



Champaign County Mental Health Board (CCMHB) Meeting Agenda

Wednesday, June 12, 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 21-32)***
Minutes from the 5/15/24 CCMHB study session and 5/22/24 board meeting are included for approval. Action is requested.
- X. Vendor Invoice Lists (pages 33-39)***
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– 74)**
Included for information only are reports from Shandra Summerville and Chris Wilson.
- XII. New Business**
 - a) Legislation Revising the Community Mental Health Act (pages 75-77)**
Included for information only is a briefing memorandum on the revisions to the statute establishing and governing Illinois' mental health (708) boards.
 - b) Three Year Plan Timeline (pages 78-112)***
A decision memorandum requests a shift in the timeline for three-year plan development and implementation. Information about the community health needs assessment process is attached for information. Action is requested.
 - c) Election of Board Officers (pages 113-117)***

Per statute and by-laws, the Board annually selects from its membership a President and Vice President. The Board By-Laws are included for information. Action is requested.

XIII. Old Business

- a) **MHB PY25 Awards by Priority** (pages 118-119)
A chart of all PY25 funding requests is included for information only.
- b) **PY23 Demographic & Residency Data for Funded Programs** (pages 120-145)
Charts for programs funded during PY23 are provided for information only.
- c) **Evaluation Capacity Building** (pages 146-210)
For information are presentation materials and the full report from the first year of the UIUC Family Resiliency Center's Evaluation Capacity project. Representatives from the evaluation team will provide an overview.
- d) **Expo Update** (pages 211-212)
For information is a sponsorship brochure for the October event.

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 213)

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)~~ **CANCELLED**

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)

OUD/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
STUDY SESSION**

Minutes—May 15, 2024

*This meeting was at the Brookens Administrative Center, Urbana, IL
with remote access*

5:45 p.m.

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

MEMBERS EXCUSED: Elaine Palencia

STAFF PRESENT: Kim Bowdry, Leon Bryson, Lynn Canfield, Shandra Summerville

OTHERS PRESENT: Katie Harmon, Lisa Benson, Jessica McCann, CCRPC; Laura Lindsay, Courage Connection; Dave Kellerhalls, Melissa Pappas, Rosecrance; Melissa Courtright, CU at Home; Nicole Frydman, Uniting Pride; Brenda Eakins, GROW

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. CCMHB member Molly McClay requested to attend remotely due to medical issue. In compliance with the CCMHB By-Laws a motion was requested by Dr. Youakim to allow her remote attendance.

MOTION: Dr. Youakim moved to allow remote attendance for Molly McLay for this meeting due to illness. Ms. Straub seconded the motion. All CCMHB members voted aye and the motion passed.

APPROVAL OF AGENDA:

The agenda was in the packet for review and approved.

CITIZEN INPUT/PUBLIC PARTICIPATION:

None.

PRESIDENT’S COMMENTS:

Dr. Youakim thanked staff and agencies and acknowledged that funding discussions and decisions can be difficult, especially when funds are limited.

EXECUTIVE DIRECTOR’S COMMENTS:

Ms. Canfield reminded agency and public participants to sign in in person or remotely.

STUDY SESSION:

PY25 Funding Requests and Continuing Awards by Priority:

A spreadsheet of PY25 funding requests and awards organized by priority was included in the packet.

Responses to Questions and Correction of Errors in Draft PY25 Program Summaries:

Communications from agency representatives regarding staff errors in program summaries and responses to questions raised in the review were included in the packet. Board members discussed workforce shortages.

Discussion of PY2025 Funding Allocation Process:

A briefing memorandum was included in the packet and offered observations about affordability and possible consideration for funding through CCMHB and I/DD Special Initiative funds. A chart was included indicating staff recommendations for possible award amounts.

Board members discussed outreach and demographics at length. CCMHB members reviewed each funding request and each staff recommendation.

AGENCY INPUT:

None.

BOARD ANNOUNCEMENTS:

None.

ADJOURNMENT:

The meeting adjourned at 7:30 p.m.

Respectfully

Submitted by: Stephanie Howard-Gallo

CCMHB/CCDDB Staff

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

**CHAMPAIGN COUNTY
MENTAL HEALTH BOARD
REGULAR MEETING**

Minutes—May 22, 2024

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

5:45 p.m.

MEMBERS PRESENT: Lisa Liggins-Chambers, Molly McLay, Chris Miner, Joe Omo-Osagie, Elaine Palencia, Jen Straub (6:45p.m. arrival), Jane Sprandel, Jon Paul Youakim

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

OTHERS PRESENT: Liz Miner, Dave Kellerhalls, Melissa Pappas, Rosecrance; Katie Harmon, Angela Yost, Karmyn Doughty, CCRPC; Brenda Eakins, Keysa Haley, GROW; Nelson Novak, Terrapin Station Sober Living (TSSL); Cindy Crawford, Community Service Center of Northern Champaign County (CSCNCC); Melissa Courtwright, C-U at Home; Ann Percy, Cunningham Children’s Home; Nicole Frydman, Uniting Pride (UP Center); Jacinda Dariotis, UIUC; Tammy Lemke, Promise Healthcare.

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:

The agenda was approved unanimously.

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 list of commonly used acronyms was included for information.

CITIZEN INPUT / PUBLIC PARTICIPATION:

Melissa Pappas from Rosecrance spoke regarding their programs and demographics in response to comments made at the April Board meeting.

PRESIDENT’S COMMENTS:

Dr. Youakim thanked everyone for their work in reviewing applications and making thoughtful decisions regarding funding.

EXECUTIVE DIRECTOR’S COMMENTS:

Director Canfield encouraged members and the public to read a published article by CCMHB member Dr. Liggins-Chambers: <https://www.psychologytoday.com/us/blog/spotlight-on-special-education/202405/shattering-the-illusion-of-invincibility-in-black-women>

APPROVAL OF CCMHB MINUTES:

Minutes from the 4/17/2024 board meeting was included in the packet.

MOTION: Dr. Youakim moved to approve the minutes from the 4/17/24 MHB meeting. 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:

Staff reports from Kim Bowdry, Leon Bryson, Lynn Canfield, Stephanie Howard-Gallo, and Chris Wilson were included in the packet.

NEW BUSINESS:

A Decision Memorandum was included in the packet. The memorandum presented 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 were removed, and each recommendation was 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.

During this meeting, several decision actions were modified by the Board. The following motions were made:

CCRPC-Community Services – Homeless Services System Coordination

- *Request: \$54,281, 74% of total program revenue*
- *Recommendation: fund at the requested annual level; offer a two-year term.*

Dr. Liggins-Chambers moved 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 the memorandum, and to authorize the CCMHB Executive Director and Board Officer to execute the agreement. Ms. Sprandel seconded. A roll call vote was taken and the motion passed unanimously.

C-U at Home – Shelter Case Management Program

- *Request is for \$256,700, 66% of total program revenue*
- *Recommendation: fund at the requested level, which is the same as PY23 and PY24; offer a two-year term.*

Ms. McLay moved 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 the memorandum, and to authorize the CCMHB Executive Director and Board Officer to execute the agreement. Mr. Miner seconded the motion. A roll call vote was taken and the motion passed unanimously.

CU Early - CU Early

- *Request is for: \$80,723, 16% of total program revenue*
- *Recommendation: fund at requested level, committing \$16,145 to developmental support (through the MHB's DD set-aside); offer a two-year term.*

Dr. Youakim moved 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 the memorandum, and to authorize the CCMHB Executive Director and President to execute the agreement. Ms. Palencia seconded the motion. A roll call vote was taken and the motion passed unanimously.

CC Head Start/Early Head Start – Mental Health Services

- *Request is for: \$388,463, 100% of total program revenue*
- *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.*

Ms. Palencia moved to approve CCMHB funding of \$388,463 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 the memorandum, and to authorize the CCMHB Executive Director and Board Officer to execute the agreement. Dr. Lisa Liggins-Chambers seconded. A roll call vote was taken and the motion was unanimously approved.

Champaign County Health Care Consumers – Disability Application Services

- *Request: \$105,000, 94% of total program revenue*
- *Recommendation: fund at \$102,000 which is lower than requested but an increase over the current level; offer two-year term.*

Dr. Youakim moved to approve CCMHB funding of \$105,000 per year for a two-year term for Champaign County Health Care Consumers – Disability Application Services, subject to the caveats as presented in the memorandum, and to authorize the CCMHB Executive Director and Board Officer to execute the agreement. Ms. Molly McLay seconded. The motion was unanimously approved by a roll call vote.

Courage Connection – Courage Connection

- *Request: \$128,038, 5% of total program revenue.*
- *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.*

Mr. Miner moved 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 the memorandum, and to authorize the CCMHB Executive Director and

Board Officer to execute the agreement. Ms. Elaine Palencia seconded the motion. The motion was unanimously approved by a roll call vote.

Dr. Youakim moved to approve Courage Connection to use funding from the CCMHB contract as match for other funds throughout the term of the CCMHB contract. Joseph Omo Osagie seconded the motion. The motion was approved by a roll call vote.

Cunningham Children’s Home – ECHO Housing and Employment Support

- *Request: \$203,710, 100% of total program revenue.*
- *Recommendation: fund at \$200,710, which is lower than requested but greater than the current, supporting program growth; offer a two-year term.*

Ms. McLay moved to approve CCMHB funding of \$203,710 per year for a two-year term for Cunningham Children’s Home – ECHO Housing and Employment Support, subject to the caveats as presented in the memorandum, and to authorize the CCMHB Executive Director and Board Officer to execute the agreement. Ms. Jane Sprandel seconded. The motion was approved unanimously by a roll call vote.

Cunningham Children’s Home – Families Stronger Together

- *Request: \$282,139, 100% of total program revenue.*
- *Recommendation: fund as requested; offer a two-year term.*

Ms. Palencia moved 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 the memorandum, and to authorize the CCMHB Executive Director and Board Officer to execute the agreement. Mr. Chris Miner seconded. The motion was approved unanimously by roll call vote.

Don Moyer Boys and Girls Club - CU Change

- *Request: \$85,575, 99% of total program revenue*
- *Recommendation: fund at \$82,575, which is greater than the current level but lower than requested.*

Dr. Youakim moved to approve CCMHB funding of \$85,575 per year for a two-year term for Don Moyer Boys and Girls Club - CU Change, subject to the caveats as presented in the memorandum, and to authorize the CCMHB Executive Director and Board Officer to execute the agreement. Dr. Liggins-Chambers seconded. The motion was approved by a unanimous roll call vote.

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

- *Request: \$107,000, 100% of total program revenue*

- *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.*

Dr. Youakim moved to approve CCMHB funding of \$100,000 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 the memorandum, and to authorize the CCMHB Executive Director and Board Officer to execute the agreement. Mr. Miner seconded the motion. A roll call vote was taken and the motion passed unanimously.

FirstFollowers – FirstSteps Community Reentry House

- *Request: \$69,500, 54% of total program revenue.*
- *Recommendation: fund at \$58,500, an increase over current level but not the full request; offer a two-year term.*

Ms. Sprandel moved to approve CCMHB funding of \$69,500 per year for a two-year term for FirstFollowers – FirstSteps Community Reentry House, subject to the caveats as presented in the memorandum, and to authorize the CCMHB Executive Director and Board Officer to execute the agreement. Ms. Palencia seconded. A roll call vote was taken and the motion passed. Mr. Miner abstained from the vote.

FirstFollowers – Peer Mentoring for Reentry

- *Request: \$95,000, 46% of total program revenue.*
- *Recommendation: fund as requested; offer a two-year term.*

Ms. Palencia moved 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 the memorandum, and to authorize the CCMHB Executive Director and Board Officer to execute the agreement. Ms. Sprandel seconded. The motion was approved by a roll call vote with Mr. Miner abstaining from the vote.

GCAP – Advocacy, Care, and Education Services – NEW

- *Request: \$65,000, 100% of total program revenue.*
- *Recommendation: fund at \$61,566, offer a one-year term.*

Ms. McLay moved to approve CCMHB funding of \$61,566 per year for a two-year term for GCAP – Advocacy, Care, and Education Services, subject to the caveats as presented in the memorandum, and to authorize the CCMHB Executive Director and Board Officer to execute the agreement. Ms. Palencia seconded the motion. The motion was approved by a roll call vote, with Dr. Youakim abstaining.

GROW in Illinois – Peer-Support

- *Request: \$159,740, 95% of total program revenue.*
- *Recommendation: fund at \$157,690, which is the amount of request adjusted by \$2,050; offer two-year term.*

Mr. Miner moved to approve CCMHB funding of \$157,690 per year for a two-year term for GROW in Illinois – Peer-Support program, subject to the caveats as presented in the memorandum, and to authorize the CCMHB Executive Director and Board Officer to execute the agreement. Mr. Omo-Osagie seconded the motion. The motion was approved unanimously by a roll call vote.

Rosecrance Central Illinois – Benefits Case Management

- *Request: \$84,625, 99% of total program revenue*
- *Recommendation: fund as requested; offer a two-year term.*

Ms. Sprandel moved 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 the memorandum, and to authorize the CCMHB Executive Director and Board Officer to execute the agreement. Dr. Youakim seconded. The motion was unanimously approved by a roll call vote.

Rosecrance Central Illinois – Child & Family Services

- *Request: \$77,175, 38% of total program revenue*
- *Recommendation: fund at the PY24 level, \$73,500; offer a two-year term.*

Dr. Youakim moved to approve CCMHB funding of \$77,175 for Rosecrance Central Illinois – Child & Family Services, subject to the caveats as presented in the memorandum, and to authorize the CCMHB Executive Director and Board Officer to execute the agreement. Ms. Sprandel seconded the motion. A roll call vote was taken and the motion passed unanimously.

Rosecrance Central Illinois – Criminal Justice PSC

- *Request: \$336,000, 73% of total program revenue*
- *Recommendation: fund as requested; offer a two-year term.*

Ms. Sprandel moved 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 the memorandum, and to authorize the CCMHB Executive Director and Board Officer to execute the agreement. Ms. Palencia seconded. A roll call vote was taken and the motion passed unanimously.

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

- *Request: \$410,000, 70% of total program revenue*
- *Recommendation: fund as requested; offer a two-year term.*

Dr. Youakim moved to approve CCMHB funding of \$310,000 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 the memorandum, and to authorize the CCMHB Executive Director and Board Officer to execute the agreement. Mr. Miner seconded. The motion was unanimously approved by a roll call vote.

Rosecrance Central Illinois – Recovery Home

- *Request: \$100,000, 19% of total program revenue*
- *Recommendation: fund as requested, the current level; offer a two-year term.*

Dr. Liggins-Chambers moved 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 the memorandum, and to authorize the CCMHB Executive Director and Board Officer to execute the agreement. Ms. Palencia seconded the motion. The motion was approved by a unanimous roll call vote.

Rosecrance Central Illinois – Specialty Courts

- *Request: \$186,900, 99% of total program revenue*
- *Recommendation: fund at the PY24 level, \$178,000.*

Dr. Youakim moved to approve CCMHB funding of \$186,900 for Rosecrance Central Illinois – Specialty Courts, subject to the caveats as presented in the memorandum, and to authorize the CCMHB Executive Director and Board Officer to execute the agreement. Mr. Omo-Osagie seconded. A roll call vote was taken and the motion passed unanimously.

Terrapin Station Sober Living NFP - Recovery Home

- *Request: \$90,880, 87% of total program revenue*
- *Recommendation: fund at \$88,880, which is lower than requested but higher than the current level; offer a two-year term.*

Ms. Straub moved 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 the memorandum, and to authorize the CCMHB Executive Director and Board Officer to execute the agreement. Mr. Omo-Osagie seconded. A roll call vote was taken and the motion passed unanimously.

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

- *Request: \$190,056, 62% of total program revenue*
- *Recommendation: fund as requested, at current level; offer a two-year term.*

Ms. Sprandel moved 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 the memorandum, and to authorize the CCMHB Executive Director and Board Officer to execute the agreement. Molly McLay seconded. The motion was approved by a roll call vote.

WIN Recovery – Community Support ReEntry Houses

- *Request: \$244,342, 16% of total program revenue*
- *Recommendation: fund at \$129,000, which is lower than requested but higher than the current and prior year level; offer a two-year term.*

Ms. McLay moved to approve CCMHB funding of \$183,000 for WIN Recovery – Community Support ReEntry Houses, subject to the caveats as presented in the memorandum, and to authorize the CCMHB Executive Director and Board Officer to execute the agreement. Ms. Sprandel seconded. A roll call vote was taken and the motion passed, with Chris Miner abstaining.

CCRPC Community Services – Community Life Short Term Assistance

- *Request: \$232,033, 100% of total program revenue.*
- *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.*

Dr. Youakim moved 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 the memorandum, and to authorize the CCMHB Executive Director and Board Officer, pending similar approval by the CCDDDB. Mr. Miner seconded the motion. The motion was approved unanimously by roll call vote.

Changes in Reporting:

A Decision Memorandum proposed changes in reporting requirements for the agencies.

MOTION: Dr. Youakim moved 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, and with the addition of “Native Hawaiian/Pacific Islander” and “South Asian” to the Race/Ethnicity category. Dr. Liggins-Chambers seconded. A voice vote was taken and the motion passed unanimously.

Audit Update and Contract Termination:

A Decision Memorandum was included in the packet. The 2022 audit for Promise Healthcare is completed and an earlier request from them to waive the automatic contract cancellations can be considered.

MOTION: Dr. Youakim moved to waive cancellation of CCMHB contracts with Promise Healthcare for Mental Health Services (#MHB24-013) and Wellness (#MHB24-041). Ms. McLay seconded. A voice vote was taken and the motion passed.

MOTION: Dr. Youakim moved to release payments from July 1, 2023 to December 31, 2023 for CCMHB contracts with Promise Healthcare for Mental Health Services (#MHB24-013) and Wellness (#MHB24-041) and hold further payments pending resolution of any issues related to the 2022

audit. Ms. Sprandel seconded the motion. A roll call vote was taken and the motion passed unanimously.

OLD BUSINESS:

Evaluation Capacity Building:

Ms. Jacinda Dariotis from UIUC provided an update. A report was included in the Board packet.

PY24 Third Quarter Reports:

Third-quarter reports from the agencies were included in the packet for review.

SUCSESSES AND AGENCY INPUT:

None.

BOARD TO BOARD REPORTS:

Ms. Palencia and Ms. Sprandel provided reports.

COUNTY BOARD INPUT:

None.

CCDDB INPUT:

The CCDDB met earlier in the day and made funding decisions.

BOARD ANNOUNCEMENTS AND INPUT:

None.

ADJOURNMENT:

The meeting adjourned at 8:00 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, IL



VENDOR INVOICE LIST

INVOICE	P.O.	INV DATE	CHECK RUN	CHECK #	INVOICE NET	PAID AMOUNT	DUE DATE	TYPE	STS	INVOICE DESCRIPTION
1 CHAMPAIGN COUNTY TREASURER										
May'24 Office Rent		05/01/2024	051024A	32834	2,196.78	2,196.78	05/31/2024	INV	PD	May'24 Office Rent 053
CHECK DATE:	05/10/2024									
10115 CHAMPAIGN MULTIMEDIA GROUP										
01082173		05/08/2024	052424A	33322	15.20	15.20	06/07/2024	INV	PD	Acct # 99226307 Ad # 0
CHECK DATE:	05/24/2024									
100 EMPLOYEE VENDOR										
Howard-Gallo 5/6/24		05/06/2024	051024A	32998	15.41	15.41	05/06/2024	INV	PD	Travel 4/20/24
CHECK DATE:	05/10/2024									PAYEE: Howard-Gallo, Stephanie
17859 ANGELA L FOX		05/01/2024	051024A	32890	1,788.00	1,788.00	05/15/2024	INV	PD	Unit A17 Tenant 823606
CHECK DATE:	05/10/2024									
10263 I3 BROADBAND - CU		05/04/2024	051024A	32900	144.95	144.95	06/01/2024	INV	PD	Internet service 6/4/2
CHECK DATE:	05/10/2024									
3430340-1		04/26/2024	050324A	32731	180.83	180.83	05/26/2024	INV	PD	Disability Resource Ex
CHECK DATE:	05/03/2024									
33 10358 MARTIN ONE SOURCE INC		04/29/2024	050324A	503189	67.50	67.50	05/29/2024	INV	PD	Service Tickets #42268
CHECK DATE:	05/03/2024									
431836		05/01/2024	051024A	503244	545.74	545.74	05/31/2024	INV	PD	May'24 MHB22-040 Manag
CHECK DATE:	05/10/2024									
10348 MCS OFFICE TECHNOLOGIES INC		05/21/2024	053124A	503370	14.50	14.50	06/20/2024	INV	PD	Acct # 05734
CHECK DATE:	05/03/2024									
01-704713		05/21/2024	053124A	503370	613.24	613.24	05/21/2024	INV	PD	
CHECK DATE:	05/03/2024									
01-704929		05/01/2024	051024A	503244	545.74	545.74	05/31/2024	INV	PD	May'24 MHB22-040 Manag
CHECK DATE:	05/10/2024									
10423 PEPSI COLA CHAMPAIGN-URBANA BOTTLING		05/21/2024	053124A	503370	14.50	14.50	06/20/2024	INV	PD	Acct # 05734
CHECK DATE:	05/31/2024									
10195813		05/21/2024	053124A	503370	14.50	14.50	06/20/2024	INV	PD	Acct # 05734
CHECK DATE:	05/31/2024									
18413 PROMISE HEALTHCARE		05/21/2024	053124A	503370	14.50	14.50	06/20/2024	INV	PD	Acct # 05734
CHECK DATE:	05/31/2024									

Champaign County, IL



VENDOR INVOICE LIST

INVOICE	P.O.	INV DATE	CHECK RUN	CHECK #	INVOICE NET	PAID AMOUNT	DUE DATE	TYPE	STS	INVOICE DESCRIPTION
Aug '23 MHB24-013	05/31/2024	08/01/2023	053124A	33560	27,500.00	27,500.00	05/31/2024	INV	PD	MHB24-013 Mental Health
Aug '23 MHB24-041	05/31/2024	08/01/2023	053124A	33560	8,923.00	8,923.00	05/31/2024	INV	PD	MHB24-041 Wellness
Dec '23 MHB24-013	05/31/2024	12/01/2023	053124A	33560	27,500.00	27,500.00	05/31/2024	INV	PD	MHB24-013 Mental Health
Dec '23 MHB24-041	05/31/2024	12/01/2023	053124A	33560	8,923.00	8,923.00	05/31/2024	INV	PD	MHB24-041 Wellness
Jul '23 MHB24-013	05/31/2024	07/01/2023	053124A	33560	27,500.00	27,500.00	05/31/2024	INV	PD	MHB24-013 Mental Health
Jul '23 MHB24-041	05/31/2024	07/01/2023	053124A	33560	8,923.00	8,923.00	05/31/2024	INV	PD	MHB24-041 Wellness
Nov '23 MHB24-013	05/31/2024	11/01/2023	053124A	33560	27,500.00	27,500.00	05/31/2024	INV	PD	MHB24-013 Mental Health
Nov '23 MHB24-041	05/31/2024	11/01/2023	053124A	33560	8,923.00	8,923.00	05/31/2024	INV	PD	MHB24-041 Wellness
Oct '23 MHB24-013	05/31/2024	10/01/2023	053124A	33560	27,500.00	27,500.00	05/31/2024	INV	PD	MHB24-013 Mental Health
Oct '23 MHB24-041	05/31/2024	10/01/2023	053124A	33560	8,923.00	8,923.00	05/31/2024	INV	PD	MHB24-041 Wellness
Sep '23 MHB24-013	05/31/2024	09/01/2023	053124A	33560	27,500.00	27,500.00	05/31/2024	INV	PD	MHB24-013 Mental Health
Sep '23 MHB24-041	05/31/2024	09/01/2023	053124A	33560	8,923.00	8,923.00	05/31/2024	INV	PD	MHB24-041 Wellness
					218,538.00					
10453 QUILL CORPORATION										
38312183	05/03/2024	04/22/2024	050324A	503195	156.76	156.76	05/22/2024	INV	PD	Acct # 8197518
38640522	05/24/2024	05/13/2024	052424A	503331	183.95	183.95	07/12/2024	INV	PD	Paper towels, paper, p
					340.71					
10583 UNIVERSITY OF ILLINOIS										
May '24 Award 112237	05/10/2024	05/01/2024	051024A	32960	10,730.00	10,730.00	05/31/2024	INV	PD	May '24 Award 112237 MH
10683 WIN RECOVERY INC										

Champaign County, IL



VENDOR INVOICE LIST

INVOICE	P.O.	INV DATE	CHECK RUN	CHECK #	INVOICE NET	PAID AMOUNT	DUE DATE	TYPE	STS	INVOICE DESCRIPTION
Apr '24 MHB24-069		04/01/2024	051024A	32987	9,166.00	9,166.00	04/30/2024	INV	PD	MHB24-069 Community Su
CHECK DATE: 05/10/2024										
Feb '24 MHB24-069		02/01/2024	051024A	32987	9,166.00	9,166.00	02/29/2024	INV	PD	MHB24-069 Community Su
CHECK DATE: 05/10/2024										
Jan '24 MHB24-069		01/01/2024	051024A	32987	9,166.00	9,166.00	01/31/2024	INV	PD	MHB24-069 Community Su
CHECK DATE: 05/10/2024										
Mar '24 MHB24-069		03/01/2024	051024A	32987	9,166.00	9,166.00	03/31/2024	INV	PD	MHB24-069 Community Su
CHECK DATE: 05/10/2024										
10687 XEROX CORPORATION					36,664.00					
230656443		05/01/2024	051024A	32988	199.06	199.06	05/31/2024	INV	PD	Apr '24 Xerox Copier Se
CHECK DATE: 05/10/2024										
					199.06					
					271,440.68					

29 INVOICES

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

Champaign County, IL

ACCOUNT DETAIL HISTORY FOR 2024 05 TO 2024 05

ORG YR/PR	OBJECT PROJ	JNL EFF DATE	SRC REF1	REF2	REF3	CHECK #	OB	AMOUNT	NET LEDGER BALANCE
20000154	501002		OFFICE SUPPLIES						
24/05	477 05/15/24	API 010453	64501	QUILL CORPORATION	503331			23.11	23.11
	W 052424A	Paper astrobrightcool ast							
24/05	477 05/15/24	API 010453	64501	QUILL CORPORATION	503331			21.26	44.37
	W 052424A	St 8.5X11 color 24 1Rm asstd							
24/05	477 05/15/24	API 010453	64501	QUILL CORPORATION	503331			110.02	154.39
	W 052424A	Hp 962X1 black/962 cmy ink 4 P							
24/05	477 05/15/24	API 010453	64501	QUILL CORPORATION	503331			13.85	168.24
	W 052424A	File folder ltr size 1/3-Cut							
	LEDGER BALANCES	---	DEBITS:	168.24	CREDITS:			.00	NET:
									168.24
20000154	501004		POSTAGE, UPS, FEDEX						
24/05	399 05/17/24	API 010578	64649	UNITED STATES POST O	33422			206.60	206.60
	W 052424A	MAR/APR MHB Postage Used							
	LEDGER BALANCES	---	DEBITS:	206.60	CREDITS:			.00	NET:
									206.60
20000154	501005		FOOD NON-TRAVEL						
24/05	741 05/22/24	API 010423	65037	PEPSI COLA CHAMPAIGN	503370			14.50	14.50
	W 053124A	Water 5gal Jug							
	LEDGER BALANCES	---	DEBITS:	14.50	CREDITS:			.00	NET:
									14.50
20000154	501013		DIETARY NON-FOOD SUPPLIES						
24/05	477 05/15/24	API 010453	64501	QUILL CORPORATION	503331			15.71	15.71
	W 052424A	Boutny sas 6 tr							
	LEDGER BALANCES	---	DEBITS:	15.71	CREDITS:			.00	NET:
									15.71
20000154	502001		PROFESSIONAL SERVICES						
24/05	68 05/06/24	API 010583	MHB23-039	63893	32960			10,730.00	10,730.00
	W 051024A	May '24 Award 112237	MHB23-039	UNIVERSITY OF ILLINO					

ACCOUNT DETAIL HISTORY FOR 2024 05 TO 2024 05

ORG YR/PR	OBJECT PROJ	JNL EFF DATE	SRC REF1	REF2	REF3	CHECK #	OB	AMOUNT	NET LEDGER BALANCE
	LEDGER BALANCES	----	DEBITS:	10,730.00		CREDITS:		.00	NET: 10,730.00
20000154	502002		OUTSIDE SERVICES						
24/05	68 05/06/24	API 010348	MHB22-040	63860		503244			545.74
	W 051024A	May'24	MHB22-040	Managed IT se MCS		OFFICE TECHNOLOG			
	LEDGER BALANCES	----	DEBITS:	545.74		CREDITS:		.00	NET: 545.74
20000154	502003		TRAVEL COSTS						
24/05	68 05/06/24	API 000100		63857		32998			15.41
	W 051024A	23 miles	4/20/24	Unknown					
	LEDGER BALANCES	----	DEBITS:	15.41		CREDITS:		.00	NET: 15.41
20000154	502013		RENT						
24/05	68 05/06/24	API 000001	203	63896		32834			2,196.78
	W 051024A	May'24	Office Rent	CCT					
24/05	68 05/06/24	API 017859		63862		32890			3,984.78
	W 051024A	Unit A17	Tenant 823606	- Disab EZ		LOCK SELF STORAGE			
	LEDGER BALANCES	----	DEBITS:	3,984.78		CREDITS:		.00	NET: 3,984.78
20000154	502019		ADVERTISING, LEGAL NOTICES						
24/05	477 05/15/24	API 010115		64500		33322			15.20
	W 052424A	Ad # 01082173	Annual Report An	CHAMPAIGN		MULTIMEDIA			
	LEDGER BALANCES	----	DEBITS:	15.20		CREDITS:		.00	NET: 15.20
20000154	502025		CONTRIBUTIONS & GRANTS						
24/05	68 05/06/24	API 010683	MHB24-069	63872		32987			9,166.00
	W 051024A	Jan'24	MHB24-069	Community Sup		WIN RECOVERY INC			

ACCOUNT DETAIL HISTORY FOR 2024 05 TO 2024 05

ORG YR/PR	OBJECT PROJ JNL EFF DATE	SRC REF1	REF2	REF3	CHECK #	OB	AMOUNT	NET LEDGER BALANCE
24/05	68 05/06/24	API 010683	MBB24-069	63873		32987	9,166.00	18,332.00
	W 051024A	Feb'24	MBB24-069	Community Sup WIN	RECOVERY INC			
24/05	68 05/06/24	API 010683	MBB24-069	63874		32987	9,166.00	27,498.00
	W 051024A	Mar'24	MBB24-069	Community Sup WIN	RECOVERY INC			
24/05	68 05/06/24	API 010683	MBB24-069	63877		32987	9,166.00	36,664.00
	W 051024A	Apr'24	MBB24-069	Community Sup WIN	RECOVERY INC			
24/05	741 05/22/24	API 018413	MBB24-013	65168		33560	27,500.00	64,164.00
	W 053124A	Jul'23	MBB24-013	Mental Health	PROMISE HEALTHCARE			
24/05	741 05/22/24	API 018413	MBB24-013	65169		33560	27,500.00	91,664.00
	W 053124A	Aug'23	MBB24-013	Mental Health	PROMISE HEALTHCARE			
24/05	741 05/22/24	API 018413	MBB24-013	65170		33560	27,500.00	119,164.00
	W 053124A	Sep'23	MBB24-013	Mental Health	PROMISE HEALTHCARE			
24/05	741 05/22/24	API 018413	MBB24-013	65172		33560	27,500.00	146,664.00
	W 053124A	Oct'23	MBB24-013	Mental Health	PROMISE HEALTHCARE			
24/05	741 05/22/24	API 018413	MBB24-013	65173		33560	27,500.00	174,164.00
	W 053124A	Nov'23	MBB24-013	Mental Health	PROMISE HEALTHCARE			
24/05	741 05/22/24	API 018413	MBB24-013	65174		33560	27,500.00	201,664.00
	W 053124A	Dec'23	MBB24-013	Mental Health	PROMISE HEALTHCARE			
24/05	741 05/22/24	API 018413	MBB24-041	65175		33560	8,923.00	210,587.00
	W 053124A	Jul'23	MBB24-041	wellness	PROMISE HEALTHCARE			
24/05	741 05/22/24	API 018413	MBB24-041	65176		33560	8,923.00	219,510.00
	W 053124A	Aug'23	MBB24-041	wellness	PROMISE HEALTHCARE			
24/05	741 05/22/24	API 018413	MBB24-041	65177		33560	8,923.00	228,433.00
	W 053124A	Sep'23	MBB24-041	wellness	PROMISE HEALTHCARE			
24/05	741 05/22/24	API 018413	MBB24-041	65178		33560	8,923.00	237,356.00
	W 053124A	Oct'23	MBB24-041	wellness	PROMISE HEALTHCARE			
24/05	741 05/22/24	API 018413	MBB24-041	65179		33560	8,923.00	246,279.00
	W 053124A	Nov'23	MBB24-041	wellness	PROMISE HEALTHCARE			
24/05	741 05/22/24	API 018413	MBB24-041	65180		33560	8,923.00	255,202.00
	W 053124A	Dec'23	MBB24-041	wellness	PROMISE HEALTHCARE			
LEDGER BALANCES --- DEBITS: 255,202.00 CREDITS: .00 NET:								255,202.00
20000154	502046	EQUIP LEASE/EQUIP RENT						
24/05	68 05/06/24	API 010687	248	63864		32988	199.06	199.06
	W 051024A	Apr'24	Xerox Copier Service	XEROX CORPORATION				

Champaign County, IL



ACCOUNT DETAIL HISTORY FOR 2024 05 TO 2024 05

ORG YR/PR	OBJECT PROJ	JNL EFF DATE	SRC REF1	REF2	REF3	CHECK #	OB	AMOUNT	NET LEDGER BALANCE
	LEDGER BALANCES	----	DEBITS:	199.06		CREDITS:		.00	199.06
20000154	502048		PHONE/INTERNET						
24/05	68 05/06/24	API 010263		63866		32900			
	W 051024A	Internet service	6/4/24-7/3/24	I3 BROADBAND - CU				144.95	144.95
24/05	222 05/03/24	API 018287		64110		33110			
	W 051724A	Mental Health Phones		CONSOLIDATED COMMUNI				97.66	242.61
	LEDGER BALANCES	----	DEBITS:	242.61		CREDITS:		.00	242.61
	GRAND TOTAL	----	DEBITS:	271,339.85		CREDITS:		.00	271,339.85

32 Records printed

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

Staff Report Cultural and Linguistic Competence Coordinator June 2024

Summary: *This report is a summary of PY24 of the funded programs about their Interagency Collaborations, how they are engaging underrepresented and underserved communities. This information comes directly from the PY24 Funding Application and the 2nd Quarter CLC Report. Interagency Collaborations are reported in the program plan narrative and there is a formal written agreement with the organization. The information provided in this report, is based on the reporting requirements of the CCMB. If there are questions based on the information reported the CLC Coordinator will reach out directly to the organization to find out additional information/and or provide technical assistance and support to strengthen their support and engagement for underrepresented and underserved populations.*

CU At Home

Interagency Collaborations: Strides Outreach; Cunningham Township Outreach; Urbana Police Department; Rosecrance

Engagement of Underserved: Sign language interpreters from PACE and Parkland. C-U at Home serves members of underinvested and racial and ethnic by providing access to food, clothing, and programming to clients who are in our program. 15 Community Services Events were reported, and no information provided about the types of events that were hosted in the 2nd Quarter.

2nd Quarter Trainings Offered (Agency Wide)

Introduction to Unconscious Bias and "Why Diversity Matters for Nonprofits

Trauma Informed Collaborative Group with Karen Simms

CCRPC - Community Services YAC (Companion Proposal)

Interagency Collaborations

The Alliance

- Cunningham Children's Home- Hope Springs
- Rosecrance
- The University of Illinois Psychological Services Center/Childhood Adversity & Resiliency Services (CARS)
- Champaign Unit#4 School District
- Urbana Unit#116 School District
- Mahomet-Seymour CUSD#3
- Champaign Police Department
- Urbana Police Department
- University of Illinois Police Department
- Champaign County Sheriff's Office
- Champaign County State's Attorney's Office

- Tolono Police Department
- Mahomet Police Department

Engagement of Underserved Populations

The Youth Assessment Center through principals of Balanced and Restorative Justice theory and practice, provides youth and families an opportunity to be diverted from formal justice system involvement, therefore avoiding stigma that may be associated with being an adjudicated, delinquent youth. Linkage and advocacy efforts of YAC staff will assist the youth and families served in gaining increased community access and preferred services/supports. Case Worker In person visits and individualized care for youth.

2nd Quarter Trainings Offered Agency Wide

Trainings have centered around topics such as nutrition and culture, understanding microaggressions, supervisor/workplace-inclusion identification quizzes, and LGBTQ trainings focused on inclusive communication, and handling challenging conversations with employees in a culturally sensitive and trauma informed manner.

CCRPC - Community Services Homeless Services

Interagency Collaborations

- American Legion Auxiliary Unit 24
- Carle Health – Community Health Initiatives
- Center for Youth & Family Solutions
- Champaign County Emergency Management Agency
- Champaign County Health Care Consumers
- Champaign County Regional Planning Commission
- Champaign-Ford Regional Office of Education
- Champaign Park District
- Champaign-Urbana Mass Transit District (MTD)
- Champaign-Urbana Public Health District
- Child Care Resource Service
- City of Champaign
- City of Champaign Township
- City of Urbana
- Community Choices
- Community Service Center of Northern Champaign County
- Courage Connection
- Crisis Nursery
- C-U at Home
- Cunningham Children’s Home
- Cunningham Township
- Department of Veterans Affairs – Illiana Health Care System

- Developmental Services Center
- Eastern Illinois Foodbank
- Faith United Methodist Church
- First Followers
- Greater Community AIDS Project of East Central Illinois
- Habitat for Humanity of Champaign County
- Hope Center of Vineyard Church
- Housing Authority of Champaign County
- Land of Lincoln Legal Aid
- University of Illinois, Gender and Sexuality Resource Center
- LifeLinks
- Merci's Refuge
- OSF – Community Resource Center
- The Pavilion
- Rosecrance, Inc.
- The Salvation Army
- United Way of Champaign County
- University of Illinois, School of Social Work
- University of Illinois, Student Assistance Center
- UP Center
- Village of Rantoul

Engagement of Underserved Populations

The program will coordinate training to enhance the work of CoC membership organizations that serve underserved or underrepresented minority populations, including annual non-discrimination training for the full CSPH membership. The Homeless Services System Coordination program will also conduct regular outreach in the community with goal of increasing membership diversity

CU EARLY

Interagency Collaborations

- CU Early has written agreements with the following agencies:
- Crisis Nursery of Champaign County
- Champaign School District Unit #4
- The Well Experience
- Champaign Urbana Public Health District
- Young Lives
- United Way of Champaign County
- Regional Planning Commission - Case management services and Early Childhood Education program.
- Feeding our Kids
- Child and Family Connections
- Champaign County Home Visiting Consortium
- Champaign County Resource and Referral
- Urbana Adult Education

Engagement of Underserved Populations

Weekly Spanish speaking early literacy playgroups are held at all the local libraries Douglass, Urbana and Champaign. Monthly playgroups are held at Urbana Early Childhood School. The bilingual home visitor also provides support groups to expectant and parenting teens weekly. Home Visitors will have weekly visits with Spanish speaking Family Members. CU Early bilingual home visitors improve families access to community resources by helping them make phone calls to set up appointments, by assisting them in completing applications, and by accompanying them to appointments and advocating for them so that their concerns are heard, and their needs are met

2nd Quarter Trainings Offered Agency Wide

Unconscious/Implicit Bias and how unconscious bias plays a role in daily life for us all. Baby TALK is the curriculum that CU Early implements and is accredited through. The speaker for the event was Jody Pfarr who is the author of “The Urgency of Awareness.”

Children’s Advocacy Center

Interagency Collaborations

Department of Child and Family Services - Urbana Field Office, Champaign County State's Attorney's office Victim Witness Advocates, Champaign County State’s Attorney, Champaign County Sheriff, City of Champaign Chief of Police, City of Urbana Chief of Police, City of Rantoul Chief of Police, University of Illinois Chief of Police, Illinois State Police Zone 5 Master Sergeant, Carle Child Abuse Safety Team, Carle Hospital Sexual Assault Nurse Examiners, Chris Washo – Crisis Clinician, Stephanie Beard – Crisis Clinician, Pamela Wendt – Crisis Clinician, Ann Chan – bilingual Crisis Clinician, Ford County State’s Attorney, Ford County Sheriff, City of Paxton Chief of Police, Gibson City Chief of Police, Rape Advocacy Counseling Education Services (RACES).

Engagement of Underserved Populations

The CAC staff engage in training at least twice annually to ensure up to date practices are provided to victims and their family in an environment that promotes inclusion and is free of discrimination. The multidisciplinary response improves access to services for victims and their families as MDT members meet monthly to review cases and ensure victims are referred and have access to the services necessary to work through the trauma associated with the abuse.

2nd Quarter Trainings Offered Agency Wide

LGBTQ+ Issues in Mental Health presented by the Children's Advocacy center of Illinois (CACI) on 11/2/23. Immigration Options for Victims of Crime by CACI on 11/2/23. Expanding CACs with an Equity Mindset by CACI on 10/25/23. Diversity, Equity, Inclusion & Justice Round Table: Cultural Responsiveness in Youth Advocacy training by CACI on 12/19/23.

Champaign County Christian Health Center

Interagency Collaborations

Carle Hospital and OSF for Primary care follow-up and specialty visits. OSF provides free lab work for patients that require additional follow-up.

Engagement of Underserved Populations

Provides free Health Care for underserved populations. Care is taken to ensure any visitor receives quality care and support from volunteers that serve as medical providers and hosts.

2nd Quarter Trainings Offered Agency Wide: No Training at this time reported

Champaign County Head Start/Early Head Start MHB

Interagency Collaborations

Champaign Unit 4, Rantoul City Schools, Mahomet Middletown Early Childhood, Urbana Unit 116, Spectrum Early Childhood, and Child and Family Connections. RPC has a Memorandum of Understanding with CU Trauma and Resilience Initiative to support collaboration on Trauma-Informed capacity building within our agency and the community. RPC also works with the Champaign-Urbana Public Health District to provide health and nutrition services to children and pregnant women. RPC partners with the Junior League of Champaign-Urbana Bright Starts program which provides monthly academic and social-emotional skills workshops for children and their parents. CU Early is another partner that collaborates with Head Start to offer kindergarten-ready kits to families enrolled in home-based and family childcare homes.

Engagement of Underserved Populations

Eligibility is Required to receive services from Head Start. Head Start embraces the least restrictive environment and offers this model in classrooms and family childcare homes. Head Start also takes seriously the need to reduce implicit bias in our staff and the impact of structural racism for our families. The Social-Emotional staff play an important role in developing and coordinating workshops, trainings, virtual content, and advocacy efforts that reduce stigma and support collective care within our program and community.

2nd Quarter Trainings Offered Agency Wide

All Head Start staff participated in quarterly cultural competency training. These trainings included How to Get Started with Culturally Responsive Teaching for Back to School and Cross Linguistic Transfer in Bi-literacy Instruction: Why Connections Matter through as well as Welcoming Each and Every Child

Community Services Staff are on track with completion of the annual ADA trainings as well as completion of this at initial onboarding.

Champaign County Health Care Consumers Justice Involved CHW Services & Benefits

Interagency Collaborations

Rosecrance Central Illinois
Champaign County Jail
Cunningham Township
Schnucks Rx pharmacy
OSF hospital pharmacy
OSF hospital

Carle
UIUC School of Social Work (BSW and MSW)
Cunningham Children's Home
CRIS
Daily Bread

Engagement of Underserved Populations

Champaign County Health Care Consumers have Community Workers that will engage and serve people at the Jail, and on referral from Rosecrance and other entities. By locating Community Workers and staff in the Jail, they directly engage and serve the individuals there, most of whom are people from underserved and underrepresented minority populations. We will also contact individuals by phone, and we will provide easy-to-understand written information. We also establish connections and credibility through word of mouth, from individuals whom we have helped and who help direct others to us. Rx Fund to pay for prescriptions for mental health challenges is available for people that cannot afford to pay.

2nd Quarter Trainings Offered Agency Wide – No Training Reported at this time

Champaign County Health Care Consumers CHW Outreach and Benefit Enrollment

Interagency Collaborations

Rosecrance Central Illinois
Champaign County Jail
Cunningham Township
Schnucks Rx pharmacy
OSF Hospital Pharmacy
UIUC School of Social Work (BSW and MSW)
OSF hospital
Carle
Cunningham Children's Home
CRIS
Daily Bread
Continuum of Service Providers to the Homeless (CSPH)

Engagement of Underserved Populations

They engage and serve individuals because of receiving referrals, walk-ins, calls, and doing community outreach throughout the county. This program will promote inclusion by directing outreach efforts to individuals with mental health and/or substance use disorder needs, and the organizations that serve them. This program will reduce stigma by offering access and enrollment to benefits, and linkages and referrals to mental and behavioral health services, as part of the full array of Community Health Worker services. The Staff will provide information and education about benefits and services in a straightforward and holistic way so that people can see mental health and behavioral health services as just as vital and central to health as medical services.

2nd Quarter Trainings Offered Agency Wide- No Trainings Reported

Champaign County Health Care Consumers -Disability Application Services

Interagency Collaborations

Rosecrance Central Illinois
Champaign County Jail
Cunningham Township
Schnucks Rx pharmacy
OSF Hospital Pharmacy
UIUC School of Social Work (BSW and MSW)
OSF hospital
Carle
Cunningham Children's Home
CRIS
Daily Bread

Engagement of Underserved Populations

We take a public health approach to providing our Community Health Worker services, which will now include Disability Application Services – services are provided in an office that is centrally located in the community in Downtown Champaign.

2nd Quarter Trainings Offered Agency Wide – No Training Reported

Community Service Center of Northern Champaign County

Interagency Collaborations

Rosecrance
Courage Connection
Cunningham Children's Home
C-U Public Health District
Grow in America
New American Welcome Center
Continuum of Service Providers for the Homeless
Refugee Center

Engagement of Underserved Populations

Most services are provided at our current office which is centrally located in the community and accessible by public transportation. We also are equipped for other agencies to use zoom for client services. Our building includes the WIC program from C-U Public Health as well as the Peace Meal food program for seniors. 149 households were surveyed last summer, and survey results indicated an overall satisfaction score of 4.82 out of 5.

2nd Quarter Trainings Offered Agency Wide

CLC training has been scheduled for staff and board members for the 3rd quarter of PY24.

Courage Connection

Interagency Collaborations

Crisis Nursery; CRIS Healthy Aging; R.A.C.E.S.

Engagement of Underserved Populations

Client Advocates work to develop a client-driven plan that identifies unmet needs and prioritizes the safety and autonomy of the client and their family. This includes access to multilingual staff that adhere to our cultural humility plan. Courage Connection recognizes the need for community awareness and education in working for inclusion and reducing stigma. Staff will continue to reach out to community organizations, universities, schools, and law enforcement through presentations on the causes and dynamics of domestic violence, potential responses, and services available. Ongoing education is critical to continually identifying where abuse is tolerated, accepted, or normalized in our communities and improving access for those who need assistance. In community engagement activities, we have integrated content to help decrease stigma and bias towards those who have experienced domestic violence and homelessness caused by domestic violence.

2nd Quarter Trainings Offered Agency Wide

DEI initiative with Karen Simms from CU TRI (Champaign Urbana Trauma Resilience Initiative). Inclusion Insights, hosted by ICADV (IL Coalition Against Domestic Violence). There are bimonthly training courses with different trainings and workshops on trauma-informed practices as well as a highlighted focus on inclusion and what that can look like in a healthy work environment.

Crisis Nursery

Interagency Collaborations

Champaign County Home Visiting Consortium:
G.R.E.A.T. Start at C-U Public Health District
Champaign County Head Start/Early Head Start
CU Early – Urbana Champaign School Districts
Healthy Start at The Baby Fold
Parent Wonders at Developmental Services Center
Children’s Home & Aid Healthy Families and Doula program
Carle’s Healthy Beginnings and Family Foundation programs
Champaign County Continuum of Service Providers to the Homeless:
Carle Health – Community Health Initiatives
Center for Youth & Family Solutions
Champaign County Regional Planning Commission
Champaign-Ford Regional Office of Education
Champaign Park District
Champaign-Urbana Public Health District
Child Care Resource Service

City of Champaign
City of Urbana
Community Service Center of Northern Champaign County
Courage Connection
C-U at Home
Cunningham Children's Home
Cunningham Township
Developmental Services Center
Eastern Illinois Foodbank
Greater Community AIDS Project of East Central Illinois
Habitat for Humanity of Champaign County
Housing Authority of Champaign County
Land of Lincoln Legal Aid
The Pavilion
Rosecrance, Inc.
The Salvation Army
United Way of Champaign County
University of Illinois, School of Social Work
UP Center
Crisis Nursery Coalition of Illinois
Department of Human Services
Rape Advocacy, Counseling & Education Services (RACES)
Family Advocacy Center

Engagement of Underserved Populations

Beyond Blue has been a natural extension of Crisis Nursery services for the past 15 years. In addition, the Nursery will continue to work with the Community Service Center of Northern Champaign County, to better identify underserved or underrepresented minority populations, specifically in Rantoul. Crisis Nursery will continue to spread awareness of services to local apartment complexes within Rantoul to connect with families where they live. Crisis Nursery's Beyond Blue program promotes program inclusion with regularly scheduled visits and follow ups, as well as access to groups in the communities where families currently reside.

2nd Quarter Trainings Offered Agency Wide

Training Offered to Staff of Crisis Nursery
Watch Me! Celebrating Milestones and Sharing Concerns
Conscious Discipline: Introduction to Conscious Discipline
Conscious Discipline: Becoming Brain Smart
Conscious Discipline: The Connected Family and the School Family
Mothers and Babies Curriculum Training
Touchpoints
Children, Communication and Development
Introduction to American Sign Language
Maternal Mental Health Workshop
Benefits of Music Therapy and Development
Supporting Parents with Disabilities

Cunningham Children's Home ECHO Housing and Employment Support

Interagency Collaborations

- Austin's Place
- Courage Connection
- Champaign Township
- CU @ Home, Phoenix Center
- Cunningham Township
- Daily Bread
- Housing Authority of Champaign County
- Local Food Pantries
- Regional Planning Commission, Centralized Intake
- Regional Planning Commission, No Limits Program
- Restoration Urban Ministries
- Rosecrance
- The Salvation Army

Engagement of Underserved Populations

Cunningham collaborates with the UpCenter and the University of Illinois LGBTQ Resource Center to receive referrals for the ECHO Program. ECHO works with individual program participants to identify their social support needs and capitalizes on existing supportive relationships, when possible. As such, we assist participants in developing housing and employment in any community throughout Champaign County.

2nd Quarter Trainings Offered Agency Wide

* Initial cultural humility training continues to be a required component for all staff during new employee orientation. This training was updated in April, 2023.

* Burgos is an annual training requirement for Therapists, Case Managers, Intake, Program Administrators and Supervisors in DCFS programs. Burgos focuses on providing linguistically and culturally appropriate services to Spanish speaking families (e.g., bilingual workers, interpreters, translated documents, etc.).

*As part of Winter Workshops scheduled during January and February of 2024, we are planning 2 training opportunities that address cultural humility:

* Client Rights Training - while this training focuses on many facets of client rights under the Illinois Mental Health & Developmental Disabilities Code, we will also address LGBTQIA+ rights addressed by DCFS policy and procedure

* Safe Zone Training will be offered through a collaboration of several staff across agency programs and departments. Safe Zone focuses on LGBTQ awareness and ally training.

Cunningham Children's Home Families Stronger Together

Interagency Collaborations

Alliance for Inclusion and Respect
Center for Youth and Family Solutions
Champaign County Continuum of Care
Champaign County Head Start

Champaign Urbana Public Health Department
Community Service Center of Northern Champaign County
Courage Connection
Rantoul City Public Schools
Rape Advocacy, Counseling, Education and Services
The UpCenter
United Way of Champaign County
University of Illinois Lesbian, Gay, Bisexual, Transgender (LGBT) Resource Center
University of Illinois, School of Social Work, Education and Psychology
Urbana Adult Education
Urbana School District
Youth Assessment Center
Youth & Family Peer Support Alliance

Engagement of Underserved Populations

Eligible youth and their families, throughout Champaign County, can participate in the program through a mix of home-based and site-based services. As appropriate, some services may also be offered through Zoom or other video-based options. Barriers to accessing and engaging in services will be evaluated and addressed on a case-by-case basis. For example, transportation barriers may be addressed through gas cards and transportation services. Safe and private community spaces in the neighborhoods of the families, such as public libraries and churches, will be explored if home-based services are not feasible.

Developmental Services Center

Interagency Collaborations

Birth to Three Council

Champaign County Home-Visiting Consortium includes: Great Start (public health), Crisis Nursery, Head Start, CU Early (Urbana Early Childhood), Carle Healthy Beginnings, Children's Home and Aid, the Baby Fold

- Champaign-Urbana Public Health District
- Child and Family Connections
- The Downs Syndrome Network
- Multicultural Community Center
- PLAY Project License Agreement
- Salt & Light Ministries
- TAP
- YMCA

Engagement of Underserved Populations

For rural, underrepresented, and under-invested screenings occur in homes (natural environment), childcare centers, and community centers. Free screenings are held at Stephens Family YMCA and Y on the Fly locations, Salt & Light Ministries, Countrybrook Apartments, and other community-

based settings, and provide subsequent support in connecting with additional referral sources (e.g., EI/CFC 16, school district early childhood programs, Head Start, etc.).

2nd Quarter Trainings Offered Agency Wide Staff Training will be held in the 3rd and 4th Quarter

Don Moyer Boys & Girls Club (CUNC-Trauma and Resilience Initiative)

Interagency Collaborations

Champaign County Community Coalition
First Followers
Don Moyers
Youth & Family Peer Support Alliance
H3
Cunningham Township Trustee's Office
Urbana Schools
The City of Champaign – Blueprints for Peace
CU @ Home
RPC (Housing Voucher)
Housing Authority
The LIFT Program

Engagement of Underserved Populations

We have been extremely successful at reaching our target population, over ½ of the referrals to the program thus far have come from word of mouth. Underrepresented and Underserved communities are served in their preferred neighborhoods Historically, TRI has prioritized serving and supporting African Americans and other people of color that have been historically marginalized by structural violence. While that will still be our priority, we anticipate that our intentional work to provide support to essential workers, individuals over 45 with mental health and substance abuse needs will allow us to develop partnerships and provide services to individuals outside of Champaign, Urbana and Rantoul.

2nd Quarter Trainings Offered Agency Wide –

Cultural Competence training has also been a newly implemented component to the in-person trainings that occur at the beginning of each program session and during quarterly All Staff Meetings. Board members are also required to complete this training at the beginning of their terms and annually thereafter.

Don Moyer Boys & Girls Club (Coalition Summer Initiatives)

Interagency Collaborations

Champaign County Community Coalition Partners

Engagement of Underserved Populations

Each contracted service partner will provide public information and outreach to eligible participants for and under-served community areas throughout Champaign County. The

Champaign County Community Coalition will promote programs and activities at its regular community meetings.

Don Moyer Boys & Girls Club CU Change

Interagency Collaborations

Champaign Unit 4 Schools
Urbana 116 Schools
Rantoul City Schools #137
Champaign County Juvenile Probation
Champaign Police Department
Urbana Police Department
Rantoul Police Department
Champaign County Youth Assessment Center
Regional Planning Commission
University of Illinois Social Work Department
Rosecrance
United Way of Champaign County
Center for Women in Transition
Courage Connection
Cunningham Children's Home
Mahomet Area Youth Club
Dreaam House
Parkland College

Engagement of Underserved Populations

CU Change services are offered at the clients' home, school or an area in their immediate local community. Transportation will be provided for additional services (i.e., counseling services, cohort groups, core programs) held at Don Moyer Boys & Girls Club, etc.

Don Moyer Boys & Girls Club (Youth and Family Services)

Interagency Collaborations

Regional Planning Commission – Youth Assessment Center

Engagement of Underserved Populations

Peer support is a non-traditional service and support that is growing in popularity and used throughout the United States. The peer supporter with “lived experience” is the foundation to effectively engaging underserved/underrepresented minority populations. The peer serves as a cultural broker as well as a systems navigator. The key to engaging and serving underserved/underrepresented minority population is to match them with a well-developed and trained peer supporter who can establish a peer-based relationship.

East Central Illinois Refugee Mutual Assistance Center (The Refugee Center)

Interagency Collaborations

IDHS Immigrant Family Resource Program and Illinois Welcoming Center. US Conference of Catholic Bishops MOU to receive refugees as a remote resettlement agency; Jewish Federation of Metropolitan Chicago; CUPHD for ARISE health equity grant, RACES Community Partnership Agreement; US Committee for Refugees & Immigrants Trafficking Victims Assistance Program, United Way of Champaign County. ARPA grant for increased language access and mental health resources for immigrants with NAWC, The Immigration Project, Pixan Konab and ISCU; CRIS Healthy Aging and PACE.

Engagement of Underserved Populations

We engage them through client and former client word of mouth, social service provider referrals (like IDHS, DCFS, WIC), workshops, Newcomer Immigrant Support program, school visits, faith based organizations, employers, Adult Diversion Program, and our bilingual outreach to refugee/immigrant populations through mass outreach events, flyers, website and social media, newsletters and public benefits sessions. We are now increasing public benefit sessions and workshops that were paused during the height of COVID.

2nd Quarter Trainings Offered Agency Wide

Refugee Resettlement Staff receive continuous cultural competence training through resources like CORE (Cultural Orientation Resource Exchange), and Switchboard (resources for refugee resettlement providers) and the US Conference of Catholic Bishops. Client Services Staff also attend webinars and trainings from the Illinois Coalition for Immigrant and Refugee Rights (ICIRR) and DuPage Federation including immigrant barriers to public benefits, and language translation and interpretation.

The board will receive cultural competence training once per year. Date of Board training will be reflected in Board minutes. This is scheduled to be done in Q3 or Q4.

Staff will receive cultural and trauma informed care training at least once annually. All staff have access to CORE (Cultural Orientation Resource Exchange). Mental Health First Aid will be scheduled for new hires in Q3 or Q4.

Election of new Board members, or documented refusal of offers to join Board. Maria Alanis has resigned from our Board. The Board voted to have Moses Okumu fill the Board vacancy for the remainder of her term. Board elections will be in June.

Staff training allocation included in the budget. This is ongoing and will be included in budgets for FY25. Training includes updates on changes in public benefits regulations for non-citizens, immigration arrival updates, immigration law and regulation updates, cultural orientation and issue specific training for certain ethnic and language groups.

Family Service of Champaign County Senior Counseling & Advocacy

Interagency Collaborations

CRIS Healthy Aging Center
Care Horizon
Moultrie County Counseling Center
East Central Illinois Refugee Mutual Assistance Center
Developmental Services Center

Rosecrance
OSF Peace Meals
Office of the Coroner, Champaign County
PACE

Engagement of Underserved Populations

Caseworkers are trained to communicate comfortably about and normalize the challenges and transitions that many adults face in later life. They are also taught to speak openly and invite conversation about stigmatized conditions, such as mental and physical health diagnoses and victimization.

2nd Quarter Trainings Offered Agency Wide

All new employees and new volunteers received CLC training during orientation. We added two new board members and, as part of their orientation, they received CLC training. - Annual CLC training is scheduled for all staff in the last half of this fiscal year. -Staff will complete Mental Health First Aid Training in the fourth quarter. -The Senior Resource Center has CLC workshops planned for the fourth quarter.

Family Service of Champaign County- Counseling

Interagency Collaborations

Champaign County Drug Court
Champaign-Urbana Public Health District
Rosecrance

Engagement of Underserved Populations

Therapists work with clients to create a therapeutic environment that is respectful, mindful and sensitive to the client's culture, values, beliefs, traditions, customs, family values, trust and personal preferences. The client's right to make personal choices is respected, as long as no harm to self or others would result. The Counseling program therapists do all they can to reassure clients of the benefits of mental health services.

Family Service of Champaign County Self-Help Center

Interagency Collaborations

The Self-Help Center does not have any written working agreements with any agencies or organizations. However, the program does work with community organizations such as Carle and OSF that offer support groups to ensure that their information is available in our database and directory.

Engagement of Underserved Populations

Everyone who contacts the Self-Help Center has a different need whether this is finding an appropriate support group, creating a support group, a training request,

FirstFollowers FirstSteps Community Reentry House

Interagency Collaborations

Housing Authority of Champaign County, City of Urbana, City of Champaign, Bethel AME Church, DreAAM House, Boys 2 Men

Engagement of Underserved Populations

We use social media, public education events, connect directly with employers and use our peer mentors and students to connect with the broader community.

2nd Quarter Trainings Offered Agency Wide

Five workshops on criminal legal system issues completed; two Know Your Rights videos completed and posted to You Tube

FirstFollowers FirstSteps Community Peer Mentoring

Interagency Collaborations

Champaign County Housing Authority, Bethel AME Church, City of Champaign, City of Urbana, DreAAM House, Boyz to Men,

Engagement of Underserved Populations

We use social media, public education events, connect directly with employers and use our peer mentors and students to connect with the broader community.

GROW in Illinois

Interagency Collaborations

Rosecrance Health Network.
Youth & Family Peer Support Alliance (YFPSA)
Rattle The Stars
ReEntry Council

Engagement of Underserved Populations

GROW is working with inmates and those re-entering community after release. Grow has groups that meets at Champaign County Jail, Church of the Living God and Champaign County Christian Health Center.

2nd Quarter Trainings Offered Agency Wide

July 12, 2023, Resist Sexual Coercion encourage family participation (on line)
July: Mental health and the Black community.
Cultural humility people principle and practice
You are doing it wrong the practice of cultural competence. Trauma and Resilience refresher
Counseling Your Adolescent Clients to Resist Sexual Coercion and Encourage Family Participation (Online)

Promise Healthcare Mental Health Services

Interagency Collaborations

- LabCorps - MOU for Lab services

- Carle Foundation Hospital - MOU for diagnostic lab and radiology services, Propio language interpreter services
- Carle Foundation Hospital, Family Medicine Residency - for Gynecological Care and OB services
- Carle Patient Advisory Nurse - MOU for Emergency During and After Hours services
- Champaign County Board of Health
- Champaign County Regional Planning Commission's Head Start/Early Head Start
- Hudson Drug - MOU for 340B Pharmacy services
- Urbana Walmart and Rantoul Walmart - MOU for 340B Pharmacy services
- DSC (Developmental Services Center)

Engagement of Underserved Populations

Patients represent 53% of current board members and 23% of board members identify as racial/ethnic minorities. Promise offers training for board and staff on cultural and linguistic competency as part of onboarding and annually. Promise offers telephonic appointments which are helpful to patients facing transportation barriers.

2nd Quarter Trainings Offered Agency Wide

CLC maintains an annual cultural competence training plan for staff and board. BOD receives at least one CLC training annually. Staff receive at least one CLC training annually.

Rape Advocacy, Counseling, & Education Services Sexual Violence Prevention Education

Interagency Collaborations

- Carle Foundation Hospital
- OSF Urbana
 - Champaign Urbana Public Health District
- Community Services
- Children's Advocacy Center
 - Crisis Nursery
 - Cunningham Children's Home
 - Developmental Service Center
 - Community Choices
 - Champaign County Regional Planning Commission
 - Community Service Center of N. Champaign County
 - PACE
 - Uniting Pride
 - R.E.A.D.Y. Program
- Law Enforcement and State's Attorney's Offices
- University of Illinois Public Safety
 - Champaign County Sheriff
 - Rantoul Police Department
 - Tolono Police Department

Engagement of Underserved Populations

RACES utilizes an anti-oppression framework that acknowledges the importance of removing barriers to services for survivors from underserved and underrepresented minority populations and other marginalized communities. As part of this commitment, the organization works to hire a diverse staff and invests in training to support culturally competent service provision. Every year, RACES' Prevention Education program provides programming to thousands of Champaign County K-12 students. While this programming focuses on primary prevention, it also includes material that counter myths and harmful misinformation that contribute to sexual violence-related stigma. RACES continues this anti-stigma work through training offered to adults.

2nd Quarter Trainings Offered Agency Wide

Rather than holding a one-time training, RACES is in the process of having all staff complete Start By Talking's Anti-Oppressive Advocacy training (startbytalking.mykajabi.com/able-course). This is a six-month program that centers Black leadership and challenge white supremacy in the sexual violence prevention and response field. Four current staff members and one previous staff member have completed this training in FY24 and the remaining full-time staff are scheduled for the cohort that starts in February. This approach follows guidance that shows that repeated exposure and multiple learning modalities are important for absorbing critical information. The training includes monthly live sessions, asynchronous modules, readings, and podcasts. Additionally, RACES' Associate Director, Counseling Services Coordinator, Advocacy Services Coordinator, and Education Coordinator are in Start By Talking's Anti-Oppressive Supervision training (startbytalking.mykajabi.com/anti-oppressive-supervision)

Rape Advocacy, Counseling, & Education Sexual Trauma Therapy Services

Interagency Collaborations

- Carle Foundation Hospital
 - OSF Urbana
 - Champaign Urbana Public Health District
- Community Services*
- Children's Advocacy Center
 - Crisis Nursery
 - Cunningham Children's Home
 - Developmental Service Center
 - Community Choices
 - Champaign County Regional Planning Commission
 - Community Service Center of N. Champaign County
 - PACE
 - Uniting Pride
 - R.E.A.D.Y. Program
- Law Enforcement and State's Attorney's Offices*
- University of Illinois Public Safety
 - Champaign County Sheriff
 - Rantoul Police Department
 - Tolono Police Department

Engagement of Underserved Populations

Many survivors do not disclose their experiences, often due to concerns about stigma associated with being labeled a victim or survivor. Through our educational programming and discussion of this topic in the community and through the media, RACES works to alleviate these concerns. By sharing information about the prevalence of sexual violence and by providing strategies for supporting survivors, these concerns about stigma can be reduced.

Rosecrance Benefits Case Management

Interagency Collaborations

Carle

Land of Lincoln Legal Assistance Foundation

Champaign County Health Care Consumers

OSF Hospital Urbana

Promise Healthcare

Eastern Illinois Food Bank

Courage Connection

Crisis Nursery

Champaign County Regional Planning Commission

Champaign-Urbana Public Health District

Engagement of Underserved Populations

Benefits Case Management services which are person-centered, strengths-based, culturally appropriate, and include immediate access to a wide variety of behavioral health services. Access to medical and behavioral health services is improved by offering these services anywhere in Champaign County and by assisting clients to obtain the benefits necessary to receive coverage for behavioral health and medical services, as well as other public benefit programs. Additionally, addressing other social determinants of health will also help to reduce barriers/improve access to services for historically underinvested populations in Champaign County

2nd Quarter Trainings Offered Agency Wide

All Rosecrance staff complete mandatory annual cultural competence training, which is tracked through MyLearning Pointe, an online database. Military culture and best practices for serving active duty and veterans training was completed by 28 Rosecrance Central Illinois (RCI) staff. Nine RCI staff completed cultural competency electives on various topics.

Rosecrance Child & Family Services

Interagency Collaborations

OSF Hospital Urbana, Promise Healthcare, Cunningham Children's Home, Carle, Crisis Nursery, Champaign Unit 4 School District, Urbana School District 116, Uniting Pride (UP Center), Pavilion, Champaign County Probation, Rantoul Police Department, Mahomet Police Department, City of Urbana Police Department Regional Planning Youth Assessment Center, RACES, and CUPHD.

Engagement of Underserved Populations

Rosecrance works to provide services which are person-centered, strengths-based, culturally appropriate, and include immediate access to a wide variety of behavioral health services. Rosecrance promotes culturally responsive services through staff training and program

development, with special attention to meeting National Culturally and Linguistically Appropriate Services (CLAS) standards. Access to behavioral health services is improved by offering these services anywhere in Champaign County. Rosecrance reaches out to schools, families, other providers, primary care physicians, and other youth-serving organizations in a variety of ways including, but not limited to, face-to-face meetings, brochures, giving tours of our facility, behavioral health conferences, health fairs, newsletters, and social media.

Rosecrance Criminal Justice PSC

Interagency Collaborations
Carle Foundation Hospital
Champaign County Health Care Consumers
Champaign County Probation
Champaign County Regional Planning Commission
Champaign County Sheriff's Office
Champaign Police Department
Champaign/ Urbana Public Health District
GROW
Land Of Lincoln Legal Assistance Foundation
Mahomet Police Department
OSF Heart of Mary Medical Center
Rantoul Police Department
The Pavilion
Urbana Adult Education

Engagement of Underserved Populations

All Rosecrance services are based on the principles of recovery. We believe in the power of fellowship, hope and the desire of every human spirit to heal. Through assertive engagement efforts, utilizing a spirit of hope and non-judgement, clients experience staff that care about them as people who are not defined by their diagnosis or life events. In using strengths-based case management, staff help clients identify strengths and use them to achieve their goals. Staff educate about the disease concept and the impact of trauma to help reduce shame and stigma. Staff promote that recovery includes physical, emotional and spiritual aspects and that healing in the context of groups helps build natural support and reduce isolation.

Rosecrance Crisis Co-Response Team (CCRT)

Interagency Collaborations

Carle Foundation Hospital
Champaign County Health Care Consumers
Champaign County Probation
Champaign County Regional Planning Commission
Champaign County Sheriff's Office
Champaign/ Urbana Public Health District
Community Service Center of Northern Champaign County
Courage Connection
Crisis Nursery

CRIS Healthy Aging
Eastern Illinois Food Bank
Family Services
GROW
Land Of Lincoln Legal Assistance Foundation
Mahomet Police Department
OSF Heart of Mary Medical Center
Rantoul Police Department
RACES
The Pavilion
Uniting Pride (UP) of Champaign County
Urbana Adult Education

Engagement of Underserved Populations

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

CCRT services are provided specifically in Rantoul and throughout Champaign County. The program offers community/ home based appointments and appointment times most convenient for participants. These factors support improved access to the community.

Input from clients, service providers, and law enforcement gathered from client satisfaction surveys, during provider meetings, and feedback from community members, will continue to drive ongoing program improvements.

Rosecrance Recovery Home

Interagency Collaborations

Urbana Adult Education
Eastern Illinois Food Bank
Family Services
Courage Connection
Crisis Nursery
RACES
Promise Healthcare
OSF
Carle
University of Illinois Extension
Land of Lincoln Legal Assistance Foundation
Champaign County Regional Planning Commission
Shelter Plus Care
Champaign-Urbana Public Health District
The Pavilion
Uniting Pride (UP) of Champaign County

Engagement of Underserved Populations

The Recovery Home staff works together to ensure that all participants receive quality care in a diverse, therapeutic environment and have access to community resources designed to improve their lives. The Recovery Home staff help clients plan and support special monthly events celebrating client successes and celebrating a variety of cultural holidays. Additionally, living in a communal environment is new for many of the clients, and Recovery Home staff assist clients with learning more about one another's backgrounds and cultures to create a safe emotional space. The Recovery Home Specialists assist clients with access to housing, employment, medical care, education or vocational training, legal assistance, and behavioral health services. Through providing transportation, assisting clients in completing paperwork, helping clients sign up for health care through the Affordable Care Act, advocating for clients to landlords and employers, and taking clients to food banks, vocational assistance programs, church, and other resources noted as individual client needs, Recovery Home Specialists provide advocacy, support, and work to help clients overcome barriers to living a life of sustained recovery.

Rosecrance Specialty Courts

Interagency Collaborations

Champaign County Court
Carle Hospital
Champaign County Probation
Family Services
State's Attorney
Public Defender
Cognition Works
SAFE House
Champaign County Sheriff
Courage Connection
Urbana Adult Education
Eastern Illinois Food Bank
Crisis Nursery
RACES
Promise Healthcare
OSF
Champaign County Regional Planning Commission
Champaign-Urbana Public Health District
C-U at Home

Engagement of Underserved Populations

Rosecrance staff provides consumer-driven, strength-based, trauma-informed services with sensitivity to culture, race, ethnicity, age, gender, sexual orientation, and disability. Offering safe housing, employment/education opportunities, access to local resources, emphasizing trauma-informed care, and creating a sense of community amongst the Specialty Court clients are just some of the ways underinvested populations are engaged in services. This, coupled with the accountability of random alcohol/drug testing, random home visits by law enforcement, incentives, sanctions, and involvement in 12-Step and/or other recovery support groups, results in higher successful completion rates.

Terrapin Station Sober Living NFP

Interagency Collaborations

Community Outreach Intervention Project
Champaign-Urbana Public Health District
Jesus House
Restoration Urban Ministries
CU at Home
Courage Connection
Recovery Options
Oxford House
Rosecrance Sober Living

Engagement of Underserved Populations

The program is a fresh take and expansion on what we have come to learn over the years through previous and current Halfway Houses, Sober Living Homes and all other well intended and well recognized forms of recovery programs for people living with addiction and mental health challenges. This program is intended for those who are just getting out of Prison, Rehab or the Military as well as the homeless or people with physical disabilities. People living with a dual diagnosis, recently returning home from prison are welcome in the home.

2nd Quarter Trainings Offered Agency Wide

Attend all applicable workshops through CCMHB and attend 1 paid workshop offered in Champaign County to be completed by Quarter 2

The UP Center of Champaign County

Interagency Collaborations

U of I Department of Human Development and Family Studies
Greater Community AIDS Project (GCAP)
Planned Parenthood of Illinois
The Urbana Free Library
Illini Hillel at the Cohen Center for Jewish Life
Compassion and Choices
Cunningham Children's Home
Courage Connection
True North Counseling Center
Cunningham Township
NAMI Champaign
Lead for Equity and Engagement LLC
University of Illinois Counseling Center Queers & Allies Outreach Team
UIUC Gender & Sexuality Resource Center
University YMCA - New American Welcome Center
CRIS Healthy-Aging Center
SACIS - Sexual Assault Counseling and Information Services
CU Trauma and Resilience Initiative
Bruce D. Nesbitt African American Cultural Center

Engagement of Underserved Populations

Uniting Pride is committed to an anti-racism framework in our programming and services. We recognize that many of our services have predominantly served white audiences. To fully engage with this commitment, we have begun strengthening our collaborations with additional community organizations.

“We utilize our bi-monthly email newsletter to keep our community up to date on programmatic, policy, and procedure changes. We also use our social media presence on Instagram and Facebook, as well as our internal Discord server. Our board meetings are kept open to the public and we often have community member guests who opt to attend and observe, address the board, and/or ask questions and get information. In addition to this, a part of newly joining the Equality Illinois Statewide Network is an agreement to host a public townhall meeting and we will be scheduling that to occur this fall as that is the timeline set by Equality Illinois. We have already begun work on this as part of determining whether it would be a good fit to join this network and work will continue from here.”

2nd Quarter Trainings Offered Agency Wide

“We are in the process of determining what kind of training will best serve our needs at this point in our Cultural Competency development process, which has been given strong focus and consideration for the last 4 years. As we get farther along and achieve more of our early goals, and as staff continues to grow, and as we reach the time in our year when the board term turns over, we are assessing and planning for a training in the Spring that will serve our situation and needs best. In addition to that, individual staff and board are encouraged to seek out and attend trainings on their own, and several are given and take these opportunities in a variety of ways.”

WIN Recovery Community Support ReEntry Houses

Interagency Collaborations

WIN Recovery has a memorandum of understanding with the Housing Authority of Champaign County.

Engagement of Underserved Populations

“WIN Recovery embraces diversity, equity, and inclusivity as core values that advance our mission. We understand the importance of individuals, regardless of their lived experience. Implementing core values drives the work of WIN Recovery leaders. Our leadership team is diverse and made up of returning citizens, individuals in the LGBTQ2+ community, graduates of WIN Recovery, and individuals directly impacted by the criminal justice system’s injustices. Our inclusivity gives us the ability to openly share views and perspectives that shape, blend, and influence how to advance our mission and solve problems in potentially more innovative and inclusive ways. Our diverse leadership focuses on all aspects of our work to understand and address the critical injustices to gain mobility and strength to close disparities and oppression. Our leadership program is imperative to redefine formerly incarcerated individuals’ narrative, breaking the stigmas and discrimination our women face. We encourage our women to share their experience, strength, and hope with the community to change the stigma about formerly incarcerated women and LGBTQ2+ individuals. We discovered the importance of training the staff, clients, and board on intersectionality. The ability to understand intersectionality gives us the opportunity to implement to meet all needs of our organization.”

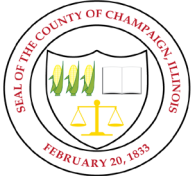
WIN Recovery is enhancing its use of Mission Tracker for accurate demographic data collection and has identified the need to improve the grievance process for staff, board members, and residents.

2nd Quarter Trainings Offered Agency Wide

Annual Training is provided to staff with a focus on DEI and prioritizes safety and awareness with Narcan Training and Sexual Harassment prevention.

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

COMBINED REPORTING FOR YEAR: 2023 FROM PERIOD: 01 THROUGH PERIOD: 13



ACTUAL	ACTUAL	2023
2022	2023	ANNUAL
JAN -	JAN -	BUDGET

REVENUES

4001 PROPERTY TAX

01 PROPERTY TAXES - CURRENT	5,492,389.62	5,937,146.24	5,913,892.00
03 PROPERTY TAXES - BACK TAX	8,824.32	0.00	1,000.00
04 PAYMENT IN LIEU OF TAXES	1,473.55	2,915.74	2,000.00
06 MOBILE HOME TAX	3,700.12	3,920.38	0.00

4001 PROPERTY TAX TOTAL	5,506,387.61	5,943,982.36	5,916,892.00
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4004 INTERGOVERNMENTAL REVENUE

76 OTHER INTERGOVERNMENTAL	358,450.32	389,194.00	407,118.00
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4004 INTERGOVERNMENTAL REVENUE TOTAL	358,450.32	389,194.00	407,118.00
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4008 INVESTMENT EARNINGS

01 INVESTMENT INTEREST	47,854.80	99,692.57	3,000.00
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4008 INVESTMENT EARNINGS TOTAL	47,854.80	99,692.57	3,000.00
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4009 MISCELLANEOUS REVENUES

01 GIFTS AND DONATIONS	0.00	450.00	3,000.00
02 OTHER MISCELLANEOUS REVENUE	55,161.00	22,057.50	39,000.00

4009 MISCELLANEOUS REVENUES TOTAL	55,161.00	22,507.50	42,000.00
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TOTAL REVENUES	5,967,853.73	6,455,376.43	6,369,010.00
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EXPENDITURES

5001 SALARIES AND WAGES

02 APPOINTED OFFICIAL SALARY	106,733.76	107,000.00	107,000.00
03 REGULAR FULL-TIME EMPLOYEES	345,774.23	368,204.14	368,205.00
05 TEMPORARY STAFF	0.00	88.00	2,493.00
08 OVERTIME	0.00	0.00	2,612.00

5001 SALARIES AND WAGES TOTAL	452,507.99	475,292.14	480,310.00
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5003 FRINGE BENEFITS

01 SOCIAL SECURITY-EMPLOYER	32,973.70	34,796.37	36,353.00
02 IMRF - EMPLOYER COST	22,495.54	12,013.17	12,546.00
04 WORKERS' COMPENSATION INSURANC	2,298.60	2,121.28	2,376.00

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

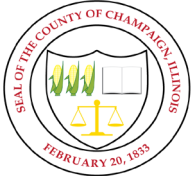
COMBINED REPORTING FOR YEAR: 2023 FROM PERIOD: 01 THROUGH PERIOD: 13



	ACTUAL 2022 JAN -	ACTUAL 2023 JAN -	2023 ANNUAL BUDGET
05 UNEMPLOYMENT INSURANCE	1,494.89	1,655.53	1,656.00
06 EE HEALTH/LIFE	52,673.16	56,037.66	73,440.00
5003 FRINGE BENEFITS TOTAL	111,935.89	106,624.01	126,371.00
5010 COMMODITIES			
01 STATIONERY AND PRINTING	0.00	3,959.68	3,960.00
02 OFFICE SUPPLIES	2,806.55	3,511.63	3,900.00
03 BOOKS, PERIODICALS, AND MANUAL	0.00	71.85	300.00
04 POSTAGE, UPS, FEDEX	1,171.10	1,339.24	2,000.00
05 FOOD NON-TRAVEL	149.89	882.66	1,150.00
12 UNIFORMS/CLOTHING	0.00	703.50	703.50
13 DIETARY NON-FOOD SUPPLIES	0.00	233.89	500.00
17 EQUIPMENT LESS THAN \$5000	6,802.00	6,337.62	6,800.00
19 OPERATIONAL SUPPLIES	0.00	2,233.94	3,690.50
21 EMPLOYEE DEVELOP/RECOGNITION	0.00	134.78	285.00
5010 COMMODITIES TOTAL	10,929.54	19,408.79	23,289.00
5020 SERVICES			
01 PROFESSIONAL SERVICES	113,447.52	207,753.25	208,933.00
02 OUTSIDE SERVICES	30,829.66	8,062.42	8,063.28
03 TRAVEL COSTS	975.44	8,758.35	11,288.00
04 CONFERENCES AND TRAINING	1,616.43	2,368.18	10,000.00
05 TRAINING PROGRAMS	0.00	4,739.30	20,729.86
07 INSURANCE (non-payroll)	13,168.31	19,040.93	19,041.00
11 UTILITIES	663.64	0.00	0.00
12 REPAIRS AND MAINTENANCE	0.00	0.00	600.00
13 RENT	23,991.51	30,751.09	31,564.74
14 FINANCE CHARGES AND BANK FEES	0.00	0.00	30.00
19 ADVERTISING, LEGAL NOTICES	191.20	7,780.30	7,806.00
21 DUES, LICENSE & MEMBERSHIP	17,719.99	18,139.99	18,959.00
22 OPERATIONAL SERVICES	42,675.72	2,448.19	32,230.00
24 PUBLIC RELATIONS	32,370.00	16,631.20	18,500.00
25 CONTRIBUTIONS & GRANTS	5,288,028.21	5,227,317.86	5,506,064.00
45 ATTORNEY/LEGAL SERVICES	0.00	2,300.00	3,500.00
46 EQUIP LEASE/EQUIP RENT	0.00	2,388.72	2,388.72
47 SOFTWARE LICENSE & SAAS	5,415.16	9,243.67	18,500.00
48 PHONE/INTERNET	0.00	2,425.49	2,470.00
5020 SERVICES TOTAL	5,571,092.79	5,570,148.94	5,920,667.60

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

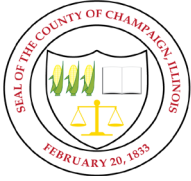
COMBINED REPORTING FOR YEAR: 2023 FROM PERIOD: 01 THROUGH PERIOD: 13



	ACTUAL 2022 JAN -	ACTUAL 2023 JAN -	2023 ANNUAL BUDGET
TOTAL EXPENDITURES	6,146,466.21	6,171,473.88	6,550,637.60
OTHER FINANCING SOURCES (USES)			
7001 OTHER FINANCING USES			
01 TRANSFERS OUT	-6,908.39	-132,598.90	-144,535.00
7001 OTHER FINANCING USES TOTAL	-6,908.39	-132,598.90	-144,535.00
TOTAL OTHER FINANCING SOURCES (USES)	-6,908.39	-132,598.90	-144,535.00
NET CHANGE IN FUND BALANCE	185,520.87	-151,303.65	326,162.60

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

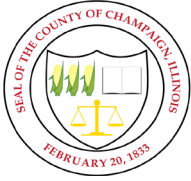
COMBINED REPORTING FOR YEAR: 2024 FROM PERIOD: 01 THROUGH PERIOD: 06



	ACTUAL 2023 JAN - JUN	ACTUAL 2024 JAN - JUN	2024 ANNUAL BUDGET
REVENUES			
4001 PROPERTY TAX			
01 PROPERTY TAXES - CURRENT	1,324,967.19	0.00	6,302,595.00
03 PROPERTY TAXES - BACK TAX	0.00	0.00	2,941.00
04 PAYMENT IN LIEU OF TAXES	2,915.74	0.00	1,500.00
06 MOBILE HOME TAX	0.00	0.00	4,200.00
4001 PROPERTY TAX TOTAL	1,327,882.93	0.00	6,311,236.00
4004 INTERGOVERNMENTAL REVENUE			
76 OTHER INTERGOVERNMENTAL	203,556.00	177,235.00	425,371.00
4004 INTERGOVERNMENTAL REVENUE TOTAL	203,556.00	177,235.00	425,371.00
4008 INVESTMENT EARNINGS			
01 INVESTMENT INTEREST	30,686.77	38,956.14	56,268.00
4008 INVESTMENT EARNINGS TOTAL	30,686.77	38,956.14	56,268.00
4009 MISCELLANEOUS REVENUES			
01 GIFTS AND DONATIONS	450.00	575.00	3,000.00
02 OTHER MISCELLANEOUS REVENUE	9,856.00	0.00	42,000.00
4009 MISCELLANEOUS REVENUES TOTAL	10,306.00	575.00	45,000.00
TOTAL REVENUES	1,572,431.70	216,766.14	6,837,875.00
EXPENDITURES			
5001 SALARIES AND WAGES			
02 APPOINTED OFFICIAL SALARY	51,447.50	46,853.62	110,745.00
03 REGULAR FULL-TIME EMPLOYEES	177,021.27	156,130.88	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	228,468.77	202,984.50	501,828.00
5003 FRINGE BENEFITS			
01 SOCIAL SECURITY-EMPLOYER	15,457.28	13,377.64	38,275.00
02 IMRF - EMPLOYER COST	5,334.29	4,739.02	13,559.00
04 WORKERS' COMPENSATION INSURANC	764.73	641.24	2,001.00

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

COMBINED REPORTING FOR YEAR: 2024 FROM PERIOD: 01 THROUGH PERIOD: 06



	ACTUAL 2023 JAN - JUN	ACTUAL 2024 JAN - JUN	2024 ANNUAL BUDGET
05 UNEMPLOYMENT INSURANCE	1,655.53	1,899.88	1,899.88
06 EE HEALTH/LIFE	27,953.40	22,082.04	88,820.12
5003 FRINGE BENEFITS TOTAL	51,165.23	42,739.82	144,555.00
5010 COMMODITIES			
01 STATIONERY AND PRINTING	176.46	417.42	1,000.00
02 OFFICE SUPPLIES	1,927.16	830.61	4,200.00
03 BOOKS, PERIODICALS, AND MANUAL	0.00	0.00	300.00
04 POSTAGE, UPS, FEDEX	473.85	319.69	2,000.00
05 FOOD NON-TRAVEL	478.00	743.54	1,000.00
13 DIETARY NON-FOOD SUPPLIES	91.86	58.48	200.00
17 EQUIPMENT LESS THAN \$5000	608.54	2,177.25	7,000.00
21 EMPLOYEE DEVELOP/RECOGNITION	0.00	0.00	285.00
5010 COMMODITIES TOTAL	3,755.87	4,546.99	15,985.00
5020 SERVICES			
01 PROFESSIONAL SERVICES	71,758.00	65,176.56	180,000.00
02 OUTSIDE SERVICES	3,321.00	3,445.21	28,000.00
03 TRAVEL COSTS	5,544.85	2,296.97	7,000.00
04 CONFERENCES AND TRAINING	810.00	0.00	4,000.00
05 TRAINING PROGRAMS	1,950.00	0.00	12,000.00
07 INSURANCE (non-payroll)	9,618.00	5,285.00	15,000.00
12 REPAIRS AND MAINTENANCE	0.00	0.00	300.00
13 RENT	14,483.79	12,555.21	40,000.00
14 FINANCE CHARGES AND BANK FEES	0.00	0.00	30.00
19 ADVERTISING, LEGAL NOTICES	44.00	15.20	12,000.00
21 DUES, LICENSE & MEMBERSHIP	9,239.99	16,000.00	20,000.00
22 OPERATIONAL SERVICES	2,448.19	1,989.48	7,000.00
24 PUBLIC RELATIONS	16,525.00	15,000.00	20,000.00
25 CONTRIBUTIONS & GRANTS	2,503,480.00	1,958,191.00	5,801,407.00
37 REPAIR & MAINT - BUILDING	0.00	0.00	300.00
45 ATTORNEY/LEGAL SERVICES	1,450.00	0.00	2,000.00
46 EQUIP LEASE/EQUIP RENT	995.30	796.24	3,000.00
47 SOFTWARE LICENSE & SAAS	9,243.67	9,920.80	14,000.00
48 PHONE/INTERNET	1,211.73	1,189.07	2,470.00
5020 SERVICES TOTAL	2,652,123.52	2,091,860.74	6,168,507.00

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

COMBINED REPORTING FOR YEAR: 2024 FROM PERIOD: 01 THROUGH PERIOD: 06



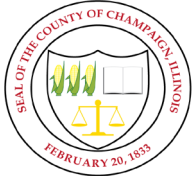
	ACTUAL 2023 JAN - JUN	ACTUAL 2024 JAN - JUN	2024 ANNUAL BUDGET
TOTAL EXPENDITURES	2,935,513.39	2,342,132.05	6,830,875.00
OTHER FINANCING SOURCES (USES)			
7001 OTHER FINANCING USES			
01 TRANSFERS OUT	0.00	0.00	-7,000.00
7001 OTHER FINANCING USES TOTAL	0.00	0.00	-7,000.00
TOTAL OTHER FINANCING SOURCES (USES)	0.00	0.00	-7,000.00
NET CHANGE IN FUND BALANCE	1,363,081.69	2,125,365.91	0.00

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

COMBINED REPORTING FOR YEAR: 2023 FROM PERIOD: 01 THROUGH PERIOD: 13



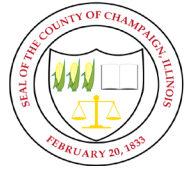
	ACTUAL 2022 JAN -	ACTUAL 2023 JAN -	2023 ANNUAL BUDGET
REVENUES			
4008 INVESTMENT EARNINGS			
01 INVESTMENT INTEREST	10,442.76	23,965.96	1,000.00
4008 INVESTMENT EARNINGS TOTAL	10,442.76	23,965.96	1,000.00
4009 MISCELLANEOUS REVENUES			
02 OTHER MISCELLANEOUS REVENUE	262,044.31	0.00	0.00
4009 MISCELLANEOUS REVENUES TOTAL	262,044.31	0.00	0.00
TOTAL REVENUES	272,487.07	23,965.96	1,000.00
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	1,302.12	0.00	4,000.00
07 INSURANCE (NON-PAYROLL)	316.33	0.00	0.00
11 UTILITIES	1,604.39	0.00	0.00
12 REPAIRS AND MAINTENANCE	14,059.79	0.00	0.00
14 FINANCE CHARGES AND BANK FEES	161.00	0.00	0.00
19 ADVERTISING, LEGAL NOTICES	0.00	0.00	200.00
25 CONTRIBUTIONS & GRANTS	0.00	142,998.00	341,737.00
5020 SERVICES TOTAL	17,443.63	142,998.00	345,937.00
TOTAL EXPENDITURES	17,443.63	142,998.00	351,000.00
OTHER FINANCING SOURCES (USES)			
6001 OTHER FINANCING SOURCES			
01 TRANSFERS IN	50,000.00	50,000.00	50,000.00
6001 OTHER FINANCING SOURCES TOTAL	50,000.00	50,000.00	50,000.00



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

COMBINED REPORTING FOR YEAR: 2023 FROM PERIOD: 01 THROUGH PERIOD: 13

	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>2023</u>
	2022	2023	ANNUAL
	JAN -	JAN -	BUDGET
TOTAL OTHER FINANCING SOURCES (USES)	50,000.00	50,000.00	50,000.00
NET CHANGE IN FUND BALANCE	-305,043.44	69,032.04	300,000.00



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

COMBINED REPORTING FOR YEAR: 2024 FROM PERIOD: 01 THROUGH PERIOD: 06

	ACTUAL 2023 JAN - JUN	ACTUAL 2024 JAN - JUN	2024 ANNUAL BUDGET
REVENUES			
4008 INVESTMENT EARNINGS			
01 INVESTMENT INTEREST	10,054.94	8,409.18	6,000.00
4008 INVESTMENT EARNINGS TOTAL	10,054.94	8,409.18	6,000.00
TOTAL REVENUES	10,054.94	8,409.18	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	-60,054.94	86,922.82	400,000.00

MAJOR PROJECT TITLE

 disability Resource Expo

PROJECT TITLE

 DisExpo disability Resource Expo

BEGINNING BALANCE .00

FUNDING SOURCES	TITLE	AMOUNT
DisExpo -MISC REV -OtherMisc -	Sponsorships/Exhibitor Fees	-11,426.50
	FUNDING SOURCE TOTAL	-11,426.50

EXPENSE STRINGS	TITLE	AMOUNT
DisExpo -COMM -OPER SUPP -	Disability Expo Supplies	2,233.94
DisExpo -COMM -STA PRINT -	Printed Materials	4,377.10
DisExpo -COMM -Uniform -	Clothing T-shirts	703.50
DisExpo -SERVICES -JB REQ TRV-	Job Required Travel	141.65
DisExpo -SERVICES -LEGAL ADV -	Advertising/Marketing	7,468.50
DisExpo -SERVICES -PR -	Public Relations	631.20
DisExpo -SERVICES -PROF SVC -	Professional Services	64,721.25
DisExpo -SERVICES -Rent -	Rentals	7,348.00
	EXPENSE TOTAL	87,625.14

ENDING BALANCE 76,198.64

***** TOTALS

BEGINNING BALANCE	.00
FUNDING SOURCE	-11,426.50
EXPENSE	87,625.14
ENDING BALANCE	76,198.64

REPORT TOTAL: 76,198.64

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



BRIEFING MEMORANDUM

DATE: June 12, 2024
TO: Members, Champaign County Mental Health Board (CCMHB)
FROM: Lynn Canfield, Executive Director
SUBJECT: Changes to the Illinois Community Mental Health Act

Background:

The Association of Community Mental Health Authorities of Illinois (ACMHAI) Coordinator estimates that Illinois has 75 mental health boards, also referred to as “708 boards.” Nearly a dozen of them emerged in recent years in response to increased behavioral health needs and awareness within communities. The CCMHB is among the much older boards, established closer to the adoption of federal and state community mental health acts and funded by referendum in 1972. The statute governing Illinois’ 708 boards is the Community Mental Health Act (405 ILCS 20 / Section 0.1 et. seq.) Updates are presented, and an attached fact sheet offers the highlights.

Revisions to the Act:

Revisions to the Community Mental Health Act have occasionally been considered by the Illinois General Assembly. As a result, a high priority activity of ACMHAI is to monitor any which will impact our work and to advocate on behalf of our communities.

Many recently formed mental health boards encountered legal and political challenges to achieving their mission and sought assistance from legislators through proposed revisions to the Act. These revealed weaknesses related to outdated practices, lack of clarity, and apparent contradiction with other laws. A great deal of legislative attention was paid to the Act during 2022, 2023, and 2024. Because some activity focused on challenges particular to individual jurisdictions, solutions to local problems introduced new barriers for boards in other areas of the state operating under different conditions.

Those of us working for established mental health boards had developed a ‘wish list’ of items which might strengthen the statute. Through a committee, we worked with legislators, particularly Representatives Didech,

Williams, and Ness, to support their efforts to amend the law for the better statewide. This involved numerous meetings to craft language or review whether revisions were altered or omitted as bills moved through the process. Through Senate Amendment 2 to [House Bill 4951](#), our revisions were approved and will be effective upon the Governor signing into law.

- Revisions made in 2023 clarified that **mental health boards have authority over their budgets** and inadvertently created the need for multiple board officer elections during a year with appointments to unexpired terms. The latter is changed in the new set of revisions, returning the requirement to **one officer election per year**.

Further changes will:

- **Extend deadlines** to publish the annual budget and report to the appointing body to 180 days and the annual report to 180 days after the end of the fiscal year.
- Update **board member composition** to prioritize representation from individuals with professional or lived expertise in mental health, developmental disabilities, and substance abuse. General public representation may be considered when there are gaps in board duties or qualifications from within the CMHA stated categories.
- Allow 708 boards to fund and support educational assistance, student loan repayment, professional certification and licensure assistance, and internship stipends to **address workforce shortages**.
- Specify **ballot language** to be used when a municipality is seeking to establish a new 708 board.
- Emphasize language in the Act that was adopted in 1998 as an amendment (PA90-652) to **Property Tax Extension Law Limit (PTELL)** that distinguishes that taxes collected through mental health boards shall not be included in any limitation.
- Affirm County Executives' authority to nominate 708 board members.
- Clarify that vacant seats may be filled in the same manner as original appointments with the **advice of the 708 board**, which may establish a procedure for acceptance and review of applications from interested residents prior to making a recommendation to the appointing authority.
- Update references to working with Department of Human Services to include other appropriate **governmental agencies**.

Changes to the Community Mental Health Act (CMHA)

A summary of new provisions in the Community Mental Health Act as passed in House Bill 4951 by the 103rd General Assembly on May 29, 2024.

The bill modernizes language and requirements to better reflect the current needs and realities of the community mental health authorities.

These changes to the CMHA are effective immediately upon becoming law.

Board Representation

Updates community mental health board member composition to prioritize representation from individuals with professional or lived expertise in mental health, developmental disabilities, and substance abuse. General public representation may also be considered when there are gaps in board duties/qualifications from within the CMHA stated categories.

Report Deadlines

Extends the deadline to publish the annual budget and report in the 708 board's local newspaper from 120 to 180 days. This also modifies the deadline to submit the annual report summarizing prior year's financials from within 90 days to within 180 days from the end of that fiscal year.

Vacancies

Updates language allowing for vacant seats to be filled in the same manner as original appointments with the advice of the community mental health board, who may establish a policy and procedure for the acceptance and review of applications from interested residents prior to making a recommendation to the appointing authority.

Governmental Authority

Modernizes language so that references to the Illinois Department of Human Services also includes any other appropriate local or state governmental agency supporting these services.

Workforce Development

Allows for 708 boards to fund and support local efforts regarding educational assistance, student loan repayment, professional certification and licensure assistance, and internship stipends to address workforce shortages.

Ballot Language

Provides guidance and specificity around ballot language to be used when a municipality is seeking to establish a new 708 board.

Property Tax Extension Law Limit (PTELL)

Emphasizes language in the Community Mental Health Act that was adopted in 1998 as an amendment (PA90-652) to the Property Tax Extension Limitation Law (PTELL) that distinguishes that taxes collected through mental health boards shall not be included in any limitation.



DECISION MEMORANDUM

DATE: June 12, 2024
TO: Members, Champaign County Mental Health Board (CCMHB)
FROM: Lynn Canfield, Executive Director
SUBJECT: Strategic Plan Development and Timeline

Background:

Every three years, the CCMHB develops a new strategic plan, with objectives which are reviewed and updated annually. The current plan is in its final year, so that during the coming months, we are scheduled to develop a community needs assessment report and draft of a new three-year plan informed by its results as well as by ongoing responsibilities to the public. For reference, the current [CCMHB plan](#) is posted online.

Statutory Obligations:

The foundation for most activities of the CCMHB is the [Illinois Community Mental Health Act \(405 ILCS 20 / Section 0.1 et. seq.\)](#) The Act details annual reporting and three-year plans which drive one-year plans (e.g., the one-year objectives and/or annual funding allocation priorities and decisions), among other requirements. While a community needs assessment is not required, most Mental Health Boards, including the CCMHB, complete one prior to developing a new three-year plan. In practice, the Plan also represents a compact between the Board and its paid staff.

Update:

The CCMHB and CCDDDB participate in a collaboration of public and private entities which have similar responsibilities for strategic plans, for the purpose of developing a shared [community health plan](#) for residents of Champaign County, and with a secondary goal of efficient local

government. The group employs a Health Plan Coordinator, whose report on 2023 activities is on [pages 145-158 of the January 17, 2024 board packet](#).

Other participants include United Way, Champaign Urbana Public Health District (CUPHD), and Carle and OSF Hospitals systems. The hospital systems are required to complete a strategic plan every three years, just as the CCMHB is. The community health needs assessment will be conducted during 2024 with report available in July 2025, to inform the 2026-2028 three-year plan for use by all partners. [The most recent report was issued in 2022](#). *The timeline and process for the next assessment are attached.*

The collaborative has quarterly executive team meetings and regular workgroup meetings, some monthly. Our staff participate in meetings of the executive team, behavioral health workgroup and violence reduction workgroups, often advocating for the inclusion of those citizens who tend to be underrepresented in surveys and who experience related barriers to care. An issue raised at most meetings, often by CCDDDB-CCMHB staff, is acknowledgement that many Champaign County residents feel that they are ‘over-surveyed’ and may be skeptical of being the subject of research projects. If we are to combine efforts for one survey, we should focus even more on those who tend to be left out. Throughout our involvement with this group, we have developed our own community needs report and separate strategic plans. If these separate plans are meaningful to our boards, staff, or the public, continuing to do this is in the best interest of people served through CCDDDB and CCMHB funds. Other partners in the collaborative share one plan, and because the CCDDDB and CCMHB are listed in that plan, this fulfills the statutory obligation for the CCMHB. The collective health needs assessment report does include information we value and use. Currently we use it two years later than everyone else.

The timeline for the collaborative’s work aligns with the hospitals’ obligations rather than CUPHD, which has a five-year cycle requirement and therefore cannot be aligned, or CCMHB which has a three-year cycle. The next CCMHB and CCDDDB strategic plans are set for 2025-2027, but there may be benefits to shifting one year ahead, allowing us to use more recent data from the largescale assessment and subsequent priority-setting, to inform CCMHB and CCDDDB plan goals and objectives. As currently scheduled, the data and collaboration support are two years old when we access them.

Our process timeline and meeting schedule topics include 2024 board meeting dates during which the board may consider and later finalize a new three-year plan.

Staff Recommendations:

CCMHB staff are seeking board guidance to align the timelines of any future three-year plans with the timelines of the collaborative group, whether through a one-year extension or single year plan. Aligning with the collaboratives’ timeline will allow us to benefit from its efforts more directly, and in a timely manner. If the positive impact of those shared activities is minimal, we would have tested the ideas of mutual benefit to the community and more efficient local government.

If the Board chooses to align with the shared community health plan timeline, whether by extending the current three-year plan, developing a one-year bridge plan, or other method, we will further revise the timelines document which has been updated to include PY26 allocation process and appears in an earlier section of this packet.

Possible Actions:

Motion to extend the current three-year plan through 2025, with revised one-year objectives for 2025, as a bridge to a new three-year plan for 2026-2028.

- Approved
- Denied
- Modified
- Additional Information Needed

OR

Motion to develop a one-year plan for 2025 with new goals and objectives for 2025, as a bridge to a three-year plan for 2026-2028.

- Approved
- Denied
- Modified
- Additional Information Needed



CHINA KICKOFF

WEDNESDAY MAY 29TH

COMMUNITY PARTNERSHIP

Collaborative undertaking by the Regional Executive Committee



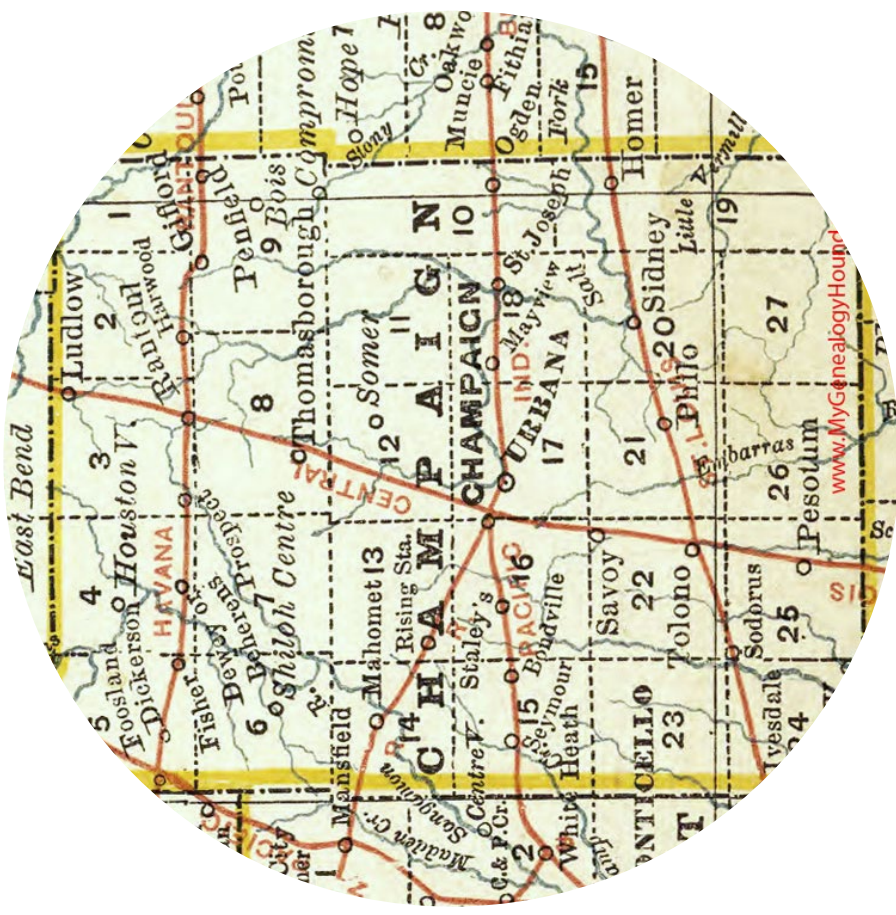
Public Health
Prevent. Promote. Protect.

Champaign-Urbana Public Health District

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



**United Way of
Champaign County**



PUBLIC HEALTH

- CDC Foundation:

“Public health is the science of protecting and improving the health of people and their communities. This work is achieved by promoting healthy lifestyles, researching disease and injury prevention, and detecting, preventing and responding to infectious diseases. Overall, public health is concerned with protecting the health of entire populations. These populations can be as small as a local neighborhood, or as big as an entire country or region of the world.”

- <https://www.cdcfoundation.org/what-public-health>

HEALTHY PEOPLE 2030

- Healthy People identifies public health priorities to help individuals, organizations, and communities across the united states improve health and well-being.



Baseline



Target met or exceeded



Improving



Little or no detectable change



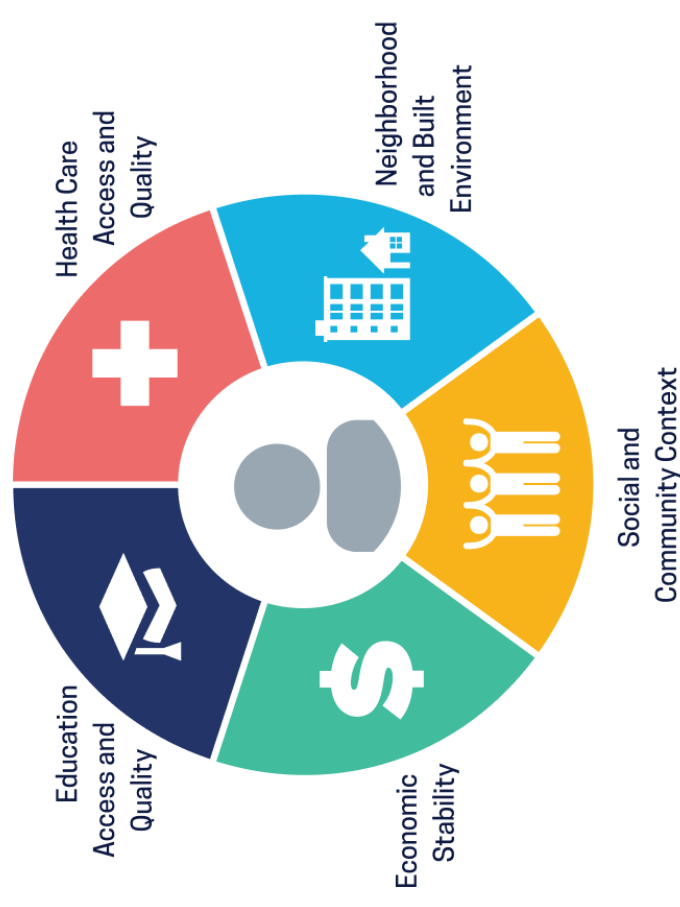
Getting Worse

SOCIAL DETERMINANTS OF HEALTH

- Social determinants of health (SDOH) have a major impact on people's health, well-being, and quality of life.
- SDOH also contribute to wide health disparities and inequities
- Just promoting healthy choices won't eliminate these and other health disparities. Instead, public health organizations and their partners in sectors like education, transportation, and housing need to take action to improve the conditions in people's environments.

Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved [date graphic was accessed], from <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>

Social Determinants of Health



ILLINOIS PUBLIC HEALTH STANDARDS

- Assess the health needs of the community
- Investigate the occurrences of adverse health effects
- Advocate for public health
- Develop plans and policies to address priority health needs
- Manage resources and develop organizational structure
- Implement programs and other arrangements
- Evaluate programs and provide quality assurance
- Inform and educate the public on public health issues



Public Health
Prevent. Promote. Protect.

IPLAN

- Illinois Project for the Local Assessment of Needs (IPLAN)
- IPLAN is a community health assessment and planning process with three essential elements
 - An organizational capacity assessment
 - A community health needs assessment
 - A community health plan, focusing on a minimum of three priority health problems
- Meet requirements set in Illinois Administrative Code 600
 - Certified Local Health Department Code
- Illinois Department of Public Health uses IPLAN to Certify Health Departments to receive Local Health Protection Grant Funding



Public Health
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CHINA

COMMUNITY HEALTH NEEDS ASSESSMENT - PURPOSE

- This study has been designed to provide necessary information to health-care organizations, including hospitals, clinics, health departments, and local agencies to create strategic plans in program design, access and delivery.
- Results of this study act as the platform to allow health care organizations to orchestrate limited resources to improve management of high-priority challenges
- By working together, the hospitals, clinics, health departments, and local agencies will use this community health needs assessment to help improve the quality of health care



HOSPITAL LEGAL REQUIREMENT

HealthCare.gov

Patient Protection and Affordable Care Act



New provision under the internal revenue code for tax-exempt, non-profit hospitals



Each hospital is required to conduct a community health needs assessment (CHNA) every **3** years



and to adopt an implementation strategy that describes how the organization intends to meet the prioritized needs of the community



The implementation strategy must be filed as part of the information return on the hospitals Form 990, Schedule H



Failure to complete a CHNA or implementation strategy in any 3 year period



Non-compliant Organization



The Law

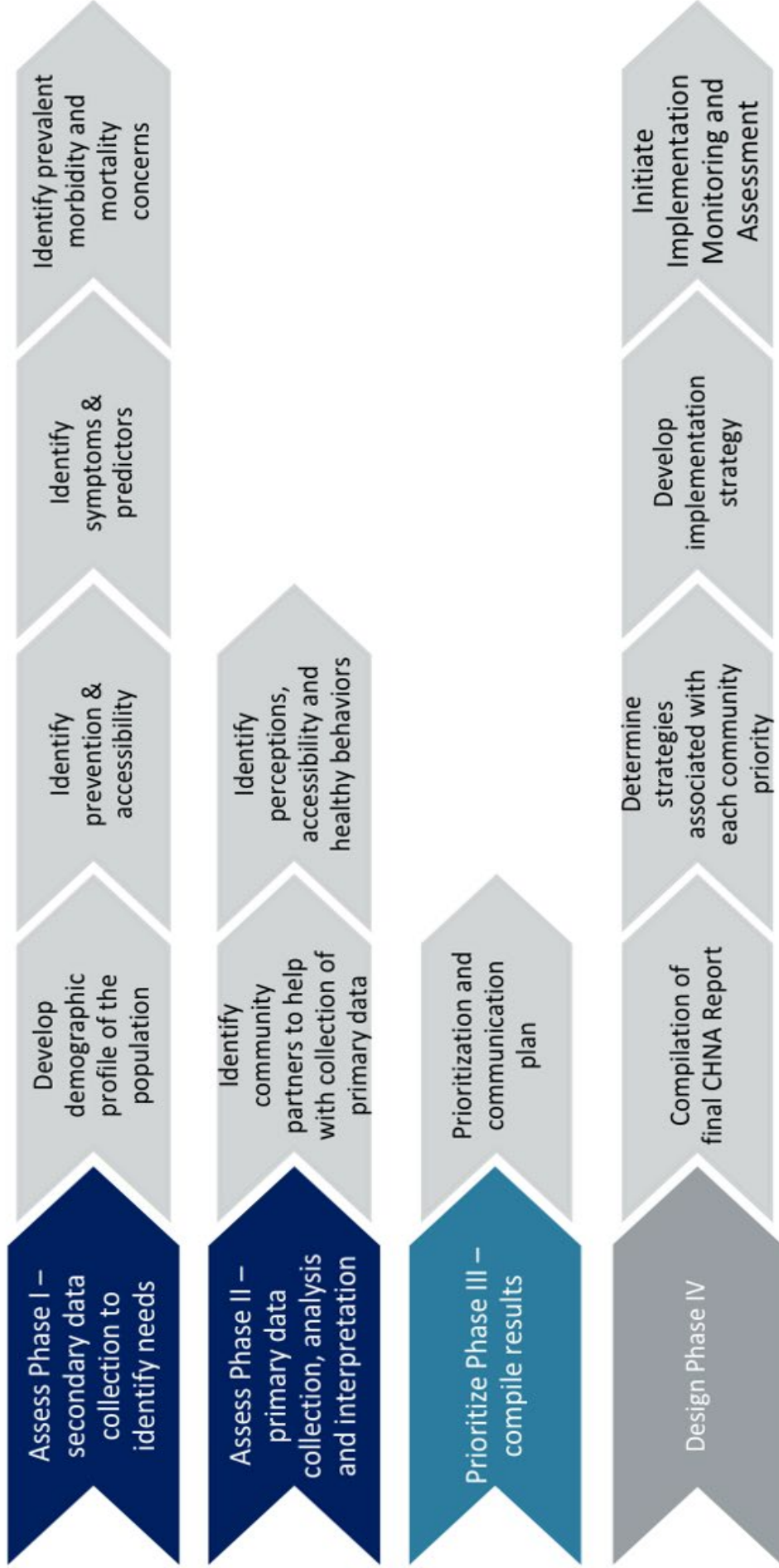
can result in a penalty up to \$50,000 and possible revocation of tax-exempt status

BEST PRACTICE APPROACH

- Assessed existing CHNAs
 - Took positive attributes of the overall structures
 - Lessons Learned from past CHNAs
 - Improved on shortcomings of previous CHNAs
- To create the project structure:



PROJECT STRUCTURE





TIMELINES

Project Timelines –Regional Champaign Vermilion Executive Committee



2025
CHIP
Development
Complete
12/31/2025

2025
CHIP Action Cycle

2028
CHIP
Development
Complete
12/31/2028

2028
CHIP Action Cycle

2031
CHIP
Development
Complete
12/31/2031

2031
CHNA / CHIP Action
Cycle

CHIP:
Community Health Improvement Plan

Includes:

- Community Health Needs Assessment
- Community Themes and Strengths Assessment
- Local Public Health System Assessment
- Forces of Change Assessment

COMMUNITY HEALTH PLANNING TIMELINE

We are here



- March 15, 2024 Integrate results of PFHC data team, hospitals, key stakeholders
- March 31, 2024 Pilot written and online surveys
- April 1, 2024 – May 31, 2024 CHNA Kickoff Meetings
- June 1, 2024 – August 31, 2024 Complete survey data collection
- September 1, 2024.– October 31, 2024 Collection of Secondary Data
- January 31, 2025 Complete CHNA working drafts
- February 15, 2025 – April 30, 2025 Prioritization meetings
- May 1, 2025 Begin Implementation Strategies
- June 30, 2025 Completion CHNAs and summaries
- July 31, 2025 Completion of implementation strategies
- July 11, 2025 Administrative draft review
- July 25, 2025 Presentation to the Board
- September 30, 2025 Posting of approved CHNAs on website

SURVEY PLANNING

SURVEY TARGETS

Sampling Method

- Ensure “random” sample
- Ensure sufficient sample size to meet 90% using hypergeometric distribution for both targeted population and aggregate population

$$n = (Nz^2pq)/(E^2 (N-1) + z^2 pq)$$

where:

n = the required sample size

N = the population size

pq = population proportions

z = the value that specified the confidence interval

E =desired accuracy of sample proportions

Underserved Population: 73

Total Population: 384

Racial or Ethnic Identification		
White / Caucasian	271	70.60%
Black / African American	56	14.60%
Hispanic / LatinX	26	6.80%
Pacific Islander	1	0.10%
Native American	2	0.40%
Asian / South Asian	42	11.00%
Multiracial	13	3.30%
non- English Language Spoken	69	17.90%

SURVEY TARGETS BY ZIP CODE

Champaign	61820-22	50%	192
Urbana	61801-02	24%	92
Rantoul	61866	7%	27
Mahomet	61853	5%	19
St. Joseph	61873	2%	8
Savoy	61874	5%	19
Homer	61849	1%	4
Thomasboro	61878	1%	4
Tolono	61880	2%	8
Fisher	61843	1%	4
Philo	61864	1%	4
Gifford	61847	1%	4
Sidney	61877	1%	4

NEED 81 total	
Ludlow	60949
Bondville	61815
Broadlands	61816
Dewey	61840
Foosland	61845
Ivesdale	61851
Longview	61852
Ogden	61859
Penfield	61862
Pesotum	61863
Royal	61871
Sadorus	61872
Seymour	61875



2022 CHINA



2022 CHINA HEALTH NEEDS PRIORITIZED

- Violence
- Healthy Behaviors
- Behavioral Health – including mental health and substance use disorders

EXPANDED NEEDS

Active Living	Biking, Walking, Running, Active Living for People with Disabilities, Active Living for people with Chronic Illness, Accessibility
Healthy Eating	Nutrition Education, Access to Quality – Healthy Foods
Food Environment	Food Security, Food Eco System, Local Food Production, Food Storage, Food Transportation
Maternal and Child Health	Child Nutrition, Breast Feeding, Maintaining Delivery Departments,
Health and Aging	Congregate Meal Sites, Providing Nursing Homes to seniors, Memory Care,

EXPANDED NEEDS

<p>Substance Use</p>	<p>Counseling, Overdoes Prevention and Response, Narcan Education, Harm Reduction, Recovery Oriented System(s) of Care (ROSC), Preventing Youth Substance use</p>
<p>Mental Health and Wellness</p>	<p>Suicide Prevention, Paraprofessionals, Worker Burnout, Building Support Networks, Concept Mapping, Difficulties Navigating Medicaid and insurance, Health Centers at Schools,</p>
<p>Violence Prevention / Trauma Resilience</p>	<p>Blueprint to end gun violence, Domestic Violence Prevention, Trauma-Informed Systems of Care, Build Community between Communities, Mentorship, Police – Community Relations, Inter Race Relations</p>

EXPANDED NEEDS

Income / Poverty	<p>.....</p> <p>Homelessness, Home Ownership, Family Shelter, Low – Cost Housing, Tiered support for housing stability.</p>
Obesity	<p>Separated out from Active Living and Healthy Eating. Obesity outcomes can be modified by all priority areas including: Active Living, Healthy Eating, Food Environment, Maternal and Child Health, Health and Aging, Substance Use, Mental Health and Wellness, Violence Prevention / Trauma Resilience, and Income / Poverty.</p>



IPLAN WORKGROUPS



BEHAVIORAL HEALTH WORKGROUP

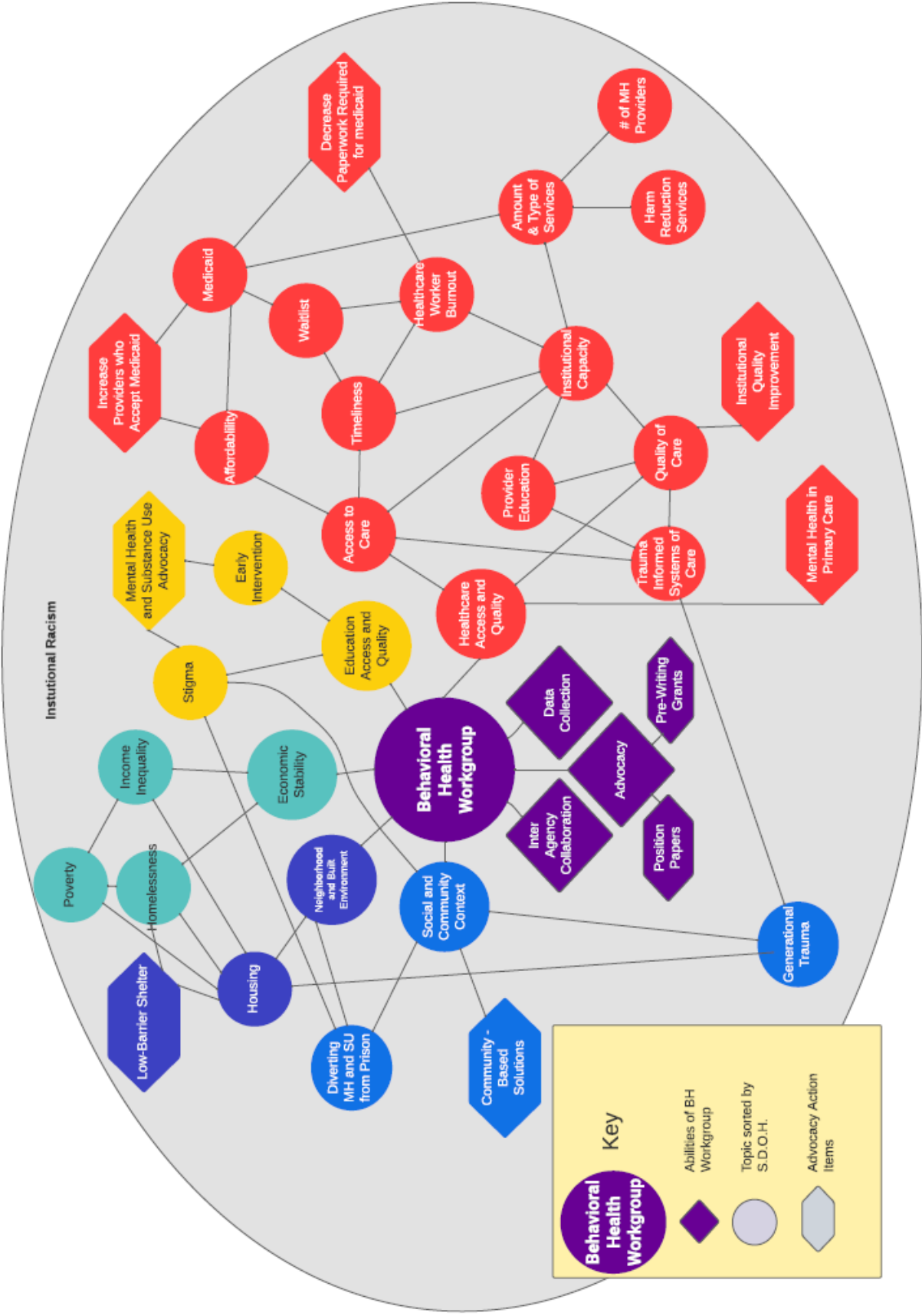
- Hosted by Champaign Urbana Public Health District
- Problem Identification surrounding Mental Health and Substance Use
- Moving from Promoting Crisis Response to Prevention



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Champaign-Urbana Public Health District

**BH Workgroup Concept Map:
Organized from Word Cloud Exercise**



BEHAVIORAL HEALTH WORKGROUP



**Champaign-Urbana
Public Health District**
Prevent. Promote. Protect.

CredibleMind: The One Stop Shop for Mental Wellbeing Resources

CredibleMind is the free online platform that brings together expert rated and vetted videos, podcasts, apps, online programs, books and articles all in one easy to use place.

Confidential and available 24/7, with CredibleMind you can learn new skills, understand your own mental health, take a mental health assessment and browse our library of thousands of mental wellbeing resources.

CHAMPAIGN COUNTY COMMUNITY COALITION

- Priorities include:
 - Police and Community Relations
 - Community Engagement
 - Youth Development
 - Community Violence
 - Mutual Advocacy

CHAMPAIGN COMMUNITY COALITION



HEALTHY CHAMPAIGN COUNTY

- Mission: To provide opportunities for sustainable changes in promoting a safe food environment and active living in Champaign County

- Current Projects
 - Annual Food Summit
 - Weekly Parkrun
 - Healing Illinois – BIPOC Hiking Group





WE NEED YOUR HELP

- Sign up to distribute surveys to your clients
- Either Drop off at VCHD – Or can be collected
- Any help goes a long way and is much appreciated



QUESTIONS, COMMENTS, DISCUSSION?

THANK YOU

- Presented by
- JR Lill – Community Health Plan Coordinator – United Way
 - jlill@c-uphd.org
 - 872 212 3413
- Dawn Tuley – OSF

CHAMPAIGN COUNTY MENTAL HEALTH BOARD
BY-LAWS

I. PURPOSE AND FUNCTIONS:

- A. The Champaign County Mental Health Board (CCMHB) is established under the Illinois Community Mental Health Act, as amended, (IL Revised Statutes, Chapter 91-1/2, Sections 301-314, inclusive,) in order to “construct, repair, operate, maintain and regulate community mental health facilities to provide mental health services as defined by the local community mental health board, including services for the intellectually and developmentally disabled and for the substance user, for residents (of Champaign County) and/or to contract therefore with any private or public entity which provides such facilities and services...”
- B. In order to accomplish these purposes, the CCMHB performs the following functions:
 - 1. Planning for the mental health, intellectual and developmental disabilities, and substance use disorder services system to assure accomplishment of the CCMHB goals.
 - 2. Allocation of local funds to assure the provision of a comprehensive system of community based mental health, intellectual and developmental disabilities, and substance use disorder services.
 - 3. Coordination of affiliated providers of mental health, intellectual and developmental disabilities, and substance use disorder services to assure an inter-related accessible system of care.
 - 4. Evaluation of the system of care to assure that services are provided as planned and that services are effective in meeting the needs and values of the community.
- C. The CCMHB shall perform those duties and responsibilities as specified in Sections 3e and 3f of the Community Mental Health Act, as amended.
- D. Nothing in these By-laws alters the authorities and obligations codified in state or federal law.

II. MEMBERSHIP:

- A. The membership of the CCMHB shall include nine (9) members, of which one person shall be a County Board member.

- B. The members of the CCMHB shall be appointed by the County Executive, with the advice and consent of the Champaign County Board. The CCMHB may recommend nominees for membership to the County Executive and the Champaign County Board Chairperson or their designee.
- C. Members of the CCMHB may communicate with the County Executive or the County Board regarding any concerns about the appointment process.
- D. Members of the CCMHB shall be residents of Champaign County and, as nearly as possible, be representative of interested groups of the community, such as local health departments, medical societies, local comprehensive health planning agencies, hospital boards, lay associations concerned with mental health, as well as the general public. To the extent possible, members of the CCMHB shall represent the geographic areas of the County. No member of the CCMHB may be a full-time or part-time employee of the Department of Human Services – Division of Developmental Disabilities, Division of Mental Health, or Division of Substance Use Prevention & Recovery, of the Department of Health and Family Services, or a Board member or employee of any facility or service operating under contract to the CCMHB. All terms shall be measured from the first day of the calendar year of appointment. Vacancies shall be filled for an expired term in the same manner as original appointments.
- E. Any member of the CCMHB may be removed by the appointing officer for absenteeism, neglect of duty, misconduct, or malfeasance in office, after being given a written statement of the charges and an opportunity to be heard thereon.

III. MEETINGS:

- A. The CCMHB shall meet at such time and location as the CCMHB shall designate. Per the Open Meetings Act (5 ILCS 120/1 et seq.), a change in the regular meeting dates is to be properly posted for the public a minimum of 10 days prior to the meeting.
- B. The CCMHB may meet in Study Session during the intervals between monthly meetings to receive reports, discuss issues, and develop recommendations on matters brought to it by the Executive Director and the President.
- C. Special meetings may be called by the written request of two members, filed with the Secretary, to conduct such business that cannot be delayed until the regular meeting date. The written request for special meeting business may be based on recommendations on matters brought to the Secretary/Vice President by the Executive Director, the Board President, or other Board members.
- D. The Executive Director shall prepare an agenda for all meetings of the CCMHB and shall cause the notice of the meeting and the agenda to be sent to all members at least five (5) days in advance of the meeting.

- E. Public notices and the conduct of all meetings shall be in conformance with the Illinois Open Meetings Act. Notice/agenda for each meeting shall be posted on the Champaign County website and in the physical location of the meeting and shall be continuously available for public review during the 48-hour period preceding the meeting.

- F. The presence of five (5) members shall constitute a quorum for any meeting of the CCMHB. For a member to attend a meeting by other means than physical presence (e.g. by video or audio conference), a majority of members must be physically present at the properly-noticed meeting, and a majority of physically present members must agree to allow the electronic attendance. Such attendance may only be due to: personal illness or disability, employment purposes or CCMHB business; or a family or other emergency. A member wishing to attend a meeting by other means must notify the Board before the meeting unless advance notice is impractical. Provisions for a quorum of members to attend the meeting by other means, due to a declared disaster, are set forth in the Illinois Open Meetings Act. These By-laws affirm the Mental Health Board's intent to exercise flexibilities as the law allows.

IV. OFFICERS:

- A. The officers of the CCMHB shall be a President and a Vice-President/Secretary.

- B. Election of the officers shall take place during a meeting of the CCMHB which is held after appointment of members (to terms beginning January 1) and prior to July 1.

- C. Effective July 1, 2022: Officers shall be elected for one year, beginning July 1. No member shall hold the same office for more than two (2) consecutive years, except that officers may remain in their then current positions until their successors can be chosen.

- D. Duties of Officers:
 - 1. President:

Subject to the control and direction of the CCMHB. The President shall maintain a current general overview of the affairs and business of the CCMHB. The President shall preside over meetings and conduct the agenda and shall have the privilege of voting in all actions by the CCMHB.

 - 2. Vice-President / Secretary:

The Vice-President / Secretary shall act in place of the President in the latter's absence.

3. The President, Vice-President / Secretary, or a member as designated by the President, shall have the authority to sign all legal documents approved by the CCMHB.

V. STAFF:

The CCMHB shall employ an Executive Director who, subject to the control and direction of the Board, shall have general charge, oversight and directions of the affairs and business of the CCMHB and shall be its responsible managing head. The Executive Director shall have the responsibility for the employment and discharge of staff pursuant to the provisions of the CCMHB Personnel Policies. The Executive Director shall have the authority to sign on behalf of the CCMHB, all necessary papers pursuant to CCMHB action and shall have the authority with the endorsement of the President to make contracts and expenditures within the approved program and budget. The Executive Director or delegate shall attend all meetings of CCMHB. The Executive Director shall also be liaison between the CCMHB, staff, and affiliated agencies and implement policies regarding communications between them.

VI. FISCAL AND GRANT YEARS:

- A. The fiscal year of the CCMHB shall be the same as that of the County of Champaign, i.e., January 1 through December 31.
- B. CCMHB contracts for mental health, intellectual and developmental disabilities, and substance use disorder services shall be allocated on the same fiscal year as the State of Illinois, i.e., July 1 through June 30.

VII. RULES OF ORDER:

Roberts' Rules of Order shall be followed in deliberations of the Board unless otherwise precluded by these By-laws.

IX. CHANGE OF BY-LAWS:

Any or all of these By-laws may be altered, amended, or repealed by a majority vote of the Board at any regular or special meeting, provided that written notice of the proposed action is given in the call to the meeting and that a quorum is present.

Approved as amended by the CCMHB on February 22, 2017 and June 23, 2021.

CCMHB PY2025 Awards		by Priority Categories				by Contract Term			
<i>Agency</i>	<i>Program</i>	<i>Safety and Crisis Stabilization</i>	<i>Healing from Interpersonal Violence</i>	<i>Closing the Gaps in Access and</i>	<i>Thriving Children, Youth, and</i>	<i>I/DD Collaboratio</i>	<i>PY25 ONE YEAR</i>	<i>PY24-25 TWO YEAR</i>	<i>PY25-PY26 TWO YEAR</i>
CC Children's Advocacy Center	Children's Advocacy Center		\$63,911					\$63,911	
CC Christian Health Center	Mental Health Care at			\$33,000				\$33,000	
CC Head Start/Early Head Start	Early Childhood Mental Health				\$171,663	\$216,800			\$388,463
CC Health Care Consumers	CHW Outreach and Benefit			\$86,501				\$86,501	
	Disability Application			\$105,000				\$90,147	\$105,000
	Justice Involved CHW	\$90,147							
CC RPC Community Svcs	Homeless Services System			\$54,281					\$54,281
	Youth Assessment Center	\$76,350						\$76,350	
CU at Home	Shelter Case Management	\$256,700							\$256,700
CU Early	CU Early				\$64,578	\$16,145			\$80,723
Community Svc Center	Resource Connection			\$68,609				\$68,609	
Courage Connection	Courage Connection		128,038						\$128,038
Crisis Nursery	Beyond Blue Campaign				\$90,000			\$90,000	
Cunningham Childrens Home	ECHO Housing and			\$203,710					\$203,710
	Families Stronger Together				\$282,139				\$282,139
DSC	Family Development					\$656,174		\$656,174	
Don Moyer Boys and Girls	CU Change				\$85,575				\$85,575
	Community Coalition				\$100,000				\$100,000
East Central IL Refugee Network	Family Support &				\$62,000			\$62,000	
Family Service of Champagne	Counseling			\$30,000				\$30,000	
	Self-Help Center			\$28,930				\$28,930	
	Senior Counseling &			\$178,386				\$178,386	

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	PY25 ONE YEAR	PY24-25 TWO YEAR	PY25-26 TWO YEAR
FirstFollowers	First Steps Reentry House	\$69,500							\$69,500
	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				\$77,175		\$77,175		
	Criminal Justice PSC	\$336,000							\$336,000
	Crisis Co Response (CCRT)	\$310,000							\$310,000
	Recovery Home			\$100,000					\$100,000
	Specialty Courts	\$186,900					\$186,900		
Terrapin Station Sober Living	Recovery Home			\$88,880					\$88,880
WIN Recovery	Community Support ReEntry	\$183,000					\$183,000		
The UP Center of Champions	Children, Youth, & Families				\$190,056				\$190,056
	Subtotals by Priority and Term	\$1,603,597	\$406,949	\$1,718,256	\$1,123,186	\$889,119	\$447,075	\$2,116,086	\$3,177,946
					Total	\$5,741,107			\$5,741,107
					Target	\$5,741,472			\$5,741,107

PY2023 Client Demographic and Residency Data

for programs funded by
the Champaign County Mental Health Board
and with general population data comparison

<i>agency</i>	CU at Home			
<i>program</i>	Shelter Case Management		<i>general population</i>	
Age	#	%	%	
0-6		0	6.1	
7 -12		0	9	
13-18	4	1.05	10.2	
19-59	345	90.6	56.2	
60 and up	32	8.4	18.5	
not available		0		
Race	#	%	%	
White	103	27	70.6	
Black/AA	140	36.7	14.6	
Asian/PI	2	0.52	11.1	
Other (inc. Native American and Biracial)	12	3.15	3.4	
not available	124	32.5		
Ethnic Origin	#	%	%	
Hispanic or Latino/a origin	6	1.57	6.8	
not available		0		
Gender	#	%	%	
Male	255	66.9		
Female	126	33.1	50.2	
Other (inc. non-binary and gender non-conforming)		0		
not available		0		
Residency	#	%	%	
60949 Ludlow		0		
61801-61802 Urbana	28	7.35	24	
61815 Bondville		0		
61816 Broadlands		0		
61820-61821-61822 Champaign	351	92.1	50	
61840 Dewey		0		
61843 Fisher		0	1	
61845 Foosland		0		
61846 Gifford		0	1	
61849 Homer		0	1	
61851 Ivesdale		0		
61852 Longview		0		
61853 Mahomet		0	5	
61859 Ogden		0		
61862 Penfield		0		
61863 Pesotum		0		
61864 Philo		0	1	
61866 Rantoul	1	0.26	7	
61871 Royal		0		
61872 Sadorus		0		
61873 St Joseph		0	2	
61874 Savoy		0	5	
61875 Seymour		0		
61877 Sidney		0	1	
61878 Thomasboro	1	0.26	1	
61880 Tolono		0	2	
Other		0		

CCRPC - Community Services

agency	CCRPC - Community Services					
program	Homeless Svcs System			Youth Assessment Ctr		general population
Age	#	%	#	%	%	
0-6	<i>Data not collected</i>		1	0.41	6.1	
7 -12			37	15.3	9	
13-18			204	84.3	10.2	
19-59				0	56.2	
60 and up				0	18.5	
not available				0		
Race	#	%	#	%	%	
White			87	35.8	70.6	
Black/AA			137	56.4	14.6	
Asian/PI			4	1.65	11.1	
Other (inc. Native American and Biracial)			14	5.76	3.4	
not available			1	0.41		
Ethnic Origin	#	%	#	%	%	
Hispanic or Latino/a origin			17	7	6.8	
not available				0		
Gender	#	%	#	%	%	
Male			158	65		
Female			85	35	50.2	
Other (inc. non-binary and gender non-conforming)				0		
not available				0		
Residency	#	%	#	%	%	
60949 Ludlow				0		
61801-61802 Urbana			73	30	24	
61815 Bondville				0		
61816 Broadlands			1	0.41		
61820-61821-61822 Champaign			81	33.3	50	
61840 Dewey				0		
61843 Fisher			2	0.82	1	
61845 Foosland				0		
61846 Gifford			4	1.65	1	
61849 Homer			1	0.41	1	
61851 Ivesdale				0		
61852 Longview				0		
61853 Mahomet			19	7.82	5	
61859 Ogden				0		
61862 Penfield				0		
61863 Pesotum				0		
61864 Philo			2	0.82	1	
61866 Rantoul			41	16.9	7	
61871 Royal				0		
61872 Sadorus				0		
61873 St Joseph			2	0.82	2	
61874 Savoy			6	2.47	5	
61875 Seymour				0		
61877 Sidney				0	1	
61878 Thomasboro			2	0.82	1	
61880 Tolono			9	3.7	2	
Other				0		

agency

CC Children's Advocacy Center

program

Children's Advocacy Center

general population

Age	#	%	%
0-6	34	19.3	6.1
7 -12	86	48.9	9
13-18	56	31.8	10.2
19-59		0	56.2
60 and up		0	18.5
not available		0	
Race	#	%	%
White	99	56.3	70.6
Black/AA	55	31.3	14.6
Asian/PI	1	0.57	11.1
Other (inc. Native American and Biracial)	21	11.9	3.4
not available		0	
Ethnic Origin	#	%	%
Hispanic or Latino/a origin	38	21.6	6.8
not available	1	0.57	
Gender	#	%	%
Male	61	34.7	
Female	115	65.3	50.2
Other (inc. non-binary and gender non-conforming)		0	
not available		0	
Residency	#	%	%
60949 Ludlow		0	
61801-61802 Urbana	35	19.9	24
61815 Bondville		0	
61816 Broadlands		0	
61820-61821-61822 Champaign	64	36.4	50
61840 Dewey		0	
61843 Fisher	5	2.84	1
61845 Foosland		0	
61846 Gifford		0	1
61849 Homer	2	1.14	1
61851 Ivesdale		0	
61852 Longview	5	2.84	
61853 Mahomet	9	5.11	5
61859 Ogden		0	
61862 Penfield		0	
61863 Pesotum		0	
61864 Philo	1	0.57	1
61866 Rantoul	39	22.2	7
61871 Royal		0	
61872 Sadorus	3	1.7	
61873 St Joseph	1	0.57	2
61874 Savoy	5	2.84	5
61875 Seymour		0	
61877 Sidney	1	0.57	1
61878 Thomasboro	2	1.14	1
61880 Tolono	4	2.27	2
Other		0	

agency

CC Christian Health Center

program

Mental Health Care at CCCHC

general population

Age	#	%	%
0-6		0	6.1
7 -12		0	9
13-18		0	10.2
19-59	39	95.1	56.2
60 and up	2	4.88	18.5
not available		0	
Race	#	%	%
White	25	61	70.6
Black/AA	12	29.3	14.6
Asian/PI	1	2.44	11.1
Other (inc. Native American and Biracial)	3	7.32	3.4
not available		0	
Ethnic Origin	#	%	%
Hispanic or Latino/a origin	2	4.88	6.8
not available		0	
Gender	#	%	%
Male	21	51.2	
Female	20	48.8	50.2
Other (inc. non-binary and gender non-conforming)		0	
not available		0	
Residency	#	%	%
60949 Ludlow		0	
61801-61802 Urbana	14	34.1	24
61815 Bondville		0	
61816 Broadlands		0	
61820-61821-61822 Champaign	17	41.5	50
61840 Dewey		0	
61843 Fisher		0	1
61845 Foosland		0	
61846 Gifford		0	1
61849 Homer		0	1
61851 Ivesdale		0	
61852 Longview		0	
61853 Mahomet	4	9.76	5
61859 Ogden		0	
61862 Penfield		0	
61863 Pesotum		0	
61864 Philo		0	1
61866 Rantoul	2	4.88	7
61871 Royal		0	
61872 Sadorus		0	
61873 St Joseph	2	4.88	2
61874 Savoy		0	5
61875 Seymour		0	
61877 Sidney		0	1
61878 Thomasboro		0	1
61880 Tolono		0	2
Other	2	4.88	

<i>agency</i>	Champaign County Head Start		
<i>program</i>	Mental Health Svcs	<i>general population</i>	
Age	#	%	%
0-6	70	94.59	6.1
7 -12		0	9
13-18		0	10.2
19-59	4	5.405	56.2
60 and up		0	18.5
not available		0	
Race	#	%	%
White	16	21.62	70.6
Black/AA	46	62.16	14.6
Asian/PI		0	11.1
Other (inc. Native American and Biracial)	12	16.22	3.4
not available		0	
Ethnic Origin	#	%	%
Hispanic or Latino/a origin	3	4.054	6.8
not available	2	2.703	
Gender	#	%	%
Male	42	56.76	
Female	32	43.24	50.2
Other (inc. non-binary and gender non-conforming)		0	
not available		0	
Residency	#	%	%
60949 Ludlow		0	
61801-61802 Urbana	11	14.86	24
61815 Bondville		0	
61816 Broadlands		0	
61820-61821-61822 Champaign	45	60.81	50
61840 Dewey		0	
61843 Fisher	2	2.703	1
61845 Foosland		0	
61846 Gifford		0	1
61849 Homer		0	1
61851 Ivesdale		0	
61852 Longview		0	
61853 Mahomet		0	5
61859 Ogden		0	
61862 Penfield		0	
61863 Pesotum		0	
61864 Philo		0	1
61866 Rantoul	10	13.51	7
61871 Royal		0	
61872 Sadorus	1	1.351	
61873 St Joseph		0	2
61874 Savoy	5	6.757	5
61875 Seymour		0	
61877 Sidney		0	1
61878 Thomasboro		0	1
61880 Tolono		0	2
Other		0	

<i>agency</i>	Champaign County Health Care Consumers						
<i>program</i>	CHW Outreach		Disability App		Justice CHW		<i>general population</i>
Age	#	%	#	%	#	%	%
0-6		0		0		0	6.1
7-12		0		0		0	9
13-18	3	1.84		0	2	1.82	10.2
19-59	119	73	58	87.9	87	79.1	56.2
60 and up	38	23.3	8	12.1	5	4.55	18.5
not available	3	1.84		0	16	14.5	
Race	#	%	#	%	#	%	%
White	106	65	39	59.1	26	23.9	70.6
Black/AA	40	24.5	25	37.9	74	67.9	14.6
Asian/PI	5	3.07	1	1.52		0	11.1
Other (inc. Native American and Biracial)	4	2.45	1	1.52	1	0.92	3.4
not available	8	4.91		0	8	7.34	
Ethnic Origin	#	%	#	%	#	%	%
Hispanic or Latino/a origin	10	6.13	1	1.52	1	0.92	6.8
not available	8	4.91		0	18	16.5	
Gender	#	%	#	%	#	%	%
Male	85	52.5	37	56.1	99	90.8	
Female	77	47.5	29	43.9	10	9.17	50.2
Other (inc. non-binary and gender non-conforming)		0		0		0	
not available		0		0		0	
Residency	#	%	#	%	#	%	%
60949 Ludlow		0		0		0	
61801-61802 Urbana	56	34.4	22	33.8	22	20.2	24
61815 Bondville		0		0		0	
61816 Broadlands	2	1.23	1	1.54		0	
61820-61821-61822 Champaign	63	38.7	23	35.4	53	48.6	50
61840 Dewey		0		0		0	
61843 Fisher	1	0.61	1	1.54		0	1
61845 Foosland		0		0		0	
61846 Gifford	1	0.61		0		0	1
61849 Homer	2	1.23		0	1	0.92	1
61851 Ivesdale		0		0		0	
61852 Longview		0	1	1.54		0	
61853 Mahomet	5	3.07	3	4.62	2	1.83	5
61859 Ogden		0	1	1.54		0	
61862 Penfield		0		0		0	
61863 Pesotum	1	0.61	1	1.54	1	0.92	
61864 Philo	4	2.45		0	1	0.92	1
61866 Rantoul	6	3.68	6	9.23	10	9.17	7
61871 Royal		0		0		0	
61872 Sadorus	2	1.23	1	1.54	1	0.92	
61873 St Joseph	2	1.23		0		0	2
61874 Savoy	5	3.07	1	1.54		0	5
61875 Seymour		0		0		0	
61877 Sidney	2	1.23		0		0	1
61878 Thomasboro	2	1.23		0		0	1
61880 Tolono	6	3.68	4	6.15	1	0.92	2
Other	3	1.84	0	0	17	15.6	

<i>agency</i>	Community Service Center of Northern CC		
<i>program</i>	Resource Connection	<i>general population</i>	
Age	#	%	%
0-6		0	6.1
7 -12		0	9
13-18	8	0.787	10.2
19-59	705	69.39	56.2
60 and up	274	26.97	18.5
not available	29	2.854	
Race	#	%	%
White	486	59.78	70.6
Black/AA	262	32.23	14.6
Asian/PI	10	1.23	11.1
Other (inc. Native American and Biracial)	19	2.337	3.4
not available	36	4.428	
Ethnic Origin	#	%	%
Hispanic or Latino/a origin	203	24.97	6.8
not available	19	2.337	
Gender	#	%	%
Male	292	28.74	
Female	704	69.29	50.2
Other (inc. non-binary and gender non-conforming)		0	
not available	20	1.969	
Residency	#	%	%
60949 Ludlow	26	2.559	
61801-61802 Urbana	30	2.953	24
61815 Bondville		0	
61816 Broadlands		0	
61820-61821-61822 Champaign	28	2.756	50
61840 Dewey	6	0.591	
61843 Fisher	12	1.181	1
61845 Foosland	1	0.098	
61846 Gifford	10	0.984	1
61849 Homer		0	1
61851 Ivesdale		0	
61852 Longview		0	
61853 Mahomet	3	0.295	5
61859 Ogden	1	0.098	
61862 Penfield	3	0.295	
61863 Pesotum		0	
61864 Philo		0	1
61866 Rantoul	832	81.89	7
61871 Royal		0	
61872 Sadorus		0	
61873 St Joseph	2	0.197	2
61874 Savoy	3	0.295	5
61875 Seymour	1	0.098	
61877 Sidney		0	1
61878 Thomasboro	24	2.362	1
61880 Tolono	1	0.098	2
Other (unknown, blank)	33	3.248	

<i>agency</i>	Courage Connection		
<i>program</i>	Courage Connection	<i>general population</i>	
Age	#	%	%
0-6	71	10.22	6.1
7 -12	42	6.043	9
13-18	23	3.309	10.2
19-59	532	76.55	56.2
60 and up	27	3.885	18.5
not available		0	
Race	#	%	%
White	249	35.83	70.6
Black/AA	250	35.97	14.6
Asian/PI	20	2.878	11.1
Other (inc. Native American and Biracial)	176	25.32	3.4
not available		0	
Ethnic Origin	#	%	%
Hispanic or Latino/a origin	262	37.7	6.8
not available		0	
Gender	#	%	%
Male	86	12.37	
Female	595	85.61	50.2
Other (inc. non-binary and gender non-conforming)	14	2.014	
not available		0	
Residency	#	%	%
60949 Ludlow	1	0.144	
61801-61802 Urbana	211	30.36	24
61815 Bondville	3	0.432	
61816 Broadlands		0	
61820-61821-61822 Champaign	333	47.91	50
61840 Dewey		0	
61843 Fisher	3	0.432	1
61845 Foostland		0	
61846 Gifford		0	1
61849 Homer	1	0.144	1
61851 Ivesdale	2	0.288	
61852 Longview		0	
61853 Mahomet	35	5.036	5
61859 Ogden	1	0.144	
61862 Penfield		0	
61863 Pesotum	4	0.576	
61864 Philo		0	1
61866 Rantoul	77	11.08	7
61871 Royal	1	0.144	
61872 Sadorus	5	0.719	
61873 St Joseph	3	0.432	2
61874 Savoy	12	1.727	5
61875 Seymour		0	
61877 Sidney		0	1
61878 Thomasboro	1	0.144	1
61880 Tolono	2	0.288	2
Other		0	

<i>agency</i>	Crisis Nursery		
<i>program</i>	Beyond Blue		<i>general population</i>
Age	#	%	%
0-6		0	6.1
7 -12		0	9
13-18	3	12.5	10.2
19-59	21	87.5	56.2
60 and up		0	18.5
not available		0	
Race	#	%	%
White	15	62.5	70.6
Black/AA	5	20.83	14.6
Asian/PI	2	8.333	11.1
Other (inc. Native American and Biracial)	2	8.333	3.4
not available		0	
Ethnic Origin	#	%	%
Hispanic or Latino/a origin	7	29.17	6.8
not available		0	
Gender	#	%	%
Male	0	0	
Female	24	100	50.2
Other (inc. non-binary and gender non-conforming)		0	
not available		0	
Residency	#	%	%
60949 Ludlow		0	
61801-61802 Urbana	8	33.33	24
61815 Bondville		0	
61816 Broadlands		0	
61820-61821-61822 Champaign	5	20.83	50
61840 Dewey		0	
61843 Fisher	1	4.167	1
61845 Foosland		0	
61846 Gifford		0	1
61849 Homer		0	1
61851 Ivesdale		0	
61852 Longview		0	
61853 Mahomet	1	4.167	5
61859 Ogden		0	
61862 Penfield		0	
61863 Pesotum		0	
61864 Philo		0	1
61866 Rantoul	7	29.17	7
61871 Royal		0	
61872 Sadorus		0	
61873 St Joseph	1	4.167	2
61874 Savoy		0	5
61875 Seymour		0	
61877 Sidney	1	4.167	1
61878 Thomasboro		0	1
61880 Tolono		0	2
Other		0	

Cunningham Children's Home

<i>agency program</i>	ECHO		FST		<i>general population</i>
Age	#	%	#	%	%
0-6		0		0	6.1
7 -12		0	12	23.5	9
13-18		0	39	76.5	10.2
19-59	15	71.4			0 56.2
60 and up	6	28.6			0 18.5
not available		0			0
<hr/>					
Race	#	%	#	%	%
White	9	42.9	25	49	70.6
Black/AA	11	52.4	17	33.3	14.6
Asian/PI		0	1	1.96	11.1
Other (inc. Native American and Biracial)	1	4.76	8	15.7	3.4
not available		0			0
<hr/>					
Ethnic Origin	#	%	#	%	%
Hispanic or Latino/a origin		0	2	3.92	6.8
not available		0			0
<hr/>					
Gender	#	%	#	%	%
Male	8	38.1	33	64.7	
Female	13	61.9	18	35.3	50.2
Other (inc. non-binary and gender non-conforming)		0			0
not available		0			0
<hr/>					
Residency	#	%	#	%	%
60949 Ludlow		0			0
61801-61802 Urbana	8	38.1	17	33.3	24
61815 Bondville		0			0
61816 Broadlands		0			0
61820-61821-61822 Champaign	13	61.9	18	35.3	50
61840 Dewey		0			0
61843 Fisher		0			0 1
61845 Foosland		0			0
61846 Gifford		0			0 1
61849 Homer		0	2	3.92	1
61851 Ivesdale		0			0
61852 Longview		0			0
61853 Mahomet		0	6	11.8	5
61859 Ogden		0			0
61862 Penfield		0			0
61863 Pesotum		0			0
61864 Philo		0	1	1.96	1
61866 Rantoul		0	4	7.84	7
61871 Royal		0			0
61872 Sadorus		0			0
61873 St Joseph		0	1	1.96	2
61874 Savoy		0	1	1.96	5
61875 Seymour		0			0
61877 Sidney		0			0 1
61878 Thomasboro		0			0 1
61880 Tolono		0	1	1.96	2
Other		0			0

<i>agency</i>	DSC		
<i>program</i>	Family Development	<i>general population</i>	
Age	#	%	%
0-6	872	100	6.1
7 -12		0	9
13-18		0	10.2
19-59		0	56.2
60 and up		0	18.5
not available		0	
Race	#	%	%
White	540	61.93	70.6
Black/AA	191	21.9	14.6
Asian/PI	51	5.849	11.1
Other (inc. Native American and Biracial)	90	10.32	3.4
not available		0	
Ethnic Origin	#	%	%
Hispanic or Latino/a origin	133	15.25	6.8
not available		0	
Gender	#	%	%
Male	516	59.17	
Female	356	40.83	50.2
Other (inc. non-binary and gender non-conforming)		0	
not available		0	
Residency	#	%	%
60949 Ludlow	4	0.459	
61801-61802 Urbana	157	18	24
61815 Bondville	2	0.229	
61816 Broadlands	3	0.344	
61820-61821-61822 Champaign	327	37.5	50
61840 Dewey	5	0.573	
61843 Fisher	33	3.784	1
61845 Foosland	2	0.229	
61846 Gifford	1	0.115	1
61849 Homer	11	1.261	1
61851 Ivesdale	2	0.229	
61852 Longview	1	0.115	
61853 Mahomet	64	7.339	5
61859 Ogden	10	1.147	
61862 Penfield		0	
61863 Pesotum	4	0.459	
61864 Philo	6	0.688	1
61866 Rantoul	137	15.71	7
61871 Royal	2	0.229	
61872 Sadorus	1	0.115	
61873 St Joseph	22	2.523	2
61874 Savoy	31	3.555	5
61875 Seymour	2	0.229	
61877 Sidney	2	0.229	1
61878 Thomasboro	14	1.606	1
61880 Tolono	29	3.326	2
Other		0	

Don Moyer Boys and Girls Club

agency program	C-U Change		CUNC (CUTRI)		Coalition Summe		Youth & Family S		general population
Age	#	%	#	%	#	%	#	%	%
0-6		0		0		0		0	6.1
7-12	8	53.3		0	188	33		0	9
13-18	7	46.7	78	41.3	325	57	21	55.3	10.2
19-59		0	95	50.3	57	10	17	44.7	56.2
60 and up		0	16	8.47		0		0	18.5
not available		0		0		0		0	
Race	#	%	#	%	#	%	#	%	%
White	3	20	50	26.5	42	7.61	3	7.89	70.6
Black/AA	9	60	132	69.8	492	89.1	35	92.1	14.6
Asian/PI		0		0	8	1.45		0	11.1
Other (inc. Native American and Biracial)	3	20	7	3.7	10	1.81		0	3.4
not available		0		0		0		0	
Ethnic Origin	#	%	#	%	#	%	#	%	%
Hispanic or Latino/a origin	3	20	16	8.47	18	3.26		0	6.8
not available		0		0		0		0	
Gender	#	%	#	%	#	%	#	%	%
Male	13	86.7	80	42.3	416	73	3	7.89	
Female	2	13.3	109	57.7	154	27	35	92.1	50.2
Other (inc. non-binary and gender non-conforming)		0		0		0		0	
not available		0		0		0		0	
Residency	#	%	#	%	#	%	#	%	%
60949 Ludlow		0		0		0		0	
61801-61802 Urbana	5	31.3		0	148	26	21	55.3	24
61815 Bondville		0		0		0		0	
61816 Broadlands		0		0		0		0	
61820-61821-61822 Champaign	9	56.3	81	42.9	380	66.7	13	34.2	50
61840 Dewey		0		0		0		0	
61843 Fisher		0		0		0		0	1
61845 Foosland		0		0		0		0	
61846 Gifford		0		0		0		0	1
61849 Homer		0		0		0		0	1
61851 Ivesdale		0		0		0		0	
61852 Longview		0		0		0		0	
61853 Mahomet		0		0	1	0.18	1	2.63	5
61859 Ogden		0		0		0		0	
61862 Penfield		0		0		0		0	
61863 Pesotum		0		0		0		0	
61864 Philo		0		0		0		0	1
61866 Rantoul		0		0	38	6.67	3	7.89	7
61871 Royal		0		0		0		0	
61872 Sadorus		0		0		0		0	
61873 St Joseph	2	12.5		0		0		0	2
61874 Savoy		0		0		0		0	5
61875 Seymour		0		0	3	0.53		0	
61877 Sidney		0		0		0		0	1
61878 Thomasboro		0		0		0		0	1
61880 Tolono		0		0		0		0	2
Other		0	108	57.1		0		0	

data not collected for groups

<i>agency</i>	The Refugee Center (ECIRMAC)		
<i>program</i>	Family Support & Strenghter	<i>general population</i>	
Age	#	%	%
0-6		0	6.1
7 -12		0	9
13-18		0	10.2
19-59	23	5.693	56.2
60 and up	361	89.36	18.5
not available	20	4.95	
Race	#	%	%
White	215	53.22	70.6
Black/AA	102	25.25	14.6
Asian/PI	3	0.743	11.1
Other (inc. Native American and Biracial)	9	2.228	3.4
not available	75	18.56	
Ethnic Origin	#	%	%
Hispanic or Latino/a origin	13	3.218	6.8
not available	95	23.51	
Gender	#	%	%
Male	112	27.72	
Female	289	71.53	50.2
Other (inc. non-binary and gender non-conforming)		0	
not available	3	0.743	
Residency	#	%	%
60949 Ludlow		0	
61801-61802 Urbana	839	31.43	24
61815 Bondville		0	
61816 Broadlands	2	0.075	
61820-61821-61822 Champaign	1228	46.01	50
61840 Dewey	1	0.037	
61843 Fisher		0	1
61845 Foosland		0	
61846 Gifford		0	1
61849 Homer		0	1
61851 Ivesdale		0	
61852 Longview		0	
61853 Mahomet	15	0.562	5
61859 Ogden		0	
61862 Penfield		0	
61863 Pesotum		0	
61864 Philo		0	1
61866 Rantoul	304	11.39	7
61871 Royal		0	
61872 Sadorus		0	
61873 St Joseph		0	2
61874 Savoy	20	0.749	5
61875 Seymour		0	
61877 Sidney		0	1
61878 Thomasboro		0	1
61880 Tolono		0	2
Other (unknown for various reasons)	260	9.741	

<i>agency</i>	Family Service									<i>general population</i>
<i>program</i>	Counseling		Creative Social		Self-Help Ctr		Sr Counseling &			
	#	%	#	%	#	%	#	%	%	
Age										
0-6		0		0		0		0	6.1	
7-12		0		0		0		0	9	
13-18		0		0		0		0	10.2	
19-59	19	100		0	12	63.2	23	5.69	56.2	
60 and up		0	71	100	7	36.8	361	89.4	18.5	
not available		0		0		0	20	4.95		
Race	#	%	#	%	#	%	#	%	%	
White	12	63.2	65	60.7	9	64.3	215	53.2	70.6	
Black/AA	7	36.8	8	7.48	3	21.4	102	25.2	14.6	
Asian/PI		0		0	1	7.14	3	0.74	11.1	
Other (inc. Native American and Biracial)		0	2	1.87	1	7.14	9	2.23	3.4	
not available		0	32	29.9		0	75	18.6		
Ethnic Origin	#	%	#	%	#	%	#	%	%	
Hispanic or Latino/a origin	0	0	1	0.93	0	0	13	3.22	6.8	
not available		0	15	14		0	95	23.5		
Gender	#	%	#	%	#	%	#	%	%	
Male	12	63.2	11	15.5	2	10.5	112	27.7		
Female	7	36.8	60	84.5	17	89.5	289	71.5	50.2	
Other (inc. non-binary and gender non-conforming)		0		0		0		0		
not available		0		0		0	3	0.74		
Residency	#	%	#	%	#	%	#	%	%	
60949 Ludlow		0		0		0	2	0.5		
61801-61802 Urbana	7	36.8	14	19.7	4	14.8	118	29.2	24	
61815 Bondville	2	10.5		0		0		0		
61816 Broadlands		0		0		0		0		
61820-61821-61822 Champaign	6	31.6	38	53.5	19	70.4	180	44.6	50	
61840 Dewey		0		0		0	1	0.25		
61843 Fisher		0		0		0	3	0.74	1	
61845 Foosland		0		0		0		0		
61846 Gifford		0		0		0		0	1	
61849 Homer		0	1	1.41		0	2	0.5	1	
61851 Ivesdale		0		0		0	1	0.25		
61852 Longview		0		0		0		0		
61853 Mahomet	2	10.5	1	1.41	1	3.7	23	5.69	5	
61859 Ogden		0		0		0	1	0.25		
61862 Penfield		0		0		0		0		
61863 Pesotum		0		0	1	3.7		0		
61864 Philo		0		0		0		0	1	
61866 Rantoul	1	5.26	6	8.45		0	24	5.94	7	
61871 Royal		0		0		0		0		
61872 Sadorus		0		0		0	1	0.25		
61873 St Joseph		0	1	1.41		0	7	1.73	2	
61874 Savoy	1	5.26	10	14.1	2	7.41	26	6.44	5	
61875 Seymour		0		0		0	2	0.5		
61877 Sidney		0		0		0	1	0.25	1	
61878 Thomasboro		0		0		0	2	0.5	1	
61880 Tolono		0		0		0	9	2.23	2	
Other		0		0	0	0	1	0.25		

unable to collect all data for this program

<i>agency</i>	FirstFollowers						
<i>program</i>	FirstSteps House			Peer Mentoring			<i>general population</i>
Age	#	%		#	%	%	
0-6		0			0	6.1	
7 -12		0			0	9	
13-18		0			0	10.2	
19-59	12	100		81	95.3	56.2	
60 and up		0		4	4.71	18.5	
not available		0			0		
Race	#	%		#	%	%	
White	1	8.33		10	11.8	70.6	
Black/AA	11	91.7		74	87.1	14.6	
Asian/PI		0			0	11.1	
Other (inc. Native American and Biracial)		0		1	1.18	3.4	
not available		0			0		
Ethnic Origin	#	%		#	%	%	
Hispanic or Latino/a origin	1	8.33		3	3.53	6.8	
not available	3	25			0		
Gender	#	%		#	%	%	
Male	12	100		71	83.5		
Female		0		14	16.5	50.2	
Other (inc. non-binary and gender non-conforming)		0			0		
not available		0			0		
Residency	#	%		#	%	%	
60949 Ludlow		0			0		
61801-61802 Urbana		0		20	18.9	24	
61815 Bondville		0			0		
61816 Broadlands		0			0		
61820-61821-61822 Champaign	12	100		60	56.6	50	
61840 Dewey		0			0		
61843 Fisher		0			0	1	
61845 Foosland		0			0		
61846 Gifford		0			0	1	
61849 Homer		0			0	1	
61851 Ivesdale		0			0		
61852 Longview		0			0		
61853 Mahomet		0		1	0.94	5	
61859 Ogden		0			0		
61862 Penfield		0			0		
61863 Pesotum		0			0		
61864 Philo		0			0	1	
61866 Rantoul		0		6	5.66	7	
61871 Royal		0			0		
61872 Sadorus		0			0		
61873 St Joseph		0			0	2	
61874 Savoy		0		2	1.89	5	
61875 Seymour		0			0		
61877 Sidney		0		9	8.49	1	
61878 Thomasboro		0			0	1	
61880 Tolono		0			0	2	
Other		0		8	7.55		

<i>agency</i> <i>program</i>	GROW in Illinois		<i>general population</i>
	Peer Support		
Age	#	%	%
0-6	4	1.606	6.1
7 -12	2	0.803	9
13-18	3	1.205	10.2
19-59	213	85.54	56.2
60 and up	21	8.434	18.5
not available	6	2.41	
Race	#	%	%
White	121	48.99	70.6
Black/AA	114	46.15	14.6
Asian/PI	5	2.024	11.1
Other (inc. Native American and Biracial)	2	0.81	3.4
not available	5	2.024	
Ethnic Origin	#	%	%
Hispanic or Latino/a origin	2	0.81	6.8
not available	6	2.429	
Gender	#	%	%
Male	102	40.96	
Female	144	57.83	50.2
Other (inc. non-binary and gender non-conforming)	3	1.205	
not available		0	
Residency	#	%	%
60949 Ludlow		0	
61801-61802 Urbana	99	39.76	24
61815 Bondville		0	
61816 Broadlands		0	
61820-61821-61822 Champaign	126	50.6	50
61840 Dewey		0	
61843 Fisher		0	1
61845 Foosland		0	
61846 Gifford		0	1
61849 Homer	1	0.402	1
61851 Ivesdale		0	
61852 Longview		0	
61853 Mahomet	1	0.402	5
61859 Ogden		0	
61862 Penfield		0	
61863 Pesotum		0	
61864 Philo	3	1.205	1
61866 Rantoul	4	1.606	7
61871 Royal		0	
61872 Sadorus		0	
61873 St Joseph	1	0.402	2
61874 Savoy	1	0.402	5
61875 Seymour		0	
61877 Sidney		0	1
61878 Thomasboro	1	0.402	1
61880 Tolono		0	2
Other (6 no info, 6 out of county)	12	4.819	

Mahomet Area Youth Club

<i>agency</i>	Mahomet Area Youth Club						
<i>program</i>	BLAST			Members Matter			<i>general population</i>
Age	#	%		#	%	%	
0-6	26	18.7		32	9.91	6.1	
7-12	112	80.6		234	72.4	9	
13-18	1	0.72		56	17.3	10.2	
19-59		0			0	56.2	
60 and up		0			0	18.5	
not available		0		1	0.31		
Race	#	%		#	%	%	
White	101	72.7		564	90.5	70.6	
Black/AA	4	2.88		12	1.93	14.6	
Asian/PI	4	2.88		5	0.8	11.1	
Other (inc. Native American and Biracial)	30	21.6		40	6.42	3.4	
not available		0		2	0.32		
Ethnic Origin	#	%		#	%	%	
Hispanic or Latino/a origin	29	20.9		22	3.53	6.8	
not available		0		2	0.32		
Gender	#	%		#	%	%	
Male	67	48.2		153	47.4		
Female	72	51.8		165	51.1	50.2	
Other (inc. non-binary and gender non-conforming)		0		5	1.55		
not available		0			0		
Residency	#	%		#	%	%	
60949 Ludlow		0			0		
61801-61802 Urbana		0		3	0.93	24	
61815 Bondville		0			0		
61816 Broadlands		0			0		
61820-61821-61822 Champaign	1	0.72		6	1.86	50	
61840 Dewey	1	0.72		1	0.31		
61843 Fisher		0		3	0.93	1	
61845 Foosland		0			0		
61846 Gifford		0			0	1	
61849 Homer		0			0	1	
61851 Ivesdale		0			0		
61852 Longview		0			0		
61853 Mahomet	133	95.7		289	89.5	5	
61859 Ogden		0			0		
61862 Penfield		0			0		
61863 Pesotum		0			0		
61864 Philo		0			0	1	
61866 Rantoul		0			0	7	
61871 Royal		0			0		
61872 Sadorus		0			0		
61873 St Joseph		0			0	2	
61874 Savoy		0			0	5	
61875 Seymour	4	2.88		19	5.88		
61877 Sidney		0			0	1	
61878 Thomasboro		0			0	1	
61880 Tolono		0			0	2	
Other		0		2	0.62		

agency program	Promise HealthCare						general population
	MH Services		Wellness				
Age	#	%	#	%	%		
0-6		0	14	2.76	6.1		
7-12	38	1.26	3	0.59	9		
13-18	143	4.73	16	3.16	10.2		
19-59	2351	77.8	346	68.2	56.2		
60 and up	489	16.2	128	25.2	18.5		
not available		0		0			
Race	#	%	#	%	%		
White	1695	56.1	168	33.1	70.6		
Black/AA	709	23.5	172	33.9	14.6		
Asian/PI	54	1.79	13	2.56	11.1		
Other (inc. Native American and Biracial)	152	5.03	76	15	3.4		
not available	411	13.6	78	15.4			
Ethnic Origin	#	%	#	%	%		
Hispanic or Latino/a origin	304	10.1	191	37.7	6.8		
not available	250	8.28	18	3.55			
Gender	#	%	#	%	%		
Male	1376	45.5	70	13.8			
Female	1438	47.6	406	80.1	50.2		
Other (inc. non-binary and gender non-conforming)	113	3.74	3	0.59			
not available	94	3.11	28	5.52			
Residency	#	%	#	%	%		
60949 Ludlow	13	0.43	2	0.4			
61801-61802 Urbana	856	28.3	153	30.2	24		
61815 Bondville	2	0.07	1	0.2			
61816 Broadlands	1	0.03		0			
61820-61821-61822 Champaign	1451	48	259	51.2	50		
61840 Dewey	5	0.17	2	0.4			
61843 Fisher	27	0.89	3	0.59	1		
61845 Foosland	1	0.03	2	0.4			
61846 Gifford	5	0.17	1	0.2	1		
61849 Homer	9	0.3		0	1		
61851 Ivesdale	1	0.03		0			
61852 Longview		0		0			
61853 Mahomet	114	3.77	13	2.57	5		
61859 Ogden	7	0.23	1	0.2			
61862 Penfield	2	0.07		0			
61863 Pesotum	9	0.3	1	0.2			
61864 Philo	10	0.33	1	0.2	1		
61866 Rantoul	287	9.5	50	9.88	7		
61871 Royal		0		0			
61872 Sadorus	16	0.53		0			
61873 St Joseph	31	1.03	2	0.4	2		
61874 Savoy	82	2.71	2	0.4	5		
61875 Seymour	9	0.3	1	0.2			
61877 Sidney	7	0.23		0	1		
61878 Thomasboro	21	0.7	2	0.4	1		
61880 Tolono	29	0.96	2	0.4	2		
Other	26	0.86	8	1.58			

<i>agency</i>	RACES		
<i>program</i>	SV Prevention Education	<i>general population</i>	
Demographic Data not collected at school presentations			
Age	#	%	%
0-6		0	6.1
7 -12		0	9
13-18		0	10.2
19-59		0	56.2
60 and up		0	18.5
not available	7202	100	
Race	#	%	%
White		0	70.6
Black/AA		0	14.6
Asian/PI		0	11.1
Other (inc. Native American and Biracial)		0	3.4
not available	7202	100	
Ethnic Origin	#	%	%
Hispanic or Latino/a origin		0	6.8
not available	7202	100	
Gender	#	%	%
Male		0	
Female		0	50.2
Other (inc. non-binary and gender non-conforming)		0	
not available	7202	100	
Zip Code data of schools hosting presentations	#	%	%
60949 Ludlow		0	
61801-61802 Urbana	907	12.59	24
61815 Bondville		0	
61816 Broadlands	25	0.347	
61820-61821-61822 Champaign	4108	57.04	50
61840 Dewey		0	
61843 Fisher	256	3.555	1
61845 Foosland		0	
61846 Gifford	152	2.111	1
61849 Homer	25	0.347	1
61851 Ivesdale		0	
61852 Longview		0	
61853 Mahomet		0	5
61859 Ogden		0	
61862 Penfield		0	
61863 Pesotum		0	
61864 Philo		0	1
61866 Rantoul	483	6.706	7
61871 Royal		0	
61872 Sadorus		0	
61873 St Joseph	691	9.595	2
61874 Savoy	440	6.109	5
61875 Seymour		0	
61877 Sidney		0	1
61878 Thomasboro	115	1.597	1
61880 Tolono		0	2
Other		0	

Rosecrance Central Illinois

agency	Rosecrance Central Illinois												general population
program	Benefits CM		Child & Family		Criminal Justice		Crisis Co Response		Recovery Home		Specialty Courts		
Age	#	%	#	%	#	%	#	%	#	%	#	%	%
0-6		0		0		0		0		0		0	6.1
7-12		0	10	24.4		0	4	3.28		0		0	9
13-18		0	31	75.6		0	43	35.2		0		0	10.2
19-59	124	93.2		0	29	87.9	62	50.8	32	100	40	88.9	56.2
60 and up	9	6.77		0	3	9.09	13	10.7		0	5	11.1	18.5
not available		0		0	1	3.03		0		0		0	
Race	#	%	#	%	#	%	#	%	#	%	#	%	%
White	87	65.4	19	46.3	11	33.3	78	63.9	21	65.6	19	42.2	70.6
Black/AA	44	33.1	8	19.5	20	60.6	31	25.4	4	12.5	22	48.9	14.6
Asian/PI	1	0.75		0		0		0	1	3.13	1	2.22	11.1
Other (inc. Native American and Biracial)	1	0.75	14	34.1	2	6.06	13	10.7	6	18.8	3	6.67	3.4
not available		0		0		0		0		0		0	
Ethnic Origin	#	%	#	%	#	%	#	%	#	%	#	%	%
Hispanic or Latino/a origin	1	0.75	8	19.5	2	6.06	5	4.1	6	18.8	2	4.44	6.8
not available		0		0		0		0		0		0	
Gender	#	%	#	%	#	%	#	%	#	%	#	%	%
Male	80	60.2	11	26.8	23	69.7	61	50	20	62.5	32	71.1	
Female	53	39.8	28	68.3	10	30.3	61	50	12	37.5	12	26.7	50.2
Other (inc. non-binary and gender non-conforming)		0	2	4.88		0		0		0	1	2.22	
not available		0		0		0		0		0		0	
Residency	#	%	#	%	#	%	#	%	#	%	#	%	%
60949 Ludlow		0		0		0	4	3.28		0		0	
61801-61802 Urbana	25	18.8	11	26.8	4	12.1	20	16.4	6	11.5	23	51.1	24
61815 Bondville		0		0		0		0		0		0	
61816 Broadlands		0		0		0		0		0		0	
61820-61821-61822 Champaign	95	71.4	15	36.6	21	63.6	11	9.02	44	84.6	13	28.9	50
61840 Dewey		0		0		0		0		0		0	
61843 Fisher		0		0	1	3.03	2	1.64		0		0	1
61845 Foosland		0		0		0		0		0		0	
61846 Gifford		0		0		0		0		0		0	1
61849 Homer	1	0.75	1	2.44		0	1	0.82		0	1	2.22	1
61851 Ivesdale		0		0		0		0		0		0	
61852 Longview		0		0		0		0		1	2.22		
61853 Mahomet	2	1.5	3	7.32	1	3.03	7	5.74		0	2	4.44	5
61859 Ogden		0		0		0	1	0.82		0		0	
61862 Penfield		0	1	2.44		0	1	0.82		0		0	
61863 Pesotum	1	0.75		0		0	2	1.64		0		0	
61864 Philo		0		0		0		0		0		0	1
61866 Rantoul	8	6.02	5	12.2	3	9.09	49	40.2	2	3.85	3	6.67	7
61871 Royal		0		0		0		0		0		0	
61872 Sadorus		0		0		0		0		0		0	
61873 St Joseph		0	2	4.88	1	3.03	10	8.2		0	1	2.22	2
61874 Savoy		0		0		0	9	7.38		0		0	5
61875 Seymour		0		0		0		0		0		0	
61877 Sidney		0		0		0	1	0.82		0		0	1
61878 Thomasboro	1	0.75		0		0	2	1.64		0		0	1
61880 Tolono		0	1	2.44		0	2	1.64		0	1	2.22	2
Other		0	2	4.88	2	6.06		0		0		0	

Terrapin Station Sober Living

<i>agency</i>	Terrapin Station Sober Living		
<i>program</i>	Recovery Home		<i>general population</i>
Age	#	%	%
0-6		0	6.1
7 -12		0	9
13-18		0	10.2
19-59	9	100	56.2
60 and up		0	18.5
not available		0	
Race	#	%	%
White	7	77.8	70.6
Black/AA	2	22.2	14.6
Asian/PI		0	11.1
Other (inc. Native American and Biracial)		0	3.4
not available		0	
Ethnic Origin	#	%	%
Hispanic or Latino/a origin		0	6.8
not available		0	
Gender	#	%	%
Male	9	100	
Female		0	50.2
Other (inc. non-binary and gender non-conforming)		0	
not available		0	
Residency	#	%	%
60949 Ludlow		0	
61801-61802 Urbana	9	100	24
61815 Bondville		0	
61816 Broadlands		0	
61820-61821-61822 Champaign		0	50
61840 Dewey		0	
61843 Fisher		0	1
61845 Foosland		0	
61846 Gifford		0	1
61849 Homer		0	1
61851 Ivesdale		0	
61852 Longview		0	
61853 Mahomet		0	5
61859 Ogden		0	
61862 Penfield		0	
61863 Pesotum		0	
61864 Philo		0	1
61866 Rantoul		0	7
61871 Royal		0	
61872 Sadorus		0	
61873 St Joseph		0	2
61874 Savoy		0	5
61875 Seymour		0	
61877 Sidney		0	1
61878 Thomasboro		0	1
61880 Tolono		0	2
Other		0	

<i>agency</i>	Uniting Pride (UP Center)		
<i>program</i>	Children, Youth, & Families	<i>general population</i>	
Age	#	%	%
0-6		0	6.1
7 -12	6	1.81	9
13-18	33	9.97	10.2
19-59	263	79.5	56.2
60 and up	29	8.76	18.5
not available		0	
Race	#	%	%
White	235	71	70.6
Black/AA	29	8.76	14.6
Asian/PI	27	8.16	11.1
Other (inc. Native American and Biracial)	32	9.67	3.4
not available	8	2.42	
Ethnic Origin	#	%	%
Hispanic or Latino/a origin	27	8.16	6.8
not available	12	3.63	
Gender	#	%	%
Male	34	10.3	
Female	186	56.2	50.2
Other (inc. non-binary and gender non-conforming)	103	31.1	
not available	8	2.42	
Residency	#	%	%
60949 Ludlow		0	
61801-61802 Urbana	111	33.5	24
61815 Bondville	1	0.3	
61816 Broadlands		0	
61820-61821-61822 Champaign	145	43.8	50
61840 Dewey	1	0.3	
61843 Fisher	1	0.3	1
61845 Foosland		0	
61846 Gifford	1	0.3	1
61849 Homer		0	1
61851 Ivesdale		0	
61852 Longview		0	
61853 Mahomet	34	10.3	5
61859 Ogden	1	0.3	
61862 Penfield		0	
61863 Pesotum	1	0.3	
61864 Philo	4	1.21	1
61866 Rantoul	7	2.11	7
61871 Royal		0	
61872 Sadorus		0	
61873 St Joseph	4	1.21	2
61874 Savoy	16	4.83	5
61875 Seymour	1	0.3	
61877 Sidney		0	1
61878 Thomasboro		0	1
61880 Tolono	3	0.91	2
Other (6 no info, 6 out of county)		0	

agency
program

Urbana Neighborhood Connections

Community Study Ctr

general population

Age	#	%	%
0-6	38	20.43	6.1
7 -12	124	66.67	9
13-18	24	12.9	10.2
19-59		0	56.2
60 and up		0	18.5
not available		0	
Race	#	%	%
White		0	70.6
Black/AA	162	87.1	14.6
Asian/PI		0	11.1
Other (inc. Native American and Biracial)	24	12.9	3.4
not available		0	
Ethnic Origin	#	%	%
Hispanic or Latino/a origin		0	6.8
not available	0	0	
Gender	#	%	%
Male	89	47.85	
Female	97	52.15	50.2
Other (inc. non-binary and gender non-conforming)		0	
not available		0	
Residency	#	%	%
60949 Ludlow		0	
61801-61802 Urbana	176	96.17	24
61815 Bondville		0	
61816 Broadlands		0	
61820-61821-61822 Champaign	3	1.639	50
61840 Dewey		0	
61843 Fisher		0	1
61845 Foosland		0	
61846 Gifford		0	1
61849 Homer		0	1
61851 Ivesdale		0	
61852 Longview		0	
61853 Mahomet		0	5
61859 Ogden		0	
61862 Penfield		0	
61863 Pesotum		0	
61864 Philo	1	0.546	1
61866 Rantoul		0	7
61871 Royal		0	
61872 Sadorus		0	
61873 St Joseph		0	2
61874 Savoy	3	1.639	5
61875 Seymour		0	
61877 Sidney		0	1
61878 Thomasboro		0	1
61880 Tolono		0	2
Other		0	

agency

The Well Experience

program

Well Family Care

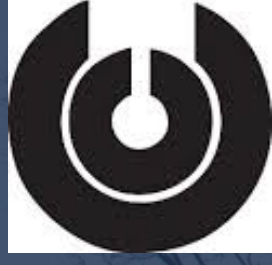
general population

Age	#	%	%
0-6	78	15.98	6.1
7 -12	142	29.1	9
13-18	102	20.9	10.2
19-59	155	31.76	56.2
60 and up	11	2.254	18.5
not available		0	
Race	#	%	%
White	9	1.844	70.6
Black/AA	450	92.21	14.6
Asian/PI		0	11.1
Other (inc. Native American and Biracial)	29	5.943	3.4
not available		0	
Ethnic Origin	#	%	%
Hispanic or Latino/a origin	17	3.484	6.8
not available		0	
Gender	#	%	%
Male	112	22.95	
Female	376	77.05	50.2
Other (inc. non-binary and gender non-conforming)		0	
not available		0	
Residency	#	%	%
60949 Ludlow		0	
61801-61802 Urbana	279	57.17	24
61815 Bondville		0	
61816 Broadlands		0	
61820-61821-61822 Champaign	172	35.25	50
61840 Dewey		0	
61843 Fisher		0	1
61845 Foosland		0	
61846 Gifford		0	1
61849 Homer		0	1
61851 Ivesdale		0	
61852 Longview		0	
61853 Mahomet		0	5
61859 Ogden		0	
61862 Penfield		0	
61863 Pesotum		0	
61864 Philo		0	1
61866 Rantoul	37	7.582	7
61871 Royal		0	
61872 Sadorus		0	
61873 St Joseph		0	2
61874 Savoy		0	5
61875 Seymour		0	
61877 Sidney		0	1
61878 Thomasboro		0	1
61880 Tolono		0	2
Other		0	

<i>agency</i>	WIN Recovery		
<i>program</i>	Re-Entry & Recovery Home	<i>general population</i>	
Age	#	%	%
0-6		0	6.1
7 -12		0	9
13-18		0	10.2
19-59	43	100	56.2
60 and up		0	18.5
not available		0	
Race	#	%	%
White	35	81.4	70.6
Black/AA	5	11.6	14.6
Asian/PI		0	11.1
Other (inc. Native American and Biracial)	3	6.98	3.4
not available		0	
Ethnic Origin	#	%	%
Hispanic or Latino/a origin	3	6.98	6.8
not available	3	6.98	
Gender	#	%	%
Male	4	9.3	
Female	38	88.4	50.2
Other (inc. non-binary and gender non-conforming)	1	2.33	
not available		0	
Residency	#	%	%
60949 Ludlow		0	
61801-61802 Urbana	7	16.3	24
61815 Bondville		0	
61816 Broadlands		0	
61820-61821-61822 Champaign	24	55.8	50
61840 Dewey		0	
61843 Fisher	1	2.33	1
61845 Foosland		0	
61846 Gifford		0	1
61849 Homer		0	1
61851 Ivesdale		0	
61852 Longview		0	
61853 Mahomet		0	5
61859 Ogden	1	2.33	
61862 Penfield		0	
61863 Pesotum		0	
61864 Philo		0	1
61866 Rantoul	2	4.65	7
61871 Royal		0	
61872 Sadorus	1	2.33	
61873 St Joseph		0	2
61874 Savoy		0	5
61875 Seymour		0	
61877 Sidney		0	1
61878 Thomasboro		0	1
61880 Tolono	1	2.33	2
Other (unknown for various reasons)	6	14	



Family
Resiliency
Center



CHAMPAIGN COUNTY
DEVELOPMENTAL
DISABILITIES BOARD
CHAMPAIGN COUNTY
MENTAL HEALTH BOARD



Empowerment and Participatory Approaches to Building Agency Evaluation Capacity Project

Year One Annual Report: Identifying Needs and Moving to Action

Champaign County Developmental Disabilities Board Meeting

May 22, 2024

Gratitude and Appreciation

Participants

- Board Members and Staff
- Agency Staff and Leaders

Collaborators

- Nathaniel Underland

Research/ Evaluation Assistants

- Sufiya Shazia and Sloane O. A. Ward

Funding (PI Dariotis)

- Champaign County Mental Health and Developmental Disabilities Boards

THANK YOU

Overview

- **Take-Aways**
- **Context: Goals and Approach**
- **Key Findings**
- **Moving to Empowerment: Next Steps**
- **Take-Aways (revisited)**
- **Microlearning Video**

Take-Aways (Year 1 Needs Assessment)

- **Agencies and Boards want:**
 - **To be heard** – participatory approaches for needs and action plans
 - **Resources** – provide knowledge, improve efficiencies, storytelling
 - **To work together** – communities of practice and open communication

Context: Project Goals and Approach

Capacity Building and Partnering



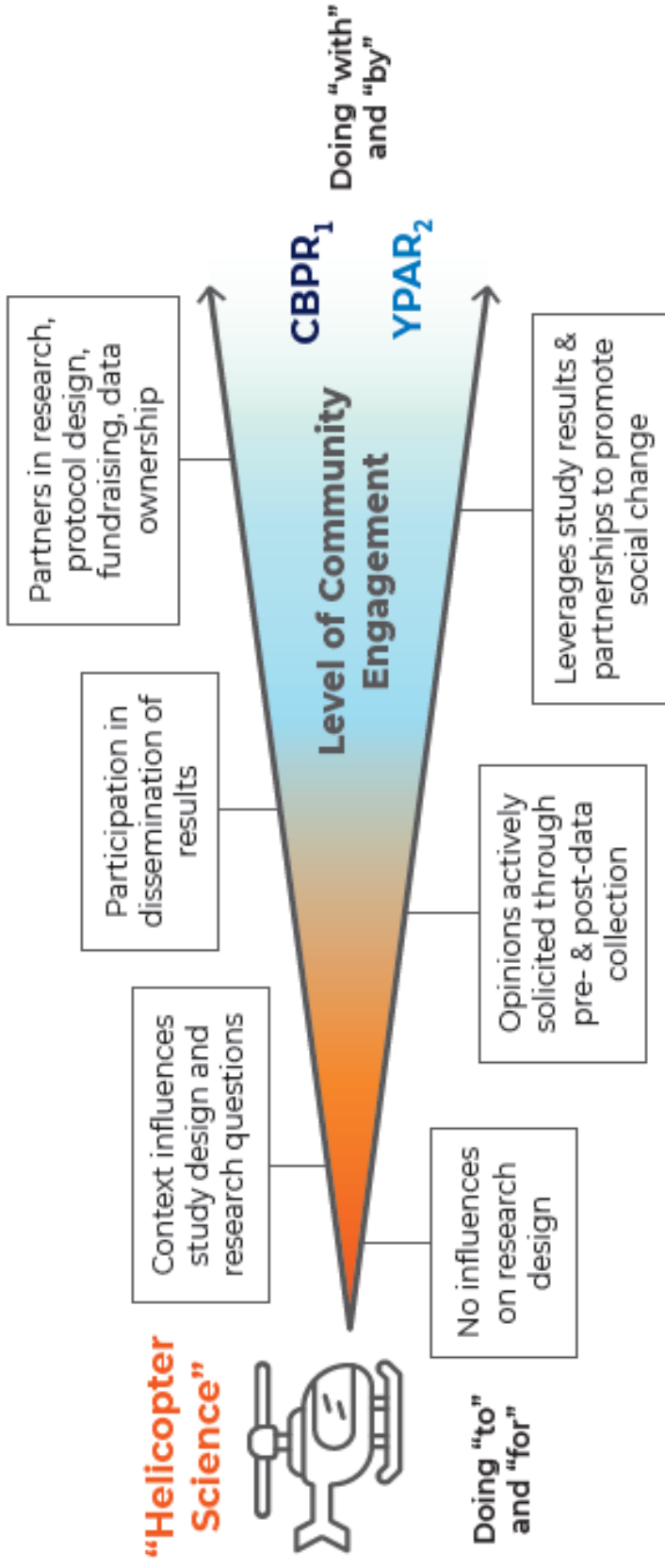
Project Goals

- **Overarching goal:** Build **evaluation capacity** of Champaign County Mental Health and Developmental Disability Boards and Agencies using **participatory** and **empowerment approaches**.
- **Year one goal:** Determine agency and board **needs, strengths, and expectations** for our team's roles and activities in future years. Then, begin moving to **action**.

Our Approach to the Project

- **Participatory** = centering staff voice & multiple perspectives
 - **A more holistic *understanding***: current capacity, what has worked, and what needs remain.
- **Empowerment** = capacity building
 - Boards and agencies ***implement*** and ***sustain*** practices
 - Continuous learning organization(s)

Participatory Research Approach



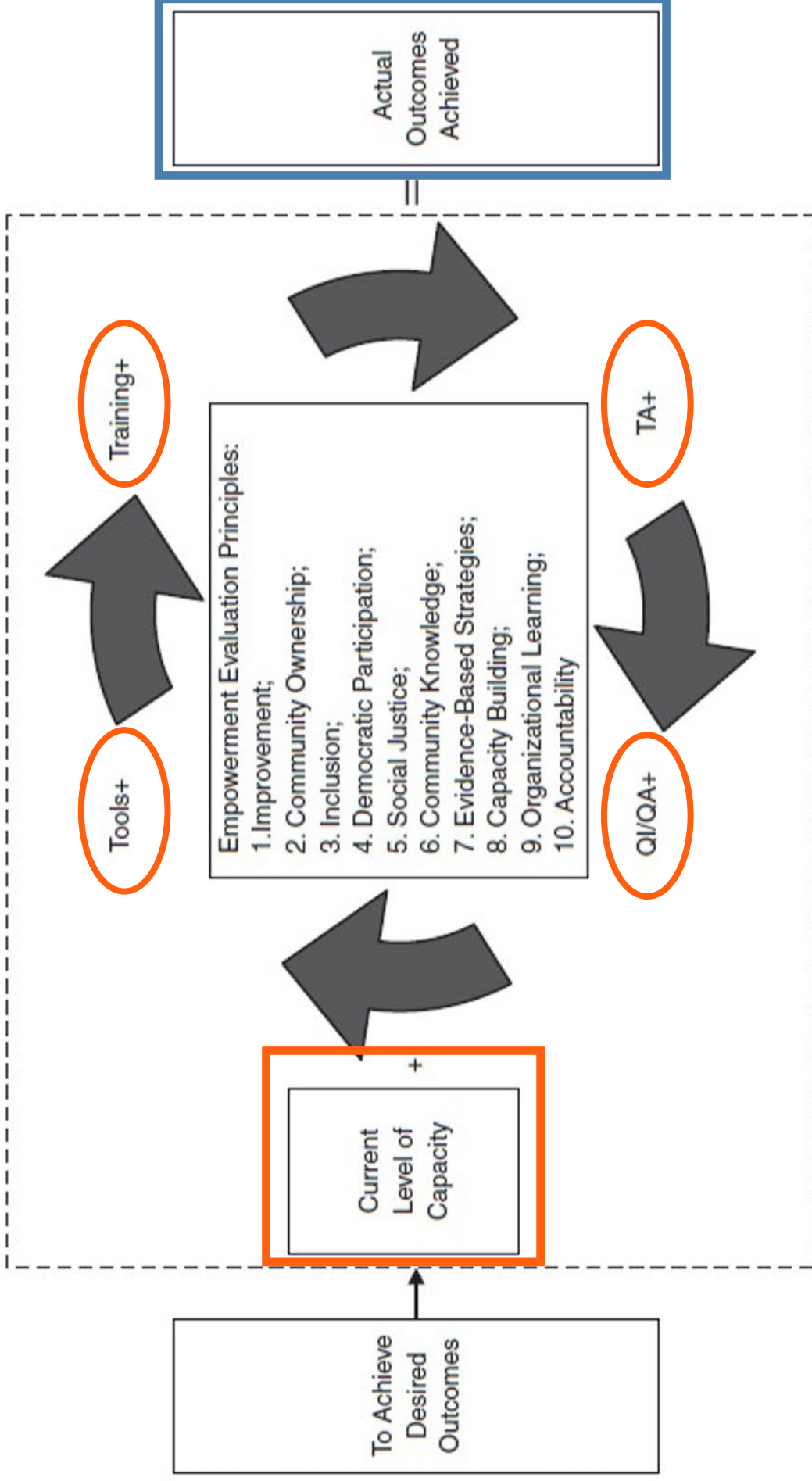
From Study Participant...

...to Research Partner

Graphic adapted from the following source: Balazs & Morello-Frosch, 2013

- ¹ Community-Based Participatory Research
- ² Youth Participatory Action Research

Empowerment Evaluation



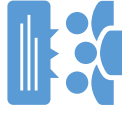
**Needs
Assessment
Critical**

Data and Perspectives



13

Interviews and focus groups held with agency leaders, board members, and past evaluators



1

Group level assessment that captured perspectives from 19 agencies, 33 staff, and 250 collective years of experience through 2,044 insights.



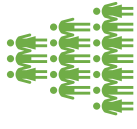
2

Surveys administered.



64

Agency reports reviewed.



76

The number of perspectives we included from agency staff, agency leaders, and evaluators.

Making Sense of Data (Analysis)

- Read interview and focus group transcripts to identify key ideas
- Reviewed open-ended questions from survey data
- Reviewed 64 agency reports
- GLA Analysis (in-session and then by FRC team)



Key Findings

What we learned...

1. “We don’t know what we don’t know” - Familiarity with Evaluation Varies

- Familiarity with evaluation knowledge, including terminology and practices, varies.
- Capacity building is needed across all evaluation experience levels.

1. Recommendations for Improving Familiarity with Evaluation

Group	Ongoing and Future Activities
FRC Evaluation Team	<ul style="list-style-type: none"> • Determine what evaluation resources are most useful to individual agencies. • Compile and create evaluation resources for all agencies to access.
Agencies	<ul style="list-style-type: none"> • Make time and space to participate in capacity building opportunities and utilize resources.
Board	<ul style="list-style-type: none"> • Communicate with agencies about why evaluation capacity is important.

2. User-Friendly Evaluation Training is Needed and All Parties are Receptive to Learning

- Training needs to meet everyone where they are.
- Agency staff and board members are willing to learn.

“I am new to the nonprofit world and am excited to have the chance to absorb the different vocabulary/focus points relating to evaluation/reporting vs the more corporate background I come from.” ~Agency Staff

2. Recommendations for User-Friendly Evaluation Training

Group	Ongoing and Future Activities
FRC Evaluation Team	<ul style="list-style-type: none"> • Future topics for microlearnings such as logic models, selecting outcome measures, data management and analysis, data visualization, storytelling, survey design, translating findings into practice, improving participant response rates, methodology (e.g., qualitative, quantitative).
Board and Agency	<ul style="list-style-type: none"> • Provide feedback on training and resource materials.

3. “Giving Back” Time via Evaluation Tools and Efficiencies

- Agency staff have limited time and capacity.
- Evaluation efficiencies are needed (e.g., standardized data tools).

*“We end up providing a lot of support from our office and we are not equipped to do it, but it creates some cross purposes for us. We cannot help people fill out their reports and then be the ones evaluating the reports. **It's really a challenge, but increasingly we are called to help new agency leaders understand their jobs.**” ~ Board*

Staff Member

3. Recommendations for Giving Back Time

Group	Ongoing and Future Activities
<p>FRC Evaluation Team</p>	<ul style="list-style-type: none"> • Providing tailored, intensive technical assistance • Help agencies create institutionalized knowledge and procedures within agencies • Training in best practices in data collection and management
<p>Agencies</p>	<ul style="list-style-type: none"> • Make time and space to implement recommendations • Develop a shared evaluation strategy across agency to increase consistency and efficiency.
<p>Board</p>	<ul style="list-style-type: none"> • Provide funds to cover cost of quality evaluation activities, including external support if internal support is unavailable • Explore feasibility of a linked data system for cross-agency client data • Allow appropriate time frames to evaluate program success.

4. Developing Capacity for Storytelling and Effective Reporting

- Use evaluation methods to share programs' stories and improve reporting.

We are a relatively small organization and have a hard time gathering data from all our participants. So I have found qualitative data to be the most informative. Talking with families, participants, and staff and using those rich stories to inform my decision-making process is probably the most useful [for evaluating the agency's services]. It would be nice to have more quantitative data to back this up but getting that with consistency has been challenging.
~Agency Staff

4. Recommendations for Developing Storytelling and Reporting Capacity

Group	Ongoing and Future Activities
<p>FRC Evaluation Team</p>	<ul style="list-style-type: none"> • Offer trainings on effective storytelling strategies and evaluation-specific storytelling elements • Provide strategies on when and how to present quantitative and qualitative data and how to integrate to tell impactful stories.
<p>Agencies</p>	<ul style="list-style-type: none"> • Making time and space to participate in capacity building trainings and utilize resources.
<p>Board</p>	<ul style="list-style-type: none"> • Simplified/ refined previous report templates. • Provide concrete examples of expected outcomes including openness to qualitative narrative and quantitative findings.

5. Adopting a Mindset of “We are All in This Together”:

- Aligning expectations, cross-agency collaboration, and evaluation team engagement to advance evaluation and move to outcomes.

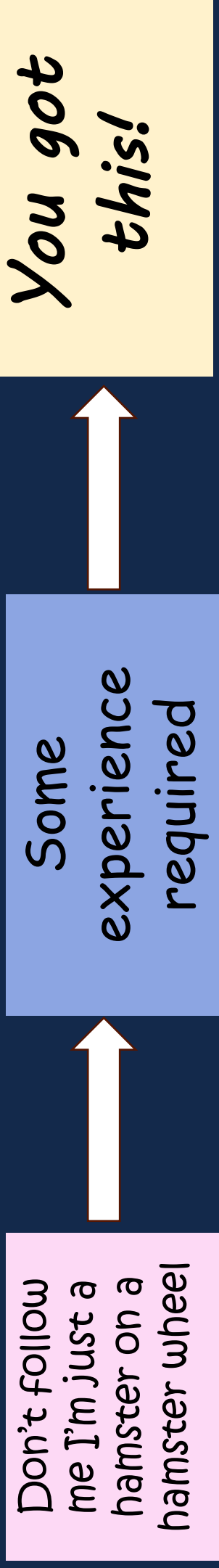
“[since] I've been on the board, I've known that there was this evaluation capacity building project going on, but I didn't know much about it, and I think keeping us board members more in the loop like maybe telling us, you know, giving a report at each of our meetings like what's going on, what are you doing? It would sure be helpful to me to know what's going on.” ~Board Member

5. Recommendations for Collaborative Mindset

Group	Ongoing and Future Activities
<p>FRC Evaluation Team</p>	<ul style="list-style-type: none"> • Provide regular progress updates to boards and board staff. • Pilot brief agency overview videos about what boards and other audiences need to know about the agencies.
<p>Agencies</p>	<ul style="list-style-type: none"> • Volunteer to participate in the working group/ learning community. • Make time and space to participate in capacity building opportunities and utilize resources.
<p>Board/Agencies</p>	<ul style="list-style-type: none"> • Improve communication channels for shared goal- and expectation-setting.

Moving to Empowerment

Roadmap for moving agencies to outcomes



Example GLA Responses about Experiences with Program Evaluation



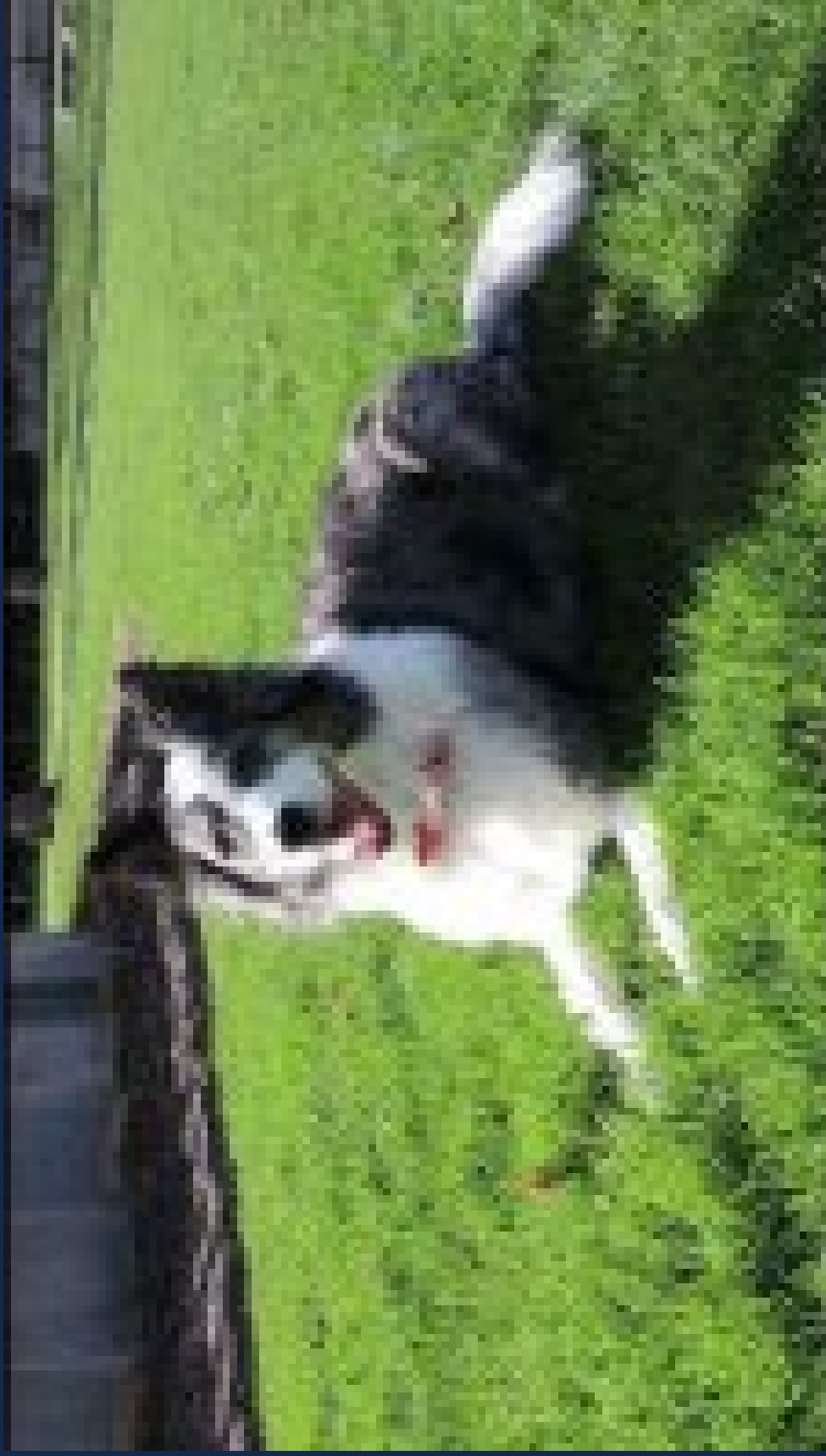
Next Steps

- Intensive technical assistance
- On-demand microlearnings, accessible to all
- Gain feedback and guidance from working group
- Develop workshops and trainings
- Implement recommendations identified as highest priority

Take-Aways (Year 1 Needs Assessment)

- **Agencies and Boards want:**
 - **To be heard** – participatory approaches for needs and action plans
 - **Resources** – provide knowledge, improve efficiencies, story-telling
 - **To work together** – communities of practice and open communication

Example microlearning: **How to Avoid Overpromising and Underdelivering** on program outcome reporting





Thank You!

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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

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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

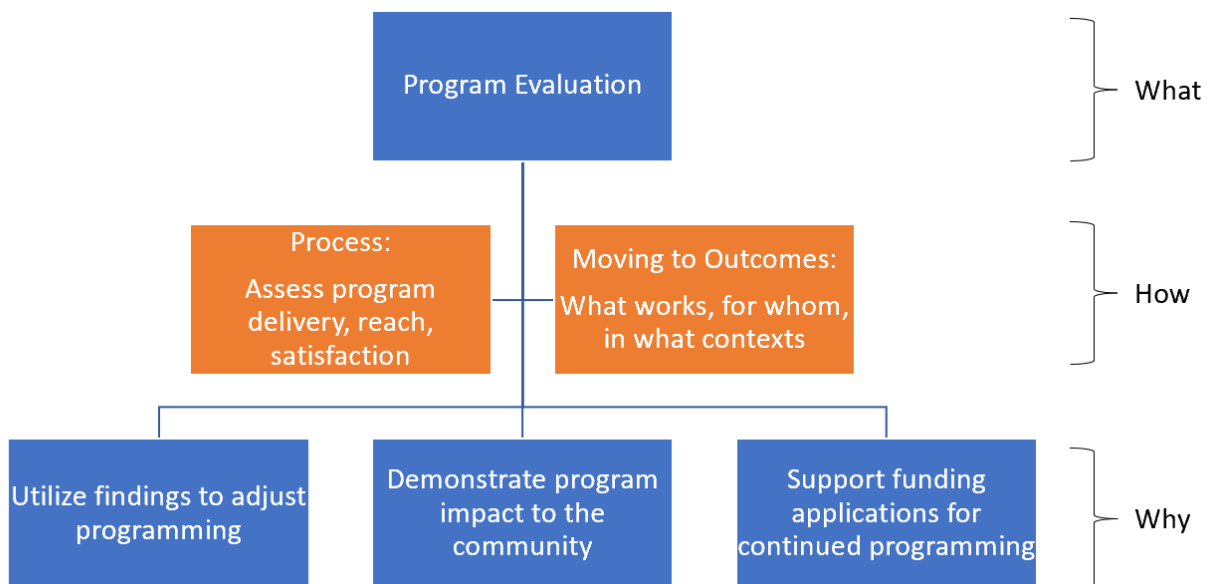
KEY FINDING	DESCRIPTION	EXAMPLE ACTION STEP
 <p>“We Don’t Know What We Don’t Know”</p>	<p>Familiarity with evaluation knowledge, including terminology and practices, varies.</p>	<p>Identify and tailor needed supports.</p>
 <p>User-Friendly Evaluation Training is Needed and Staff and Boards are Receptive 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>

WHY EVALUATION CAPACITY BUILDING IS IMPORTANT

Context

Twenty-seven agencies (representing 59 programs) funded by Champaign County Mental Health and Developmental Disability Boards provide important services in Champaign County. These agencies develop and implement a variety of programs aimed at promoting mental health and wellness, providing substance use disorder supports, addressing basic needs, helping people feel connected to the community, and providing access to intellectual and developmental disability supports and services. The purpose of program evaluation is to assess what works, for whom, and in what context. It can be conducted internally (by agency or program staff), externally (contracted out to independent evaluators), or a mix of both. Building internal evaluation capacity among agencies is important for sustainability of evaluation activities and utilization of findings to make programmatic changes, as needed. Evaluating these programs helps agencies understand if and how their programs work to accomplish their goals. Evaluation data helps agencies identify needed adjustments to improve programming, tell their programmatic story when applying for funding to continue programming, and demonstrate their impact to the community (Figure 3).

Figure 3. Overview of Program Evaluation



Challenges

Interested parties (agency staff and leaders, board members and staff, community members) want to see progress toward outcomes from program participants as a result of investment in these programs. It is challenging to (a) identify what outcomes can and should be measured, (b) measure the outcomes accurately, (c) document program processes that may influence outcomes, and (d) tell program stories in a way that is meaningful to all interested

parties.

One challenge that was mentioned repeatedly is the pressure to do more with fewer resources. Limited funding, a shrinking workforce, and increased turnover result in staff taking on additional roles. When time, staff, funding, and other resources are limited, service provision and program implementation take priority and evaluation activities may get less attention. This heightens the need to develop capacity, efficiencies, and collaboration related to evaluation.

Supporting Programs via Evaluation

The FRC evaluation team takes a participatory approach to evaluation capacity building. During year 1, the FRC evaluation team undertook a needs assessment process that centered board member, agency leader, and agency staff voices across funded mental health and developmental disability program spaces. Across these voices, our goal was to learn *how* we can best support the important programming in Champaign County through our experience conducting evaluations. This report shares our findings, current activities, and planned future actions. We look forward to supporting this work in subsequent years.

HOW WE IDENTIFIED NEEDS AND ACTIONS

Overview of Evaluation Capacity Building Approach and Deliverables

The FRC evaluation team drew from and integrated experiences and knowledge from board members, agency leaders and staff, and the prior evaluation team. This strengthened the relevance and usefulness of the findings and recommended evaluation supports to better meet the existing and emerging needs of agencies. Grounded in principles of empowerment evaluation, the evaluation activities build the capacity of the boards and agencies to **implement and use sustainable practices and for them to become continuous learning organizations**. We emphasize building community members' internal capacity with knowledge, skills, and resources to evaluate their own strategies and outcomes.

To do this effectively, Year 1 focused on a readiness and needs assessment, the development of two microlearnings on topics needed to move agencies toward outcomes are publicly available for on-demand viewing, intensive ongoing technical assistance with three programs, and the creation of a working group with representatives from agencies meets to provide feedback on trainings and serves as a learning community for each other. To provide continuous and rapid feedback, the FRC evaluation team provided monthly progress report-outs to both boards and board staff, and shared findings and actions from the GLA session in a report in January and presentations to agency leaders and boards members.

Deliverables



WHO WE LEARNED FROM: MULTIPLE PERSPECTIVE TAKING

It is important to capture the experiences and perceptions from multiple invested groups to **understand the full picture of evaluation** among the agencies. To achieve this, we conducted a readiness and needs assessment process (Figure 4) with board members, agency leaders, agency staff, and a member from the prior UIUC Department of Psychology evaluation team. Through eight interviews with board members, two surveys with agency leaders and staff, four focus groups among 30 agency leaders, 64 report reviews, a group level assessment session with 19 agencies and 33 staff, and an ongoing working group (Figure 5), we learned about past evaluation experiences, expectations for the FRC evaluation team, current evaluation practices, and strengths and challenges related to conducting quality program evaluations.

Figure 4. Readiness and Needs Assessment Process

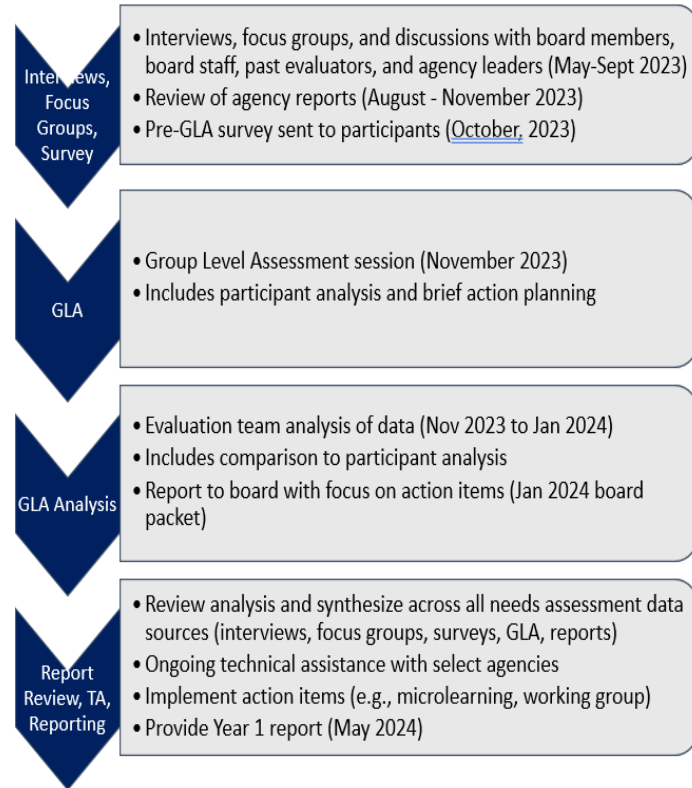


Figure 5. Contributors to the Needs and Readiness Assessment



WHAT WE LEARNED: KEY FINDINGS

Across the interviews, focus groups, group level assessment, document review, technical assistance, and working group sessions, several key findings emerged. Each finding is described in turn and relevant recommendations and action steps are noted.

1. “We Don’t Know What We Don’t Know” – Familiarity with Evaluation Varies

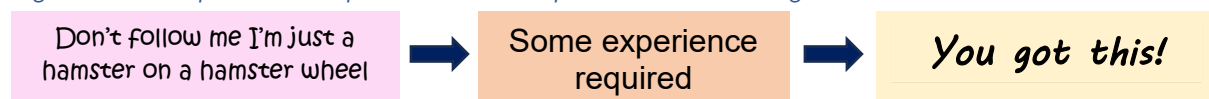
Many board members and agency staff acknowledged their limited knowledge of evaluation or the vocabulary used. In fact, many agency staff were engaging in evaluation activities but did not use the same terms evaluators use. Agencies vary in their familiarity and comfort with evaluation. For example, comfort and confidence with evaluation encompassed analyzing data and using software, whereas less confidence was expressed with collecting outcome data or understating some evaluation terms like “logic model,” “performance indicator,” and “outputs.”

Although some larger agencies contract with independent evaluators or have internal continuous improvement teams, many smaller agencies rely on staff to complete evaluation activities as part of their many roles and without formal evaluation training. Some inherited systems and processes from previous staff without much guidance, documentation, or institutional memory. These staff report feeling as though they are flying the plane while building it.

The varied evaluation expertise across agencies was reflected in some staff admitting “we don’t know what we don’t know” because of their limited background, while other staff wanted to know why evaluation capacity building was necessary for them because they were confident in their current evaluation activities. These diverse levels of experience were reflected in responses to the GLA prompt “Create a meme or bumper sticker that reflects your experience with evaluating your programs/services” (see Figure 6 for example responses). Focus group discussions, a review of annual reports, and GLA session results revealed that agencies need and want to hear directly from funders about what outcomes they expect agency reports to include and how well they are meeting these expectations.

Board members and agency staff both admitted that there are aspects of conducting evaluations that they are likely not aware of and thus would have difficulty identifying where they might need additional training. This finding emerged during the GLA session with agencies and interviews with board members. During the GLA session staff were willing to respond with question marks, “I don’t know,” and “need help with this” to prompts.

Figure 6. Example GLA Responses about Experiences with Program Evaluation



Action Steps

To move from “we don’t know what we don’t know” to “we know this” (Figure 6), the

following action steps are recommended.

1. **“Why” evaluation capacity building is key.** Agencies need and want to hear from funders about why *this* evaluation capacity building project is important and how it will benefit agencies. With the varying levels of evaluation familiarity and confidence, the need may not be similarly apparent for all agencies.
2. **Capacity building is needed across all evaluation experience levels.** All agencies and both boards can benefit from evaluation capacity building. Some agency staff are confident in their evaluation skills but may need assistance in using data for decision-making and programmatic changes. Other staff are seeking guidance in making systems more efficient and identifying better outcomes. Evaluation resources will be available to all agencies and board members. Making time and space to use resources is important.
3. **Identifying and tailoring needed supports.** The FRC evaluation team has and continues to identify different needs of agencies through data collected, reports reviewed, and working group sessions that inform the development and tailoring of supports to meet the varied needs of agencies.

2. User-Friendly Evaluation Training is Needed and Staff and Boards are Receptive to Learning

Evaluation is valued by board members, agency leaders, and staff. All participants were receptive to learning more about the fundamentals of evaluation. However, the use of jargon was noted as a major barrier. Past experiences with evaluation training were described as if participants were learning a foreign language, which resulted in confusion, frustration, and feeling defeated, as this participant described:

“One of the first meetings that I participated in was with the previous set of researchers... I was very new. I was just kind of listening to the meeting. I wasn't really participating, which was fine. I didn't need to. But, I was so very intimidated after that meeting because I really felt like I was out of my league. So like I actually came back to my office and cried that day because I was like “I can't do this. I don't know what's happening.””

The sentiments expressed in this quote and by other participants are *why* we spent a lot of time in Year 1 learning about the needs of agencies and *how* to meet agency staff and board members where they are in their evaluation journey. Excitement about evaluation capacity building was exemplified by one agency participant who noted:

“I am new to the nonprofit world and am excited to have the chance to absorb the different vocabulary/focus points relating to evaluation/reporting vs the more corporate background I come from.””

Ensuring that conversations, trainings, and resources are accessible in terms of being presented with jargon-less language and with relatable examples emerged as a priority across interviews,

focus groups, surveys, and the GLA session.

As the FRC evaluation team reviewed agency reports and GLA responses in addition to the interviews and focus groups, notable patterns emerged.

- Some agencies treat service or program **outputs and outcomes** as the same.
- There is confusion about the difference between a **performance indicator** (i.e., direct products/deliverables) and **outcome indicator** (i.e., program effectiveness), which significantly influences evaluation measures and methods.
- Some agencies **listed or promised many more outputs and outcomes** than could reasonably be delivered in the project period as demonstrated by review of the annual reports and interviews with the board. This may be due, in part, to multiple reporting requirements across numerous funders.

Data supporting these findings provided guidance for capacity building topics to be undertaken by the FRC evaluation team.

During the GLA, staff also expressed interest in strengthening their evaluation efforts. They indicated that they would benefit from learning about best practices for multiple methods (e.g., qualitative and quantitative) to best reach clients and prospective participants to tell whole stories that reveal program effects. Many agencies rely heavily on satisfaction surveys and were interested in ways to improve surveys to assess outcomes and increase response rates. They also noted that staff could be better trained in data collection and management.

Action Steps

Based on these findings, we have chosen to develop microlearning resources. These are brief educational videos that summarize key takeaways about a topic while minimizing the use of jargon. They are to-the-point and provide practical tips using relatable examples. Several topics are related with overlapping content to present the information in multiple ways and times to promote usability. These are publicly available at go.illinois.edu/FRC-toolkits.

The FRC evaluation team identified several knowledge and skills focal areas for initial microlearnings.

- **Process vs. outcome evaluation.** Clarify the difference and importance of both process evaluation (e.g., what activities are being delivered; how well a program or service is delivered) and outcome evaluation (e.g., to what extent changes are occurring in knowledge, attitudes, or behaviors as a result of the activities, program, or service being delivered).
- **Outputs vs. outcomes.** Distinguish between program outputs (e.g., how a program is being delivered, how many people are served, and participant satisfaction) versus outcomes (e.g., anticipated changes in knowledge, attitudes, or behaviors as a result of participation in the program).
- **Avoiding overpromising and underdelivering.** Focus on a few outcomes that are related

to service or program activities and are likely to show change within the reporting period.

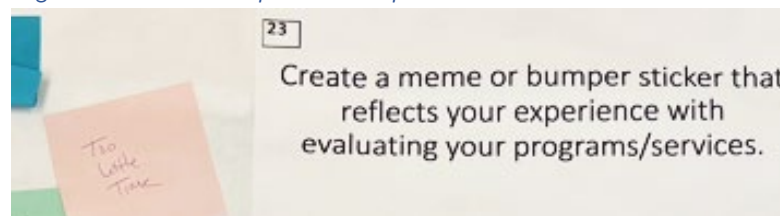
Using board member and agency feedback, we developed a list of possible future topics for microlearnings, technical assistance, and other training formats (e.g., workshops, resource sheets):

- **Logic Models – what are they? how to create one?** A step-wise sequence of short videos designed to illustrate how a program works to achieve outcomes.
- **Tips for selecting measures.** Explaining distinctions between performance indicators (e.g., satisfaction surveys), outputs (e.g., service or program activities or products), and outcomes (e.g., knowledge, skills, behaviors) and characteristics of measures to consider (e.g., length, reading level, number or text responses, validated).
- **Other prioritized topics.** The GLA session revealed several topics of interest among agency staff (see GLA report for details). In brief, these topics include:
 - Basics of data management and analysis
 - Data visualization best practices
 - Improving response rates from people receiving services
 - Methodology basics or best practices for multiple methods of data collection (e.g., qualitative and quantitative approaches) to reach prospective participants to tell stories that illustrate program effects
 - Survey design
 - Translating findings into practice

3. “Giving Back” Time via Evaluation Tools and Efficiencies

Our conversations with board members, agency leaders, and agency staff consistently showcased the hard and impactful work that agencies and staff are providing to the community. Many agency staff and board members indicated a desire and need to improve efficiencies because of limited capacity, time, staff, resources, and technology for conducting ideal evaluation work (Figure 7).

Figure 7. GLA Prompt and Response about Limited Time



Improving efficiencies (e.g., standardized outcome measures that are repeated) and tools (e.g., user-friendly technology or databases) will facilitate quality evaluations that do not require excessive human effort, increases in resources, or compromise time available to provide services. Creating institutional knowledge in report writing so that new staff are better equipped to complete reports, will improve efficiencies. Although more hours cannot be added to a person’s day, creating greater efficiencies with evaluation activities may “give back” or at least not take away as much staff time, which can then be redirected to services and programs.

Increasing efficiencies in report writing and meeting deadlines will reduce time for agencies and board staff who provide report completion guidance. As one board member described:

“We end up providing a lot of support from our office and we are not equipped to do it, but it creates some cross purposes for us. We cannot help people fill out their reports and then be the ones evaluating the reports. It's really a challenge, but increasingly we are called to help new agency leaders understand their jobs.”

Agency leadership and staff change with insufficient transfer of knowledge about protocols, resulting in board staff spending time onboarding and guiding new agency leaders through reporting requirements. Agency staff acknowledged challenges of being new to an agency and having to discover processes as they go. Having documentation and institutional knowledge would reduce the learning curve and time spent figuring out procedures.

Increasing efficiencies was mentioned by the boards because of the possibility this has for serving more residents and funding new programs. One board member described how the board wants to fund agencies to meet their goals and to increase the number of people served with the hope that increased capacity building will result in better outcomes and greater efficiency marked by lower resource needs over time such that funding will be available for new programs.

Agency staff GLA results and board member interviews also highlighted a need for developing systems and infrastructure to support staff evaluation activities, grant writing, and report writing. This could be achieved by simplifying and standardizing data and reporting processes (discussed in Finding 4), improving data collection and management systems, collaboration or consolidation across platforms and metrics, and human infrastructure (e.g., funding to support independent evaluators). This infrastructure will better equip agencies, especially smaller agencies, to complete evaluation and reporting activities that are currently fulfilled by staff who are responsible for programmatic responsibilities like program and service delivery.

The previous evaluation capacity building project, conducted by the Department of Psychology at UIUC, developed some evaluation infrastructure and was well received overall by board members and agencies. The resulting consultation bank – the online shared drive housing recommended evaluation outcome measures – was used by some. However, due to staff turnover and a lack of knowledge transfer about this tool during leadership transitions, the tool was and remains underutilized. Through the needs assessment, participants suggested improvements in historical documentation within agencies, offering workshops or Zoom meetings related to the available resources, or establishing office hours.

Action Steps

Agencies and board members agree there is a need for improving evaluation activity efficiency and infrastructure (see GLA report for detailed recommendations). Several recommended strategies include the following.

- **Technical assistance.** Provide tailored, intensive technical assistance to a few programs to move toward outcomes. Topics include developing a logic model, revisiting intended outcomes to identify a few priority outcomes, and selecting appropriate outcome measures. In Year 1, three agencies developed logic models and are in the process of selecting measures that align with priority outcomes.
- **Evaluation office hours or clinic.** For time-limited and time-sensitive evaluation questions, the FRC evaluation team could offer “drop-in office hours” or a monthly “evaluation clinic” whereby agencies can ask questions for which quick response could save them time.
- **Institutionalizing knowledge and procedures within agencies.** Creating agency-specific documentation about internal procedures for meeting reporting requirements will facilitate institutionalization of knowledge, onboarding of new staff and leaders when turnover occurs, adopting a train-the-trainer approach, and meeting reporting deadlines on time.
- **Best practices in data collection and management training.** Provide recommendations to agencies for improving data collection and management system efficiencies.
- **Shared evaluation strategies and metrics.** If measures and systems can be agreed upon by agencies, create data collection and reporting systems in Qualtrics (or other online survey data collection platform), if feasible. Draw upon the existing measures repository.
- **Infrastructure supports.** The GLA report details infrastructure recommendations to promote agency success. Here are a few highlighted strategies.
 - Provide funds to cover the cost of quality evaluation activities, including external support (e.g., external/dedicated evaluator time) if internal support is unavailable).
 - Explore the feasibility of developing a linked data system where client data can be found across agencies.
 - Allow appropriate time frames to evaluate program success. Some outcomes may take longer to observe.

4. Developing Capacity for Storytelling and Effective Reporting

Utilizing storytelling strategies in reporting is an effective way to engage and communicate with targeted audiences. The ways that findings are communicated matter; whether audience members hear, remember, and are convinced of the intended message depends on the medium and tone. Stories and data visuals can illustrate how programs work, program successes, and program challenges as well as create meaningful connections with listeners and readers.

Storytelling in evaluation reporting requires a variety of skillsets including identifying measurable priority outcomes and appropriate methods to measure those outcomes (e.g., quantitative, qualitative, or both), data visualization, short descriptions of the work being done (e.g., elevator pitches), and effective presentations. Board and agency members share a need for being able to use storytelling to showcase program progress and outcomes in required reports. Agencies can use stories to illustrate program accomplishments to funders and to make internal decisions about programmatic changes. Boards can use program stories to make

funding decisions and to cultivate public support for public funding of programs.

Agency staff noted the importance of using personal narratives as indicators of program success, but they also shared concerns about losing the stories through funders' heavy reliance on quantitative, or numerical, reporting requirements. This can be especially true of small organizations or programs for which numbers are small but where narratives best convey program effects:

"We are a relatively small organization and have a hard time gathering data from all our participants. So I have found qualitative data to be the most informative. Talking with families, participants, and staff and using those rich stories to inform my decision-making process is probably the most useful [for evaluating the agency's services]. It would be nice to have more quantitative data to back this up but getting that with consistency has been challenging."

When asked "what would your elevator pitch be to communicate successes of your programs/services to funders," several agency staff agreed that **telling stories directly from clients would have the most impact**. One staff member wrote, "Do you want to hear something inspirational? Let me tell you their story." However, agency members are not always sure what story to tell or how these stories might be received by the board. When asked about training topics of interest related to evaluation, agencies reported:

- "How to streamline the information so better – but brief – stories can be told."
- "What are funders interested in knowing? What speaks to the success of a program in their eyes? How should that be relayed to them?"

These questions showcase a potential mismatch between what agencies think should be reported and what funders or the board want to see. On the pre-GLA survey, 26.4% of agency staff and leaders indicated they were unfamiliar with or would like help communicating findings to clients or funders and nearly 30% indicated they were unfamiliar with or would like help with writing reports.

Developmental Disability and Mental Health Boards have worked on simplifying the reporting process in the past. As part of the GLA, agency staff were asked "DD/MHB outcomes reports have been streamlined. How does the new template compare to the previous one?" Staff indicated the changes helped efficiency by reducing redundancies and made the template easier to navigate. However, the need to further simplify and standardize reporting processes and draw links to what agencies are doing continued to emerge in conversations with agency staff. One response described the reporting process as "easier to complete but items are hard to tie to services." A few participants suggested monthly reports, but this was not the norm. If agencies have challenges with quarterly reporting, creating a system (automated, if possible) that summarizes data monthly may help meet quarterly reporting requirements. Assistance with data visualization for reporting was mentioned as an area for support—another skill that could support storytelling in reporting.

Action Steps

Given the expressed need for and interest in learning about effective storytelling strategies, we propose the following potential future topics for evaluation trainings and resources:

- **Storytelling and data visualization.** Offer trainings on storytelling basics and data visualization.
- **Evaluation-specific storytelling elements.** Train staff in the process of tailoring communication to various audiences when reporting outcomes using stories to highlight who has been reached, how programs and services work, areas for improvement, and intended and unintended outcomes for funder reports, grant applications, and other program/ service communications.
- **Qualitative and quantitative data use.** Provide tips and strategies on when and how to present quantitative and qualitative data and how to integrate both to tell illustrative and impactful stories. Several participants requested training on the use of focus groups, interviews, and other data methods.
- **Examples of expected outcomes.** Agencies would benefit from the boards providing concrete examples of expected outcomes including openness to both qualitative or narrative and quantitative or numeric findings. Examples could be provided in report templates and requests for proposals/funding applications.

5. Adopting a Mindset of “We are All in This Together”: Collaboration, Shared Goal Setting, and Alignment as Community Building Opportunities to Advance Program Evaluation Work

Across conversations with board members, agency leaders, and agency staff, a desire for more cross-group and cross-agency **community building** emerged as a strategy to improve (a) program evaluations and (b) outcomes in the community. Here “community building” refers to:

- *Basic communication* of important information, updates, and expectations;
- *Opportunities to learn* best practices from one another; and
- *Opportunities to harness synergies* that optimize each individuals’ or groups’ skillsets to fill gaps in needs (evaluation and beyond).

Data showed three general areas of community building needs related to evaluation: aligning expectations of the boards and agencies, cross-agency collaboration and support, and FRC evaluation team engagement and action.

Aligning Expectations: Boards and Agencies

Overall, participants across our data collection activities expressed that we are all working towards a shared vision of community thriving. When responding to a question about alignment of outcome expectations between agencies and the board, most agency staff indicated that there is *alignment at a high level* in terms of values and mission: “everyone in support and recognizes the need + importance in community.” But there was also a sentiment echoed by numerous staff that there is *lower-level misalignment*. Staff noted they do not perceive the

board understands the day-to-day work, realities, and struggles of agencies. As one staff participant wrote, boards could “visit agency to know what they do.” Other participants noted such issues as “recognition of time/ service delivery” and “unrealistic expectations.” Simultaneously, board members reported that agencies are hesitant to talk with the boards or funders. One board member shared their perception of how an agency staff member may view the board or funder:

“I don't wanna talk to them, or I'm scared to talk to them, or you know, cause they're funders'...we're not like that at all...We're human beings, you know. We—many of us come from the service sector.”

Taken together, findings indicated a disconnect expressed by both agencies and boards warranting additional connection points.

Although agencies and boards alike see the value in services and evaluating those services, both do not have the same competing priorities and demands. With the demands for day-to-day service delivery taking precedent, being short-staffed creates a less-than-ideal reality where evaluation activities may suffer and result in reporting delays, an inability to dig deeper, and reporting only what is required. This is particularly true for agencies without dedicated evaluators, quality improvement staff, or data managers. This speaks to the need to find evaluation efficiencies (“Give Back Time”) and represents a challenge when boards and agencies are accountable for the tax dollars that fund agency services.

Cross-Agency Collaboration

Findings about cross-agency collaboration were mixed. Board members reported some agencies are collaborative and not competitive with each other, resulting in less overlap of services over the last several years. On the contrary, other agencies often compete for funding and frequently duplicate services. As one board member noted, there is no shortage of service needs in the Champaign County area and the scarcity mindset only hurts the community:

“What I'm going to try to do is pull some of our agency leaders together and have this discussion about this issue because it is territorial. It is, it does hinder that it does fragment the system of care. You know, if you're holding back, and you have all the resources, how does that make the system of care stronger? So, you know my thinking is, I need for you all to play well together, to work well together, to share your experiences, your resources together. There's enough issues in Champaign County where everyone can stay paid for quite some time. Trust me. You know, from traumas the gun violence to substance, abuse issues, developmental disabilities. I mean, the list is endless. So, if we can get agencies to breathe a little bit to say, ‘hey, you know what, we're on the same team.’ ”

Early childhood providers who received funding from CCMHB/CCDDB to facilitate collaboration were identified as working well together. In general, CCDDB-funded agencies were characterized as more collaborative with multiple agencies working on the same project.

According to the boards, competitive agencies tended to provide services related to crisis response and developmental disabilities. Older agencies were described as unwilling to transfer knowledge to younger agencies about funding sources. Some board members recommended that agencies change their “scarcity mindset of resources” and promote cross-agency collaboration to minimize the overlap in services.

“How do you get them to cooperate with one another instead of just taking it, you know, ‘this is my money and I do things for my people.’ But your money works for the 100,000 people in Champaign County that need the services. We all benefit from that kind of work.”

Some agencies engaged in communities of practice and continuous learning organizations in order to follow recommendations outlined at the start of the funding contract. **Facilitators** of collaboration include collaboration-specific funding and accreditation mandates to work together. **Barriers** to promoting and sustaining cross-agency collaboration, communities of practice, and continuous learning organizations remain the same: changes in agency leadership and lack of knowledge transfer, scarcity of resources, and limited time with competing priorities.

A desire for increased cross-agency collaboration was reported by most agency staff who participated in the GLA. Some suggested collaboration would improve with more in-person meetings and opportunities for connection and communication. Mental health agencies were slightly more likely to report little-to-no interagency collaboration, but most agencies reported some to a lot of collaboration. Several staff indicated they already engaged in significant collaborations.

FRC Evaluation Team Engagement

Finally, board members in particular expressed interest in more communication from the FRC evaluation team to the boards (e.g., updates) and with the agencies (e.g., technical assistance, addressing needs, etc.). They noted limited familiarity with the past evaluation project and wanted more timely information about the current project. Board members suggested more frequent updates from the FRC evaluation team would be helpful and that annual reporting was not enough as exemplified by this member:

“[since] I've been on the board, I've known that there was this evaluation capacity building project going on, but I didn't know much about it, and I think keeping us board members more in the loop like maybe telling us, you know, giving a report at each of our meetings like what's going on, what are you doing? It would sure be helpful to me to know what's going on.”

Action Steps

To promote a “we are all in this together” mindset, we propose continued engagement in and development of other activities for the upcoming year.

- **Working group/ learning community.** We assembled a biweekly working group of staff¹ across 4 agencies who:
 - Provide guidance and input on training needs and appropriateness; and
 - Share their agencies’ practices and lessons learned with each other.
 Agencies not currently participating in the working group should contact the evaluation team to participate.
- **Regular progress updates.** At the recommendation of the boards, we provide progress updates, discuss upcoming evaluation plans, and answer questions about the project at monthly Mental Health and Developmental Disability board meetings and at monthly meetings with board staff.
- **Agency overview videos.** If agencies and board members agree it will be value-added, the FRC evaluation team will pilot (with a few willing agencies) creating brief videos with a 3-2-1 focus (e.g., “three things to know in two minutes about one agency”). Depending on the receptivity and success of these videos, we will expand to more agencies.
- **Establishing open-communication channels.** Boards and agencies may consider improving communication channels for shared goal- and expectation-setting.

Conclusions and Plans for Year 2

The Year 1 readiness and needs assessment involved numerous data sources, several steps, and multiple perspectives. As summarized in Table 1, analysis of all data sources revealed **five key findings** across board members, agency leaders, agency staff, and the FRC evaluation team:

1. “We Don’t Know What We Don’t Know” – Familiarity with Evaluation Varies
2. User-Friendly Evaluation Training is Needed and Staff and Boards are Receptive to Learning
3. “Giving Back Time” via Evaluation Tools and Efficiencies
4. Developing Capacity for Storytelling and Effective Reporting
5. Adopting a Mindset of “We are All in This Together”: Collaboration, Shared Goal Setting, and Alignment as Community Building Opportunities to Advance Program Evaluation Work

By centering staff voice and multiple perspectives, **a more holistic understanding** has been gained in terms of current evaluation capacity levels, what has worked, and what needs remain to be addressed. We offer numerous **recommendations** that may be undertaken by the FRC evaluation team, agency staff and leaders, and board members. These recommendations are not exhaustive and are by no means expected to be implemented and accomplished in total in the next year. Some are already underway and will continue into Year 2, some may be prioritized by agencies and boards, and others may not be considered value-added.

¹ These staff were identified based on their desire to move action plans from the GLA session forward. If other staff members would like to participate in the working group, they can contact the FRC evaluation team.

In **Year 2 of the project**, we plan to continue providing intensive technical assistance for the three programs by working with them to (a) identify the best evaluation tools measure their outcomes, (b) help develop best practices for data collection and management, (c) provide techniques for storytelling that best conveys the valuable work they are doing to community members and funders, and (d) help structure their reports to meet requirements of funders efficiently and effectively so reports meet funders expectations on time. We will continue to create on-demand microlearnings that will be accessible to all agencies and board members. We will continue to solicit feedback and guidance from members of the working group. We also plan to conduct in-person workshops and trainings.

We look forward to **working together to tailor the evaluation capacity building activities** to agency and board needs. Working collectively will reach the funding goals of the boards to promote the "health and well-being of residents who live with behavioral health issues or developmental disabilities."

Table 1. Summary of Findings and Action Steps

Theme	Findings	Current Action	Future Action
<p>1. “We Don’t Know What We Don’t Know” – Familiarity with Evaluation Varies</p>	<ul style="list-style-type: none"> *Agency staff and board members acknowledged their limited evaluation knowledge, and may not recognize where additional training is needed.^{AS, B} *Smaller agencies rely on staff with multiple roles, limited capacity and training to complete evaluation activities.^{AS} *Agencies want direct communication with funders (board) about desired outcomes.^{AS} 	<p>FRC Evaluation Team: Determining what evaluation resources will be most useful to individual agencies.</p>	<p>FRC Evaluation Team: Compile and create evaluation resources for all agencies to access. Board: Communicate with agencies about why evaluation capacity is important. Agencies: Making time and space to participate in capacity building opportunities and utilize resources.</p>
<p>2. User-Friendly Evaluation Training is Needed and Staff and Boards are Receptive to Learning</p>	<ul style="list-style-type: none"> *Jargon is a barrier to understanding.^{B,AS,AL} *Evaluation is valued by boards and agencies.^{B,AS} *Confusion about outcomes versus outputs.^{AS,R} *Some agencies overpromise number of outcomes and outputs.^{AS,R,B} 	<p>FRC Evaluation Team: Developing microlearnings on process vs. outcome evaluation/outputs vs. outcomes and avoiding overpromising and underdelivering.</p>	<p>FRC Evaluation Team: Future topics for microlearnings such as logic models, selecting outcome measures, data management and analysis, data visualization, storytelling, survey design, translating findings into practice, improving participant response rates, methodology (e.g., qualitative, quantitative).</p>
<p>3. “Giving Back” Time via Evaluation Tools and Efficiencies</p>	<ul style="list-style-type: none"> *Never enough time for agency and board staff.^{B,AS,AL} *Need more efficient evaluation processes and infrastructure.^{B,AS} *Agencies require too much help from boards in report writing due to lack of institutional knowledge and leadership transitions.^B *Agencies may need ongoing evaluation support.^{B,AS} 	<p>FRC Evaluation Team: Providing tailored, intensive technical assistance to a few programs to move toward outcomes.</p>	<p>FRC Evaluation Team: (1) Offer “office hours”; (2) create institutionalized knowledge and procedures within agencies; (3) provide training in best practices in data collection and management; (4) develop shared evaluation strategies and metrics. Board: (1) Provide funds to cover cost of quality evaluation activities, including external support if internal support is unavailable; (2) explore feasibility of a linked data system for cross-agency client data; (3) allow appropriate time frames to evaluate program success. Agencies: (1) Make time and space to implement recommendations; (2) develop a shared evaluation strategy across agency to increase consistency and efficiency, if possible.</p>

Theme	Findings	Current Action	Future Action
<p>4. Developing Capacity for Storytelling and Effective Reporting</p>	<ul style="list-style-type: none"> * Storytelling effectively illustrates program accomplishments to various audiences.^{E,B,AS} * Quantitative data is preferred by funders (board); qualitative data is preferred by agencies.^{AS} * Agency staff value personal stories from clients to demonstrate impact.^{AS} * Agencies are unsure what type of data or outcomes funders (board) want to see or how to convey that.^{AS} * Agencies want simplified and clear reporting guidelines from the funders (board).^{AS} * Agencies want to improve their storytelling skills to communicate outcomes.^{AS} 	<p>Board: Simplified/refined previous report templates.</p>	<p>FRC Evaluation Team: (1) Offer trainings on effective storytelling strategies and evaluation-specific storytelling elements; (2) provide strategies on when and how to present quantitative and qualitative data and how to integrate to tell impactful stories.</p> <p>Board: Provide concrete examples of expected outcomes including openness to qualitative narrative and quantitative findings.</p> <p>Agencies: Making time and space to participate in capacity building trainings and utilize resources.</p>
<p>5. Adopting a Mindset of “We are All in This Together”: Collaboration, Shared Goal Setting, and Alignment as Community Building Opportunities to Advance Program Evaluation Work</p>	<ul style="list-style-type: none"> * All participants shared a vision of community thriving.^{B,AS,AL} * Board does not understand the day-to-day work, realities, and struggles of agencies.^{AS} * Agencies that collaborate overlap less in services; those who do not, frequently duplicate services.^B * Desire for more cross-group and cross-agency community building by all parties.^{B,AS,AL} * FRC evaluation regular communication.^B 	<p>FRC Evaluation Team: Providing regular progress update at the monthly MHDD board meetings and at monthly meetings with board staff.</p>	<p>FRC Evaluation Team: Pilot brief agency overview videos about what boards and other audiences need to know about the agencies. Continue regular progress reporting.</p> <p>Boards and Agencies: Improve communication channels for shared goal- and expectation-setting.</p> <p>Agencies: (a) Volunteer to participate in the working group/ learning community. (b) Make time and space to participate in capacity building opportunities and utilize resources.</p>

Note. E = FRC Evaluation Team; B = Board; AS = Agency Staff; AL = Agency Leaders; R = Agency Reports

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- **Working group members** for agreeing to continue to collaborate on action planning after the GLA session and for developing a learning community that will hopefully transition into a community of practice.
- **Board members and board staff** who highlighted the need for and value of centering staff voice in the readiness and needs assessment. We thank all board members for being open to these recommendations and recognizing their role in supporting evaluation capacity building.
- **Programs participating in intensive technical assistance** for being willing to work one-on-one with the FRC evaluation team to answer our questions, inform us about your programs, and for being receptive to feedback and working together to improve processes and outcomes.
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APPENDIX A – Groups Level Assessment Report

GROUP LEVEL ASSESSMENT OF FUNDED AGENCY EVALUATION EXPERIENCES AND PRACTICES

Main Findings and Recommendations in Support of the Mental Health and Developmental Disability Agency and Board Evaluation Capacity Building Project Needs Assessment

January 2024

Prepared for the January 2024 Mental Health and Developmental Disability Board packets by the Family Resiliency Center; Department of Human Development and Family Studies; College of Agricultural, Consumer, and Environmental Sciences; University of Illinois, Urbana-Champaign



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Executive Summary

Group Level Assessment Overview

This report provides an overview of main findings with a focus on actionable recommendations from a Group Level Assessment (GLA)¹ conducted with funded mental health (MH) and developmental disability (DD) agency representatives on November 3, 2023 as a part of the evaluation capacity building project. GLA is a qualitative and participatory strategy for collecting data and generating action plans with those directly impacted by experiences explored during the GLA and emergent action plans and recommendations. GLA is particularly informative when used as part of a needs assessment process. During the GLA, **33 staff** representatives (15 DD and 18 MH) with **250 years** of collective experience across **19 agencies** answered **37 prompts** and generated over **2044 data points** (1803 sticky notes with insights and 241 voting dots denoting importance). Then, participants were divided into six groups to analyze responses to prompts. Prompts were created based on findings from needs assessment interviews with board members and previous evaluators, focus groups with agency leaders, discussions with board staff, and a pre-GLA survey sent to prospective participants. The GLA aimed to identify key needs, strengths, barriers, and current practices oriented around program evaluation to inform evaluation capacity building content and activity recommendations (e.g., microlearning offerings).

Main Findings

Participants and evaluation team members analyzed data from the assessment. Themes and broad actionable takeaways were identified. Three major themes underlie the findings. Overall, the results showed that agencies:

- A.** Understand the **value of evaluation and use it** for multiple purposes;
- B.** Recognized the need for and are receptive to receiving evaluation support and training on various evaluation components, acknowledging “**we don’t know what we don’t know;**” and
- C.** Expressed concern about **limited staff, time, technology, and funds** that often inhibit optimal evaluation practices.

These themes are threaded throughout the report. There was variation in levels of evaluation practice and use among agencies; some were moving to evaluating outcomes and some were trying to determine best ways to use data to inform practices. Participants want to find ways to consolidate data collection and simplify reporting, especially among multiple grants and funders.

The broad actionable takeaway categories included:

- 1.** Agencies need **additional evaluation capacity** to conduct evaluation activities, even when confident in evaluation abilities.
- 2.** **Systems and infrastructure** improvements related to evaluation are desired to make evaluation activities more efficient.
- 3.** **Align values, motivations, and day-to-day realities** across agencies and funders, and integrate

¹ Vaughn, L. M., & Lohmueller, M. (2014). Calling all stakeholders: Group-level assessment (GLA)—A qualitative and participatory method for large groups. *Evaluation Review*, 38(4), 336-355. doi:10.1177/0193841X14544903

with evaluation practice.

Findings did not demonstrate notable differences between mental health and developmental disability agencies. The evaluation team and agency participants drew similar conclusions and action items across GLA data.

Recommendations

Specific action items are provided for improving evaluation capacity and systems with consideration of the values and priorities of the agencies. Given the evaluation team, agency staff, and funders all contribute to this improvement process, action items are suggested for each.

Introduction & Context

Motivation for the Work

Before we present the details of the Group Level Assessment, it is important to recognize the important work being conducted by developmental disability and mental health agencies and their staff. It is easy to be distracted from the importance of the overarching mission of the work when presented with details about methods, data, and findings. To remind us “why” staff are committed to this work, we begin by presenting their motivations to do the work they do in their own words.

When asked “what motivates you to do your work?,” responses focused on improving people’s lives and outcomes; mission and belief in the work they do including growing their organization; building community; supportive workplace qualities (e.g., leadership, flexibility environment, training, supporting staff, high pace work); recognizing the impact of the work; serving as a model to others that success is possible; fixing systems; and being results driven (like working with numbers and reviewing data). Below are selected responses from participants.

In participants' words, responses to “What Motivates you to do your work”:

The belief that everyone deserves to be a part of their community

Serving the community I reside in; supporting those with similar struggles as myself

Fixing the system

genuine care for others and making this community better

I know we are making a profound difference in people's lives

Having the opportunity to change people's life(impact) by one action

strong leadership/ caring team

Training + supporting staff to be person-centered

I am one of them. Am a peer. Peer that wants to see them succeed like me.

Background and Methodology

To inform the evaluation capacity building process, the evaluation team undertook a needs assessment, including a Group Level Assessment (GLA) session with staff from funded mental health (MH) and developmental disability (DD) agencies. GLA is a qualitative and participatory strategy for collecting data and generating action plans with those directly impacted by experiences being explored and emergent action plans and recommendations. GLA is particularly informative when used as part of a needs assessment process. The next page includes a **flowchart** showing how the GLA is part of the larger needs assessment and informs evaluation activities and next steps.

Development of the GLA session

The design of the GLA session was based on recommendations that emerged from interviews with board members, board staff, and previous evaluators, focus group discussions with agency executive directors, discussions with board staff, and a pre-GLA survey sent to prospective agency staff participants. Based on these recommendations, 37 prompts were developed to collect information on topics such as motivations for the work they do and their role in evaluation, knowledge of evaluation concepts, successes and challenges in their evaluation processes, needed evaluation supports from the evaluation team and funders, cross-agency collaboration, areas for growth and improvement, and receptiveness to receiving evaluation capacity building support.

The evaluation team sought agency staff interest in co-facilitating and planning the session, a participatory strategy for increasing session relevance. Kelli Martin (DSC) agreed to partner with the evaluation team.² The session was co-facilitated by Jacinda Dariotis and Kelli Martin with assistance from two graduate research assistants: Sarah Dodoo and Yuliana Soto.

Turn out for GLA session

Interest in and turnout at the GLA session was very high. A total of 41 agency staff (19 DD and 22 MH) were identified or nominated to participate and 33 attended the session (15 DD and 18 MH) with nearly 250 collective years of experience at 19 agencies. Participants' organizational roles varied from clerical to direct service provider to executive. Participants were actively engaged in the session and generated over 1800 sticky notes and 240 voting dots (2044 insights) across the 37 prompts. We anticipated participants would have limited knowledge or experience with some evaluation topics. Evaluation knowledge prompts were included to assess participant familiarity with evaluation concepts. Participants were encouraged from the beginning of the session to write "I don't know," "need help with this," and "?" on sticky notes to normalize expression of potential gaps in knowledge (which can be difficult to admit). "We don't know what we don't know" emerged as a major discussion point during the large group call out when groups summarized their findings.



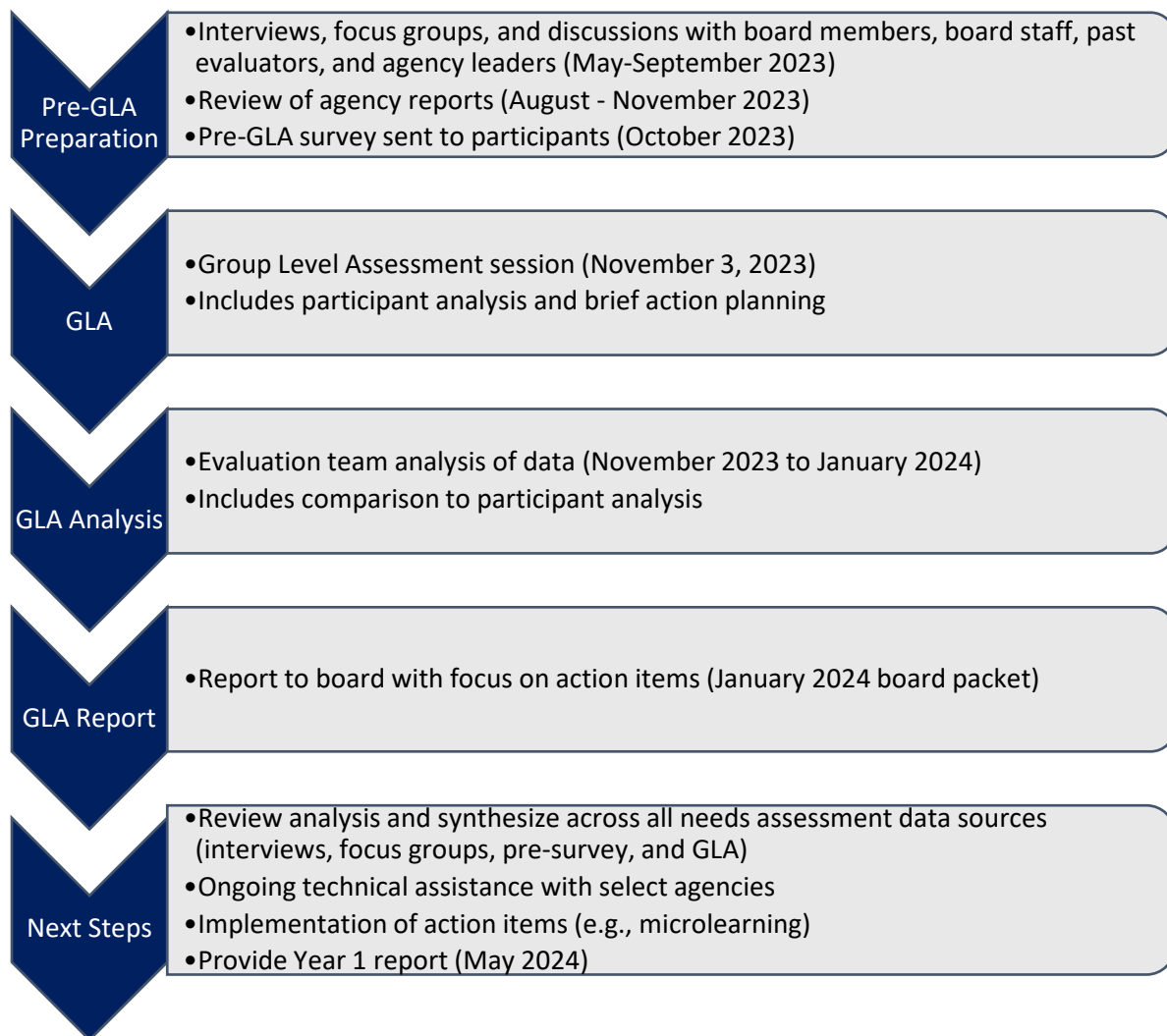
Receptiveness to and value of the GLA session

A post-GLA survey was conducted to obtain additional feedback, and 24 participants responded (missing data was mainly due to participants having to leave early). Participants were asked what motivated them

² Of note, although DSC receives funding for several programs, Ms. Martin's role as Clinical Manager at DSC at the time of the GLA was independent of those programs

to participate in the GLA session, how effective and helpful they thought it was (1=not at all to 5=very), if they would be willing to help move action plans forward, and what they learned that was most valuable. Overall, participants found the GLA session to be beneficial and effective, particularly in terms of having an opportunity to engage with other agency staff (mean = 4.5), answering questions relevant and relatable to evaluation (mean = 4.3), the facilitation process (mean = 4.3), and being well organized (mean = 4.5). The fast-paced nature of the session was reflected in participants’ neutral responses about how sufficient the time was to give insights (mean = 3.4). Participants were asked if they would be interested in helping move action plans forward and nearly a third (n=7; 29%) said “yes” and over half (54%) indicated “not sure” with 11 (46%) providing contact information for follow up. The most valuable aspects of the session included networking, sharing ideas, and building community around shared experiences with evaluation, for example: “learning that other agencies are having the same problem,” “the connection with other agencies,” “sharing common struggles and brainstorming solutions,” “shared themes despite varying size of agencies; time, staffing, funding, and technology,” and “learning more about how to be efficient in evaluating.”

Flowchart: Needs Assessment with GLA Focus and Evaluation Next Steps



Building Staff Evaluation Capacity

We refer to staff capacity here in the context of agency staff having the skills, time, resources, and energy to engage in quality program evaluation activities.

Agency staff need **additional capacity** to conduct effective and efficient evaluation activities, even when confident in evaluation abilities. Staffing challenges related to time, training, resources, and buy-in as well as competition were reported as barriers for evaluation activities. The need for evaluation training was universal across agency type.



- **Limited time and competing priorities.** Time was one of the most cited challenges related to data- and evaluation-related work. Limited time and competing priorities influence evaluation. Relatedly, time management and delegation emerged as important to efficiently meeting reporting and evaluation requirements.
- **Learning best practices for multiple data collection methods.** Evaluation experience and various trainings for staff were noted as factors that strengthen evaluation efforts. Specifically, staff were interested in learning best practices for multiple methods (e.g., qualitative, quantitative) to reach clients/prospective participants to tell whole stories to reveal program effects. Many agencies heavily relied upon surveys (particularly satisfaction surveys) and were interested in ways to improve surveys to assess outcomes and increase response rates. Staff expressed interest in learning about the use of focus groups and interviews. They also noted that staff could be better trained in data collection and data management.
- **Evaluation activities related to additional workload.** Data showed concern over workload and how it relates to agency staff wellbeing. Staff bear the day-to-day challenges of service provision in addition to evaluation responsibilities. Although many staff noted evaluation as a part of their job responsibilities, and several enjoy evaluation and working with data, it was not typically perceived as an enjoyable part of their work (as reflected in the responses to the “meme or bumper sticker” prompt in the section Current Agency Experiences with Evaluating Services and Programs). As noted previously, participants described the need to delegate tasks and provide additional supports to staff. Ongoing challenges of staff turnover and finding new **qualified and trained staff** made meeting both their service delivery and evaluation responsibilities more difficult.

The evaluation team will continue to assess staff evaluation knowledge and practices to inform ongoing capacity building efforts. Several evaluation training topics were mentioned (see Suggested Action Items table below); but many participants agreed “we don’t know what we don’t know” and were open to exploring topic areas, noting that there is always room for improvement and efficiency. They agreed that capacity building should be easy to understand, void of jargon, and in layman terms.

Developing Infrastructure

Systems and infrastructure refer to the resources, policies, and practices that can support quality and efficient evaluation. Staff reported limited time, funding, staff, training, and software.

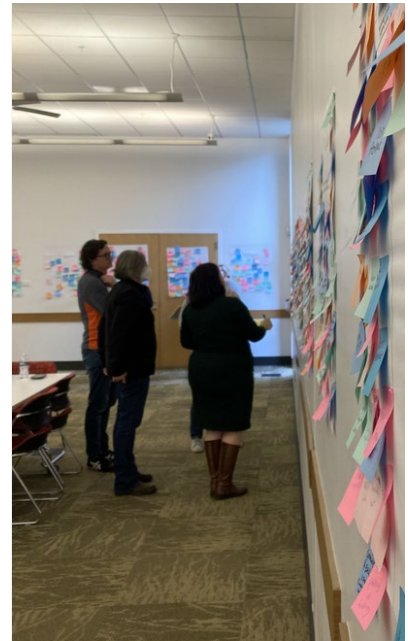
Systems and infrastructure improvements related to evaluation were desired by participants. Efficiencies facilitated by improved systems can also support capacity building. Several staff noted the need to **simplify and standardize evaluation data collection and reporting processes**. Changes to the DDB and MHB reporting process were noted as an improvement that aided efficiency given the infrastructure they have in place. Participants noted current use of software and data management systems as useful for evaluation (e.g., Excel, Salesforce, Air Table). **Access to and familiarity with technology and software** varied across agencies and posed challenges, especially for costly systems.

- **Simplifying and standardizing data and reporting processes.** Staff want to simplify and standardize data and reporting processes. They suggested streamlining data collection across funders, particularly for agencies with multiple grants. Some recommended using providers' formats for data. A few participants suggested monthly reports, but this was not the norm. If agencies have challenges with quarterly reporting, creating a system (automated, if possible) that summarizes data on a monthly basis may help meet quarterly reporting requirements. Assistance with data visualization for reporting was mentioned as an area for support.
- **Improved data collection and management systems.** Staff reported a need for improved data collection and management systems to organize and streamline evaluation processes such as electronic client surveys. These systems would help make evaluation processes more efficient. User-friendly databases without redundancy were also suggested. Trainings related to data management and best practices in data collection are an area for growth.
- **Collaboration or consolidation across platforms and metrics.** Staff responses showed that different databases and outcome metrics are used by different agencies. Although they recognized one-size does not fit all, staff were interested in a common database or system. Having one or a few common data management and tracking systems may be helpful for agencies, especially those that lack platforms or systems. Staff also observed that agencies collect very specific data and expressed interest in having agencies collect some common metrics (e.g., have a few required), and the results could be shared by the board annually.
- **Human infrastructure.** Related to capacity building but specific to data and evaluation, participants noted that increased staff training, communication, and external supports (e.g., independent evaluators or data analysts) have helped or could help support agency evaluation activities. When asked about strengths and supports agencies brought to their evaluations, several noted a dedicated team or person in the agency focused on data and evaluation. For agencies without this resource, when asked about how agencies would like to see evaluation practices change, several desired dedicated staff/individuals focused on evaluation.

Additional information is needed about specific infrastructure needs and possibilities. For example, the evaluation team will explore whether common metrics and systems are feasible.

Promoting Alignment and Collaboration

Staff responses suggested a need to **align values, motivations, and day-to-day realities** across agencies and funders, and integrate with evaluation practice. Participant responses emphasized that agency staff prioritize the success of clients, wellbeing of the community, and multi-sector collaboration over evaluation when resources (e.g., time, staff, funding) are limited. Staff responses also indicated that these priorities are not always reflected by reporting requirements or cannot be fully realized based on funding allocations or practices. Although participants agreed that agencies and funders shared similar values, there may be a **disconnect** related to on-the-ground expertise versus external perceptions and allotment of resources. Increasing alignment between values, motivations, and realities may help to ease the burden of evaluation expressed by many participants.



- **Benefits and barriers to cross-agency collaboration.** Participants identified many **benefits** to collaboration. Several participants indicated already engaging in significant collaboration, but this was not the norm. **Barriers** to collaboration centered on competition and lack of time and staff. Competition included seeking funding from similar sources and competing for referrals. Several participants noted that funding specifically designated for cross-agency collaboration would help promote collaboration.
- A **desire for increased cross-agency collaboration** was reported by most participants. Some suggested more in person meetings and opportunities for connection and communication would improve collaboration. As noted previously, several staff indicated they already engaged in significant collaborations.
- **Community involvement and storytelling** were highlighted by participants as important methods for conveying the potential impact of programming. The importance of stories as indicators of program success was highlighted by participants but may be lost during evaluation or reporting processes that heavily rely on quantitative data.
- **Communicating day-to-day program realities and successes.** Staff welcome the opportunity to effectively communicate about the goals, implementation, outcomes, and impacts of their programs. They reported struggles with this because existing metrics (mostly quantitative) do not adequately capture these programming aspects. Qualitative measures, when valued, are useful for conveying rich information programs and client experiences.

Promoting alignment and collaboration requires an openness to working together, time, and effective communication, including the skill and art of storytelling. Integrating both quantitative and qualitative data into evaluation plans will assist agencies in effectively communicating what they do and how their programs affect change in the community and among their clients.

Suggested Action Items

In the table below, we present numerous action items for the evaluation team, agencies, and funders. These items were supported by needs assessment data to date. It is not expected that all action items are feasible or that they can be implemented right away. These are suggestions, and this is considered a working document that is subject to change.

Table of Suggested Action Items by Action Area and Roles

Action Area	Evaluation Team	Agencies	Funder/s
Build Capacity	<ul style="list-style-type: none"> • Provide technical assistance to agencies over time to support evaluation • Develop and disseminate “microlearning” or short training modules, on topics such as: <ul style="list-style-type: none"> ○ Performance versus outcome measures ○ Basics of data management and analysis*** ○ Focusing on a few priority outcomes rather than proposing too many ○ Data visualization best practices ○ Improving response rates ○ Methodology basics for qualitative and quantitative approaches ○ Logic models ○ Storytelling* 	<ul style="list-style-type: none"> • Allow staff time for evaluation training and networking • Consider a train-the-trainer model to train new hires on evaluation skills*** 	See infrastructure action items that will support staff capacity <ul style="list-style-type: none"> • Include partnership/collaboration indicators in reports (frame as a success rather than a mandate)***
Develop Infrastructure**	<ul style="list-style-type: none"> • Provide recommendations for improving the efficiency of data collection and management systems • Facilitate communities of practice and cross-agency collaboration • Create data collection and reporting systems in Qualtrics (or other online survey data collection platform), if feasible 	<ul style="list-style-type: none"> • Develop a shared evaluation strategy across the agency to increase consistency/efficiency • If quarterly reporting data summaries are difficult, consider monthly data analysis (automate if possible) 	<ul style="list-style-type: none"> • Provide funds to cover the cost of quality evaluation activities, including external support (e.g., external/ dedicated evaluator time) if internal support is not available • Explore whether the development of a linked

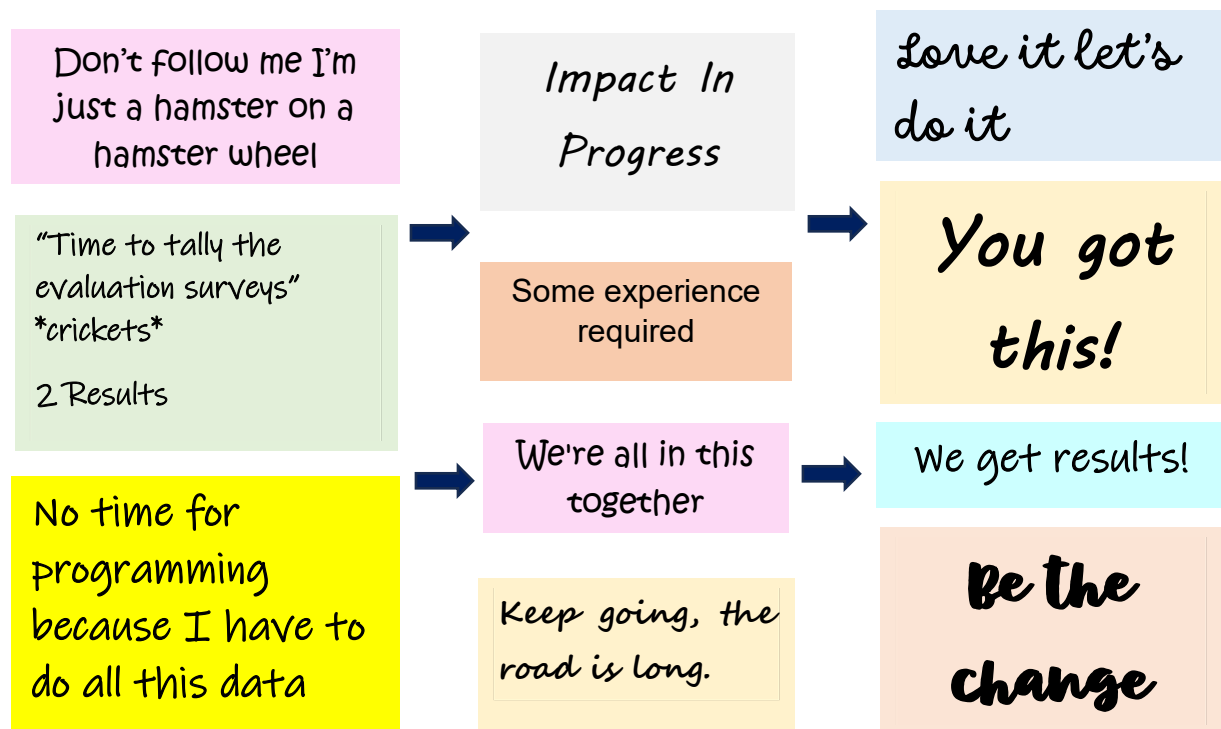
Action Area	Evaluation Team	Agencies	Funder/s
	<ul style="list-style-type: none"> Utilize the shared repository of measures previously created 	<ul style="list-style-type: none"> Seek funds for evaluation-related activities and development 	<p>data system where client data can be found across agencies is feasible</p> <ul style="list-style-type: none"> Allow appropriate time frames to evaluate program success
Promote Alignment & Collaboration	<ul style="list-style-type: none"> Develop brief videos showing on-the-ground work of agencies Disseminate a monthly newsletter with tips and tricks and agency highlights** Facilitate a learning community, virtual or in person, for interested agency staff to share insights and resources as well as to network**** Co-host an annual gala highlighting agencies' work to celebrate successes Attend meetings of the board and agency executive directors 	<ul style="list-style-type: none"> Actively participate in a community of practice Co-host an annual gala highlighting agency/program work and successes a year's work Check in with / communicate with boards to clarify expectations and touch base on progress 	<ul style="list-style-type: none"> Ask agencies their perceptions of what is important to capture in reporting or add into applications Review newsletters with agency highlights and brief videos (if agreed upon and developed by the evaluation team) to stay versed in day-to-day realities of agency work

Note. * = also supports creating alignment, ** = also supports capacity building, *** = also supports infrastructure development, **** = supports all areas

Current Agency Experiences with Evaluating Services and Programs

Evaluating services and programs is not easy, especially when providing those services and programs at the same time and waiting for the time it can take to observe outcomes and impacts. As demonstrated from their responses about their experiences with evaluating their programs and services (shown below), staff varied in their focus on challenging (left most) to pragmatic (middle) to inspirational (right most) aspects of evaluation. By putting some of the suggested action items in place for the evaluation team, agencies, and funders (because “we are all in this together”), we aim to move agency staff experiences in the direction to the right. Even if staff do not end up loving evaluation, they will get results and observe change.

Participants’ responses to prompt “Create a meme or bumper sticker that reflects your experience with evaluating your programs/services”



Conclusion & Next Steps

Findings from the formative interviews and GLA guided the development of action items intended to improve evaluation practices among mental health and development disability agencies that align with staff values, motivations, and day-to-day realities.

Ongoing evaluation activities include:

- Initiated technical assistance for three selected programs and will work closely with those three programs to develop a plan to support outcome evaluation activities.
- Began brainstorming and outlining the first microlearning offerings related to outcomes.
- Shared preliminary action items with board staff.
- Review of agency progress and outcome reports.

Planned evaluation activities include:

- Follow up with GLA participants who indicated interest in action planning. Meeting with this group will allow for further clarification of GLA response interpretation and aligning goals as well as moving action items forward.
- Develop a community of practice to network, share experiences and resources, and promote collaboration. This will begin with a newsletter and website pages with evaluation resources.
- Develop and disseminate 2-4 recorded microlearning trainings before May 2024.

We hope these as the next steps toward moving agencies into the “love it let’s do it” experience with evaluation.

Acknowledgements

We recognize and express gratitude to those who partnered (and will continue to partner) with us through this process.

- **Agency staff** for their active engagement and thoughtful insights. We thank them for taking time to complete the pre-session survey, spending three hours to generate ideas, suggestions, and solutions during the session and agreeing to continue to collaborate on action planning.
- **Board members and board staff** who highlighted the need for and value of centering staff voice in the needs assessment. We thank all board members for being open to these recommendations and recognizing their role in supporting evaluation capacity building.
- **Kelli Martin** for partnering with us on a Group Level Assessment process with which she had no previous experience. We thank her for her openness to the process and generously giving her time and invaluable insights from an agency perspective.
- **Sarah Dodoo and Yuliana Soto** for assisting with the planning, implementation, and preliminary analysis of the GLA session. Thank you for your commitment to this participatory strategy and your perspectives.

Suggested report citation:

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Family Resiliency Center



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Expo Resource Book Ad Sizes:

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	Jane Sprandel	Lisa Ligins-Chai	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