coalition to build community resilience)

ED - appointed to the Lt Governor's Healing-Centered IL - Trauma Informed Taskforce

SC: Participants at our Kanda and other targeted community events (outreach by Wisdom Leaders and Peer Ambassadors)

NTPC: Participants in our groups (multi-event series)

1 Wisdom Leader is providing grief support to a mother that is enrolled as a client



Quarterly Program Activity / Consumer Service Report

Agency: **Don Moyer Boys & Girls Club**

Program: **Youth & Family Services** Period **Third Quarter PY24**

Submitted **04/15/2024** by **RCRIDER**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	10	400	20	25	
Quarterly Data (NEW Clients)	11	61	0	1	
Continuing from Last Year (Q1 Only)					

Comments:

GLAM 3rd Quarter: We are serving both middle school and high school level girls in the Urbana school district as well as through DREAAM. This quarter we focused on activities that designed to help the girls communicate more effectively. The girls also were introduced to ways to avoid fights and how they can better manage themselves in situations that escalate. During open discussion, the young women took the opportunity to talk and give examples about the things that make them angry. To deepen their sisterhood and to build relationships time was set aside to help them learn about one another in an effort to see how they are alike and different. We worked teaching them how to change from "I can't" language to "I can" language. We ended the quarter with a developing a road map for the future. The point of this exercise to expose the girls to goal setting and creating a vision for their lives.



Quarterly Program Activity / Consumer Service Report

Agency: **Developmental Services Center**

Program: **Family Development Period Third Quarter PY24**

Submitted **04/25/2024** by **KELLI2019**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	15	200		655	
Quarterly Data (NEW Clients)	4	86		92	
Continuing from Last Year (Q1 Only)					

Comments:

Family Development (FD) staff participated in Read Across America and monthly playgroup/developmental screening events at Soccer Planet hosted by the Champaign County Home Visiting Consortium (CCHVC) in conjunction with Birth to 5 Illinois and United Way.

There were 86 developmental screenings completed this quarter using the Ages and Stages Questionnaire 3rd Edition (ASQ-3). Screenings resulted in:

- 7 referrals to Early Intervention for further evaluation for children ages birth-3 years.
- 4 referrals to local early childhood preschool programs for further evaluation for children ages 3-5 years.
- 1 referral to the Champaign County Home Visiting Consortium for additional support and resources.

Family Development continues to have great success with weekly therapeutic playgroups. Weekly groups include:

- Occupational/developmental therapy group at Stephen’s Family YMCA in collaboration with Larkin’s Place.
- Speech therapy group at Salt & Light in Urbana.
- PLAY Project group at Salt & Light in Urbana in partnership with TAP at UIUC.

Student interns from Parkland’s OTA Program, U of I’s speech pathology graduate program, and U of I’s Special Education graduate program have been wonderful volunteer additions to our groups!



Quarterly Program Activity / Consumer Service Report

Agency: **East Central Illinois Refugee Mutual Assistance Center**

Program: **Family Support & Strengthening Period Third Quarter PY24**

Submitted **04/26/2024** by **REFUGEE CENTER ADMIN**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	50	2200	2140	60	15
Quarterly Data (NEW Clients)	17	3126	3100	26	0
Continuing from Last Year (Q1 Only)					

Comments:

A. Community Education Consultation Linkage

01/18/24 Lisa L Welcoming Center immigrant collaborative meeting Monthly meeting to discuss immigrant service issues in Champaign County and ways to collaborate to eliminate barriers to service. 15 organizations represented Presentation from Juan Huerta IL Secretary of State office spoke to group about barriers to service at the Department of Motor Vehicles for immigrants and upcoming changes specifically the ending of the TDVL. Announcements about rental assistance and COVID test kits.

2/6/24 Lisa Wilson Champaign County Homeless Continuum Consortium Meeting of Stakeholders to discussion issues facing our area regarding the homeless population. Gave a presentation regarding our services and information about recent immigrant arrivals to our area. 37 Participants

2/15/24 Lisa Region 9 Dept of Education Superintendants presentation to school superintendants in Champaign and Ford counties to discuss our services and the needs of the growing immigrant population in our counties 15 superintendants present

2/29/24 Lisa Virtual Presentation to State of the Plate Presentation to State of the Plate participants about immigrant eligibility and barriers to using WIC and SNAP programs. Hosted by Sola Gratia Farm. 17 participants

3/21/24 Lisa Immigrant Advocacy Day in Springfield Lisa traveled to Springfield to receive training regarding issues pertinent to immigrant barriers to human services at the State policy level. Met with State Senator Paul Faraci to ask for his support. Several hundred advocates Statewide were present. Lisa interviewed on WCIA while at the Capitol. Materials regarding Child tax credit and funding for immigration services distributed to the staff of Sen Paul Faraci and Rep. Carol Amons.

Continuing Facebook, Instagram & Whatsapp outreach regarding COVID-19, vaccine clinics, and other important news in multiple languages.

B. Community Collaboration

01/11/24 Lisa Community Foundation of East Central IL (CFECI) Exec Directors meeting Monthly meeting with other area non profit ED's to network, promote our services and learn NFP best practices. 10 organizations represented

01/16/24 Lisa United Way ED meeting Monthly meeting of United Way of Champaign

County grantees to network, discuss local social service issues and training on a variety of topics affecting NFP's. 30-35 organizations represented

01/22/24 LisaRantoul Service Providers Meeting Monthly meeting with area social service agencies and Rantoul community leaders to discuss issues and solutions in the Rantoul community 10 organizations represented

01/23/24 LisaCCMHB/DDB Council meeting Monthly meeting to discuss issues, make announcements and collaborate with other human service providers

2/1/24 LisaChampaign County Human Service Council meeting Monthly meeting to discuss issues, make announcements and collaborate with other human service providers

2/5/24 meeting LisaJewish Federation of Metropolitan Chicago (JFMC) Executive Council Bi monthly meeting of all refugee resettlement organizations in the State of IL 25 organizations represented

2/15/24 lisaIL Welcoming Center immigrant collaborative meeting Monthly meeting to discuss immigrant service issues in Champaign County and ways to collaborate to eliminate barriers to service. 21 participants. Presentation by Carla M. Boyd, City of Urbana Human Rights &

Equity Officer

2/27/24 LisaCCMHB/DDB Council meeting. Monthly meeting to discuss issues, make announcements and collaborate with other human service providers

3/5/24 LisaChampaign County Homeless Continuum Consortium Meeting of Stakeholders to discussion issues facing our area regarding the homeless population. Gave a presentation regarding our services and information about recent immigrant arrivals to our area.

3/14/24 Champaign County Human Service Council meeting Monthly meeting to discuss issues, make announcements and collaborate with other human service providers

3/15/24 Lisa, Ashlyn, KirstenQuarterly Consultation Meeting Quarterly meeting held to advise area stakeholders about expected refugee arrivals and discuss any the logistics of supporting refugee resettlement efforts in the area. 13 agencies represented Provides local stake holders opportunity to share resources/information and to discuss any stakeholder concerns or barriers to refugee resettlement.

3/22/24 LisaPre-mobilization planning meeting Reconvened a meeting of local area stakeholders to discuss the logistics if a large number of undocumented immigrants suddenly arrived on a bus from TX. 5 agencies present

3/26/24 LisaCCMHB/DDB Council meeting Monthly meeting to discuss issues, make announcements and collaborate with other human service providers



Quarterly Program Activity / Consumer Service Report

Agency: **Family Service of Champaign County**

Program: **Counseling Period Third Quarter PY24**

Submitted **04/22/2024** by **JJONES**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target			20	40	
Quarterly Data (NEW Clients)			4	4	
Continuing from Last Year (Q1 Only)					

Comments:

Early this quarter, a new therapist, Elaine Schlorff, began working for Family Service. As well as seeing clients, she also led a 10-week class, Learning Healthy Boundaries, for specific Drug Court clients who are nearing graduation. Elaine will be an asset to the counseling program. Late this quarter, our clinical supervisor/therapist, Debra Tullis, submitted her resignation. We are seeking a new clinical supervisor/therapist.

We continue to have no waiting list and client appointments are scheduled quickly when referrals come in. A therapist's schedule includes evening hours on Thursdays.

- We continue to see clients in person or telehealth based on the preference of the client.
- The program director attends the weekly Drug Court team meetings. Our therapists are available to provide individual, couples and family counseling to individuals referred by the Drug Court. Five Drug Court clients were seen at Family Service this quarter, two for individual counseling and three for relationship assessments.
- The program director is an active participant on the Human Services Council of Champaign County and attends the monthly meetings for outreach and promotion of the Counseling program.
- The Counseling department continues the process of moving from paper notes to a HIPAA compliant on-line program for record keeping and telehealth.



Quarterly Program Activity / Consumer Service Report

Agency: **Family Service of Champaign County**

Program: **Self-Help Center Period Third Quarter PY24**

Submitted **04/22/2024** by **JJONES**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	270				
Quarterly Data (NEW Clients)	77				
Continuing from Last Year (Q1 Only)					

Comments:

Our new Self-Help Coordinator began in the second week of January. She jumped right in and began updating specialized lists, the directory, the web site, and took over the planning for the workshop scheduled for early February. We received much positive feedback on the workshop. Shandra Summerville presented the Mental Health First Aid Workshop. There were 26 participants and 22 participants completed an evaluation survey. When asked to describe how this program will impact you as a professional or those persons that you support or serve, we received the following responses: "This training provided an updated and clear foundation in MHFA. It has given me the proper tools to work with and help clients dealing with mental health challenges." And, "I feel much more prepared to provide connections to and personal support for my co-workers, social circle, and participants."

Program coordinator statistics for the Third Quarter:

- 1,283 email contacts
- 27 information and referral calls
- 528 page views on SHC website
- 48 Support Group directories distributed
- Support group updates were solicited from support group contacts and entered into the database
- Edited and printed Self-Help Group directory
- Human Services Council (X5)
- SHC Advisory Council (X3)
- AIRS/Ebertfest committee meeting (X3)
- last minute planning for Fall Workshop which was held in February, 2024



Quarterly Program Activity / Consumer Service Report

Agency: **Family Service of Champaign County**

Program: **Senior Counseling & Advocacy** Period **Third Quarter PY24**

Submitted **04/26/2024** by **EALVAREZ**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	4	2900	700	325	2500
Quarterly Data (NEW Clients)	0	213	40	20	269
Continuing from Last Year (Q1 Only)					

Comments:

Family Service has brought some new talent on board in the last several months. We are revamping our internal data collection and reporting tooling and processes. This much-needed upgrade will ensure our caseworkers and data analysts are equipped to build a more accurate picture of our clients' demographics and their participation in our services.



Quarterly Program Activity / Consumer Service Report

Agency: **FirstFollowers**

Program: **Peer Mentoring for Re-entry Period Third Quarter PY24**

Submitted 04/23/2024 by FIRSTFOLLOWERS

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	20	18	140	47	0
Quarterly Data (NEW Clients)	5	16	40	11	0
Continuing from Last Year (Q1 Only)					

Comments:

We have had a very busy quarter for the Peer Mentoring project. Though we had 40 new clients in the drop in centers, we had 140 total clients. Once again the flow and the outcome were greatly enhanced by a partnership with the City of Champaign which provided funding for us to provide one year housing vouchers to eleven individuals who had recently returned home from prison. We applied to the City for an extension of the grant and they agreed. We began using this second tranche of funding in early February and by end of March had placed five more clients with another six having been accepted and they await locating apartments. In the process of this project we have made partnerships with new landlords and one of them, Dominique White, has agreed to convene a meeting of landlords in May to discuss ways to open more doors for our population.

We have enrolled ten people into the ABC building program for the next quarter. This was a great success the first time around. The GoMAD existing cohort has been working on two houses-putting the final touches on 1407 Wiley, Urbana which we will put on the market soon and begin doing a tear down on the Beardsley house.

In addition, we have partnered with Land of Lincoln and the County Circuit Clerk to serve as a site for people to do their fingerprints for the Expungement and Sealing Summit in April. We fingerprinted more than 60 people and we will play an active role in the actual event, presenting material on FirstFollowers and sharing the stories our members have of going through the process.

Families of Resilience held another public event on March 24 at the public library where once again our members shared their stories of loved ones incarcerated. About 40 people attended.



Quarterly Program Activity / Consumer Service Report

Agency: **FirstFollowers**

Program: **FirstSteps Community Reentry House** Period **Third Quarter PY24**

Submitted **04/29/2024** by **FIRSTFOLLOWERS**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	8	15	8	8	0
Quarterly Data (NEW Clients)	3	5	7	4	0
Continuing from Last Year (Q1 Only)					

Comments:

This has been a successful quarter in our house. Through most of the quarter we had three residents. The senior resident among them, who arrived in March of 2023, has become an active member of FirstFollowers continuing to take part in our Families of Resilience program which engages with those who have loved ones in prison. He also has a job at a local hotel as well as managing to complete a rigorous course to obtain his Commercial Driver's License. He is preparing to take over our community gardening program, leading a team of three people who are planting vegetables in our two houses as well as at community sites. We are working with him to develop a focused method for distributing these nutritious foods to the community. Our second resident moved out in February, taking advantage of the housing voucher that this program offers. He moved into an apartment owned by a formerly incarcerated individual with whom we have worked extensively. He continues to work at A Cut Above the Rest Barber college. Our third resident has been steadily employed working at a window factory and also doing part-time work as a security guard. All of them have had extensive training in financial management and at least one will be trying to use our homeownership pathway to purchase his own home.



Quarterly Program Activity / Consumer Service Report

Agency: **GROW in Illinois**

Program: **Peer-Support** Period **Third Quarter PY24**

Submitted **04/23/2024** by **BEAKINS**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	24	1800	150		
Quarterly Data (NEW Clients)	4	571	78		
Continuing from Last Year (Q1 Only)					

Comments:

Things have been going well in the area. We have not started any new groups this quarter, but we are working on starting a group at Champaign County Christian health care center. We are looking forward to serving the working poor. We also have a volunteer from the center, she will be shadowing us in the Jail groups. She is fingerprinted and ready to start. The community groups are going well. We would like to see more new people in our community groups. We have made new flyers and cards with our New QR code. We hope this will help get the word out. Our staff is getting more comfortable about going out in the community and doing PR I think that is what we are lacking in and need to focus our attention on. I am enjoying working with the evaluation and capacity building work group. I think this will help us get much better with DATA collection. I find that working with these groups gives us an opportunity to get to know other organizations better, we share successes and challenges to the work we do and it makes us feel less alone. We have had great success working with Restoration Urban ministries many have graduated the program. We will continue to meet so that even the one's that have graduated can come to the group.



Quarterly Program Activity / Consumer Service Report

Agency: Immigrant Services of Champaign-Urbana

Program: Immigrant Mental Health Program Period Third Quarter PY24

Submitted 04/26/2024 by AOZKALDI

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	8	32	130	60	0
Quarterly Data (NEW Clients)	3	85	340	81	0
Continuing from Last Year (Q1 Only)					

Comments:



Quarterly Program Activity / Consumer Service Report

Agency: **Promise Healthcare**

Program: **Mental Health Services Period Third Quarter PY24**

Submitted 04/23/2024 by AMANDAFERGUSON

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	2	2700	400	400	0
Quarterly Data (NEW Clients)	3	796	92	129	0
Continuing from Last Year (Q1 Only)					

Comments:

Counseling:

CSE: 3

1/11/24 U of I School of Social Work BSW Field Instructor Training

2/8/24 Urbana School Health Center Advisory Board

3/11/24 Urbana Adult Education Site Visit to explore telehealth options.

SC: 796 kept appointments with counselors by Champaign County Residents

NTPC: 92 Champaign County residents who do not complete assessment or chose not to engage in therapy

TPC: 129 Unique Champaign County residents served by counselors



Quarterly Program Activity / Consumer Service Report

Agency: **Promise Healthcare**

Program: **Mental Health Services Period Third Quarter PY24**

Submitted 04/23/2024 by AMANDAFERGUSON

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	2	2700	900	1000	0
Quarterly Data (NEW Clients)	0	1757	40	88	0
Continuing from Last Year (Q1 Only)					

Comments:

Psychiatry

CSE: 0 Outreach and Community events attended during the quarter

SC: 1757 kept appointments with Psychiatrist by Champaign County Residents

NTPC: 40 Champaign County residents who do not complete assessment or chose not to engage in therapy

TPC: 88 Unique Champaign County residents served by Psychiatrists not previously seen within grant period.



Mental Health Board

Quarterly Program Activity / Consumer Service Report

Agency: **Promise Healthcare**

Program: **PHC Wellness Period Third Quarter PY24**

Submitted **04/23/2024** by **AMANDAFERGUSON**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	30	1600	400	200	1900
Quarterly Data (NEW Clients)	13	621	353	56	241
Continuing from Last Year (Q1 Only)					

Comments:

CSE: 13 Outreach and Community events attended during the quarter:

- Community Service Center 1/8/2024 12-3:30pm
- Community Service Center 1/29/2024 12-3:30
- Community Service Center 3/25/2024 12-3pm
- Flyer Distribution--Rantoul and surrounding area 3/1/2024 9:30
- Gordyville Market 2/9/2024 4-8pm
- Rantoul Community Service Center 2/5/2024 12-3:30pm
- Rantoul Community Service Center 2/26/2024 12-3:30pm
- Read Across America 3/2/2024 10-1pm
- Salt and Light 1/9/2024 10-2pm
- Salt and Light 2/13/2024 10-2pm
- Salt and Light 3/12/2024 10-2pm
- SEL Urbana Middle School 3/5/2024 11:30-1:45
- Urbana High School 3/6/2024

SC: 621 patient encounters during the quarter

NTPC: 353 patient who were helped at least once during the quarter and not seen in previous quarters of this project year.

TPC: 56 patient who had 2 or more contacts/assists during the quarter and were not seen in previous quarters of this project year.

Other: 241 patients enrolled in health coverage

Adult Wellness Community Partnerships/Collaborations:

- Strides Shelter
- Salt & Light
- Rosencrance
- DHS Rehabilitation Services
- Land of Lincoln
- C-U Public Health

MTD
Pace
Family Services
RACES
Restoration Urban Ministries
Church of Living God
Champaign Park District
Meijer Pharmacy
Daily Bread Soup Kitchen
Empty Tomb
U of I School of Social Work
Development Services Center



Quarterly Program Activity / Consumer Service Report

Agency: **Rape Advocacy, Counseling, & Education Services**

Program: **Sexual Trauma Therapy Services Period Third Quarter PY24**

Submitted **04/26/2024** by **JKOLISSETY**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	2	25	250	170	2
Quarterly Data (NEW Clients)	2	16	6	3	1
Continuing from Last Year (Q1 Only)					

Comments:

CSE: RACES staff combined have participated in 20 community events so far this fiscal year, exceeding our expectations. In the third quarter, RACES therapists participated in two such events, while other staff members also participated in two community events.

SSC: RACES Therapists provided non-client crisis intervention services to 16 individuals through the agency's hotline and for in-person services during the third quarter of FY24.

NTPC: 6 new Champaign County residents received advocacy services during the third quarter of FY24. 10 Champaign County individuals total have received these services this fiscal year, with significant increases in requests for legal advocacy services and a decrease in medical advocacy services, compared to FY23. The decrease in requests for medical advocacy services is consistent with national, pandemic-related trends. An additional 22 individuals, who did not provide information about their county of residence, received advocacy services this quarter. Per the Illinois Coalition Against Sexual Assault's guidance, RACES, as a certified rape crisis center, cannot require demographic information as a condition of providing services, so some missing data is to be expected. However, this level of missing county data is suggestive of an error. RACES' leadership will work with the agency's therapists and the staff who enter data to ensure that more of this information is captured for the remainder of the fiscal year.

TPC: RACES had 57 clients who live in Champaign County during this reporting period, three of whom started Therapy in the third quarter of FY24. RACES therapists provided therapy services to an additional 4 clients who did not report their county of residence.

Other: RACES has had one group running throughout this reporting period.

RACES therapy numbers are a bit lower than expected due to some of the agency's Therapists being out of the office during this reporting period as well as staff turnover.



Quarterly Program Activity / Consumer Service Report

Agency: **Rape Advocacy, Counseling, & Education Services**

Program: **Sexual Violence Prevention Education Period Third Quarter PY24**

Submitted **04/26/2024** by **JKOLISSETY**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	600	4000	0	0	40
Quarterly Data (NEW Clients)	373	2299	0	0	9
Continuing from Last Year (Q1 Only)					

Comments:

RACES is on track to achieve the annual targets for sexual violence presentations given at Champaign County schools (CSE's) and individual student contacts (SSC's). Due to staff turnover, data for presentations at the Champaign County Juvenile Detention Center is slightly lower than anticipated, but RACES expects to still meet this annual target.



Quarterly Program Activity / Consumer Service Report

Agency: **Rosecrance Central Illinois**

Program: **Benefits Case Management** Period **Third Quarter PY24**

Submitted **04/25/2024** by **DKELLERHALS**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	0	600	250	0	0
Quarterly Data (NEW Clients)	0	112	26	0	0
Continuing from Last Year (Q1 Only)					

Comments:

The Benefits Case Manager, Kathy Finley, links Champaign County clients from across Rosecrance Central Illinois programs with benefits such as Medicaid/Managed Care Organizations, Medicare, Social Security Income (SSI), Social Security Disability Insurance (SSDI), SNAP/Link Card, pharmacy assistance, and other public programs.

In the second quarter, she served 26 new Champaign County residents (NTPC). She provided 112 contacts (SC) such as in-person sessions, phone calls, applications submitted, letters written, and other communications on behalf of clients to help them access benefits.

There are currently no other funding sources available for this service.



Quarterly Program Activity / Consumer Service Report

Agency: **Rosecrance Central Illinois**

Program: **Crisis Co-Response Team (CCRT) Period Third Quarter PY24**

Submitted **04/25/2024** by **DKELLERHALS**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	50	250	10	70	0
Quarterly Data (NEW Clients)	15	132	3	31	0
Continuing from Last Year (Q1 Only)					

Comments:

CSE: 15: Staff presentations and/or coordination meetings.

SC: 132: number of attempts to contact and engage individuals and families who have had Crisis Intervention Team (CIT) or domestic related police contact

NTPC: 3: Individuals whose initial screening indicates that crisis can be resolved without further action from CCRT and no plan for treatment is necessary.

TPC: 31: Individuals enrolled in short-term care planning, coordination and monitoring based on entry assessment results.

Multiple community and stakeholder meetings continued this quarter in an effort to continue program development and relationship building. There were no vacancies in this program this quarter.



Quarterly Program Activity / Consumer Service Report

Agency: **Rosecrance Central Illinois**

Program: **Child & Family Services** Period **Third Quarter PY24**

Submitted **04/25/2024** by **DKELLERHALS**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	5	250	10	30	0
Quarterly Data (NEW Clients)	2	198	3	5	0
Continuing from Last Year (Q1 Only)					

Comments:

CSE: 2: Number of visits with community partners or other events to explain the program, invite referrals, and educate the community and/or referral sources about services for youth and families. Our community outreach coordinator conducted 2 presentations in the community this quarter.

SC: 198: Number of contacts with youth and families, to include sessions with youth and/or family as well as transportation, case management, or care coordination activities with the youth and/or family.

NTPC: 0: Number of youth and families who enroll in services but do not engage in an assessment or treatment plan. All clients who enrolled got at least an assessment and preliminary treatment plan this quarter.

TPC: 5: Number of youth and families who complete an assessment and treatment plan for services. A total of 1 of these also participated in telepsychiatry services this quarter.



Quarterly Program Activity / Consumer Service Report

Agency: **Rosecrance Central Illinois**

Program: **Criminal Justice PSC Period Third Quarter PY24**

Submitted 04/25/2024 by DKELLERHALS

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	0	500	100	60	0
Quarterly Data (NEW Clients)	0	108	59	6	0
Continuing from Last Year (Q1 Only)					

Comments:

SC (Screening Contacts): 108 request slips from the jail which were completed.

NTPC (Non Treatment Plan Clients): 59 persons screened, and received short-term case management services, and/or referral information/linkage, but who did not engage in full IMCANS assessment/treatment planning for longer-term case management services.

TPC (Treatment Plan Clients): 6 new Champaign county clients who completed full IMCANS assessment/treatment planning and received longer-term case management services.

In previous years/quarters, we only reported Utilization Demographics and Zip Codes on TPC clients. However, we feel it is important to represent all 65 Champaign county TPC and NTPC residents who received screening, short-term or long-term case management services, and/or referral information/linkage starting this quarter and future quarters.



Quarterly Program Activity / Consumer Service Report

Agency: **Rosecrance Central Illinois**

Program: **Recovery Home** Period **Third Quarter PY24**

Submitted **04/25/2024** by **DKELLERHALS**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	0	65	0	22	0
Quarterly Data (NEW Clients)	0	10	0	3	0
Continuing from Last Year (Q1 Only)					

Comments:

Total Champaign County clients participating in program this quarter: 4 (3 new)

Report reflects persons who were Champaign County residents prior to entering the Recovery Home. The Recovery Home is considered their permanent address upon admission.

Total out of county clients participating in program in Second Quarter FY24: 8

(SC) During the second quarter, we completed a total of 10 interviews for applicants, 3 of which were from Champaign County and were admitted into into the program. Champaign County residents receive priority as beds become available.

Recovery Home staff provide intensive case management based on individualized service plans to address social determinants of health, support activities for daily living and relapse prevention skills; access to vocational/educational programs; assistance linking clients to medical, psychiatric, counseling, dental, and other ancillary services in the community; education on money management/budgeting; accessing peer or community supports and activities (i.e. church, AA/NA meetings, recreational activities); and provision of service work/volunteer/work opportunities.



Quarterly Program Activity / Consumer Service Report

Agency: **Rosecrance Central Illinois**

Program: **Specialty Courts** Period **Third Quarter PY24**

Submitted **04/26/2024** by **DKELLERHALS**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	4	800	0	45	1000
Quarterly Data (NEW Clients)	2	439	0	9	38
Continuing from Last Year (Q1 Only)					

Comments:

CSE: 2 CSE this quarter. Rosecrance Central Illinois Community Outreach Coordinator conducted 2 presentations in the community during this quarter.

SC: A total of 439 Drug Court reports were completed this quarter. Time spent on gathering data and compiling the reports is not billable to insurance or Medicaid.

TPC: 9 Total number of new Champaign county drug court clients who were assessed and accepted into the program.

Other: 38 hours of case management took place in this quarter. This includes staff hours spent transporting clients, helping clients to access and engage with other community resources, and complete tasks relevant to treatment on the client's behalf.



Quarterly Program Activity / Consumer Service Report

Agency: **Terrapin Station Sober Living NFP**

Program: **Recovery Home** Period **Third Quarter PY24**

Submitted **04/20/2024** by **NELSONKNOVAK**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target			13		
Quarterly Data (NEW Clients)			1		
Continuing from Last Year (Q1 Only)					

Comments:

Although I have come to learn that our NTPC should be listed as TPC, all numbers are accurate.



Quarterly Program Activity / Consumer Service Report

Agency: **The UP Center of Champaign County**

Program: **Children, Youth & Families Program** Period **Third Quarter PY24**

Submitted **04/26/2024** by **NFRYDMAN**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	100	300	100	0	0
Quarterly Data (NEW Clients)	103	244	61	0	0
Continuing from Last Year (Q1 Only)					

Comments:

We continue to see a larger amount of outreach and need than we planned for when applying for this contract back in February of 2023. It's hard to predict the flow of outreach and need, as this depends on the social climate as it relates to LGBTQ+ legislation, issues, and sentiment in the world around us. We continue to hope to see a decrease in need, but the numbers do not show that happening at this time. This accounts for why we are higher than the targets we set when applying for this grant over a year ago.



**CHAMPAIGN COUNTY
DEVELOPMENTAL
DISABILITIES BOARD**
**CHAMPAIGN COUNTY
MENTAL HEALTH BOARD**

Mental Health Board

Quarterly Program Activity / Consumer Service Report

Agency: **WIN Recovery**

Program: **Community Support ReEntry Houses Period Third Quarter PY24**

Submitted **04/29/2024** by **WIN4RECOVERY**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	4	12	0	2	
Quarterly Data (NEW Clients)	5	38	3	3	
Continuing from Last Year (Q1 Only)					

Comments:

- 2/2 WestCare Presentation in regards to providing outpatient substance use service via Champaign & Cook via zoom.
- 2/8 Malcom X College about programs and online opportunities for individuals can earn Community Health Care Certificates.
- 2/6 ILCCH Illinois Collaborative Children Homeless Quarterly Meeting informed them of the housing and mental services that we provide and what barriers mother face when lacking housing and co occurring disorders.
- 2/22 Illinois ReEntry Counsell Presentation about the struggle and the current state of housing in Central Illinois and Rural areas across the state.
- 3/4 Attended Heidi Mueller Introduction to the state of Illinois in her new position at DCFS

One past individuals were able to get one child back from the DCFS and two past ladies gave birth to healthy babies.

We had 38 individuals call to see if they were eligible for our program, one of the things I noticed that the location of those touch points were not distinguished, but usually for screening and touch points we do not know right away and they still reached out. We will see if our database can be programmed to add champaign screening versus phone screenings.

CCMHB Liaison Choices 2024

	Jane Sprandel	Lisa Ligins-Chrai	Chris Miner	Elaine Palencia	Jen Straub	Jon Paul Youakim	Joe Omo-Osagie	Molly McLay
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)								
CU at Home (4th Wed., 8 am)								
CU Early (Unit 116 mtg)								
Don Moyer (3rd Tues., 7 am)								
DSC (4th Thurs., 5:30 pm)								
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)								
Immigrant Services of CU								
Promise Healthcare (4th Tues., 6 pm)					X			
RACES (3rd Thurs., 6 pm)								
Rosecrance (last Tues, 4:30 pm)								
Terrapin Station Sober Living								
UP Center (2nd Wed., 6:30 pm)								
WIN Recovery (2nd Monday, 5:30 p.m.)								
County Board Opioid Settlement Task Force				X				
Community Coalition (2nd Wed., 3:30pm)			X					
Expo Committees (various)	X							
Student Mental Health Collab (1st Mon., 11AM, in person 2-3x/semester)								X