



**CHAMPAIGN COUNTY MENTAL HEALTH BOARD**

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

**Study Session of the  
Champaign County Mental Health Board (CCMHB)**

**Wednesday, May 17, 2017**  
Brookens Administrative Center  
Lyle Shields Room  
1776 E. Washington St. Urbana, IL  
**5:30 p.m.**

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1. Call to Order
2. Roll Call
3. Public Participation/Citizen Input
4. Additions to the Agenda
5. Study Session
  - A. Agency Responses to Board Questions and Program Summaries (pages 2-115)  
*Included in the packet is the list of application questions raised by the Board, agency responses, and other feedback on the program summaries received from agencies.*
  - B. Alignment of Program Applications with Priorities (pages 116-117)  
*Included in the packet is a list of applications organized by priority categories with total dollar amounts requested and current total investments for each category. Board primary and secondary reviewers are noted.*
6. Board Announcements
7. Adjournment

***Board Members are encouraged to bring the April 26, 2017 meeting packet to the study session.***

Champaign County Mental Health Board

Board Member Questions on FY18 Applications from April 26, 2017 Meeting

CAC – N/A

CCRPC – JSDS

1. How was the target for number to be served (TPCs) determined? What is the basis for setting that as the target?
2. What services will clients be referred to? Will clients access/engagement in the referred service be tracked?
3. What relationship or collaboration is planned with Courage Connection services provided at CSCNCC?
4. What plans are in place to collaborate and coordinate with the Rosecrance Co-Responder Team program, if both programs were funded?

CCRPC – YAC

1. What is the role/purpose of the new law enforcement trained position?

CUAP – CU Neighborhood Champions

1. What effort has been made to secure other funding?
2. How will the increase you have asked for be used?
3. How will the Champions use the skills learned through training?
4. What outcomes result from the Champions using their skills?
5. What collaborations or other partnerships have been pursued that could reduce costs of the program?
6. What has the impact been of training 40 champions on the community? Will they receive maintenance/follow-up to remain active? What is rationale for training 75 more versus focusing on the impact from the first 40?

CUAP – TRUCE

1. Why is there such a large increase requested? How will the increased funds be used?
2. How does TRUCE collaborate with CU Champions? And Fresh Start?

DREAAM House

1. Where are services delivered? What locations?
2. What are the other sources of revenue? And explain why there is a budget surplus for the program?
3. What is the role of the Community Foundation?
4. What is the process for referral, screening, and engagement in the program? What is the expected length of engagement?
5. What relationship does the program have with other afterschool programs (Neighborhood Connections, Don Moyer Boys and Girls Club?)



#### CSCNCC – Resource Connection

1. Does Rosecrance have a presence at the CSCNCC? And to what extent?
2. How many clients/people are reached through social media?

#### Courage Connection

1. What relationship or collaboration is planned between Courage Connection services at CSCNCC with the Justice System Diversion Services CCRPC has proposed to serve Rantoul?

#### Crisis Nursery – Beyond Blue

1. Why is there not financial participation from the Champaign County Board of Health (BoH)? Was the BoH approached about supporting the program for FY18?

#### Cunningham Children’s Home – The Resiliency Project

1. Does the program have a relationship with Head Start? Do they collaborate?
2. Why is the CCMHB the sole funder for the program?
3. How will CCMHB funds be used to leverage other funds?
4. Will third party payers be used first? Can other agency’s funds be used first?

#### DMBGC – CU Change

1. What are the timeframes for referral, screening, and engagement?
2. Program is similar to Mahomet Area Youth Club and Urbana Neighborhood Connections but much more expensive, why is that? Justify the higher cost?
3. Budget also needs corrections.

#### DMBGC – Summer Youth Initiative

1. How do you assess all 14 programs?
2. Clarify what you mean by subcontracting? Are you providing scholarships? Describe the purpose of the program in more detail?

#### DMBGC – Youth and Family Services

1. What are the outcomes for youth and families and how are they measured to demonstrate success?
2. What are the outcomes for systems change and how are they measured to demonstrate success?
3. What are the staff qualifications to do the work with families and on systems?
4. Clarify the differences between the Youth and Family Services program and the CU Change program? Target population? Services provided?
5. Why is the cost per client served so high?

#### ECIRMAC—N/A

#### Family Service – Counseling - N/A

Family Service – Self Help Center - N/A

Family Service – Senior Counseling and Advocacy

1. How are they serving persons with a developmental disability? How many?
2. Is the elderly population 75 and older living in poverty growing?

First Followers

1. What is the justification for hiring a part-time drop-in center coordinator?
2. Why is the CCMHB the only source of funds used to pay program expenses?
3. Clarify the need for the for a reentry guide when the Education Justice Program already has one?
4. What form of collaboration occurs between First Followers and Champaign County Reentry Council?
5. What consumer outcomes will be measured from use of drop in center?

GROW in Illinois

1. Address the issues raised in the program summary regarding the budget, for example, no funds allocated for an audit?
2. What efforts have been made to leverage other funding? Where else have you applied for funding?
3. How are plans progressing for adding more groups? At the jail? In rural Champaign County?
4. Identify outcomes and how they will be measured to demonstrate success of the program?
5. Are you implementing the GROW model? Describe how groups are run and what other information/materials will be accessible through the program?
6. How do you find new leaders and expansion of groups?

MAYC – BLAST

1. Can non-public school students participate in the program?
2. What connection or collaboration is there with Don Moyer Boys and Girls Club particularly when students come to C/U for activities
3. Are you coordinating data collection on attendance and school improvement with M/S district?
4. Explain how you evaluate success of the program? What are the specific measures used?

MAYC – Members Matter!

1. What are the outcomes for youth and how are they measured to demonstrate success?
2. What is the process for referral, screening, and engagement in the program? What is the expected length of engagement?

PCHS – Criminal Justice Substance Use Treatment

1. How does this program relate to and coordinate with the Rosecrance Criminal Justice program?
2. Is there redundancy or duplication with Rosecrance in who is being served?

PCHS – Fresh Start

1. Are there opportunities to leverage other funds and if so explain?

2. Of the participants, how many have remained engaged? For those engaged what outcomes have been achieved?
3. How do you expect this program to be funded in the future?
4. With what other CCMHB funded programs does Fresh Start collaborate or refer (e.g, First Followers, Truce, Neighborhood Champions?)

#### PCHS – PLL-EC

1. At what point can this program be manualized?
2. Can the PLL program operate autonomously from Savannah Family Institute?
3. What other evidence based models exist to PLL that can provide similar results?

#### PCHS – Prevention

1. Why isn't the Urbana School District funding the services previously supported through the 21<sup>st</sup> century grant the District was awarded?
2. How are program outcomes measured and evaluated?

#### PCHS – Specialty Courts

1. What services are available to Drug Court graduates? Do they continue to engage in treatment following graduation?

#### PCHS – Youth Services

1. What effort is made to leverage other funding?
2. How is staff turnover being addressed?
3. How are PCHS and Rosecrance working to avoid duplication and supporting cross-referrals?

#### Promise Healthcare – MH Services with Promise - N/A

#### Promise Healthcare – Wellness and Justice

1. Is exercise included as part of the wellness effort/services?
2. Do you partner with First Followers?
3. Do you coordinate services with the criminal justice providers in the jail?

#### RACES – Counseling & Crisis Services

1. How financially stable is the agency now, considering the lack of a state budget?

#### Rosecrance – Anti-stigma Education and Recovery

1. Is the proposal duplicative of other community services and ways of accessing information (other websites, such as AIR)?
2. Provide the credentials and qualifications of staff involved with the program?
3. Why is Ebertfest included as part of the proposal?
4. Are you seeking partnerships with other agencies to share the cost or reduce cost?

#### Rosecrance – Co-Responder Team

1. Address the question of information sharing between members of the co-responder team? Does this present a legal issue associated with confidentiality?
2. Explain how funding a law enforcement officer is the responsibility of the CCMHB?
3. Why isn't the Crisis, Access, and Benefits contract already supporting a community based response by the crisis team?
4. What plans are in place to collaborate and coordinate with the CCRPC Justice System Diversion Services program in Rantoul if both programs were funded?

#### Rosecrance – Criminal Justice

1. How does this program relate to and coordinate with the Prairie Center Criminal Justice Substance Use Treatment program?
2. What other funding sources have been considered as a source of support for the program?
3. How does the program coordinate with other agencies and providers in the community?
4. Clarify how the \$300,000 is to be used?

#### Rosecrance – Crisis, Access, and Benefits

1. How does the current contract support interaction with law enforcement?
2. What is the CCMHB paying for related to crisis services? Other activities?
3. How does Rosecrance plan to coordinate services between the Crisis, Access, and Benefits program and the proposed Co-responder Team?

#### Rosecrance – PLL-FE

1. Can this program ever be what is considered locally owned?
2. What other evidence based models exist to PLL that can provide similar results?

#### Rosecrance – Substance Use Services Program

1. How is this program different from the services provided by Prairie Center?
2. Does it duplicate services provided by Prairie Center?
3. How will Rosecrance and Prairie Center coordinate services?

#### Rosecrance – Transition Housing CJ

1. Clarify what the CCMHB is paying for under this request.
2. Does the program coordinate with the First Followers program?

#### Rural Champaign County Special Education Cooperative - disAbility Resource Expo

1. Provide clarification on the subcontracts and more data on needs
2. Provide more information on the website including if it duplicates other websites.
3. How was the amount requested determined?

#### The UP Center – Children, Youth, & Families

1. Provide an explanation of how The UP center staff positions are funded.

UCP-LL – Vocational training and Support

1. What are the staff's qualifications or work experience that prepare them to assist persons with a mental illness?

UNCC – Community Study Center – N/A



May 1, 2017

Dear Champaign County Mental Health Board members and staff,

Thank you for your thorough review of the Justice Diversion program application and the opportunity to provide clarification regarding the questions identified below.

1. How was the target for number to be served (TPCs) determined? What is the basis for setting that as the target?

The target was determined based on the statistics gathered from the Rantoul Police Department in 2016 of the number of CIT and domestic issues calls received. Approximately 275 calls were received by RPD. Anticipating that not all persons will engage in the services offered and taking into account staffing capacities of the program, the target for TPCs was set at 150. In addition to the full time social worker that will be supported by the program funds, two social work interns, working four days per week will also assist in service provision.

2. What services will clients be referred to? Will clients access/engagement in the referred service be tracked?

The Justice Diversion program staff will directly provide the following services:

- Needs assessment
- Linkage to community resources
- Case-management services
- Short term care coordination and monitoring
- Community outreach
- Facilitation of meetings of Rantoul service providers
- Development of services within Rantoul through use of students, volunteers, etc.
- Research of funding opportunities through grants, contributions, and other funding sources, governmental and otherwise to support additional Rantoul based resources

Justice Diversion staff will refer clients to services based on the clients' individualized needs. It is anticipated that services to which clients will be referred will include services such as the following:

- Housing
- Mental health
- Substance abuse
- Family and parenting counseling and support
- Education and vocational training
- Employment
- Peer support/mentoring

**Community Services**

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Collective tracking of access/engagement to the referred service will not be maintained, however program staff will not provide a “one and done” approach. Short term care coordination and monitoring provided by program staff will entail supporting clients’ access and engagement to the referred services.

3. What relationship or collaboration is planned with Courage Connection services provided at CSCNCC?

The Justice Diversion Program will be the primary connection point for case management and services for persons who have Rantoul Police Department Crisis Intervention Team and/ or domestic contacts. Although domestic contacts made by the police may include response to domestic violence situations, domestic contacts was intended to be broader issues, including parent child issues, disorderly conduct, etc.

Justice Diversion program staff will establish and maintain a collaborative working relationship with Courage Connection and make regular referrals to services provided by Courage Connection.

4. What plans are in place to collaborate and coordinate with the Rosecrance Co-Responder Team program, if both programs were funded?

Based on consultation with Rosecrance, having learned the details in their full application, it is clear that both programs propose to provide follow up services to CIT calls in Rantoul, however both programs have services unique to the individual programs that are not potentially duplicative. The Justice Diversion program is focused solely on Rantoul and Rosecrance’s Co-Responder model includes Rantoul as a part of response across Champaign County.

If both programs were funded, CCRPC would be happy to collaborate and coordinate with Rosecrance to establish efficient and meaningful follow up responses to CIT calls in Rantoul.

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Community Services

May 1, 2017

Dear Champaign County Mental Health Board members and staff,

Thank you for your thorough review of the Youth Assessment Center program application and the opportunity to provide clarification regarding the question identified below.

1. What is the role/purpose of the new law enforcement trained position?

The YAC is not proposing to hire police officers, but instead, to employ individuals with experience or history working in law enforcement. The primary purpose would be to enhance engagement of youth with repeat referrals/ multiple offenses, resulting in an increased number of youth successfully completing formal station adjustments and avoiding juvenile justice system involvement.

Utilization of individuals trained in law enforcement is intended to enhance diversion services, providing increased youth monitoring and engagement, delivering group interventions based on curriculum from School Resource Officer (SRO) training, and enhancing coordination with juvenile justice system stakeholders.

Employing staff experienced in law enforcement will further strengthen partnerships with law enforcement, the juvenile detention center and the states attorney's office. With strengthened partnerships, we believe the frequency of repeat offenders being brought directly to the YAC at the time of arrest will increase, which enhances the likelihood of youth and families engagement, in turn increasing the number of youth and family's engaged in diversion services. Experienced law enforcement staff working in collaboration with social service professionals will lead to more holistic intervention plans and diversion actions. Station adjustments must be final approved by the police department that made the original connection to the YAC for diversion services. With input from an individual with experience in law enforcement, it is expected that the number of station adjustments unapproved by the police upon first review will decrease, increasing program efficiency. The number of station adjustments completed successfully will increase due to the ability to more thoroughly monitor youth on station adjustment, including, curfew and school attendance checks, and consultations with family, social workers and school resource officers.

In summary, the role/purpose of employing staff with experience in law enforcement, is to strengthen the justice diversion services provided at the YAC.

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Community Services



## Lynn Canfield

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**From:** Chris Ward <cward@co.champaign.il.us>  
**Sent:** Thursday, April 20, 2017 4:14 PM  
**To:** Lynn Canfield  
**Cc:** Elizabeth Murphy; Lisa M. Benson  
**Subject:** FY18 MHB/DD grant applications

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

Good afternoon,

After reviewing the April 19 CCDDDB and April 26 MHB meeting agendas, which include commentary regarding our budgets for the YAC Companion Proposal, Justice System Diversion Services, and Decision Support Person for CCDDDB applications, I wanted to provide additional information to you.

1. **Comment:** *The total agency budget is incomplete and elements of what is presented does not match up with the other two applications submitted by CCRPC Community Services..*

The agency budgets entered for the Youth Assessment Center and new Justice System Diversion program do not mirror each other because the Youth Assessment Center budget does not presume funding for the new proposal. The Decision Support Person for CCDDDB budget reflects an entirely different section of the Community Services division budget, related only to Independent Services Coordination activities. Note that CCDDDB staff commentary for this application indicates that the budget presentation of revenue and expenditures is acceptable and "they can be understood as they are."

2. **Comment:** *It would be helpful if at a minimum the Total Agency Budget was for the Community Services division of the RPC.*

A number of years ago, we met with Mr. Tracy to discuss the utility of attempting to enter the entire RPC and/or Community Services division budget into the MHB application program. It was agreed at that time that the agency budget should reflect the section of the Community Services division related to the grant application. Attempting to enter the entire Community Services division budget would require information for over 50 employees, millions of dollars in client pass-through funding for the LIHEAP and Weatherization programs, and a significant number of unrelated revenue sources which would obscure the information that needs to be highlighted for these applications. The approach used for this year's applications and all prior year applications narrows the focus to those sections of the Community Services division budget directly related to the funding requests. If it would be helpful, we could supplement the application budgets with copies of the FY18 Champaign County budget document that details all revenue and expenditures for the Community Services division.

3. **Comment:** *Community Service Block Grant (CSBG) funds are included as a source of support. In the past CCRPC has identified use of these funds to support a CCMHB funded program and then not followed through on the use of CSBG funds. If awarded CCMHB funds, required drawdown of CSBG should be a special provision.*

In fact, every year that we have been awarded CCMHB funds, we have drawn down and utilized federal CSBG funding to leverage local support in order to successfully operate these programs. Our approved federal indirect cost rate is 45% of direct salaries. We use only a 20% rate applied to direct salaries for the MHB grant awards, while the remaining 25%



of actual indirect costs is covered by CSBG grant funding, together with other non-grant award costs. This CSBG revenue and expenditure activity is reported quarterly in the MHB online system. Of note, the RPC's administrative costs represent less than 8% of our total operating budget on an annualized basis.

Please let us know if this information fully addresses your assessment of our proposals or if we may provide additional information or clarification. Thanks for your consideration of our grant applications again this year. We continue to look forward to working with you and your staff to advance these critical community programs.

**CHRIS WARD**

*Fiscal Manager*

**Champaign County Regional Planning Commission**

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## Lynn Canfield

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**From:** Chris Ward <cward@co.champaign.il.us>  
**Sent:** Friday, April 21, 2017 12:02 PM  
**To:** Lynn Canfield; Mark Driscoll  
**Cc:** stephanie@ccmhb.org; Elizabeth Murphy; Lisa M. Benson  
**Subject:** RE: FY18 MHB/DD grant applications

Thanks again Lynn!

### CHRIS WARD

*Fiscal Manager*

Champaign County Regional Planning Commission

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**From:** Lynn Canfield [mailto:lynn@ccmhb.org]  
**Sent:** Friday, April 21, 2017 11:56 AM  
**To:** Chris Ward <cward@co.champaign.il.us>; Mark Driscoll <mark@ccmhb.org>  
**Cc:** stephanie@ccmhb.org; Elizabeth Murphy <emurphy@ccrpc.org>; Lisa M. Benson <lbenson@ccrpc.org>  
**Subject:** RE: FY18 MHB/DD grant applications

Hello all.

Thanks for working through this. We will open application forms after the boards have had a chance to consider and vote on funding recommendations, and probably following contract negotiations (unless it is a very straightforward situation.) We do not open application forms during the period of board consideration of requests for funding, but we will when the awards are determined.

Lynn

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**From:** Chris Ward [mailto:cward@co.champaign.il.us]  
**Sent:** Friday, April 21, 2017 11:46 AM  
**To:** Mark Driscoll <mark@ccmhb.org>  
**Cc:** Lynn Canfield <lynn@ccmhb.org>; stephanie@ccmhb.org; Elizabeth Murphy <emurphy@ccrpc.org>; Lisa M. Benson <lbenson@ccrpc.org>  
**Subject:** FW: FY18 MHB/DD grant applications

Hi Mark,

In order to make the budgets easier for everyone to understand, we can enter a uniform Community Services budget into your system for the 3 applications pertaining to that division of the RPC. Can you please unlock the application

budget pages for the YAC Companion Proposal, Justice System Diversion Services, and Decision Support Person for CCDDDB so that we can revise the agency budgets.

In reviewing the Head Start grant application and quarterly reporting, it appears that those quarterly reports to the MHB do NOT include Agency revenue and expenditures so we would mirror that reporting on a quarterly basis for these grants, if awarded funding, to include data for only the Total Budget for CCMHB Contract and CCMHB Budgeted Expenses columns.

With regard to the 2014 YAC and YAC Companion grant 4<sup>th</sup> quarter MHB reports and CSBG revenue, you will note that a deficit of (\$11,847) was reflected for the Agency. This deficit was covered by CSBG funding which could not be drawn until September of 2014, well after the 4<sup>th</sup> quarter report was due to the MHB, while the department itself could not be closed out until December 2014. I have attached a copy of the monthly statement for the YAC program showing the CSBG revenue necessary to cover the final deficit in the department for your reference.

## CHRIS WARD

*Fiscal Manager*

**Champaign County Regional Planning Commission**

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**From:** Mark Driscoll [<mailto:mark@ccmhb.org>]

**Sent:** Friday, April 21, 2017 10:19 AM

**To:** Chris Ward <[cward@co.champaign.il.us](mailto:cward@co.champaign.il.us)>; Lisa M. Benson <[lbenson@ccrpc.org](mailto:lbenson@ccrpc.org)>

**Cc:** Lynn Canfield <[lynn@ccmhb.org](mailto:lynn@ccmhb.org)>; 'Stephanie Howard-Gallo' <[stephanie@ccmhb.org](mailto:stephanie@ccmhb.org)>; Elizabeth Murphy <[emurphy@ccrpc.org](mailto:emurphy@ccrpc.org)>

**Subject:** RE: FY18 MHB/DD grant applications

Hello Chris and Lisa,

The issues raised in the program summaries and your response can be addressed during contract negotiations. Assuming funding is awarded.

But I will briefly respond to each comment now. Regarding comment #1, the total budget is incomplete and not consistent across the applications in regard to the total agency column. You might want to look at the Head Start application financial forms as an example for comparison. As for comment #2, again see the Head Start application. While there are issues with aspects of the financial forms of that application, the information is more comprehensive than what has been provided for the community services division. On comment #3, the indirect cost rate was not the issue. It is with CSBG funds being identified in the application as a source of revenue and then not being reported as revenue supporting the program in quarterly reports. Please see to the FY2014 application and FY 2014 fourth quarter revenue report as a case in point.

Thank you for your comments.

Mark

**From:** Lynn Canfield [mailto:lynn@ccmhb.org]  
**Sent:** Friday, April 21, 2017 8:16 AM  
**To:** 'Mark Driscoll' <mark@ccmhb.org>; 'Stephanie Howard-Gallo' <stephanie@ccmhb.org>  
**Subject:** FW: FY18 MHB/DD grant applications

**From:** Chris Ward [mailto:cward@co.champaign.il.us]  
**Sent:** Thursday, April 20, 2017 4:14 PM  
**To:** Lynn Canfield <lynn@ccmhb.org>  
**Cc:** Elizabeth Murphy <emurphy@ccrpc.org>; Lisa M. Benson <lbenson@ccrpc.org>  
**Subject:** FY18 MHB/DD grant applications

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3. Comment: *Community Service Block Grant (CSBG) funds are included as a source of support. In the past CCRPC has identified use of these funds to support a CCMHB funded program and then not followed through on the use of CSBG funds. If awarded CCMHB funds, required drawdown of CSBG should be a special provision.*

In fact, every year that we have been awarded CCMHB funds, we have drawn down and utilized federal CSBG funding to leverage local support in order to successfully operate these programs. Our approved federal indirect cost rate is 45% of direct salaries. We use only a 20% rate applied to direct salaries for the MHB grant awards, while the remaining 25%

of actual indirect costs is covered by CSBG grant funding, together with other non-grant award costs. This CSBG revenue and expenditure activity is reported quarterly in the MHB online system. Of note, the RPC's administrative costs represent less than 8% of our total operating budget on an annualized basis.

Please let us know if this information fully addresses your assessment of our proposals or if we may provide additional information or clarification. Thanks for your consideration of our grant applications again this year. We continue to look forward to working with you and your staff to advance these critical community programs.

**CHRIS WARD**

*Fiscal Manager*

**Champaign County Regional Planning Commission**

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**CCMHB FY18  
Funding Request Addendum**

Thank you for the opportunity to submit an addendum for the CU Neighborhood Champions FY18 Application.

**A. Overview and History of the Champions Effort**

**“The cost of unresolved trauma to society is incalculable. Trauma has been correlated to physical and mental illness; learning disabilities; addictions; deviant or aggressive behavior; polarization of belief systems; racial, ethnic and religious intolerance and violence in individuals, in schools and communities, between groups and between nations. “** The International Trauma Institute

The CU Neighborhood Champions proposals was crafted by Youth and Family/Trauma Informed Care working group of Champaign County Community Coalition and with input from community stakeholders and community members. Our FY17 proposal was created to address a perceived need to support individuals who have been impacted by violence and to interrupt the cycle of violence that was seen by providers in the working group, law enforcement, educators and child welfare providers. who had an awareness that individuals, families, and neighborhoods where being impacted adversely but the increase in community violence.

Our FY18 application builds on the knowledge and experiences from our first year and is designed to put together the structures and supports that can make our proposal successful, culturally responsive and useful to the targeted community.

Data shows that there is a correlation between adverse community experiences and adverse childhood experiences (ACES). This is not because individuals who live in communities with high rates of adversity are inherently more violent or unhealthy it is simply that when a community experiences high rates of trauma that occurs

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randomly with insufficient protective factors; and structural and institutional deficits the community can be compound any personal trauma and it becomes retraumatizing. Addictions, poverty, poor school performance, lack of engagement in programs and services, excessive aggression and anger, emotional dysregulation, disconnection (numbing and disassociation), negative health outcomes, increased mental health needs (especially ADHD/ADD, psychosis, and mood disorders) are directly correlated with trauma with exposure to community violence and adverse community experiences.

If the African American community and other communities of color had to solely rely on the traditional mental health system and talk therapy for their mental health and substance healing and recovery the outcomes would be unfortunate. It has been shown that that African American and other people of color or reticent to use traditional mental health supports for a variety of reasons: distrust of systems, a lack of culturally responsive providers and practices, structural barriers and capacity issues. Researchers



also know that traditional office based treatments can only be one part of a solution. Having healthy communities and relationships are essential part of any comprehensive healing strategy.

The CU Neighborhood Champions program, uses best practices to provide a framework that promotes community healing by addressing some of the root causes of violence and not just focusing on the symptoms. It is designed not only to support individuals but also provides support for families and communities. Utilizing a public health model, it is not simply a program or an intervention but it addresses the environmental, cultural, and risk social factors. It also focuses on building and supporting protective factors and resiliency.

Our FY18 applications builds on the lessons learned and will allow us to more effectively serve and work with families and individuals in communities who have been adversely impacted by violence and trauma.

**B. Answers to CCMHB Board Questions: Our answers to the questions submitted by the board are listed below. Some of the questions and answers have been combined.**

***1. Why the Increase in Funding and How Will the Funding Be Used?***

In our initial FY17 proposal we the plan that was conceived was small. We did not fully anticipate the complexity of the problem or the level of needs. We naively assumed that we merely needed to tap in the capacity that presently existed in the community. We were unaware of how unsupported and taxed many natural helpers in the community felt. Therefore, we had to focus a lot of initial year on capacity building, education and offering supports to helpers. We realize early in our implementation that if this effort were to be best meet the needs of individuals and families in the community we would have to implement the Champions effort in a successful, sustainable and empowering way. We knew we wanted to assure nothing we did caused additional harm. In that initial plan, we

envisioned the need for training, monthly meetings and assumed that a 1:1 volunteer support model would work. As we embarked upon this we were made aware that this strategy homes we were reaching out to needed a lot more support. And individuals who could respond to them without causing them harm.

What we found we had to slow down and build relationships to move forward because many shared that they felt unsafe (physically, emotionally and psychologically), distrusted systems, had begun to normalization of violence, internalized oppression, and minimized their feelings of stress and overwhelm. Many felt equipped to respond to their neighbors/family members in the way the program was designed. Therefore, this year as when we move to execution we spent time meeting the needs of the community and community helpers educating those natural helpers about trauma, chronic stress, vicarious trauma, self-care, and the impact of adversity. We also had to find spent time better supporting individuals who were already engaged in this work by providing them additional resources, connect them with their own supports, and being strength based. We also began to work with the providers (mental health, social service providers) organizations and groups that typically provide service in these areas to also educate them about trauma and about trauma informed care. So that they could help better identify trauma, insure individuals they serve get the right and most effective

supports, develop more effective trauma informed policies, procedures and practices that were healing and not retraumatizing.

Based on feedback we have received this effort has been effective in meeting needs. But we also realized we had to make some other changes to the model to meet the families in the community's needs. Which is why the model has moved from a 1:1 model to a care team model. The teams are now intergenerational and are composed of at least 3 people. We are trying to assure that families and the volunteers are 'taken care of.'

The increase funding will also allow us to provide additional our Healing Solutions "Best Practices to Address Community Violence – 40-hour training' to meet the needs of potential Champion Responders, Truce interrupters and volunteers and others who are working to address community violence. We have found that many people working to address community violence are unaware of the best practices and sometimes utilize strategies that are ineffective, punitive or harmful. We want to support the success of natural helps, paraprofessionals and other programs that do not have the funding or the opportunity to receive training to help them do their jobs more effectively.

The increased funding will also allow us to more effectively educate people in the targeted communities. We have been told many individuals need a more intimate environment to learn about trauma. One that is relaxed, where they can freely talk, and one that allows them to learn and practice new skills.

Therefore, we created 'tupperware' styled trauma educational parties in homes and community centers providing educational information and some basic tools that families can invite others (no more than 8- 10 individuals) to learn more about trauma, affect regulation, impulse control, and stress reduction. The events also teach them about the types of supports that are available to them, we talk about risk and protective factors on an individual, family and community level. Similarly, the funding will also have a barbershop

campaign which will provide educational information in barbershops that help educate attendees about trauma/toxic stress and adversity, the signs and symptoms of trauma and support strategies to deal with toxic stress. The campaign will feature local men telling their stories in print and on video that will be available in shops viewing capacity. The funding will allow us to 'go directly to families in need' rather than require them to come to a training or educational event. They also will require a lot more 'person power', time and resources. Before the end of the fiscal year, we will train family/neighbors to host these 'parties' and staff will not be needed as much to provide direct serve when that shift is made.

The additional funds will also allow us to allocate time and resources to develop our rural outreach program. We identified a rural community that has been adversely impacted by the opioid challenges and other adverse community experiences and will work with engage, and figure out what strategy might work best to their needs.

And, the request will also us the opportunity to grow and seed two positions who ideally will find a 'home' and funding in the community. These two positions are faith based coordinator and the youth trauma coordinator. The faith coordinator will be charged with engaging congregations who have

human service programs the coordinator will work on educating them about trauma and its impact, helping them assess and implement trauma informed programs and services and working with them to build Champion responder teams.

The second staff position that is included in this proposal is that of a youth coordinator. This position is requested because of number of youth organizations (after school programs, juvenile justice providers, mental health providers) have requested and would benefit from having someone who could provide educational information that is youth-led and youth specific to youth about trauma and how to deal with trauma/traumatic stress. The youth coordinator will also engage and identify youth (16-26) who want to participate in trauma response teams as ‘Champion Responders’.

Finally, it should also be noted that funding to cover the ‘real’ cost of organizing, coordinating, and supporting the program. The increased hours will also allow for more administrative flexibility for grantwriting, soliciting donations/in kind contributions. The current coordinator donated at least ½ her time towards the success of this program. We have seen grants that fit our efforts but did not have the capacity or the resources to pursue them.

Commented [KS1]:

## ***2. Have We Looked for Other Funding or Collaborations to Reduce the Program Cost?***

We have looked and will continue to look for other funding. In FY17 we had tremendous in-kind support. Organizations working on the subcommittee donated staff time that was used to assist with trainings, meetings, and events. They provide printing support, donations of program materials, food donations, equipment like projectors and screens, the donated space for meetings and events. We anticipate we receive more donations.

For example, our initial 40 Hour Training trainers donated from law enforcement, the State’s Attorney’s office, Conflict 180, Root Causes and others. In total the provided over \$6,000 in kind support. This

does not include the donation of space, discounts for food, donated copies, and the other material costs that was used to support the training.

We see this as a one-time large request that will allow us to move to scale but will also allow us to build the program so that we can competitively secure additional grant dollars.

As an aside, a question was posed at April CCMHB meeting a question was posed about whether some of the training needs could be met by other organizations. We do partner with other organizations for our 40-hour Healing Solutions training however because of budget limitations few individuals trained in evidence based practices can consistently donate their time.

Finally, it should be noted in FY17 were able to offer training to a number of organizations currently funded by the mental health board and the community at large. Therefore, the Champions effort became seen as a resource for organizations or providers in the community who were connected the collation and concerned about this issue.

Providers and organizations have shared that they see this a resource a resource to the staff, their organizations, their clients and the community.

### **3. What has been the impact of the training and how have participants used the training?**

We have reached over 144 individuals this year.

Over that total that we have 22 individuals have agreed to serve as responders. Unfortunately, only the youth live in the targeted neighborhoods. We know and have been informed that we need to connect these interested helpers with individuals who live in the identified communities. We have spent the entire 2<sup>nd</sup> and 3<sup>rd</sup> quarter engaged in recruitment and engaging potential responders and we now have a critical mass of individuals who want to be a responder and who want to attend our Healing Solutions training. Because of resources we have not been able to offer that training yet. In the interim the trained responders will be divided into larger teams and begin to provide care team supports to two families who have a myriad of needs and who have asked for community supports.

Beyond our responders we have 24 individuals who have completed our trauma educator training are available to provide brief targeted educational presentations in the community.

Based on feedback on the individual action plans participants post training have been engaged in the following:

- Educating their family members, friends, and peers about trauma
- Working with their community group and/or faith based organizations to support them in being more aware of trauma and violence
- We have individuals who have restructured their volunteer youth, community and/or 'afterschool programs;
- Participants who are practicing better self-care
- Some participants have found and are now working with a trauma therapist or have supported a family member, child or

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love one in securing trauma treatment

- Home based child care providers integrating proactive factors and 'trauma based healing/affect regulation skills in their program.' (better meeting the social, emotional, and behavioral needs of their clients)
- Individuals more equipped and able to advocate for trauma informed services and supports at school and at work
- Increased engagement in neighborhoods/community groups
- Increase application of protective factor/resiliency building strategies at home and within their own families

**4. Why expand the number of "Responders" and how will trained volunteer responders continue to be supported?**

The expanded number of trainees also includes the anticipated increase in Truce 'interrupters' and an increased number of community workers/groups and volunteers who want to provide grassroots ground



level support to address community violence and adverse community experience. We also anticipate there will be attrition and individuals trained may want to shift roles.

Individuals who are working as trauma responders and educators are supported in a variety of ways. The coordinator is available to them on an ongoing basis. We also have volunteer 'providers' from the coalition working group that assist (informally) with debriefing, supporting the team, and resource identification. Participants also participate in at least monthly meetings, weekly touch ins if they are working with a family and ongoing continuing educational events.

CUAP – TRUCE

**1. Why is there such a large increase requested?**

Last fiscal year the request for funding for TRUCE was for \$175,000. We now know the funding request was pretty accurate and what is needed to implement a more effective, efficient, and competent service delivery system. The funding decision last year was to fund the program at \$75,000. That decision required an adjustment in program planning and execution. In FY2017 we were able to scale back our plan to include program planning, recruitment and training. If in FY2018 we are fortunate enough to get approved for funding at the requested level, we can reinstate Director's salary to appropriate funding level. Furthermore, we can, hire part-time staff to execute the plan and, provide specialized training on the core service delivery plan.

TRUCE requires specific qualifications and qualities of its Peaceseekers. First, individuals must have credibility in the community regarding integrity and experience. Secondly, Peaceseekers must leverage their relationships with proven techniques of violence intervention and trauma abatement. TRUCE is "labor intensive" providing one-on-one services. See below.

Now that we have nearly completed our first full year funding cycle, we understand, in order to fully implement TRUCE at a level to provide effective violence deterrence services, we will need increased funding.

**2. How will the increased funds be used? Big ticket items.**

Increase to Executive Director Salary	\$12,000
To hire two part time staff: 1 Outreach Manager, & 1 Street Supervisor	\$31,200
For specialized trainings and staff development	\$7,000
Stipends for support services	\$11,600
Contractual and Professional Services	\$17,800

We are requesting an increase to the Executive Director's salary. As a result of budget cuts to the agency over the past two years, the Director has received a 30% cut in salary. While many organizations of similar size and larger had to close their doors, the Director managed to keep CUAP going and providing services to the community.

Last year the Director received a salary of \$38,000 under the TRUCE grant. We are asking to increase the salary back to the level before the cuts by 30%.

TRUCE currently has four PS who are committed to stopping the spread of violence in our community. They each have received at the most 40 hours of "Healing Solutions" training and at the least 8 hours of "Peaceful Solutions" training. These four individuals have street credibility and strong ties to the affected communities. After their training in January they have literally taken their "anti-violence message to the streets by conducting regular community events. They are known to mentor and minister to "extreme risk" individuals at any given time. Within the ranks of PS real leadership has emerged. These young men and women have demonstrated leadership, real organizational, and community mobilization skills that desired to be rewarded. We would like to hire two part-time individuals who can manage the outreach activities, and stipends to pay for PS supportive services.

This fiscal year TRUCE received \$0.00 training or staff development dollars. While our Peaceseekers (PS) were able to take advantage of the 40-hour "Healing Solutions" CU Champions training workshops, the PS are in need of more specialized training in "Peaceful Solutions." In order to pay for consultant and professional services for 8 hours of violence interrupters training, the Director was able to negotiate an agreement with the Community Coalition for \$5,000 to cover those cost in exchange for community engagement and data collection services.

The TRUCE Peaceseekers are unique individuals who provide specialized services. They are outreach workers with boots on the ground, building relationships with known offenders of violence, interrupting the transmission of violence, de-escalating conflict, educating the community and changing mindsets about the culture and high cost of violence to individuals, families, and communities. Peaceseekers need to understand and know "the art of negotiating a TRUCE."

As an example of specialized training, I would like to bring professionals to Champaign such as Dr. Gary Slutkin to train my PS on how to counter violent extremism.

<http://cureviolence.org/post/podcast-dr-gary-slutkin-on-violent-extremism/>

Below are other training workshops we would like to offer our Peaceseekers:

- Countering Violent Extremism
- Risk Assessment and Risk Reduction
- Conflict Mapping / Mediation Planning
- Communication Techniques
- Non Verbal Communication
- Reflective Listening
- Motivational Interviewing

***Studies show Cure Violence, which is now operational in 25 cities and six countries, is effective when implemented correctly.***

### **3. How does TRUCE collaborate with CU Champions? And Fresh Start?**

CUAP has been a supporter of the work of Karen Simms and CU Champions since inception and that of Donte Lotts and the CU Fresh Start initiative. We support each other's work in a number of ways, whether it's through community engagement, advocacy, training, or supportive services. Our work, although markedly different, is relational because of the community and families we serve.

CU Champions are a group of trained, inter-generational neighborhood "trauma responders" whose roles and responsibilities are distinctly different from that of TRUCE Peaceseekers. CU Champions respond to crises and provide consolation in times of need, and to educate the community about the effects of adverse childhood experiences (ACES). Peaceseekers work is to prevent the crisis, to interrupt the violence, and to stop retaliations, thus, decreasing the volume of incidences to which law enforcement and CU Champions must respond.

The trauma surrounding exposure to gun violence is undisputable. The reasons for TRUCE, Champions, and CU Fresh start's involvement is clear: young people with six or more adverse childhood experiences have an average lifespan that is 20 years shorter than children not exposed to violence. In 2010, the CDC reported that an average of 13 young people ages 10 to 24 are killed every day, with 82.8% of those deaths caused by guns.

The intersection where PS and CU Champion Trauma Responders meet is working in our impoverished communities where most of the shootings are concentrated. Our working together is vitally important in responding to trauma and reducing the number of adverse childhood experiences by interrupting the spread of violence.

### **4. How does TRUCE collaborate with Fresh Start?**

Donte Lotts, CU Fresh Start's Community Liaison, connects offenders to community resources. Peaceseekers can serve as a resource to CU Fresh start by offering to be mentors to those offenders who participate in the call-ins.

TRUCE Peaceseekers works closely with Donte on community engagement events. Donte has participated in TRUCE trainings, and is an invited speaker at all TRUCE events to talk about CU Fresh Start and how Peaceseekers and CU Fresh Start work in tandem.

TRUCE hosts regular community events where we disseminate and collect surveys that serve both programs' needs.

CUAP Director also sits on the steering committee for CU Fresh.



May 8, 2017

TO: CCMHB Board and Staff

FR: Tracy D. Dace, Founder and Executive Director

RE: CCMHB questions regarding your funding application

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Thank you for reviewing the DREAAM House application. Founded in 2015, DREAAM House is a new program providing early prevention and intervention services to improve behavioral health of African American boys. Program service are primarily focused on working with young boys in the areas of violence prevention, social emotional learning, cooperative learning, and building prosocial skills. In summer 2017, a parent support group and trainings in Champaign and Rantoul are starting, in order to build a family engagement component. Your support of this application will strengthen the service array to include the critical need for prevention and early intervention to eradicate gun violence and overall juvenile delinquency.

1. Where are services delivered? What locations?

*Currently, DREAAM House serves 25 children and their families through an afterschool program at Booker T. Washington (BTW) STEM Academy in Champaign. A vast majority of the program participants live in Champaign; however, DREAAM serves five boys and their families who live in Urbana. The Urbana parents transport their children to and from BTW at their own expense. This upcoming summer, DREAAM will begin serving 10 boys in Rantoul starting with a summer program to address deficiencies in social emotional learning and reading.*

*Locations of service delivery starting July 1, 2017 are:*

- Champaign – Booker T. Washington STEM Academy and First Presbyterian Church*
- Rantoul – J.W. Eater Jr. High School (due to construction over the summer at all Rantoul elementary schools)*

*Due to the ages of program participants, school buildings are used as program space. Operating in a school eliminates the expense of space rental and utilities fees. An estimated \$20,000 of in-kind support will be received from Champaign Unit #4 School District and Rantoul City Schools for building use, meals, and transportation.*

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2. What are the other sources of revenue? And explain why there is a budget surplus for the program?

*Since its inception, I have raised over \$75,000 in grassroots funding to create, implement, and grow the DREAAM House. These funds have come from donations from churches, civic organizations, and community members and partial monetary funding from schools and in-kind services.*

*2017 summer program operations funding: Unit #4 (\$10,000 plus \$15,000 in-kind support) and Rantoul City Schools (\$7,000 plus \$1,000 in-kind support) are partnering with DREAAM to provide intensive summer programs for at-risk boys and their families. I am still raising funds to impact more boys this summer.*

*The CCMHB funding application is primarily to expand and continue services during the school year. Every effort is being made to establish a multi-system funding model, including funding from the community at-large. Other committed sources of revenue for the school year are:*

- *First Presbyterian Church of Champaign - \$10,000*
- *Champaign Unit #4 School District - \$5,000*

*The purpose of a budget surplus is to build revenue to support a full-time salary for the Executive Director of DREAAM House. I have maintained the dramatic growth of DREAAM House while employed as tenure-track, full-time Assistant Professor at Parkland College. A full-time Executive Director is needed in order to continue with this impactful and high-quality program. Additional funds are required to support this organizational need.*

3. What is the role of the Community Foundation?

*Community Foundation of East Central Illinois (CFECI) is DREAAM House's fiscal agent. CFECI will manage all funds received from CCMHB and provide financial reports. In addition, CFECI is providing technical assistance to DREAAM House to apply for 501c3 nonprofit status.*

4. What is the process for referral, screening, and engagement in the program? What is the expected length of engagement?

*DREAAM House accepts most referrals during April and May each year for summer program enrollment. Program participants are referred through the following sources:*

- *Recruitment through school and local daycare providers*
- *Illinois Choices*
- *GEMS, Young Lives, Parent Life Ministry (teen parenting programs)*
- *Community networks (parent referrals, word of mouth)*

*Families receive a flyer and brochure with a registration form and other release forms. After the registration form is completed, parents are invited a program orientation to receive detailed information.*

*Screening and ongoing assessment of social emotional progress is conducted through the Strength & Difficulties Questionnaire (SDQ). The SDQ was used by the ACCESS Initiative and is completed quarterly by each boy's parent(s) and classroom teacher. This instrument measures social, emotional and behavioral changes and improvements at home, school, and community. Program staff and Social Work Intern administer the SDQ with at least one parent and the teacher. These data are used to design targeted program interventions for one on one and small groups of boys with similar behavioral needs.*

*DREAAM House's motto is "Sustaining a Culture of Engagement, Achievement, and Behavioral Health." DREAAM House is a pipeline program with the goal of engaging boys from the age of five until adulthood. Therefore, sustained engagement is an integral part of the program design. For example, ten boys completed the summer program in 2015. As of May 2017, eight of the ten boys are still engaged in the DREAAM House. Recently, we had a Parent Mixer and twelve parents attended the event. Program participants and their parents have consistent engagement patterns because DREAAM House's services are youth-focused, family-centered, strengths-based and culturally responsive.*

5. What relationship does the program have with other afterschool programs (e.g. Urbana Neighborhood Connections Center, Don Moyer Boys and Girls Club)?

*Due to the target population and scope of services, there are no existing collaborations with other afterschool programs. DREAAM House's mission is provide evidence-based, outcome-driven preventive services to address aggression, school failure and anti-social behavior among boys. Collaborating with other afterschool programs is a goal after the program design has been consistently evaluated. However, one collaboration happened in December 2015 when Don Moyer Boys & Girls Club provided in-kind support through space for recreational activities during the winter break.*

## Mark Driscoll

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**From:** Andy K <evergreen3069@yahoo.com>  
**Sent:** Monday, May 01, 2017 2:56 PM  
**To:** Mark Driscoll  
**Subject:** Re: CCMHB Questions regarding your funding application

Hi Mark,

In regards to the board questions:

1. Does Rosecrance have a presence at the CSCNCC? And to what extent?  
Rosecrance has not had a presence at our agency since December of 2015.

2. How many clients/people are reached through social media?

The primary social media we use is Facebook. In the last month we have reached 520 people with our posts. However, we can't tell how many of those are clients. We do have clients contact us on Facebook occasionally. We have 363 fans/followers of our page from the USA, more than half from Rantoul and Champaign/Urbana, the rest scattered around the country. We also have 10 fans from 9 countries around the world. Let me know if you need more info.

HTH,

Andy K.

On Monday, May 1, 2017 9:09 AM, Mark Driscoll <mark@ccmh.org> wrote:

Hello Andy,

At the CCMHB meeting on April 26<sup>th</sup>, Board members reviewed all mental health, substance use disorder and other related applications. Over the course of the meeting the Board discussed forty one applications. During their review, Board members raised questions about your specific application(s). The Board is requesting you provide a written response to the following questions:

CSCNCC – Resource Connection

1. Does Rosecrance have a presence at the CSCNCC? And to what extent?
2. How many clients/people are reached through social media?

Please provide your answers no later than 4:00 PM on Monday May 8, 2017. All responses received by the deadline will be shared with Board members in advance of the CCMHB study session scheduled for 5:30 PM on Wednesday May 17, 2017 in the Lyle Shields room at Brookens Administrative Center.

Thank You.

Regards,

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Mark Driscoll

Mark Driscoll  
Associate Director  
CCMHB/CCDDB  
1776 East Washington St.  
Urbana, IL 61802  
217/367-5703

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## Mark Driscoll

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**From:** Andy K <evergreen3069@yahoo.com>  
**Sent:** Monday, May 01, 2017 3:09 PM  
**To:** Mark Driscoll  
**Subject:** correction

As far as people reached on FB, in the last month it was 892. The 520 figure was for last week.

Andy K.

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## Mark Driscoll

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**From:** Andy K <evergreen3069@yahoo.com>  
**Sent:** Friday, April 21, 2017 2:25 PM  
**To:** Mark Driscoll  
**Subject:** Re: program summary

I mention the I&R contacts in the consumer access section and that we count households in the first part of the utilization narrative. I'm looking at the PY18 app. We did not specifically say that SCs = I&R or that NTPCs = households, but I assumed that was understood all along.

Andy K.

On Friday, April 21, 2017 2:17 PM, Mark Driscoll <mark@ccmhb.org> wrote:

Hi Andy,

Could you point me to where in the program narrative the utilization categories are defined? I do not see them in the utilization section.

Thanks.

Mark

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**From:** Lynn Canfield [mailto:lynn@ccmhb.org]  
**Sent:** Friday, April 21, 2017 1:46 PM  
**To:** 'Mark Driscoll' <mark@ccmhb.org>; stephanie@ccmhb.org  
**Subject:** FW: program summary

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**From:** Andy K [mailto:evergreen3069@yahoo.com]  
**Sent:** Friday, April 21, 2017 1:36 PM  
**To:** Lynn Canfield <lynn@ccmhb.org>  
**Subject:** program summary

Hi Lynn,

Just reviewed the summary and I have a couple of clarifications. Under Utilization on page 3, there's comments that our NTPCs and SCs are undefined. The NTPCs are indeed the number of unduplicated households served, but the SCs are primarily information and referral calls and walk ins, which we still track due to the volume received and to note any impact from the 211 system. The program plan narrative does define both of those categories, but perhaps I should include that in the quarterly reporting. Anyway, just wanted to clarify that and thank you for pointing out the importance of our services in the system of care.

Andy K.

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## Lynn Canfield

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**From:** Isak Griffiths <IGriffiths@courageconnection.org>  
**Sent:** Monday, May 08, 2017 10:17 AM  
**To:** Mark Driscoll  
**Cc:** Lynn Canfield; Stephanie Howard-Gallo; Shandra Summerville; Kim Bowdry; Jason Greenly MSW  
**Subject:** RE: CCMHB Questions regarding your funding application

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

Hi Mark,

Here is a response to the questions:

CCRPC's proposed Justice System Diversion Services is a program for "domestic" calls; although the language overlaps, domestic calls are not synonymous with domestic violence calls. Therefore, the Justice System Diversion Services proposal does not include a specific or formal collaboration between CCRPC and Courage Connection.

However, when the calls do involve domestic violence, CCRPC will provide referrals to our satellite office in the CSCNCC. Courage Connection will also provide consultation and training regarding the dynamics of domestic violence to CCRPC as needed, which is part of our long-standing collaborative relationship with CCRPC.

Although we now have a better idea of how to improve our narrative, it is factually correct so we will not be requesting any additional changes.

Thank you all,

Jason



Safety. Support. Success.

**Isak Griffiths**  
Executive Director  
IGriffiths@courageconnection.org  
t: 217-819-4611

508 E Church St  
Champaign, IL 61820  
www.courageconnection.org  
f: 217-352-1035

Connect with us at [www.courageconnection.org](http://www.courageconnection.org)!

Important Confidentiality Notice for Courage Connection:  
(Formerly known as Center for Women in Transition)

This message and any attachments are confidential and may be protected by legal privilege. If you are not the intended recipient, be aware that any disclosure, copying, distribution, or use of this message or any attachment is prohibited. If you have received this message in error, please notify us immediately by returning it to the sender and deleting this copy from your system.

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**From:** Mark Driscoll [mark@ccmhb.org]  
**Sent:** Monday, May 01, 2017 9:13 AM  
**To:** Isak Griffiths  
**Cc:** Lynn Canfield; Stephanie Howard-Gallo; Shandra Summerville; Kim Bowdry  
**Subject:** CCMHB Questions regarding your funding application

Hello Isak,

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At the CCMHB meeting on April 26<sup>th</sup>, Board members reviewed all mental health, substance use disorder and other related applications. Over the course of the meeting the Board discussed forty one applications. During their review, Board members raised questions about your specific application(s). The Board is requesting you provide a written response to the following questions:

Courage Connection

1. What relationship or collaboration is planned between Courage Connection services at CSCNCC with the Justice System Diversion Services CCRPC has proposed to serve Rantoul?

Please provide your answers no later than 4:00 PM on Monday May 8, 2017. All responses received by the deadline will be shared with Board members in advance of the CCMHB study session scheduled for 5:30 PM on Wednesday May 17, 2017 in the Lyle Shields room at Brookens Administrative Center.

Thank You.

Regards,

Mark Driscoll

Mark Driscoll  
Associate Director  
CCMHB/CCDDB  
1776 East Washington St.  
Urbana, IL 61802  
217/367-5703

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## Mark Driscoll

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**From:** Katie Adams <katie@crisisnursery.net>  
**Sent:** Monday, May 08, 2017 6:00 PM  
**To:** Mark Driscoll; Stephanie Record  
**Cc:** Lynn Canfield; Stephanie Howard-Gallo  
**Subject:** Re: CCMHB Questions regarding your funding application

Hi Mark,

My sincere apologies for the delay. I was out of the office today and lost track of time.

Our response is below. When I hear back from the Board of Health, I'll submit an update to the Board.

Crisis Nursery's Beyond Blue program was joint funded by the Champaign County Mental Health Board and the Champaign County Board of Health until 2010, when the Board of Health ended their support due to limited funds.

Crisis Nursery did not ask the Board of Health for support for the Beyond Blue program for FY18 as we understood there were no available funds for it from that entity. Staff sought to confirm this and are waiting on a response as of this deadline.

However, Crisis Nursery does continuously seek for funding partners. This year, we sought a partnership with Northwestern University to participate in a study that would provide in-kind support for the Beyond Blue program in the form of staff training and home visiting curriculum. While we were not selected to participate in the experiment, this serves as an example of our search for new and inventive methods of support.

Crisis Nursery also provides an estimated \$15,125+ in in-kind support for the program via the provision of 2,240 respite or crisis care hours to Beyond Blue clients.

We greatly appreciate the Champaign County Mental Health Board's support of the program, and we appreciate the consideration for continued funding.

Thanks,

Katie Adams

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**From:** Mark Driscoll <mark@ccmhb.org>  
**Sent:** Monday, May 8, 2017 12:40:18 PM  
**To:** Stephanie Record; Katie Adams  
**Cc:** Lynn Canfield; Stephanie Howard-Gallo  
**Subject:** FW: CCMHB Questions regarding your funding application

Hello Stephanie,

Have you sent the response to the Board questions?

It was due today.

Mark

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**From:** Stephanie Record [mailto:srecord@crisisnursery.net]  
**Sent:** Monday, May 01, 2017 3:15 PM  
**To:** Lynn Canfield <lynn@ccmhb.org>; 'Mark Driscoll' <mark@ccmhb.org>

40 1

Cc: 'Stephanie Howard-Gallo' <stephanie@ccmhb.org>; 'Shandra Summerville' <shandra@ccmhb.org>; 'Kim Bowdry' <kim@ccmhb.org>

Subject: RE: CCMHB Questions regarding your funding application

Thanks, Lynn. That's what I we remembering as well but couldn't find anything in their minutes.

Stephanie Record, Ed.M., LCSW

Executive Director

217-337-2731

24-Hour Crisis Line: 217-337-2730

[srecord@crisisnursery.net](mailto:srecord@crisisnursery.net)

[www.crisisnursery.net](http://www.crisisnursery.net)



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**From:** Lynn Canfield [<mailto:lynn@ccmhb.org>]  
**Sent:** Monday, May 01, 2017 1:09 PM  
**To:** Stephanie Record; 'Mark Driscoll'  
**Cc:** 'Stephanie Howard-Gallo'; 'Shandra Summerville'; 'Kim Bowdry'  
**Subject:** RE: CCMHB Questions regarding your funding application

I was there and probably have detailed, yet unreadable, notes from the meetings leading to their decision, the jist of which was that the cost of other public health activities did not leave room for continuing this contract.

? Lynn

---

**From:** Stephanie Record [<mailto:srecord@crisisnursery.net>]  
**Sent:** Monday, May 01, 2017 9:47 AM  
**To:** Mark Driscoll <[mark@ccmhb.org](mailto:mark@ccmhb.org)>  
**Cc:** Lynn Canfield <[lynn@ccmhb.org](mailto:lynn@ccmhb.org)>; Stephanie Howard-Gallo <[stephanie@ccmhb.org](mailto:stephanie@ccmhb.org)>; Shandra Summerville <[shandra@ccmhb.org](mailto:shandra@ccmhb.org)>; Kim Bowdry <[kim@ccmhb.org](mailto:kim@ccmhb.org)>  
**Subject:** Re: CCMHB Questions regarding your funding application

Thank you!

Stephanie Record, Ed.M., LCSW  
Executive Director  
217-337-2731  
24-Hour Crisis Line: 217-337-2730  
[srecord@crisisnursery.net](mailto:srecord@crisisnursery.net)  
[www.crisisnursery.net](http://www.crisisnursery.net)

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On May 1, 2017, at 9:45 AM, Mark Driscoll <[mark@ccmhb.org](mailto:mark@ccmhb.org)> wrote:

Hello Stephanie,

You would have to go back and look at BoH minutes. The decision may have been 8 or 9 years ago. You could also ask Julie Pryde.

Mark

---

**From:** Stephanie Record [<mailto:srecord@crisisnursery.net>]  
**Sent:** Monday, May 01, 2017 9:28 AM  
**To:** Mark Driscoll <[mark@ccmhb.org](mailto:mark@ccmhb.org)>  
**Cc:** Lynn Canfield <[lynn@ccmhb.org](mailto:lynn@ccmhb.org)>; Stephanie Howard-Gallo <[stephanie@ccmhb.org](mailto:stephanie@ccmhb.org)>; Shandra Summerville <[shandra@ccmhb.org](mailto:shandra@ccmhb.org)>; Kim Bowdry <[kim@ccmhb.org](mailto:kim@ccmhb.org)>  
**Subject:** Re: CCMHB Questions regarding your funding application

Thanks, Mark. We will work on a response.

Are you able to provide Crisis Nursery with reasoning behind the BoH pulling out of the collaboration that was originally part of the funding? Or can you direct me to minutes that would have discussed those reasons?

Thanks!

Stephanie Record, Ed.M., LCSW  
Executive Director  
[217-337-2731](tel:217-337-2731)  
24-Hour Crisis Line: [217-337-2730](tel:217-337-2730)  
[srecord@crisisnursery.net](mailto:srecord@crisisnursery.net)  
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On May 1, 2017, at 9:17 AM, Mark Driscoll <[mark@ccmhb.org](mailto:mark@ccmhb.org)> wrote:

Hello Stephanie,

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At the CCMHB meeting on April 26<sup>th</sup>, Board members reviewed all mental health, substance use disorder and other related applications. Over the course of the meeting the Board discussed forty one applications. During their review, Board members raised questions about your specific application(s). The Board is requesting you provide a written response to the following questions:

Crisis Nursery – Beyond Blue

1. Why is there not financial participation from the Champaign County Board of Health (BoH)? Was the BoH approached about supporting the program for FY18?

Please provide your answers no later than 4:00 PM on Monday May 8, 2017. All responses received by the deadline will be shared with Board members in advance of the CCMHB study session scheduled for 5:30 PM on Wednesday May 17, 2017 in the Lyle Shields room at Brookens Administrative Center.

Thank You.

Regards,

Mark Driscoll

Mark Driscoll  
Associate Director  
CCMHB/CCDDB  
1776 East Washington St.  
Urbana, IL 61802  
217/367-5703

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## Lynn Canfield

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**From:** Katie Adams <katie@crisisnursery.net>  
**Sent:** Friday, April 21, 2017 3:31 PM  
**To:** 'Lynn Canfield' (lynn@ccmhb.org)  
**Cc:** Stephanie Record  
**Subject:** Correction to Crisis Nursery Program Summary FY18CCMHB Request

Dear Lynn,

Regarding our FY18 application for funding from the CCMHB, I'm writing to request one correction. Our program summary stated that our Family Specialists that work in the program all have Bachelor's Degrees. This is true, but one of the Family Specialists also holds a Master's of Science in Family and Consumer Sciences with a Concentration in Human Development and Family Studies.

Thank you for making the correction.

Best,

Katie Adams, MSW  
Strong Families Program Director

Crisis Nursery  
1309 W. Hill Street  
Urbana, IL 61801  
217-337-2731



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## Lynn Canfield

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**From:** Katie Adams <katie@crisisnursery.net>  
**Sent:** Monday, April 24, 2017 9:37 AM  
**To:** Mark Driscoll  
**Cc:** Lynn Canfield; Stephanie Howard-Gallo  
**Subject:** RE: Correction to Crisis Nursery Program Summary FY18CCMHB Request

Thank you Mark. My apologies!

---

**From:** Mark Driscoll [mailto:mark@ccmhb.org]  
**Sent:** Friday, April 21, 2017 4:35 PM  
**To:** Katie Adams  
**Cc:** Lynn Canfield; Stephanie Howard-Gallo  
**Subject:** FW: Correction to Crisis Nursery Program Summary FY18CCMHB Request

Hello Katie,

The section of the program summary you are referring to and would like to correct is the services section of the application included word for word in the summary. It is not an error in the program summary but an omission in the application that you are correcting.

Mark

**From:** Lynn Canfield [mailto:lynn@ccmhb.org]  
**Sent:** Friday, April 21, 2017 4:08 PM  
**To:** 'Mark Driscoll' <mark@ccmhb.org>; stephanie@ccmhb.org  
**Subject:** FW: Correction to Crisis Nursery Program Summary FY18CCMHB Request

---

**From:** Katie Adams [mailto:katie@crisisnursery.net]  
**Sent:** Friday, April 21, 2017 3:31 PM  
**To:** 'Lynn Canfield' (lynn@ccmhb.org) <lynn@ccmhb.org>  
**Cc:** Stephanie Record <srecord@crisisnursery.net>  
**Subject:** Correction to Crisis Nursery Program Summary FY18CCMHB Request

Dear Lynn,

Regarding our FY18 application for funding from the CCMHB, I'm writing to request one correction. Our program summary stated that our Family Specialists that work in the program all have Bachelor's Degrees. This is true, but one of the Family Specialists also holds a Master's of Science in Family and Consumer Sciences with a Concentration in Human Development and Family Studies.

Thank you for making the correction.

Best,

Katie Adams, MSW  
Strong Families Program Director

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Crisis Nursery  
1309 W. Hill Street  
Urbana, IL 61801  
217-337-2731



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May 8, 2017

Dear CCMHB Board Members:

Cunningham Children's Home appreciates the opportunity to clarify some of the points of our grant application. HopeSprings provides a continuum of mental health services which benefit a diverse set of funding streams. Our request is predicated on our wanting to add a certain subset of effective modalities, as an adjunct, to our Medicaid eligible services.

Question 1: Does the program have a relationship with Head Start? Do they collaborate?

The project's primary referral and outreach sources include pre-k and elementary programs. As such, Head Start will be a key partner. The services provided as part of this project are intended to be more extensive and clinically focused than are services typically provided through Head Start. Head Start and other similar programs will be essential participants in building the therapeutic web for children and families in the project. Cunningham has a long history of collaboration with Head Start programs through our child welfare programs.

Question 2: Why is the CCMHB the sole funder for the program?

CCMHB is not the sole funder for this program.

The following is a list of services typically allowed under Medicaid fee-for-service arrangements as proposed by this project:

- Comprehensive assessment;
- Treatment planning (three occurrences);
- Weekly therapy and weekly support staff sessions (minimum two per week per child);
- Weekly consultation with therapeutic web members (except caregiver);
- Pre- and post-consultation with child's primary care physician;
- Monthly consultation with child's school; and
- Monthly child and family team meeting (therapist only).

The following activities do not typically fit Medicaid service definitions and are unique to the grant request:

- Screening for project;
- Completion of the NMT metric and developing recommendations (approximately 3 hours per child);
- Consultation and coaching with caregiver outside of family therapy;
- Travel for off-site activities;
- Monthly child and family team meeting (case manager);
- Monthly training and support group for therapeutic web members;
- Flexible funding pool to provide families with essential therapeutic tools (e.g., weighted blanket, yoga materials, music activities, items that increase safety for the child);
- Weekly staff meetings to ensure fidelity to the NMT and Tile & Grout approaches;
- Monthly outreach to schools and early intervention programs for referrals and presentations;
- Participation in twice monthly NMT trainings;
- Completion of follow up NMT and evaluation of developmental gains (approximately 3 hours per child); and
- Completion of MHB required reporting.

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**Cunningham**  
Children's Home

1301 N Cunningham Ave, Urbana, Illinois 61802 P 217.367.3728  
PO Box 878, Urbana, Illinois 61803-0878 [cunninghamhome.org](http://cunninghamhome.org)

A mission and ministry of the United Methodist Women of the Illinois Great Rivers Conference.

Of note, many of our indirect costs such as executive and administrative costs and clinical supervision are not being charged to this project and will be paid for out of benevolent or endowment funds and therefore were excluded from grant application disclosures.

Question 3: How will CCMHB funds be used to leverage other funds?

CCMHB funds will cover services and activities that are not otherwise covered under Medicaid or other third-party payers. Medicaid and other third-party billing will be maximized to the extent allowable by these payer sources. To the extent we are able to maximize Medicaid and other third-party billing for qualifying services, the reach of this project can be expanded to include more than the projected Treatment Plan Clients.

Question 4: Will third party payers be used first? Can other agency's funds be used first?

Cunningham Children's Home is very blessed to have the support of a number of donors who share our vision of seeing "every child thrive". Thirteen percent of our FY18' budget is made up of benevolent support. We are simply not in the financial position to expand this particular service without the support of the CCMHB. These are very complex and sophisticated interventions supporting very acute clients. We hold true in our belief this service array will reduce the need for more restrictive services. These families are typically in a universe of children who have already "tried everything else." Some of these families appear before you in meetings pleading for help, after exhausting all other resources in the community.

Understanding the CCMHB has limited funds and our wanting to see these services become a reality, we are waiving all administrative salary costs associated with this grant request. Administrative costs accounted for approximately 14% of our prior fiscal years budget.

Again, third party payers will be used first for eligible youth and services, with CCMHB funds being used when there are no other payer options.

Question Regarding Priority Area

During the April 26<sup>th</sup> board meeting and in the written feedback on our application, there seemed to be a question about the alignment of our application to Priority #2 – System of Care for Families, primarily in that our proposed population is younger than typically has been funded by CCMHB under this priority area. Our intention is to target children at an earlier developmental period in time to intervene when they are more malleable to interventions and before they experience additional stress related to school challenges, child welfare contacts, or juvenile justice involvement. We also see this project aligning with Priority #4 – Innovative Practices to Support Access to Core Services, as it is an intensive home- and community-based clinical service using evidence-based practice models.

Question Regarding Screening Tool

In the written feedback on our application, there was a concern about the screening tool not yet having been developed. Since this is a newly proposed project, the tool will be developed once a funding decision has been made. However, we are providing CCMHB with a conceptualization of the tool to be developed.

Three resources will be used to develop a screening tool for the Resiliency Project:

1. Exposure to Adverse Childhood Experiences – The ACE Study has shown a significant correlation of adverse childhood experiences to disrupted neurodevelopment; social, emotional, and cognitive impairment; adoption of health-risk behaviors; disease, disability, and social problems; and early death. This correlation increases exponentially in many of the health and social indicators with an ACE Score of 2 or more. Therefore, the ACE Study tool will be adapted to use child-relevant language, and children with an ACE Score of 2 or more may be eligible for the project.
2. Childhood Protective Factors – The Strengthening Families Protective Factors Framework outlines five protective factors that have been shown to make positive outcomes more likely for young children and their families. These five factors include Parental Resilience, Social Connections, Concrete Supports, Knowledge of Parenting and Child Development, and Social and Emotional Competence of Children. These Protective Factors are a well-established assessment of caregiver capacity which is a core intervention point in this project. Therefore, this framework will be used develop additional screening criteria for this project. However, caregiver capacity alone will not determine eligibility for the project.
3. Child Functional Status – The NMT assessment and recommendations for treatment are largely based on an assessment of the child’s functional status. Children who have adverse experiences may not always experience neurodevelopmental impacts dependent upon a wide variety of caregiving and environmental buffers. For those that do experience a neurodevelopmental impact, functional impairments can be observed. A brief screening tool of functional concerns will be created from the neurodevelopmental categories of the full NMT assessment. Those children that are screened to have moderate compromise in at least one area or mild compromise in multiple areas may be eligible for the project.

The screening tool will be used by intake staff working in conjunction with referral sources and parents to determine if the child meets the eligibility criteria for the project and the family is motivated to receive this level of early intervention services within the context of their home and community.

We look forward to partnering with the CCMHB in this project. If there are any further questions or need for clarification, please don’t hesitate to contact me prior to the meeting on May 17<sup>th</sup>.

Respectfully,



Marlin Livingston, LCSW  
President/CEO

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hope begins here.

**Services and Activities Provided as part of the Resiliency Project  
HopeSprings Counseling Services, a program of Cunningham Children's Home  
Mental Health Board Grant Proposal 2017**

Cunningham Children's Home appreciates the opportunity to clarify some of the points of our grant application. HopeSprings provides a broad continuum of mental health services which benefit from a very diverse set of funding streams. Our request is predicated on our wanting to add a certain subset of effective modalities, as an adjunct, to our Medicaid eligible services.

The following is a list of services typically allowed under Medicaid fee-for-service arrangements as proposed by this project:

- Comprehensive assessment;
- Treatment planning (three occurrences);
- Weekly therapy and weekly support staff sessions (minimum two per week per child);
- Weekly consultation with therapeutic web members (except caregiver);
- Pre- and post-consultation with child's primary care physician;
- Monthly consultation with child's school; and
- Monthly child and family team meeting (therapist only).

The following activities do not typically fit Medicaid service definitions and are unique to the grant request:

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- Flexible funding pool to provide families with essential therapeutic tools (e.g., weighted blanket, yoga materials, music activities, items that increase safety for the child);
- Weekly staff meetings to ensure fidelity to the NMT and Tile & Grout approaches;
- Monthly outreach to schools and early intervention programs for referrals and presentations;
- Participation in twice monthly NMT trainings;
- Completion of follow up NMT and evaluation of developmental gains (approximately 3 hours per child); and
- Completion of MHB required reporting.

We look forward to providing further clarification on costs outside of our grant request. Of note, many of our indirect costs such as executive and administrative costs and clinical supervision are not being charged to this program and will be paid for out of benevolent or endowment funds and therefore excluded from grant application disclosures.

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## CCMHB Program Summary FY18

### PROGRAM PROPOSAL REVIEW RESPONSE

#### CU CHANGE PROGRAM:

pg 80 - 81

#### Service Description Type

#### **How are risk factors determined such as a screening/assessment tool?**

The core risk factors for the CU Change Program were established based upon community needs reports from United Way and Illinois Department of Human Services youth risk reports; and with consultation from youth referral sources including: Champaign County Youth Probation Services, Youth Assessment Center, and Local School District Social Workers, Counselors and Resource Officers. The following risk factors were determined to be most in need of program resources for the youth ages 11-17 in Champaign County:

- Youth living in a single-parent household or with grandparents
- Youth residing in a household receiving TANF funds
- Youth in the free/reduced school lunch program
- Youth is at risk of or has been held back to repeat one or more academic years
- Youth is reported to have behavior issues
- Youth is reported to be a victim of bullying or perpetrator of bullying
- Youth is unsupervised after school
- Youth has witnessed or been a victim of family violence
- Youth identifies as LGBTQ
- Youth has siblings who have dropped out of school
- Youth has siblings who are involved in the juvenile justice system
- Youth has one or both parents who are incarcerated
- Youth is reported to be gang-involved or have siblings that are involved in gangs
- Youth is obese or otherwise nutritionally at risk
- Youth with parent and/or siblings involved with substance abuse or dependence
- Youth is homeless
- Youth is pregnant
- Youth is parenting or have siblings who are teen parents
- Youth not involved in positive social activities
- Resident of known gang area
- Low self-esteem
- Substance Abuse
- Other:

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Youth referred to the program with 3 or more of these risk factors are candidates for admission into the CU Change program. CU-Change is not a mandated program. Parent/Guardian and approval and youth agreement to program guidelines are needed for acceptance.

### **Which schools and frequency of activity contact by staff and youth?**

The C-U Change program is designed to serve youth-at-risk ages 11-17 (grades 7 to 12) in Champaign County who have 3 or more risk factors and are referred to the program from local sources including: Champaign Youth Probation Services, the Youth Assessment Center, the READY Program, and Champaign County School Representatives (i.e. administration, social workers, counselors, school resource officers, etc.). While most of the programs current referrals happen to come from Champaign. CU Change staff are frequently presenting and meeting with programs throughout Champaign County to receive referrals for the program.

Thus far, the program has received referrals and served youth from the following schools:

- READY Program School
- Pavilion Foundation School
- Novak Academic Academy
- Franklin Middle School
- Edison Middle School
- Jefferson Middle
- Centennial, Central
- Urbana High School

The program effectiveness is measured via the frequency of service contacts with youth at their respective schools and during the after-school hours. Program staff have service contacts with youth via meeting with school staff, case management, counseling and progress reporting daily. After-school programming contacts are made via quarterly progress meetings, counseling sessions, program action planning, parent engagement activities, etc. These services all work together to provide a holistic approach to supporting each youth through high school graduation and preparation for the future. Total service contacts will equal an approximation of 10-12 times per youth/month.

### **Service throughout Champaign County?**

Due to the CU Change Program relying on referrals from agencies throughout Champaign County, the residence of clients relies heavily on the referring agencies. Program information and recruitment efforts include the areas of Rantoul, Mahomet, Urbana and other areas of Champaign County. While community data indicates that the cities of Champaign and to a

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lesser extent Urbana, have the majority of the youth who fit the risk profile for admission, we anticipate having more youth from Champaign County at –large going forward.

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**Program Performance Measure, ACCESS**

Access for the CU Change Program is open to all areas of Champaign County. With the program being based upon referrals, many of the programs referrals will come from Champaign Youth Probation Services, the Youth Assessment Center, the READY Program, Champaign County School Representatives (i.e. administration, social workers, counselors, school resource officers, etc.) and other community organizations that may serve youth-at-risk from Mahomet, Rantoul, Urbana and Champaign. With the programs referral base coming from a variety of community based sources throughout Champaign County, CU Change is inclusive of all youth-at-risk serving systems and entities.

The program admissions process is as follows:

**Step 1 - The Referral**

Referral Forms will be distributed to agencies via program presentations, school meetings and community events. Referral based programs will complete the CU Change Referral Form for prospective youth and submit to the CU Change Coordinator.

**Step 2 - The Family Contact and Conference**

Upon receiving referral, the CU Change Coordinator will contact the parent/guardian of the prospective youth and schedule a family conference. During the conference the CU Change coordinator will discuss the dynamics of the referral to the program. Youth and parent/guardian will describe challenges at home, school, peers and/or social issues. Through this process risk factors are identified and determined. The CU Change Coordinator then explains the program expectations and parameters which include the following:

- Youth must be between the ages of 11-18.
- Youth must engage and participate in all required classes and programs throughout the school day.
- Youth must be involved in educational advancement programs
- Youth must follow all respective school rules and the DMBGC Code of Conduct
- Youth must attend the Boys & Girls Club at least 3x a week.
- Parents/ Guardians or Caring Adult Mentor are required to attend a quarterly student progress meetings with CU Change Coordinator throughout the year
- Parents/Guardians or Caring Adult Mentor are required to participate in at least 3 parent engagement activities throughout the year.

Upon agreement, the CU Change Coordinator completes a risk assessment application form finalizing this step.



### **Step 3 - The Advisory Team Discussion**

Referrals to the CU Change Program must be approved by the CU Change Advisory Team which consists of the CU Change Coordinator, Associate Director of Teen Services, Director of Program Services, Director of Operations and Teen Services Coordinator. The team will review the information collected from the Family Contact and Conference and determine admission into the program. Upon admission the family is contacted for Intake and Orientation.

While the CU Change program is designed for youth-at-risk, the safety of all youth at Don Moyer Boys & Girls Club is of the utmost importance. The CU Change Program and Don Moyer Boys & Girls Club cannot service youth referred with violent or aggressive tendencies or offenses.

### **Step 4 – Intake and Orientation**

Before program support services begin, program families will be required to attend a group or individual orientation meeting with the CU Change Coordinator. Orientations are held the 1<sup>st</sup> and 3<sup>rd</sup> Monday of every month. This orientation will cover and reiterate youth expectations, the Club's core ideals, programming, discipline procedures, case management, etc.

### **Step 5 - Placement**

After completion of the Intake and Orientation, the youth will be placed in the program and assigned a caring adult (mentor) within the Club for the duration of the program. The goal of the mentor is to develop a healthy relationship with the youth to focus on grade promotion and graduating high school on time with a plan for the future. New students will be admitted as graduation occurs or as open slots become available.

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### **Utilization**

**Treatment Plan Clients (TPCs)** – CU-Change is a non-mandated program requiring commitment and engagement from a client parent or guardian and investment from the client. During the first year we have experienced challenges with turnover of due to participants electing to disengage with programming expectations and or requirements. For these reasons, Don Moyer Boys & Girls Club has had to admit a large amount of youth to replace the series of youth and families who disengage from the program. We anticipate this factor to decrease in the second year of the program due to the changes in the screening process.

**Service Contacts** – The goal of Service Contacts are to measure program effectiveness by documenting the number of unduplicated meetings with school social worker/counselors, case management sessions, counseling sessions and additional services provided per youth.

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We have found that the amount of contacts have exceeded our initial projections and look to amend the service contacts total to 1500.

**Financial Analysis:**

**Total Program Staff: Budget Analysis. Response:** Personnel Form errors with Total Indirect staff allocation incorrect: Indirect staff allocation will be corrected when able to get back in the system. After discussion with Mark Driscoll, he indicates corrections can be made when the system is opened back up in late May/early June.

**Funding from the CCMHB represents 38.5% of the total program budget. Response:** Total Program budget is \$100,000. Information for total of \$260,000 was entered incorrectly. Will correct when system is opened up to do so. For FY17, had an additional \$23,007 which was to be covered by DMBGC funding. We made the budget fit the \$100,000 request, knowing that there were actually more costs involved which would be paid for by DMBGC funding. Will adjust the budget to include these cost for the CU Change program and show that the funding for them is coming from DMBGC.

**Personnel related costs are the primary expense charge to CCMHB. Response:** Payroll taxes - > 7.35% unemployment expense + 7.65% direct payroll taxes = 15% for CU Change. 11% for YFPSA is based on their experience rate of 3.35% for unemployment instead of 7.35%. This needs to be corrected in the budget when we are able to do so. General Admin costs are less than 10% for CU Change as the program is run in-house. For YFPSA, the amount was agreed upon by DMBGC and YFPSA to be 15%, as this is a program run outside of DMBGC and DMBGC has taken on more administrative costs of running YFPSA thru the Club. Audit expense is a direct expense for YFPSA. For DMBGC the audit expense has been absorbed as part of our overall operating expenses.

**Audit Findings. Response:** Due to our oversight the audit was submitted on 11/9/16. This was 9 days after the 120 day period for submitting. However, once notified on 11/9/16, we submitted the full audit (which had been finalized the day before) within 2 hours. Our CFO now has an annual reminder in mid-October to request an extension. Our audit will most likely always be completed and finalized by the DMBGC Board in early November each year.

**Pg 83**

**CCMHB FY18 Decision Priorities and Decision Support Criteria**

**Budget –Program Connectedness. Response:** Revenue, expense and personnel forms will be corrected when we are able to do so.

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**Realignment of FY17 Contracts to Priorities. Response:** (Same as above) For FY17, had an additional \$23,007 which was to be covered by outside contributions. We tried to make the budget fit the \$100,000 request, knowing that there were actually more costs involved which we would absorb. Will adjust the budget to include these cost for the CU Change program and show that the funding for them is coming from contributions.

**Resource Leveraging. Response:** Same as previous response.

### **Priority 2 System of Care for Youth & Families**

The CU Change program is distinguished from other programs due to its focus on providing services to youth **in the school, throughout the school day as well as the traditional after school hours**. For the targeted youth to successfully achieve grade promotion and graduate from high school on time with a plan for the future; school attendance, academic progress and improved behavior are all key components for success. CU Change staff spend a considerable amount of time connecting with youth throughout the school day to check attendance, meeting with school social workers/counselors/teachers and school resource officers to provide support in areas needing attention and encouragement for each youth. CU Change staff attend parent conferences and assist in developing Individual Education Programs (IEP's) and behavioral plans, as well as collect report cards and progress reports for review with youth and parent/guardian. These intensive, school-based engagements are designed to improve academic performance and pursuits, encourage positive behavior, and guide youth successfully through the school year. Evening programming at Don Moyer Boys & Girls Club provides good character and citizenship programming, academic assistance and programs to promote healthy habits and relationships (i.e. conflict resolution). Most of the case management happens at this time. These services all work together to provide a holistic approach to supporting each youth through high school graduation and preparation for the future.

### **Review ReStaff Credentials**

Staff working with the CU Change Program have a wealth of experience in working with youth-at-risk. The following are the credentials of the CU Change Program Team and Don Moyer Boys & Girls Club staff who also provide services to the CU Change Program:

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Title	Academic Degree/Credentials
CU Change Coordinator	BS – Social Work– Southern Illinois University – Carbondale MSW - Leadership, Advocacy and Social Change - University of Illinois at Champaign- Urbana; Certified Youth Development Professional
CU Change Program Associate	AAS – Digital Arts – Parkland College; Certified Youth Development Professional
CU Change Program Associate	BA - Sociology - University of Illinois at Champaign- Urbana; Certified Youth Development Professional
Associate Director of Teen Services	BS – Ministry Leadership – Dallas Christian College; Certified Youth Development Professional
Teen Services Coordinator	ADCJ – Parkland College BA – Sociology – SUNY Poly
Director of Operations	BS – Leisure Studies – University of Illinois @ Urbana-Champaign MS – Sports, Fitness & Recreation - University of Illinois @ Urbana-Champaign; Certified Youth Management and Leadership Professional

**Pg 82-83**

**Financial Analysis:**

**Total Program Staff: Budget Analysis. Response:** Personnel Form errors with Total Indirect staff allocation incorrect: Indirect staff allocation will be corrected when able to get back in the system. After discussion with Mark Driscoll, he indicates corrections can be made when the system is opened back up in late May/early June.

**Funding from the CCMHB represents 38.5% of the total program budget. Response:** Total Program budget is \$100,000. Info for total of \$260,000 was entered incorrectly. Will correct when able. For FY17, had an additional \$23,007 which was to be covered by outside contributions. We tried to make the budget fit the \$100,000 request, knowing that there were actually more costs involved which we would absorb. Will adjust the budget to include these cost for the CU Change program and show that the funding for them is coming from contributions.

**Personnel related costs are the primary expense charge to CCMHB. Response:** Payroll taxes -> 7.35% unemployment expense + 7.65% direct payroll taxes = 15% for CU Change. 11% for YFPSA is based on

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their experience rate of 3.35% for unemployment instead of 7.35%. This needs to be corrected in the budget when we are able to do so. General Admin costs are less than 10% for CU Change as the program is run in-house. For YFPSA, the amount was agreed upon by DMBGC and YFPSA to be 15%, as this is a program run outside of DMBGC and DMBGC has taken on more administrative costs of running YFPSA thru the Club. Audit expense is a direct expense for YFPSA. For DMBGC the audit expense has been absorbed as part of our overall operating expenses.

**Audit Findings. Response:** Audit was submitted on 11/9/16. This was 9 days after the 120 day period for submitting. Not submitting the extension request was an oversight. However, once notified on 11/9/16, we submitted the full audit (which had been finalized the day before) within 2 hours. Our CFO now has an annual reminder in mid-October to request an extension. Our audit will most likely always be completed and finalized by the DMBGC Board in early November each year.

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**CCMHB FY18 Decision Priorities and Decision Support Criteria**

**Budget –Program Connectedness. Response:** Revenue, expense and personnel forms will be corrected when we are able to do so.

**Realignment of FY17 Contracts to Priorities. Response:** (Same as above) For FY17, had an additional \$23,007 which was to be covered by outside contributions. We tried to make the budget fit the \$100,000 request, knowing that there were actually more costs involved which we would absorb. Will adjust the budget to include these cost for the CU Change program and show that the funding for them is coming from contributions.

**Resource Leveraging. Response:** See previous response.



**CCMHB Program Summary FY18**  
**PROGRAM PROPOSAL REVIEW RESPONSE**

**Community Coalition Summer Youth Initiative Program**

**Board Review Questions Response:**

**Program Administrative and Operational Overview:** On behalf of the Champaign County Community Coalition, DMBGC serves as the administrative and co-ordination arm of the Summer Youth Initiative Program. In this capacity DMBGC provides the administrative, fiscal and documentation requirements for the program, while 14 Community Coalition partner organizations provide the programs and activities.

**Assessment of Programs:** As a part of the sub-contract agreement, agencies are asked to provide details on the number of youth served and activities conducted, and financial accounting. An overview report is made to the Community Coalition at the completion of the summer.

**Sub-Contractors:** The 14 Community Coalition organizations that provide programming and activities are asked to sign a contract agreement to provide specified documentation, reporting, activities and/or services on behalf of the Summer Youth Initiative. While DMBGC provides the grant administration services to the CCMHB, the 14 Coalition organization partners are referred to as sub-contractors in their roles in agreeing to carry out the actual programming.

**Scholarships:** Funding to the 14 Community Coalition Partner organizations is used to fund programing provided to all youth involved in each activity or service. No individual scholarships are provided.

**Program Purpose:** The program purpose has been to provide an opportunity for a multi-agency, community wide effort to address the level of youth violence, delinquent activity, negative peer interaction, and anti-social behavior that has been an issue for the Champaign Urbana community for several years. The Community Coalition has embraced a community partnership and shared responsibility approach as an effective way to address the issues. Using the established skills and specialties of the partner organizations allows the Summer Youth Initiative to zero in on the targeted youth and issues by providing structured, supervised and adult coordinated employment training, positive recreation activities, exposure to cultural events and activities, educational support activities, mentoring connections, and engagement in community resources. As a result, opportunities are enhanced for targeted youth to have

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meaningful and viable alternatives to non-productive, negative, or anti-social behavior during the summer months.

**Program Summary Comment Response:**

**pg.84**

**ACCESS:** The Summer Youth Initiative is a non-traditional, three month program carried out by multiple agencies. Program access comes through the family and youth outreach engagement from the various agencies participating in the initiative. The partner agencies (sub-contractors) provide open access to the targeted youth across the community that they work and bring to the program. We believe that we can work to craft language that will recognize the unique nature of the program being carried out by multiple agency partners, and indicate that open access to the program is provided.

**Consumer Outcomes:** The comment recognizes the unique nature of the Summer Youth Initiative Program. The focus of the initiative on the summer months only, makes it unlikely to measure outcomes outside of demographics and quantity of engagement activities.

**Pg.86**

**Budget Analysis:** Will correct errors due to misinterpretation of requirements when able to do so in the system. This include errors in revenue reporting.

**Personnel related costs are NOT charged to CCMHB, at N/A:** **Response:** DMBGC does receive a 10% admin fee for the payment processing, financial accounting and overall coordination. This will be clearly stated the budget when able to do so in the system.

**Budget-Program Connectedness.** **Response:** Corrections will be made.

**Contracting Considerations.** **Response:** Revisions/corrections will be made.

**Audit Findings:** **Response:** Due to our oversight the audit was submitted on 11/9/16. This was 9 days after the 120 day period for submitting. However, once notified on 11/9/16, we submitted the full audit (which had been finalized the day before) within 2 hours. Our CFO now has an annual reminder in mid-October to request an extension. Our audit will most likely always be completed and finalized by the DMBGC Board in early November each year.

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**Services/People Served**

*Service Description/Type*

**CCMHB Comment:** Target population and proposed services align with Priority #2. The services are intended to support youth in navigating challenges, provide peer support to parents navigating multiple systems and linkage to community resources, and to educate the broader community and assist partners on developing youth and family guided policies and practices. Assessments of youth and families to identify strengths and weaknesses is noted but the tool is not identified. While there is some similarity to the CU Change proposal regarding services to youth, this application seeks to deliver services in the broader community. There is also less emphasis on delivering services to a specific youth or family as indicated by the low number of clients to be served and more emphasis on systems change through engagement with community partners and public education.

**Response:** See our response in the narrative section for details.

**Consumer Outcomes**

**CCMHB Comment:** No details on how outcomes are measured. No performance targets are set. Last bullet point is incomplete.

**Response:** See our response to **outcomes** in the narrative section for details.

Currently, we use a database software called Apricot to safely store client information, direct service time, and productivity. Apricot allows us the ability to run and/or produce reports for internal performance review and external reporting to funders and stakeholders. We collect information from peers/parents and youth using paper survey. and in FY18 electronic surveys will be made available. Additional information gathered includes gender, race/ethnicity, family size and primary/secondary system involvement.

We will count:

- A) the number of youth/parents enrolled in our services
- B) the number of youth/parents who are not enrolled in our services, but attend/participate in our trainings/workshops and other events
- C) the number of parent professionals with lived-experience who are enrolled in our services
- D) the number of parent professionals with lived-experience who are not enrolled in our services, but attend/participate in our trainings/workshops and other event

We will survey:

- E) youth and parents about the quality of support they received from their Youth Advocate, Peer Parent Peer Supporter and other administrative/support staff

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Collection:

- Surveys (electronically and/or paper)
- Questionnaires (electronically and/or paper)
- Website ([www.ilalliance.org](http://www.ilalliance.org)) incorporating Google Analytics - the majority of our families do not have Internet in their homes they do have access to it from their phones. Our site is designed primarily with families in mind, but we will continue to build and grow it as we learn more about our audience. Google Analytics can help us learn "where our visitors live", "what pages are the most popular", "how many people visit our site" or "what websites send traffic to our website?"

**Program Performance Measures**

Access

**CCMHB Note:** Section speaks to delivering youth and parent focused services in natural settings of home, schools, and community.

Reference to community engagement and public education identifies broad range of community based entities intended to be engaged. No access related measures are defined.

With very limited program capacity, how will participants be determined from those youth referred? How quickly will youth engage in services and how long is participation in services expected to last? ***When a family is referred for services the Intake Case Manager schedules an appointment within 72 hours. The Intake Case Managers visit consist of outlining the expectations for enrollment in services. Due to the nature of the target population parent peer support and youth to peer support services can last from 12-18 months depending upon the array of support needed.***

Targets fluctuate from year to year. How utilization categories are defined has shifted to some degree year to year or not been defined. Missing information will need to be provided if the application is funded.

**Response:** *Target fluctuation and utilization categories have shifted to some degree due to the growth and establishment of the Family-Run Organization (FRO). YFPSA was established as an independent 501(c)3 in March of 2014. During that time we were transitioning our service array, branding and developing our on identity at the end of the six-year Cooperative Agreement between the Federal Substance Abuse and Mental Health Services Administration (SAMSHA), the Illinois Department of Human Services (IDHS), and the Champaign County Mental Health Board (CCMHB) that ended on September 30, 2015. During this time YFPSA was continuing to play a major role in the State of Illinois System of Care expansion activities. YFPSA has slowly moved out of the shadows and is being recognized by SAMSHA as the Statewide Family Network Grantee. The utilization numbers reported were too low and once we are allowed to adjust our previously submitted budget to which will reflect the cost effectiveness of our services and supports.*

**Utilization**

**Treatment Plan Clients (TPC's):** *youth and parents who have completed our intake and enrollment process with the development of a treatment plan*

**Non-Treatment Plan Clients (NTPCs):** *youth and parents who may have completed our intake and enrollment process, but haven't developed a treatment plan; these families will still have access to linkage and engagement services this includes short-term community support services (attend IEP meetings; court hearings; review IEP's; apply for public assistance etc.); youth and parents who contact us via phone or the website for linkage and engagement information)*

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**Service Contacts (SCs):** *service contacts are the number of the number of times a staff member makes contact with TPC and NTPC. The number of contacts with youth and families that attend P3/Kickback (CSE's) not duplicated. The number of youth, parents, professional parents with lived-experience, providers and stakeholders who attend the (CSE's).*

**Community Service Events (CSEs):** *The number of CSEs held in the community (workshops, trainings, support groups, webinars etc).*

**CCMHB Note:** No details on how outcomes are measured. No performance targets are set. Last bullet point is incomplete. Unclear what TPC and NTPC categories represent; low numbers for amount of money.

**Response:** *The Utilization numbers reported are too low and once we are allowed to adjust our previously submitted budget it will reflect the cost effectiveness of our services and supports.*

- A) **Budget Analysis:** (staff comments) High cost per person served. Less emphasis appears to be placed on delivering services to a specific youth or family as indicated by the low number of clients to be served and more emphasis on systems change through engagement with community partners and public education. Errors were made completing the personnel form. Total indirect staff allocated to the total program is incorrect. Direct staff include six part-time positions. These staff also work for the Youth and Family Peer Support Alliance. The amount of time dedicated to the program varies by position. No indirect staff is listed as being supported with CCMHB funds. This lack of support for indirect staff is apparently offset by the \$24,000 charged to the general operating expense line for as overhead and administration.
- B) **Funding from the CCMHB represents 61.5% of the total program budget.**  $\$160,000 / \$260,000 = 61.5$  percent Budget Analysis: (staff comments) Errors were made completing the revenue and expense forms. Total program revenue is \$160,000 and CCMHB is the sole source of support. *Note: DMBGC will address.*
- C) **Personnel related costs are the primary expense charged to CCMHB, at \$98,523 / \$160,000 = 61.6** percent Some observations and comparisons are needed here. Payroll taxes charged as part of CU Change personnel costs is over 15% of salaries. For the Youth and Family Services application the rate is less than 11%. Another difference between the two proposals is general administration (interpreted as management & general) expense. For the \$100,000 CU Change application this amount is \$6,275. For the \$160,000 Youth and Family Services application the amount is \$24,000. No audit expense is listed in the CU Change proposal but is \$5,000 in Youth and Family Services application. The audit is charged off to the consumables expense line rather than professional fees/consultants. Also charged off to the consumables expense line is \$1,500 for mileage reimbursement. Yet there is \$3,500 allocated to the local transportation line. A children's mental health dinner and dance is listed at \$5,000 as a consumables expense line item but not referenced in the services section. Clarification on these differences and observations would be helpful.

**Response:** *YFPSA has a lower experience rate as an organization with Unemployment than the Club. We will be adjusting our Payroll tax rate to the Clubs rate once allowed to change. YFPSA will re-categorize once allowed to adjust previously submitted budget according to the direction above. YFPSA was only required to have an audit completed for requirements specific to CCMHB, recent changes with other supports require that YFPSA to provide audited finance's and we will be reallocating this expense across all funding sources effective FY18.*

D) **Audit Findings:** Audit in compliance

**Comment:** Audit was late and no extension was requested.

**Response:** DMBGC will address.

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## Youth and Family Services

### 1. What are the outcomes for youth and families and how are they measured to demonstrate success?

**Youth:** *The Ansell-Casey tool and 'the goal of the work' in the words of its authors, "is to better prepare young people for living on their own." The self-assessment tool will highlight where a youth is in their journey. The self-assessment results will provide data for system providers, caregivers, and natural supports to best meet the youth where they are. This program grounds itself in a process designed for "learner involvement and leadership", resulting in youth capable of navigating and guiding their own services.*

*The self-evaluation reports on the domains of life for the youth that include relationships; work and study habits, planning and goal-setting, using community resources, daily living activities, budgeting and paying bills, computer literacy and their permanent connections to carrying adults.*

*When employing systems of care values we understand that the first plan is not always the last plan. The CLST provides the assessment for the proper utilization of the Life Skills Guidebook. The Guidebook will provide resources that help shape the Life Skills Learning Plan tailored in such a way to meet the needs of the youth delivered in a match to their learning style. The sequential process provides measurable outcomes while providing guidance, and direction, to the youth.*

**Assessment Tool:** *Casey Life Skills Tool and Life Skills Guidebook*

**Outcome:** *Curriculum designed and intended to match developmental levels of youth and/or adult. The youth is learning life skills content in-groups or one-on-one instruction formats. All the Learning goals for a skill area are listed together experience has shown that individuals do not learn skills in a chronological sequence. The competency based curriculum design provides outcome measures from competency achieved. The learner is provided a scaffold of four levels beginning with Level 1- Awareness and Level 2 Knowledge and Understanding. The learner is gathering data and information and the purpose of this part of the process is for the learner to identify, describe, or explain information about subject matter being taught. Level 3 the learner "knows how" and is demonstrating in observable and measurable ways the skill level capacity of the task. The capacity of the skill is tested in simulated or real life learning settings. Level 4 the learner has successfully integrated the knowledge and skill set into a learned behavior and has reached the "can or is able to" plateau for independent living. The tool and guidebook encompass all domains for successful integration into and the community while increasing capacity for independent living that matches the learners aptitudes. The guidebook design when matched with our model of Parent Peer Support Partner (PPSP) and/or youth to peer (Y2P) increases the capacity for engagement of skill set development.*



**Parent:** Parents/caregivers who have youth with social, emotional and behavioral disorders frequently experience higher levels of stress and anxiety than parents of children without these issues (Journal of Student Research, Ramacher). Parents/caregivers of youth with complex mental health disorders often have their own mental health needs triggered because they feel isolated, hopeless and stigmatized by the systems that serve them. Most parents/caregivers find it difficult to navigate the mental health, education, child welfare and juvenile justice systems due to their lack of knowledge and understanding of how the system works. Parents/caregivers need to have access to services that will aid them in successfully navigating these systems. An important component to assisting families on their journey to mental health wellness and recovery is the role of a peer supporter. Parent Peer Support Partners are individuals whose own children have been through various service systems. Parents/caregivers value the emotional support, understanding and empathy that are offered by peer supporters who have been through similar experiences.

This is a structured one-to-one, strengths-based relationship engaged in between a Parent Peer Support Partner (PPSP), and the parents/caregivers of a youth with behavioral health challenges and/or social/emotional needs, where the sharing of lived-experience influences resiliency and capacity for more positive outcomes. This support and service is unique because unlike most services and supports this Parent Peer Support is specifically designed for the parent.

The purpose of this service is for improving the capacity of the parent/caregiver to identify and meet his or her own self-care needs and to make sense of their experience on their journey. There are five stages: 1) becoming defined or overwhelmed by the situation; 2) recognizing that they are a part of a system; 3) a growing realization that they must act to save their family; 4) knowing and seeing the meaning of their experience and 5) commit to helping others with their own personal experiences. The parent moves back and forth across the stages based on the family's circumstances. The expectation for service delivery is face-to-face by the Parent Peer Support Partner. There may be instances where Parent Peer Support is delivered telephone (ie. crisis support) or to a group of parents/caregivers (reducing isolation).

**Assessment Tool: Family Assessment Tool (FAST)**

**Outcome:** The purpose of the FAST is to determine the right match and fit of support. support effective interventions when the focuses of those efforts are on entire families rather than single individuals. The most common use of the FAST is in efforts to address the needs of families who are involved with one or more systems of care. Parent provides key insight and final agreement on the array of support needed for their family. Peer Parent Support Partners can use this tool to manage their time spent out in the field. Scoring should be documented with agreement of amount of support from parent noted in documentation.

## 2. What are the outcomes for systems change and how are they measured to demonstrate success?

*There is a growing national consensus that the best indicators of quality of care are the results, or outcomes, of the interventions offered. The Parent Peer Support Partner service embeds the child and family in the systems of care in their community. The Parent Peer Support Partner (PPSP) provides information, engagement, and education to the parent/caregiver on how to navigate systems of care. The service provision is child and family-focused engages the parent/caregiver in strengths based asset building of interpersonal and intrapersonal skills sets. The parent/caregiver and the child/youth advocate for, and engage in, services in the system that are meaningful and enhance independent living skills. The PPSP engages and assists the family in identifying, securing, and utilizing formal and informal resources. The informed and educated child/youth, family/guardian/caregiver better understands the service array and system structure for behavioral health services and wraparound Care Management Entity (CME) system. The PPSP demonstrates and enhances skills sets for efficient utilization of service array increasing self-empowerment. Increased utilization efficiency improves outcomes for successful transitions to community living in school, and employment opportunities while decreasing contact with law enforcement agencies. Efficient utilization of systems of care influences systems of care development and community resilience.*

## 3. What are the staff qualifications to do the work with families and on systems?

- *All Parent-Peer Support providers must be a parent or caregiver with lived experience who has provided care to youth with behavioral health challenges and/or social/emotional needs. The minimum qualifications and credentials for a Parent-Peer Support provider include:*
- *At least 21 years of age.*
- *Possession of a high school diploma or equivalent.*
- *Demonstrated ability to work constructively with Clients, treatment resources and the community.*
- *Individual has completed and submitted proof of the following screens: a) Finger-print based national and state criminal history background screen; b) Local law enforcement screen; c) State and local Department of Child & Family Services abuse registry screen.*
- *Documentation of safe driving record and maintained vehicle, as well as: a) Current Driver's License; and b) Proof of auto insurance coverage.*
- *Self-disclosure and willingness to share your story*
- *Supervision by a certified trained Parent Peer Support Partner using the University of Maryland's Purposeful Peer Support model (approved by the state of Illinois), by a Family Run Organization (FRO) with at least three (3) years of experience providing Parent Peer Support.*

## 4. The minimum qualifications and credentials for a Youth To Peer Support provider include:

- *Possession of a high school diploma or equivalent.*
- *Demonstrated ability to work constructively with Clients, treatment resources and the community.*
- *Individual has completed and submitted proof of the following screens: a) Finger-print based national and state criminal history background screen; b) Local law enforcement screen; c) State and local Department of Child & Family Services abuse registry screen.*
- *Documentation of safe driving record and maintained vehicle, as well as: a) Current Driver's License; and b) Proof of auto insurance coverage.*
- *Self-disclosure and willingness to share your story*
- *A young person age 18 to 25 that have a history of receiving services in the child and family behavioral health system can provide Youth To Peer Support service*
- *A successful Youth To Peer Support (Y2P) will have the ability to reflect on their own experiences with systems of care across the domains of life*
- *The Y2P will provide insight from practical and emotional understanding and use their own experiences in building relationships with other youth, demonstrate a range of interpersonal skills that include being able to relate to young people receiving services as well as building respect based alliances with adults in that young person's life*
- *The Y2P will possess and demonstrate verbal and written skill sets that provide clear communication*



**4. Clarify the differences between the Youth and Family Services program and the CU Change program? Target population? Services provided?**

*Youth and Family Peer Support Alliance (YFPSA) services clearly differs from the CU program provided by the Boy's and Girl's club primarily because of our focus and target population. We focus on families, (parent/caregiver) that have youth that have been identified to experience behavioral or mental health challenges. The identified population we serve can intersect more than one system of care, and experience more challenges in school, law enforcement and child welfare. This includes the youth and the parents. We focus on family engagement and systems navigation for all points of contact between youth, parent/caregiver and we only engage youth with parent/caregiver involvement. Our service provision develops skill sets that are integrated in a manner that are congruent with the systems that intersect youth and parent/caregiver needs. Our service provision area is throughout Champaign County and our service provision is provided in homes one on one, in the community where the youth and family reside, and we develop groups where applicable in the local communities of Champaign County. We work with all school districts and cities in the county. Our family driven and youth guided service array is designed to meet each family and youth to empower individuals with mental health or behavioral challenges to utilized services in a congruent and consistent manner that increases likely hood for the greatest capacity of independent living skills. Parent Peer Support Partners and Y2P services provide ongoing utilization review by seeking access to informal and formal services that are appropriate effective, and provide prevention strategies. When each of these categories of access, appropriateness, effectiveness, and prevention, are continually considered, it has been demonstrated in quality assurance plans that cost is driven down. Our service provision differs from CU in the approach to Parent/caregiver investment. Where CU encourages involvement in certain activities we engage the youth, parent/caregiver in each phase of the journey. Engagement strategies for families with youth that have been identified with behavioral or mental health challenges is a service provision that is a fundamental difference between CU and ourselves.*

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## Lynn Canfield

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**From:** Sheryl Bautch <sbautch@familyservicecc.org>  
**Sent:** Thursday, May 04, 2017 10:46 AM  
**To:** Mark Driscoll  
**Cc:** Lynn Canfield; Stephanie Howard-Gallo; Shandra Summerville; Kim Bowdry; Rosanna McLain  
**Subject:** RE: CCMHB Questions regarding your funding application

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

Hello Mark,

Thank you for sending the questions from the Board regarding the application for our Senior Counseling & Advocacy program. I reviewed the questions with program director Rosanna McLain and she provided the following information in response. I hope that this adequately addresses the Board's questions, but should you or they require additional information, please let me know.

### **1. How are they serving persons with a developmental disability? How many?**

The Family Service Senior Counseling & Advocacy program acts as the Coordinated Point of Entry and the Aging and Disability Resource Center for Champaign County. In addition to serving those age 60 and older, many services are available to people with a developmental or other disability. Our staff members are trained and qualified to answer information and assistance calls about services for people with disabilities and to provide warm transfers (immediate connection of the caller to another phone number without the caller needing to hang up and redial) of these calls to other providers in the community if the caller approves. Non-treatment plan services such as help with an application for LIHEAP or BEAM and other assistance taking only a short time and/or limited contacts are also available to those with a developmental disability.

Adults with a developmental disability may also access many treatment plan services. Adult Protective Services caseworkers investigate allegations of abuse, neglect and/or exploitation and, if the alleged victim is willing, can offer a wide cadre of interventions to improve quality of life and reduce risk. Originally this service was for those age 60 and older. In 2013, the State of Illinois expanded the population served by Adult Protective Services to include adults age 18-59 with developmental, mental health, physical, and other disabilities.

Options Counseling helps seniors and those with disabilities to develop an individualized, person-center plan of long-term services and supports to meet their current and potential future needs.

The Caregiver Advisor works with seniors caring for adult children with disabilities by providing training, connection to support groups, and individual support and assistance. She also works with adults raising relatives under age 18. Any of those children may have a disability. Demographics about the children are not collected.

Through Adult Protective Services, we have served 36 people under age 60 with disabilities so far this fiscal year. Eleven of those have developmental disabilities. In FY 16 (July 1, 2015 – June 30, 2016), 11 of 35 people under age 60 with disabilities served by Adult Protective Services had a developmental disability. Adult Protective Services is the only service within the Senior Counseling & Advocacy program for which we record and retain information in our database about a person's disability status; in that service it is required by regulation. So that is the only service for which we can provide an exact number of persons served who have a developmental disability. However, we are providing information, assistance, services and supports as described above to others with a disability, both in the 18-59 age range and those 60 and older who also have a disability, as well as to their families.

### **2. Is the elderly population 75 and older living in poverty growing?**

According to the East Central Illinois Area Agency on Aging Public Information Documents for Fiscal Years 2014 and 2018 (citing U.S. Census information), the number of adults age 60 and older living in poverty in Champaign County increased by 16% between 2010 and 2013 (the most recent year for which information is available). According to the

same sources, the number of adults age 75 and older in Champaign County increased by 4% between 2010 and 2013. We do not have the statistics available to determine whether the number of those that are **both** living in poverty and age 75 or older is increasing. However, given the noted increases in both of those categories, it seems likely that the number of those that are both living in poverty and age 75 or older is increasing as well.

Sheryl Bautch  
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**From:** Mark Driscoll [mailto:mark@ccmhb.org]  
**Sent:** Monday, May 01, 2017 9:30 AM  
**To:** Sheryl Bautch  
**Cc:** Lynn Canfield; Stephanie Howard-Gallo; Shandra Summerville; Kim Bowdry  
**Subject:** CCMHB Questions regarding your funding application

Hello Sheryl,

At the CCMHB meeting on April 26<sup>th</sup>, Board members reviewed all mental health, substance use disorder and other related applications. Over the course of the meeting the Board discussed forty one applications. During their review, Board members raised questions about your specific application(s). The Board is requesting you provide a written response to the following questions:

Family Service – Senior Counseling and Advocacy

1. How are they serving persons with a developmental disability? How many?
2. Is the elderly population 75 and older living in poverty growing?

Please provide your answers no later than 4:00 PM on Monday May 8, 2017. All responses received by the deadline will be shared with Board members in advance of the CCMHB study session scheduled for 5:30 PM on Wednesday May 17, 2017 in the Lyle Shields room at Brookens Administrative Center.

Thank You.

Regards,

Mark Driscoll

Mark Driscoll  
Associate Director  
CCMHB/CCDDB  
1776 East Washington St.  
Urbana, IL 61802  
217/367-5703

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# FirstFollowers Response to CCMHB Queries Concerning Our Funding Application

May 8, 2017

## 1. Justification for hiring part-time drop-in center coordinator?

Perhaps we need to provide some background on our drop-in center. We did not elaborate on our operations in detail due to space limitations and the need to describe new programs more fully. Since the drop-in center had already been funded previously, we incorrectly assumed we did not need to provide such detail. Here is a description of activities, outcomes, personnel costs and staff functions:

Activities:

- a) **Providing direct support to clients via peer mentoring.** This direct support includes assistance with employment and housing search, support for entry into education and treatment programs, advice on reconnecting with family members, and help with acquiring identification.
- b) **Anti-Stigma Work with Employers**-This involves contacting employers by phone and/or email and then following up with in-person meetings with receptive employers. These meetings aim to provide information on government financial incentives for hiring those with felony convictions and discuss the social benefits of hiring such individuals. Ultimately this will lessen the stigma directed at those with felony convictions by employers, help establish partnerships through which our agency can refer clients, and build a network of employers with positive attitudes toward our constituency.
- c) **Building FirstFollowers Capacity as an Agency** -Drop-in hours are also regularly used for capacity building for our peer mentors. This training includes project management, strategic planning, computer skills, and how to access resources for clients. This increases the effectiveness of our drop-in services as well as enhancing the agency's capacity for advocacy and anti-stigma education in the community.

## 2. Projected 2017-18 staff complement:

- a. **Peer Mentor Coordinator- (0.5 time)** Oversees the administrative duties of the drop-in center, performs record keeping and data analysis, and handles overall communications for the agency. In addition, the Peer Mentor Coordinator assists with coordinating events and activities that involve community volunteers and peer mentors. A critical task involves communication and network building with employers who commit to partnering with the agency as part of our anti-stigma work.
- b. **Part-Time Peer Mentor-(0.3 time)** Handles the direct support for clients during drop-in hours. For most of 2016-17 the bulk of this work has been done by volunteer Co-Directors who are now taking increased responsibility for strategic planning, growth, and development of the agency. The part-time peer mentor's responsibilities focus on client intake, needs assessment and social service referrals. Specific services include assisting with employment search, locating available and affordable housing, acquiring ID, and accessing education and treatment. This person has the responsibility of building relationships with clients to facilitate their reentry as well as incorporate them into the



agency's community development and advocacy activities. In addition, the part-time peer mentor coordinator will play a key role in agency capacity building and will attend community functions outside of the drop-in center hours.

- c. **Peer Mentor Course Coordinator** (short-term contract for duration of the workforce development course) This individual will have specific responsibility for planning and overseeing daily sessions of the workforce development program. This person will design and facilitate sessions, provide advice and support to participants, identify the needed education and training resources, and recruit guest course facilitators and speakers.
3. **CCMHB Sources of Funding**-The CCMHB is not the only anticipated source of program funding. We are using our funding from the CCMHB to leverage other opportunities. We have submitted three other proposals to date but they all remain under review. Hence, we have not included them in our budget. In addition, since our CCMHB submission we have launched a GoFundMe crowdsourcing campaign. That was not anticipated at the time of submission.
4. **Reentry Guide**-Our reentry guide focuses exclusively on Champaign County resources. These are local resources we have identified through two years of running the drop-in center. Initial research for the guide has already been undertaken in partnership with the Department of Urban and Regional Planning at the University of Illinois. By contrast, the EJP guide focuses primarily on Chicago and offers no specific Champaign County listings for housing, employment mental health, or substance abuse treatment. These are vital for our constituency. In addition, the bulk of the EJP guide addresses life skills. Our guide does not offer that. Lastly, our guide is much shorter-about twenty pages overall. Our guide effectively supplements and complements what the EJP guide offers without duplication. We anticipate that this guide will be of great use to all members of the Reentry Council as well as other service providers in the community. We intend to share it widely as well as make it available online.
5. **Reentry Council Participation**-Our participation in the council is a valuable part of our work, a place where we connect with other service providers and key players in the criminal justice system. We regularly attend the monthly meetings and have responded positively to all requests from the council. The Reentry Council was the first place we presented the results of our needs assessment project. We have also shared emerging issues for our constituency with council members through the listserv and council meetings. Two examples are leading discussions of potential housing policy in Rantoul that would have limited housing opportunities for those with felony convictions; and circulating information via the listserv about the state legislature vote on HB 3142 (the "Ban the Box" initiative for state university applications). In addition, we are slated to present a case study to the Council in June. Also, we have actively engaged in conversations and supported the effort to address Champaign County Housing Authority's policy on restricting housing for individuals who have felony convictions. Finally, outside council meetings we have met with a number of Reentry Council members to share information and explore possibilities

for collaboration. Members with whom we have met include IDOC parole, TASC, Champaign County Healthcare Consumers, Rosecrance, and Prairie Center.

**6. What consumer outcomes will be measured from the drop-in center?**

We will follow up on our service referrals- success in employment, entrance to educational programs, participation in behavioral health programs, attendance at FirstFollowers events, community engagement activities, and contributions to Firstfollowers' outreach program. In addition, we will continue to track the number of return visits by clients to the drop-in center.

**7. Other issues raised in comments:**

- a) **Workforce Development-** Is it something available through the Illinois WorkNet Center? Our course is uniquely tailored for our constituency. Programs at WorkNet typically focus on individual opportunity. Given the obstacles and stigma faced by our constituency, we have constructed our program to provide group support as well as skills. Second, we are building partnerships with other organizations and institutions in this program. We have formed a steering committee to develop this course. The committee includes representatives from the cities of Champaign and Urbana, the University of Illinois Human Resources Department, and the Illinois Department of Corrections. We have also held meetings with Parkland College's Highway Construction and Career Training Course, the University of Illinois Human Resources Department and the AFL-CIO about partnering to provide career pathways. Lastly, we are committed to the "learn as you earn" model, which has proven to be successful in other reentry programs nationally (e.g. JustLeadershipUSA and All of Us or None) as well as in the statewide initiative led by the Illinois Community College Board and the Illinois Department of Transportation where Parkland is a partner. Our experiences with drop-in center participants is that without a stable source of income, key factors for sustainable learning programs such as regular attendance and focus on educational and career goals remain extremely difficult to attain. The outcome measures for the workforce development program will be course completion along with the extent to which our participants gain entry to job training programs, apprenticeships, and employment. Our goal is to have at least two-thirds of the enrollees secure further training, education, or employment.
- b) **b) Community Service Events-**According to our instructions for 2016-17 reporting Community Service Events were defined as focus groups meetings. However, FirstFollowers has participated in many community service events of a more traditional nature. We will adjust our 2017-18 reporting to classify these as CSEs. To update, our engagements to date have included participation in two Reentry Resource Fairs, providing a resource table and panel participants at the inaugural Expungement and Sealing Summit, facilitating a public forum sponsored by Rep. Carol Ammons and Rep. Elaine Nekritz on fees and fines, taking part in three speaking engagements on the University of Illinois campus, presenting our needs assessment to the Urbana City Council, the Champaign City Human Relations Council, Pilgrim Baptist Church, the Church of the Living God, and the University YMCA. This public advocacy work was not funded by 2016-17 CCMHB grant and we have not allocated any 2017-18 CCMHB proposed funds for this work. However, we plan to continue this advocacy work with two events already scheduled

on the University of Illinois campus in the fall. Future plans include speaking at three churches in the community. We will continue to welcome other speaking engagements. This public advocacy and anti-stigma work are central components of our agency, funded by the agency's general funds.

- c) **Payroll taxes**-According to online tax calculator the total tax, including federal, state, FICA for \$22,500 would come to \$3,801. We have rounded slightly upwards but can adjust that figure down from \$4,000 in a final budget.
- d) **Equipment budget**-For 2017-18, we allocated \$1,200 to purchase a lap top and a printer for the drop-in center. This equipment is required for drop-in center activities (online applications, online resource searches, etc). We purchased a desktop computer and a printer for administrative use with the 2016-17 CCMHB funding.
- e) **Community Foundation**-We did not allocate these funds since a call for proposals has not yet been extended. Hence, we are not certain what areas will be funded for the upcoming cycle or the level of funding available.
- f) **Audit**-For 2016-17 we were advised by CCMHB to allocate \$3,500 for audit which we did. Given that our application this year is for almost double the amount we requested for 2016-17, increasing the audit line to \$4,500 seemed appropriate.



## GROW in Illinois

1. Address the issues raised in the program summary regarding the budget, for example, no funds allocated for an audit?

Revenue requirement for including an audit when filing our 990 is \$300,000 which is less than budgeted. If CCMHB requires an audit we would request an expense of \$10,000 to meet this requirement.

2. What efforts have been made to leverage other funding? Where else have you applied for funding?

We recently competed in the One Million Plus Change application process through the MacArthur Foundation.

We have been working with Get Fully Funded for the purpose of identifying grant opportunities and or private donors.

3. How are plans progressing for adding more groups? At the jail? In rural Champaign County?

The Champaign County jail group started on March 7, 2017. This group is at the maximum capacity of 12 people. Inmates are encouraged to participate in a local GROW group upon. Several participants have embraced the GROW Program along with AA and MRT. A plan to develop more groups in rural areas of Champaign County is dependent on acquiring funding to employ a full-time Fieldworker to support and develop Champaign County.

4. Identify outcomes and how they will be measured to demonstrate success of the program?

GROW will compile monthly activity reports containing a) The hours of service provided b) The number of times the groups met c) Demographics of participants d) The number of hours is other support activities. This report measures the number of people being served and the number of service hours and demographics.

GROW will provide an annual survey outlining individual growth and recovery progress of participants as a whole.

A key part of the 12-step program is the promise of anonymity for participant.

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GROW groups are anonymous but perhaps people can voluntarily choose to break their anonymity or agree to an identifying numbering system in regards to the annual survey.

5. Are you implementing the GROW model? Describe how groups are run and what other information/materials will be accessible through the program?

Groups are ultimately run by its members supported and quality controlled by a Fieldworker as set forth in the GROW model. This model has been demonstrated to build leadership and maturity. Each group appoints a member to serve in the roles of Organizer and Recorder for the group.

GROW provides annual training for group Organizer's and Recorder's. Groups are provided with information about other local -mental health initiatives and opportunities. Referrals are suggested to members in need of other necessary services identified by the person in group problem solving (ex: housing needs, food, clothing, transportation, etc.).

6. How do you find new leaders and expansion of groups?

Listed below are ways in which expansion typically happens:

The Fieldworker arranges to do a weekly hospital orientation group for people hospitalized on psychiatric units. This orientation introduces people to GROW and provides them with contact and group information available to them upon discharge. Names and phones numbers are given to the Fieldworker (this is strictly voluntary) if they would like a friendly call in a few days. From this data the Fieldworker can determine if there have been several people from a specific area that would benefit from a weekly mutual-help support group. The Fieldworker engages people interested in helping to form this group not only for themselves but for others in need like themselves. They work together to find a meeting place, a day and time are set, time is spent putting up flyers, placing ads in community calendars and free papers.

These orientation groups can happen anywhere people are already receiving services (ex: community mental health centers, homeless shelters, drop in centers etc.).

The GROW office receives calls from people interested in learning more about GROW and inquiring about finding a location of the closest group. If there is no group within the Fieldworker service area this contact information is passed onto the Fieldworker. The Fieldworker can then begin to do community outreach in that area and determine if there is enough interest for the development of a group.

There must be at least (5) people committed to the development of an area group.

Over the first (6) weeks of a developing group, group members, help to identify the (2) people who will serve as the Organizer and Recorder of the group.

Most often our leaders come from within GROW. Leadership is encouraged and fostered by friendship. The leadership exercised at GROW meetings is part of the recovery process and helps the participant resume ordinary activities in their community and society.

# Memo

## **Mahomet Area Youth Club**

To: Champaign County Mental Health Board  
From: Chad Hoffman, Mahomet Area Youth Club  
CC: Lynn Canfield, Stephanie Howard-Gallo, Shandra Summerville, Crystal Bailey, Mary Weaver, Chris Forman  
Date: 5/8/17  
Re: Response to Board questions

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Below please find responses to the board's questions in regards to BLAST and Members Matter!

### **MAYC – BLAST**

1. Can non-public school students participate in the program?

Youth that are not students in Mahomet schools are eligible for BLAST, but parents must provide transportation, and space has to be available in the program/class being offered.

2. What connection or collaboration is there with Don Moyer Boys and Girls Club particularly when students come to C/U for activities

MAYC continues to meet and collaborate with Don Moyer Boys and Girls Club. We plan to have a joint field trip or two this summer. Schedules will have to be confirmed, but we hope to have the kids interact.

3. Are you coordinating data collection on attendance and school improvement with M/S district?

In cooperation with the school, we will be tracking student attendance on the parent questionnaire that corresponds with the programming. It will ask parents to report if there has been improvement in student attendance, willingness to attend school, and enthusiasm for school due to the programming.

4. Explain how you evaluate success of the program? What are the specific measures used?

It is proven that student engagement in programs improve cognitive skills, behavior, and attendance. These are all outcomes that are met with BLAST, and we conduct a parent survey each session to confirm students are engaged in the programming. The parent survey found that 99.9% of respondents felt that the BLAST program was respectful, knowledge-based, and fun. That level of engagement is preventative, and it ensures that students are at school for this enrichment programming. Courses are added or dropped based on student interest, attendance, and parent feedback, so we expect engagement to remain high. Also, please note that we will be adding a more specific attendance dynamic to outcomes as noted under question three.

### **Members Matter!**

1. What are the outcomes for youth and how are they measured to demonstrate success?

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For outcomes, we do have a 94% passing grade rate within the Jr. High after school program, and 75% of the students in the program have held their math or reading grade steady or improved their grades during their time in the program.

2. What is the process for referral, screening, and engagement in the program? What is the expected length of engagement?

Referral to the program is completed through connections with social workers, principals, and teachers. Flyers are distributed to social workers, and they make sure that students are aware of the Full-Time Summer Program and the After School Jr. High Program. Students that are at-risk are asked personally to join the after school class and/or the summer programming. Surveys are sent to parents of youth involved in the program to ensure there is engagement in the programming. Participation numbers also give us an idea of engagement, and those are significantly higher for the upcoming summer.

Length of engagement for the Jr. High after school program is three years (6<sup>th</sup>, 7<sup>th</sup>, and 8<sup>th</sup> grades). For the summer program, we hope to engage students in our programming for over ten years by starting to work with them when they are six and continuing through age 17.

## Mark Driscoll

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**From:** Chad Hoffman <chad@mahometyouth.org>  
**Sent:** Tuesday, April 25, 2017 3:47 PM  
**To:** Mark Driscoll; lynn@ccmhb.org  
**Cc:** Stephanie Howard-Gallo  
**Subject:** RE: Mahomet Area Youth Response

Hi Mark,

Thanks for the quick response.

I did want to clarify the budget information a bit more since I don't think that can be classified as an omission. We assumed that the expense/cost was what was used in our application, and the revenue was specific to us for those program. We did not change the expense. That has always remained the same, and it's at the higher amount. That amount does change the calculations. The revenue line was based on our own internal accounting mechanisms. That wasn't an omission on our part, but purely a misunderstanding about how the expense and revenue documentation functioned. We thought that revenue was supposed to be short of expenses when dollars weren't specifically allocated to that program from our donors. We are not operating at a loss on these program after operating income is applied to them.

Now that we understand the documents, we will improve our process and notes for next year.

Thank you for sharing this information with the board, and I appreciate your feedback. We are always trying to improve our process.

Thanks,

Chad

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**From:** Mark Driscoll [mailto:[mark@ccmhb.org](mailto:mark@ccmhb.org)]  
**Sent:** Tuesday, April 25, 2017 2:55 PM  
**To:** 'Chad Hoffman' <[chad@mahometyouth.org](mailto:chad@mahometyouth.org)>; [lynn@ccmhb.org](mailto:lynn@ccmhb.org)  
**Cc:** Stephanie Howard-Gallo <[stephanie@ccmhb.org](mailto:stephanie@ccmhb.org)>  
**Subject:** RE: Mahomet Area Youth Response

Hello Chad,

The request for funding needs to be considered based on the merits of the original proposal submitted. Not on additional information provided after the fact. Your correspondence addresses omissions to the original application upon which the program summary comments are based. Following allocation decisions by the CCMHB, funded programs will have the opportunity to correct omissions and, as appropriate to the award amount, make other revisions to the application.

For all intents and purposes, what you provide in the letter is information that was omitted from the original BLAST application. Staff analysis is based on the information provided in the application. For example, funding requested from the CCMHB does equal 45% of program revenue. That MAYC did not include the allocation of proceeds from special event fundraising in the original proposal is an error on the agency's part not in the analysis. The same is true for the Consumer Access information included in the correspondence. The Consumer Access section does not state 25% of slots are held open for socio-economic disadvantaged students. Statements in the program summary tied to criteria are also

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based on application content. Similar observations apply to the comments provided on the Members Matter application.

Your correspondence will be shared with the Board along with my response.

Mark

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**From:** Chad Hoffman [mailto:[chad@mahometyouth.org](mailto:chad@mahometyouth.org)]

**Sent:** Tuesday, April 25, 2017 12:33 PM

**To:** [lynn@ccmhb.org](mailto:lynn@ccmhb.org)

**Cc:** [mark@ccmhb.org](mailto:mark@ccmhb.org)

**Subject:** Mahomet Area Youth Response

Hi Lynn,

I have attached the Mahomet Area Youth Club response to the draft program summary that was forwarded to our organization last week.

Please let me know if you have any questions or comments.

If this needs to be provided in a different format, please let me know.

Thanks,

Chad

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Chad Hoffman  
MAYC Executive Director  
217-586-6323

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# Memo

## **Mahomet Area Youth Club**

To: Lynn Canfield  
From: Chad Hoffman, Mahomet Area Youth Club  
CC: Crystal Bailey, Mary Weaver, Chris Forman  
Date: 4/25/17  
Re: Response to factual errors

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In reviewing the feedback in regards to our grant submission for 2018, the Mahomet Area Youth found some discrepancies that needed addressed and some points that needed further clarification. Information that needs to be added and/or corrected in the proposal is listed below. The format follows the documentation in terms of the draft that was passed along to Mahomet Area Youth Club in regards to headings and order.

### **Cultural Competency Plan**

On the Cultural Competency Plan, we did not specifically reference engagement with underrepresented populations, but we do serve a population at the club where 75% of our summer youth come from economically disadvantaged households. The club does have one-on-one contact with parents of our youth via phone, e-mail, personal discussions, and a Parent's Group at the Club. We use School Reach and Remind to interact digitally with parents. The club also works to employ parents of members and former members as counselors; we have been successful in that venture including having one former member to serve as our volunteer coordinator.

For the BLAST and Members Matter programming, social workers, teachers, principals, and special education teachers will encourage children to enroll in our programming to ensure that at risk youth take part in programming that fits that student's needs. That outreach is typically based on social, economic, or behavioral requirements of the student. Spaces are held based on free and reduced lunch program standards.

In the Cultural Competency section under "Language and Communication Assistance", we also partner with special education teachers in addition to social workers and the Reading Group.

### **BLAST**

PY18 Total Program Budget is **\$82,625** not \$33,000 as reported on the form. \$33,000 is the revenue number for directly allocated dollars to this program, and we expect to use non-allocated donations from the general operating funds to offset the difference. A revised budget has been included below to help alleviate concerns with the funding and budget narrative

In the Access section, it is important to note that we hold 25% of the slots open in programming for socio-economic disadvantaged students. The 25% rate matches the poverty rate in Mahomet, and we have been able to meet this target for multiple years. If the first program is not available for a student, there are always alternatives for enrichment, so no student is ever turned away from programming. Scholarships are provided whenever there is a proven need. It is also important to note that 12% of the students in the BLAST programming have IEPs on file.

Under consumer outcomes, it is proven that student engagement in programs improve cognitive skills, behavior, and attendance. These are all outcomes that are met with BLAST, and we conduct a parent survey each session to confirm

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students are engaged in the programming. The parent survey found that 99.9% of respondents felt that the BLAST program was respectful, knowledge-based, and fun. It ensures that students are at school for this enrichment programming, and that the students enjoy attending additional programming after the school day.

"BLAST pulls children together from all socioeconomic and academic levels. What I love about the BLAST program is it eliminates the divide...Students are seeing more positive, influential role models during the day when they participate in BLAST. These extra connections with other adult role models are working to build self-esteem, confidence, and good work ethic."

**Tracy Ward**  
**BLAST Instructor**

"It is comforting to know that we never have to turn anyone away because they cannot afford to take the class. We offer a plethora of classes and feel there is always a class that will interest our students. I can't imagine our school without the BLAST program!"

**Jeff Starwalt, Principal**  
**Lincoln Trail Elementary School**

"Every year several parents whose children attend BLAST comment that their children love taking BLAST classes! Their kids have made friends during BLAST and are now happier to attend school each day, especially on the days they have BLAST after school. The BLAST classes have expanded their knowledge in many subject areas and peer connections making school a more desirable place to be."

**Kelly Cramer**  
**BLAST Coordinator**

Under Funding from the CCMHB, the funding of the Mental Health Board represents **18% of the funds** needed for this program not 45.5% as noted in the initial document. The total expense of the program is \$82,625, and our grant is \$15,000. The initial revenue number we presented demonstrated a shortfall since we take operating income that was not specifically allocated to this program and move those general donation dollars into the BLAST program on a yearly basis to offset the expenses.

Budget detail below to clarify any confusion in our previous reporting:

United Way Designated Funds	\$2,625
Contributions	\$12,500
Special Events Fundraising	\$39,250
Contribution/Associations Organizations	\$5,250
Grants-CCHMB	\$15,000
BLAST Fees	\$8,000
<b>Total revenue</b>	<b>\$82,625</b>
Salaries and wages	\$2,500
Payroll Taxes	\$225
Benefits	\$400
Professional Fees	\$87500
<b>Total expense</b>	<b>\$82,625</b>

#### **BLAST CCHMB FY18 Decision Priorities and Decision Support Criteria**

Under Anti-Stigma efforts, the BLAST program is truly inclusive, and those students with IEPs or economical disadvantaged students are not stigmatized. Neither the students nor instructors of the classes know which students received scholarships or those that were encouraged to attend. All students are included in the paid programming in an inclusive fashion.

Under Budget-Program Connectedness, the largest source of support is not from CCMHB. The largest contributors to this program are private individual and business donors. The program's "losses" are offset by our fundraising efforts including two large events, an auction and a race.

Under staff credentials, many of the contract employees are experts in their fields including Park District Rangers, U of I faculty, certified teachers, Rotarians, and local business owners. The nature of the enrichment programming ensures that we have a wide-range of experts teaching the courses.



**MAYC Members Matter!**

PY18 Total Program Budget is **\$101,480** not \$70,500 as reported on the form. \$70,500 is the revenue number for directly allocated dollars to this program, and we expect to use non-allocated donations from the general operating funds to offset the difference. A revised budget has been included below to help alleviate concerns with the funding and budget narrative.

Under Access, we do use free and reduced lunch standard to track participants. The Jr. High after school program has 44% of the participants in the free and reduced lunch Program. The free and reduced lunch individuals for the summertime programming exceeds 75%.

Under Outcomes, we do have a 94% passing grade rate within the Jr. High after school program, and 75% of the students in the program have held their math or reading grade steady or improved their grades during their time in the program.

Under Funding from the CCMHB, the funding of the Mental Health Board represents **12% of the funds** needed for this program not 17% as noted in the initial document. The total expense of the program is \$101,480, and our grant is \$12,000. The initial revenue number we presented demonstrated a shortfall since we take operating income that was not specifically allocated to this program and move those general donation dollars into this program on a yearly basis to offset the expenses.

Budget detail below to clarify any confusion in our previous reporting:

United Way Allocation	\$24,000
United Way Designated Funds	\$2,250
Contributions	\$10,000
Special Events Fundraising	\$33,730
Contribution/Associations Organizations	\$4,500
Grants-CCHMB	\$12,000
Program Services	\$15,000
<b>Total revenue</b>	<b>\$101,480</b>
Salaries and wages	\$45,280
Payroll Taxes	\$4,000
Benefits	\$2,000
Professional Fees	\$35,000
Operating expenses	\$5,200
Scholarships	\$10,000
<b>Total expense</b>	<b>\$101,480</b>

**CCMHB F18 Decision Priorities and Decision Support Criteria MAYC Members Matter!**

Under Budget-Program Connectedness, the largest source of support is not from United Way. The largest contributors to this program are private individual and business donors. The program's "losses" are offset by our fundraising efforts including two large events, an auction and a race.

Under Staff Credentials, we have former members and parents of current members on staff, but we also work to have certified teachers working with the children. Our programming director, teen director, and lead counselor for the summer are all certified teachers, and teach full-time during the school year.



May 8, 2017

Champaign County Mental Health Board  
1776 E. Washington Street  
Urbana, IL 61802

RE: Responses to Questions Regarding Funding Applications

Dear Champaign County Mental Health Board:

I received the written list of questions raised at the April 26, 2017 Champaign County Mental Health Board (CCMHB) meeting. We appreciate the opportunity to respond to your questions, and hope the following information is helpful as you continue to review the applications and make funding decisions.

**Criminal Justice Substance Use Treatment**

- 1. *How does this program relate to and coordinate with the Rosecrance Criminal Justice program?*

In this collaborative project, Prairie Center's case manager, Kathy Mayberry, works with the program partners (Rosecrance, Correctional Health Care Companies (Correct Care Solutions), and jail staff) to identify and engage inmates in substance abuse treatment services upon release from the jail in an effort to increase the likelihood of successful treatment completion rates and reduce recidivism rates for this population. While at the jail, Kathy works directly with Rosecrance, Correctional Healthcare Companies (Correct Care Solutions), and jail staff. Working together, inmates' needs are identified and referrals to appropriate services (as indicated through clinical screenings performed by Ms. Mayberry) are coordinated. Inmates in need of mental health services are staffed and referred to Rosecrance. Although minimal funding is received for Prairie Center's portion of the project, Ms. Mayberry continues to perform outreach (phone calls, letters, home visits) and case management services for inmates with substance use disorder treatment needs to encourage engagement in services following their release from the jail.

- 2. *Is there redundancy or duplication with Rosecrance in who is being served?*

While this project is extremely collaborative, we do not view this as a duplication of services. However, an inmate may have contact with Prairie Center staff for substance abuse services and Rosecrance staff for mental health services. Staff from both providers make referrals to each other based on inmates' identified needs.

**Fresh Start**

- 1. *Are there opportunities to leverage other funds and if so explain?*

While there are no other funds currently available for the intensive case management services provided by Prairie Center Community Services Liaison, Donte' Lotts, MSW, the CCMHB funds are used as a match for approximately \$125,000 in funding the City of Champaign has received from the Illinois Criminal Justice Information Authority (ICJIA). The ICJIA funds are primarily used by the City of Champaign to cover costs for the "call-ins," a full-time Project Specialist to coordinate the C-U Fresh Start Initiative (the entire Initiative brings together law enforcement, service providers, and members of the community), and a contracted research partner.

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Fax: 217-244-3333  
www.prairiecenter.org~~

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Fax: 217-244-3333~~

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2. *Of the participants, how many have remained engaged? For those engaged what outcomes have been achieved?*

Please note, that this is a new program, and there has only been enough time for two cohorts to be engaged. Additionally, the nature of the program model, which intentionally focuses on those with felony convictions involving use of a gun, limits the number of eligible participants.

The following information was reported in our quarterly reports submitted to CCMHB: 6 out of 9 are still engaged from the 1<sup>st</sup> cohort (two were arrested prior to fully enrolling in the program and one other had a parole violation during the 2<sup>nd</sup> quarter). From the 2<sup>nd</sup> cohort (which began March 9, 2017), 3 out of the 7 who signed up are actively engaged at this time. Mr. Lotts continues to make contact with the other four in attempts to fully engage them.

There have been at least 33 service linkages to housing, employment, transportation, and education. Longer-term outcomes are not yet available, as this program is new this fiscal year.

3. *How do you expect this program to be funded in the future?*

As a high profile initiative for the Champaign Community Coalition, future funding for the intensive case management services would be highly dependent upon the CCMHB's wishes to continue to support the Coalition in its efforts to continue the Fresh Start Initiative. Prairie Center also continues to look for other funding which may support intensive case management services, but no other specific funder has been identified to-date.

4. *With what other CCMHB funded programs does Fresh Start collaborate or refer (e.g, First Followers, Truce, Neighborhood Champions)?*

Donte' Lotts, the Community Services Liaison, collaborates on a regular basis with First Followers, Truce, and Neighborhood Champions. As participant needs are identified, referrals and linkages are made to various community service providers, including First Followers, Promise Healthcare, and Rosecrance. There are also other referrals to non-CCMHB funded programs.

Additionally, Fresh Start's Steering Committee includes executive/leadership representatives from the Champaign Community Coalition, local law enforcement agencies, States Attorney, City of Champaign, City of Urbana, Champaign Urbana Public Health District, Champaign-Urbana Area Project, University of Illinois, the faith community, Probation, Parole, and Prairie Center. These entities are all working together as part of the Fresh Start Initiative to end gun violence in our communities.

#### ***Parenting with Love and Limits—Extended Care***

1. *At what point can this program be manualized?*

The Savannah Family Institute (SFI) has proprietary rights to the treatment modality known as "Parenting with Love and Limits." SFI has proprietary restrictions on the use of the model, including the rigorous training, materials, and even the structure, sequence, and techniques used in the model. CCMHB has the current contract with SFI. CCMHB staff may have more information, but we are unaware of a way to offer this specific model without Savannah Family Institute.

2. *Can the PLL program operate autonomously from Savannah Family Institute?*

Please see the answer to question 1 above.

3. *What other evidence based models exist to PLL that can provide similar results?*

While there are other models available to address some of the same issues which PLL aims to address, a thorough review of these models cannot be done in the limited amount of time given to respond to these application for funding questions. For example, whether the same level of engagement and outcomes could be achieved and/or reported if using a different model would need to

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be carefully examined. (Prairie Center does not have current capacity to provide the same level of detailed outcome reporting and evaluation as Savannah Family Institute currently provides.) Model requirements, training, and other costs would also need to be considered.

Prairie Center would be open to further discussion about PLL and whether CCMHB wishes to continue to support all the aspects of the program into the future. However, we respectfully request this not be done hastily, but rather that Prairie Center, Rosecrance, CCMHB, and other stakeholders (such as the Champaign County States Attorney, Youth Assessment Center, Juvenile Detention Center, and Youth Probation) take the time to collectively review all options to best serve parents, youth, and families who would otherwise be served by PLL.

### **Prevention**

#### **1. Why isn't the Urbana School District funding the services previously supported through the 21st Century grant the District was awarded?**

School districts are not required to offer afterschool programming. However, Urbana School District feels it is important to offer enrichment and support. They have written and received several grants over the years for the schools with greatest need. The afterschool programs serve primarily low income students, providing a multitude of services that level the playing field for these students. By providing safe afterschool care, youth are involved with positive activities. Programs even provide a light supper and transportation home to those that qualify. This as a community issue impacting not only the schools. Research has shown afterschool hours are a high crime time for juveniles. So often other programs which take place after school hours are expensive and have many obstacles to involvement for low income families. The afterschool programs make it possible for children to sign up and attend without the typical barriers. Currently, five before and afterschool programs are fully funded by a Federal Grant called the 21st Century Community Learning Centers. Funding will be ending for two of those programs, Dr. Williams and King Elementary, in August 2017. The Urbana School District has asked Prairie Center to continue to provide services at Dr. Williams and King Elementary during after school hours, but will not have the funding to support these much needed services.

#### **2. How are program outcomes measured and evaluated?**

Prairie Center's Prevention Department is rigorously monitored through the Center for Prevention Research and Development (CPRD) at the University of Illinois. The Department Director is required to submit quarterly and annual reports on all evidence based youth prevention services. These reports including demographic information, number of sessions per quarter the curriculum is implemented, number of students per class, as well as implementation standards for the curriculum. CPRD uses these reports to ensure the program is adhering to the fidelity of the curriculum. In addition to reporting requirements, site visits are also conducted through the Illinois Department of Human Services (DHS) and CCMHB to review supporting documentation. Too Good for Drug's pre and post test scores are tallied for each quarter and for each class to whom the curriculum is presented. Each year the students participate in the program, their pre test scores should show an increase in their understanding of risk from using alcohol, tobacco, and other drugs (i.e. 7<sup>th</sup> grade pretest scores should be higher than 6<sup>th</sup> grade pretest scores). The test scores and averages are reported to CCMHB in our 4<sup>th</sup> quarter report.

### **Specialty Courts**

#### **1. What services are available to Drug Court graduates? Do they continue to engage in treatment following graduation?**

Drug Court graduates are required to continue to attend drug court for 6 months following graduation. They are also required to attend at least one Prairie Center group of their choice for 6 months following graduation. Graduates also have established attendance at a community support group by the time they graduate and continue to attend these meetings as part of their relapse prevention and/or after care recovery plan. Each person's relapse prevention and/or after care

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recovery plan includes steps to reengage in services if/when needed. This is required by the Illinois Division of Alcoholism and Substance Abuse (DASA). Additionally, Prairie Center staff actively support the Champaign County Drug Court Alumni group, which meets regularly to provide support, guidance, and sober pro-social activities for Drug Court participants and alumni.

### **Youth Services**

1. *What effort is made to leverage other funding?*

Some of the Youth Services provided by Prairie Center are funded by the Illinois Department of Human Services, Division of Alcoholism and Substance Abuse (DASA) and Medicaid. However, these fund sources do not cover all program costs or services. (Please see the Program Budget submitted with application.)

2. *How is staff turnover being addressed?*

Since having much turnover at the beginning of the program year, we revised the interview process (to secure staff with prior social service experience rather than hiring those with intern/volunteer experience only); placed the youth team under a clinical coordinator instead of having them report to the clinical director so that they can receive more training, support, and direct supervision; changed program staff from 2 clinicians to 1 clinician and 1 case manager to better reduce barriers to treatment for clients; and provided ongoing training and support on adolescent substance abuse treatment and the unique needs of the adolescent population.

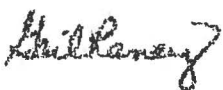
In addition, Prairie Center has worked with the University of Illinois' Students Consulting for Nonprofits (SCNO), on a project to implement a variety of strategies to improve staff retention overall. Through this project, Prairie Center has changed some of our personnel policies, increased employee recognition (both formal and informal), and worked to improve internal communications.

3. *How are PCHS and Rosecrance working to avoid duplication and supporting cross-referrals?*

Prairie Center and Rosecrance programs offer services in different community locations and offer different levels of care for youth clients. More specifically, Prairie Center offers community based programming at the Juvenile Detention Center, READY School, the Youth Assessment Center, and local schools. Our clients receive both group and individual counseling. Through our discussions with Rosecrance staff, Sheila Ferguson and Julie Kartel, it is our understanding that Rosecrance offers mostly group treatment services and completes assessments at locations where Prairie Center currently does not have a presence. Both programs currently do make referrals to each other, based on the clients' clinical needs. However, a client would not be enrolled in both Prairie Center and Rosecrance youth substance use disorders treatment programs at the same time.

Prairie Center has been a provider of substance abuse prevention and treatment services in Champaign County for 49 years. We are honored to have been an integral provider of services funded by CCMHB for the majority of that time, and truly appreciate our ongoing partnership with CCMHB. If further information is needed, please do not hesitate to contact me. Thank you for your consideration and your thorough review of our funding applications.

Sincerely,



Gail Raney, CEO



Champaign County Mental Health Board

Promise Healthcare – MH Services with Promise - N/A

Promise Healthcare – Wellness and Justice

1. Is exercise included as part of the wellness effort/services?

Facilitating access to exercise is not very common. Staff usually addresses the most urgent concerns of transportation, housing, medication and responding to patient requests. There may be opportunities in the future to be more proactive and work to connect patients with exercise. Promise Healthcare's Wellness and Justice Program has helped patients connect with the YMCA and their financial assistance program. Promise Healthcare patients will soon have access to an exercise class that Avicenna offers at Frances Nelson on Sundays. Wellness and Justice will help to connect patients with those free classes.

2. Do you partner with First Followers?

We do not have a formal partnership. However, Promise Healthcare welcomes new patients daily and sees patients regardless of ability to pay. We work to promote our accessibility wherever we can including at Mental Health and Developmental Disability Agency Council Meetings. Leadership of First Followers attends these meetings. We would welcome the opportunity present information to the staff, board and volunteers of First Followers. Promise Healthcare staff includes First Followers as a resource for our patients.

3. Do you coordinate services with the criminal justice providers in the jail?

Yes. Promise Healthcare works with Prairie Center supporting drug court referrals and has been recognized by drug court twice for supporting their clients. We also have a strong collaboration with Rosecrance and work to be a health care home for people when they leave the jail. A Rosecrance employee who works in the county jail and participates in the Rosecrance Forensic Team Meetings is also on the Promise Healthcare Board of Directors. She is strong voice and advisor to help Promise better support those as they leave the jail and improve agency collaboration for this population.

Promise Healthcare participates in the larger community planning efforts around jail diversion including recently supporting the work of the Institute for State and Local Governance (ISLG) and efforts to implement a Behavioral Health and Justice Coordinating Council (BHJCC) in Champaign County.

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## Lynn Canfield

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**From:** Mark Driscoll <mark@ccmhb.org>  
**Sent:** Tuesday, April 25, 2017 3:30 PM  
**To:** 'Nancy Greenwalt'  
**Cc:** Lynn Canfield; Stephanie Howard-Gallo  
**Subject:** RE: Feedback on program summary

Hello Nancy,

I have forwarded on your CLC comments to Shandra.

If I understand you correctly, the alternate language you suggest would replace the first sentence in budget analysis comments under CCMHB percentage of funding in the financial analysis section. Clarification that the majority of funding is tied to fee for services contracts of various sources rather than the implication that grants are a significant source of support is acknowledged.

The statement you provide will be shared with the CCMHB as will my response.

Mark

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**From:** Nancy Greenwalt [mailto:NGreenwalt@promisehealth.org]  
**Sent:** Tuesday, April 25, 2017 12:15 PM  
**To:** Mark Driscoll <mark@ccmhb.org>  
**Subject:** Feedback on program summary

Hello Mark -

Attached are our suggestions for our CLC summary for Shandra. Below is my feedback on staff comments about funding for our mental health services proposal.

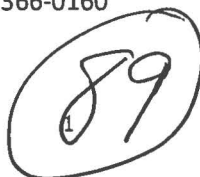
I worry that reading the first sentence of Mental Health Services with Promise Funding from the CCMHB represents . . . , board members might believe we have access to lots of federal grant money as an FQHC to support the program. So I am suggesting what is written below to replace that first sentence. I am comfortable with the rest of the paragraph.

Promise Healthcare is a federally qualified health center and the largest source of funding for the program is through billing Medicaid, Medicare, commercial insurance and patient payments. About 10% of the program support comes from federal and local grants and donations.

The CLC update and Mental Health Services funding description are the only suggestions I am making to our summaries. Thank you for the opportunity.

Nancy.

Nancy Greenwalt  
Promise Healthcare Executive Director  
Admin (217) 403-5401 Mobile (217) 390-5365 Fax (217) 366-0160  
<http://www.promisehealth.org>





Rape Advocacy, Counseling,  
& Education Services

May 4, 2017

To the Members of the Champaign County Mental Health Board,

In response to a question from CCMHB Board members, RACES (Rape Advocacy, Counseling & Education Services) welcomes the opportunity to inform the community about our agency's rebuilding efforts. RACES exists to provide free advocacy and counseling to victims and survivors of sexual assault, and also conducts educational presentations regarding rape and rape prevention to community members and professionals.

As the Board is aware, in May of 2016 RACES was required to drastically reduce services due to non-payment of contracts by the State of Illinois. Annual state General Revenue funds to RACES were \$198,000 for FY2015, the last year Illinois had a full-year budget. At that time five of the six staff members were either laid off or found new jobs; a single staff member was retained to coordinate the 24-Hour Rape Crisis Hotline. Because the Hotline is mostly staffed by 60-80 dedicated volunteers, our hotline response was maintained despite the agency's financial crisis.

The Board of Directors is committed to an agency that can survive with no state funding for a period of up to two years. With the hiring of an Executive Director in January 2017, the rebuilding picked up speed. We have hired two additional full-time direct service staff (Advocate and Trauma Therapist) who will be fully trained by May 15. These staffers, in addition to our experienced Educator, will be providing the bulk of the direct services. The Educator and the Advocate, as well as our two part-time Medical Advocates, are 100% funded by longstanding Federal grants. Our Counselor is funded by a mix of that same Federal funding and dollars from the CCMHB.

These grants, however, contribute very little to administrative costs such as operating expenses and the personnel costs supporting the Executive Director. Currently these unreimbursed costs total approximately \$80,000/year out of our FY18 \$250,000 budget. Thanks to the Illinois stopgap spending bill, a non-renewable Safety Net grant of \$25,000 from the United Way, and the generosity of many local supporters, these costs have been mostly covered for FY17. The challenge going forward is to cover the \$80,000 costs in the absence of state funding.

With the cash reserves we have on hand, RACES will be stable through FY19. We are confident that we will begin to receive state funding again by July 2019, and can return to the stability the agency enjoyed for years before the crisis of spring 2016.

Respectfully Submitted,

Adelaide Aimé  
Executive Director

300 S. Broadway | Lincoln Square Mall Suite 154A | Urbana, IL 61801  
Office: (217) 344-6298 | Fax: (217) 344-6604 | Hotline: (217) 384-4444





April 24, 2017

Champaign County Mental Health Board

To Whom It May Concern,

This letter is a follow-up the Draft CCMHB Program Summary FY2018 regarding *Rape Advocacy Counseling & Education Services (RACES)*.

On page 184, "CCMHB FY18 Decision Priorities and Decision Support Criteria", in the "Technical Criteria" section it states that RACES' application does not reflect Resource Leveraging. Since our original application was submitted in early February, additional funding details have come to light, and we would like to share them with the CCMHB Board and Staff.

As noted in the draft Program Summary, RACES is part of a statewide coalition of rape crisis centers; the coalition acts as the pass-through agency for a significant amount of federal funds, a very small amount of a state tax dedicated to funding rape crisis centers, and state general revenue funds when they are available.

While we do not expect to receive state general revenue funds in FY18, we have been told to expect between \$200,000 and \$225,000 in Federal Funds, and increase of up to \$50,000 over this year's federal contracted allocation of \$174,466.

This money comes with a strict requirement for a non-Federal match—also called the "local match"—of 10%. We must garner at least \$22,500 in local dollars in order to accept and utilize the \$225,000 of expected Federal Funds.

Given that RACES is not eligible for United Way funding in FY18, funds from CCMHB and the City of Urbana's Consolidated Social Service Funding, plus private donations, are the only options for complying with the 10% local match requirement. A grant from CCMHB would be a crucial element of the agency's ability to bring this significant amount of Federal Funding to our area.

Sincerely,

Adelaide Aimé, MSW, LCSW  
Executive Director

300 S. Broadway | Lincoln Square Mall Suite 154A | Urbana, IL 61801  
Office: (217) 344-6298 | Fax: (217) 344-6604 | Hotline: (217) 384-4444



1916 - 2016

May 8, 2017

Champaign County Board of Directors  
C/O Lynn Canfield  
Brookens Administration Center  
1771 W. Washington  
Urbana, IL 61801

Dear Champaign County Board of Directors:

Below are the responses to the questions that were provided to us following the Champaign County Mental Health Board member discussions regarding our FY18 applications:

**Rosecrance – Anti-stigma Education and Recovery**

**1. Is the proposal duplicative of other community services and ways of accessing information (other websites, such as AIR)?**

The proposal seeks to centralize existing information in a cohesive “home,” for materials and resources.

This application was planned and written with the goal of coordinating and growing the outreach and education efforts of many groups, while amplifying the voice and participation of individuals with lived experience.

Currently, the existing AIR members convene around specific events, such as the Art Show or the Roger Ebert Film Festival. After collaborating with NAMI, GROW, DBSA, AA/NA, and others, a collective goal emerged – the creation of a standard committee that would meet monthly, called the Anti-Stigma Education and Recovery Program Committee (ASERP). Members would include, but not be limited to, members of GROW, DBSA, AA/NA, and NAMI, with a shared mission to more closely coordinate and grow/increase the event offerings all year long.

There are some duplicative issues, such as social media and websites, which would need to be worked through so that all groups could participate and collaborate fully. In addition to creating new materials and resources, existing information would be enhanced. Such enhancements would include adding links to new and existing information and resources, as well as

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Rosecrance Champaign Urbana

1000 W. Washington  
Urbana, IL 61801

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providing “communication blasts” to promote awareness of these. The existing AIR website will be regularly updated and modified to serve as a hub for current initiatives and related activities. Also, social media will be utilized to promote all new and existing initiatives’ work and events.

**2. Provide the credentials and qualifications of staff involved with the program?**

In the role of the CJ Liaison, Celeste has been involved in numerous activities that require an anti-stigma awareness/support/mindset, including co-authoring the CJ-MH manual in 2013 for the CCMHB, and creating awareness/sensitivity training for jail correctional staff specific to the CJ population with mental health disorders. In addition, Celeste has taken part in various NAMI events, as well as developed events for resource support and lessening stigma around the CJ population, and worked in a supportive role for events specific to the CJ population with behavioral health disorders.

Celeste reached out to NAMI, GROW, and DBSA to discuss this proposal, prior to developing the application, in order to gather insight and seek support. All groups were delighted at the prospect of this collaborative initiative, and the products being proposed. It should be noted, too, that Celeste will be working closely with the ASERP Committee, which will guide the direction of all activities for this initiative. These numerous examples illustrate that Celeste has a good deal of experience with anti-stigma work and working directly with groups for whom anti-stigma work is integral to their mission.

**3. Why is Ebertfest included as part of the proposal?**

This was an idea that was initiated after discussions regarding centralizing and planning of current and future efforts to enhance inclusion and reduce stigma. This funding line in the budget and reference to Roger Ebert Film Festival can be removed, but those groups discussing this item felt the planning for the event would benefit from a more structured committee working in support of this event, as well as many other events both existing and new throughout the year.

It is important to note that the AIR Art Fair was included in the application as a point of reference, and will receive additional assistance from ASERP, should funding be awarded. Other events, such as the Art Fair at the Disability Expo, will also receive assistance. Additional events will be developed as advised by the ASERP Committee, comprised of GROW, DBSA, AA/NA, and NAMI, described in the ASERP application. “Assistance” includes planning, marketing, and event facilitation.

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**4. Are you seeking partnerships with other agencies to share the cost or reduce cost?**

Partnership and collaboration, coordination with other agencies is part of this proposal. However, as this is a new initiative, we cannot yet speak to how the partnership may or may not reduce costs. For example, it is hoped that the same members that were approached to support AIR would also support continued funding, should all efforts be coordinated as a result of implementing the ASERP Committee. We know that the budget impasse significantly impacts all not for profits in our community. As such, ideas on how to enhance support and reduce costs through fundraising and alternative non-CCMHB funding opportunities will be pursued by the ASERP Committee.

**Rosecrance – Co-Responder Team**

**1. Address the question of information sharing between members of the co-responder team? Does this present a legal issue associated with confidentiality?**

In order to ensure all laws and rules governing the team are addressed, there will be a subcontract between the University of Illinois Police Department and Rosecrance. As well, a business associate agreement will be executed (for more information go to: <https://www.hhs.gov/hipaa/for-professionals/covered-entities/sample-business-associate-agreement-provisions/index.html>). Finally, cross sharing of non-crisis information or team discussion with individuals served will only occur with documented informed consent of the individual or family served. Please note, if the situation meets the criteria for a psychiatric crisis event, these situations are covered as exceptions in the Code of Confidentiality.

Rosecrance General Council will create the subcontract and business associate agreements, which will be vetted by both the University of Illinois and, as needed, by the CCMHB. Informed Consent processes and documents currently in place will be used for the individuals served.

**2. Explain how funding a law enforcement officer is the responsibility of the CCMHB?**

This application is for a pilot program and requires that we remove an officer from their current duties and place them with a crisis clinician to form a co-responder team model. In essence, this team creates a triage unit “without walls” to review and follow-up on CIT calls across the entire Champaign County area, provides outreach to common addresses or individuals, as well as educates and trains individuals, groups, and organizations about CIT services and how to address behavioral health issues in the community. Without funding for this team, a pilot of this type would not be possible.

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It is important to note that at the time of writing this application we did not have any cash or in-kind match to propose. Since the February 10 application submission, we have received a commitment from the Sheriff's Office for a vehicle for the team. In addition, we are in negotiation with the University to reduce the cost of the officer's base salary to approximately \$78,000, with the University assuming full responsibility for the Fringe Benefits and overtime of approximately \$43,000. Between the two commitments, the overall grant cost will potentially be reduced by approximately \$25,000. The budget will need to be updated to reflect the differences resulting from receiving firm commitments.

**3. Why aren't the Crisis, Access, and Benefits contract already supporting a community based response by the crisis team?**

The Crisis Team and the Co-Responder Team are two different teams. The Crisis Team responds to a mental health crisis where there is a need to complete a crisis assessment and coordinate a rapid response regarding whether or not the individual in need requires hospitalization or a higher level of care. The Crisis Team can respond to a request from law enforcement when they are available, but the priority for them is to respond within 30 minutes to the hospital emergency departments. The number of crisis calls continue to rise and the ability to dedicate a full-time clinician to the Co-Responder pilot will help isolate the individuals served across all Champaign County, allowing this team to access and analyze a collaborative response and tracking system to inform the CCMHB, as time goes on, about the need for a triage facility versus the potential expansion of the Co-Responder model and/or consider other models in the future. At the present time, the ARMS CIT tracking system can provide us with data, but there are no links between having the data and taking steps to utilize the data to reduce recidivism or repeat calls or build relationships with those individuals that are identified in the tracking system.

It is important to note a few other items for your consideration:

- The Crisis Team will continue to assist officers when needed and when the Co-Responder Team is not available, evenings and weekends.
- The level of expertise, training and clinical support needed, including the system of backup availability 24 hours a day to senior clinicians and/or members of the Clinical Review Team, is required for the Crisis Team and the Co-Responder Team to operate effectively, while also reducing burnout or stress in highly stressful and often traumatic situations.
- During the 3<sup>rd</sup> quarter, the Crisis Team interacted with law enforcement a total of 22 times with the following breakdown of those interactions: Six (6) requests for community outreach by local law enforcement, of which crisis clinicians were able to respond to all six requests (100% response rate); and Sixteen (16) general correspondence interactions, in which local law enforcement officers reached out to the Crisis Team for collaboration and guidance.

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- Interactions that are not included in the 22 documented interactions are follow-ups with officers via telephone regarding the clients taken to the hospitals on an involuntary petition. The crisis clinicians are responsible for contacting the officer who completed the petition or the sergeant on duty (if the officer listed on the petition is no longer on shift), to notify him/her of the disposition on that case, answer any questions, and explain how this decision was made.
- The current contract allows for any law enforcement officer to call for a crisis clinician any time (24-hours a day) and receive a response back within 1-3 minutes. During this call, the law enforcement officer is able to provide details to the clinician so that the clinician is able to quickly gather pertinent information, assess for initial risk of harm to self or others, and begin collecting information on the individual's ability to care for self. The crisis clinician then proceeds to either provide consultation and guidance to the law enforcement officer or set up a face-to-face outreach assessment.
- Law enforcement officers are able to bring clients to the Rosecrance Walnut Street location during business hours for screening and linkage to services, including admission, when appropriate, to the Respite Center for crisis stabilization.

**4. What plans are in place to collaborate and coordinate with the CCRPC Justice System Diversion Services program in Rantoul if both programs were funded?**

Until the summaries were released, we did not know about the CCRPC proposal. In general, we welcome the opportunity to learn more and collaborate wherever possible, as there is so much need.

It is important to note that we had a discussion on May 4<sup>th</sup> with Lisa Benson from CCRPC and we do believe there is overlap in terms of follow up for CIT calls involving repeat individuals, or repeat addresses, should those be in Rantoul. However, who delivers the service is different (CCRPC staff and interns versus a co-responder team with an officer and clinician), what they respond to may be slightly different (CIT and Domestic Calls versus CIT Calls only), and where the service delivered is different (Rantoul versus Champaign/Urbana).

**Rosecrance – Criminal Justice**

**1. How does this program relate to and coordinate with the Prairie Center Criminal Justice Substance Use Treatment program?**

Both of the programs work closely together, assisting those in the jail who are in Drug Court for example. Prairie Center has a larger role and more resources devoted to Drug Court, while we have more resources available to address the mental health and reentry needs of those in jail. Still, regardless of the role, we work closely with each other - sometimes daily,

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while we coordinate services ensure we are addressing all of the clients' treatment needs. For example, we make referrals for inmates requesting to talk to the Prairie Center staff about residential treatment, and we provide information about both of our substance abuse outpatient and intensive outpatient programs. In addition, we both ensure that those in need are aware of the many other resources in our community which they may require. It is important to note that, for FY18, we removed our substance abuse program from this application and submitted a separate application.

**2. What other funding sources have been considered as a source of support for the program?**

The other sources of funding for this program were removed as we began to see funding for certain grants not guaranteed and/or having different funding cycles, other than fiscal year funding. For example, we removed the Reentry Program, the Justice and Mental Health Collaboration Program, and the Substance Abuse Services funding from this application, so the budget could be more clearly understood. In addition, any individuals or services that were funded using Medicaid or Managed Care were not provided services within the CCMHB grant. While our goal was to ensure that funding requested was not for any service or for any individual that received a benefit to cover the cost of care, this may have made the Criminal Justice program look like it lost other funding sources. In fact, we noted in the full application that, when benefits were obtained, the client or individual served would be transferred from a CCMHB funded program to allow others to be served. If the recommendation to revise the budget to include all of the previously noted funding sources was made, we could do so noting that the Reentry Program is funded for one year at a time, March 2017 through Feb 2018, and the JMHCP is funded only through a partial year unless an amendment is possible or a JMHCP Implementation grant is awarded in later in 2017.

**3. How does the program coordinate with other agencies and providers in the community?**

Our case managers diligently ensure the clients they are working with have as many resources as possible, in order to increase their stability and lower their risk of re-offending. Depending on the individuals' needs, we coordinate with the agencies that offer assistance in the community. For example, we currently make direct referrals to Champaign County Health Care Consumers for assistance with benefits, healthcare, and other various health-related needs. Depending on the length of stay, we will make sure the individual receives services at the jail or knows exactly how to access services before they leave the jail. We coordinate with Prairie Center, Promise Healthcare, Courage Connection, Family Services, RUM, First Followers, Urbana Adult Education Center, Parkland College Adult Reentry Program and Adult Basic Education and Workforce Development, and any other agency/resource with which we can, as well as provide information about other agencies and resources. We will make sure any information the person will need once they are

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released is placed securely in their property for assured accessibility. Our case managers that work outside of the jail collaborate with many of these same agencies but for those clients that are not incarcerated the staff are able to work hand in hand with community agencies that we are make a referral to, often going to appointments with their clients to provide support and assistance. Please see the chart below reflecting identified needs and linkages from the Reentry Program.

Area of Support	Identified Needs	Successful Outcomes
Housing	93 or 39%	28 or 30%
Employment	184 or 77%	105 or 57%
Education	58 or 24%	26 or 45%
Medical (coverage & care)	106 or 44%	53 or 50%
Benefits	185 or 77%	143 or 77%
Behavioral Health	193 or 81%	147 or 76%
Transportation	52 or 22%	30 or 58%
* Percentages of successful outcomes indicate outcomes for those who identified needs in the specified area of support.		

**4. Clarify how the \$300,000 is to be used?**

We understand that the program summary may not be sufficient to answer this question, and, rather than cut and paste from the full application and budget, we hope that you will be able to access those two documents to answer this question fully as those two documents are quite detailed.

**Rosecrance – Crisis, Access, and Benefits**

**1. How does the current contract support interaction with law enforcement?**

Please see the response above, under: Rosecrance – Co-Responder Team, question #3

**2. What is the CCMHB paying for related to crisis services? Other activities?**

We understand that the program summary may not be sufficient to answer this question, and, rather than cut and paste from the full application and budget, we hope that you will

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be able to access those two documents to answer this question fully as those two documents are quite detailed.

**3. How does Rosecrance plan to coordinate services between the Crisis, Access, and Benefits program and the proposed Co-responder Team?**

There is shared leadership and oversight of the programs, but the program duties, outcomes and evaluation are purposely separate. As noted above, the goal for this pilot program was to isolate the team's duties and tasks, so that we can evaluate the effectiveness of this unique model. The community focus groups led us to proposing what we have already described as "a triage program without walls," using the advanced skills of a local CIT officer and pairing him with a behavioral health clinician. The only coordination that is planned to occur is through shared clinical leadership and supervision by the Crisis/Crisis Respite Supervisor and the Executive Director, both of whom are Licensed Clinical Social Workers.

**Rosecrance – PLL-Front End**

**1. Can this program ever be what is considered locally owned? No**

**2. What other evidence based models exist to PLL that can provide similar results?**

There are other evidenced-based models out there such as MST (Multisystemic Therapy) and FAST (Family and Schools Together), just to name a few, but without conducting a much more thorough literature review of these and others models, we are not able to say if they provide similar results for this target population. PLL was chosen because of the desire of the CCMHB at the time to see improved engagement of youth/families, shorter lengths of treatment for the target population and a strong meaningful outcome measure with national benchmarking. PLL has clear outcome measures including fidelity measures that are intensely monitored and regularly reported. Our PLL program meets and mostly exceeds all measures. As such, we don't understand (other than it is a proprietary program) why this level of external evaluation is required, as evidence indicates year after year that we are implementing the model with fidelity and achieving expected outcomes. Moving from intensive oversight to less intensive monitoring would be preferable and reduce the cost of evaluation.

**Rosecrance – Substance Use Services Program**

**1. How is this program different from the services provided by Prairie Center?**

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Prairie Center is focused on Level I services for youth. If the youth is in need of Intensive Outpatient Services or Residential Treatment, they refer to Rosecrance. High School prevention work was not included in the Prairie Center application; Prairie Center focuses their prevention services on Middle Schools in Champaign County and High Schools in Danville, Rosecrance proposes to focus prevention activities to the High Schools in Champaign County.

**2. Does it duplicate services provided by Prairie Center?**

Yes, we have been providing choice to individuals, with regard to adolescent and adult assessments and adult Intensive Outpatient Programs, throughout this past year, and we will continue to do so until both agencies can meet all of the needs that are presenting in our community.

On May 4<sup>th</sup>, 2017, Prairie Center and Rosecrance leadership staff discussed, at length, the questions raised by CCMHB. The agencies concluded that there are a few duplicative programs and a number that are not. Further, we have found that both our staff and the clients we serve benefit from having similar resources and the ability to choose providers. And, there remains mutual respect and support of the differences among the agencies. For example, knowing that Prairie Center has adult residential and Rosecrance has a dual diagnosis Intensive Outpatient group has made all the difference in terms of accessing the right service at the right time in our local community.

**3. How will Rosecrance and Prairie Center coordinate services?**

We have a long history of working together to address the needs of the community. And, in addition to the previously described coordination among staff, we intend to continue this effort by meeting regularly.

We also acknowledge that we are not the only providers for substance abuse services, as others include Carle Addiction Recovery Center, private providers, methadone centers, etc. And, while we may compete with each other and others in the community, we are not in a position to alone to meet the increasing substance abuse prevention and treatment needs of our community.

**Rosecrance – Transition Housing CJ**

**1. Clarify what the CCMHB is paying for under this request.**

Our FY18 proposal requested a fee for service contract to support prioritizing nights of care for eligible men with criminal justice involvement, interested in transitional housing and

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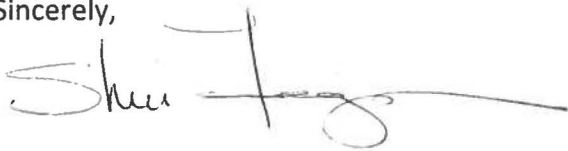
supports. In the program summary, the CCMHB staff recommended that this application be a grant, instead of a fee for service contract. As such, it would pay for a small portion of staffing, 0.42 of one of the full time recovery advocates and .05 of one of the case managers and benefits. As you may know, we have reduced our request from \$70,000 in FY17 to \$14,000 this year, to reflect the change in the cost of the program due to the change in size and in recognition of other funding that has been applied for. It is also important to note that funding from the CCMHB and other local funders, including donations, leverages and/or supports a portion of the required local cash match for state funding.

**2. Does the program coordinate with the First Followers program?**

We coordinate with all those organizations and providers that work with men who are looking for transitional housing in the community. We will ensure that the transitional housing staff continue to reach out to First Followers and all those serving the justice involved adult men. In doing so, staff will offer a tour, discuss eligibility criteria and waitlist procedures, and share our case managers phone numbers. Therefore, when there are referrals or openings, agencies' staff can contact each other.

We hope you find the answers we have provided helpful, however, if there are additional questions raised, please let me know.

Sincerely,

A handwritten signature in black ink, appearing to read "Sheila Ferguson", with a long horizontal flourish extending to the right.

Sheila Ferguson, MSW, LCSW  
Executive Director RCU

A handwritten number "101" inside a hand-drawn oval.



May 8, 2017

Champaign County Mental Health Board  
1776 E. Washington Street  
Urbana, IL 61802

RE: Responses to Questions Regarding Funding Applications

Dear Champaign County Mental Health Board:

I received the written list of questions raised at the April 26, 2017 Champaign County Mental Health Board (CCMHB) meeting. We appreciate the opportunity to respond to your questions, and hope the following information is helpful as you continue to review the applications and make funding decisions.

**Criminal Justice Substance Use Treatment**

- 1. *How does this program relate to and coordinate with the Rosecrance Criminal Justice program?*

In this collaborative project, Prairie Center's case manager, Kathy Mayberry, works with the program partners (Rosecrance, Correctional Health Care Companies (Correct Care Solutions), and jail staff) to identify and engage inmates in substance abuse treatment services upon release from the jail in an effort to increase the likelihood of successful treatment completion rates and reduce recidivism rates for this population. While at the jail, Kathy works directly with Rosecrance, Correctional Healthcare Companies (Correct Care Solutions), and jail staff. Working together, inmates' needs are identified and referrals to appropriate services (as indicated through clinical screenings performed by Ms. Mayberry) are coordinated. Inmates in need of mental health services are staffed and referred to Rosecrance. Although minimal funding is received for Prairie Center's portion of the project, Ms. Mayberry continues to perform outreach (phone calls, letters, home visits) and case management services for inmates with substance use disorder treatment needs to encourage engagement in services following their release from the jail.

- 2. *Is there redundancy or duplication with Rosecrance in who is being served?*

While this project is extremely collaborative, we do not view this as a duplication of services. However, an inmate may have contact with Prairie Center staff for substance abuse services and Rosecrance staff for mental health services. Staff from both providers make referrals to each other based on inmates' identified needs.

**Fresh Start**

- 1. *Are there opportunities to leverage other funds and if so explain?*

While there are no other funds currently available for the intensive case management services provided by Prairie Center Community Services Liaison, Donte' Lotts, MSW, the CCMHB funds are used as a match for approximately \$125,000 in funding the City of Champaign has received from the Illinois Criminal Justice Information Authority (ICJIA). The ICJIA funds are primarily used by the City of Champaign to cover costs for the "call-ins," a full-time Project Specialist to coordinate the C-U Fresh Start Initiative (the entire Initiative brings together law enforcement, service providers, and members of the community), and a contracted research partner.

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2. *Of the participants, how many have remained engaged? For those engaged what outcomes have been achieved?*

Please note, that this is a new program, and there has only been enough time for two cohorts to be engaged. Additionally, the nature of the program model, which intentionally focuses on those with felony convictions involving use of a gun, limits the number of eligible participants.

The following information was reported in our quarterly reports submitted to CCMHB: 6 out of 9 are still engaged from the 1<sup>st</sup> cohort (two were arrested prior to fully enrolling in the program and one other had a parole violation during the 2<sup>nd</sup> quarter). From the 2<sup>nd</sup> cohort (which began March 9, 2017), 3 out of the 7 who signed up are actively engaged at this time. Mr. Lotts continues to make contact with the other four in attempts to fully engage them.

There have been at least 33 service linkages to housing, employment, transportation, and education. Longer-term outcomes are not yet available, as this program is new this fiscal year.

3. *How do you expect this program to be funded in the future?*

As a high profile initiative for the Champaign Community Coalition, future funding for the intensive case management services would be highly dependent upon the CCMHB's wishes to continue to support the Coalition in its efforts to continue the Fresh Start Initiative. Prairie Center also continues to look for other funding which may support intensive case management services, but no other specific funder has been identified to-date.

4. *With what other CCMHB funded programs does Fresh Start collaborate or refer (e.g, First Followers, Truce, Neighborhood Champions)?*

Donte' Lotts, the Community Services Liaison, collaborates on a regular basis with First Followers, Truce, and Neighborhood Champions. As participant needs are identified, referrals and linkages are made to various community service providers, including First Followers, Promise Healthcare, and Rosecrance. There are also other referrals to non-CCMHB funded programs.

Additionally, Fresh Start's Steering Committee includes executive/leadership representatives from the Champaign Community Coalition, local law enforcement agencies, States Attorney, City of Champaign, City of Urbana, Champaign Urbana Public Health District, Champaign-Urbana Area Project, University of Illinois, the faith community, Probation, Parole, and Prairie Center. These entities are all working together as part of the Fresh Start Initiative to end gun violence in our communities.

### **Parenting with Love and Limits—Extended Care**

1. *At what point can this program be manualized?*

The Savannah Family Institute (SFI) has proprietary rights to the treatment modality known as "Parenting with Love and Limits." SFI has proprietary restrictions on the use of the model, including the rigorous training, materials, and even the structure, sequence, and techniques used in the model. CCMHB has the current contract with SFI. CCMHB staff may have more information, but we are unaware of a way to offer this specific model without Savannah Family Institute.

2. *Can the PLL program operate autonomously from Savannah Family Institute?*

Please see the answer to question 1 above.

3. *What other evidence based models exist to PLL that can provide similar results?*

While there are other models available to address some of the same issues which PLL aims to address, a thorough review of these models cannot be done in the limited amount of time given to respond to these application for funding questions. For example, whether the same level of engagement and outcomes could be achieved and/or reported if using a different model would need to

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be carefully examined. (Prairie Center does not have current capacity to provide the same level of detailed outcome reporting and evaluation as Savannah Family Institute currently provides.) Model requirements, training, and other costs would also need to be considered.

Prairie Center would be open to further discussion about PLL and whether CCMHB wishes to continue to support all the aspects of the program into the future. However, we respectfully request this not be done hastily, but rather that Prairie Center, Rosecrance, CCMHB, and other stakeholders (such as the Champaign County States Attorney, Youth Assessment Center, Juvenile Detention Center, and Youth Probation) take the time to collectively review all options to best serve parents, youth, and families who would otherwise be served by PLL.

### **Prevention**

1. *Why isn't the Urbana School District funding the services previously supported through the 21st Century grant the District was awarded?*

School districts are not required to offer afterschool programming. However, Urbana School District feels it is important to offer enrichment and support. They have written and received several grants over the years for the schools with greatest need. The afterschool programs serve primarily low income students, providing a multitude of services that level the playing field for these students. By providing safe afterschool care, youth are involved with positive activities. Programs even provide a light supper and transportation home to those that qualify. This as a community issue impacting not only the schools. Research has shown afterschool hours are a high crime time for juveniles. So often other programs which take place after school hours are expensive and have many obstacles to involvement for low income families. The afterschool programs make it possible for children to sign up and attend without the typical barriers. Currently, five before and afterschool programs are fully funded by a Federal Grant called the 21st Century Community Learning Centers. Funding will be ending for two of those programs, Dr. Williams and King Elementary, in August 2017. The Urbana School District has asked Prairie Center to continue to provide services at Dr. Williams and King Elementary during after school hours, but will not have the funding to support these much needed services.

2. *How are program outcomes measured and evaluated?*

Prairie Center's Prevention Department is rigorously monitored through the Center for Prevention Research and Development (CPRD) at the University of Illinois. The Department Director is required to submit quarterly and annual reports on all evidence based youth prevention services. These reports including demographic information, number of sessions per quarter the curriculum is implemented, number of students per class, as well as implementation standards for the curriculum. CPRD uses these reports to ensure the program is adhering to the fidelity of the curriculum. In addition to reporting requirements, site visits are also conducted through the Illinois Department of Human Services (DHS) and CCMHB to review supporting documentation. Too Good for Drug's pre and post test scores are tallied for each quarter and for each class to whom the curriculum is presented. Each year the students participate in the program, their pre test scores should show an increase in their understanding of risk from using alcohol, tobacco, and other drugs (i.e. 7<sup>th</sup> grade pretest scores should be higher than 6<sup>th</sup> grade pretest scores). The test scores and averages are reported to CCMHB in our 4<sup>th</sup> quarter report.

### **Specialty Courts**

1. *What services are available to Drug Court graduates? Do they continue to engage in treatment following graduation?*

Drug Court graduates are required to continue to attend drug court for 6 months following graduation. They are also required to attend at least one Prairie Center group of their choice for 6 months following graduation. Graduates also have established attendance at a community support group by the time they graduate and continue to attend these meetings as part of their relapse prevention and/or after care recovery plan. Each person's relapse prevention and/or after care

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recovery plan includes steps to reengage in services if/when needed. This is required by the Illinois Division of Alcoholism and Substance Abuse (DASA). Additionally, Prairie Center staff actively support the Champaign County Drug Court Alumni group, which meets regularly to provide support, guidance, and sober pro-social activities for Drug Court participants and alumni.

### **Youth Services**

1. *What effort is made to leverage other funding?*

Some of the Youth Services provided by Prairie Center are funded by the Illinois Department of Human Services, Division of Alcoholism and Substance Abuse (DASA) and Medicaid. However, these fund sources do not cover all program costs or services. (Please see the Program Budget submitted with application.)

2. *How is staff turnover being addressed?*

Since having much turnover at the beginning of the program year, we revised the interview process (to secure staff with prior social service experience rather than hiring those with intern/volunteer experience only); placed the youth team under a clinical coordinator instead of having them report to the clinical director so that they can receive more training, support, and direct supervision; changed program staff from 2 clinicians to 1 clinician and 1 case manager to better reduce barriers to treatment for clients; and provided ongoing training and support on adolescent substance abuse treatment and the unique needs of the adolescent population.

In addition, Prairie Center has worked with the University of Illinois' Students Consulting for Nonprofits (SCNO), on a project to implement a variety of strategies to improve staff retention overall. Through this project, Prairie Center has changed some of our personnel policies, increased employee recognition (both formal and informal), and worked to improve internal communications.

3. *How are PCHS and Rosecrance working to avoid duplication and supporting cross-referrals?*

Prairie Center and Rosecrance programs offer services in different community locations and offer different levels of care for youth clients. More specifically, Prairie Center offers community based programming at the Juvenile Detention Center, READY School, the Youth Assessment Center, and local schools. Our clients receive both group and individual counseling. Through our discussions with Rosecrance staff, Sheila Ferguson and Julie Kartel, it is our understanding that Rosecrance offers mostly group treatment services and completes assessments at locations where Prairie Center currently does not have a presence. Both programs currently do make referrals to each other, based on the clients' clinical needs. However, a client would not be enrolled in both Prairie Center and Rosecrance youth substance use disorders treatment programs at the same time.

Prairie Center has been a provider of substance abuse prevention and treatment services in Champaign County for 49 years. We are honored to have been an integral provider of services funded by CCMHB for the majority of that time, and truly appreciate our ongoing partnership with CCMHB. If further information is needed, please do not hesitate to contact me. Thank you for your consideration and your thorough review of our funding applications.

Sincerely,



Gail Raney, CEO

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YEARS OF CHANGING LIVES  
1916 - 2016

April 24, 2017

Lynn Canfield, Executive Director  
Champaign County Mental Health Board  
1776 East Washington  
Urbana, IL 61802

Dear Lynn:

Thank you for the opportunity to review and comment on the program summaries for 2018. In this correspondence, my goal is to answer questions raised and share more or corrected factual information as follows:

**Financial Questions:**

1. Agency Audit: Due to the complexities of the merger with Rosecrance, it is true that an extension was not requested as contractually expected by the due date. The last Community Elements Audit was completed and submitted to CCMHB on Dec 21, 2017.
2. Administrative Fee: In all of the applications it was noted that our administrative fee was increased from 11.8% to 17%. The increased costs associated with the items in this category, include: Admin Costs (Management & General) – costs that the organization incurs that benefit and support the core mission of the organization as a whole which cannot be directly related to a program, but are necessary in order for the organization to appropriately manage and support the business' programs. Examples include: administrative and financial staff not hired for any specific program such as accounting, operations, human resources and quality management, and occupancy costs associated with administrative staff, and management fees, which are incurred for management of total agency's finances and operations. Some of these costs did change as a result of the merger with Rosecrance on July 1, 2016. A quick review of accessible information on the internet show that the average rates for similar non-profits or social services in Champaign County vary widely between 12 – 26%.
3. Men's Transitional Housing Program (formerly TIMES Center): The agency budget did not copy over correctly and shows a negative number – this can be corrected.
4. Substance Use Services Program (SUSP): the budget is not 100% funded by CCMHB. Rosecrance only reflected the costs of the request due to the fact that we had just started some of the programing in Nov and Dec, managed care reimbursement is still out 60-90 days and at the time of writing the application the only solid numbers we had were the personnel and other related program costs. We do have more clarity on the fee for service and the managed care revenue and can submit an updated budget.



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5. Crisis, Access, & Benefits (CAB): the budget did not have a specific line item for the contract with CCHCC. Instead, we put the CCHCC subcontract in the contractual staff line and, in error, did not reflect this fact in the budget narrative. The budget narrative can be corrected by adding: Professional Fees/Consultants equal \$ 85,000 (CCHC Contract \$49,440, Management & General \$35,560).

**Program Questions:**

1. Anti-Stigma Education & Recovery Partners (ASERP): Yes, there was an error in the writing of the narrative where we accidentally identified the Art Show as a NAMI event. It is an AIR sponsored and coordinated Art Show. It is important to note that while there are others trained in MHFA, there has been turn over that has resulted in loss of trainers in Champaign County as well, especially now that funding has been exhausted from grants such as the Champaign County Unit 4 grant. This application was formulated after talking with NAMI, Grow, DBSA, and others in order to ensure support and coordination as well as formalizing a relationship between all parties in the future. It is important to note that the staff member, Celeste Blodgett, is uniquely qualified to organize and formalize multiparty councils that have been effectively used their time and talent to increase the visibility and raise awareness for additional resources and supports.
2. Co-Responder Team (CRT): If funded, a subcontract will exist between the U of I and Rosecrance and as needed, business associate agreements will be executed and cross sharing of information will only occur with documented informed consent of the individual or family served. To ensure that all legal issues are addressed the CCMHB and agency attorney can review and address any concerns or questions before proceeding. A Service Contact (SC) will be an in-person contact with an individual/client by both members of the team. Community Service Events should be 25 and are expected to impact over 250 due to the expectation that some of the events will be for groups of 10 or more. This error can be corrected. Note that the car has been pledged as in-kind by the Champaign County Sheriff's Office. Additional in-kind pledges were not available at the time of submission and may be available in the future. There is also some believe that if funded, this program could be the match for the JMHCP implementation grant.
3. Criminal Justice: The complexities of adding in the other grants, re-entry and JMHCP and meeting the deadlines for the 708 application submission led Rosecrance staff to recommend not including them this year. The other change was related to the fact that when a CJ involved individual received benefits, they were typically transferred to non CJ case manager for continued services without 708 funding, in turn, cleared up any concern for supplanting of funding. This procedure also allowed the staff in CJ to continue to rapidly assist new CJ clients, reducing and at times eliminating any wait times.
4. Crisis, Access & Benefits: This application is separated from the Co Responder Team model to ensure that our community has adequate resources to respond to crises as well as responding to the needs for doing more for the prevention and outreach needs that were identified through the focus groups and forums related to community needs. It is important to note that there is a factually incorrect statement on the program summary: CCMHB staff note

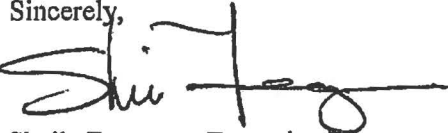
that “the detail on location of response provided as part of the FY17 quarterly reports find the location of virtually all crisis team responses are at the Emergency Departments at Carle and Presence Covenant Medical Center.” This is not true. In the first 2 quarters 96% of the responses were at the two ED’s. This is not **virtually all** and by saying virtually all is misleading and misrepresents the facts.

5. Substance Use Service (SUSP): The request is to fund a portion of each of three of the clinician’s time, plus the supervisor, to complete assessments for both youth and adults. The ability to perform assessments without billing the individual or family is critical to increasing access, breaking down stigma and encouraging engagement in treatment should the assessment indicate the need for treatment exists.
6. Men’s Transitional Housing Criminal Justice (TH CJ): While missing from the narrative, central intake and calls directly to the program occur on a regular basis. An error in the service narrative will need to be corrected to reflect consistency with the request to fund the Recovery Advocate’s time. We have no objection to this application becoming a grant versus a fee for service program, if funded. Factual comment: It was noted that a high number of TPC’s is indicative of unplanned discharges rather than a reflection of positive discharges to independence prior to the 2<sup>nd</sup> year mark. This is not factual – see the chart below:

QUARTER	TOTAL DISCHARGES	POSITIVE DISCHARGES	%DISCHARGES THAT ARE POSITIVE	UNPLANNED DISCHARGES
07/01/16-09/30/16	7	6	86%	1
10/01/16-12/31/16	8	5	63%	3
01/01/17-03/31/17	12	12	100%	0
<b>TOTAL</b>	<b>27</b>	<b>23</b>	<b>85%</b>	<b>4</b>

7. Criminal Justice: This program also works with the Drug Court Team, which was, in error, not mentioned in the narrative. The complexities of adding in the other grants, re-entry and JMHCP and meeting the deadlines for the 708 application submission led Rosecrance staff to recommend not including them this year. The other change was related to the fact that when a CJ involved individual received benefits, they were typically transferred to non CJ clients for continued services without 708 funding, in turn, cleared up any concern for supplanting of funding. This procedure also allowed the staff in CJ to continue to rapidly assist new CJ clients, reducing and at times eliminating any wait times.

I hope this letter helps clarify our applications however, if you have additional questions, please contact me at [sferguson@rosecrance.org](mailto:sferguson@rosecrance.org) or (217) 398-8080.

Sincerely,  
  
 Sheila Ferguson, Executive Director  
 Rosecrance Champaign/Urbana

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## DisABILITY Resource Expo – Fiscal Agent Proposal, submitted by RCCSEC – Response to CCMHB Questions

**Question #1:** Provide clarification on the subcontracts and more data on needs

**Response:** A little history on the Expo Coordination positions may be helpful. The Expo Coordinator position was created as a 0.5 FTE contractual position at the onset of the event in 2007. A few years ago, the coordinator, Barb Bressner, requested a “job share” of this position. Since that time, the position has been a 3:1 split (75% towards Coordinator; 25% towards Assistant Coordinator - Jim Mayer) with the Coordinator covering the Accessibility/Entertainment, Marketing/Sponsorship, and Children’s Activities Sub-Committees; while the Asst. Coordinator has specialized in coordinating the efforts of the Exhibitor Sub-Committee (includes recruitment and communication with exhibitors.) In addition to the two coordinators, the CCMHB/DDB has for several years contracted with an individual (Cathie Godwin) who specialized in production of the Expo Booklet/Directory and Expo website updates. When Cathie needed to step down from these duties near the 2016 Expo date, due to health reasons, Jim Mayer agreed to take over those duties, in addition to exhibitor coordination. The proposed 2017-18 budget includes an increased stipend amount to Mayer, equivalent to the amount that had been paid to Ms. Godwin (\$3000).

In terms of subcontracts for major Expo expenditures, please note the following:

1. Venue:
  - a. Former venue cost (Fluid Event Center) = \$5100 (2016 Expo)
  - b. New venue cost (The Vineyard) = \$2900 (estimate)
2. Radio Advertising:
  - a. S.J Broadcasting: \$2500 provided ads at 50% cost, Expo DJ services at 25% cost, and six live interviews at no cost.
  - b. WDWS/WHMS: \$1956 provided ads at 66% cost, plus one live interview and keyboard for Expo entertainment at no cost

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**Question #2:** Provide more information on the website, including if it duplicates other websites

**Response:** The Expo website updates proposed by Jim Mayer for FY18, came out of a desire to make the exhibitor/resource directory a more comprehensive and useful tool for Champaign County residents. The updates would involve adding important past and potential future Expo exhibitors to the online directory, rather than simply listing the exhibitors from the most recent Expo event. Also, Mayer is proposing the addition of “buttons” such that website users can immediately search for resources under given categories of interest (e.g., “Vocational and Residential Services.”) Further, Mayer plans to make the “Contact Us” feature more readily accessible, and make it easier for Champaign County residents to contact Mayer or Bressner for further info on the Expo and disability resources. Finally, in concert with CCMHB/DDB staff, Mayer plans to make the website more user-friendly in terms of accessibility, as per new County guidelines. There is no plan for the Expo website to replace, duplicate or supplant current efforts to provide info about broader human services (e.g., 211 Project.) And, although the County does have a very well-designed online Self-Help & Support Group directory (through Family Service) that directory has its own intent and mission, and only overlaps slightly with the DisABILITY Expo online directory. There is not another online directory, to our knowledge, that focuses specifically on disability-related products and services for Champaign County residents.

**Question #3:** How was the amount requested determined?

**Response:** The requested amount of funding was based primarily on the budget from the 2016 Expo. In 2016, \$61,103 was budgeted, however, this budget did not include \$3000 that was devoted to a sub-contractor who was to provide layout of the Expo booklet, signage and website (Cathie Godwin) and it did not include CCMHB/DDB staff time for bookkeeping and administration (estimated at \$12,338 – see proposal budget detail re Administration, Taxes, Benefits & Occupancy .) Thus, the overall estimated expenses for the 2016 Expo were actually:

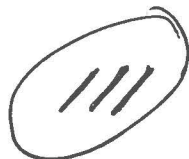
2016 Expo Estimated Expenses:  $\$61,103 + 3000 + 12,338 = \$76,441$

2017-18 Expo Estimated Expenses (see proposed budget): \$76,781

Please note that the only increases in the 2017-18 budget, outside of the inclusion of the Administrative costs to RCCSEC, is a modest cost of living increase for the Coordinator and Asst Coordinator (Personnel cost increase from \$37,503 in 2016 to \$38,443 in 2017-18 (approx. 2.5% increase.)

A handwritten number '110' is enclosed within a hand-drawn circle. The number is written in a simple, slightly slanted font.

Further, in terms of the Booth Fees/Sponsorships - we have come to rely on the fees/sponsorships to produce as much as \$15,000 in funding towards the Expo – fairly consistent over the past 3 years (the final projected amount from last year's budget was \$15,485.) We may very well collect a similar amount this year, which would involve a reimbursement of around \$5000 to the CCMHB/DDB. However, because it is unclear how policies of our current state and federal administrations will affect disability-related services and programs, RCCSEC felt that a conservative estimate of \$10,000 was warranted for booth fees and sponsorships.



## Lynn Canfield

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**From:** Ess Okrey-Anderson <anderson@unitingpride.org>  
**Sent:** Monday, May 08, 2017 5:36 PM  
**To:** Lynn Canfield; Stephanie Howard-Gallo; info@unitingpride.org  
**Cc:** Mark Driscoll; Shandra Summerville; kim@ccmhb.org  
**Subject:** Re: Question regarding your funding application

Hi Lynn,

The UP center only has two employees. The first employee is the youth and families program coordinator who is funded entirely by the CCMHB grant. The second employee is the office administrator who currently only works five hours a week and it is entirely funded by the same grant. If we are able to secure this funding for another year, the Board of Directors plans to establish a grants committee. The responsibility of this committee will be to find and apply for other brands so that we can continue to grow. I hope this answers your question.

Thank you,

-S.

On Mon, May 8, 2017 at 5:11 PM Lynn Canfield <[lynn@ccmhb.org](mailto:lynn@ccmhb.org)> wrote:

Hello, UP Center Leadership:

We have not received a response, at least not one we can find, to the CCMHB question regarding this application. Our board packet will be assembled tomorrow (Tuesday, May 9,) so if you have a response, please send it.

Lynn Canfield

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**From:** Stephanie Howard-Gallo [mailto:[stephanie@ccmhb.org](mailto:stephanie@ccmhb.org)]  
**Sent:** Monday, May 01, 2017 9:29 AM  
**To:** [info@unitingpride.org](mailto:info@unitingpride.org)  
**Cc:** [kim@ccmhb.org](mailto:kim@ccmhb.org); 'Mark Driscoll' <[mark@ccmhb.org](mailto:mark@ccmhb.org)>; 'Shandra Summerville' <[shandra@ccmhb.org](mailto:shandra@ccmhb.org)>; 'Lynn Canfield' <[lynn@ccmhb.org](mailto:lynn@ccmhb.org)>  
**Subject:** Question regarding your funding application

S, Jasmine, Christopher and Sara,

At the CCMHB meeting on April 26th, Board members reviewed all mental health, substance use disorder and other related applications. Over the course of the meeting the Board discussed forty one applications. During their review,

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Board members raised questions about your specific application(s). The Board is requesting you provide a written response to the following questions:

The UP Center – Children, Youth, & Families

1. Provide an explanation of how The UP center staff positions are funded.

Please provide your answers no later than 4:00 PM on Monday May 8, 2017. All responses received by the deadline will be shared with Board members in advance of the CCMHB study session scheduled for 5:30 PM on Wednesday May 17, 2017 in the Lyle Shields room at Brookens Administrative Center.

Thank You.

Regards,

Mark Driscoll

Stephanie Howard-Gallo

Developmental Disabilities Contract Specialist

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S. Okrey Anderson  
Youth & Families Program Coordinator  
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## Lynn Canfield

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**From:** Jennifer Niebrugge <JNiebrugge@UCPLL.ORG>  
**Sent:** Monday, May 08, 2017 1:04 PM  
**To:** Stephanie Howard-Gallo; Brenda Yarnell  
**Cc:** 'Shandra Summerville'; 'Lynn Canfield'; 'Mark Driscoll'; kim@ccmhb.org  
**Subject:** RE: Question regarding your funding application  
**Attachments:** UCP Answer for CCMHB 2017.docx

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

Hello-

Attached is UCP's answer to the CCMHB's question regarding our application. Please let me know if you have any questions.

Thanks,  
Jenny Niebrugge

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**From:** Stephanie Howard-Gallo [mailto:stephanie@ccmhb.org]  
**Sent:** Monday, May 01, 2017 9:33 AM  
**To:** Brenda Yarnell; Jennifer Niebrugge  
**Cc:** 'Shandra Summerville'; 'Lynn Canfield'; 'Mark Driscoll'; kim@ccmhb.org  
**Subject:** Question regarding your funding application

Brenda or Jenny,

At the CCMHB meeting on April 26th, Board members reviewed all mental health, substance use disorder and other related applications. Over the course of the meeting the Board discussed forty one applications. During their review, Board members raised questions about your specific application(s). The Board is requesting you provide a written response to the following questions:

UCP-LL – Vocational training and Support

1. What are the staff's qualifications or work experience that prepare them to assist persons with a mental illness?

Please provide your answers no later than 4:00 PM on Monday May 8, 2017. All responses received by the deadline will be shared with Board members in advance of the CCMHB study session scheduled for 5:30 PM on Wednesday May 17, 2017 in the Lyle Shields room at Brookens Administrative Center.

Thank You.

Regards,

Mark Driscoll

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