



CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

REMEMBER this meeting is being audio recorded. Please speak clearly into the microphone during the meeting.

Champaign County Mental Health Board (CCMHB)

WEDNESDAY, September 21, 2016

Brookens Administrative Center, Lyle Shields Room

1776 E. Washington St. Urbana, IL

5:30 p.m.

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1. Call to Order - Dr. Townsend, President
 2. Roll Call
 3. Citizen Input/Public Participation
 4. Additions to the Agenda
 5. CCDDDB Information
 6. Approval of CCMHB Minutes* (**Pages 3-14**)
 - A. 6/22/16
 - B. 7/12/16
 - C. 8/15/16
 - D. 8/17/16
 - E. 8/18/16

Minutes are included. Action is requested.
 7. President's Comments
 8. Acting Executive Director's Comments
 9. Staff Reports

Staff reports from Mr. Driscoll (Pages 15-16) and Ms. Summerville (Pages 17-22) are included in the packet.
 10. Consultant Report (**pages 23-24**)

A report from Ms. Bressner is included in the packet.
 11. Board to Board Reports

12. Agency Information

13. Financial Information* (Pages 25-31)

*A copy of the claims report is included in the packet.
Action is requested.*

14. New Business

A. Criminal Justice Mental Health Update (Pages 32-54)

Briefing Memorandum with supporting documentation reviews criminal justice related activity over the past year and provides additional detail on allocations, is included in the packet.

B. Draft Three-Year Plan with FY17 Objectives (Pages 55-65)

Briefing Memorandum and draft of the Three Year Plan with Objectives for FY 2017 is included in the packet.

C. Draft Meeting Schedule/Allocation Timeline (Pages 66-67)

Draft schedule of CCMHB meeting dates and topics and timeline for the 2018 allocation process is included in the packet.

15. Old Business

A. CILA Update

An oral report will be provided at the meeting.

16. Other Business

A. Closed session pursuant to 5 ILCS 120/2 (c) 1 to consider the employment, compensation, discipline, performance, or dismissal of an employee*

B. Executive Director Contract Approval*

16. Board Announcements

17. Adjournment

**Board action*

**CHAMPAIGN COUNTY MENTAL HEALTH BOARD
BOARD MEETING**

Minutes—June 22, 2016

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

DRAFT COPY

5:30 p.m.

MEMBERS PRESENT: Astrid Berkson, Susan Fowler, Judi O'Connor, Julian Rappaport, Deborah Townsend

MEMBERS EXCUSED: Thom Moore, Elaine Palencia, Anne Robin, Margaret White

STAFF PRESENT: Peter Tracy, Lynn Canfield, Mark Driscoll, Stephanie Howard-Gallo

STAFF EXCUSED: Nancy Crawford, Shandra Summerville

OTHERS PRESENT: Juli Kartel, Community Elements (CE); Patsi Petrie, Champaign County Board; Lisa Benson, Regional Planning Commission (RPC); Sue Suter, Joyce Dill, Mike Smith, Deb Ruesch, CCDDDB; Dale Morrissey, Developmental Services Center (DSC); Jennifer Knapp, Becca Obuchowski, Community Choices (CC); Tanya Diaz-Kozlowski, The UP Center; Darlene Kloepfel, Citizen; Amy Felty, Racial Justice Task Force; Nicole Allen, Hope Holland, Mark Aber, University of Illinois

CALL TO ORDER:

Dr. Townsend, President, called the meeting to order at 5:35 p.m.

ROLL CALL:

Roll call was taken and a quorum was present.

CITIZEN INPUT / PUBLIC PARTICIPATION:

None.

ADDITIONS TO AGENDA:

Dr. Rappaport requested the presentation by Dr. Nicole Allen and Dr. Mark Aber be moved to an earlier time in the meeting.

CCDDB INFORMATION:

None.

APPROVAL OF MINUTES:

Minutes from the 5/18/16 Board meeting were included in the Board packet for approval.

MOTION: Dr. Fowler moved to approve the minutes from 5/18/16. Dr. Berkson seconded the motion. A voice vote was taken and the motion passed.

PRESIDENT'S COMMENTS:

Dr. Townsend announced Mr. Tracy had been asked to stay as Executive Director to the CCMHB and the CCDDB until August 31, 2016 with a new Executive Director beginning on September 1, 2016.

EXECUTIVE DIRECTOR'S COMMENTS:

None.

STAFF REPORTS:

Reports from Ms. Canfield and Mr. Driscoll were included in the packet. Mr. Driscoll distributed a spreadsheet of allocations and areas of focus. Ms. Canfield gave a brief report on the Association of Community Mental Health Authorities of Illinois (ACMHAI) quarterly meeting.

CONSULTANT'S REPORT:

None.

BOARD TO BOARD:

Dr. Fowler attended a meeting of Community Elements.

AGENCY INFORMATION:

None.

FINANCIAL INFORMATION:

A copy of the claims report was included in the Board packet.

MOTION: Dr. Fowler moved to accept the claims as presented. Dr. Berkson seconded the motion. A voice vote was taken and the motion passed unanimously.

NEW BUSINESS:

Program Evaluation Report:

A Review of and Recommendations to Build Evaluation Capacity for Programs Funded by the Champaign County Community Mental Health Board (CCMHB) was presented by Dr. Nicole Allen and Dr. Mark Aber from the University of Illinois. The report was distributed to all Board members.

CCMHB FY 2017 Budget:

A Decision Memorandum and a budget for FY17 were included in the Board packet.

MOTION: Dr. Rappaport moved to approve the budget presented for County Fiscal Year 2017 for the CCMHB. Dr. Berkson seconded the motion. A roll call vote was taken and all members voted aye. The motion passed unanimously.

Anti-Stigma Community Event:

A Decision Memorandum on sponsorship of an anti-stigma film at the Roger Ebert's Film Festival was included in the Board packet. Dr. Berkson stated this was an expensive way to reach out to people. Ms. O'Connor would like to see more money geared toward gay/lesbian/transgender supports in the community. Dr. Fowler stated she would support the film sponsorship this year; however, she would consider not supporting it in the future.

MOTION: Dr. Rappaport moved to approve up to \$17,355 as the CCMHB share, contingent on approval of \$12,645 by the CCDDDB, to sponsor an anti-stigma film and concurrent anti-stigma activities at the 2017 Roger Ebert's Film Festival. Ms. O'Connor seconded the motion. A roll call vote was taken. Townsend, Rappaport, and Fowler voted aye. Berkson and O'Connor voted nay. The motion passed.

FY17 Cultural and Linguistic Competence Plans:

FY17 Cultural and Linguistic Competence Plans were included in the Board packet.

Search Committee Update:

Dr. Fowler provided an update on the search for a new executive director. She also thanked search committee members.

CILA Update:

Mr. Tracy provided a verbal update.

OTHER BUSINESS:

Closed Session pursuant to 5 ILCS 120/2 (c) 1 to consider the employment, compensation, discipline, performance, or dismissal of an employee:

MOTION: Dr. Fowler moved to go into a Closed Session pursuant to 5 ILCS 120/2 (c) 1 to consider the employment, compensation, discipline, performance, or dismissal of an employee; to include the Champaign County Developmental Disabilities Board and search committee members; and to specifically discuss the search for the new executive director to the CCMHB/CCDDB. A roll call vote was taken and all member voted aye. The motion passed and the Board went into a Closed Session at 6:20 p.m.

The Board came out of closed session at 7:10 p.m.

MOTION: Dr. Rappaport moved to come out of closed session. Ms. O'Connor seconded. A roll call vote was taken and the vote was unanimous.

BOARD ANNOUNCEMENTS:

None.

ADJOURNMENT:

The meeting adjourned at 7:15 p.m.

Respectfully

Submitted by: Stephanie Howard-Gallo
CCMHB/CCDDB Staff

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



**CHAMPAIGN COUNTY MENTAL HEALTH BOARD
and the CHAMPAIGN COUNTY DEVELOPMENTAL
DISABILITIES BOARD
SPECIAL MEETING**

Minutes—July 12, 2016

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

4:30 p.m.

DRAFT COPY

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- MEMBERS PRESENT:** Susan Fowler, Judi O'Connor, Elaine Palencia, Julian Rappaport, Deborah Townsend, Margaret White, Joyce Dill, Phil Krein, Sue Suter
- MEMBERS EXCUSED:** Deb Ruesch, Mike Smith, Astrid Berkson, Thom Moore, Anne Robin
- STAFF PRESENT:** Lynn Canfield, Nancy Crawford, Mark Driscoll, Shandra Summerville
- STAFF EXCUSED:** Stephanie Howard-Gallo, Peter Tracy
- OTHERS PRESENT:** Gary Maxwell, Champaign County Board; Becca Obuchowski, Community Choices (CC); Tom Kacich, The News Gazette
-

CALL TO ORDER:

Dr. Townsend, President, called the meeting to order at 4:30 p.m.

ROLL CALL:

Roll call was taken and a quorum was present.

MOTION: Dr. Krein moved Public Participation and a summary of the search for an executive director be added to the agenda. Ms. Suter seconded. All members voted aye and the motion passed.

CITIZEN INPUT / PUBLIC PARTICIPATION:

None.

SUMMARY OF SEARCH:

Dr. Fowler provided a verbal summary of the search process. The search committee was approved and formed by the CCMHB and the CCDDDB in May 2016. The job announcement was placed in the Champaign and Springfield newspapers, fifteen websites and email groups, with a deadline of June 7, 2016. Fourteen applications were reviewed against criteria. Two meetings were held to review all of the applications. A third meeting was held to discuss interview questions and to narrow the search down to four applicants. The CCMHB/CCDDDB approved three candidates. They were contacted and two remained interested in the position. The search committee dissolved. The candidates will be discussed today in a closed session.

OTHER BUSINESS:

Closed Session pursuant to 5 ILCS 120/2 (c) 1 to consider the employment, compensation, discipline, performance, or dismissal of an employee:

MOTION: Dr. Townsend moved to go into a Closed Session pursuant to 5 ILCS 120/2 (c) 1 to consider the employment, compensation, discipline, performance, or dismissal of a specific employee of the Champaign County Mental Health Board and the Champaign County Developmental Disabilities Board and to specifically discuss the interview process and candidate interviews search for an executive director to the CCMHB/CCDDDB. A roll call vote was taken and all members voted aye. The motion passed and the Board went into a Closed Session at 4:45 p.m.

The Board came out of closed session at 5:53 p.m.

MOTION: Dr. Rappaport moved to come out of closed session and return to open session. Ms. O'Connor seconded. A roll call vote was taken. All members were present and the vote was unanimous.

ADJOURNMENT:

The meeting adjourned at 5:56 p.m.

Respectfully

Submitted by: Stephanie Howard-Gallo
CCMHB/CCDDDB Staff

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**CHAMPAIGN COUNTY MENTAL HEALTH BOARD
SPECIAL MEETING**

Minutes—August 15, 2016

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

DRAFT COPY

9:30 a.m.

MEMBERS PRESENT: Astrid Berkson, Susan Fowler, Judi O'Connor, Elaine Palencia, Julian Rappaport, Thom Moore, Anne Robin, Deborah Townsend, Margaret White

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

STAFF EXCUSED: Lynn Canfield, Nancy Crawford, Peter Tracy

OTHERS PRESENT: Gary Maxwell, Champaign County Board; Bruce Barnard, Executive Director Candidate

CALL TO ORDER:

Dr. Townsend, President, called the meeting to order at 9:30 a.m.

ROLL CALL:

Roll call was taken and a quorum was present.

CITIZEN INPUT / PUBLIC PARTICIPATION:

None.

ADDITIONS TO THE AGENDA:

None.

NEW BUSINESS:

Closed Session pursuant to 5 ILCS 120/2 (c) 1 to consider the employment, compensation, discipline, performance, or dismissal of an employee:

MOTION: Dr. Fowler moved to go into a Closed Session pursuant to 5 ILCS 120/2 (c) 1 to consider the employment, compensation, discipline, performance, or dismissal of a specific employee of the Champaign County Mental Health Board and the Champaign County Developmental Disabilities Board and to specifically interview Bruce Barnard for the executive director position. Additionally, staff will not attend the Closed Session. The motion passed and the Board went into a Closed Session at 9:35 a.m.

The Board came out of closed session at 10:59 a.m.

MOTION: Ms. White moved to come out of closed session and return to open session. Dr. Moore seconded. A roll call vote was taken. All members were present and the vote was unanimous.

BOARD ANNOUNCEMENTS:

None.

ADJOURNMENT:

The meeting adjourned at 11:02 a.m.

Respectfully

Submitted by: Stephanie Howard-Gallo
CCMHB/CCDDB Staff

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

**CHAMPAIGN COUNTY MENTAL HEALTH BOARD
SPECIAL MEETING**

Minutes—August 17, 2016

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

9:30 a.m.

DRAFT COPY

MEMBERS PRESENT: Astrid Berkson, Susan Fowler, Judi O'Connor, Elaine Palencia, Julian Rappaport, Thom Moore, Anne Robin, Deborah Townsend, Margaret White

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

STAFF EXCUSED: Lynn Canfield, Nancy Crawford, Peter Tracy

OTHERS PRESENT: Lynn Canfield, Executive Director Candidate

CALL TO ORDER:

Dr. Townsend, President, called the meeting to order at 9:32 a.m.

ROLL CALL:

Roll call was taken and a quorum was present.

CITIZEN INPUT / PUBLIC PARTICIPATION:

None.

ADDITIONS TO THE AGENDA:

None.

NEW BUSINESS:

Closed Session pursuant to 5 ILCS 120/2 (c) 1 to consider the employment, compensation, discipline, performance, or dismissal of an employee:

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MOTION: Dr. Fowler moved to go into a Closed Session pursuant to 5 ILCS 120/2 (c) 1 to consider the employment, compensation, discipline, performance, or dismissal of a specific employee of the Champaign County Mental Health Board and the Champaign County Developmental Disabilities Board and to specifically interview Lynn Canfield for the executive director position. Additionally, staff will not attend the Closed Session. The motion passed and the Board went into a Closed Session at 9:35 a.m.

The Board came out of closed session at 10:59 a.m.

MOTION: Dr. Moore moved to come out of closed session and return to open session. Ms. White seconded. A roll call vote was taken. All members were present and the vote was unanimous.

BOARD ANNOUNCEMENTS:

None.

ADJOURNMENT:

The meeting adjourned at 11:00 a.m.

Respectfully

Submitted by: Stephanie Howard-Gallo
CCMHB/CCDDB Staff

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

**CHAMPAIGN COUNTY MENTAL HEALTH BOARD
and the CHAMPAIGN COUNTY DEVELOPMENTAL
DISABILITIES BOARD
SPECIAL MEETING**

Minutes—August 18, 2016

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

10:00 a.m.

DRAFT COPY

- MEMBERS PRESENT:** Astrid Berkson, Susan Fowler, Judi O'Connor, Elaine Palencia, Julian Rappaport, Deb Ruesch, Deborah Townsend, Margaret White, Joyce Dill, Mike Smith, Thom Moore, Anne Robin
- MEMBERS EXCUSED:** Sue Suter, Phil Krein
- STAFF PRESENT:** Stephanie Howard-Gallo, Mark Driscoll
- STAFF EXCUSED:** Peter Tracy, Lynn Canfield, Shandra Summerville
- OTHERS PRESENT:** Gary Maxwell, Champaign County Board
-

CALL TO ORDER:

Dr. Townsend, President, called the meeting to order at 10:04 a.m.

ROLL CALL:

Roll call was taken and a quorum was present.

CITIZEN INPUT / PUBLIC PARTICIPATION:

None.

DRAFT COPY

NEW BUSINESS:

Closed Session pursuant to 5 ILCS 120/2 (c) 1 to consider the employment, compensation, discipline, performance, or dismissal of an employee:

MOTION: Ms. Ruesch moved to go into a Closed Session pursuant to 5 ILCS 120/2 (c) 1 to consider the employment, compensation, discipline, performance, or dismissal of a specific employee of the Champaign County Mental Health Board and the Champaign County Developmental Disabilities Board and to specifically discuss the final two candidates for the executive director position to the CCMHB/CCDDB. A roll call vote was taken and all members voted aye. The motion passed and the Board went into a Closed Session at 10:07 a.m.

The Board came out of closed session at 12:10 p.m.

MOTION: Ms. Ruesch moved to come out of closed session and return to open session. Dr. Moore seconded. A roll call vote was taken. All members were present and the vote was unanimous.

CANDIDATE SELECTION:

MOTION: Dr. Fowler moved to enter into contract negotiations with Lynn Canfield for the position of executive director with the CCMHB and the CCDDB. The presidents of both boards will follow procedures consistent with by-laws of the two Boards in order to finalize the contract as soon as possible based on a salary that is consistent with the qualifications of the candidate. The contract will be brought before both Boards for final approval. Dr. Moore seconded the motion. A roll call vote was taken. All members voted aye and the motion passed unanimously.

ADJOURNMENT:

The meeting adjourned at 12:15pm

Respectfully

Submitted by: Stephanie Howard-Gallo
CCMHB/CCDDB Staff

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

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Mark Driscoll

Associate Director for Mental Health & Substance Abuse Services

Staff Report – September 21, 2016 Board Meeting

Summary of Activity

Three-Year Plan with Objectives for FY 2017 (Draft): An updated Three-Year Plan 2016-2018 with Objectives for FY 2017 is included in the packet. A Briefing Memo provides an overview of the current operating environment and other matters of interest influencing the draft plan. For the most part, the plan is an extension of the current objectives. Following release of the draft plan input from providers and other interested parties will be solicited and any comments received given consideration in preparation of the final document.

CCMHB Contracts: The contract with the University of Illinois to continue work on the program evaluation project with funded agencies has been executed. The University has also notified the Board that the FY16 evaluation contract came in under budget and will be returning the excess revenue.

A few amendments have been executed or are in progress since the start of the FY17 contract year. The UP Center changed addresses that required an amendment. The UP Center recently notified staff of a change in how the agency will allocate personnel between administration and program services. The amendment adjusting staff time has been issued. Rosecrance CU has requested an amendment to the TIMES Center contract to redirect funds to support the 20 bed level II transitional housing program and support services that continue to be available at that site. The City of Urbana and United Way have also been asked to repurpose funds awarded to TIMES Center. The CCMHB contract would be converted from fee for service to grant and provide screening/assessment, care plans, and case management.

An update from RACES on the status of the agency was requested in late August. The agency reported they have begun the rebuilding process. RACES expects to receive some payment for FY16 and FY17 through ICASA (Illinois Coalition Against Sexual Assault) as a result of the stop gap budget passed by the state. And federal grant payments have been received. The agency is moving forward with plans to hire an executive director and part-time medical advocate. The CCMHB FY17 contract has not been issued, but once the executive director position is filled a meeting on the contract and scope of services will be scheduled.

Criminal Justice - Mental Health: Included in the Board packet is a Briefing Memo with a series of attachments. The information presented provides an overview of activity over the last year as well as additional detail on allocations past and present and the relationship of CCMHB programs to the criminal justice system.

Participation in the Crisis Response Planning Committee (CRPC), Reentry Council, and Crisis Intervention Team Steering Committee (CITSC) continues on a regular basis. The CRPC is soliciting public input through an online survey, community meetings and focus groups. Written summary of the online survey responses and comments at the community

meeting were shared with the committee. Several focus groups are yet to be held and once completed a report summarizing these findings will be presented. The CRPC also had a presentation on the Continuum of Care Homeless Management Information System administered by the Champaign County Regional Planning Commission. Members of the Continuum providing housing and support services to the homeless population input client information into the system. Client utilization can then be tracked and reported to the Department of Housing and Urban Development that funds housing provided through the Continuum. The Reentry Council discussed case management capacity and priority populations targeted for services. The Council will be holding a resource fair on October 11th from noon to 3:00 p.m. at the Illinois Terminal Building. The CITSC meeting included my reviewing the Intercept 1 map (See Briefing Memo for more details) and updating some details on the map. The group also had an update on staffing of the crisis team and various other reports. Three CIT trainings are scheduled over the next year.

Quarter Reports: Fourth quarter program reports have been received from all agencies. Desk reviews of each quarterly report have been completed or in process. Reported utilization - number of clients served and related quantifiable activity – is being posted to an excel spreadsheet used to track the data. Annual performance outcome reports are also submitted as part of the closeout of the program year. These reports are under review.

And the final round of site visits for FY16 programs yet to be monitored will be completed in the fall.

Continuum of Care/Council of Service Providers to the Homeless: The Continuum of Care completed a prioritization of philosophies (criteria) and proposal ranking exercise as part the work on the next application to the Department of Housing and Urban Development (HUD). In other news, the eight unit Emergency Shelter for Families that opened earlier this summer is full.

The Council of Service Providers to the Homeless (CSPH) has held two community meeting on the need for emergency shelters for men and women. Part of the discussion has been about “dry” shelters, no one allowed in that’s under the influence of drugs or alcohol, or “damp” shelter that will accept any person regardless of whether under the influence. The Salvation Army Stepping Shelter for men continues to be a dry shelter option if funding can be secured. Two work groups have been formed. One is to consider funding and sustainability. The other is focused on engaging the faith community. A question was raised at the CSPH regular monthly meeting on how work on the shelters will be coordinated and any funding administered. The Council will consider these questions at the next meeting as part of a larger discussion of the role of the Council in developing shelters.

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

This month I will be providing some updates that date back to April that will bring some context to the current work that I am doing.

AIR/Ebert Fest Update:

- The 60 Second Film was aired before the sponsored film Love and Mercy. Special thanks to Don Francisco for filming and editing the movie clip.
- Festival Passes/ Individual Tickets are distributed as a part of the CCMHB/DDB Sponsorships
- 10 Festival Passes were distributed to community members/Alliance Members/Disability Resource Expo Winner
- This year were able to provide individual tickets to the sponsored film "Love and Mercy"
- 10 Tickets were provided to Host Families and of International Students from Romania
- 5 Tickets to a High School Mentoring Group
- 5 Tickets for Alliance Members/Community Members

In July, a follow up meeting was held with Casey Ludwig about the Art Show and the Short Film Clip that was shown during the Roger Film Ebert Festival. Casey stated that she received positive feedback and the sponsored film had really great feedback. We discussed the Anti-Stigma message that was conveyed during the film and the work the Chaz Ebert is doing to continue to raise awareness about the Anti-Stigma.

July, I attended a Forum about the Future of Africa. There were students that were here internationally that discussed the health and access to mental health services. This event was sponsored by the African Student Organization at the University of Illinois Urbana-Champaign. One of the African Leaders wanted to know about Youth Mental Health First Aid and how to get the infrastructure built in Kenya to provide Mental Health First Aid in their community. I provided them with links and resources to National Council on Behavioral Health and Mental Health First Aid.

I have attended the CU Collaborative Conversations about Race in CU. This is an opportunity to begin to build relationships and solutions about how to address discussion about race and how to move the conversation more intentional. The collaboration has expanded and it was recommended that additional stakeholders become involved that would like to build the bridge of CU Race Relations.

Cradle to Career- I will serve as the representative on the Community Council with Cradle to Career Community Initiative. I will participate in the Walk-As One Activities to pass out information on Kindergarten Readiness.

Human Services Council of Champaign County- I attended their monthly meeting in September. This meeting focused on recruitment and retention.

There has been a request from Faith Groups to begin doing intentional work about cultural competence. The following collaborations have begun to meet: Windsor Road Church, The Hope Center-Vineyard Church, First Christian Church, Men's and Women's SAFE House. The goal is to begin building values around cultural competence in order to begin to partner with other faith groups to collaborate and partner on community programming.

I presented to the Racial Justice Task Force a 20 Minute Presentation about the National CLAS (Culturally and Linguistic Appropriate Services) There will be additional follow up after the committees meet to decide to move forward.

I completed two trainings on Youth Mental Health First Aid training for teachers, social workers and U of I support staff. This is a partnership with Illinois Project Aware a partnership with Champaign Unit 4 Schools.

The School of Social Work Selected CCMHB/DDB to be a community learning lab. I will have 2 groups of 3 students that will do the following projects:

Project: With the CCMHB Cultural Competence Coordinator, develop one training component, possibly four hours in order to be accessible to a high number of direct service providers, and possibly for CEUs, on these topics: Ethical Communication and Effective Collaboration; to direct support providers and other important stakeholders.

Project: Develop a resource guide for rural services, identify gaps, and then research rural mental health and effective outreach strategies appropriate to Champaign County's diverse populations.

I have met with the students and they will do final presentations in November and December to the Boards.

I have attached an article that was in the News Gazette that spoke about the Cultural Competence Training that the Mental Health Board sponsored in the early 90's. I believe this article continues to provide perspective on value of Cultural Competence and how continued support is needed for cultural competence. This also talks about the importance of looking at the impact historical trauma and the impact on under-represented populations.

Guest commentary: Developing skills of cultural competency

Sun, 09/11/2016 - 7:00am | [The News-Gazette \(/author/news-gazette\)](#)

By Robert Silverman

Words sometimes matter. Behavior always matters.

Cultural competence exists in between words and behaviors. It's treacherous territory. Because in between words and behaviors disagreement flourishes. In the United States, no disagreement is larger, no topic more culturally treacherous, no incompetency more apparent, than in our conversation about race.

While it's impossible to properly explore race in a few words, the following information changed my thinking. In the early 1990s, as the youth services coordinator at the Champaign County Mental Health Board, I attended a workshop about cultural competence. An African-American woman spoke.

I don't recall her name. She described slave family history.

Before the USA existed, in the early 1500s, both the English and Spanish explorers of the New World owned slaves. When the 13 colonies were developed slave ownership continued, despite striving for their own freedom against the English and Spanish.

Slavery existed almost 100 years after the 1776 signing of the Declaration of Independence, which brought the USA into existence. From 1500 until the Civil War officially ended slavery in 1865, two things were true. People identified as slaves were owned by others. Slave parents had to keep their children under control. Why?

Because a slave family's ability to stay together was partly based on children not causing trouble. If a child talked back, the owner could harm, kill or sell the child to maintain control.

In 2016, it is impossible to fully comprehend the experience of that reality.

The disruptive child or teenager is not abnormal. Our ancient literature and modern sitcoms are full of such children. The outspoken child is a human, planetary truth.

But in the slave world, such a child represented an inverted truth. While a child born into slavery sometimes misbehaved, like any child anywhere, the threat of removal made paramount the parent's responsibility to stop the behavior. How? Quickly and silently, using old-fashioned fear and pain.

According to the cultural competence speaker, you beat your disruptive child until he stopped. If he fought back, you beat him more fiercely. You beat him to break him because, as a parent, you had to win the struggle until your child obeyed. If you lost, your son could be sold or killed. So, you beat him to keep him home. Ironically, you beat him to keep him safe.

This is not to say African-American parents beat their children. Parental discipline is debated in all communities, including within African-American families. Corporal punishment is certainly not unique to any one community. I have worked extensively with military families and have had

numerous conversations about this. I once conducted a session where an Asian father admitted to beating his teenage son for committing a crime. He explained that in his birth country, not only was a parent responsible for such discipline, but so were neighbors.

But hitting to punish bad behavior is different than hitting to protect a child from being sold. Hitting to protect is a horrific twist on a positive intention. This twist became embedded in some families.

The workshop leader considered time. One generation of a family is accepted to be 20-25 years. With slavery existing from 1500 through 1865, these 365 years affected over 15 generations of families.

Next, she explained the 100 years after the Civil War ended slavery: 1865-1965. As medicine improved, the horror of battered children became known and a new American institution formed: Child welfare. This new institution, bright, shiny, armed with good intentions and mandated to protect children, removed them from homes deemed unsafe.

The ancestors of slave families who had learned the counterintuitive lesson that beatings protected children now lost them to this newly minted movement which "rescued" children from "abusive" parents. Imagine these new saviors having zero historical context about what they were doing.

The inverted truth of the disruptive slave child had gone full circle, becoming a Catch-22 of epic proportions.

Not dissimilar to slave owners having the power to remove children, African-American children were again being removed from their families by an institutional force larger than the parents. What began as slave parents beating children to keep them safe at home had mutated into

children being removed from unsafe families. The consequences were enormous. Some argue this pattern has again mutated, now toward the prison system.

Today, 500 years from when the New World condoned slavery, 240 years since America's independence, and 150 years after slavery officially ended, it's a miracle any of us are sane and behaving properly.

As already mentioned, it's impossible to properly explore race in one newspaper column. But for me, learning this coherent history about slave family behavior made it clear just how deep is the misunderstanding about race.

Without understanding context, misunderstanding behavior becomes guaranteed. Context is required in developing skills of cultural competency. The more we develop these skills, the better we will be able to live and work together under the American umbrella of free choices.

Robert Silverman has a behavioral health counseling practice in Champaign.

You Might Also Like

disABILITY Resource Expo: Reaching Out For Answers
Board Report
September, 2016

The 10th annual disABILITY Resource Expo will be held on Saturday, October 15, 2016 at the Fluid Event Center in Champaign. The Expo Steering Committee has been hard at work preparing for this 10th Anniversary Expo.

Exhibitors – 92 exhibitors have registered thus far, with at least another 2 committed. Fourteen are new exhibitors this year. General categories to be represented by exhibitors will be Advocacy, Legal and Service Organizations, Education and Recreation, Health Care and Equipment, Self-Help and Support Groups, Vocational and Residential, and Transportation Resources.

Our game this year will focus on Employment First, with participants attempting to locate, within our exhibitor area, pictures of local employees with their employers at their various worksites. A special thank you to DSC and Community Choices for organizing the game for us this year.

Marketing/Sponsorship – Our Marketing Plan is well under way, and includes the following: School flyers (English/Spanish), promotional brochures, posters, MTD bus ads (interior and exterior), window clings, yard signs, radio and televisions spots and interviews, newspaper ads, special displays, and social media.

Our good friends at Quality Med Transport have stepped up again this year in a big way. For several years now, they have partnered with us, with not just financial support, but lots and lots of manpower, which is so appreciated.

Nancy Crawford has secured sponsorship again this year for the Exhibitor Hospitality Area. This was new last year, and was a wonderful addition to help make our exhibitors feel welcome and appreciated.

The 2016 edition of the Expo Resource Book is being developed, and will be distributed to Expo visitors and throughout the coming year through our various community partners.

We have engaged in several fundraisers this year to benefit the Expo. Our Wine Tasting fundraiser in June was a huge success, and we hope to do it again next year. The Schwan's Cares fundraiser, to date, has netted over \$500. We plan to begin a new campaign in November with them. We will be doing a 50/50 raffle and Bergner's fundraiser during the Expo. Booth fees have brought in revenue of nearly \$10,000, with an additional \$8,000 plus of in-kind support. These figures will grow, as some fees and sponsorships are yet to be received.

Accessibility/Entertainment –This committee works hard each year to ensure that our event is fully accessible to all who participate. ASL Interpreters, personal assistants, mobility accommodations, and much, much more are in place for this year. This committee, also, has the task of identifying and arranging for some awesome entertainment each year. This years' event will feature the C-U Theatre Company's Penguin Project, CUSR's Bocce Ball, Amtryke presentation, Ryan Nucleus Band and more.

Children's Activities - The Children's Activity Room will again be sponsored by our friends at Flaghouse and First Federal Savings Bank of C-U. Flaghouse is a global supplier of resources for physical activity, recreation,

education and special needs, who has once again come through with an amazing donation of more than \$1,200 worth of games, toys and prizes for the Children's Activity area.

Artistic Expressions – Our friends at Thrivent Financial will be sponsoring the Artistic Expressions area this year. Talented artists and entrepreneurs will showcase and sell one-of-a-kind handmade works, including paintings, photography, jewelry, children's books, crocheted/knitted items, crafts, etc.

Volunteers – Becca Obuchowski and Shandra Summerville have taken on the recruitment and coordination of volunteers who will provide support in the various areas of the Expo this year. We depend heavily on volunteers for this event.

Respectfully submitted
Barb Bressner, Consultant

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*** FUND NO. 090 MENTAL HEALTH												
*** DEPT NO. 053 MENTAL HEALTH BOARD												
25	CHAMPAIGN COUNTY TREASURER								RENT-GENERAL CORP			
	9/07/16	04	VR	53-	301		547082	9/08/16	090-053-533.50-00	FACILITY/OFFICE RENTALS	SEP OFFICE RENT	1,703.45
											VENDOR TOTAL	1,703.45 *
41	CHAMPAIGN COUNTY TREASURER								HEALTH INSUR FND 620			
	8/18/16	03	VR	620-	122		546300	8/19/16	090-053-513.06-00	EMPLOYEE HEALTH/LIFE INS	MAY-JUL FSA&HRA ADM	88.20
	8/25/16	01	VR	620-	132		546827	8/31/16	090-053-513.06-00	EMPLOYEE HEALTH/LIFE INS	AUG HI, LI & HRA	3,456.19
											VENDOR TOTAL	3,544.39 *
88	CHAMPAIGN COUNTY TREASURER								I.M.R.F. FUND 088			
	8/16/16	03	VR	88-	44		546303	8/19/16	090-053-513.02-00	IMRF - EMPLOYER COST	IMRF 8/5 P/R	1,428.94
	8/29/16	01	VR	88-	46		546831	8/31/16	090-053-513.02-00	IMRF - EMPLOYER COST	IMRF 8/19 P/R	1,428.94
											VENDOR TOTAL	2,857.88 *
104	CHAMPAIGN COUNTY TREASURER								HEAD START FUND 104			
	9/07/16	04	VR	53-	279		547089	9/08/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP SOC/EMOT SVCS	4,637.00
											VENDOR TOTAL	4,637.00 *
161	CHAMPAIGN COUNTY TREASURER								REG PLAN COMM FND075			
	9/07/16	04	VR	53-	280		547091	9/08/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP YOUTH ASSMNT CT	2,167.00
											VENDOR TOTAL	2,167.00 *
176	CHAMPAIGN COUNTY TREASURER								SELF-FUND INS FND476			
	8/30/16	05	VR	119-	52		546835	8/31/16	090-053-513.04-00	WORKERS' COMPENSATION	INSWORK COMP 7/8,22 P/	183.18
											VENDOR TOTAL	183.18 *
179	CHAMPAIGN COUNTY TREASURER								CHLD ADVC CTR FND679			
	9/07/16	04	VR	53-	278		547093	9/08/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP CAC	3,090.00
											VENDOR TOTAL	3,090.00 *

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*** FUND NO. 090 MENTAL HEALTH											
188	CHAMPAIGN COUNTY TREASURER							SOCIAL SECUR FUND188			
		8/16/16	03 VR	188- 65		546310	8/19/16	090-053-513.01-00	SOCIAL SECURITY-EMPLOYER	FICA 8/5 P/R	1,268.14
		8/29/16	01 VR	188- 70		546837	8/31/16	090-053-513.01-00	SOCIAL SECURITY-EMPLOYER	FICA 8/19 P/R	1,268.15
										VENDOR TOTAL	2,536.29 *
4990	ASSN OF COMMUNITY MENTAL HLTH AUTH OF IL ACMHAI										
		8/12/16	02 VR	53- 269		546325	8/19/16	090-053-533.93-00	DUES AND LICENSES	ACMHAI DUES FY16	20,000.00
										VENDOR TOTAL	20,000.00 *
15495	CHAMPAIGN URBANA AREA PROJECT							SUITE #702			
		9/07/16	04 VR	53- 281		547119	9/08/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP NEIGHBRHD CHMPN	1,599.00
		9/07/16	04 VR	53- 281		547119	9/08/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP TRUCE	6,250.00
										VENDOR TOTAL	7,849.00 *
18203	COMMUNITY CHOICE, INC							SUITE 419			
		9/07/16	04 VR	53- 282		547130	9/08/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP CUSTOM EMPLOY	5,833.00
		9/07/16	04 VR	53- 282		547130	9/08/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP SELF DETERMINAT	5,833.00
										VENDOR TOTAL	11,666.00 *
18230	COMMUNITY SERVICE CENTER OF NORTHERN CHAMPAIGN COUNTY										
		9/07/16	04 VR	53- 284		547133	9/08/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP RESOURCE CONNEC	5,441.00
										VENDOR TOTAL	5,441.00 *
19260	COURAGE CONNECTION										
		9/07/16	04 VR	53- 285		547138	9/08/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP AWP	5,579.00
										VENDOR TOTAL	5,579.00 *
19346	CRISIS NURSERY										
		9/07/16	04 VR	53- 286		547142	9/08/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP BEYOND BLUE	5,833.00
										VENDOR TOTAL	5,833.00 *
22300	DEVELOPMENTAL SERVICES CENTER OF CHAMPAIGN COUNTY INC										
		9/07/16	04 VR	53- 287		547148	9/08/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP FAM SUPPORT	32,286.00
										VENDOR TOTAL	32,286.00 *

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*** FUND NO. 090 MENTAL HEALTH												
22730	DON MOYER BOYS & GIRLS CLUB											
		9/07/16	04 VR	53-	288		547153	9/08/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP CU CHANGE	8,333.00
		9/07/16	04 VR	53-	288		547153	9/08/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP YOUTH/FAMILY OR	13,333.00
											VENDOR TOTAL	21,666.00 *
24095	EMK CONSULTING LLC											
		8/18/16	01 VR	53-	271		546358	8/19/16	090-053-533.07-00	PROFESSIONAL SERVICES	INV 102 JUN	300.00
		8/18/16	01 VR	53-	271		546358	8/19/16	090-053-533.07-00	PROFESSIONAL SERVICES	INV 108 8/15	900.00
											VENDOR TOTAL	1,200.00 *
24215	EAST CNTRL IL REFUGEE MUTUAL ASSIST CTR											
		9/07/16	04 VR	53-	290		547157	9/08/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP FAM SUPPORT	1,583.00
											VENDOR TOTAL	1,583.00 *
26000	FAMILY SERVICE OF CHAMPAIGN COUNTY									GRANTS		
		9/07/16	04 VR	53-	289		547159	9/08/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP SELF HELP	2,411.00
		9/07/16	04 VR	53-	289		547159	9/08/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP SENIOR COUNSEL	11,861.00
		9/07/16	04 VR	53-	289		547159	9/08/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP FAMILY COUNSEL	1,667.00
											VENDOR TOTAL	15,939.00 *
26760	FIRST FOLLOWERS											
		9/07/16	04 VR	53-	291		547164	9/08/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP PEER MENTORING	2,480.00
											VENDOR TOTAL	2,480.00 *
44570	MAHOMET AREA YOUTH CLUB									601 EAST FRANKLIN		
		9/07/16	04 VR	53-	292		547195	9/08/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP BLAST	1,250.00
		9/07/16	04 VR	53-	292		547195	9/08/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP MEMBERS MATTER	1,000.00
											VENDOR TOTAL	2,250.00 *
47428	MEYER CAPEL LAW OFFICE, P.C.											
		8/11/16	02 VR	53-	267		546407	8/19/16	090-053-533.07-00	PROFESSIONAL SERVICES	INV 224027 8/5	122.00
											VENDOR TOTAL	122.00 *

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*** FUND NO. 090 MENTAL HEALTH												
54650	PEPSI COLA CHAMPAIGN-URBANA BOTTLING	8/11/16	02	VR	53- 268		546419	8/19/16	090-053-522.02-00	OFFICE SUPPLIES	INV 917711 7/18	5.96
											VENDOR TOTAL	5.96 *
56750	PRAIRIE CENTER HEALTH SYSTEMS									GRANTS		
		9/07/16	04	VR	53- 293		547215	9/08/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP CJ SUB TREATMEN	858.00
		9/07/16	04	VR	53- 293		547215	9/08/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP FRESH START	6,250.00
		9/07/16	04	VR	53- 293		547215	9/08/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP PLL EXTENDED	25,055.00
		9/07/16	04	VR	53- 293		547215	9/08/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP PREVENTION	4,854.00
		9/07/16	04	VR	53- 293		547215	9/08/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP SPECIALTY COURT	16,588.00
		9/07/16	04	VR	53- 293		547215	9/08/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP YOUTH SVCS	9,013.00
											VENDOR TOTAL	62,618.00 *
57196	PROMISE HEALTHCARE											
		9/07/16	04	VR	53- 294		547218	9/08/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP WELLNESS/JUSTIC	4,833.00
		9/07/16	04	VR	53- 294		547218	9/08/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP MH SVCS	18,500.00
											VENDOR TOTAL	23,333.00 *
61780	ROSECRANCE, INC.											
		9/07/16	04	VR	53- 283		547225	9/08/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP CRIMINAL JUSTIC	23,673.00
		9/07/16	04	VR	53- 283		547225	9/08/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP CRISIS/ACCESS	21,287.00
		9/07/16	04	VR	53- 283		547225	9/08/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP EARLY C'HOOD	6,250.00
		9/07/16	04	VR	53- 283		547225	9/08/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP PLL FRONT END	23,555.00
		9/07/16	04	VR	53- 283		547225	9/08/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP TIMES CENTER	5,833.00
											VENDOR TOTAL	80,598.00 *
67867	SPOC LLC									D/B/A CHAMPAIGN TEL		
		8/19/16	02	VR	28- 148		829	8/25/16	090-053-533.33-00	TELEPHONE SERVICE	INV 1122256 8/10	39.34
		8/19/16	02	VR	28- 148		829	8/25/16	090-053-533.33-00	TELEPHONE SERVICE	INV 1122256 8/10	24.36
											VENDOR TOTAL	63.70 *
69540	STEVIE JAY BROADCASTING											
		8/18/16	01	VR	53- 274		546438	8/19/16	090-053-533.89-00	PUBLIC RELATIONS	AD ID 1913 8/4	2,500.00
											VENDOR TOTAL	2,500.00 *

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*** FUND NO. 090 MENTAL HEALTH												
71635	TAP IN LEADERSHIP	9/07/16	04 VR	53-	295		547245	9/08/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP KICKBACK LOUNGE	2,917.00
											VENDOR TOTAL	2,917.00 *
74445	TRIAD SHREDDING CORP	8/18/16	01 VR	53-	272		546440	8/19/16	090-053-533.07-00	PROFESSIONAL SERVICES	CCMHB 25380 8/12	40.00
											VENDOR TOTAL	40.00 *
74550	TROPHYTIME, INC.	8/11/16	02 VR	53-	270		546442	8/19/16	090-053-533.95-00	CONFERENCES & TRAINING	INV 122373 8/5	9.40
		9/07/16	04 VR	53-	305		547250	9/08/16	090-053-533.95-00	CONFERENCES & TRAINING	INV 122472 8/24	18.80
											VENDOR TOTAL	28.20 *
76867	UNIV OF IL SPONSORED PROG & RESEARCH ADM	9/07/16	04 VR	53-	302		547255	9/08/16	090-053-533.07-00	PROFESSIONAL SERVICES	JUL MHB17-039 CONSL	4,545.00
		9/07/16	04 VR	53-	302		547255	9/08/16	090-053-533.07-00	PROFESSIONAL SERVICES	AUG MHB17-039 CONSL	4,545.00
		9/07/16	04 VR	53-	302		547255	9/08/16	090-053-533.07-00	PROFESSIONAL SERVICES	SEP MHB17-039 CONSL	4,545.00
											VENDOR TOTAL	13,635.00 *
77280	UP CENTER OF CHAMPAIGN COUNTY	9/07/16	04 VR	53-	297		547258	9/08/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP CHILD/FAM/YOUTH	1,583.00
											VENDOR TOTAL	1,583.00 *
78120	URBANA NEIGHBORHOOD CONNECTION CENTER	9/07/16	04 VR	53-	296		547261	9/08/16	090-053-533.92-00	CONTRIBUTIONS & GRANTS	SEP COM STUDY CENTE	1,000.00
											VENDOR TOTAL	1,000.00 *
78888	VISA CARDMEMBER SERVICE - MENTAL HEALTH	8/23/16	01 VR	53-	277		546696	8/25/16	090-053-533.89-00	PUBLIC RELATIONS	3930 MICHAELS 7/25	78.92-
		8/23/16	01 VR	53-	277		546696	8/25/16	090-053-522.02-00	OFFICE SUPPLIES	3930 STAPLES 7/20	493.73
		8/23/16	01 VR	53-	277		546696	8/25/16	090-053-522.44-00	EQUIPMENT LESS THAN \$5000	3930 STAPLES 7/20	379.99
		8/23/16	01 VR	53-	277		546696	8/25/16	090-053-533.89-00	PUBLIC RELATIONS	3930 MICHAELS 7/25	74.39

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*** FUND NO. 090 MENTAL HEALTH												
		8/23/16	01	VR	53- 277		546696	8/25/16	090-053-533.89-00	PUBLIC RELATIONS	3930 MICHAELS 7/25	62.71
		8/23/16	01	VR	53- 277		546696	8/25/16	090-053-522.02-00	OFFICE SUPPLIES	3930 STAPLES 8/4	32.07
		8/23/16	01	VR	53- 277		546696	8/25/16	090-053-533.95-00	CONFERENCES & TRAINING	3930 AUTISM SOC 8/9	65.00
		8/23/16	01	VR	53- 277		546696	8/25/16	090-053-533.84-00	BUSINESS MEALS/EXPENSES	3930 OPH MTG 7/22	51.47
		8/23/16	01	VR	53- 277		546696	8/25/16	090-053-533.42-00	EQUIPMENT MAINTENANCE	3930 STAPLES 7/20	29.99
		8/23/16	01	VR	53- 277		546696	8/25/16	090-053-522.02-00	OFFICE SUPPLIES	3930 STAPLES 7/25	79.92
											VENDOR TOTAL	1,190.35 *
81610	XEROX CORPORATION											
		8/23/16	01	VR	53- 276		546703	8/25/16	090-053-533.85-00	PHOTOCOPY SERVICES	INV 143042457 7/7	39.60
		8/23/16	01	VR	53- 276		546703	8/25/16	090-053-533.85-00	PHOTOCOPY SERVICES	INV 143042456 7/7	246.29
		9/07/16	04	VR	53- 304		547278	9/08/16	090-053-533.85-00	PHOTOCOPY SERVICES	INV 143553641 8/6	246.29
		9/07/16	04	VR	53- 304		547278	9/08/16	090-053-533.85-00	PHOTOCOPY SERVICES	INV 143553642 8/6	39.60
											VENDOR TOTAL	571.78 *
602880	BRESSNER, BARBARA J.											
		9/07/16	04	VR	53- 298		547288	9/08/16	090-053-533.07-00	PROFESSIONAL SERVICES	SEP PROFESSIONAL FE	1,969.00
											VENDOR TOTAL	1,969.00 *
609500	CRAWFORD, NANCY K											
		9/07/16	04	VR	53- 303		547295	9/08/16	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	117.5 MILE 7/20-8/3	63.45
		9/07/16	04	VR	53- 303		547295	9/08/16	090-053-533.89-00	PUBLIC RELATIONS	EXPO SUPPLY 8/30	24.60
											VENDOR TOTAL	88.05 *
615730	GODWIN, MARY C.											
		9/07/16	04	VR	53- 299		547301	9/08/16	090-053-533.07-00	PROFESSIONAL SERVICES	SEP/OCT EXPO CONSUL	1,000.00
											VENDOR TOTAL	1,000.00 *
630360	MAYER, JAMES											
		9/07/16	04	VR	53- 300		547325	9/08/16	090-053-533.07-00	PROFESSIONAL SERVICES	SEP PROFESSIONAL FE	2,625.00
											VENDOR TOTAL	2,625.00 *

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*** FUND NO. 090 MENTAL HEALTH												
644000	TOWNSEND, DEBORAH	8/24/16	03 VR	53-	275		546720	8/25/16	090-053-533.84-00	BUSINESS MEALS/EXPENSES	REIM ED MEAL 8/15	113.50
											VENDOR TOTAL	113.50 *
										MENTAL HEALTH BOARD	DEPARTMENT TOTAL	350,492.73 *
										MENTAL HEALTH	FUND TOTAL	350,492.73 *

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CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

BRIEFING MEMORANDUM

DATE: September 21, 2016
TO: Members, Champaign County Mental Health Board (CCMHB)
FROM: Mark Driscoll, Associate Director
SUBJECT: Update on Criminal Justice-Mental Health Collaborations and Allocations

Last fall I prepared a lengthy briefing memo titled "Status of Behavioral Health Jail Diversion Initiative" for the Board. The memo recapped efforts to address the need for an alternative to incarceration for people with mental illness or substance use disorders, particularly those requiring detoxification or crisis stabilization. This memo is a follow-up to that original document and includes additional information on the Board's investment in behavioral health services aligned with the criminal justice system. Attached are the following supporting documents:

- DoJ Justice and Mental Health Collaboration Program Grant Progress Report
- Public Dialogue Meeting Summary
- CCMHB Program Allocations - Contract Year 2017
- Criminal Justice-Behavioral Health and Other Funding Priorities (FY13-FY17)
- CCMHB Criminal Justice-Behavioral Health Supported Services by Intercept
- System Intercept Map – Intercept 1 (draft)

In September 2015, Champaign County was awarded a Department of Justice – Justice and Mental Health Collaboration Program planning grant (see Progress Report). The CCMHB supports the planning process and actively participates in the Crisis Response Planning Committee that was required as part of the grant. The CCMHB has also been the source of the required matching funds. The Committee is currently conducting a series of focus groups, an online survey, and community meetings to discuss experience with the criminal justice system and identify needs across the system. As part of the planning process the Committee will complete system mapping exercises for each of the five sequential intercept points. See below for more information on the Sequential Intercept Model and mapping process.

Also last September, a Public Dialogue was held to solicit input from the community and share their views on what services are needed to divert people with mental illness or substance use disorders from the jail. The event was well attended with many sharing their personal experiences and a range of perspectives (see Public Dialogue Meeting Summary). The input from the dialogue was reflected in the CCMHB allocation criteria adopted by the Board in November 2016. The criteria - Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface - included:

- enhanced crisis response with stronger case management (WRAP)
- expanded access to psychiatric services

- peer mentoring and support options
- detoxification and psychiatric stabilization options
- wellness programming
- specialty courts and related services and support services provided at the jail
- Crisis Intervention Training for law enforcement

Not all aspects of the criteria generated proposals. Many of the proposals were extensions of existing services. Psychiatric services provided by community mental health centers across the state were placed at risk due to the state not issuing or funding “Psychiatric Leadership” contracts. In Champaign County, these services were sustained through a commitment by Community Elements (Rosecrance Champaign/Urbana) to continue operating the program at loss and then transferring the program to Promise Healthcare with support from local funders including the Board. Wellness services continue; that in part prioritizes criminal justice involved patients. Specialty court funding now includes medically assisted treatment previously funded under separate contract. Case management at the jail and in the community as well as crisis and other support services were continued. New proposals were received related to peer mentoring and reducing gun violence. One proposal provides peer support to adults reentering the community from jail and prison. Two others, endorsed by the Champaign Community Coalition, seek to reduce violence in Champaign and Urbana neighborhoods through targeting interventions to persons at high risk of reoffending and to strengthen neighborhoods’ capacity to respond to incidents of violence. Included as an attachment is the memo of program allocations for FY17, approved at the May 2016 board meeting and grouped by priorities.

The ability of providers to address detoxification was known to be limited because of the state budget crisis. Local providers likely to submit a proposal, either individually or collaboratively, had previously expressed concerns about the state’s inability to reach an agreement on the state budget coupled with delayed payments, impeding their ability to move forward with such a large undertaking as establishing a detoxification program. There was also concern about the impact redirection of local funding would have on existing services. While no proposals were forthcoming, the recent merger of Community Elements with Rosecrance to form Rosecrance Champaign/Urbana increases the prospect of an initiative being brought forward.

The Board’s commitment to criminal justice has increased over the last five years, particularly services to adults. In 2012, the Institute for Law and Policy Planning began an evaluation of the Champaign County criminal justice system including services and supports available to adults with mental illness having contact with the system. The final report was issued in September 2013. During the intervening months as ILPP prepared the report, the CCMHB began to place greater emphasis on services for adults involved with the criminal justice system.

A trends analysis is included as one of the attachments reflecting the increased investment in criminal justice system based behavioral services. The tables and accompanying charts are based on allocation decisions made by the Board for contract years FY13 (July 1, 2012 – June 30, 2013) through FY17 (July 1, 2016 – June 30, 2017). In the first table and chart, allocations are grouped into four priorities: Criminal Justice-Behavioral Health Services, Community Based Services, Intellectual/Developmental Disabilities, and System of Care for Youth and Families. As an increased investment has been made in criminal justice related services, support for community

based services has declined, I/DD services has been held essentially constant (a function of the CCMHB-CCDDB Intergovernmental Agreement), and some fluctuation has occurred in later years to the system of care priority due primarily to set-aside of funds for new staff.

The second table and chart is specific to the investment made within the Criminal Justice-Behavioral Health Priority category. The subcategories follow those included in the FY17 program allocation spreadsheet: Adult Criminal Justice-Behavioral Health, Juvenile Justice, Problem Solving Courts, and Victim Support Services. Adult CJ-BH is the only area to experience growth over the last five years. The jump in the Adult CJ-BH percentage from FY16 to FY17 is primarily due to funding new programs: Fresh Start, Peer Mentoring for Reentry, and TRUCE.

The Sequential Intercept Model is a useful tool for identifying the various points within the criminal justice system where interventions can occur to divert a person from deeper penetration into the system, linking the individual to treatment or other identified needs, and to assist with reentry to the community. The Sequential Intercept Model was developed by Mark R. Munetz, MD, and Patricia A. Griffin, PhD and detailed in the article [Use of the Sequential Intercept Model as an Approach to Decriminalization of People with Serious Mental Illness](#). There are five intercept points identified within the model: Intercept 1 – Law Enforcement, Intercept 2 – Initial Detention/Initial Court Hearings, Intercept 3 – Jails/Courts, Intercept 4 – Reentry, Intercept 5 – Community Corrections.

A map of Sequential Intercept Model depicting the five intercepts is included in the attached documents. A breakdown of CCMHB-funded programs by provider by intercept is presented with the map. Some programs are listed under more than one intercept due to the breadth of services provided or population served by the program. While support services to victims are not a focus of the model, CCMHB funded services for victims are also listed at the bottom of the first page. The amount of CCMHB funding awarded by the Board is included along with the total program funding. While the CCMHB award is a solid figure, the total program funding amount, where greater than the CCMHB award, may not present a true accounting of resources available as some may rely on state contracts and payments. Accompanying the map with CCMHB programs by intercept, is a list of coordinating bodies by intercept and the entities represented. The Board is represented on each of these bodies.

Mapping of the system within each intercept and relationship to the preceding or following intercept can identify resources and relationships within the system while also bringing to light gaps in the system. As mentioned previously the Crisis Response Planning Committee as part of the Department of Justice planning grant will complete mapping exercises for each of the five intercepts. Through Lynn Canfield's involvement with the National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD), Champaign County was presented with the opportunity to participate in a web-based virtual mapping exercise on early diversion opportunities for persons coming in contact with law enforcement (Intercept 1). In consultation with leadership of the Crisis Response Planning Committee (CRPC) and the Crisis Intervention Team Steering Committee (CITSC) and with guidance from NACBHDD consultant Policy Research Associates, the event was organized and held July 12, 2016. Twenty-seven participants representing seventeen organizations participated in the exercise designed by Policy Research Associates. The two-hour virtual mapping exercise generated a map of Intercept 1 as

well as additional notes. The outcome of the exercise is of value to both the CRPC and CITSC. As previously mentioned, the CRPC will be mapping all five intercepts. Intercept 1 is likely the most involved of the five intercepts to map. A copy of the draft Intercept 1 Map is included as an attachment.

Another opportunity to come through NACBHDD was the White House Data Driven Justice Initiative. Representing Champaign County at the June 12, 2016 conference were State's Attorney Julia Reitz, Champaign County Administrator Rick Snider, Chief Deputy Allen Jones of the Champaign County Sheriff's Office, and Lynn Canfield from Champaign County Mental Health Board. The workshop highlighted model programs that divert individuals from incarceration. Using data matching to identify frequent users of multiple systems – criminal justice, behavioral health, medical, and homeless services, such users can be flagged and then targeted for intervention. County efforts highlighted at the conference include King County (Seattle), Washington, and Bexar County (San Antonio), Texas. Support for the Data Driven Justice Initiative continues with opportunities for additional technical assistance. To sustain the project after the election, the National Association of Counties will eventually take over responsibility for the Initiative from the White House.

Collaborative efforts continue through the various coordinating bodies with the primary focus being the work of the Crisis Response Planning Committee (CRPC). Once compiled, the results of the CRPC public input received through the focus groups, community dialogues, and online survey will be shared with the Board as will the results of the mapping of Intercepts 2 through 5. As this work continues, the Board, through the annual allocation process can sustain or expand existing services linked to the criminal justice system, pursue new initiatives like Fresh Start, or consider new directions.

1916 2016

Submitted To:
Mr. Peter Tracy
Executive Director, CCMHB
Brookens Administrative Center
1776 E. Washington Street
Urbana, IL 61802

August 1, 2016

Dear Mr. Tracy,

Enclosed is a summary of the progress to date re: the Justice and Mental Health Collaboration Program (JMHCP) planning project, a Category 1 grant awarded to Champaign County by the U.S. Department of Justice (DOJ) in October 2015, for which the Champaign County Mental Health Board provides a 20% funding match.

The Category 1 grant focuses on collaborative county approaches to reduce the prevalence of individuals with mental disorders in jail. In light of this, the Crisis Response Planning Committee (CRPC), a formal planning body formed to guide the process, is conducting a comprehensive, data-driven analysis of Champaign County's criminal justice and behavioral health systems.

Information disseminated at recent conferences, held by the DOJ's Bureau of Justice Assistance, and partnering agencies, reinforced the CRPC's goal to focus on developing early intervention solutions and diversion opportunities for multisystem-involved individuals with mental illnesses or co-occurring mental and substance use disorders. In addition, the CRPC's work will inform future training opportunities for local justice and treatment professionals, as well as enhance communication, collaboration, and the delivery of support services among justice professionals, treatment and service providers, and governmental partners.

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1916 2016

The intended results of these grant activities are the reduction of the number of people with behavioral health disorders who are booked into the county jail, reduction in the length of time people with mental illnesses stay in jail, increase in the number of people released from jail who are connected to community-based services and supports, and reduction in the number of people returning to jail.

Based on the substantial progress that has been made, the CRPC is confident that a suitable implementation plan will be in place at the conclusion of this planning phase.

Respectfully Submitted By:
Celeste Blodgett

Criminal Justice Liaison

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Champaign County Illinois - Justice and Mental Health Collaboration Program
Progress Summary
October 2015 – July 2016

Introduction

In October 2015, Champaign County was awarded a Justice and Mental Health Collaboration Program (JMHCP) two-year planning grant, from the US Department of Justice (DOJ), to identify systemic gaps and plan for the development of resources for persons with mental illness or co-occurring mental health and substance use disorders, who come in contact with local law enforcement and the county jail. The Champaign County Sheriff's Office and Rosecrance Champaign/Urbana (RCU) (formerly Community Elements) are jointly administering the grant. Since receiving the award, numerous activities have taken place to move the initiative forward.

Grant Activities

In November 2015, the Crisis Response Planning Committee (CRPC), a formal planning body comprised of local stakeholders representing law enforcement, the judiciary, service providers, and citizens and family members of those with lived experience was formed to guide this planning process. A mission statement and bylaws were drafted and approved by the CRPC. Task groups, on which at least one CRPC member sits, were formed to address specific needs such as: data collection and tracking; peer support; linkage to primary healthcare and service provision; screening and assessment; and sustainability and compliance. As the process continues, community stakeholders, service providers, and interested persons will be added to these task groups to provide additional perspectives.

In addition to funding support, JMHCP grant recipients receive technical assistance (TA) from TA providers at the Council of State Governments Justice Center (CSG). In light of this, the Sheriff's Office and JMHCP staff participate in monthly conference calls with TA providers. Further, the TA providers developed and distributed a Planning and Implementation Guide to all planning grantees. The Guide functions as a workbook for each step of the planning process, and includes a timeline, to assist grantees in completing required activities within the assigned timeframe.

In December 2015, a group comprised of county administrative staff, the Sheriff's Office, and JMHCP staff attended the national Bureau of Justice Assistance Conference, for Second Chance Act (SCA) and JMHCP grantees. There, the group met with their assigned (TA) Providers, other JMHCP planning grant recipients from communities throughout the US, and subject matter experts who provided insight based on their extensive experience in the field and working with previous grantees on similar projects.

In January 2016, the County learned that it had not yet received budget approval from the DOJ for the planning grant, and, as a result, was required to suspend all grant activities until notification of the budget approval was received. Soon thereafter, budget approval was granted and grant activities resumed. At that time, some of the task groups met to begin their work.

The Data Task Group met to discuss current data system capabilities and needs, as they pertain to flagging and tracking the involvement with law enforcement and the jail, by the population

with mental illness or co-occurring mental and substance use disorders. A Data Consultant was hired to assist with identifying data needs and potential solutions, and make recommendations to enhance data collection and tracking capabilities for those with mental illness (MI) and co-occurring MI and substance use disorders (SUD) who come in contact with law enforcement and/or are booked into the jail.

The Data Task Group has discussed system needs and capabilities. As a result, the CRPC was presented with and agreed on definitions for the terms *mental illness* (MI), *substance use disorder* (SUD), and *recidivism*. In addition, the CRPC approved the use of validated screening tools, the Brief Jail Mental Health Screen to identify a possible mental illness, the CAGE-AID to identify a possible substance use disorder, and the LSI-R:SV to determine level of criminogenic risk (risk of recidivism). These screening instruments, in addition to identifying possible presence of disorders and the likelihood of recidivism, provide a consistent method for tracking prevalence of disorders and level of criminogenic risk for all persons booked into the jail.

In April, our TA providers from the CSG conducted a site visit to Champaign County, during which they toured the jail and provided informational presentations to both the Reentry Council and the CRPC. Further, Bruce Barnard, Sheila Ferguson, and Allen Jones submitted a Letter to the Editor in the News Gazette, to better inform the public of the issues related to criminal justice involvement for the population with MI and/or co-occurring MI and SUD.

As of July 2016, a list of Focus Group Questions, and an online survey, containing these questions have been developed for and approved by the CRPC. The survey has been made available to the public. Two public input sessions are scheduled, one in July and one in August. Specific focus groups are also being scheduled. It is anticipated that the public information gathering phase of the project will be completed by the end of August 2016.

Other Activities

In addition to the JMHCP grant activities, Champaign County has been involved in a number of events and opportunities that relate to and enhance these efforts. In April 2016, Champaign County was one of 50 sites, from 200 applicants, selected to take part in the first national Stepping Up Conference, in Washington, D.C. The event was sponsored by the National Association of Counties (NACO), American Psychiatric Association (APA), and BJA, and afforded participants the opportunity to meet with other communities throughout the US.

In June 2016, a team of stakeholders from Champaign County (County Administrator, Rick Snider; State's Attorney, Julia Rietz; Chief Deputy, Allen Jones; and Lynn Canfield of the Mental Health Board) attended a workshop on data-driven justice practices at the White House. There, in addition to meeting with White House staff, the team met with 54 other communities to share knowledge and practices, and work collaboratively on solutions to reduce unnecessary incarceration, specifically for "super-utilizers," persons who cycle repeatedly through local resources (e.g., hospitals, jails, clinics, etc.).

In July 2016, Champaign County Mental Health Board received the opportunity for Policy Research Associates to facilitate a virtual Intercept 1 Sequential Intercept Mapping (SIM) exercise, with two other communities in the US. All local stakeholders, relevant to Intercept 1,

participated in the event. As the JMHCP project moves forward, all intercepts will be mapped. In addition, Bruce Barnard, JMHCP Project Director, applied for and was awarded the opportunity to participate in the Criminal Justice Leadership Conference in Washington, D.C., in September 2016. The Conference opportunity is part of the Stepping Up Initiative, and correlates with JMHCP activities.

Conclusion

The JMHCP grant has given Champaign County a valuable opportunity, to plan for improving the way the needs of persons with MI and/or SUD, who come into contact with local law enforcement and the county jail, are met. The co-administrators of the grant, JMHCP staff, and CRPC members are diligently working to meet the requirements of the grant and make the most of the planning process. Further, these teams continuously work to find additional opportunities for Champaign County, to further the community's goals to best meet the needs of this population, increase public safety, and mindfully use scarce resources in the most effective and efficient manner possible.

**Developing Solutions for Jail Diversion
Public Dialogue
Meeting Summary**

**Brookens Administrative Center
Lyle Shields Room
Wednesday, September 30, 2015
6:00 – 7:30 p.m.**

Welcome

Ms. Amanda Porterfield opened the meeting making brief introductory remarks as she welcomed everyone to the event. She then introduced the other members of the panel: Allen Jones, Dan Walsh--Champaign County Sheriff's Office; Mark Driscoll, Peter Tracy--Champaign County Mental Health Board; Brian Tyson--University of Illinois Police Department.

Why We Are Here

Sheriff Dan Walsh stated the purpose of the Behavioral Health Jail Diversion Initiative is to develop the services necessary in Champaign County to divert people from incarceration and link them to appropriate services and supports. Seven goals for jail diversion services were identified.

The Evening's Agenda

The agenda for the evening was reviewed by Ms. Amanda Porterfield

BHJDI Executive Summary

A copy of the Behavioral Health Jail Diversion for Champaign County Executive Summary was distributed. The purpose of the document is to inform the public of on-going efforts to address the need for a community-based center as an alternative to incarceration for individuals with mental illness or whose addiction and intoxication requires access to detoxification services among other services the center may offer. Workgroup participants and organizations involved are: Champaign County Sheriff's Office, Champaign County Mental Health Board, United Way of Champaign County, Community Elements, Prairie Center Health Systems, Champaign County Health Care Consumers, Carle Foundation Hospital, Presence Covenant Medical Center, Christie Clinic, Urbana Police Department, U of I School of Social Work, C-U at Home, Champaign County Regional Planning Commission, C-U Public Health District, Promise Healthcare—Frances Nelson and Elliott Counseling Group

State Financial Crisis

Peter Tracy from the Mental Health Board discussed the impact of the State of Illinois financial crisis on local funder capacity.

Emergency Response Perspective

University of Illinois Police Officer Brian Tyson described the challenges police officers are facing including: decreased services, a large number of contacts and limited options. Law Enforcements current effort is to train police with Crisis Intervention Teams and Mental Health First Aid. They are also building relationships with community stakeholders and consumers; and, working with the community to develop additional options for police response.

Vision – Seven Goals for Diversion

Chief Deputy Allen Jones from the Champaign County Sheriff's Office described the seven goals that have been identified for diversion services.

1. A specific location/venue to serve as a Reception / Assessment center which is accessible to law enforcement, the reentry population and eventually the general public.
2. A service mix designed to intervene in the chronic revolving door incarcerations of the super-utilizers of jail and emergency room resources.
3. Temporary shelter for homeless people (including those "banned")
4. A full array of services including Detox, psychiatric stabilization, and crisis stabilization.
5. Access to primary care (physical health services)
6. Linkage and aftercare services and supports including housing and employment
7. Benefits assistance (including health insurance, SNAP, etc.)

Public Dialogue

Public comments were made by 17 individuals following the panel presentation. (Identifying information has been removed)

Comment 1:

- NAMI is a local resource as is the NAMI- U of I Chapter
- Fund Certified Recovery Support Specialist staff
- Support anti-stigma efforts e.g. National Mental Illness Awareness week.
- Support use of clinical psychologists to prescribe drugs
- Need to contact state representatives saying we need a budget "now"

Comment 2:

- Shared personal experience of not getting access for family member at hospital and in dealing with police. Need an alternative.

- Families experience stress and pressure. They need an alternative
- Individuals with mental illness want to work, have a job. They may only be able to work part-time but do want to work.
- Getting access to psychiatric care/see a psychiatrist is six months plus wait

Comment 3:

- Services proposed would save dollars in the long run. Reduce cost to police and hospitals.
- State using budget crisis to cut services is a false argument
- Invest in prevention and new therapeutic techniques
- Enable access to services before reaches crisis level
- CIT training is a useful tool/resource, know having participated in training as a consumer representative

Comment 4:

- Couple the work being done here with efforts to have County Board create Racial Justice Task Force
- Police Departments need to have officers/community reps that are from the local community they are working in/patrolling

Comment 5:

- Consider operating cost to sustain operation as well as the capital expense to establish the facility.
- Make it a community mental health center not just crisis response.
- Involve community in the process

Comment 6:

- Went to U of I School of Social Work, now living in Chicago, while living here came up with Better Every Day program design/concept
- Have house where people can go to get support/hang out until feel better – “a home for the starving soul.”
- Recited poem written to help convey the message

Comment 7:

- 50 plus years in the field
- Spoke to County Board about San Antonio model several years ago – glad we brought him here and people now listening
- Son with DD/MI/physical handicap had to leave community many years ago because of police contacts and lack of services

Comment 8:

- Son is bi-polar
- Recognized various local providers for past work with son
- Shared story of positive experience with CPD CIT officers
- Spoke to need to educate community and youth

Comment 9:

- Need to involve NAMI and community groups in planning
- Suggested name of project be changed to "Community Mental Health Resource Center"

Comment 10:

- People have a right to refuse service/treatment
- Provide support to families, access to respite care
- Detox is needed in the community
- Liability to housing service providers when resident needs detox and has no place to go

Comment 11:

- Make it a drop-in center not a police drop off center
- This alternative will save dollars
- Needs to be a collaborative effort with multiple sources of support

Comment 12:

- In recovery
- Employment support is important
- Excited to see this conversation happening

Comment 13:

- Shared personal story about an experience with her son in crisis and the support from a another consumer
- Value of Peer Support

Comment 14:

- Work with reentry population on employment, housing and the traumatic experience of incarceration
- Need alternative to fines/court fees leading to jail

Comment 15:

- Shared personal experience of her son's DD/MI and dealing with local criminal justice and mental health system
- Systemic issue
- Communication issues between providers and between systems

Comment 16:

- Worked at Inc., 708 Board in Aurora
- Specialty court services in Kane county were supported with court fees
- Townships were also asked to contribute funds to support services

Comment 17:

- Past "super utilizer"
- Now in recovery, employed and housed

Going Forward

Allen Jones made closing statements and stated follow-up meetings are being planned. Any additional question, comments or ideas may be emailed to jaildiversion@co.champaign.il.us

Written Comments

(posted to jaildiversion@co.champaign.il.us)
(Identifying information has been removed)

Written Comment #1

I am a mother of a past Champaign county jail inmate. My son was arrested with his so called friend. Both were shooting up heroin(he was arrested his friend was not) this friend is still hooked to the needle. My son appeared in court 5 minutes late therefore he was taken directly to jail for 59 days. This facility is just a holding place where they learn more evil things to do with their lives. He got out in 59 days and went back to his old ways. Luckily he had good family that watched his every move and got him to the hospital in time. He released then his habit almost cost him his life. It was a way to block his pain.

Education and real love and care is all that will help these individuals.

Jail time does nothing!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!

Written Comment #2

I write as a parent —my son is 22 years old and was diagnosed with pervasive developmental disorder as a young child and attended school with an IEP for behavior disorders and learning disabilities. . Our family and son have desperately needed a diversion program. We were fortunate in his highschool years to learn a about the Champapign police crisis intervention team . They came to our house and assisted us several times when my son became very angry. They were effective in calming him down. He made it through high school. Unfortunately my son's mental health deteriorated. He had trouble finding and keeping a job, he went through addiction recovery treatment, received support from Community Elements, but was not able to be successful living independently. He was arrested and jailed for a month in the summer of 2013. One month prior to the arrest, I took my son to the emergency room (for the second time that year) because he was unable to calm down, was in a rage, and told me he was afraid he would hurt someone. Both times the staff assessed and released him because they determined he was neither homicidal nor suicidal and could give me

no direction about how to help him. I felt helpless unable to identify resources and waited for the next crisis. Four weeks later my son called to say he needed help because he couldn't control his anger and had been in a fight. My only resource was to call the police. He was arrested and sentenced to 30 days in jail and fines. I know the ER cannot be the diversion program; county jail should not be the only diversion program for individuals with mental illness and developmental disorders.

I encourage our county to move forward and reduce the number of unproductive arrests and time in jail by referring people to a diversion and resource program. If it works in San Antonio Texas, it can work in Champaign Urbana.

Thank you

Written Comment #3

Thank you, Panel, for your brief introduction, and holding the Public Hearing, 9/30/15.

- I thank speaker No.5 for yielding the floor to me (No.6)
- The effort/planning for mental health jail diversion is to be applauded.
- The County Board needs to appoint a Racial Justice Task Force*, with teeth, to avoid racial disparities in the application of this Diversion Program.
- One suggestion is to have one or two Police-Officers from each affected minority community (hired from that community); with training in not just Crisis Intervention, but Conflict Resolution (I meant to say...who could defuse situations, between trouble makers, as well as to recognize and be recognized by mentally disturbed people, who need help.
- This means going back to walking a "Beat." Saying."Hi!" Listening. Playing Ball/ Gaining trust and understanding of those he or she is supposed to serve and protect.
- I think the use (or threat of use) of tasers to control 'patients' is counter-productive.
(A large, light-weight gladiator's net would be less lethal, to me, who now has a pacemaker and AID implanted, which could kill me if set off by a security gate or wand.)
- Clearly, State Trooper Ron Johnson, who had lived in Ferguson, was trusted there.
- Even the uniform could make a difference; Wear blue shirts, instead of black, (ISIS' color; meant to create fear.)
- In parallel with Mental, we need Drug-Addiction Jail-Diversion.
- I'd like to convince Illinois lawmakers to decriminalize pot. (I've had one 'brownie.' in 1969.)
- License its sale and tax it! Colorado makes far more revenue from marijuana than from liquor tax.

- DUI? Find an equivalent of the incapacitation caused by 0.08% blood alcohol; not just 'metabolites,' which stay around far longer than any impairment. Test for impairment physically, as with balance and dexterity.

- Funds? Anderson; other corporations. Not only to help fund the programs, including Diversion, but Reentry Programs, including job training before release, parenting skills, NV Conflict Resolution, mortgage finance, GED/College, but to stand ready to hire non-violent felons.

- Money for Public Health programs: Mental & Addiction, the Robert Wood Johnson Fund might help.

- Additional Model Programs: Allegheny County Jail's Reentry Program (Pittsburgh), and "One-Family" (San Francisco.) With lots of encouraging statistics on the large reduction in recidivism, with corresponding reduction in tax dollars spent on incarceration.

Sincerely,

PS *Other reasons for a good RJTF: seek ways to reduce racial disparities where they have been shown to persist, for whatever reason.

Written Comment #4

My name is [REDACTED]. I shared at last night's jail diversion meeting that I am a junior at the U of I in the School of Social Work and am also a recovering drug addict and alcoholic.

I am currently planning my first big awareness event/fundraiser for C-U At Home. I have planned small events in the past, but never one where I need sponsors to help with the cost of the event.

I do not have a title for the event yet, but it will be a substance abuse/mental health awareness rally which will double as a fundraiser for C-U At Home. It will take place on Saturday November 21st from 11am-4pm at the Fluid Events Center. I am hoping to have several speakers, a lunch (nothing too fancy), and possibly a raffle to help with the fundraising.

I am writing to you all for suggestions for how to get sponsors and if any of you have any suggestions on businesses in the Champaign-Urbana area that you think would be willing to sponsor the event. If you'd like to know the estimated cost, please email me back and I can let you know.

The meeting last night was amazing and I am so excited that these types of conversations are starting to take place. Since getting sober 2 and a half years ago I have been to far too many funerals of people who lost their lives to the diseases of substance abuse and mental illness. We need to do something, and I believe last night's conversation was a great place to start.

Please respond with any suggestions you have for me regarding sponsors or the event in general!!

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Thank you all SO much!

Written Comment #5

Gloucester, Massachusetts has begun fighting addiction by offering help. So excited to see this happening all over the country! Let's jump on board!

<https://youtu.be/8E0REFy3UYE>

Written Comment #6

Hello,

Thank you all for your sincere efforts towards a true alternative to incarceration for mentally ill people in our county, and thank you as well for the opportunity for public input on the planning process in last Wednesday's meeting at Brookens.

Without in any way intending to detract from the commendable resolve and momentum the jail diversion working group has exhibited, I want to share a bulleted list of concerns that we've had at Build Programs Not Jails, some of which we heard community members voicing as well on Wednesday.

* We are worried about the money for day-to-day operations of the proposed community mental health resource, and think that a coalition of providers might be a way forward. This could connect readily to referrals as regards more extended services, as well as employment and housing.

* On that note, we prefer the term (and concept) "county-based mental health resource," or something to that effect, over the proposed "jail diversion crisis center."

* We would want this facility to serve people other than only those involuntarily detained, and the law enforcement representatives who detain them-- we would want it to serve families and indigent mentally ill people more generally.

* We would like to see this center connected to "jail-diversion" initiatives around re-entry, racial justice, and pre-trial services (such as risk assessment).

* We enthusiastically applaud the inclusion of NAMI, and along those lines, we would like to see a wider spectrum of affected communities included- African-American churches that provide community services spring readily to mind- as well as BPNJ ourselves, given our long history of studying and working on these initiatives,. We would like more transparency in this discussion process.

* The psychological services resources, and other assets of the University, should be tapped as much as possible.

* Cultural competence should be considered as a major concern in making this center sustainable.

We would be very happy to have this conversation continue to advance towards an imminent, practicable solution. Thank you again for your efforts.

Written Comment #7

To Whom It May Concern,

My name is [REDACTED] and I recently attended a forum about the jail diversion initiative that was held at the RPC building in Urbana where a discussion was taken place about how young people with mental disabilities were being unjustly prosecuted and often times under treated. It was also brought to everyone's attention that there are no facilities in place that may be able to help these young people, also due to the lack of funding many if not all programs designed to help those who need it are falling by the wake side. I am currently a first hand witness to this process. My son, who has been diagnosed with adhd at 5 years old, and more recently in his teen years with ODD possible bipolar and experiences psychosis during high stress situations, has been sentenced to 13 years in prison after it was documented and suggested by court appointed psychologist that the best way to help him is to get him into treatment and give him probation. This went ignored by the courts and now my son, (who is now 23 and has spent a year and a half in jail already) is spending the next 13 years of his life with no help and a very slight chance of progressing and becoming a productive citizen. I was informed that there are ways for someone involved in in our government, rather it be local or state wide to step in and undo this gross case of negligence and injustice. I would love to sit down speak with someone face to face so I can give a more detailed account of our situation. Please help me, I look forward to your response and I thank you for your time.

My contact information is as followed

(e-mail and telephone number were provided)

Written Comment #8

Hi Allen,

It was good to see you back in town at the meeting on the 30th.

I want to add an explanation to the comments I made there: I suggested that you change the name of the project from being a Jail Diversion project to calling it a Community MH Resource Center. When it's called a Jail Diversion project, the basic problem to be solved is the impact of people with mental illness on the jail, and the needs of the individuals are a corollary rather than the central issue. If it's called a Community Mental Health Resource Center (or a Community Resource Center), the focus is on a more basic problem, the lack of timely, affordable, accessible MH/SA services (and homeless services) in the community, which are the real issues as experienced by the people of Champaign County. This was expressed eloquently by some of the other speakers on the 30th.

I recognize that all the MH/SA/homelessness issues of Champaign County can't be solved by this project, but believe that articulating the core problem in the name is essential to its success, with one of the important outcome measures being the effect on the jail.

Thanks for your work on this,

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CCMHB Program Allocations - Contract Year 2017 (7/1/16 - 6/30/17)

Agency	Program	CCMHB FY 2017 Awards	FY17 CCMHB Section Total	FY17 % of Total
Behavioral Health Criminal Justice Interface				
Juvenile Justice Contracts				
CCRPC-Community Services	Youth Assessment Center (MHB proposal)*	\$26,000		
Prairie Center Health Systems	Parenting with Love & Limits (PLL-EC)	\$300,660		
Rosecrance	Parenting with Love & Limits (PLL-FE)	\$282,663		
	Juvenile Justice Contracts Total		\$609,323	16%
Savannah Family Institute	PLL License (\$150,000 Prof. Fees expense)			
Adult Criminal Justice-Mental Health Contracts				
CUAP	TRUCE	\$75,000		
FirstFollowers	Peer Mentoring for Re-entry	\$29,764		
Prairie Center Health Systems	Criminal Justice Substance Abuse Treatment	\$10,300		
	Fresh Start	\$75,000		
Rosecrance	Criminal Justice*	\$284,080		
	Crisis, Access, Benefits & Engagement (CABE)**	\$255,440		
	TIMES Center	\$70,000		
	Adult CJ-MH Contracts Total		\$799,584	22%
Problem Solving Courts Contracts				
Prairie Center Health Systems	Specialty Courts (Drug Court)	\$199,050		
	Problem Solving Courts Total		\$199,050	5%
Support Services - Victims of Crime				
Champaign Co. Children's Advocacy Center	Children's Advocacy Center	\$37,080		
Courage Connection	Courage Connection (previously A Woman's Place)	\$66,948		
RACES	Counseling & Crisis Services	\$18,600		
	Crime Victim Support Services Total		\$122,628	3%
Community Based Services Contracts				
Community Svc Center of Northern Champ Co.	Resource Connection	\$65,290		
Crisis Nursery	Beyond Blue Champaign County	\$70,000		
East Central IL Refugee Mutual Assistance Center	Family Support & Strengthening	\$19,000		
Family Service of Champaign County	Counseling^	\$20,000		
	Self-Help Center	\$28,928		
	Senior Counseling & Advocacy	\$142,337		
Prairie Center Health Systems	Prevention	\$58,247		
	Youth Services^^	\$108,150		
Promise Healthcare	Promise Healthcare Wellness & Justice^^^	\$58,000		
	Mental Health Services with Promise	\$222,000		
Rosecrance	Early Childhood MH and Development	\$75,000		
The UP Center of Champaign County	Children, Youth, and Families Program	\$19,000		
	Community Based Services Total		\$885,952	24%
System of Care for Youth & Families				
CUAP	CU Neighborhood Champions	\$19,189		
Don Moyer Boys & Girls Club	C-U CHANGE	\$100,000		
	Champaign Community Coalition-Summer Programs	\$107,000		
	Youth & Family Organization	\$160,000		
Mahomet Area Youth Club	Bulldogs Learn & Succeed Together (BLAST)	\$15,000		
	Universal Screening-MAYC Members Matter!	\$12,000		
TAP In Leadership Academy	The Kickback Lounge	\$35,000		
Urbana Neighborhood Connections	Community Study Center	\$12,000		
	SOC Total		\$460,189	12%
ID/DD Contracts (CCMHB/CCDDB IGA)				
CCRPC-Head Start	Social-Emotional Disabilities Services	\$55,645		
Community Choices	Customized Employment	\$70,000		
	Self Determination Support	\$70,000		
Developmental Services Center	Individual and Family Support	\$387,428		
CCMHB/DDB	CILA Project	\$50,000		
	ID/DD Total		\$633,073	17%
	CCMHB Total	\$3,709,799	\$3,709,799	100%

* includes DoJ grant matching funds (\$17,500)

** includes CCHCC subcontract (\$49,440)

^Provides some services to drug court clients

^^Youth served include those on probation

^^^Patients served include those involved with criminal justice system

Total CJMH \$1,730,585 46.65%

Comment: includes full value of Rosecrance CABE contract. The CABE contract includes support for the crisis team including collaboration with law enforcement, the crisis line, and the CCHCC subcontract. It also supports access (screening/intake/assessments) and other assistance w/ benefits - SSI/SSDI.

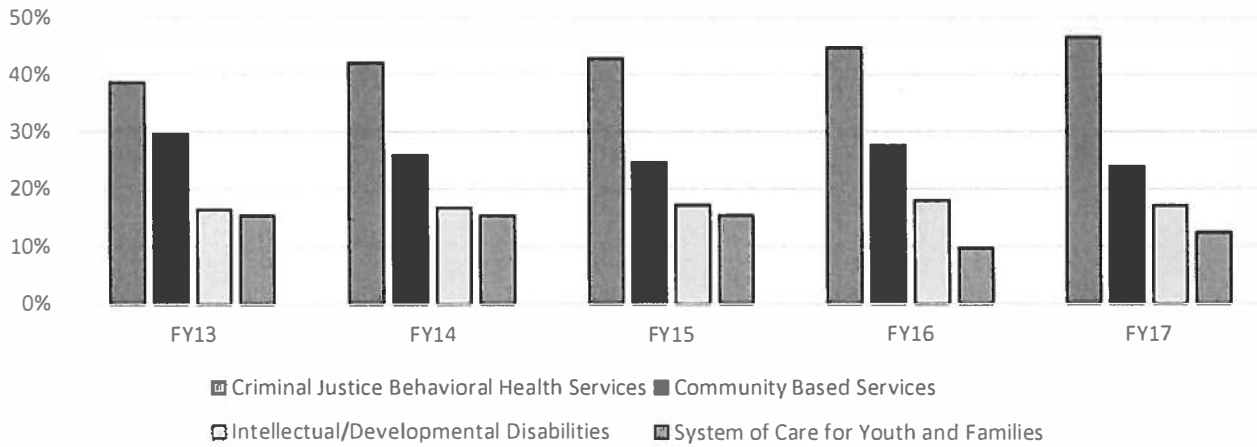
Does not include funds from the PCHS Youth Services, FS Counseling, or Promise Healthcare Wellness & Justice contracts that partially support CJMH services for adults or youth. Also does not include SFI PLL License contract.

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CCMHB Criminal Justice - Behavioral Health and Other Funding Priorities (FY13 - FY17)

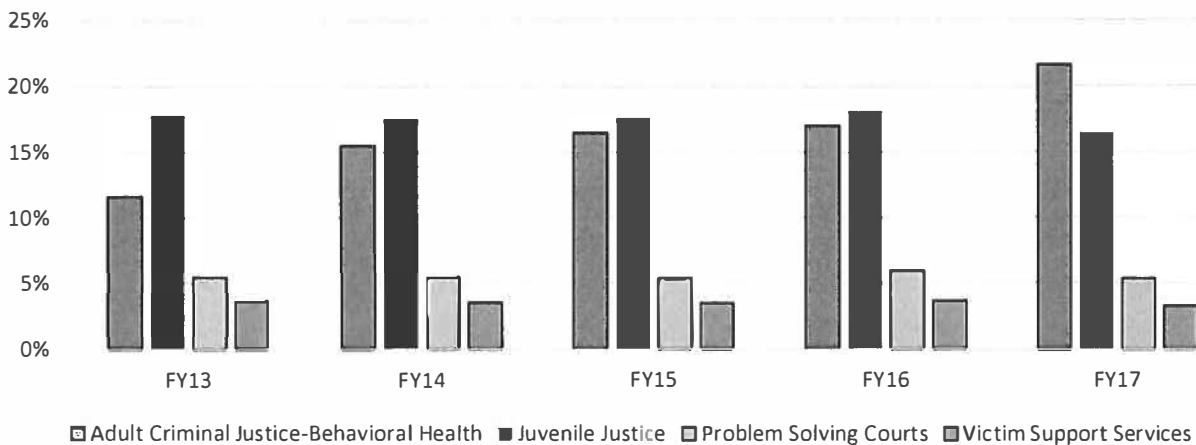
CCMHB Priority	FY13	FY14	FY15	FY16	FY17
Criminal Justice Behavioral Health Services	39%	42%	43%	45%	47%
Community Based Services	30%	26%	25%	28%	24%
Intellectual/Developmental Disabilities	16%	17%	17%	18%	17%
System of Care for Youth and Families	15%	15%	15%	10%	12%

CCMHB Funding by Priority: FY13 - FY17

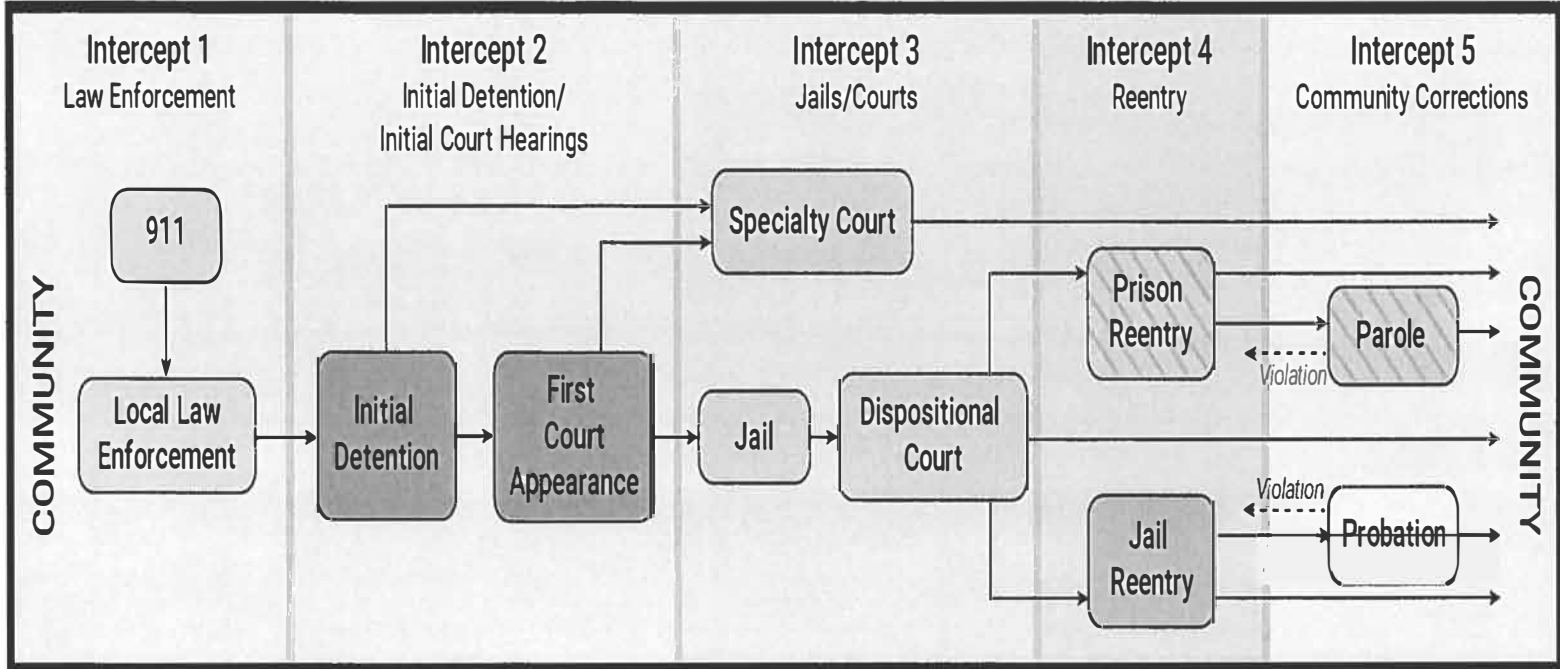
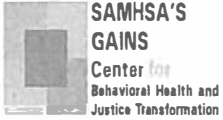


Criminal Justice-Behavioral Health Priority	FY13	FY14	FY15	FY16	FY17
Adult Criminal Justice-Behavioral Health	12%	15%	16%	17%	22%
Juvenile Justice	18%	18%	18%	18%	16%
Problem Solving Courts	5%	5%	5%	6%	5%
Victim Support Services	4%	4%	4%	4%	3%
Total - CJ-BH Services	39%	42%	43%	45%	47%

CJ-BH Priority: FY13 - FY17



CCMHB Criminal Justice Behavioral Health Supported Services by Intercept



SAMHSA's GAINS Center. (2013). *Developing a comprehensive plan for behavioral health and criminal justice collaboration: The Sequential Intercept Model* (3rd ed.). Delmar, NY: Policy Research Associates, Inc.

<u>Intercept</u>	<u>Provider/Program</u>	<u>CCMHB Funding</u>	<u>Total Program Funding</u>
#1	Rosecrance CU/Crisis, Access, Benefits, & Engagement Rosecrance CU/Times Center	\$284,080 \$ 70,000	\$896,606 \$397,127
#2	Prairie Center/Criminal Justice Substance Abuse Tx Rosecrance CU/Criminal Justice	\$ 10,300 \$255,440	\$ 17,900 \$572,983
#3	Prairie Center/Specialty Courts Rosecrance CU/Criminal Justice	\$199,050 See Above	\$352,550 See Above
#4	FirstFollowers/Peer Mentoring for Reentry Rosecrance CU/CABE-CCHCC Subcontract (\$49,440) Rosecrance CU/Criminal Justice	\$ 29,764 See Above See Above	\$ 29,764 See Above See Above
#5	CUAP/TRUCE Prairie Center/Fresh Start Rosecrance CU/Criminal Justice Rosecrance CU/TIMES Center	\$ 75,000 \$ 75,000 See Above See Above	\$ 75,000 \$ 75,000 See Above See Above
<u>Intercepts 1,2, & 3: Victim Support Services</u>		<u>CCMHB \$</u>	<u>Total Program Funding</u>
Children's Advocacy Center		\$ 37,080	\$195,668
Courage Connection (DV targeted services)		\$ 66,948	\$763,200
Rape Crisis		\$ 18,600	\$133,697

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Coordinating Bodies

Intercepts #1 - #5

Crisis Response Planning Committee (DoJ-BJA Justice and Mental Health Collaboration Program):

Champaign County Board, Champaign County Sheriff's Office, Champaign County State's Attorney Office, Champaign County Judiciary, Champaign County Court Services/Probation, Champaign County Mental Health Board, Champaign County Regional Planning Commission, Champaign County Continuum of Care, Champaign County Health Care Consumers, NAMI- Champaign County, Prairie Center Health Systems, Rosecrance CU, University of Illinois Police Department, and a citizen representative.

Intercept #1

Crisis Intervention Team Steering Committee:

Champaign County Sheriff's Office, Champaign Police Department, Rantoul Police Department, Rantoul Police Department University of Illinois Police Department, Urbana Police Department, Carle Hospital Emergency Department, Presence Hospital Emergency Department, Champaign County State's Attorney Office, Champaign County Mental Health Board, City of Champaign, City of Urbana, C-U at Home, C-U MTD, METCAD, NAMI-Champaign County, Rosecrance CU, The Pavilion, and UIUC Counseling Center.

Intercept #3

Problem Solving Court Steering Committee:

Champaign County Judiciary, Court Services/Probation, Sheriff's Office, State's Attorney Office, Public Defender's Office, Prairie Center Health Systems, Rosecrance CU, Treatment Alternatives for Safer Communities (TASC), Champaign County Mental Health Board, and Champaign County Board

Intercept #4

Champaign County Reentry Council:

Champaign County Board, Champaign County Health Care Consumers, Champaign County Regional Planning Commission, Champaign County Mental Health Board, Champaign County Court Services/Probation, Champaign County Sheriff's Office, Champaign County State's Attorney Office, Champaign County Judiciary, First Followers, IDOC Parole, Urbana Police Department representing law enforcement, Prairie Center Health Systems, Rosecrance CU, Treatment Alternatives for Safer Communities (TASC), U.S. Probation, and two citizen representatives.

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LINES

- Choices – CARES Line (18-20 yrs. 24/7)
- RACES (24/7) – Sexual Assault Hotline (Nurse Adv)
- Courage Connection (24/7) – DV Hotline
- Rosecrance
 - Crisis Line (24/7)
 - Dept. MH (M-F/8a-5p)
- Veterans Administration (24/7)
- 1-800 National Crisis Line
- 211 – Referral/Community Information Line

911 DISPATCH

One Dispatch Center – METCAD

- Based on jurisdiction
- 5 Jurisdictions/300-400 Officers
- Triage Priority Level 1-3
- Training
 - CIT Training – 6 dispatchers
 - MHFA-LE Training – none
 - EMD – all staff trained in emergency medical dispatch
 - Overdose (OD)/ use of Narcan – training scheduled

MOBILE CRISIS (crisis worker goes out)

- Choices – CARES Line (18-20 yrs. 24/7) (probably not available to LE)
- Rosecrance Crisis Team
- RACES for medical issues (?) need to confirm
- CU at Home – Peer outreach crisis response for homelessness and SA (24/7) (need to confirm contact info or #)

LAW ENFORCEMENT

LE Department

- Sheriff
- Champaign P.D.
- Urbana P.D.
- Rantoul P.D.
- U of I P.D.
- Parkland Col PD

Officers Trained:

CIT/MHFA-LE/OD-Narcan

- 20/20/40+
- 27/42/13 Sergeants
- 25/56/10 Sergeants
- 6/3/30+ (Do not carry Narcan)
- 28/15/training scheduled
- 11/2/training scheduled

ARREST – Intercept 2

CRISIS UNITS/BEDS

- Rosecrance (M-F/8a-5p Access) walk in?
- Jail (by default)
- Hospitals } currently used as crisis stabilization

HOSPITALS

- Carle } Screen/Assess
- Presence } Screen/Assess
 - Volume/activity determines access to bed in E.R./triage for severity of need

DETOX

- None available in Champaign County
- Rosecrance Respite Center (not detox)
- The Pavilion-w/ Hospital clearance
- Hospital – ER
- Jail
- Individuals detoxing on their own
- VA will admit to medical

RESPITE/CRISIS STABILIZATION

- Rosecrance Respite Center (24/7)
- Emergency respite –ID/DD population?

VETERANS' SERVICES (VA)

- Hospital in Vermilion County
- Outreach Worker has contact with CC Jail
- Offers training for LE & CIT



BRIEFING MEMORANDUM

DATE: September 21, 2016
TO: CCMHB Members
FROM: Mark Driscoll, Associate Director
SUBJECT: Draft Three-Year Plan 2016-2018 with FY 2017 Objectives

The current Champaign County Mental Health Board (CCMHB) Three-Year Plan 2016-2018 enters its second year of implementation. As presented, the draft Plan with objectives for Fiscal Year 2017 is an extension of the prior fiscal year with few proposed modifications and additions. Many objectives reflect on-going commitments while those completed are removed and others added or revised in response to changes in the operating environment. The draft document is subject to change as a result of community input, Board directive, and staff review.

Background – Issues of the Day

In years past, there have been issues with the state budget impacting access to behavioral health and developmental disability services, but; none come close to the instability caused over the last year by the state budget crisis. The operating environment for human service/social service providers, particularly those reliant on state funded grant contracts, was pushed to the limit and in some cases resulted in the loss of services entirely or at a minimum reduced access to care. The more reliant an agency or a program on state grants for support, the greater the potential impact of the budget stalemate or delayed payments on services. Vulnerable populations, from families with young children to the elderly living in isolation, have been affected. There have been reports from around the state of providers closing programs or agencies shutting down entirely, and the experience in Champaign County is no different.

Locally, Community Elements (now Rosecrance Champaign/Urbana,) in response to the State's decision not to issue psychiatric leadership contracts, made a commitment to continue to provide psychiatric services while absorbing significant losses. Ultimately, with no end to the budget stalemate in sight, the agency made the decision to move the program to Promise Healthcare, the federally qualified health center (FQHC) serving Champaign County. Prior collaborations between the two entities had established a working relationship that enabled the transfer to move forward in a very short period of time. The CCMHB committed financial support to both entities to assist with the transition and maintain services to 1,200 adults receiving psychiatric services. The Board's financial commitment was extended as part of the FY17 allocation process.

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Regrettably other services have been reduced or lost. Rosecrance C/U had to reduce the number of beds and then close the TIMES Center 50 bed level I men's transitional housing program. This program not only suffered the loss of state support but also was not awarded Housing and Urban Development funds due to shifting priorities at the federal level. The TIMES Center 20 bed level II transitional housing program remains open providing long-term transitional housing. The loss of TIMES Center level I beds was compounded by the closing of the Salvation Army Stepping Stone Men's Shelter. Rosecrance C/U also made the difficult decision to close the Roundhouse Youth Shelter that provided emergency shelter and support services to runaway teenagers. The Council of Service Providers to the Homeless is working on finding a solution to the loss of adult shelter services for men and meeting the need for year-round emergency shelter for women. On a more positive note, the Emergency Shelter for Families opened this summer.

Throughout the past year, many providers have informed the public of the dire consequences associated with the lack of a state budget resulting in no payments on executed contracts. Prominent among this group was RACES. The agency was particularly at risk due to a very heavy reliance on the state for support. While the community responded on multiple occasions to the agency's requests for support, in May the RACES Board announced all staff were being laid off and volunteers would be used to provide medical advocacy and operate the hotline, coordinated by a part-time staff position.

Another significant change to occur in the midst of the budget stalemate was the decision of Community Elements, the community mental health center serving Champaign County, to merge with Rosecrance, a multi-state behavioral health provider based in Rockford, Illinois. With the merger, Community Elements is now Rosecrance Champaign/Urbana. Rosecrance has experience providing comprehensive treatment services, from prevention to residential care, to individuals with mental illness and substance use disorders. The merger is expected to result in a broader array of behavioral healthcare services available in Champaign County.

What has been highlighted are the most visible changes to the local system of care for people with mental illness, substance use disorders, and intellectual or developmental disabilities. Other actions at the federal and state level are also worth noting. Prominent among them is the parity rule issued by the Federal Center for Medicare and Medicaid Services. The rule extends parity in mental health and substance use disorder treatment to Medicaid and managed care plans. The rule published March 30, 2016 gives states eighteen months to comply with the new regulations. At the state level, providers and other advocates worked hard to pass House Bill 5931 only to have the legislation vetoed by the Governor. The bill would have increased reimbursement rates enabling providers to pay higher wages to direct support personnel working with people with developmental disabilities. The low wage rates impact hiring and retention of staff and by extension, the ability to deliver services. In his veto statement, the Governor noted that full implementation would require an additional \$330 million and that the proposed rate of \$15/hour is well above the national average for similar work;

unfortunately, states across the country paying the average also struggle with critical workforce shortages. The action by the Governor is not the end of providers and other advocates' efforts to address wages for direct support personnel. Both of these state and federal initiatives are examples of emerging issues that can have a positive impact on access to services.

Existing commitments as expressed through intergovernmental agreements, memoranda of understanding, or established policy are acknowledged in the Three Year Plan. The most prominent is the collaboration with the Champaign County Board for Care and Treatment of Persons with a Developmental Disability, also referred to as Champaign County Developmental Disabilities Board (CCDDB). The longstanding intergovernmental agreement, reviewed and updated in the last year, addresses the two Boards administrative cost sharing and other matters such as working cooperatively on the allocation of Intellectual and Developmental Disabilities funding, including the amount of funds to be allocated for that purpose by the CCMHB. The system of care for youth and families is another high profile commitment of the Board. The Champaign Community Coalition, cultural and linguistic competence, and the youth and family organization are key elements to sustaining this system of care. And considerable effort and investment continues to occur around the issue of criminal justice and mental health. The Board is an active participant in four criminal justice-mental health services coordinating bodies: the Crisis Response Planning Committee; the Champaign County Reentry Council; the Crisis Intervention Team Steering Committee; and the Problem Solving Court Steering Committee. New proposals targeted to reducing recidivism through peer support and reducing neighborhood violence were approved while continuing investment in a range of services across the criminal justice system.

The draft three year plan incorporates elements of the issues highlighted while recognizing existing commitments. The continued uncertainty of the state budget compounded by delayed payments places significant pressure on state funded providers that can have a ripple effect through the local human service network. This uncertainty creates tension, requiring flexibility and creativity to find solutions or to advance new initiatives.

Three-Year Plan for FY 2016 – 2018 with One-Year Objectives for 2017

The goals listed are for the period of 2016 through 2018. Objectives are for the 2017 fiscal year. A draft of the Plan is attached with proposed new or modified objectives italicized and underlined while completed objectives are lined out.

Staff has had an opportunity to review the draft document and will hold further discussions. This will include consideration of comments received from interested parties. At the time the draft Plan was released to the Board, the document was disseminated for comment.

The updated Three Year Plan will be presented for approval at the November 16, 2016 Board meeting.

DRAFT

DRAFT

DRAFT

CHAMPAIGN COUNTY MENTAL HEALTH BOARD

THREE-YEAR PLAN

FOR

**FISCAL YEARS 2016 - 2018
(1/1/16 – 12/31/18)**

WITH

ONE YEAR OBJECTIVES

FOR

**FISCAL YEAR 2017
(1/1/17 – 12/31/17)**

CHAMPAIGN COUNTY MENTAL HEALTH BOARD

WHEREAS, the Champaign County Mental Health Board has been established under Illinois Revised Statutes (405 ILCS – 20/Section 0.1 et. seq.) in order to "construct, repair, operate, maintain and regulate community mental health facilities to provide mental health services as defined by the local community mental health board, including services for the developmentally disabled and for the substance abuser, for residents (of Champaign County) and/or to contract therefore..."

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

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

MISSION STATEMENT

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

STATEMENT OF PURPOSES

1. To plan, coordinate, evaluate and allocate funds for the comprehensive local system of mental health, intellectual disabilities and developmental disabilities, and substance abuse services for Champaign County.
2. To promote family-friendly community support networks for the at-risk, underserved and general populations of Champaign County.
3. To increase support for the local system of services from public and private sources.
4. To further develop the systematic exchange of information about local services and needs between the public/private service systems and the CCMHB.

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

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SYSTEMS OF CARE

Goal #1: Support a continuum of services to meet the needs of individuals with mental and/or emotional disorders, addictions, and/or intellectual or developmental disabilities and their families residing in Champaign County.

Objective #1: Under established policies and procedures, solicit proposals from community based providers in response to Board defined priorities and associated criteria using a competitive application process. ~~and during the allocation decision-making process consider multi-year term for select contract awards.~~

Objective #2: Implement multi-year contracts for select programs, extending term of the contract for one year stipulating updated program and financial plans are required prior to the start of the second year of the contract.

Objective #3: Expand use of evidenced informed, ~~and~~ evidenced based, best practice, *and promising practice* models appropriate to the presenting need in an effort to improve outcomes for *individuals across the lifespan and for their families and supporters.* ~~families with infants, children, and adolescents, as well as for adults and the elderly.~~

Objective #4: Promote wellness for people with mental illnesses, substance use disorders, intellectual disabilities, ~~and/or~~ developmental disabilities to prevent and reduce early mortality, through support services including enrollment in benefit plans and coordinated access to primary care.

Objective #5: Pursue, as feasible, development or expansion of residential and/or employment supports for persons with behavioral health diagnosis not supported through expansion of Medicaid or the Affordable Care Act.

Objective #6: As enrollment in health insurance and Medicaid managed care plans reduce the uninsured population, realign CCMHB dollars to fund services and supports outside the realm of Medicaid, e.g. Peer Supports.

Objective #7: Build evaluation capacity of contracted providers utilizing expertise of evaluators from the Department of Psychology at the University of Illinois.

Goal #2: Sustain commitment to addressing the need for underrepresented and diverse populations access to and engagement in services.

Objective #1: Support culturally responsive and family driven support networks for underrepresented populations, underserved populations, and general populations of Champaign County.

Objective #2: Require ~~submission of~~ a cultural competence and linguistic competence plan, ~~and with bi-annual report on the same,~~ as evidence of the provider's capacity to provide services to meet the needs of the population served.

Objective #3: Encourage providers and other community based organizations to allocate resources to provide training, seek technical assistance, and pursue

LO

other professional development activities for staff and governing and/or advisory boards to advance cultural and linguistic competence.

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

Goal #3: Improve consumer access to and engagement in services through increased coordination and collaboration between providers, community stakeholders, and consumers.

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

Objective #2: Participate in various coordinating councils whose mission aligns with the needs of the various disability populations of interest to the Board with the intent of strengthening coordination between providers in the delivery of services.

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

Objective #4: In conjunction with the United Way of Champaign County, monitor implementation of the 211 information and referral system.

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

~~Objective #1: In consultation with the CCDDB, review and revise as necessary the current CCMHB-CCDDB Intergovernmental Agreement.~~

Objective #1: Coordinate integration, alignment, and allocation of resources with the CCDDB to ensure the efficacious use of resources within the intellectual disability and developmental disability (ID/DD) service and support continuum.

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

Objective #3: Concurrent with the CCDDB, continue financial commitment to expand the availability of Community Integrated Living Arrangement (CILA) housing opportunities for people with ID/DD from Champaign County.

~~Objective #5: Foster communication between the CCMHB and the CCDDB by holding regular meetings between the Executive Director and the Officers of the two Boards, sharing of information between the Boards, and co-sponsoring public hearings, trainings and anti-stigma events.~~

Objective #4: Collaborate with the Champaign County Board for the Care and Treatment of Persons with a Developmental Disability on issues of mutual

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interest as exemplified by the expansion of CILA housing and joint sponsorship of events promoting acceptance, inclusion, and respect for people with ID/DD.

MULTI-AGENCY INVOLVED YOUTH AND FAMILIES

Goal #5: Building on progress achieved through the six Year Cooperative Agreement between the Federal Substance Abuse and Mental Health Services Administration (SAMHSA), the Illinois Department of Human Services (IDHS), and the Champaign County Mental Health Board (CCMHB) implement a plan to sustain the SAMHSA/IDHS system of care model.

Objective #1: Support the efforts of the Champaign County Community Coalition and other system of care initiatives.

~~Objective #2: Establish a permanent full time position to coordinate and monitor all Cultural and Linguistic Competence (CLC) activities associated with the CCMHB/SAMHSA/IDHS system of care model.~~

Objective #2: Continue community based partnerships and coordination of evidence based services and supports for youth and families such as occurring through CHOICES.

Objective #3: Ongoing support of Champaign County family-run organizations that incorporate family-driven and youth-guided principles. In recognition of the importance of multi-system involved families and youth, maintain direct involvement and input about decisions that are made. Encourage organizations' focus on peer support specialists, peer-to-peer support, advocacy at the local level, and statewide expansion of family-run organizations.

~~Objective #3: Ongoing support of a Champaign County Youth Organization in recognition of the importance of the system of care being youth-guided, with the organizations main focus peer to peer support and advocacy in Champaign County and at the state level assisting with system of care expansion.~~

~~Objective #4: Ongoing support of a Champaign County Parent Organization in recognition of the importance of the system of care being parent driven, to continue the development of a viable parent organization to enable parent input on effectively meeting the needs of multi-system involved youth and families at the local level and at the state level assisting with system of care expansion.~~

~~Objective #6: Support System of Care Expansion in Illinois through sharing of knowledge and experience with system of care principles and practices.~~

~~Objective #7: Upon completion of the SAMHSA/IDHS Cooperative Agreement System of Care Evaluation Study Final Report schedule a presentation by the Evaluation Team on the results of the study and plans for dissemination of the study to community stakeholders.~~

~~Objective #8: Complete the closeout of the SAMHSA Children's Mental Health Initiative Cooperative Agreement.~~

CRIMINAL JUSTICE AND MENTAL HEALTH SYSTEM COLLABORATION

Goal #6: Support infrastructure development and investment in services along the five criminal justice intercept points to divert from the criminal justice system, as appropriate, persons with behavioral health needs.

Objective #1: Continue involvement in the Crisis Intervention Team Steering Committee in support of increased collaboration between law enforcement and crisis team response in the community.

Objective #2: Sustain efforts to engage persons with behavioral health diagnoses re-entering the community from jail or prison or with recent involvement with the criminal justice system, in treatment and other support services.

Objective #3: Maintain commitment to the Problem Solving Courts operating in Champaign County including continued participation on the Specialty Court Steering Committee.

Objective #4: Support integrated planning and service coordination for adults involved in the criminal justice system through participation in the Champaign County Re-Entry Council.

~~Objective #5: Participate in "Stepping Up: A National Initiative to Reduce the Number of People with Mental Illnesses in Jails" co-sponsored by the National Association of Counties (NACo), the American Psychiatric Foundation and other stakeholders, and encourage and participate in other similar collaborative opportunities aimed at improving outcomes for those with behavioral health needs involved with the criminal justice system.~~

Objective #5: Through the National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD), in its partnership with the National Association of Counties (NACo,) pursue opportunities for technical assistance and support through the "Decarceration Initiative," "Stepping Up: A National Initiative to Reduce the Number of People with Mental Illnesses in Jails," and the "Data Driven Justice Initiative." Encourage and participate in other similar collaborative opportunities aimed at improving outcomes for those with behavioral health needs involved with the criminal justice system.

Goal #7: In conjunction with the Champaign County Sheriff's Office and other community stakeholders provide an alternative to incarceration and/or overutilization of local Emergency Departments for persons with behavioral health needs. ~~through the development of the Behavioral Health Jail Diversion Initiative.~~

Objective #1: Serve on the Crisis Response Planning Committee, the planning body established under the Justice and Mental Health Collaboration award from the Department of Justice, and commit resources necessary to meet the matching funds requirement of the DoJ award.

Objective #2: Identify options for developing jail diversion services including a center to provide behavioral health assessments, crisis stabilization and detoxification from alcohol and/or other substances as may be necessary to serve Champaign County.

Objective #3: Secure commitment to support and sustain the development of a diversion center from vested stakeholders in the public and private sectors.

~~Objective #4: Form an advisory committee to develop a request for proposals associated with the Jail Diversion Behavioral Health Initiative, to evaluate proposals submitted, and make recommendations for action to stakeholders including the Champaign County Mental Health Board.~~

Objective #4: Use public input gathered through these collaborations to guide advocacy for planning and policy changes at the state and federal levels, local system redesign and enhancement, and in the consideration of future funding priorities for the CCMHB.

Goal #8: Support interventions for youth ~~at risk of~~ *who have* juvenile justice system involvement to reduce contact with law enforcement or *prevent* deeper penetration into the system.

Objective #1: Support continued implementation of the Parenting with Love and Limits (PLL) program based on positive evaluation and feedback from community partners and stakeholders.

Objective #2: Monitor local utilization of PLL and pursue options as necessary to address potential excess capacity.

Objective #3: Through participation on the Youth Assessment Center Advisory Board advocate for community and education based interventions contributing to positive youth development and decision-making.

Objective #4: Through participation and engagement in the Champaign Community Coalition and other community focused initiatives, promote and encourage multi-collaborative approaches for prevention and reduction ~~and elimination of increase in~~ of youth violence trends and activities.

Objective #5: Promote and support those targeted interventions that specifically address *historical trauma experienced by* African American and other minority youth disproportionately impacted in multiple systems.

Objective #6: Utilize the principles from "Models for Change" to reduce the disproportionate minority contact *with* law-enforcement and involvement with the juvenile justice system.

COMMUNITY ENGAGEMENT & ADVOCACY

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

Objective #1: Continue support for and involvement in *efforts to challenge stigma and discrimination, such as* the Champaign County Alliance for the Promotion of Acceptance, Inclusion and Respect signature event at Roger Ebert's Film Festival and other community education events including disABILITY Resource Expo: Reaching Out for Answers and the National Children's Mental Health Awareness Day ~~Week~~.

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

Objective #3: Participate in behavioral health community education initiatives, such as national depression screening day, to encourage individuals to be screened and seek further assistance where indicated.

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

Goal #10: Stay abreast of emerging issues affecting the local systems of care and consumer access to services and be proactive through concerted advocacy efforts.

Objective #1: Monitor implementation of the Affordable Care Act and the expansion of Medicaid by the State of Illinois and advocate for increased service capacity sufficient to meet consumer demand through active participation in the Association of Community Mental Health Authorities of Illinois (ACMHA) and other state and national associations.

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

Objective #3: Continue broad based advocacy efforts at the state and local levels to respond to continued reductions in state funding and delays in payment for local community based mental health, substance use disorder, and intellectual disability and developmental disability services and supports and to the broader human services network under contract with the State of Illinois. *As opportunities arise, participate in planning and policy development with state agencies such as IDHS, and use these opportunities to advocate for the needs of Champaign County residents.*

Objective #4: Through the National Association of County Behavioral Health and Developmental Disability Directors, monitor the federal rulemaking process applying parity to Medicaid Managed Care and associated benefit plans and on the Institutions for Mental Disease (IMD) Medicaid Exclusion. *Use opportunities for public comment on proposed rules and legislative action to advocate for the needs of our community.*

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2016-2017 Meeting Schedule with Subject and Allocation Timeline*

The schedule provides the upcoming dates and subject matter of board meetings through June 2017 for the Champaign County Mental Health Board. The subjects are not exclusive to any given meeting as other matters requiring Board review or action may also be addressed or may replace the subject listed. Study sessions may be scheduled throughout the year with the presentation and discussion held during the meeting, held immediately following the board meeting, or during the Champaign County Developmental Disabilities Board meeting. Included with the meeting dates is a tentative schedule for the CCMHB allocation process for Contract Year 2018 (July 1, 2017 – June 30, 2018).

<u>Timeline</u>	<u>Tasks</u>
9/21/16	Regular Board Meeting Release Draft Three Year Plan 2016-2018 with FY 2017 Objectives
10/19/16	Regular Board Meeting Champaign Community Coalition Report /Presentation on 2016 Summer Initiatives Release Draft CY18 Allocation Criteria
10/24/16	Trainings on Trauma and Implicit Bias Study Session of the CCDDDB and CCMHB, 12:30-4:30PM
11/16/16	Regular Board Meeting Approve Three Year Plan with One Year Objectives Allocation Decision Support – CY 2018 Allocation Criteria Reentry Council Presentation
12/14/16	Public Notice published on or before this date, giving at least 21 day notice of the open application period.
12/14/16	Regular Board Meeting
1/4/17	CCMHB/CCDDDB Online System opens for CCMHB CY 2018 application cycle.
1/18/17	Regular Board Meeting Election of Officers
2/10/17	Online System Application deadline – System suspends access to CY18 applications at 4:30 p.m. (CCMHB close of business).
2/22/17	Regular Board Meeting

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Liaison Assignments
List of Funding Requests

3/22/17	Regular Board Meeting Approve FY 2016 Annual Report
4/12/17	Program summaries released to Board and copies posted online with the CCMHB April 20, 2016 Board meeting agenda.
4/19/17	Regular Board Meeting Program Summaries Review and Discussion
5/10/17	Allocation recommendations released to Board and copies posted online with the CCMHB May 18, 2016 Board meeting agenda.
5/17/17	Regular Board Meeting Allocation Decisions Authorize Contracts for CY 2018
6/21/17	Regular Board Meeting Approve FY 2018 Draft Budget
6/30/17	Contracts completed.

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