



CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

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

Champaign County Mental Health Board (CCMHB) STUDY SESSION

WEDNESDAY, September 27, 2017
Brookens Administrative Center, Lyle Shields Room
1776 E. Washington St. Urbana, IL
5:30 p.m.

1. Call to Order - Susan Fowler, President
2. Roll Call
3. Citizen Input/Public Participation
The CCMHB reserves the authority to limit individual public participation to 5 minutes and total time to 20 minutes.
4. Approval of Agenda*
5. President's Comments
6. Funding Priorities (pages 2-23)
Included in the packet for information are:
 - *Funding Priorities and Allocation Criteria for PY18, pages 2-9*
 - *Summaries of Programs funded by the CCMHB during PY18, pages 10-15*
 - *CCMHB Criminal Justice-Behavioral Health and other Funding Priorities (PY13-PY18) charts, page 16, and listing, page 17*
 - *CCMHB PY18 Program Award as Percentage of Total Program Budget, page 18*
 - *CCMHB Appropriations (contract awards) by Sector, Population, and Type of Service by Program Year, page 19*
 - *Comparison of General Population Characteristics to CCMHB Population Served (PY15-PY17) charts, page 20, and tables, page 21*
 - *Champaign County Population Data on Persons in Poverty chart, page 22, and table, page 23*
7. Strategic Planning (pages 24-)
Included in the packet for information are Briefing Memo and DRAFT Three Year Plan for 2016-2018 with Objectives for 2018.
8. Agency Acronyms and Glossary (pages 35-44)
9. Adjournment

***Board action**





CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

BRIEFING MEMORANDUM

DATE: September 27, 2017
TO: Members, Champaign County Mental Health Board (CCMHB)
FROM: Lynn Canfield, Executive Director
SUBJECT: FY2018 Allocation Priorities and Decision Support Criteria

Below is the full text of the funding allocation priorities document for the current Program Year, also known as Agency Fiscal Year 2018, for the period of July 1, 2017 to June 30, 2018. This document was approved by the CCMHB in December of 2016 and is included in today's board packet for the purpose of supporting initial discussion of priorities for funding in the Program Year/Agency Fiscal Year 2019, from July 1, 2018 to June 30, 2019.

Overview:

The purpose of this memorandum is to recommend allocation decision support criteria and funding priorities for the Champaign County Mental Health Board (CCMHB) FY2018 allocation period, July 1, 2017 to June 30, 2018. These recommendations emerge from board discussions and input from agency representatives and other stakeholders throughout the year, along with previous public input and our understanding of the transforming service delivery and payment systems. This document has been shared with stakeholders and provider organizations for their input, and a final draft now presented for approval by the board.

State of Illinois funding for community-based mental health, substance use disorder, and developmental disabilities services has steadily declined since 2008, driving the anxiety shared by people who desire services, by advocates and supporters of those people, and by providers of services. General revenue funds have been reduced as Medicaid has expanded to be the primary fund source, even with notoriously low reimbursement rates and siloed systems. Medicaid Managed Care has accompanied efforts to control costs with little regard for the impact on the community behavioral health system in Illinois. That community-based system is changing rapidly in response, with local providers exploring mergers and consortia in order to survive, and some not surviving. Each year we say that citizens of Illinois have endured a year of unprecedented change and challenge. Each year we may be unable to imagine a worse situation, and then one unfolds. With the diminishment of core services traditionally funded by the state, such as psychiatry, detox, counseling, and support services for victims of sexual assault, the CCMHB will again face difficult choices, possibly between shoring up these core services and preserving successful local responses to local needs. Our obligations to the

citizens of Champaign County include protecting the interest of its most vulnerable members and doing so through wise investments.

Statutory Authority:

The CCMHB funding policies are predicated on the requirements of the Illinois Community Mental Health Act (405 ILCS 20/ Section 0.1 et. seq.) All funds shall be allocated within the intent of the controlling act, as codified in the laws of the State of Illinois. CCMHB Funding Guidelines require that there be annual review and revision of the decision support criteria and priorities to be used in the funding allocation process. Upon approval by the Board, this memorandum shall become an addendum to the CCMHB Funding Guidelines incorporated in standard operating procedures.

Medicaid:

As the State of Illinois prepares an 1115 waiver proposal focused on behavioral health supports and system of care, maximizing federal matching revenue and taking advantage of CMS' current interest in innovative approaches, the limitations of the rules and rates and the changing requirements of Medicaid will continue to impact how local funding can best support the people it is intended to serve.

There is little debate about Illinois' inadequate Medicaid reimbursement rates. Each year we see the negative impact on the people who use Medicaid and Medicaid-waiver services and on the community-based organizations providing them. Yet the rate paid for a service or support is, by law, inclusive and must be taken as payment in full by the provider. Providers are prohibited from charging an amount greater than what Medicaid pays for a covered service to an eligible client or from accepting additional payment for that service from a third payer. Supplementation can result in penalties to the provider or simply cost the taxpayers of Champaign County twice.

In addition, the implementation of Medicaid Managed Care continues to present challenges for community-based providers and insured persons, and the CCMHB intends to be responsive as new problems call for new remedies.

The CCMHB will work with providers and stakeholders to identify services and supports not covered by Medicaid but which promise to improve behavioral health outcomes for individuals and promote a healthier, safer community.

Expectations for Minimal Responsiveness:

Applications that do not meet these thresholds are "non-responsive" and will not be considered for funding. All agencies must be registered using the online system. The application must be completed using this system, with all required portions completed by the posted deadline. Accessible documents and technical assistance, limited to navigation of the online tools, are available upon request through the CCMHB office.

1. Eligible Applicant, based on completion of the Organization Eligibility Questionnaire.
2. Compliance with application deadline. Late applications will not be accepted.

3. Application must relate directly to mental health, substance use disorder, or intellectual/developmental disabilities programs, services, and supports.
4. Application must be appropriate to this funding source, providing evidence that other funding sources are not available to support this program/service.

To preserve the CCMHB's emphasis on FY2018 allocation decision criteria, all applications proposing new services should align with one or more of the specific priorities. Proposals to renew contracts to continue existing services need not align with specific allocation decision criteria but may be subject to redirection or reduction in funding.

FY2018 CCMHB Priorities:

The focus established during a CCMHB retreat in October 2015 continues, with three primary priority areas identified for the fiscal year 2017, still relevant as State and Federal service delivery and payment systems evolve. A fourth priority area has been added, due to staff discussions and emerging opinion that, while Medicaid rules prohibit use of our funding for some important core services, there are innovations not currently billable to Medicaid which improve access to those core services. While the proposed 1115 waiver promises an integrated system of care, funding is not yet available from the State to cover supports such as intensive case management or peer mentoring. Local funding could provide an interim, short term source of support to establish this initial system of care.

Priority #1: Collaboration with the Champaign County Developmental Disabilities Board

The Intergovernmental Agreement between the CCMHB and the Champaign County Developmental Disabilities Board (CCDDDB) defines the FY18 allocation for developmental disabilities programs and an expectation for integrated planning by the Boards. Applications should explain how services are being transformed toward fullest integration, consistent with Center for Medicare and Medicaid Services (CMS) Home and Community Based Services regulations, Workforce Innovation and Opportunity Act provisions, the ambitions of Employment First, and recent Olmstead decisions. Applications should include measurable objectives, goals, and timelines. The CCMHB values programs that result in:

- people controlling what they do with their day, and how, where, and with whom they live and interact
- people building connections to their community as they choose, for work, play, learning, and other, in places other community members use and when they use them
- people creating networks of support for themselves, to include friends, family members, community members with similar interests, and allies they choose
- people advocating for themselves, making informed choices, and controlling their own service/support plans, with measurable outcomes they value

In addition, with the established ongoing success of the disAbility Resource Expo, applications to coordinate planning, implementation, and evaluation of the event will be considered.

Priority #2 – System of Care for Youth and Families

The CCMHB has focused on youth with serious emotional disturbance (SED) and multi-system involvement since 2001. Continuing the commitment to a sustainable system of care will include these initiatives:

- The Champaign Community Coalition (System of Care) brings together representatives of key systems, including local government, public and private funders, secondary and higher education, child welfare, park districts, juvenile justice, mental health and substance use disorder treatment providers, neighborhood and community leaders, representatives of the faith community, and other stakeholders. CCMHB efforts should align with this manifestation of our system of care.
- Development of optimal Cultural and Linguistic Competence by providers of service and other child- and youth-serving systems.
- Maintaining investment in juvenile justice diversion services for young people with serious emotional disturbance and multiple system involvement, assuring clinical efficacy and the attainment of desired outcomes.
- Coordination with Choices Coordinated Care Solutions behavioral health managed care plan to assure enrollment of all youth who require Wraparound services and supports and are eligible.
- Support of family and youth organizations to assure that all services are “family-driven” and “youth guided,” acknowledging the critical role of peer support
- Reducing the negative impacts of trauma on youth and families, especially those exposed to gun violence.

Priority #3 – Behavioral Health Supports for Adults with Justice System Involvement

The CCMHB continues its commitment to addressing the needs of adults with serious mental illnesses and/or substance use disorder who have involvement with the criminal justice system, at any intercept, and most particularly with the Champaign County Jail. Local government, law enforcement, community-based providers of service, and other stakeholders have invested much time and energy over the last two years to address shared and growing concerns, such as incarceration which could be prevented or shortened by improved access to treatments that work, redirecting those with complex conditions to effective supports and services, and keeping them engaged. Collaborations around these issues include the Crisis Intervention Training Steering Committee, Reentry Council, Champaign Community Coalition, and the Crisis Response Planning Committee. In FY18, the CCMHB will continue to support programs addressing the needs of this population.

- enhanced crisis response, through a co-responder system, intensive case management, or other diversion strategy
- expanded access to psychiatric services

- peer mentoring and support
- detoxification and psychiatric stabilization
- connections or ‘warm handoffs’ between jail and community and detox and community
- wellness programming
- specialty courts and related services
- support services at the jail
- Mental Health First Aid training for law enforcement and first responders

Priority #4 – Innovative Practices to Support Access to Core Services

Many of the services and supports listed in the above priorities will also support the broader population’s access to core services traditionally not funded by local behavioral health authorities. While not directly paying for treatment which can be billed to Medicaid or other payor, the CCMHB may invest in programs, supports, and services not currently billable, which help people locate and secure such services and advocate effectively for themselves. Examples are:

- Intensive or specialized case management associated with a core service or special population
- Peer supports and mentoring
- Benefits counseling and advocacy

Overarching Priorities:

Underserved Populations and Countywide Access

Programs should promote access for underserved populations identified in the Surgeon General’s Report on Mental Health: Culture, Race, and Ethnicity and the consultation with Carl Bell, MD. A Cultural and Linguistic Competence Plan is required for the agency, and a template is provided which aligns with requirements of Illinois Department of Human Services. The agency’s Cultural and Linguistic Competence Plan may include specific activities consistent with the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards.) Applications should focus on improved, earlier identification of I/DD in underrepresented populations, as well as on the reduction of racial and service disparities. Members of underserved minority populations and people living in rural areas of the county should have access to quality services.

Inclusion and Anti-Stigma Efforts

Applications supporting efforts to reduce the stigma associated with behavioral health disorders and disabilities will be prioritized. The CCMHB is interested in creative approaches toward the goals of increasing community awareness and access, promoting inclusion and respect, and challenging negative attitudes and discriminatory practices.

Budget and Program Connectedness

Applications that clearly explain the relationship between budgeted costs and program components receive additional consideration. “What is the Board buying?” is the salient question that must be answered in the proposal, and clarity is required. For example,



programs offering multiple services, such as those that involve services funded by Medicaid, identifying non-Medicaid activities and associated costs and personnel within the program is necessary and should be addressed in the Budget Narrative.

Realignment of Existing FY17 Contracts to Address Priorities

The CCMHB reserves the right to reduce or eliminate incumbent programs and services in order to support the four FY18 priorities listed in this memorandum.

Secondary Decision Support and Priority Criteria

The process items included in this section will be used as important discriminating factors that influence final allocation decision recommendations. The CCMHB uses an online system for agencies interested in applying for funding. An agency must complete the one-time registration process, including an organization eligibility questionnaire before receiving access to the online application forms.

1. Approach/Methods/Innovation: All applications are required to cite evidence-informed, evidence-based, research-based, or promising practices and address fidelity to the model under which services are to be delivered. In the absence of such models/approaches to meet defined community need, applications demonstrating creative, innovative approaches, including method of evaluation, will be considered.
2. Staff Credentials: Applications are required to highlight staff credentials and specialized training.
3. Resource Leveraging: Consideration will be given to applications that involve additional grant funding, community support, volunteer initiatives, and other creative approaches that amplify resources. If Board funds are to be used to meet a match requirement, the funder requiring said match must be referenced and the amount required identified in the Budget Narrative.

Process Considerations

The criteria described in this memorandum are to be used as guidance by the Board in assessing applications for CCMHB funding. However, they are not the sole considerations in finalizing funding decisions. Other considerations include the judgment of the Board and its staff, evidence about the provider's ability to implement the services proposed, the soundness of the proposed methodology, and the administrative and fiscal capacity of the agency. Further, to be eligible to receive CCMHB funds, applications must reflect the Board's stated goals and objectives as well as operating principles and public policy positions taken by the Board. The final funding decisions rest with the CCMHB and their judgment concerning the most appropriate and efficacious use of available dollars based on assessment of community needs, equitable distribution across disability areas, and decision-support match up.

The CCMHB allocation of funding is a complex task predicated on many variables. This process is not a request for proposals (RFP.) Applicants are not responding to a common set of specifications but rather are seeking funding to address a wide variety of service

and support needs for people who have mental illnesses, substance use disorders, or developmental disabilities. The nature and scope of applications will vary widely and will include treatment and early intervention models, and a numerical rating/selection methodology is not applicable or relevant to our particular circumstances. Our focus is on what constitutes a best value to our community, based on a combination of cost and non-cost factors, and will reflect an integrated assessment of the relative merits of applications using criteria and priorities approved by the CCMHB. In the event that applications are not sufficiently responsive to the criteria and priorities described in this memorandum, the CCMHB may choose to set aside funding to support RFPs with prescriptive specifications to address the priorities.

Caveats and Application Process Requirements:

- Submission of an application does not commit the CCMHB to award a contract or to pay any costs incurred in the preparation of an application or to pay for any other costs incurred prior to the execution of a formal contract.
- Technical assistance available to applicants will be limited to process questions concerning the use of the online registration and application system, application forms, budget forms, application instructions, and CCMHB Funding Guidelines.
- Applications which include excessive information beyond the scope of the application format will not be reviewed and, at the discretion of staff, may be disqualified from consideration. Letters of support for applications are discouraged and, if submitted, will not be considered as part of the allocation and selection process.
- The CCMHB retains the right to accept or reject any or all applications and reserves the right to refrain from making an award when that is deemed to be in the best interest of the County.
- The CCMHB reserves the right to vary the provisions set forth herein at any time prior to the execution of a contract where the CCMHB deems such variances to be in the best interest of Champaign County.
- Applications and submissions become the property of the CCMHB and, as such, are public documents that may be copied and made available upon request after allocation decisions have been made. Materials submitted will not be returned or deleted from the online system.
- The CCMHB reserves the right, but is under no obligation, to negotiate an extension of any contract funded under this allocation process for up to a period not to exceed two years with or without additional procurement.
- If selected for contract negotiations, the applicant may be required to prepare and submit additional information prior to final contract execution, in order to reach terms for the provision of services that are agreeable to both parties. Failure to submit required information may result in disallowance or cancellation of the award of a contract.
- The execution of financial contracts resultant of this application process is dependent upon the availability of adequate funds and the needs of Champaign County.
- The CCMHB reserves the right to further define and add application components as needed. Applicants selected as responsive to the intent of this online

application process will be given equal opportunity to update proposals for the newly identified components.

- All proposals considered must be received on time and must be responsive to the application instructions. The CCMHB is not responsible for lateness or non-delivery of mail or messenger. Late applications shall be rejected.
- The contents of a successful application will be developed into a formal contract, if selected for funding. Failure of the applicant to accept these obligations can result in cancellation of the award for contract. The CCMHB reserves the right to withdraw or reduce the amount of an award if there is misrepresentation of the applicant's ability to perform as stated in the application.
- The CCMHB reserves the right to negotiate the final terms (i.e., best and final offer) of any or all contracts with the applicant selected, and any such terms negotiated as a result of this application process may be renegotiated and/or amended in order to meet the needs of Champaign County. The CCMHB reserves the right to require the submission of any revision to the application which results from negotiations conducted.
- The CCMHB reserves the right to contact any individual, agency, or employee listed in the application or to contact others who may have experience and/or knowledge of the applicant's relevant performance and/or qualifications.
- For FY18, two-year applications will be considered as part of the award process.

Approved December 14, 2016.

Champaign County Mental Health Board Program Investments, other than for ID/DD, FY2018 (July 1, 2017 to June 30, 2018)

| Agency | Program | Focus | Amount | Summary |
|--|------------------------------|--------------------------------------|--------|---|
| Champaign County Regional Planning Advocacy Center - Social Services | Children's Advocacy | Justice Involved (Youth/Victims) | 37,080 | The Children's Advocacy Center promotes healing and justice for children and youth who have been sexually abused. We accomplish this by providing the following: a family-friendly place for the initial investigative interview; supportive services for the child and non-offending family members so that healing can begin; and coordination of the abuse investigation. While most of the young people we serve are victims of sexual abuse, we also provide services to victims of severe physical abuse and to victims of child trafficking. The trauma inflicted by these crimes is deep—with the right help the young person can begin to heal. |
| Champaign County Regional Planning Commission - Social Services | Justice Diversion Program | Justice-Involved (Adult/Victim) | 62,755 | The Justice Diversion Program (JDP) will be the primary connection point for case management and services for persons who have RPD CIT and/or domestic contacts, providing case management with a goal to reduce criminal recidivism and to help clients develop and implement plans to become successful and productive members of the community and offering law enforcement an alternative to formal processing. The JDP will also strive to develop additional community resources and access to services in Rantoul. |
| Champaign County Regional Planning Commission - Social Services | Justice Diversion Program | Justice-Involved (Youth) | 76,350 | The Youth Assessment Center screens youth for risk factors and links youth/families to support and restorative services in the community. The YAC provides an alternative to prosecution for youth involved in delinquent activity. Case managers, using Trauma Informed Care and Balanced and Restorative Justice (BARI) principles, screen juvenile offenders referred to our program to identify issues that might have influenced the offense and link these youth to services to best address the identified issues. The YAC focuses on helping youth be resilient, resourceful, responsible and contributing members of society. |
| Champaign Urbana Area Project | Youth Neighborhood Champions | System of Care | 20,000 | CU Neighborhood Champions is an initiative designed to increase the community's understanding of trauma and expand the community's capacity to implement trauma-informed practices and procedures. The goals of this effort are twofold: to address the needs of those who have been impacted by trauma and violence, and also work to create more supportive and healed communities. These goals will be accomplished through training community members with a special focus on training youth leaders and elder helpers, and educating the community about trauma and trauma-informed to support the creation of community-based trauma response teams (i.e. Neighborhood Champions, Peacekeepers). |
| Champaign Urbana Area Project | CU | Justice Involved (Community/Victims) | 75,000 | The Community Justice/Anti-Violence Subgroup of the Champaign Community Coalition has recommended an evidence-based approach to identify and neutralize through transformative intervention the most virulent and intractable perpetrators of gun violence in our community. Based on the "Cease Fire"/"Cure Violence" programs and similar approaches chronicled in David Kennedy's book "Don't Shoot!", the Coalition developed the "Fresh Start" Program, and the Champaign-Urbana Area Project (CUAP) created "TRUCE." TRUCE addresses gun violence preventively from a public health perspective, rather than by simply seeking a greater number of arrests by law enforcement and subsequent placement in a correctional facility after conviction for the commission of a gun violation or shooting. Under this public health approach, first posited by the epidemiologist creator of "Cease Fire" at the University of Chicago Gary Slutkin, the spread of violence is likened to the spread of an infectious disease and it should be treated in much the same way: go after the most infected, and stop the infection at its source. TRUCE will engage the community in reducing violence by using the same three principles that are used to reverse epidemic disease outbreaks, by: 1) interrupting the transmission of the violence; 2) reducing the risk of the highest risk; and 3) changing community norms. |
| Champaign Community Foundation - DREAM House | TRUCE | Justice Involved | 58,000 | DREAM, which stands for <i>Driven to Reach Excellence and Academic Achievement for Males</i> , is a prevention and early intervention program for boys aimed at cultivating academic excellence and social emotional health. Starting at the age of five, the DREAM House is designed as a pipeline program to increase positive outcomes—academic achievement, self-efficacy, social mobility—and decrease negative outcomes—suspensions, low educational performance, violence—in the lives of boys and young men. The year-round program operates in Champaign and Rantoul and has five core, evidence-informed components, which are: 1) day-long summer program, 2) 5-day week, after-school program, 3) school-based mentoring, 4) Saturday athletic activities, and 5) family engagement and training. Embedded in each component is social emotional learning and behavioral health instruction to foster transfer of skills from DREAM House to school to home. |
| Community Center of Northern Champaign County | Resource Connection | Other Priority | 66,596 | The Resource Connection is a multi-service program aimed at assisting residents of northern Champaign County with basic needs and to connect them with mental health and other social services. The program does this by serving as a satellite site for a variety of human service agencies that provide mental health, physical health, energy assistance, and related social services. We also have an emergency food pantry, provide prescription assistance, clothing and shelter coordination, and similar services for over 1,700 households in northern Champaign County. |
| Courage Connection | Courage Connection | Justice Involved (Victims) | 66,948 | A family's immediate safety is intimately connected to their long-term success. A community's stability is threatened when any family is in danger. At Courage Connection, we get the connection. Our purpose is to help victims and survivors of domestic violence rebuild their lives through advocacy, housing, counseling, court advocacy, self-empowerment, community engagement, and community collaborations. |

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| Crisis Nursery | Beyond Blue-Champaign County | Other Priority (Parents/Infants) | 70,000 | Crisis Nursery's Beyond Blue program serves mothers who have or are at risk of developing perinatal depression (PD), targeting mothers who demonstrated risk factors for PD and are either pregnant or have a child under age one. Mothers receive individual and group support and education to facilitate healthy parent-child engagement. Research suggests that 10-20% of mothers suffer from PD, and nearly half are undiagnosed. As a primary and secondary preventative program, Beyond Blue addresses risk factors that otherwise may lead to emotional disturbances and multiagency and system involvement in children. The program also works to increase awareness of PD and reduce stigma. |
| Crisis Nursery | Beyond Blue-Champaign County | Other Priority | 100,000 | C-U Change seeks to impact under resourced youth with the potential for high school graduation by providing intensive group and individual support, counseling, life skills training, and exposure to positive cultural and healthy life choices. Collaboration with local youth agencies such as the Local High Schools, Youth Assessment Center, Juvenile Probation, READY Alternative School, and other youth service organization is a focus for service delivery. Program intervention will primarily take place in the local schools and the Don Moyer Boys and Girls Club with a strong emphasis placed on academic support, community engagement, interactive, hands on learning experiences and exposure to positive life alternatives. Service hours and activities will take place Monday to Friday during school hours, after school 3:00pm to 8:30pm. Occasional weekend activities and programming will also be provided. The Program goals are to assist youth with navigating obstacles to success in the school environment, increase positive peer and community involvement and develop a positive plan for the future. |
| Don Moyer Boys & Girls Club | Coalition Summer Youth Initiatives | System of Care | 107,000 | Services and supports provided by specialized providers, through subcontract to Don Moyer Boys and Girls Club, to engage Champaign County's youth in a range of positive summer programming: strengthening academics; developing employment skills and opportunities; athletics; music and arts instruction; etc. Supports and reinforces System of Care principles and values particularly relative to system-involved youth impacted with emotional and environmental challenges. |
| Don Moyer Boys & Girls Club | Youth and Family Support & Strengthening Services | System of Care | 160,000 | A family-driven, youth-guided program delivering services for and with families and children experiencing mental health and/or emotional challenges, supporting them at home, in school, and in the community toward optimal recovery. We partner with each youth's caregivers to provide the best-fitted, most comprehensive services and supports possible, all at no cost to you. This includes biological or adoptive parents, foster parents, grandparents – anyone who is involved with caring for the child. Our programs are aimed at providing you with peer-driven support from people who have experienced and worked through similar challenges, educational opportunities to help you make informed decisions for your child, and technical support to help you navigate complicated systems for the best possible outcomes for you and your family. |
| Don Moyer Central IL Refuge Mutual Assistance Center | Family Support & Strengthening Services | Other Priority | 25,000 | The mission of the program is to support and strengthen the refugee and immigrant families while they successfully transition and adjust to American culture and expectations. The program provides orientation, information/referral, counseling, translation/interpretation services, culturally appropriate educational workshops, and help accessing those services (i.e., SNAP, WIC, Medical cards etc.) for which they are legally entitled. There is a bi-monthly educational newsletter, and assistance to refugee/immigrant mutual support groups. The staff speaks nine different languages and can access community volunteers who help us communicate with clients in languages not on staff. |
| East Champaign Family Service of Champaign County | Counseling | Other Priority | 25,000 | The Family Service Counseling program offers affordable, accessible counseling services to families, couples and individuals of all ages. Clients are given the tools and support needed to successfully deal with life challenges such as marital and parent/child conflict, divorce, depression, anxiety, abuse, substance abuse/dependency and trauma. Services are strength-based and client driven, utilize family and other natural support systems whenever possible and are respectful of the client's values, beliefs, traditions, customs and personal preferences. The program director serves on the Champaign County Drug Court Team and Drug Court clients referred to the program for counseling services are given priority. |
| Family Service of Champaign County | Self-Help Center | Innovative Practices to Support Core | 28,428 | The Family Service Self-Help Center provides information about and referral to hundreds of support groups in our area. The program also provides assistance in developing new support groups and in maintaining and strengthening existing groups. The Self-Help Center maintains a database of support groups in and around Champaign County as well as national groups and groups in formation. This information is available online on the agency's website and in print in a support group directory and specialized support group listings. The program also provides consultation services, workshops, conferences, educational packets and maintains a lending library of resource materials. |
| Family Service of Champaign County | Senior Counseling & Advocacy | Innovative Practices to Support Core | 142,337 | The Family Service Senior Counseling & Advocacy program offers a number of services to Champaign County seniors and their families. Most services are provided in the senior's home or in the community on their behalf. Caseworkers assist clients with a number of needs and challenges faced by older adults, including grief, anxiety, depression, isolation, other mental health issues, family concerns, neglect, abuse, exploitation and the need for assistance in accessing services or benefits. The program also assists seniors providing care for adult children with disabilities and adults with disabilities age 18-59 who may be experiencing abuse, neglect or financial exploitation. |
| First Followers | Peer Mentoring for Re-Entry | Justice-Involved (Adults) | 30,000 | Our mission at FirstFollowers is to build strong and peaceful communities. In order to accomplish this we provide support and guidance to the formerly incarcerated, their loved ones and the community as a whole. We offer assistance in job searches, accessing housing and identification as well as emotional support to assist people during the transition from incarceration to the community. In addition, we carry out advocacy work aimed at reducing the stigma associated with felony convictions and attempt to open doors of opportunity for those with a criminal background. |

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| GROW in Illinois | Peer Support | Bulldogs Learn & Succeed Together (BLAST) | Innovative Practices to Support Core | 20,000 | GROW mutual-help; peer to peer 12-step program provides weekly support groups for mental health suffers of all races and genders. The most common age range is between 18-55. GROW offers a service that compliments the work of professional providers. It connects people in need with others in similar situations and empowers participants to do that part which they can and must be doing for themselves and with one another. While professional mental health providers offer diagnosis and treatment, consumer-providers such as GROW offer essential rehabilitation and prevention services because they have first hand experience with the recovery process. |
| Mahomet Area Youth Club | Peer Support | Bulldogs Learn & Succeed Together (BLAST) | Innovative Practices to Support Core | 15,000 | MAYC's BLAST Programming for students K-12 includes enrichment activities, academic help, and cultural and community-based programming. MAYC partnered with Mahomet Seymour Schools District in this endeavor for several reasons: it allows the use of district facilities, providing a safe and structured environment, children participate in activities in their own school community, additional contact with teachers, school staff, social workers, and guidance counselors, specialized learning spaces (including computer labs, gyms, music and art rooms), access to a variety of caring community volunteers, and most importantly, an inclusive environment that brings students from all economic backgrounds together. The B.L.A.S.T program is open to all students, but we specifically target low income and/or struggling students and make the program available at no cost. |
| Mahomet Area Youth Club | Peer Support | Bulldogs Learn & Succeed Together (BLAST) | Innovative Practices to Support Core | 12,000 | The MAYC Members Matter program is open to all students, but we specifically target low income and/or struggling students and make the program available at no cost. The school district partnership ensures seamless collaboration with teachers, principals, social workers, and therapists—all of which helps respond to individual students' needs with a wraparound model of resources and services that extend far beyond MAYC's programming. Students' participation significantly increases the odds that other basic unmet needs will be detected and matched to other available resources. This program produces meaningful, trackable academic improvement among participants, about half of whom are from low income households. |
| Prairie Center Health Systems | Substance Use Treatment | MAYC Members Matter | Justice-Involved (Adults) | 10,600 | Participants in the Criminal Justice Substance Use Treatment program are adults who are residents of Champaign County briefly incarcerated at the Champaign County Correctional Center. A part-time Prairie Center case manager coordinates services with Correctional Healthcare Companies, Rosecrance, and other agencies providing services within the jail setting. The case manager provides a screening using the Global Assessment of Individual Needs (GAIN) Short Screen, brief intervention using Motivational Interviewing techniques, referral to treatment, and case management to adults at the Champaign County jail. The case manager attempts to follow-up with these persons after release from the jail, in order to coordinate services to assist with engagement in treatment services at Prairie Center. |
| Prairie Center Health Systems | Fresh Start | MAYC Members Matter | Justice-Involved (Adults) | 77,000 | C-U Fresh Start was developed by members of the Community Coalition as one of the means to address the increased gun violence in our community. CU Fresh Start is a new initiative aiming to address the root cause of the violence. Based on the "Don't Shoot" model implemented in Peoria, Illinois, CU Fresh Start is customized for our community's needs. It involves a 3-pillar approach – Community, Law Enforcement, & a Case Manager. The initiative identifies and focuses on core offenders with history of violent, gun-related behaviors. It is also used to warn these core offenders to cease the violence or face fair, swift, and certain consequences. These core offenders are also offered an alternative to violence; and Prairie Center's Case Manager provides intensive case management, assisting them in accessing a variety of services, such as medical, dental, behavioral health, to address immediate personal or family issues, and overcome barriers to employment, housing, education, etc. |
| Prairie Center Health Systems | Prevention Services | MAYC Members Matter | Other Priority | 58,247 | Our trained Prevention Specialists provide an evidence-based life skills and drug education curriculum ("Too Good for Drugs" and "Too Good for Violence") to students in schools throughout Champaign County. Education prevention programs are available for preschool through high school on various topics. Sessions deal with the health risks associated with the use of alcohol, tobacco and other drugs. Life skills sessions may include instruction on and discussion of refusal skills, self-esteem, communicating with parents, and related social issues. These services are free of charge. Lessons can be tailored to your specific needs. Our prevention team are active members of several anti-drug and anti-violence community-wide coalitions working to reduce youth substance abuse levels. The Prevention Staff at the Prairie Center are also extensively involved in various media campaigns throughout the year, including our annual Red Ribbon Event. Our staff participate in many community events to spread the message of how important prevention is to reduce youth substance use. |
| Prairie Center Health Systems | Specialty Courts | MAYC Members Matter | Justice-Involved | 203,000 | Individuals sentenced to Champaign County Drug Court receive substance use disorders assessment, individualized treatment planning, individual counseling sessions, and a wide array of education and therapeutic groups. Prairie Center provides two full-time master's level and/or credentialed counselors whose caseloads are strictly Drug Court clients. A full-time case manager provides intensive case management to connect the clients to overcome barriers to treatment, such as access to food, clothing, medical and dental services, mental health treatment, employment, housing, education, transportation, and childcare. Prairie Center staff are part of a larger Drug Court Team. A defendant's success requires tremendous dedication from the professional staff, the clients, and their families to make the transition from addiction to sobriety. The following agencies are represented on the Drug Court Team: State's Attorney, Public Defender, Court Services, Prairie Center Health Systems, Rosecrance, the Judiciary, the Sheriff's Department, Family Services and Safe House. |

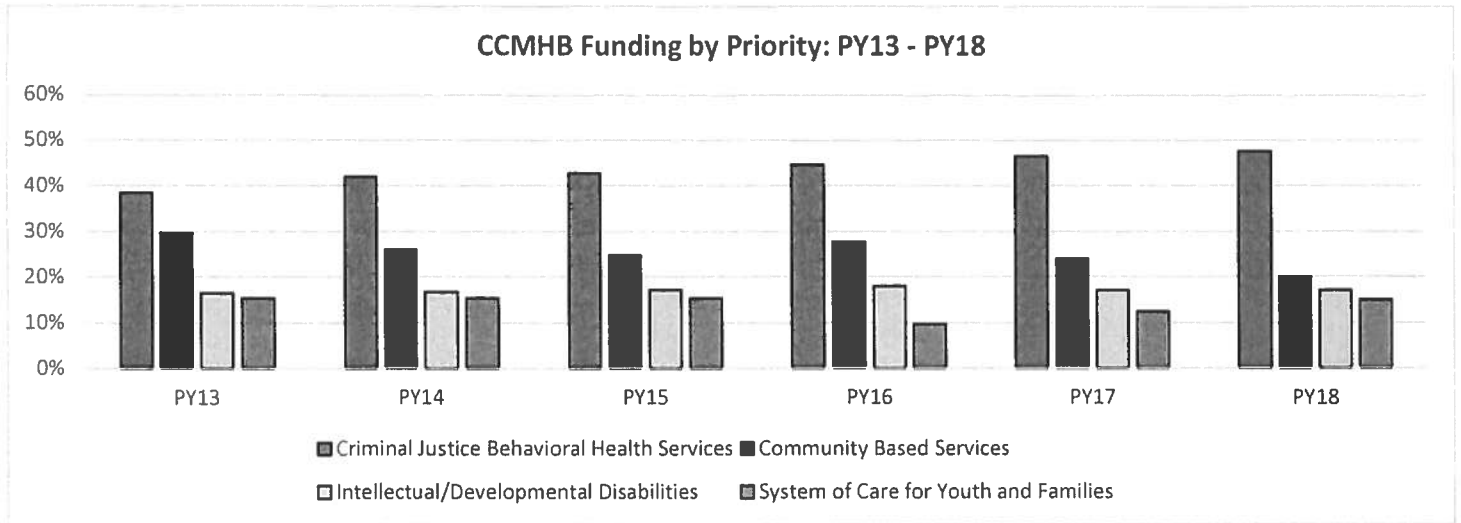
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|--|-------------------------------------|----------------------------|---------|--|
| Prairie Center Health Systems | PLI, Extended Care | Justice-Involved (Youth) | 300,660 | Prairie Center provides the Extended Care portion of the Parenting with Love & Limits (PLL) program to Champaign County youth (and their families) involved in the continuum of the Juvenile Justice System. PLL is an evidence-based family education, skill building, and therapeutic intervention model which has demonstrated effectiveness in significantly reducing aggressive behaviors, depression, attention deficit disorder problems, externalizing problems and substance use while also reducing recidivism and improving family communication. After an assessment session, parents and youth attend six classes, held one evening a week for six weeks. The program targets specific risk and protective factors related to delinquency and other emotional and behavioral problems. Prairie Center's three PLL therapists and one case manager provide the assessments, classes, transportation (as needed), and ongoing support to the families involved. Parenting with Love & Limits is currently recognized as a Model Program through U.S. Department of Justice's Office of Juvenile Justice & Delinquency Prevention. |
| Prairie Center Health Systems | Youth Services | Justice-Involved (Youth) | 75,000 | Prairie Center Youth Services Program provides early intervention and outpatient substance use disorder treatment services at our Urbana facility and at schools throughout Champaign County. A thorough assessment is performed by our master's-level addictions counselor to first determine the severity of each individual's illness and to screen for medical and mental health disorders. An individualized treatment plan is then created, building on the client's strengths and needs. Developed together with a counselor assigned to each client, treatment plans provide those seeking our care and help with the ongoing treatment and support needed to build a strong and lasting recovery foundation. All of Prairie Center's programs are evidence-based, providing individual counseling and treatment groups. |
| Prairie Center Health Systems | Promise Healthcare | Other Priority Justice | 58,000 | The Wellness and Justice program provides support, case management, and benefit enrollment for patients with non-clinical barriers to achieving optimum medical and mental health. Specifically the program targets hundreds of patients who have a mental health diagnosis and a chronic medical condition and those who are at risk of or have had an encounter with the justice system. Coordinators work with patients to remove barriers from reaching optimum medical and mental health. The program is also charged with facilitating care at our satellite on Walnut at Rosecrance, and supporting collaborations with other agencies, and community outreach. |
| Prairie Center Health Systems | Mental Health Services with Promise | Other Priority | 222,000 | Promise Healthcare provides on-site mental health services at Frances Nelson and our satellite on Walnut at Rosecrance to achieve the integration of medical and behavioral health care as supported by both the National Council for Community Behavioral Healthcare and the National Association of Community Health Centers. Our mental health and medical providers regularly collaborate, make referrals, and even walk a patient down the hall to meet with a therapist. With the support of our CCMHB Mental Health Services grant about 2,200 patients receive treatment for a mental illness through a counselor, psychiatrist or even their primary care provider. |
| Rape Advocacy, Counseling & Education Services | Counseling & Crisis | Justice Involved (Victims) | 18,600 | Rape Advocacy, Counseling & Education Services (RACES) is the only agency charged with providing comprehensive services to victims of sexual assault in Champaign County. We offer trauma-informed counseling by masters-level practitioners, a 24-hour crisis hotline, in-person advocacy at hospital Emergency Departments, and at meetings with law enforcement or at the Courthouse. We also provide prevention education to thousands of local children and adults per year, and conduct community events to further our aim to create a world free of sexual violence. All services are free and confidential. |
| Rosecrance Champaign/Urbana | Criminal Justice | Justice-Involved (Adults) | 300,265 | Several programs are available that prioritize individuals with criminal justice involvement within the past six months. Problem Solving Courts (Drug Court) involved individuals receive a screening at the Champaign County Jail and, as appropriate, mental health assessment, substance abuse assessment, counseling, case management, individual and/or intensive outpatient substance abuse treatment, and linkage to additional supports as needed in the community. A subcontract with Champaign County Health Care Consumers augments services to those clients in need of obtaining and/or retaining necessary healthcare insurance and other essential benefits. |
| Champaign/Urbana | Crisis, Access, & Benefits | Justice-Involved (Adults) | 228,002 | Crisis is a 24-hour program that includes both the Crisis Team and the Crisis Line. Clinicians provide immediate intervention by responding to crisis line calls and conducting crisis assessments throughout Champaign County. The Crisis Team works closely with the hospitals, the police (Champaign, Urbana, Uof I, Parkland, Rantoul, County Sheriff, etc.), the University and other social service programs in the community. Rosecrance's clinic, located at 801 North Walnut in Champaign offers a range of Access services including information, triage, screening, assessment and referral for consumers and other members of the community. Appointments can be made or an individual can walk in five (5) days a week, during business hours for an initial screening and support. Support and assistance to individuals in need of healthcare insurance or other benefits is also available at the Walnut Clinic and in the Champaign County Jail. |
| Rosecrance Champaign/Urbana | PLI, Front End | Justice-Involved (Youth) | 282,663 | PLL provides multi-family group therapy and family therapy sessions for youth who are involved with the juvenile justice system and/or are having behavioral concerns at home, school or in the community. PLL is a short term evidenced based practice that draws on structural and strategic family therapy theory to improve overall family functioning and reduce recidivism. |
| Rosecrance Champaign/Urbana | Transition Housing C] | Justice-Involved (Adults) | 14,000 | TIMES Center provides housing and supportive services to homeless men in Champaign County. The program offers an opportunity to obtain behavioral health treatment, build financial security, increase coping and independent living skills, expand recreational interests, and discharge into a self-sufficient housing situation in the community. Comprised of 20 beds in 10, 2 room units, residents are responsible to pay 30% of their monthly income to a maximum of \$150/month in program fees. |

| | | | | |
|---|--|---|------------------|---|
| UP Center of Champaign County | Children, Youth & Families Program | System of Care | 19,000 | <p>The Children, Youth, and Families Program serves primarily LGBTQ adolescents aged 11-18; LGBTQ families; and children dealing with issues related to the stigmatization of their gender and sexual identifications and identities. Services include provision of social-emotional supports; non-clinical crisis intervention; case management referrals, risk reduction strategies; strengths development; community-building events; and management of adult volunteers within this program. The Children, Youth, and Families Program provides a weekly adolescent non-clinical support group held on Mondays from 6-8pm in the University YMCA in the UP Center of Champaign County office. LGBTQ youth discuss topics such as but not limited to: navigating multiple identities, dating, internalized transphobia and homophobia, negotiating the coming out process, family/parental relationships, developing strengths & leadership skills, coping with homophobia, transphobia, victimization, micro-aggressions, and developing positive relationships with LGBTQ adult role models in the CU community. Providing a non-clinical support group for LGBTQ youth in a semipublic provides a space for LGBTQ youth to receive accurate health and body positive information, develop positive self esteem, lower levels of depression, anxiety, substance abuse, and negative self talk, lower levels of victimization, and provide LGBT specific referrals to local service agencies.</p> |
| United Cerebral Palsy Land of Lincoln | Vocational Training and Support | Innovative Practices to Support Core Sves | 51,885 | <p>UCP provides vocational support services to individuals with behavioral health conditions, ages 18-55, in Champaign County. Services include extended job coaching and case management to individuals currently working in the community as well as vocational training and job development to individuals who have lost employment or want to improve their job skills. UCP provides job coaching/support services to allow individuals to continue working in their community, receive promotions, and have the opportunity to work more hours. Individuals looking for employment receive vocational training to help prepare them for the workforce and to increase their employability skills. UCP works with participants on assessments, interviews and career exploration and assists the individuals in developing a profile that includes information on their skills, interests, preferences and strengths.</p> |
| Urbana Neighborhood Connections | Community Study Center | System of Care | 19,500 | <p>Since its grassroots development in 2010, Urbana Neighborhood Connections Center (UNCC) has remained committed to serving as an empowerment zone through which youth benefit from productive year-round academic, recreational, and social-emotional supplements. Additionally, UNCC has evolved into a point of contact for information, linkage and referral to many resources in our communities. Financial investments from the Champaign County Mental Health Board affords UNCC's Community Study Center the opportunity to engage school aged youth in non-traditional, yet practical intervention and prevention approaches for addressing life's difficulties faced by many youth. Through ongoing individual and group activities facilitated and/or supervised by program staff and community volunteers, participants are encouraged to process feelings in a secure and supportive environment.</p> |
| | | | 3,135,916 | CCMHB Total Investment in Programs other than DD |
| Champaign County Mental Health Board's ID/DD Program Investments, FY2018 (July 1, 2017 to June 30, 2018) | | | | |
| CILA Expansion (small group homes) | Individual Advocacy Group | Independent Living | 50,000 | <p>LAG helps individuals with special needs live full, self-directed lives with dignity and independence. LAG provides a full array of quality, customized, outcome-focused services for people with developmental, intellectual, emotional, behavioral, neurological or mental disabilities. We enable individuals to define and pursue their life goals and interests, develop skills to reach those goals, grow increasing personal responsibility, engage their community and lead active, enjoyable, independent lives. The agency offers residential and day services to individuals living in board-owned CILAs as well as family-owned residences in the community.</p> |
| CCRPC - Head Start/Early Head Start | Social Emotional Disabilities Services for Young Children | Independent Living | 55,645 | <p>Champaign County Head Start/Early Head Start seeks to identify and address social-emotional concerns in the early childhood period, as well as to promote mental health among all Head Start children. The social-emotional portion of the program focuses on aiding the development of self-regulation, problem solving skills, emotional literacy, empathy, and appropriate social skills. Accomplishments in these areas will affect a child's ability to play, love, learn and work within the home, school and other environments. All fit together to form the foundation of a mentally healthy individual.</p> |

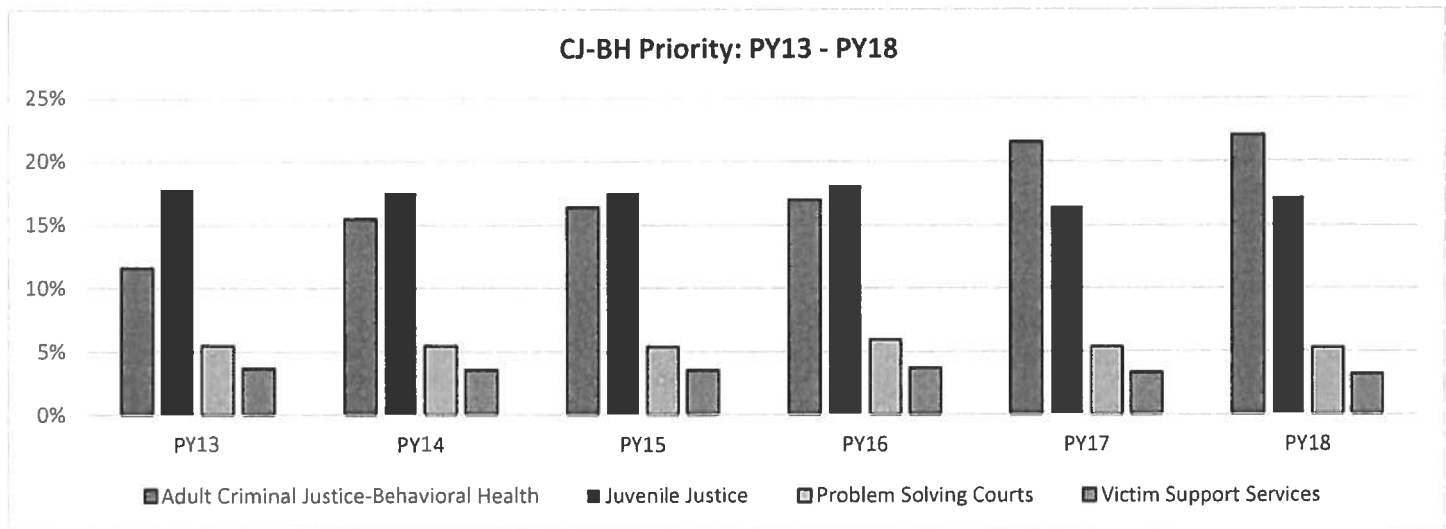
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| Developmental Services Center | Individual & Family Support | Flexible Family Support | Community Living | Independent Living | 63,000 | <p>COMMUNITY TRANSITIONAL SUPPORT – A four-phase model for supporting individuals with developmental disabilities to move into the community. The planning stage includes assessments, observations, financial discussions and identifying a participant's capabilities in core skill areas. In the move out stage, the focus shifts to establishing schedules and working on life skill areas with support. During the reaching out stage, participants work on community connections and finding meaningful activities. The final stage is consultation, where support from CC is decreased to only check-ins as needed. PERSONAL DEVELOPMENT TRAINING includes small classes and 1-on-1 instruction. Eight sessions of hands-on, interactive instruction are held throughout the year. Each 8 session class focuses on different topics and individuals can take multiple sessions. The intent is to build the skills and confidence of participants so they can continue their lifelong learning in integrated settings in the community.</p> |
| Community Choices | Self Determination Support | Parent and Self-Advocacy Support | Community Living | Independent Living | 96,000 | <p>LEADERSHIP & SELF-ADVOCACY: offers a two-tiered Leadership Class, co-developed by self-advocates, focusing on fostering leadership skills and putting leadership into action. FAMILY SUPPORT & EDUCATION: offers a public monthly meeting, where attendees learn best practices and options, community parties where families can gather informally and new this year, a family specific support group. BUILDING COMMUNITY: offers options for adults with disabilities to become engaged with others: Social Events - organized events for adults such as dinner and a movie, sports, trivia, video-gaming, concerts, etc. Co-op Clubs – individuals engaging in activities they design in smaller groups of people (3-5). Togethering/Open Champaign - focuses on 1:1 support to assist individuals in joining community groups, attending the first several times, making a connection, building natural supports and then fading out staff support.</p> |
| Developmental Services Center | Individual & Family Support | Flexible Family Support | Community Living | Independent Living | 392,649 | <p>DSC's IFS program serves children and adults with ID/DD with priority consideration given to individuals with severe behavioral, medical or support needs. The IFS program is a flexible and effective type of choice-driven service to individuals and families in a variety of integrated community settings. Individuals and families may choose to purchase services from an agency or an independent contractor/vendor, based on the specific need of the individual with ID/DD and their family. The program continues to provide remarkably creative planning, intervention and home/community support, in close collaboration with families, teachers and other members of the individual's support circle.</p> |
| Total CCMHB investment in Agency ID/DD Supports and Services | | | | | 657,294 | |

CCMHB Criminal Justice - Behavioral Health and Other Funding Priorities (PY13 - PY18)

| CCMHB Priority | PY13 | PY14 | PY15 | PY16 | PY17 | PY18 |
|--|------|------|------|------|------|------|
| Criminal Justice Behavioral Health Services | 39% | 42% | 43% | 45% | 47% | 48% |
| Community Based Services | 30% | 26% | 25% | 28% | 24% | 20% |
| Intellectual/Developmental Disabilities | 16% | 17% | 17% | 18% | 17% | 17% |
| System of Care for Youth and Families | 15% | 15% | 15% | 10% | 12% | 15% |



| Criminal Justice-Behavioral Health Priority | PY13 | PY14 | PY15 | PY16 | PY17 | PY18 |
|---|------|------|------|------|------|------|
| Adult Criminal Justice-Behavioral Health | 12% | 15% | 16% | 17% | 22% | 22% |
| Juvenile Justice | 18% | 18% | 18% | 18% | 16% | 17% |
| Problem Solving Courts | 5% | 5% | 5% | 6% | 5% | 5% |
| Victim Support Services | 4% | 4% | 4% | 4% | 3% | 3% |
| Total - CJ-BH Services | 39% | 42% | 43% | 45% | 47% | 48% |



CCMHB Program Allocations - Program Year 2018 (7/1/17 - 6/30/18)

| Agency | Program | CCMHB PY 2018 Awards | PY18 CCMHB Section Total | PY18 % of Total |
|---|---|----------------------|--------------------------|-----------------|
| Behavioral Health Criminal Justice Interface | | | | |
| <u>Juvenile Justice Contracts</u> | | | | |
| CCRPC-Community Services | Youth Assessment Center (MHB proposal) | \$76,350 | | |
| Prairie Center Health Systems | Parenting with Love & Limits (PLL-EC) | \$300,660 | | |
| Rosecrance | Parenting with Love & Limits (PLL-FE) | \$282,663 | | |
| | Juvenile Justice Contracts Total | | \$659,673 | 17% |
| Savannah Family Institute | PLL License (\$143,900 Prof. Fees expense) | | | |
| <u>Adult Criminal Justice-Mental Health Contracts</u> | | | | |
| CUAP | TRUCE | \$75,000 | | |
| FirstFollowers | Peer Mentoring for Re-entry | \$30,000 | | |
| Prairie Center Health Systems | Criminal Justice Substance Abuse Treatment | \$10,600 | | |
| | Fresh Start | \$77,000 | | |
| Rosecrance | Criminal Justice | \$300,265 | | |
| | Crisis, Access, & Benefits (CAB)* | \$228,002 | | |
| | Transition Housing CJ | \$14,000 | | |
| CCRPC - Community Services | Justice System Diversion Services | \$62,755 | | |
| | JMHCP Implementation Grant Matching Funds# | \$52,420 | | |
| | Adult CJ-MH Contracts Total | | \$850,042 | 22% |
| <u>Problem Solving Courts Contracts</u> | | | | |
| Prairie Center Health Systems | Specialty Courts (Drug Court) | \$203,000 | | |
| | Problem Solving Courts Total | | \$203,000 | 5% |
| <u>Support Services - Victims of Crime</u> | | | | |
| Champaign Co. Children's Advocacy Center | Children's Advocacy Center | \$37,080 | | |
| Courage Connection | Courage Connection (previously A Woman's Place) | \$66,948 | | |
| RACES | Counseling & Crisis Services | \$18,600 | | |
| | Crime Victim Support Services Total | | \$122,628 | 3% |
| <u>Community Based Services Contracts</u> | | | | |
| Community Svc Center of Northern Champ Co. | Resource Connection | \$66,596 | | |
| Crisis Nursery | Beyond Blue Champaign County | \$70,000 | | |
| East Central IL Refugee Mutual Assistance Center | Family Support & Strengthening | \$25,000 | | |
| Family Service of Champaign County | Counseling^ | \$25,000 | | |
| | Self-Help Center | \$28,428 | | |
| | Senior Counseling & Advocacy | \$142,337 | | |
| GROW in Illinois | Peer-Support** | \$20,000 | | |
| Prairie Center Health Systems | Prevention | \$58,247 | | |
| Promise Healthcare | Promise Healthcare Wellness & Justice^^^ | \$58,000 | | |
| | Mental Health Services with Promise | \$222,000 | | |
| UCP - LL | Vocational Training & Support | \$51,885 | | |
| | Community Based Services Total | | \$767,493 | 20% |
| <u>System of Care for Youth & Families</u> | | | | |
| CUAP | CU Neighborhood Champions | \$20,000 | | |
| CF - DREAAM House | DREAAM House | \$58,000 | | |
| Don Moyer Boys & Girls Club | C-U CHANGE | \$100,000 | | |
| | Community Coalition-Summer Initiative | \$107,000 | | |
| | Youth & Family Organization | \$160,000 | | |
| Mahomet Area Youth Club | Bulldogs Learn & Succeed Together (BLAST) | \$15,000 | | |
| | Universal Screening-MAYC Members Matter! | \$12,000 | | |
| Prairie Center Health Systems | Youth Services^^ | \$75,000 | | |
| The UP Center of Champaign County | Children, Youth, and Families Program | \$19,000 | | |
| Urbana Neighborhood Connections | Community Study Center | \$19,500 | | |
| | SOC Total | | \$585,500 | 15% |
| <u>ID/DD Contracts (CCMHB/CCDDB IGA)</u> | | | | |
| CCRPC-Head Start | Social-Emotional Disabilities Services | \$55,645 | | |
| Community Choices | Community Living | \$63,000 | | |
| | Self Determination Support | \$96,000 | | |
| Developmental Services Center | Individual and Family Support | \$392,649 | | |
| CCMHB/DDB | CILA Project | \$50,000 | | |
| | ID/DD Total | | \$657,294 | 17% |
| | CCMHB Total | \$3,845,630 | \$3,845,630 | 100% |

* includes CCHCC subcontract (\$49,440)

** includes support for group run in Champaign Co. jail

^Provides some services to drug court clients

^^Youth served include those on probation

^^^Patients served include those involved w/ criminal justice system

Contingent on DoJ grant award

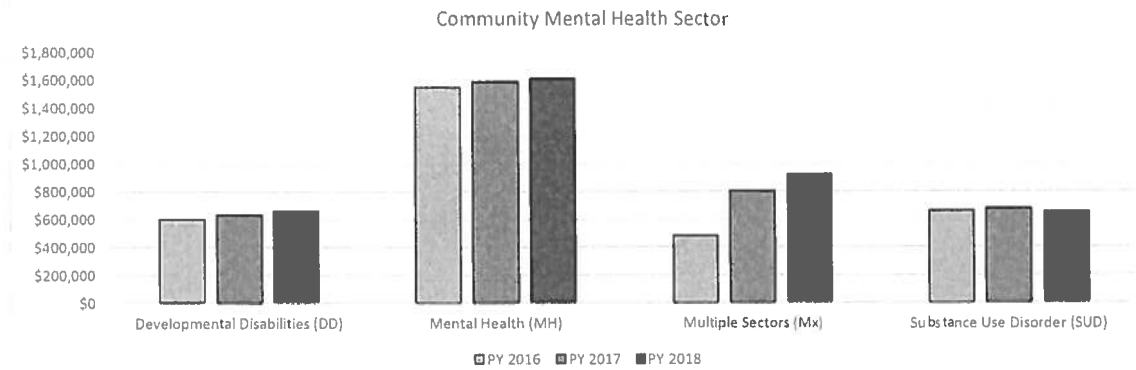
Total CJMH ■ \$1,835,343 48%

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

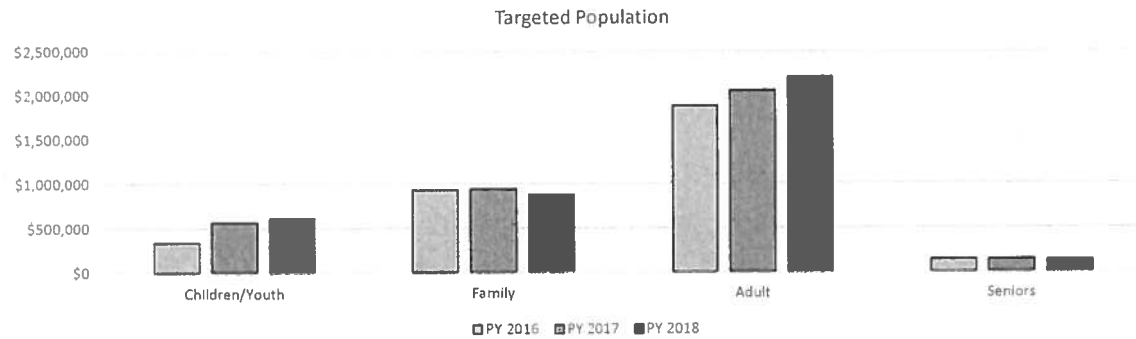
Does not include funds from the PCHS Youth Services, FS Counseling, GROW in Illinois, or Promise Healthcare Wellness & Justice contracts that partially support CJMH services for adults or youth. Also does not include SFI PLL License contract.

CCMHB Appropriations (contract awards) by Sector, Population, and Type of Service by Program Year

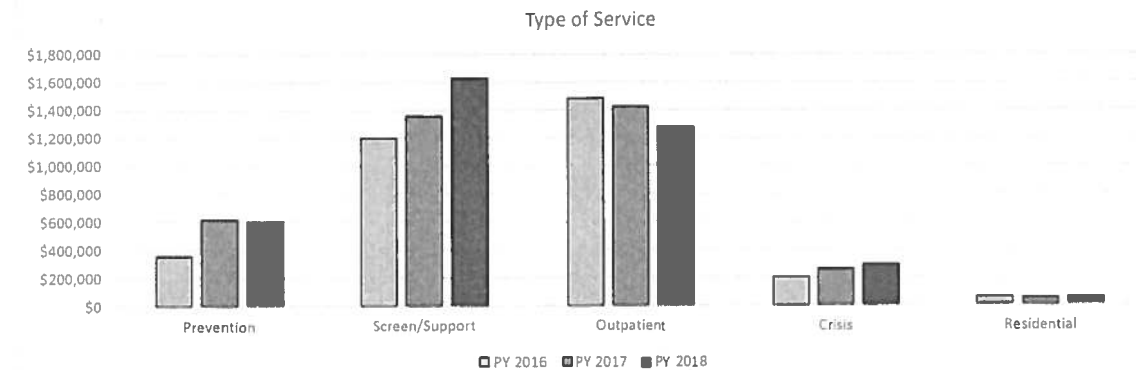
| Community Mental Health Sector | PY 2016 | PY 2017 | PY 2018 |
|---------------------------------|--------------------|--------------------|--------------------|
| Developmental Disabilities (DD) | \$596,144 | \$633,073 | \$657,294 |
| Mental Health (MH) | \$1,554,472 | \$1,594,185 | \$1,617,698 |
| Multiple Sectors (Mx) | \$483,106 | \$806,134 | \$923,131 |
| Substance Use Disorder (SUD) | \$661,070 | \$676,407 | \$647,507 |
| Total | \$3,294,792 | \$3,709,799 | \$3,845,630 |



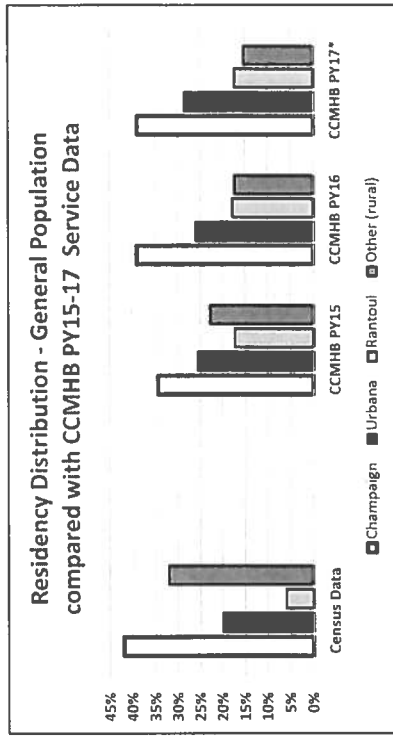
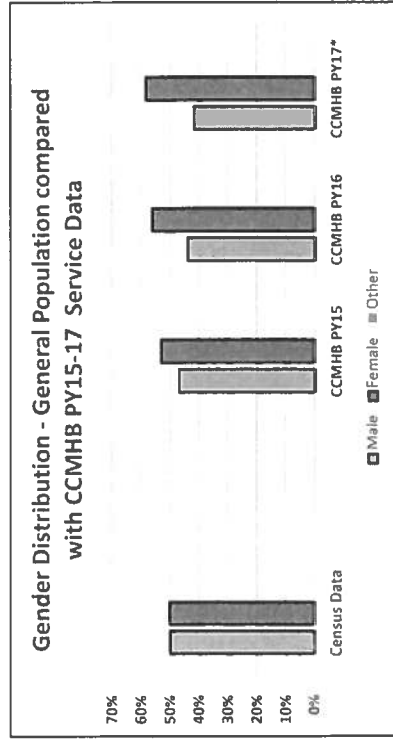
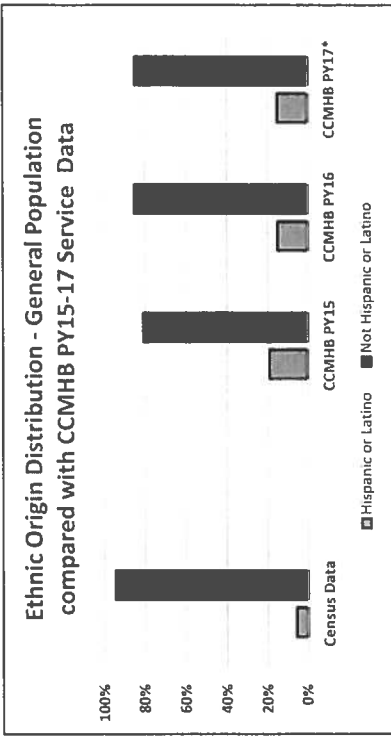
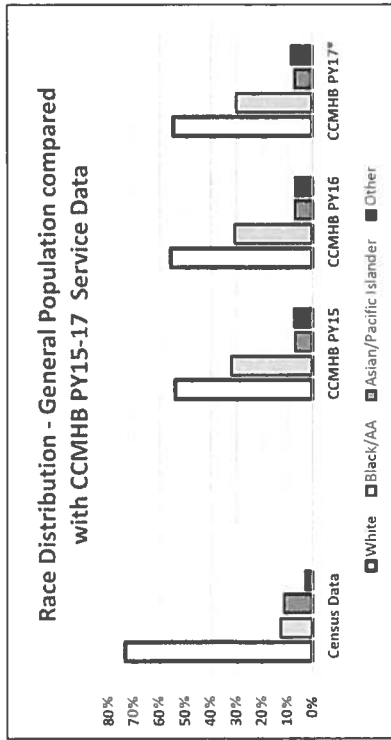
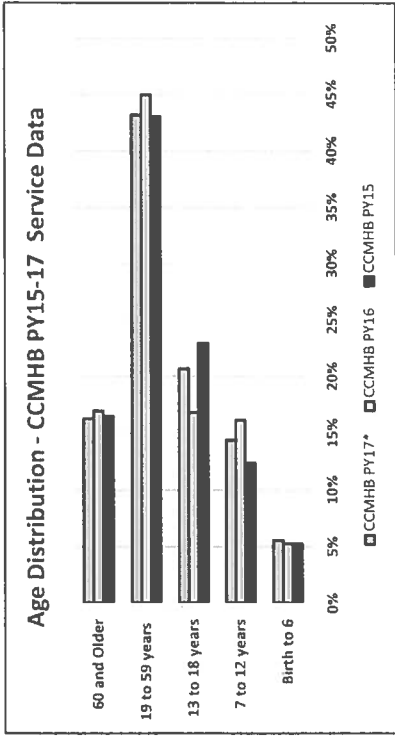
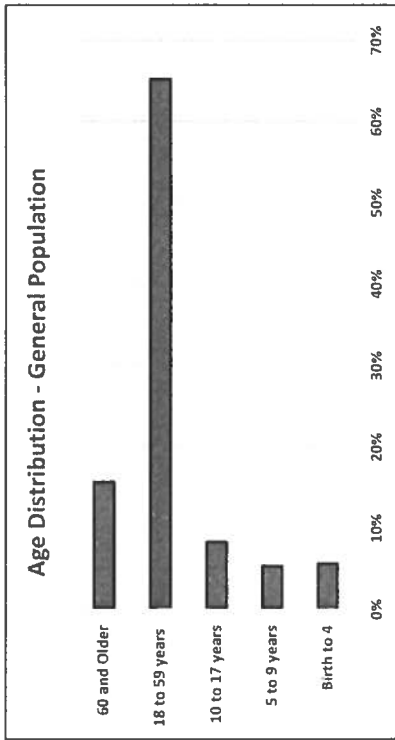
| Targeted Population Group | PY 2016 | PY 2017 | PY 2018 |
|---------------------------|--------------------|--------------------|--------------------|
| Children/Youth | \$339,630 | \$566,122 | \$613,822 |
| Family | \$929,982 | \$945,512 | \$877,323 |
| Adult | \$1,882,843 | \$2,055,828 | \$2,212,148 |
| Seniors | \$142,337 | \$142,337 | \$142,337 |
| Total | \$3,294,792 | \$3,709,799 | \$3,845,630 |



| Type of Service | PY 2016 | PY 2017 | PY 2018 |
|-----------------|--------------------|--------------------|--------------------|
| Prevention | \$356,550 | \$616,436 | \$597,347 |
| Screen/Support | \$1,201,337 | \$1,359,734 | \$1,630,087 |
| Outpatient | \$1,485,045 | \$1,426,329 | \$1,277,439 |
| Crisis | \$201,860 | \$257,300 | \$290,757 |
| Residential | \$50,000 | \$50,000 | \$50,000 |
| Total | \$3,294,792 | \$3,709,799 | \$3,845,630 |



Comparison of General Population Characteristics to CCMHB Population Served



Comparison of General Population Characteristics to CCMHB Population Served

| Age Distribution of All Champaign County Residents, 2015 [^] (1) | |
|---|--------|
| Birth to 4 | 6% |
| 5 to 9 years | 5% |
| 10 to 17 years | 8% |
| 18 to 59 years | 65% |
| 60 and Older | 16% |
| Total | 100% |
| N= | 205766 |

[^]Age categories do not directly align with CCMHB categories

| Age Distribution: CCMHB Population Served by Age Group | | | |
|--|------------|------------|-------------|
| | CCMHB PY15 | CCMHB PY16 | CCMHB PY17* |
| Birth to 6 | 5% | 5% | 6% |
| 7 to 12 years | 12% | 16% | 14% |
| 13 to 18 years | 23% | 17% | 21% |
| 19 to 59 years | 43% | 45% | 43% |
| 60 and Older | 16% | 17% | 16% |
| Total | 100% | 100% | 100% |
| N= | 12497 | 15715 | 15440 |

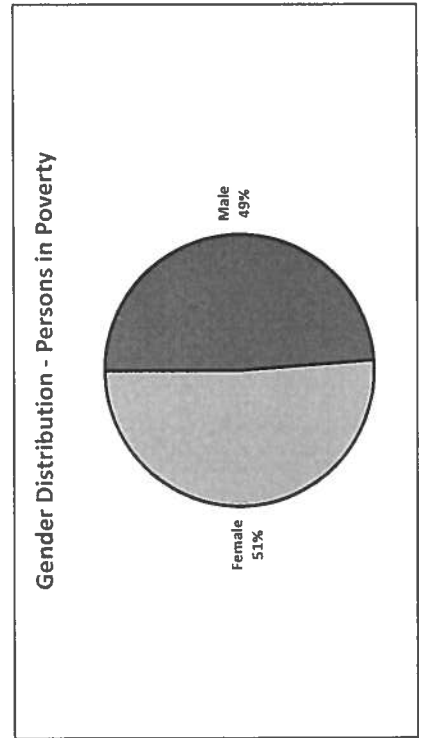
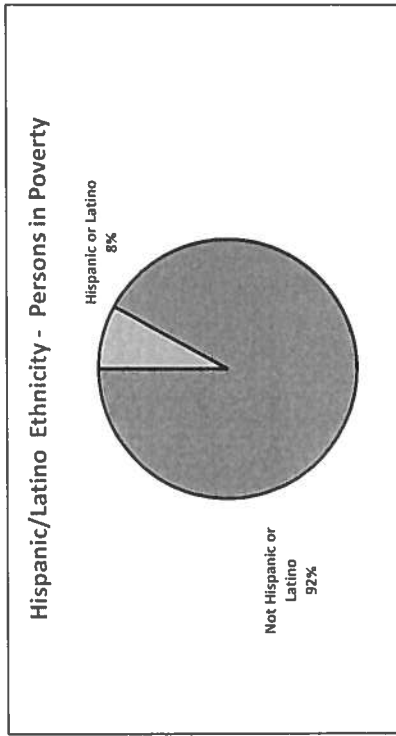
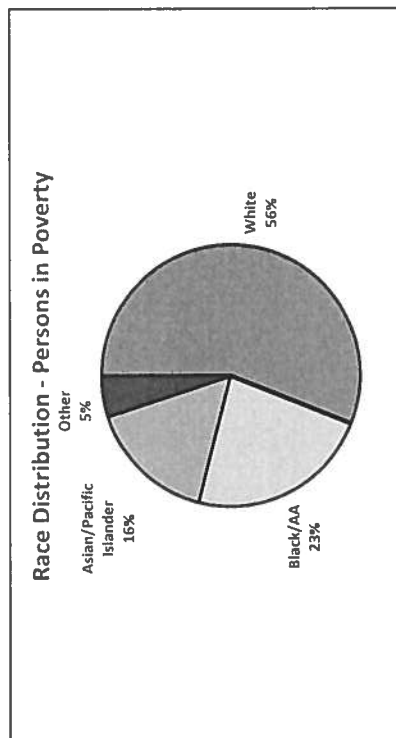
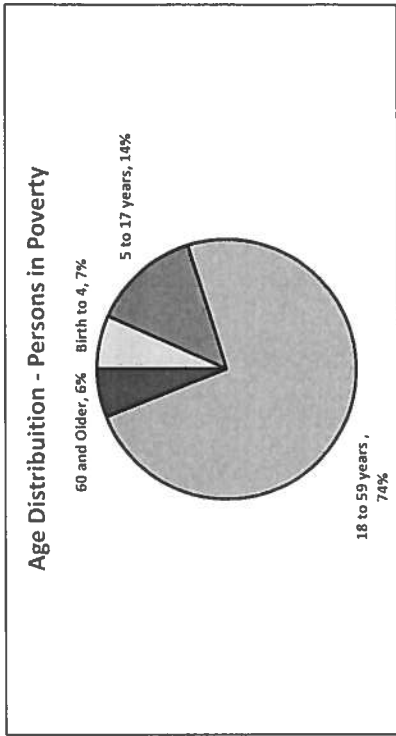
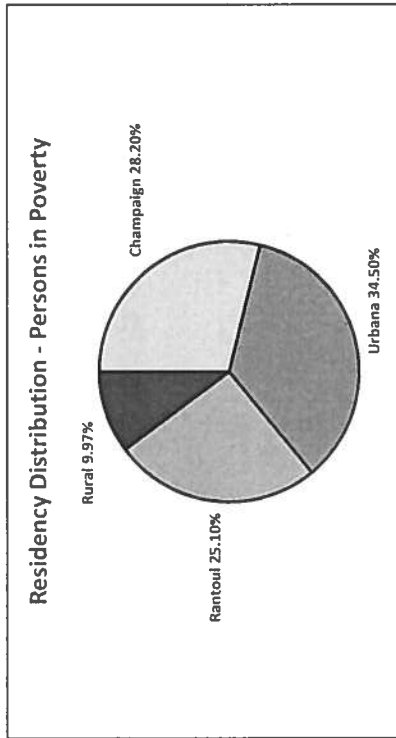
| Race Distribution of All Champaign County Residents, 2015 (1) | | | |
|---|------------|------------|-------------|
| | CCMHB PY15 | CCMHB PY16 | CCMHB PY17* |
| White | 73% | 54% | 56% |
| Black/AA | 13% | 32% | 31% |
| Asian/Pacific Islander | 11% | 7% | 7% |
| Other | 3% | 7% | 7% |
| Total | 100% | 100% | 100% |
| N= | 205766 | 12377 | 15685 |

| Ethnic Origin Distribution of All Champaign County Residents, 2015 (1) | | | |
|--|------------|------------|-------------|
| | CCMHB PY15 | CCMHB PY16 | CCMHB PY17* |
| Hispanic or Latino | 6% | 19% | 15% |
| Not Hispanic or Latino | 94% | 81% | 85% |
| Total | 100% | 100% | 100% |
| N= | 205766 | 11423 | 14002 |

| Gender Distribution of All Champaign County Residents, 2015 (1) | | | |
|---|------------|------------|-------------|
| | CCMHB PY15 | CCMHB PY16 | CCMHB PY17* |
| Male | 50% | 47% | 41.7% |
| Female | 50% | 53% | 58.2% |
| Other | 100% | 100% | 0.1% |
| Total | 100% | 100% | 100% |
| N= | 205766 | 12580 | 15697 |

| Residency Distribution of Champaign County, 2016 (4) | | | |
|--|------------|------------|-------------|
| | CCMHB PY15 | CCMHB PY16 | CCMHB PY17* |
| Champaign | 42% | 34% | 39% |
| Urbana | 20% | 26% | 28% |
| Rantoul | 6% | 17% | 17% |
| Other (rural) | 32% | 23% | 17% |
| Total | 100% | 100% | 100% |
| N= | 208419 | 13034 | 12195 |

Champaign County Population Data: Persons in Poverty



Champaign County Population Data: Persons in Poverty

| Residency Distribution of Those Living in Poverty, 2015 (Assessed Population) (1)(2) | Total | In Poverty | % Poverty |
|--|---------|------------|-----------|
| Assessed Population - Champaign County | 189,737 | 43,260 | 22.80% |
| Champaign | 76,065 | 21,450 | 28.20% |
| Urbana | 34,828 | 12,016 | 34.50% |
| Rantoul | 12,799 | 3,213 | 25.10% |
| Other (rural)(3) | 66,045 | 6,581 | 9.97% |

| Age Distribution of Residents in Poverty, 2015^ (Assessed Population) (1)(2) | N= |
|--|-------|
| Birth to 4 | 7% |
| 5 to 17 years | 14% |
| 18 to 59 years | 74% |
| 60 and Older | 6% |
| Total | 100% |
| | 43284 |

^age categories do not directly align with CCMHB categories

| Race Distribution of Residents in Poverty, 2015 (Assessed Population) (1)(2) | N= |
|--|-------|
| White | 56% |
| Black/AA | 23% |
| Asian/Pacific Islander | 16% |
| Other | 5% |
| Total | 100% |
| | 43284 |

| Ethnic Origin Distribution of Residents in Poverty, 2015 (Assessed Population) (1)(2) | N= |
|---|-------|
| Hispanic or Latino | 8% |
| Not Hispanic or Latino | 92% |
| Total | 100% |
| | 43284 |

| Gender Distribution of Residents in Poverty, 2015 (Assessed Population) (1)(2) | N= |
|--|-------|
| Male | 49% |
| Female | 51% |
| Other | |
| Total | 100% |
| | 43284 |

* pending review by board staff and agency staff.

(1) Census Data Sources(s): 2011-2015 American Community Survey 5-Year Estimates

(2) Population for whom poverty status is determined is based on a total population estimate of 189,737, i.e. Assessed Population. Assessed population data excludes those residing in institutional settings: dormitories, institutions, group homes, jails, and nursing homes.

(3) Rate and number of rural residents in poverty derived by calculating number of Champaign, Urbana and Rantoul residents and subtracting from countywide total with difference being those residing in balance of county. Poverty rates within rural communities can vary significantly.

Highest poverty rates, descending order: Ludlow, Urbana, Champaign, Rantoul, Bondville, Savoy.
Lowest poverty rates, ascending order: Foosland, Philo, Pesotum, Allerton, Ogden, St. Joseph.

(4) American Fact Finder "2016 Population Estimates"



CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

BRIEFING MEMORANDUM

DATE: September 20, 2017
TO: CCMHB Members
FROM: Mark Driscoll and Kim Bowdry, Associate Directors
SUBJECT: Draft Three-Year Plan 2016-2018 with FY 2018 Objectives

The current Three-Year Plan 2016-2018 enters its last year of implementation. The draft Plan with Objectives for Fiscal Year 2018 reflects on-going commitments, with some revisions to objectives to advance the goals of the Plan or in response to changes in the operating environment. The draft Plan is subject to change based on community and stakeholder input, Board discussion, and staff review.

Background – Issues of the Day

Policy questions at the federal level regarding the future of the Affordable Care Act, including continued support for states with expanded access to Medicaid and for individual health insurance markets, creates uncertainty at the state and local levels. After two years without a legislated annual budget, the State of Illinois has passed a budget, but this includes reductions in funding of 5% to state agencies and programs. Even with a budget in place, a significant backlog still exists for payment of billions of dollars in past due bills. While an FY18 budget has been passed and contracts are being issued, the State's capacity to make timely payment simply is not there.

Lack of contracts and timely payment of state obligations has had an impact on the local service delivery system. The state ending psychiatric leadership contracts two years ago forced Community Elements to absorb significant losses maintaining the program until it could be moved to Promise Healthcare, with support from the Board and other local funders.

Access to transitional housing available through Community Elements' TIMES Center facility has been reduced, and the Salvation Army Stepping Stone Men's Transitional Shelter program closed. Local response to the loss of transitional housing led to a temporary men's emergency shelter being created as a collaborative project involving the Council of Service Providers to the Homeless. The temporary shelter is an initiative of the faith community and is operated by several churches. A permanent emergency shelter for families was established in summer of 2016.

During this same period Community Elements merged with Rosecrance, a regional behavioral healthcare provider serving northern Illinois. A year later, Prairie Center Health Systems and Rosecrance have announced plans to merge with a target date of January 1, 2018.

Services to victims of crimes have also been put at risk. The local agency serving victims of sexual assault, RACES, being heavily reliant on state grants, had to reduce services, lay off paid staff, and rely on volunteers to manage very limited services for almost seven months in 2016 and early 2017. The agency has reestablished itself, hiring staff and restoring services. Then Courage Connection, which serves victims of domestic violence, struggled through the FY17 state fiscal year. The lack of state funding, their primary source of support, pushed the agency to the financial brink. Local fundraising efforts have kept Courage Connection open during this difficult period. Since the passage of the FY18 state budget, agencies providing domestic violence services have been notified that FY17 obligations would be paid by the state.

Another program impacted by state funding cuts and payment delays was the Rosecrance Early Childhood Mental Health and Development program. Over the course of the FY17, Rosecrance reduced services available through the program, leading to its closure in April 2017. While alternatives for families with very young children exist, the closing of the program is still a loss to the community.

For persons with developmental disabilities, their families, and the providers who serve them, action by the legislature and the courts impact services in the new state fiscal year. Effective July 1, 2017, the Independent Service Coordination (ISC) agencies are responsible for facilitating the Discovery process and the Personal Plan for anyone enrolling in or enrolled in Medicaid Waiver funded services. Each service provider agency will be responsible for developing an Implementation Strategy.

The Person-Centered process can be described as finding the balance between what is important *to* a person and what is important *for* a person. It is a way to identify strengths, preferences, clinical and support needs, and desired outcomes of a person. Person Centered Planning includes 3 main components: 1) the Discovery Tool and process, 2) the Personal Plan, and 3) Implementation Strategies.

Discovery is the information gathering component of Person Centered process. The Discovery process is designed to gather information in order to capture what is important to the person and what is important for the person. The ISC agencies will be responsible for facilitating the Discovery process and documenting what they gather in the Discovery Tool. The information captured during this process is used to develop the Personal Plan.

The Personal Plan is the single, integrated personal vision for a person's life. It focuses on the individual's strengths, preferences, needs and desires in each of the sections listed in the Discovery Tool. The ISC agencies will be responsible for developing the Personal Plan in conjunction with the individual, guardian, family and current provider(s). The Personal Plan will contain the outcomes that the person desires in his/her life and document choice of qualified providers. In addition, it will reflect what is important to the person regarding delivery of services in a manner which ensures personal preferences, health and welfare. The Personal Plan also includes risk factors and plans to minimize them.

The Implementation Strategies are then developed by provider agencies. Provider agencies will provide services and supports that will assist the person to pursue the outcomes identified in the Personal Plan. The Implementation Strategy describes how the provider agencies will support the person to achieve his/her desires and needs.

When the State ended the budget impasse July 6, they agreed to raise rates to enable providers to give Direct Service Providers (DSPs) a \$0.75/hour wage increase. The new Illinois budget also included an increase in the Personal Needs Allowance to \$60 a month.

U.S. Dist. Judge Sharon Johnson Coleman ruled that the State is violating the Ligas Consent Decree and ordered state officials to devise a plan for compliance with the decree. The judge did not order the State to increase rates for developmental disability services. It was noted that the court-appointed monitor, Ronnie Cohn, has found the State out of compliance and the State has not presented a plan for compliance beyond the \$0.75/hour wage increase for DSPs.

Throughout this period of uncertainty resulting from the state's inability to enact budgets for two years, mounting bill backlogs and payment delays by the state, and interventions by the courts to ensure consent decrees and other federal mandates are met, the Champaign County Mental Health Board has been a consistent source of support making award decisions and meeting contractual obligations in a timely manner. Looking forward, there remains the question of federal action on the Affordable Care Act (ACA). While repeal and replace of ACA has not happened, what changes may ultimately be made are not known. Coupled with the anticipated continued delay in state payments on contracts, the environment local providers operate in is difficult at best. That extends to agencies and programs that may not rely on state or federal funding; The result is a more competitive environment for limited local resources and increased demand for services. The Plan is intended to provide flexibility in responding to the issues of the day which impact the local system of care.

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

Content of the proposed Plan reflects prior commitments expressed through existing goals and objectives. These commitments are embodied in goals and objectives related to supporting a breadth of services and that those services be culturally competent. Significant effort and investment continues to be made related to the Champaign Community Coalition, criminal justice and mental health initiatives, and collaboration with the Champaign County Developmental Disabilities Board. At the same time, the Plan is intended to be responsive to emerging issues through participation in various state and national associations.

With 2018 being the last year of the current three plan period, an objective has been added for completing a needs assessment as the first step to developing the next three year plan. The needs assessment would involve multiple approaches to soliciting input from consumers and their families, service providers, stakeholders, and the community at

large. Approaches under consideration are a community survey accessible online and as a paper copy. The survey would have a series of questions specific to the audience. At least one public hearing would be held if not a series of hearings. Secondary sources would include needs assessments completed by other local entities. The Champaign Urbana Public Health District I-Plan is a prime example of such a document, as is the gaps analysis and final report completed for the federal Justice and Mental Health Collaboration Program planning grant. Completion of the needs assessment would occur during the first half of calendar 2018, followed by development of the three-year plan.

A draft of the Plan is attached with proposed new or modified objectives italicized and underlined while objectives to be removed are lined out. Following release of the draft Plan to the Board, the document will be disseminated for comment. Staff has reviewed the draft document and will hold further discussions. This will include consideration of comments received from interested parties.

The updated Three Year Plan will be presented for approval at the November 15, 2018 Board meeting.

CCMHB Allocations Analysis

The following tables and charts are provided for reference:

CCMHB Criminal Justice - Behavioral Health and Other Funding Priorities (FY13 - FY18)

CCMHB PY18 Program Award as Percentage of Total Program Funding

CCMHB PY18 Appropriations by Priority

Appropriation by Sector, Population, and Service for Program Year 2016 - 2018

CHAMPAIGN COUNTY MENTAL HEALTH BOARD

THREE-YEAR PLAN

FOR

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

WITH

ONE YEAR OBJECTIVES

FOR

**FISCAL YEAR 2018
(1/1/18 – 12/31/18)**

CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

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

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

MISSION STATEMENT

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

STATEMENT OF PURPOSES

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

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

SYSTEMS OF CARE

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

Objective #1: Conduct a needs assessment to inform development of the next three year plan.

Objective #2: Under established policies and procedures, solicit proposals from community based providers in response to Board defined priorities and associated criteria using a competitive application process.

~~Objective #2: Hold a study session on multi-year contracts including potential impact on the budget of extending contract term for select programs and contingent on action by the Board, implement multi-year contracts for select programs.~~

Objective #3: Expand use of evidenced informed, evidenced based, best practice, recommended, and promising practice models appropriate to the presenting need in an effort to improve outcomes for individuals across the lifespan and for their families and supporters.

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

Objective #5: As practicable in light of potential congressional or presidential actions on the Affordable Care Act and Medicaid expansion, Pursue, as feasible, support development or expansion of residential and/or employment supports for persons with behavioral health diagnosis not supported through expansion of Medicaid or the Affordable Care Act.

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

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

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

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

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

Objective #2: Encourage providers and other community based organizations to allocate resources to provide training, seek technical assistance, and pursue

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

Objective #3: Use the Culturally and Linguistically Appropriate Services Standards (CLAS) as a blueprint to strengthen funded agencies' Cultural and Linguistic Competence.

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

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

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

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

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

Objective #5: Investigate options for development of a web based compilation of local resources and or directories targeted to specific populations.

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

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

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

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

Objective #4: Collaborate with the Champaign County Board for the Care and Treatment of Persons with a Developmental Disability on issues of mutual interest as exemplified by the expansion of CILA housing and joint sponsorship of events promoting acceptance, inclusion, and respect for people with ID/DD.

MULTI-AGENCY INVOLVED YOUTH AND FAMILIES

Goal #5: Building on progress achieved through the six Year Cooperative Agreement between the Federal Substance Abuse and Mental Health Services Administration

(SAMHSA), the Illinois Department of Human Services (IDHS), and the Champaign County Mental Health Board (CCMHB) implement a plan to sustain the SAMHSA/IDHS system of care model.

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

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

Objective #2: Ongoing support of Champaign County family-run organizations that incorporate family-driven and youth-guided principles. In recognition of the importance of multi-system involved families and youth, maintain direct involvement and input about decisions that are made. Encourage organizations' focus on peer support specialists, peer-to-peer support, advocacy at the local level, and statewide expansion of family-run organizations.

CRIMINAL JUSTICE AND MENTAL HEALTH SYSTEM COLLABORATION

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

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

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

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

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

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

Goal #7: In conjunction with the Champaign County Sheriff's Office and other community stakeholders provide an alternative to incarceration and/or overutilization of local Emergency Departments for persons with behavioral health needs or developmental disabilities.

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

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

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

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

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

Objective #1: Investigate evidence based or recommended juvenile justice models as an alternative to the Parenting with Love and Limits (PLL) program.

Objective #2: Support continued implementation of the Parenting with Love and Limits (PLL) program based on positive evaluation and feedback from community partners and stakeholders.

Objective #3: Monitor local utilization of PLL and pursue options as necessary to address potential excess capacity.

Objective #4: Through participation on the Youth Assessment Center Advisory Board advocate for community and education based interventions contributing to positive youth development and decision-making.

Objective #5: Through participation and engagement in the Champaign Community Coalition and other community focused initiatives, promote and encourage multi-system collaborative approaches for prevention and reduction of youth violence trends and activities.

Objective #6: Promote and support those targeted interventions that specifically address historical trauma experienced by African American and other minority youth disproportionately impacted in multiple systems.

Objective #7: Utilize the principles from "Models for Change" to reduce the disproportionate minority contact with law-enforcement and involvement with the juvenile justice system.

COMMUNITY ENGAGEMENT & ADVOCACY

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

Objective #1: Continue support for and involvement in efforts to challenge stigma and discrimination and other community education events including disABILITY Resource Expo: Reaching Out for Answers, and the National Children's Mental Health Awareness Day.

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

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

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

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

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

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

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

Objective #3: Through the National Association of County Behavioral Health and Developmental Disability Directors, monitor the federal rulemaking process applying parity to Medicaid Managed Care and associated benefit plans and on the Institutions for Mental Disease (IMD) Medicaid Exclusion. Use opportunities for public comment on proposed rules and legislative action to advocate for the needs of our community.

Agency and Program acronyms

BLAST – Bulldogs Learning and Succeeding Together. A Mahomet Area Youth Club program.

CAC - Children's Advocacy Center

CC – Community Choices

CCDDB – Champaign County Developmental Disabilities Board

CCHS – Champaign County Head Start, a program of the Regional Planning Commission

CCMHB – Champaign County Mental Health Board

CCRPC – Champaign County Regional Planning Commission

CDS – Court Diversion Services, a program of the Regional Planning Commission.

CN - Crisis Nursery

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

Courage Connection – agency previously known as The Center for Women in Transition

DMBGC - Don Moyer Boys & Girls Club

DSC - Developmental Services Center

ECIRMAC – East Central Illinois Refugee Mutual Assistance Center

ECMHD - Early Childhood Mental Health and Development, a program of Rosecrance Champaign/Urbana

FDC – Family Development Center

FS - Family Service of Champaign County

FN - Frances Nelson previously known as Frances Nelson Health Center Health Center. Healthcare facility operated by Promise Healthcare

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

MAYC - Mahomet Area Youth Club

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

PEARLS - Program to Encourage Active Rewarding Lives

PCHS - Prairie Center Health Systems

PHC – Promise Healthcare

PSC - Psychological Services Center (University of Illinois)

RAC or ECIRMAC – East Central Illinois Refugee Mutual Assistance Center

RACES – Rape Advocacy, Counseling, and Education Services

RCU – Rosecrance Champaign/Urbana

RPC – Champaign County Regional Planning Commission

TIMES Center – Transitional Initiative Men's Emergency Shelter Center, a program of Rosecrance Champaign/Urbana

UCP – United Cerebral Palsy

UNCC – Urbana Neighborhood Community Connections Center

UP Center – Uniting in Pride Center

UW – United Way of Champaign County

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

Glossary of Other Terms and Acronyms

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

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

ACA – Affordable Care Act

ACMHAI – Association of Community Mental Health Authorities of Illinois

APN – Advance Practice Nurse

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

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

ASD – Autism Spectrum Disorder

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

ATOD – Alcohol, Tobacco and Other Drugs

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

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

CBCL – Child Behavior Checklist.

CC – Champaign County

CCBoH – Champaign County Board of Health

C-GAF – Children's Global Assessment of Functioning

CILA – Community Integrated Living Arrangement

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

CLC – Cultural and Linguistic Competence

CLST – Casey Life Skills Tool

CQL – Council on Equality and Leadership

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

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

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

CY – Contract Year, runs from July to following June. For example CY08 is July 1, 2007 to June 30, 2008. (Also may be referred to as Program Year – PY). Most contract agency Fiscal Years are also from July 1 to June 30 and may be interpreted as such when referenced in a Program Summary e.g. FY07

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

DASA – Division of Alcoholism and Substance Abuse in the Illinois Department of Human Services.

DCFS – Illinois Department of Children and Family Services.

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

DD – Developmental Disability

DFI – Donated Funds Initiative, source of matching funds for some CCMHB funded contracts. The Illinois Department of Human Services administers the DFI Program funded with federal Title XX Social Services Block Grant. The DFI is a “match” program meaning community based agencies must match the DFI

funding with locally generated funds. The required local match is 25 percent of the total DFI award.

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

DHS – Illinois Department of Human Services

DMHARS – Division of Mental Health and Addiction Recovery Services. This is the new division at the Department of Human Services that brings together the Division of Alcohol and Substance Abuse and the Division of Mental Health.

DSM – Diagnostic Statistical Manual.

DSP – Direct Support Professional

DT – Developmental Training

EI – Early Intervention

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

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

ER – Emergency Room

FACES – Family Adaptability and Cohesion Evaluation Scale

FAST – Family Assessment Tool

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

FOIA – Freedom of Information Act.

FQHC – Federally Qualified Health Center

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

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

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

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

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

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

ICADV – Illinois Coalition Against Domestic Violence

ICASA – Illinois Coalition Against Sexual Assault

ICDVP - Illinois Certified Domestic Violence Professional

ICFDD – Intermediate Care Facility for the Developmentally Disabled

ICJA - Illinois Criminal Justice Authority

ID – Intellectual Disability

IDOC – Illinois Department of Corrections

I&R – Information and Referral

ISC – Independent Service Coordination

ISP – Individual Service Plan

ISSA – Independent Service & Support Advocacy

JDC – Juvenile Detention Center

JJ – Juvenile Justice

JJPD – Juvenile Justice Post Detention

LCPC – Licensed Clinical Professional Counselor

LCSW – Licensed Clinical Social Worker

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

LPC – Licensed Professional Counselor

MAYSI – Massachusetts Youth Screening Instrument. All youth entering the JDC are screened with this tool.

MH – Mental Health.

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

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

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

NMT – Neurodevelopmental Model of Therapeutics

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

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

OMA – Open Meetings Act.

PAS – Pre-Admission Screening

PCI – Parent Child Interaction groups.

PCP – Person Centered Planning

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

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

PPSP – Parent Peer Support Partner

PTSD – Post-Traumatic Stress Disorder

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

PY – Program Year, runs from July to following June. For example PY08 is July 1, 2007 to June 30, 2008. (Also may be referred to as Contract Year – CY and is often the Agency Fiscal Year)

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

QIDP – Qualified Intellectual Disabilities Professional

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

SA – Substance Abuse

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

SASS – Screening Assessment and Support Services is a state program that provides crisis intervention for children and youth on Medicaid or uninsured.

SBIRT – Screening, Brief Intervention, Referral to Treatment. SAMHSA defines SBIRT as a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders.

SCs - Service Contacts/Screening Contacts. This is the number of phone and face-to-face contacts with consumers who may or may not have open cases in the program. It can include information and referral contacts or initial screenings/assessments or crisis services. May sometimes be referred to as a service encounter (SE). It is a category of service measurement providing a picture of the volume of activity in the prior program year and a projection for the coming program year on the Part II utilization form of the application/program plan and the actual activity to be performed should also be described in the Part I Program Performance Measures-Utilization section of the application.

Seeking Safety - a present-focused treatment for clients with a history of trauma and substance abuse.

SEL – Social Emotional Learning

SFI – Savannah Family Institute. Manages the Parenting with Love and Limits (PLL) model.

SUD – Substance Use Disorder

TALKS - TALKS Mentoring (Transferring A Little Knowledge Systematically)

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

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

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

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