



CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

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

Wednesday, May 16, 2018
Brookens Administrative Center
Lyle Shields Room
1776 E. Washington St. Urbana, IL
5:30 p.m.

1. Call to Order
2. Roll Call
3. Public Participation/Citizen Input
4. Approval of Agenda
5. President's Comments
6. Study Session:
 - A. Agency Responses to Questions posed by Board and staff (**pages 2-68**)
Included in the Board packet is a compilation of all responses received to questions posed by Board members and staff.
 - B. Board Discussion of Funding Recommendations presented in draft May 23, 2018 Decision Memorandum (**pages 69-81**)
Board review and discussion of draft May 23, 2018 Decision Memorandum presenting funding recommendations for PY19 allocation cycle.
 - C. Recommended ID/DD Programs (**pages 82-97**)
CLC Plans, Program Summaries, and response(s) to questions posed during review process for programs recommended for funding by the CCMHB.
 - D. DoJ JMHCP Matching Funds Request
Board discussion of action item included in the draft May 23, 2018 Decision Memorandum for CCMHB to provide matching funds as part an application to the Department of Justice Bureau of Justice Assistance "Justice and Mental Health Collaboration Program (JMHCP)."
7. Board Announcements
8. Adjournment

G.A.

**Champaign County Mental Health Board
Board/Staff Questions and Provider Responses
Behavioral Health Supports for People with Justice System Involvement Priority**

<u>Agency</u>	<u>Program</u>	<u>Page</u>
CCRPC - Community Services	Justice Diversion Program	3
CCRPC - Community Services	Youth Assessment Center	5
Family Service of Champaign County	Counseling	6
FirstFollowers	Peer Mentoring for Re-entry	8
Rosecrance Central Illinois	Criminal Justice PSC	14
Rosecrance Central Illinois	Fresh Start	16
Rosecrance Central Illinois	Specialty Courts	16

Innovative Practices & Access to Community Based Behavioral Health Services Priority

<u>Agency</u>	<u>Program</u>	<u>Page</u>
Community Service Center of Northern Champaign County	Resource Connection	17
Cunningham Childrens Home	Independent Living Opportunities	18
Family Service of Champaign County	Self-Help Center	21
Family Service of Champaign County	Senior Counseling & Advocacy	22
GROW in Illinois	Peer-Support	23
Promise Healthcare	Promise Healthcare Wellness	24
Rattle the Stars	Youth Suicide Prevention Education	25
Rosecrance Central Illinois	Recovery Home	30
United Cerebral Palsy Land of Lincoln	Vocational Training and Support	32

System of Care for Children, Youth, and Families Priority

<u>Agency</u>	<u>Program</u>	<u>Page</u>
Champaign County Children's Advocacy Center	Children's Advocacy Center	33
CCRPC - Head Start/Early Head Start	Early Childhood Mental Health Services	36
Champaign Urbana Area Project	CU Neighborhood Champions	37
Champaign Urbana Area Project	TRUCE	38
Courage Connection	Courage Connection	42
DREAAM House	DREAAM	46
Don Moyer Boys and Girls Club	C-U CHANGE	49
Don Moyer Boys and Girls Club	Champaign Coalition Summer Initiatives	53
Don Moyer Boys and Girls Club	Youth and Family Services	56
Mahomet Area Youth Club	Bulldogs Learning and Succeeding Together	57
Mahomet Area Youth Club	MAYC Members Matter!	59
Rosecrance Central Illinois	Parenting w/ Love & Limits	60
Rosecrance Central Illinois	Prevention	60
The UP Center of Champaign County	Children, Youth, & Families Program	61
Urbana Neighborhood Connections	Community Study Center	63

Other/Renewal Application (no priority selected)

<u>Agency</u>	<u>Program</u>	<u>Page</u>
Crisis Nursery	Beyond Blue-Champaign County	63
East Central Illinois Refugee Mutual Assistance Center	Family Support & Strengthening	66
Promise Healthcare	Mental Health Services with Promise	66
Rape Advocacy, Counseling & Education Services	Sexual Violence Prevention Education	66
Rosecrance Central Illinois	Crisis, Access, & Benefits	67

**Champaign County Mental Health Board
Program Application Review Process – PY19 Contracts
Board/Staff Questions with Agency Response
(May 7, 2018)**

The following are agency responses to questions raised by Board members and staff. The questions are a compilation of those posed by staff listed in the Process Considerations section found at the end of each Program Summary, Board questions submitted independent of the public meetings, and questions raised by Board members during the CCMHB meetings held April 18 and 25, 2018.

Behavioral Health Supports for People with Justice System Involvement Priority

CCRPC – Community Services - Justice Diversion Program

Staff Questions (Program Summary):

- 1. From the Part I Services section: More details on unmet needs coming to light through engagement with families, efforts to develop additional resources, and identification of funding opportunities is of interest.*

Agency Response: Unmet needs that have been identified are mental health and counseling services based in Rantoul, youth specific programming, and transportation. In collaboration with the Village Community Development division, outreach has been conducted to encourage hosting office hours in Rantoul. Hope Springs and Rosecrance offer office hours in Rantoul. Additionally, JDP staff advocate for outreach crisis stabilization appointments in Rantoul to combat transportation issues. Coordination with RPC's Workforce Development program is underway to support outreach hours in Rantoul.

To develop additional resources, we will identify current self-help groups in Rantoul and collaborate with the Self-Help Center to develop self-help groups that don't exist in Rantoul. We will continue to contact agencies with primary service areas outside of Rantoul to encourage and work with them to develop a branch of their services in Rantoul. Efforts are underway to develop after-school programming, youth clubs and activities for Rantoul youth.

Interns explore grant opportunities to support additional services that would be beneficial to Rantoul residents. A grant to assist domestic violence victims with transportation to and from Courage Connections to support obtaining emergency order of protection was awarded this last year.

2. *From the Part I Access Outcomes section: Is the program tracking whether the person followed through on the referral and whether the person was able to access the service(s)?*

Agency Response: Tracking of follow through with referrals has been documented in case notes to date. During the FY19 program, the results of referrals for TPC clients will be formally tracked.

CCMHB April 18, 2018 Board Review Question(s):

1. *Why did the submitted CLC Plan format not align with the CLAS Standards?*

Agency Response: Although the Cultural Competency Committee revised the current CLC Plan to address the CLAS Standards, they did not reformat the plan. The committee will be meeting in May/June and will further refine the plan to align with the format provided.

2. *What programs or services are clients referred to?*

Agency Response: The programs/ services that clients are referred to are individualized based on each client's specific situation. Following are examples of programs/ services that clients have been referred:

- Rosecrance (Parenting with Love and Limits, mental health services, substance use services)
- The Pavilion
- Hope Springs
- Family Service
- The Wellness Center
- Courage Connections
- Center for Youth and Family Solutions
- CCRPC's Youth Assessment Center
- Community Service Center of Northern Champaign County
- CCRPC's LIHEAP Program
- CCRPC's LIHEAP Program

3. *What happens once people are referred?*

Agency Response: What happens after people are referred is dependent upon their classification as a "TPC" or "NTPC" client. Non treatment plan clients (NTPC) are contacted, offered assistance, and provided brief intervention based on their self identified needs; this may include education about resources available to support them and the contact information for the resources. Treatment plan clients (TPC) are provided more intensive case management. Following referral for a TPC client, staff typically work with them on average 90 days. This supports the tracking and follow-up

with referrals, support in working to address barriers to services, weekly or bi-weekly assistance, etc.

4. *Are there services in the area which meet their needs, and are people using those when referred?*

Agency Response: Rantoul is growing in regards to recruiting and bringing social service agencies to the community. Courage Connections provides services in Rantoul for clients who need assistance addressing domestic violence crises. As of January 2018, Rosecrance reserved office space at the Community Service Center, offering behavioral health services. The Wellness Workshop and the Youth and Family Alliance are based in Rantoul. The Wellness Workshop houses two therapists who provide counseling services and the Youth and Family Alliance offers parent support, mentoring and counseling. Based on reports from the clients and/or agencies in follow up contacts, most clients have engaged in the services when referred.

CCRPC – Community Services - Youth Assessment Center (YAC)

Staff Questions (Program Summary):

1. *Will CCMHB funds support efforts to engage youth at school, prior to police contact? Will YASI score determine level of engagement with such youth?*

Agency Response: The CCMHB funds support the cost of the staff that will support the efforts to engage youth at school, prior to police contact. A community / school referred youth's level of engagement is not limited by the YASI score. The intensity of the services is determined based on individual needs.

2. *Why are all staff positions for the agency listed as .85 FTE and not fulltime employees on the personnel form? Is this an error in completing the form or all staff not fulltime?*

Agency Response: Answered above under Board's questions, #1.

CCMHB April 18, 2018 Board Review Question(s):

1. *Why are staff listed as part time?*

Agency Response: All staff listed as .85 FTE are full time staff. Historically 15% of staff time is charged to the fringe pool department for vacation, sick, personal, holiday, etc. time. Therefore, only 85% of staff time is budgeted to be charged to the program department.

2. *Since none of the staff are listed as fulltime, is staff retention an issue?*

Agency Response: The staff are indeed full time as identified in question #1. Staff retention is not an issue.

3. *Can earlier intervention be done? Are African American youth being over-identified for the YAC services?*

Agency Response: The Youth Assessment Center services are open to any youth or family in need, therefore supportive of earlier intervention. The funding provided by the CCMHB is specifically targeted to youth identified to need more intensive services (youth with repeat referrals and moderate to high risk level scores). We are hopeful that the presence of YAC staff in the schools will lead to earlier intervention through referrals of youth prior to police contact.

Approximately 60% of youth referred to the YAC are African American. Because the YAC offers youth an opportunity for diversion from the traditional juvenile justice system, we believe identification for YAC services is a positive option for all youth referred, regardless of race.

Family Service – Counseling

Staff Questions (Program Summary): NONE

CCMHB April 18, 2018 Board Review Question(s):

1. *How many are Drug Court referrals? (To justify 'justice involvement,' clarify the relationship.)*

Agency Response: In the current fiscal year, Family Service has received nine Drug Court referrals, of which six have been Treatment Plan clients. The nine Drug Court clients have comprised approximately 24% of our current counseling caseload thus far this fiscal year. Drug Court clients who are taking medication(s) for a psychiatric disorder (such as bi-polar disorder) and have their medications monitored by a psychiatrist are not seen at Family Service. Rosecrance typically handles these individuals for Drug Court. Rosecrance staff conduct the mental health assessments for the Drug Court clients when one is needed. The Drug Court clients seen by the Family Service therapists are receiving counseling services primarily for the following: relationship issues and couples counseling, PTSD, grief, anger management, and parent/child relationship issues. Our work focuses on the impact of treatment and recovery with the couple and/or family of the Drug Court client.

In January 2018 the Champaign County Drug Court implemented the revisions that the team made to the Drug Court program structure for FY 18 to improve on the success made by the Drug Court clients. Going forward from January, Drug Court clients will be required to complete an additional assessment at Family Service with one of the

therapists before they will be able to graduate from Drug Court. The intent of this assessment is to evaluate the mental health and wellness of the family system now that the Drug Court client is nearing completion of Drug Court. Research on addiction recovery supports family engagement and inclusion of family members in an individual's recovery process to help stabilize the family system and improve both the Drug Court client and his/her family's recovery. This assessment explores with the Drug Court client and his/her family members those areas in the family system that could potentially cause the Drug Court client to relapse. Areas such as trust, communication, anger, loss, PTSD and decision-making are explored. Drug Court clients are offered the opportunity to continue in counseling at Family Service with their family members. The Family Service therapists provide the Drug Court team with documentation that indicates an assessment was administered. The documentation can include recommendations for the Drug Court client and his/her family that can become a part of the relapse prevention plan that the client develops prior to graduating from Drug Court. Those Drug Court clients who decide to receive counseling with their family member(s) as a result of the assessment become Treatment Plan clients. Three Drug Court clients who completed the assessment chose not to obtain counseling services at this time. One couple is planning to continue in services beyond Drug Court graduation.

The result of this change to the Drug Court program structure will significantly increase the number of Drug Court clients that will receive counseling services from Family Service. It becomes another component of the treatment program that will support the Drug Court client's successful recovery and provide additional support to the client's family as everyone works toward recovery. There are currently 61 individuals in Champaign County Drug Court. Fifteen individuals are scheduled to graduate from Drug Court in May. Family Service has provided services to three of these graduates this year.

2. *How did the relationship with Drug Court come about?*

Agency Response: In 2010, staff of CCMHB approached Family Service about redirecting our Counseling contract to include support of the Champaign County Specialty Courts, which at that time included both Drug Court and Mental Health Court (Mental Health Court was later discontinued). Beginning in 2011 and each year since then, our Counseling contract with CCMHB has included language re: support of Specialty Courts/Drug Court. That support includes giving priority to clients referred for outpatient therapy from the Specialty Court/Drug Court and reducing or waiving the fee for these clients when requested to do so by the court. It also includes participation by our Counseling program director in the Specialty/Drug Court Team meetings. Initially this participation was intended primarily to facilitate referrals to the Family Service Counseling program and to provide reports to the Team on the progress of Specialty/Drug Court clients who were receiving counseling at Family Service. Over the years the Family Service Counseling program director has become a full team member, providing input to the Team not only on Family Service Specialty/Drug Court clients but on all clients as appropriate. The Family Service Counseling program director is a

qualified mental health professional trained in the family system approach that takes the entire family into consideration when a family member is in substance abuse treatment. The program director contributes this holistic perspective to team discussions regarding a Drug Court client's treatment plan.

First Followers - Peer Mentoring for Re-entry

Agency Comment/Preface to Responses:

We received two sets of questions in response to our application. There was some overlap in the issues raised so we have combined these questions and compiled one answer to address the multiple issues raised about our drop-in center, our Workforce Development Program and our peer mentors. Otherwise, the questions are answered in the order in which they were received. However, we would like to preface our answers with some more general comments on our organization and program.

Preface

Perhaps the most important point we want to make is that we are not a traditional service agency. We follow a peer mentoring model of reentry that is now employed by leading reentry programs across the country including Susan Burton's A New Way of Life, JustLeadershipUSA, EXPO of Milwaukee, All of Us or None, and many other programs. The idea of Peer Mentoring has been endorsed by the US Department of Justice and the Council on State Governments in their 2017 publication, "Mentoring as A Component of Reentry." Let us quote from their publication:

"Reentry programs may wish to consider recruiting people who have been incarcerated to serve as peer mentors for their program participants. Even in communities where there are a multitude of reentry services available, peer mentoring can offer a unique type of support that is not provided by other services or traditional mentoring practices. Because of their shared experiences of incarceration, peer mentors and participants can reach a level of understanding that would not otherwise be possible with mentors who do not have that experience. Participants might be more apt to trust and accept direction from peers who have lived through the incarceration and reentry process."

That is the fundamental principle that informs our program. As such, we are concerned not only to support individuals on their road to success, but to build the capacity of our peer mentors to impact the community more broadly. This is why we have received awards from the NAACP, the Ministerial Alliance, and the Education Justice Project for our community work. This is why our founder and Co-Director Marlon Mitchell was given the 2018 Social Justice and Community Services Award by the Muslim American Society and why the Unitarian Universalist Church has selected us to receive their shared offering. We have also been asked to address the U of I Law School on two occasions, to speak to churches, Rotary Clubs, schools, and classes at the University of Illinois and Parkland Collage. It is also why we have participated in meetings called by the Community Coalition, been a co-sponsor of the Expungement and Sealing Summit and

have been invited to participate in Summits of Hope in Danville Correctional Facility and Decatur Correctional Facility for Women. In addition, two of our mentors have been admitted to the graduate school of Social Work Masters' Program, one is completing his Bachelor's degree in Social Work.

We should also add that because of our work in the community with system-involved youth, we have been gifted a house by an anonymous donor. We have used this as a learning lab for our course participants where they have learned building skills. They have been renovating the house, located at 601 Louisiana Ave in Champaign. We hope to use it as a class room facility for our next course. We will keep the drop-in center at Bethel.

Our main point in this preface is to explain how difficult it is to capture the breadth and depth of our success with the data framework in the applications and reports that we give to the Board. Hence, we strongly felt the need to bring this to your attention. To be able to portray this more effectively to the Mental Health Board and other public bodies, we have met with Hope Holland and are developing some metrics and reporting mechanisms and data capturing processes which hopefully will better portray our program's outcomes and successes while meeting the reporting needs of the Mental Health Board.

Staff Questions (Program Summary):

1. *Where is the new First Followers Center located? Has the agency moved from the Bethel AME Church?*

Agency Response:

2. *What days and times is the Drop-In Center open?*

Agency Response:

3. *Why are peer mentors classified as consultants and not employees?*

Agency Response:

Board Member Question(s):

1. *If suicide is as big a danger for individuals living with PICS as it is for PTSD — does First Followers incorporate plans for suicide prevention or have a partnership or referral relationship with Rosecrance for mental health support or to the hospital?*

Agency Response: We are not aware of any studies on the risk of suicide for people with PICS. While we suspect that this is an issue for many formerly incarcerated people,

we have not actually faced this issue among the clients we serve at FirstFollowers. We suspect that they seek medical attention rather than come to our center. Given this and our numerous other commitments we have not developed plans for suicide prevention or partnerships on this issue. Nonetheless, we recognize this as something we may need to address in the future.

2. *What is the purpose of the drop in center which is open 12 hours/week and what is the number of clients who use center? Is it primarily a safe space to make connections or does it also include activities with staff such as assessment of needs and referral to services? How many become TPC?*

Agency Response: Our drop-in center has been located at Bethel AME Church since its inception and will continue to operate there. However, we have been invited by the Cunningham Township to run a drop-in session at their site in Urbana for four hours per week as from May 1, 2018. This will not impact our work at Bethel which will continue to operate two days a week for clients and one day a week for peer mentors and other appointments, events and meetings.

Our drop-in center at Bethel is a multi-purpose center. It provides a safe space for those impacted by the criminal justice system. We offer services- assistance in job searches, referrals to service providers, housing referrals, resources for acquiring IDs and links to other resources available through the resource guide which the Mental Health Board has funded. We offer support as well for individuals facing problems of eviction, lack of transportation, lack of food or clothing. These services will also be offered at Cunningham Township.

But the drop-in center at Bethel is much more than a place where individuals access services and support. It is a space where we build the FirstFollowers network and recruit more people to our family of peer mentors and supporters. Many volunteers and mentors constantly visit the drop-in center, just to stay connected to our work. We use this space to network with community members, to do education and training for peer mentors, to coordinate work by interns and volunteers, to plan our community service events and advocacy work, to evaluate our past programs and build overall organizational capacity. We also offer this space as a venue for individuals to do community service as part of Drug Court and other judicial orders.

Screening-We have done a needs-based assessment as our primary tool. However, we are moving toward a system which would be based on risk, needs, responsivity and strengths.

In terms of how many become TPC-Treatment Plan Clients-We appreciate the flexibility that the MHB has shown in allowing us to apply the TPC term to those who become mentors. This is a category that doesn't easily apply to us. We have been using this to categorize those who become mentors or do work for the program. But we don't

formally enroll people in a structured program. Rather, because of their life situations and the varying needs of our organization, we find ways to make use of their services for us in a way that suits our needs and their availability. We train them for specific tasks that they may carry out for FirstFollowers. For example, we used peer mentors for the community-based needs assessments that we conducted in 2016-17 with mental health board funding. For this work, we provided training on administering surveys, interpreting the results and presenting the results to various constituencies in the community. For peer mentors who provide direct service to clients, we provide training in intake, communication, cultural competency, record keeping as well as how to access resources for their clients.

3. *Workforce development – 10 trainees for 14 weeks with \$10/hour stipend participation—what are the outcomes for the 10 trainees in terms of completion? May not all be employed, but how many job applications do they complete and submit, how many interviews have they participated in?*

Agency Response: Outcomes: Seven of the ten scholars completed the course and received a certificate. Of those, four are continuing to work on building our house; one has been employed by a construction company, one is attending college, one is completing his high school diploma. Three have participated in Habitat building projects. Two are working jobs through temporary agencies. Two have worked for a builder on a various construction projects.

Recruitment-we draw recruits from drop-ins, court referrals, and community links. We also advertise via social media and formal media (e.g. flyers in the community, church and school announcements, PSAs.) Screening is done via application, interview panel with metric for evaluations, and checking reference contacts.

4. *Anti-stigma education for 15 employers—what are the outcomes of this effort? Do any agree to hire from First Followers? Is there an evaluation of the employer education? Do they help encourage other employers or form a support network?*

Agency Response: We have connected with a number of employers in the construction field but only secured a few positions for our people. Our lengthy efforts at negotiating with the University of Illinois have produced one permanent job for one of our mentors. We are part of a network with local building trades unions and major construction firms on prospective jobs in upcoming local projects, particularly for our scholars. We have connected with Bristol Place employment recruiters and more than 50 people have submitted applications for employment there through our auspices. We are also part of a network of local building companies advocating for more local participation in major construction projects in Champaign-Urbana.

We have done several reviews of our work but have not produced a written report on employers. We admit that this has been a difficult struggle as few employers are willing to commit to even hiring a random individual let alone setting a systematic program or relationship in place.

At the same time, we have also been doing research on employer practices in regard to ensuring that their applications are in line with state law in terms of asking questions about people's backgrounds. We aim to make this information public and use it as another vehicle to change the views of employers and the community.

5. *Family support with monthly family meetings—who attends? Do they include family of clients seen at drop in center, clients in work force development? Do referrals occur to other agencies if participants show need for services (counseling –Rosecrance?)*

Agency Response: This is a new program for 2018-19. Ideally it will include all the groups suggested above. This project grows out of the fact in our work we have found that many people who come to us to volunteer or support our efforts in other ways are actually people who have a loved one who is in prison and/or about to return home. This is the idea behind the support group – to provide a safe space to help people deal with the trauma of having a loved one incarcerated. We can also draw on work done by the Ripple Effect which provides opportunities for family members to write letters to people in prison. Our program would take it several steps beyond this. The person facilitating this would be an LCSW. If the individuals participating need or request referrals we would certainly refer them to the appropriate agency or service provider.

6. *How does Community Service Event fit with the four activities described in 2 – 4 above?*

Agency Response: Our community service events are part of our advocacy work which is outlined in the introduction here and extends well beyond what is described in our proposals and reports. Our community services events are also an opportunity for our peer mentors to develop their capacity for public speaking, popular education and communications.

7. *What is the plan for seeking other sources of funds in the next few years?*

Agency Response: We have applied for funding from other sources. We have been successful in some applications in 2017-18, receiving funding from Community Foundation of Eastern and Central Illinois, Ben and Jerry Foundation, Everence and Cunningham Township. For 2018-19 we have already received funding from UC2B and have applications pending with WIOA, Cunningham Township and Everence. We have also carried out two online fundraising drives which have netted over \$ 20,000.

8. *What are the staff credentials?*

Agency Response: Marlon Mitchell is a Ph.D student in education at U of I; James Kilgore has a Ph.D. from Deakin University, Tammy Bond has a Masters' Degree in Education from Eastern Illinois University, James Corbin, current Drop-In Center coordinator completed his Masters' Degree in Non-Profit Management at UIS in May 2018.

9. *Payment of peer mentors - Why are the peer mentors considered consultants and not employees?*

Agency Response: We intend to change the status of the drop-in center coordinator to employee this year. He is the only peer mentor who works a regular shift with a consistent job description. Other peer mentors work largely on a project basis as needed and as available. For example, they carried out the field work research that we conducted the last two summers. They also did facilitation and mentoring for the Go MAD course.

CCMHB April 18, 2018 Board Review Question(s):

1. *Where is the drop-in center?*

Agency Response:

2. *What occurs at the drop-in center? What supports do staff/mentors provide to those coming to the drop-in center?*

Agency Response:

3. *What will the drop-in center accomplish?*

Agency Response:

4. *Will its hours be expanded?*

Agency Response:

5. *What training do peer mentors receive?*

Agency Response:

6. *How are mental health issues handled and referred?*

Agency Response:

7. *Is there a formal relationship with mental health providers? And with which providers?*

Agency Response: We handle mental health issues on a case by case basis. Since we do not have trained mental health staff we advise individuals with such issues to seek help from those with professional training. Depending on their needs and resources, we attempt to refer them to an appropriate provider. We do not have a formal relationship with any mental health providers. Since no mental health providers offer any specific programs tailored to our constituency, we operate on a case by case basis.

8. *Where will workforce development training be held?*

Agency Response:

9. *Why the increase in cost?*

Agency Response: The excess of revenue over expenditure is due to the inclusion of the \$30,000 in-kind contributions as part of actual revenue to cover expenses when it is not applied in that way (e.g. the in-kind contribution by Bethel AME of their church premises) We have included what we expected from Urbana Social Services and other funders in "Contributions." We should have added extra lines and place it under grants. We can make that amendment when the application is reopened.

The increase in cost is due to the addition of an extra program, support for family members and loved ones of people incarcerated.

Rosecrance Central Illinois - Criminal Justice PSC

Staff Questions (Program Summary):

1. *What are the screening tools used by staff?*

Agency Response: The jail staff administers two evidenced-based screening tools with everyone that is booked into the jail; the Texas Christian University Drug Screen-V and the Brief Jail Mental Health Screen. Any positive questions results in a referral to Rosecrance staff in the jail. Rosecrance staff then use a condensed list of questions from the Medicaid mental health assessment to further screen the individuals referred.

2. *Does Rosecrance intend to fill the now vacant criminal justice liaison position?*

Agency Response:

3. *Why is it necessary for the number of NTPCs to be a duplicated count?*

Agency Response: We thought it made sense to indicate that the numbers may not be unduplicated, on a quarterly basis, because people can enter and exit the jail multiple times throughout the year and we would attempt to engage them each time they entered. At the end of the year, we could report an unduplicated count of NTPCs if desired.

CCMHB April 18, 2018 Board Review Question(s):

1. *Why is data collection on outcomes not a staff responsibility?*

Agency Response: Data collection is a responsibility of all staff in the program. Analyzing the data and generating outcome reports is not a current function of the staff

2. *How is data collected and whose responsibility is it to collect it, if not staff?*

Agency Response: Direct service staff is collecting data, entering it into the electronic health record, and on spreadsheets. The spreadsheets collect demographic information, referral date/source, prior contact with agency, arrest/release date, the identified needs of the clients, recommendations for treatment, etc. We have included the collection of data that was recommended by the UIUC Psychology Dept. Program Evaluation Project. A copy of the spreadsheets can be provided.

Outcome data, such as recidivism rate information, is collected by reviewing consumers' involvement in the justice system via the Champaign County Circuit Clerk's website. In order to collect this data, a staff member must manually input each consumer's name into the site, in order to review consumers' records and additional justice involvement. If new criminal justice involvement is found, the staff member must then review the new entry to determine the status of the case. Based on the status of the case, the new involvement may or may not be considered recidivism.

3. *The proposed .25 FTE Criminal Justice Liaison position is not filled due to a resignation in March 2018. When will it be filled? Does this position represent the increase in requested funding?*

Agency Response: The .25 Criminal Justice position would be filled in the new fiscal year if funds are awarded. The \$38,000 increase in the requested funding from the 2018 application is a combination of the .25FTE, plus benefits, an increase in the Champaign County Healthcare Consumer contract, and a 3% raise.

4. *What are plans for seeking additional sources of funds or leveraging the MHB funds to support continuation and expansion of program?*

Agency Response: We have projected \$50,000 in Medicaid billing to supplement revenue for the program.

Rosecrance Central Illinois - Fresh Start

Staff Questions (Program Summary):

1. *How are the results of the evidence based Adult Needs and Strengths Assessment of value if they are not scored?*

Agency Response: While the entire Adult Needs and Strengths Assessment (ANSA) is not fully scored, each individual item is tracked to note which areas a client has seen improvement and which areas a client still needs assistance. These areas help to guide the individualized services plan.

CCMHB April 18, 2018 Board Review Question(s):

1. *How many call-ins will occur during FY19?*

Agency Response: The number of call-ins is dictated by the Fresh Start Multi-Disciplinary Team (MDT). It is estimated there will be 2-3 call-ins in FY19. However, if the number of shooting incidents increases during this timeframe, there may be a need to schedule more.

2. *How many people will be served in FY19 including new cases from anticipated call-ins?*

Agency Response: The application for Fresh Start services indicated that we anticipate serving 20 new clients. This is in addition to the estimated 15 continuing clients (from FY18) in FY19.

Rosecrance Central Illinois - Specialty Courts

Staff Questions (Program Summary): NONE

CCMHB April 18, 2018 Board Review Question(s):

1. *Are any of these services at TIMES Center or another location?*

Agency Response: While Drug Court clients who experience a mental health crisis may receive mental health services from the Rosecrance's Crisis Team, these services are not

included as part of the Specialty Courts application. The services specific to this application are substance abuse treatment and case management services.

2. *What is the source of the residential beds clients access? Is this different than the Crisis stabilization beds?*

Agency Response: The residential beds referred to in the Specialty Courts application are for substance use disorders treatment. These beds are currently housed at 122 W. Hill St., Champaign.

3. *Are you reducing number of program FTEs?*

Agency Response: The number of direct staff in the application did decrease. However, there are still multiple staff from other programs who assist Drug Court clients (such as other outpatient case managers who help with transportation, as well as residential staff). As a result of changing from the Prairie Center accounting cost centers to new Rosecrance cost centers, these individual FTE's are tracked only in one cost center, even if they do provide services for more than one cost center. Therefore, they are not reflected in the Personnel section of the application.

4. *If so, why is there a reduction in staff and not a reduction in funding?*

Agency Response: The funding request remained the same this fiscal year, but will support staff raises for "direct " staff in this program. Additionally, the number of support staff under "indirect" personnel decreased in FY19 (4.75 FTE) from FY18 (6.13 FTE). Some of this expense now falls under "Professional Fees," due to several support staff being employees of Rosecrance Health Network.

Innovative Practices and Access to Community Based Behavioral Health Services

Community Service Center of Northern Champaign County (CSCNCC) - Resource Connection

Staff Questions (Program Summary):

1. *Not referenced in the service section was the resource fair the program organized last year and is repeating this Spring. Is the resource fair not being held in FY2019?*

Agency Response: To answer the staff question regarding the resource fair, the decision to continue this event has not been made as yet. The fair is coming up next week and a few days later we will meet with school representatives to review the event and decide regarding its continuation.

Also, as you mentioned in the summary, the nature of our services does not lend itself easily to outcome measurement and we will be glad to meet with the U of I folks to do more work in this area.

CCMHB April 18, 2018 Board Review Question(s):

1. *Tracking outcomes? Is it possible to conduct an annual survey to improve outcome measurement?*

Agency Response: We initially went with the bi-annual approach so as not to burn out our clients on surveys, but we'd be glad to do it annually and we're working on a few revisions that can capture whether our clients feel our services make a difference in their lives.

Cunningham Children's Home - Independent Living Opportunities

Staff Questions (Program Summary):

1. *As a new venture, more detail on outreach and coordination with existing homeless services would be useful. What relationship does the agency or program have with the Continuum of Care or Council of Service Providers to the Homeless?*

Agency Response: Because Cunningham serves youth ages 18-21 who have mental health issues, and because our relationships with these youth extend beyond their time in our care, our transitional and independent living programs have developed a relationship with the local shelters, Phoenix Center, Daily Bread, Courage Connection, the Regional Planning Commission (RPC), and local food pantries in order to help meet immediate needs. For many years, we've had a representative attend the monthly Human Services Council meeting where we collaborate with a diverse group of local service providers. Statewide, we have been part of the Illinois Collaboration on Youth's homeless youth initiatives. More recently, Cunningham was invited to join the Continuum of Care and plans to engage with this group on an ongoing basis. We also attended the recent open meeting regarding the Homeless Discussion with the businesses of downtown Champaign. Additionally, for the last 25 years, the social work staff at our CIRCLE Academy program, which serves youth with behavioral and academic issues, has linked families of our students to community resources related to maintaining and finding housing opportunities.

2. *How does experience providing supports to young adults transitioning to the community and living independently translate to working with an adult with a history of mental illness and/or substance use disorder who is currently homeless?*

Agency Response: Within the last few years, Cunningham has begun offering more services to adults with a history of mental illness and/or substance use disorders through our Vocational Options Program and HopeSprings Counseling Services. Like all of our youth programs, all staff in these two programs are trained in trauma-informed and evidence-based practices to meet the needs of individuals with mental health needs. That means we consider the traumatic circumstances, “what happened” to someone, and use that as a significant foundation for meeting basic needs and providing holistic healing for the individual. As mental illness is a risk factor for homelessness, it’s not surprising that both of these programs have worked with adults who are experiencing episodic homelessness or have been at risk of homelessness.

Cunningham has a long history of informally assisting with homeless needs in at least two ways beyond our existing programs. First, Cunningham alumni often return for assistance throughout their life hardships including homelessness. These include adults that had previously lived in our residential, group home, transitional living, or independent living programs. These have also included young adults who, upon graduation from our therapeutic day school, Circle Academy, find that their families expect them to move out of the family home without sufficient preparation, leaving them in a situation of imminent homelessness. For all of our Cunningham alumni, we find creative ways to meet their needs through the combined knowledge and resources of our existing programs as well as with our endowment funds. Secondly and more recently, we have had inquiries from the community for adults or families unconnected to our placement programs. And we see the growing need particularly around children and families experiencing homelessness and think we are particularly poised to help those families. While we haven’t been able to provide as much support to these requests for assistance, we still have tried to share our expertise related to community resources and creative planning.

Specific to meeting the substance abuse needs, our staff are trained to provide the evidence-based substance abuse screening model, Screening, Brief Intervention, and Referral to Treatment (SBIRT). For those adults screened that need specific substance abuse treatment, we collaborate and align our services with agencies such as Rosecrance to meet those needs.

3. *How much non-CCMHB supported staff time is committed to serving the target population for this proposal and how much is committed to serving young adults in transition?*

Agency Response: We currently employ 4.0 case managers funded through the Department of Children and Family Services (DCFS) and supplemented by benevolent funding to serve transition age young adults.

4. *What other uses are planned for funds allocated to Specific Assistance?*

Agency Response: For specific assistance related to “rental deposits, utilities in arrears,” we would identify/leverage community partnerships as available (e.g., churches, RPC, townships). We may access Cunningham’s endowment funds during the first year while we establish baseline data on funds needed for specific and/or flexible assistance. In addition, Cunningham is the fiscal agent for the Norman Funds which can be accessed for eligible DCFS families.

CCMHB April 18, 2018 Board Review Question(s):

1. *Requesting more detail on what’s involved with providing employments supports.*

Agency Response: Employment supports include the following activities individualized for each program participant: career assessment, resume development, job skills and life skills coaching, job shadowing and on-the-job coaching, job placement, disability disclosure/accommodations training and advocacy, volunteer opportunities, guidance and counseling, linkage to occupational skills training, and certification classes.

2. *What is the relationship of this program to existing transitional housing services being provided by the agency?*

Agency Response: This program would be supervised by the existing transitional housing supervisor and the staff would have office space shared with the existing transitional housing staff. This will create efficiencies in shared knowledge and resources between the two programs.

3. *What is the relationship to other housing/homeless services?*

Agency Response:

4. *Does the target population include those who age out of the agency’s program? Those who were in other agencies?*

Agency Response: It is anticipated that some young adults that had previously received services in the existing transitional housing services may be included in the target population for this program if they are at risk of or experience homelessness after aging out of the existing program. However, it is also anticipated that that majority of adults or families receiving services would not have previously received transitional housing services from Cunningham. It is also anticipated that some participants may have received services from other homeless services agencies. To fully answer any concerns around the universe of persons served under this grant, we are willing to provide statistical data in forward years to assure the grant would have its intended impact on the targeted population.

5. *Provide more detail on the other sources of funding, for example what does "sales of goods and services" represent?*

Agency Response: Sales of Goods and Services in the amount of \$665,853 is the estimated Purchase of Service contract revenue funded by DCFS for the Independent Living Opportunities program specifically for DCFS youth in care ages 19-21. DCFS funds exclusively support transitional housing/ employment for youth in care and cannot be used in support of the CCMHB program except as the programs mutually benefit from the efficiency of scale that will result in shared administrative burden.

When participants are eligible, Cunningham can access funding through the Department of Rehabilitation or the Workforce Innovation and Opportunities Act specifically for job placement activities which will support the CCMHB funded services.

Indirect personnel costs such as Maintenance, Housekeeping, Human Resources, Accounting, and Administration are partially covered through all of our program contracts and grants as allowable by the funding source.

When alternative funds are available for youth from other sources, we can commit that this grant would be funder of last resort.

6. *Will these other funding sources help support the services CCMHB would be funding? Or do they support the existing transitional housing/employment services provided by the agency?*

Agency Response:

Family Service - Self-Help Center

Staff Questions (Program Summary): NONE

CCMHB April 18, 2018 Board Review Question(s):

1. *Are phone calls a service contact (or could they be counted and reported as such)?*

Agency Response: All phone calls are counted and recorded as are the emails that are received. We also track and count the website visits. These numbers are reported each quarter in our quarterly reports. The Self-Help Center coordinator keeps a log of when the calls came in and the responses provided.

2. *What types of calls does the Self-Help Center receive?*

Agency Response: The Self-Help Center receives a variety of calls and email inquiries and requests. Individuals are looking for support groups for themselves or others;

professionals call seeking support groups for their patients; lay people contact us when they are looking for resources within the community. We also receive requests from potential support group leaders who are seeking assistance with developing new groups and/or a group leader is struggling with group dynamics issues and needs help to stabilize the support group. The Self-Help Coordinator is able to meet with these individuals and assist in a consultant and advisor role.

3. *Can how well self-help groups are doing be tracked (as they come and go, how is their viability known)?*

Agency Response: This is not something we have tracked in the past but it is something we can do. We know from our regular maintenance of the database and the regular updating of the specialized lists that we learn of groups that have discontinued or new groups that have formed. However, we do not always know the reason(s) why groups have disbanded. A simple survey can be developed to solicit feedback regarding support group successes or challenges, and ways in which the Self-Help Center may be of assistance in supporting group facilitators/leaders.

Family Service – Senior Counseling and Advocacy

Staff Questions (Program Summary):

1. *More detail on the significance of being the Coordinated Point of Entry is of interest.*

Agency Response: The purpose of a Coordinated Point of Entry (CPOE) is to make it easy and seamless for older adults, their families, and the professionals working with them to access information and assistance. The formal definition, in the Older Adult Services Act, is: *“Coordinated Point of Entry means an integrated access point where consumers receive information and assistance, assessment of needs, care planning, referral, assistance in completing applications, authorizations of services where permitted and follow up to ensure that referrals and services are accessed.”*

The designation is awarded through a competitive process and requires the provider to meet standards related to information services, client confidentiality, working relationships with other providers, staff qualifications and training, outreach, agency hours, accessibility, warm transfer capability for phone calls, and using web-based tools for resource access.

The intent is not that the CPOE meet all the needs of older adults but that its staff know the resources available and offer people easy access to services and benefits whether offered by the CPOE or another provider or agency. Staff must know what services/benefits are available, make it as easy as possible for older adults to decide what they want to then pursue, and assist them or advocate for them (if desired) to

access the service, benefit, or information. While standards only require one staff person to be AIRS certified, all our caseworkers become certified as soon as they have enough experience to qualify. During formal and informal staff meetings, staff share with one another updates on service or benefit availability, new programs, etc. Additionally, staff attend county-wide committee meetings and work groups so that they can stay up to date on community needs and community services. Part of the value to the community is that, while addressing the presenting need or problem, staff can offer more in-depth assessment, assistance with access, and/or other services or supports that the senior or family member may not yet have considered. In FY 17, we referred people to over 105 services (including others at Family Services), benefits, programs, and/or agencies.

CCMHB April 18, 2018 Board Review Question(s): NONE

GROW in Illinois - Peer Support

Staff Questions (Program Summary):

1. *How does GROW intend to address the operating deficit?*

Agency Response: Grow in Illinois is actively pursuing additional grants and has the ability to borrow from its parent company, Grow in America, if necessary.

2. *Why has projected number of NTPCs served been reduced for FY19?*

Agency Response: This is an entry error, the annual target should read 120. GROW should be reaching about 30 new consumers a quarter through our groups and Orientations.

3. *Is the technical assistance provided to GROW from the UIUC Program Evaluation team far enough along for GROW to update the outcome measures? Are there measures that can be identified from past participant surveys?*

Agency Response: Yes, we have been working on putting together baseline and follow-up surveys that incorporate evidence-based outcome measures. We are interested in using these measures to track hospitalization rate, employment status, medication use, substance use, and number of criminal convictions over time. Although we are still in the process of editing these surveys, we are far enough along to update the outcome measures.

Are there measures that can be identified from past participant surveys?

Yes, we have data from past participant surveys on several measures of interest, including hospitalization rate, employment status, and medication use.

CCMHB April 18, 2018 Board Review Question(s):

1. *How can the program operate with a deficit? (doing so much with so little \$)*
2. *How does the work get done on so small a budget?*

Agency Response: Answer to both questions –

The abrupt defunding of the mental health programs by Governor Rauner within days of his inauguration caused the unforeseen closure of GROW services, groups, and layoff of group coordinators throughout the state. As a result, administration of the national program passed to New Jersey in the summer of 2017 and the Illinois Executive Director agreed to serve without pay until June 2018. This was a setback for the program which was brought to the United States and founded in Champaign, Illinois by University of Illinois professor Hobart Mowrer in the 1970s.

GROW is a 12-step, peer-to-peer organization with a core group of volunteers, few paid staff, and currently has no paid management or administration consequently, there is modest overhead. Expenses such as transportation of GROW staff and members to meetings, travel, office supplies, postage, etc. are borne by the GROW staff.

GROW intends to rebuild the statewide program with funding from counties and other sources as opportunities arise. The first priority is to restore paid field coordinators who are key to not only conducting the group meetings and directing participants to use the program and sharing personal stories and coping skills, but also arrange and provide transportation to meetings including those who come from a distance.

A secondary but necessary priority is to restore basic administration as funding becomes available. This is also necessary to provide training and insure that the GROW meetings and field coordinators are following the program, promoting member growth through developing leadership in the groups, and updating skills including cultural literacy, sensitivity and competency. Administrative services include necessary government reporting, storage of government documents and financial records, and arranging for outside audits as required.

Promise Healthcare - Promise Healthcare Wellness

Staff Questions (Program Summary):

1. *Will coding of needs/assistance in the record enable program to aggregate types of needs patients present with? Identify gaps in services?*

Agency Response: Yes. The coding can potentially assist us in aggregating the types of needs our patient have. I suspect as we improve at coding, we will want to add more detail over time.

2. *Can an outcome associated with the results generated from patient survey be established?*

Agency Response: The survey measures a patient's satisfaction with the service at the time of service. We will try to conduct a follow up survey to find out the impact of the assistance.

CCMHB April 18, 2018 Board Review Question(s): NONE

Rattle the Stars - Youth Suicide Prevention Education

Staff Questions (Program Summary):

1. *What are the evidence-based models and MH/suicide prevention agencies?*

Agency Response:

2. *What is the method of assessment/screening? Is there a specific tool to be used?*

Agency Response: Program assessment will use pre- and post-test measures given to all program recipients. We will use a specific tool, which is still in development. Our primary outcome measures will include change in perceptions of mental illness, change in knowledge, and (most importantly) change in feelings of competency. The anonymous assessment tool will collect basic demographic information (age, race, sexual orientation/gender identity), and ask a series of questions with Likert scale responses. Questions will assess perceptions of stigma related to mental illness and suicide, knowledge of signs and symptoms of crisis and suicide, knowledge of mental health services and supports, and feelings of competency to approach and respond to those experiencing crisis. Additionally, each program recipient will be asked to provide feedback and comments on the program and the presenter.

CCMHB April 18, 2018 Board Review Question(s):

1. *What evidence-based practices/models are being utilized?*

Agency Response: Our program follows accepted models of suicide prevention programming, and includes instruction on understanding mental illness and suicide, recognizing signs and symptoms, providing support and validation, and accessing mental

health and crisis services. Our program includes components found in other evidence-based and nationally recognized programs, including (* denotes evidence-based):

- Veterans Administration: SAVE (recognize Signs, Ask about suicide, Validate, Encourage treatment and Expedite help)
- US Army: ACE (Ask, Care, Escort)
- The Jason Foundation “A Promise for Tomorrow”: Be Aware, Be Able, Be Prepared
- Mental Health First Aid*: ALGEE (Assess, Listen, Give reassurance and information, Encourage appropriate professional help, Encourage self-help)
 - nrepp.samhsa.gov/ProgramProfile.aspx?id=1229
- SOS*: ACT (Acknowledge, Care, Tell)
 - widely used by agencies such as Sandy Hook Promise and Elyssa’s Mission
 - nrepp.samhsa.gov/ProgramProfile.aspx?id=85#hide2
- Gatekeeper*: QPR (Question, Persuade to get help, Refer to resources)
 - nrepp.samhsa.gov/Legacy/ViewIntervention.aspx?id=299
- Kognito At-Risk*: Identify, Approach, Refer
 - <https://www.sprc.org/resources-programs/kognito-risk-high-school-educators>
- Kognito Friend2Friend: effective communication skills
 - <https://www.sprc.org/resources-programs/friend2friend>

While the acronyms used to explain the steps vary, all the programs include three basic components:

- Recognizing warning signs and asking about suicidal thoughts
- Responding to the person showing signs with support, care, and validation
- Referring to resources and getting professional help

Our program explains these simply in terms of what people should know:

- Know what to look for
- Know what to say and do
- Know how/where to get help

Our program differs from others by putting more focus on knowing what to say and do. In our experience, people often express that they don’t know what to say or are afraid of saying the wrong thing. Consequently, they don’t say anything because they don’t feel competent to effectively intervene. Furthermore, other programs instruct to show support, caring, and validation, but they don’t fully explain how to do so or what these look like. Often, people will think that they are being supportive and validating, but their words can actually be harmful.

Being that our target audience is adolescents who may have less developed communication skills, our program puts a greater emphasis on teaching effective communication (such as those in the Friend2Friend program) so that people feel competent to provide support and appropriate intervention. Additionally, our program

includes specific instruction on how to recognize and respond to statements online and on social media.

2. *What happens if, at a presentation or event, someone needs help right then? How are people linked to services?*

Agency Response: We will have two people present at every presentation, the Educator and a volunteer for crisis intervention. All program recipients will be provided with crisis line numbers and information on local services as part of the curriculum. Every presentation will start with recognizing that program recipients may have been personally affected by these issues, and providing a warning that the material will be difficult and people can leave if they need. If a person leaves, shows other signs of distress, or otherwise indicates that they need help, the volunteer will provide immediate crisis intervention, including assessment for suicide risk. Those who show low risk or minimal signs of crisis will be provided with crisis line numbers and information on local services. For those who show moderate risk or signs of crisis, safety planning will be completed. This will include making referrals and providing specific information on accessing services. For those who show high risk or significant signs of crisis, arrangements will be immediately made for professional assessment. This may involve calling SASS or transporting to the Pavilion or ER. For presentations taking place in schools, the school's counseling staff will also be notified about all students who show distress or need intervention to help ensure assessment and follow-up.

3. *What are the staff/volunteer credentials and training?*

Agency Response: To appropriately respond to Dr. Rappaport's very justified question regarding who we are, this response is rather lengthy. We agree that this is very serious business that we do not take lightly, and hope this response will help to address those concerns.

Like many others who do suicide prevention work, I (Kim Bryan, Executive Director) am a suicide loss survivor. On April 7, 2016, my 19-year-old son died of suicide after battling depression for several years. My daughter was a junior at the time, and began working in her school to raise awareness about mental illness and suicide during her senior year. Her initial efforts have grown into Rattle the Stars. We have spent the last two years getting involved in and hosting a variety of community and school events on mental illness and suicide prevention. During this time, I have also developed curriculums to be presented to students and community groups on suicide intervention. While my husband and daughters still volunteer time to the organization, their efforts are primarily focused in fundraising and providing support at events and with social media. I am currently solely conducting and overseeing all activities of Rattle the Stars. However, I am more than an awareness activist. I have education, training, and experience in suicide assessment and crisis intervention, understanding mental illness and trauma

(from both a psychological and sociological perspective), cultural competency and working with diverse groups, teaching, and research and data analysis.

I completed my Bachelor's degree in Psychology and Sociology at the University of Illinois in 2013, earning highest distinction in both departments. My sociology honors research project examined the experiences of Latinx parents in Champaign's Schools of Choice program. My psychology honors thesis explored risk and protective factors for strain in caregivers of youth with severe emotional and behavioral disturbances using data collected during the National Evaluation of the Champaign County ACCESS Initiative. In preparation, I spent two years working as a research assistant for the project, during which I was trained in wraparound, systems of care, and providing trauma-informed services. I developed protocols to ensure data collection was completed timely, and wrote a training manual for ACCESS staff on data collection and entry. I also worked for one semester on the evaluation of the Choose Respect program, and spent over a year writing the technical report of the evaluation of ICJIA's Bullying Prevention Program Grant.

As an undergraduate student, I was involved with the Girls Advocacy Project for two years, the first as an advocate and the second as a student supervisor. In this program, I was trained to provide strengths-based advocacy to girls involved in the juvenile justice system, which included effective communication, crisis intervention, and suicide risk assessment. As a supervisor, I was certified to administer the CANS (Child and Adolescent Needs and Strengths) and completed pre- and post-intervention interviews.

I completed three years of graduate study in Sociology at the U of I, with a concentration in Race, Class, and Gender. In addition to working for several semesters as a teaching assistant, I spent a year as research assistant on a project exploring the effects of gendered perceptions on choices of engineering specialties. The initial paper from the project was published and presented at the ASA conference. My personal research interests focused on the sociology of education, including school segregation and disparities in educational outcomes for students of color. I wrote research papers on barriers to school involvement for Spanish speaking mothers, and parent's experiences in a controlled choice school assignment program. The latter was written with initial data collected for my Master's project examining the effects on segregation of Champaign's Schools of Choice. I did not finish my Master's requirements, and left graduate school after my son's death.

Outside of academia, I completed the Youth Mental Health First Aid training. I have worked with youth in residential treatment at the Pavilion, a position for which I was trained in Therapeutic Crisis Intervention. I was the Advocate Coordinator at RACES, providing strengths-based legal and medical advocacy to survivors of sexual assault and abuse and their significant others. For this position, I completed 40 hours of sexual assault training, including non-crisis and crisis intervention. As part of my continuing education, I completed courses and trainings on working with transgender survivors,

issues affecting male survivors, issues affecting immigrant survivors, and working with people on the Autism Spectrum. I also developed and presented training on suicide assessment and intervention and effective communication for hotline volunteers. Currently, I am a caseworker at the Department of Human Services in Champaign.

If our funding request is approved, I will serve in the Educator position for the first year. I would like to have a year of experience implementing the program myself before hiring another for the role. Because our curriculum is new, I would like to be able to judge its efficacy and make improvements, if necessary. To maintain my competency, I will complete 16 hours of continuing education per year, including 8 hours of cultural competency training and 8 hours related to suicide prevention, mental health, and trauma-informed care.

Volunteers with our organization who serve in positions that do not involve publicly representing the organization, providing information or resources, or providing crisis intervention, such as those serving in supporting roles at events (set-up/clean-up, sound, video, etc), will not be required to have any particular credentials or training. Volunteers who serve in positions that do involve publicly representing the organization, providing information or resources, or providing crisis intervention will be required to meet certain qualifications. They must be at least 18 years old, have a high school diploma (college preferred), and pass a DCFS background check. After completing an application and interview, accepted volunteers will complete 30 hours of training. This training will include an introduction to the organization, understanding mental illness, risk and protective factors for suicide, crisis intervention and suicide risk assessment, effective communication, cultural competence, trauma-informed care, and self-care. The training program will be developed and implemented by Rattle the Stars and will adhere to accepted criteria for crisis intervention volunteer training. After completing training, volunteers will be required to attend a supervision meeting each quarter, and complete 4 hours of continuing education per year.

4. *What linkage, referral, or other relationship does the program have with existing crisis/mental health providers?*

Agency Response: Connecting people to resources is a fundamental part of our organization's work. We firmly believe that professional care is required for people who have mental illness, have thoughts of suicide, or are in crisis. We feel great responsibility to connect people with needed services, and are continuously working to establish and maintain relationships with service providers.

We have informal relationships with many agencies and service providers with whom we collaborate, and we will continue to work to formalize these relationships to ensure appropriate referrals. We maintain information on available resources and services and include pertinent information on materials that we distribute and in our discussions. This includes various national and local crisis hotlines, school-based services, self-

help/support groups, and agencies and organizations such as Rosecrance, HopeSprings, Crosspoint, the Pavilion, NAMI, GROW, Family Service, the VA. We maintain information on the services they provide, how to access services, eligibility criteria, fees and payment, etc. We review and update this information at least twice yearly to ensure accuracy.

Rosecrance Central Illinois - Recovery Home

Staff Questions (Program Summary):

1. *Has a location for the Recovery Home been selected?*

Agency Response: Yes. However, due to a pending closing date, we are unable to state the exact location for the recovery home. Still, Rosecrance does have a closing date of June 30, 2018 scheduled for the Recovery Home location, which will be in Champaign, Illinois.

2. *If the proposal is funded by the CCMHB, how soon after the Board's decision would the Recovery Home open?*

Agency Response: We anticipate the Recovery Home opening no later than December 2018. The budget proposed is for one full year of operation. We are willing to discuss adjusting the budget accordingly.

3. *What is the projected capacity for the home?*

Agency Response: The Recovery Home will have a total of 12 beds.

4. *Will the Recovery Home only house people who lived in Champaign County prior to entering treatment?*

Agency Response: It is anticipated that a majority of the clients would be Champaign County residents prior to treatment, but it is not likely that 100% of the clients will be Champaign County residents.

CCMHB April 18, 2018 Board Review Question(s):

1. *Where is the recovery home likely to be located? Has space been acquired?*

Agency Response: Due to a pending closing date, we are unable to state the exact location for the recovery home. However, Rosecrance does have a closing date of June 30, 2018 scheduled for the Recovery Home location, which will be in Champaign, IL.

2. *Is the space licensed by the state? If not, how long will that process take before the space can be occupied?*

Agency Response: We anticipate that the state will license the facility for these services by December 1, 2018.

3. *Does the DASA funding enable the agency to get the program started?*

Agency Response: Yes, some Illinois Division of Alcoholism and Substance Abuse (DASA) funding will be used for this program. The proposed budget indicates \$252,228 in DASA funding will be used for the Recovery Home.

4. *Are the DASA funds an existing contract?*

Agency Response: Yes. The DASA funds are an existing contract, which Rosecrance already has for services in Central Illinois.

5. *Are the funds dedicated to serving Champaign County residents?*

Agency Response: The DASA funds are not specifically dedicated to serving Champaign County residents, but the CCMHB funds would be used solely for Champaign County residents.

6. *Are Rosecrance residential treatment services (Level III) located outside of Champaign County (e.g., in Rockford, Chicago?)*

Agency Response: While Rosecrance does offer residential treatment services in other locations, including Rockford, we also offer residential substance abuse treatment services in Champaign, IL, and plan to continue to do so. A state-licensed Recovery Home environment is one not currently offered in Champaign County, but Rosecrance does offer Recovery Home living in multiple areas of the state, including Rockford, IL.

Substance abuse treatment services are provided along a continuum of care, as determined by the American Society of Addiction Medicine (ASAM). That continuum (starting at the most intensive level of treatment) is as follows: Residential (ASAM Level III.SJ - Intensive Outpatient (/OP, ASAM Level II); and Outpatient (ASAM Level I).

7. *How is this service different from the current IOP provided at Rosecrance (MWF 1-4pm)?*

Agency Response: To be clear, Rosecrance offers multiple /OP options in Champaign County, not just the MWF 1-4pm option. The Recovery Home will provide a substance use-free living environment, for adults who do not have such an environment in which to continue their recovery, for persons who exhibit treatment

resistance or have an increased relapse potential. Clients living in the Recovery Home would access treatment services and case management services within Rosecrance locations. In addition to those treatment services, Recovery Home clients will obtain additional support, such as assistance with accessing community resources, learning independent living skills, vocational skills, and peer support.

8. *If goal is to serve 45 clients per year and estimated stay is 3-6 months, what is the capacity for mix of intensive outpatient and intensive inpatient at a given point in time?*

Agency Response: This is not considered an intensive inpatient program, nor is it a specific level of care. Clients in the Recovery Home may access intensive outpatient (ASAM Level II) or outpatient (ASAM Level I) services while living in the Recovery Home. The Recovery Home will have a total of 12 beds. It is anticipated that some clients will leave prior to three months, as Rosecrance has not seen 100% of clients who fully complete 3-6 month stays at its other Recovery Homes.

United Cerebral Palsy Land of Lincoln – Vocational Training

Agency submitted comment on CLC Plan (4/17/18): I wanted to let you know that we update our CLC Plan sometime during the month of April every year, so we will be working on that and I will get the updated version to you when it is complete. Just thought you could let the Board know if they had a question about it tomorrow night

Staff Questions (Program Summary):

1. *Could the program also serve persons with substance use disorders?*

Agency Response: Yes, the program could serve people with substance abuse disorders as long as they meet eligibility requirements to the program and are willing to work with UCP vocational staff on finding and maintaining employment.

2. *If the persons served have behavioral health conditions, how does the CCRPC Case Manager determine their eligibility for this program?*

Agency Response: All referrals to both of UCP's vocational programs go to the CCRPC Case Manager first before an intake is done. The CCRPC Case Manager determines if they are eligible for the DDB program. If they are not eligible for the DDB program, then UCP asks the individuals for documentation stating their mental health disability.

CCMHB April 18, 2018 Board Review Question(s):

1. *Is this the same model as used for people with developmental disabilities?*

Agency Response: While the model has similar elements – assessments, career exploration, resume development, interviewing techniques, social skills training, communication with co-workers, money-management training, etc., every person in both programs receives a person-centered and individualized service to help them become successful. Some training is one-on-one and some of the training is done in groups. Money-management training is based on the person’s level of support he/she needs with budgeting and financial security. Both programs have the same model components but are customized to each person based on his/her strengths and needs.

2. *Are people accepted based on their ability to become independent and no longer need the service or could they use it 'forever'?*

Agency Response: No, people are not accepted based upon their ability to become independent because that information would not be known at the time of intake. People are accepted into the program if they meet eligibility requirements and agree to follow the program’s policies - mainly agreeing to work with UCP vocational staff on finding community employment. While the goal of the program is total independence on the job for each individual, UCP provides the support services necessary for as long as the individuals need the services in order for them to be successful.

3. *Given current utilization, is the projected number of people to be served realistic? (i.e., are you likely to add 22 more people?)*

Agency Response: While the numbers appear to be low at this point and UCP may not reach the projected amount, please consider that this is the first year of the program. UCP continues to reach out to other community organizations that provide mental health services for referrals to the program. While new referrals are coming in to the program, the process of accepting them in to the program has taken more time that UCP anticipated due to individuals not always having the proper paperwork with them. UCP has recently tried to contact 27 individuals who were previous customers through DRS and UCP from the last several years who required longer-term support services, but UCP could not provide those services at that time because there was no funding to support it and their cases were closed. In the last month, UCP has connected with 4 of those individuals. UCP has also been working with Rosecrance and has received 6 new referrals from that collaboration. While UCP may not reach the projected amount of customers served this fiscal year, the number of referrals are growing significantly every month and this next year UCP expects to meet those projections.

System of Care for Children, Youth, and Families

Champaign Co. Children’s Advocacy Center - Children's Advocacy Center

Staff Note: Agency also submitted comments/explanations to observations made in body of program summary.

Staff Questions (Program Summary):

1. *An explanation for why CCMHB funds should be used for investigation interview over support services is warranted. What is the justification supporting the requested increase in funding? Use of funds for investigation over mental health supports? Staff raises?*

Agency Response: Although the forensic interview appears to be just investigation based, however it is an integral part of the measure of success for CACs. The forensic interview sets the stage for support services for the child and non-offending caregiver. One of the Forensic Interviewers has a dual job title. She is also the Multidisciplinary Team (MDT) Coordinator. Her role is to support the child and family by acting as a liaison between, DCFS, Law Enforcement, the Medical Team and Crisis Clinicians. The MDT Coordinator provides case review for each case, and ensures all team members are working together for the best possible outcome for the child and family. Funding from the CCMHB will allow for staff pay increases. When Ms. Bunyard and Ms. Powell were hired on at the CAC they were not hired on at rates that represent their education and experience as outlined in the County Personnel Salary guidelines. Ms. Powell recently obtained her LCPC licensure, will begin providing assessments to children and non-offending caregivers and supervision of the crisis clinicians contracted with by the CAC. Ms Powell will review assessments with the Crisis Clinicians to assist with the treatment plan goals for clients.

2. *The CAC may also be used to interview cases originating in Ford County - explanation of source of financial support for services provided to Ford County families would be helpful.*

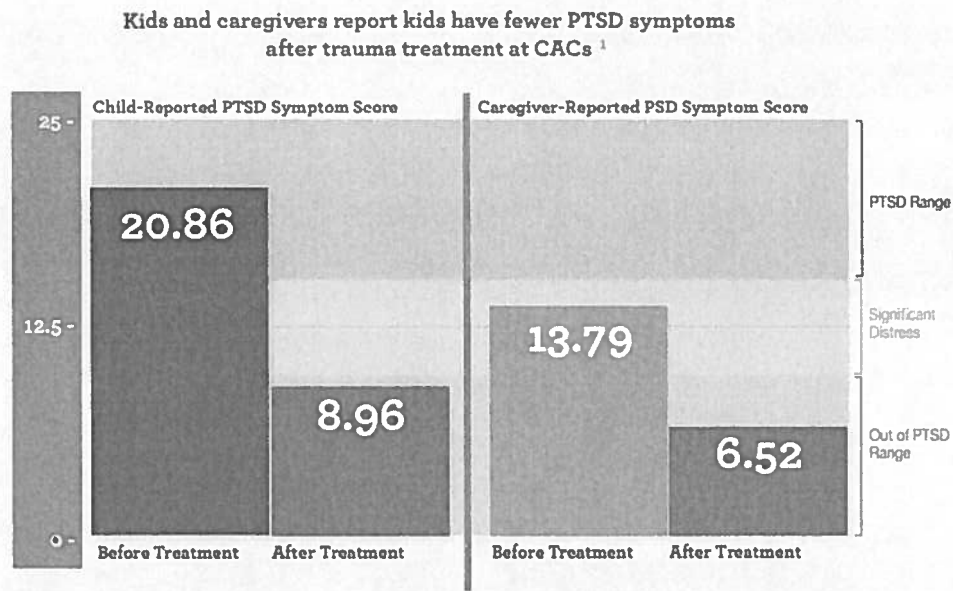
Agency Response: the Department of Children and Family Services grant was increased by \$13,500 to support the additional children and families in Ford County.

Board Member Question(s):

1. *Why are no measures presented to link assessed needs to addressed needs at close of case? Can impact of the advocacy center supports be measured? Is the Outcome Measurement System (National Children's Alliance) a way to present impact our outcome measures? If yes, why is it not described in more detail?*

Agency Response: The impact of the CAC supports is being studied by the Nation Children's Alliance (NCA, who accredits CACs across the Nation), Yale University and the Duke endowment study. Since impact is measured over time it is not something that is recommended or feasible by a local CACs. Statistical information is collected and sent to the Children's Advocacy Center of Illinois (state chapter) and NCA national organization for long term outcome measurement. A recent study (3/1/15-1/31/16) released shows

that children and caregivers who received trauma treatment reported significantly less symptoms of Post-Traumatic Stress Syndrome.



2. *Is increase in funding request linked to increase in cases (from 187 to 215? See clarification question above) or loss of the Sandusky NCAA funds?*

Agency Response: The Victims' of Crimes Act (VOCA) offered expansion of services for FY 2018 and the CAC received funding from the VOCA grant to cover 80% of the salary for Mary Bunyard. Ms. Bunyard's salary was previously paid for by Sandusky funds.

CCMHB April 25, 2018 Board Review Question(s):

1. *Why are there no outcome measures linking assessed needs at intake to addressed needs at case closure? Of a client's assessed needs, how many were addressed at case closure?*

Agency Response:

2. *The National Children's Alliance measures are mentioned, please identify which specific measures will be used.*

Agency Response:

3. *There appears to be an error associated with number of NTPCs and TPCs and Service Contacts. What are the correct numbers/targets for TPCs, NTPCs, and service Contacts?*

Agency Response:

4. *Does the trend in number served support the increase target?*

Agency Response:

5. *What is the source and amount of financial support to the CAC for serving Ford County cases?*

Agency Response:

6. *The Outreach and Engagement benchmark in the CLC Plan has a No rating. Why was this not addressed in the Plan? How do you plan to correct the deficiency?*

Agency Response:

CCRPC Head Start/Early Head Start - Early Childhood Mental Health Services

Agency Comment/Correction:

Why did the submitted CLC Plan format not align with the CLAS Standards?

Although the Cultural Competency Committee revised the current CLC Plan to address the CLAS Standards, they did not reformat the plan. The committee will be meeting in May/June and will further refine the plan to align with the format provided.

Staff Questions (Program Summary): NONE

CCMHB April 25, 2018 Board Review Question(s):

1. *What are the staff qualifications or credentials required to provide proposed services?*

Agency Response: The minimum qualifications for the Early Childhood Mental Health position require a Bachelor's Degree in Psychology, Social Work, Counseling, Human Development and Family Studies, or related field. Experience working with early childhood age children and family engagement are preferred. Familiarity with Conscious Discipline, Pyramid Model of Social Emotional Skills Development, and Trauma Informed Education practices are also preferred.

2. *Can a target for number of families be established? What would that target be?*

Agency Response: Our focus is to provide prevention support to children, but families will be included in the process of creating and achieving goals and identifying resources and supports at home and at school. The number of service contacts for children is 600 in the proposal. I am certain that we will make contact with at least 200 families.

Champaign Urbana Area Project - CU Neighborhood Champions

Agency Comment on Program Summary: *The staff feedback in the Performance Measures asked a question about fees. We meant to clarify that currently do not charge coalition partner agencies and system of care agencies for training and other support fees. We see providing education, resources and other supports as a part of our contribution towards sustaining and supporting the system of care and the Coalition.

Staff Questions (Program Summary): NONE

CCMHB April 25, 2018 Board Review Question(s):

1. *What involvement by previously trained responders is there in the program? What effort is made to retain previously trained responders?*

Agency Response: We have held three 40-hour trainings since Fall 2016. To date, we have trained 16 potential volunteer responders. We have also trained seven people who are working with, involved in, or being considered for the TRUCE program.

The bulk of participants in our trainings are not responders but are Coalition partners, human services professionals, faith-based professionals, youth, and family members who are using the information in their professional and personal lives. The majority of our trainings are designed to educate the community—including a number of CCMHB organizations—about trauma and how to improve the ability of organizations, families, and groups to respond to those who have been affected by trauma.

What effort is made to retain previously trained responders? Our organization is volunteer based, but we have been able to retain 82% of our trained responders. This is commendable because we are in a college town. Lack of retention has mainly been a result of illness, conflicting commitments, and personal capacity. Responders work in teams, and we try to match those teams and the individual responders' strengths with each family's needs. Some responders are simply waiting for the right family or the right opportunity to be involved.

2. *Is CUPHD involved in program? Does CUPHD provide financial support to the program?*

Agency Response: CUPHD has offered space for trainings and has been supportive of this effort. However, the organization does not provide financial support.

3. *What relationship does the program have with Carle Foundation Hospital new community-based initiative?*

Agency Response: Staff from the community-based initiative are regular participants in our trainings and working groups. Although the grant was not funded, their application included our Champions effort as a partner, and we have met with members of the team to consider and pursue future collaboration efforts (e.g., grant writing, shared programming, and grants).

4. *What is the justification for the requested increase in funding?*

Agency Response: The project coordinator has been donating a significant amount of her time toward this effort. She currently receives a modest monthly stipend but functions as anywhere between a quarter time to a half time employee. Continuing to volunteer time is not sustainable and is impeding the success of the project. When the Champions' working group identified program goals for FY19 and reviewed the past years' challenges, members realized that the responder and our broader educational efforts were impeded by the current level of support for the staff. The projects need designated staff who can make least a part-time commitment to coordinate the teams, trainings, and educators; provide support for the volunteers; sustain the organization; and work with families on an ongoing basis.

Additionally, the funding will allow the coordinator more opportunities to look for grants and partner with other organizations for further financial support.

5. *How does the number served in the past support the projected target for next year?*

Agency Response: The Champions effort constantly builds upon itself. Participants who attend trainings and events frequently return to their employers, congregations, and other groups and advocate for more trauma-informed values and practices. This is a systems and structural change.

Family members and invested community members use their experiences with the Champions to improve their lives and advocate for improved programs and services for their families and support networks.

Individuals who have attended our educational training sessions are currently conducting community educational events and will continue to offer such resources. If a part coordinator can be funded to work with this effort, we hope to greatly expand our responder capacity. We are aware of great need, and we want the ability to respond in strength-based, family-driven, and culturally responsive ways. In a conscious effort to avoid causing harm, we have proceeded cautiously. We do not want to not provide families with unreliable or disjointed supports or services that are not culturally respectful or trauma informed; therefore, we have only responded when we could fully commit. With additional resources, we can ensure that those who want to help have the necessary opportunities and support.

Staff Questions (Program Summary): NONE
CCMHB April 25, 2018 Board Review Question(s):

1. *Clarification on the proposal is needed. As written it is difficult to understand what the program does. Please provide a cogent description of the program.*

Agency Response: TRUCE focuses on a number of activities to stem the incidents of violence in the community. These activities include:

- Interrupting the activities leading up to gun violence,
- Developing strategies for reducing the risk for those who are most likely to participate in or be a victim of violence, especially gun violence, and
- Helping to change community norms which lead to a culture of preferring violence as a response or solution. These strategies include educating the community about violence, counseling individuals and groups, and training community members to anticipate violence flash points and to diffuse violent-prone energy into positive responses.

TRUCE is the only program in Champaign County using “Peace Seekers” who work to interrupt violence on the front end by mediating potential conflicts. In addition TRUCE coordinates with Champions Responders Unit 4 School District to implement points 2 & 3 above.

Peace Seekers know the players in the community and are well connected enabling them to be aware of potential violent situations. If possible, Peace Seekers diffuse high risk situations and work with the participants, victims and community to prevent a resurgence of violent behaviors. If a violent situation already has occurred, Peace Seekers work to prevent retaliation and the amplification and escalation of violence. TRUCE works with Champions which follows up with helping families and individuals dealing with the trauma of violence which includes arranging for alternative housing, re-location, arranging for counseling and social services, etc. Champions deals with the aftermath of the trauma; TRUCE works to prevent the incidence of violence and the escalation of events. Together Champions and TRUCE work to change the culture of violence by working with the community in general and with specific individuals, institutions and associations.

Another community partner working in unison to reduce the risk of high flyers reoffending is CU Fresh start Community Liaison whose job is to connect these individuals to social services, jobs, mentors, and to follow up with their progress in these areas. TRUCE Peace Seekers have worked with CU Fresh start by serving as panelists on a call-in, provided advocacy to participants, collaborated on community projects/events, and serves as a member CU Fresh Start MDT steering committee.

2. *More information on the relationship of PCU to the goals of the program would be helpful.*

Agency Response: New this year to TRUCE and Champions, in conjunction with our work, CUAP is partnering with Unit 4 School District to open Parent CommUniversity (PCU): a multi-center, multi-informant and multi-method learning center developed specifically for parents. TRUCE's core-violence is one core principles of preventing violence that comes by "changing community norms, so who better to partner with to help us than our parents and our schools.

Unit 4 School District approached CUAP regarding the adoption and implementation of Parent CommUniversity to work to get hard-to-reach parents to engage in the school. The survey of parents indicated that a major concern was the growing incidences of violence in and around schools. Unit 4 joins with TRUCE and Champions to educate parents and children about violence and alternatives to violence and, a Champions specialty, how to recognize and respond to the trauma resulting from violence. Together TRUCE, Champions and Unit4 PCU with engage Peace Seekers and Champions advocates and trainers to:

- Extend emotional and practical supports, and to deter any retaliation to families and victims of gun violence, "higher risk" youth and young adults involved in gang and street violence.
- Respond to shooting incidences.
- Hosts quarterly anti-violence educational events.
- Work with new Community Partners and Students in our efforts to change community norms.
- Organize and mobilize a community "Dying to Live," campaign.
- Conduct regular JDC Visits.
- Contract with a second PCU Outreach Liaison and Organizer who will coordinate activities at PCU and other parent gatherings, and who can work with community partners to expand services to parents and students who live outside of the Unit 4 School district.
- Host regular events and attend Unit 4 and Coalition meetings as assigned (*PCU).
- Assist with monthly trainings and workshops and sit on the already established panels/boards (*PCU).

3. *How is the number to be served determined?*

Agency Response: Unit 4: Violence prevention and trauma response are marketed to all the parents in Unit 4. The number served reflects the interest and level of engagement solicited by TRUCE and its partners.

Champaign-Urbana: TRUCE markets extensively through public information panels, workshops, radio interviews, rallies, etc. The number to be served would depend on the response from concerned citizens and those involved in violence and retaliation.

Other Communities: Other communities are not as engaged as Champaign-Urbana where most of the violence occurs. The number served would be re-active rather than pro-active as in Unit 4 and Champaign-Urbana until a pattern is established. TRUCE would then establish a dedicated locale community unit to respond.

4. *If the CCMHB is the only funder, can the trauma training be done instead by CU Champions or Unit #4 School District?*

Agency Response: CCMHB would fund 86% of TRUCE. CUAP is continuously open to developing private grant streams. Currently, CUAP is supported by:

Grants - Summer Youth Initiative	\$3,000
Grants - MYS	\$500
Grants - Urbana Arts Council	\$1,000
In-Kind Contributions	\$15,000

5. *What is the difference between the Peacekeepers and the CU Champion Responder Care Teams?*

Agency Response: As explain above, Peace Keepers deal with the incidents of violence: prevention and peace keeping. CU Champions assist persons suffering from the trauma associated with the incidents of violence and its impact on them personally and the community in general. TRUCE works to prevent trauma by neutralizing and diffusing violent events.

6. *Clarify the relationship between the TRUCE and CU Champions proposals?*

Agency Response: Both TRUCE and CU Champions participate in the same events, initially on different levels. As indicated above, TRUCE is the first responder at the scene of the action. CU Champions provide assistance in dealing with the resulting trauma which occurs away from the scene of the violence for the most part. Both work together but with different specialties to change the culture of violence. TRUCE works the streets in addition to community events and in the school. CU Champions works in homes, families, school, agencies, etc. TRUCE is violence prevention; CU Champions is trauma amelioration. Both work to change the culture of violence. TRUCE works to disengage parties actively involved in or considering violence. CU Champions deals with the traumatic aftermath and the toll suffered by individuals, families and the community.

7. *What relationship, coordination, collaboration, does TRUCE have with Fresh Start?*

Agency Response: The Peace Seekers works with CU Fresh Start Liaison, Donte Lotts. CU Fresh Start is a new approach designed to focus on offenders with a history of violent, gun-related behaviors. Through this approach, they will be "called in" and given a

warning and an opportunity to stop shooting. If they choose to stop shooting, offenders will receive help to access community services and resources. The Peace Seekers will be available, if needed, to offer in-kind supportive services to these identified offenders.

Courage Connection - Courage Connection

Staff Questions (Program Summary):

1. *Courage Connection is in the midst of a strategic planning process. The outcome of the process may result in a significant reconfiguration of the agency. An update on the strategic planning process and proposed shift in service approach is warranted.*

Agency Response:

2. *Explanation of different roles of the counselors and new therapist position would be helpful in the services section of the Part I form. As would a projected number to be served and reported as TPCs. The same is true for the role of the client advocate versus an advocate position and how the services they provide are reported.*

Agency Response:

Board Member Question(s):

1. *Funding request has doubled; resource leveraging is great—127k/1,320m. or 9.6% of total budget. What is the reason for increasing the funding request? Does it relate to new services or expansion of services?*
 - a. *Is retail employment training a new service?*
 - b. *Is transitional housing for persons reentering community from prison new? (how many are likely to be served?)*
 - c. *Does increase represent addition of new therapist or client advocates to meet expanding needs of families in crisis?*
 - d. *Other causes should be specified*

Agency Response: The retail training available to clients has been a service provided since the Store's opening in 2008.

Similarly, the agency has received placements of clients exiting the Illinois Department of Corrections' prison system, with a dual focus on healing and re-entry, since 2009. Over the past several years, we have been able to increase the number of women served who were exiting prison. Since domestic violence is not only a common experience of women in prison, and since being a DV victim often leads to incarceration, we felt we were uniquely able to help with re-entry for a subset of the population. [Fact sheet at <https://tinyurl.com/yd5uxyiv>; report at <http://time.com/4960309/domestic-violence-women-prison-history/>.]

Board conversations regarding applications during last year's process expressed a desire to understand additional benefits available to clients who are served by CCMHB funding, even if some of those benefits are not directly funded. I.e., some Board members were interested in the bigger picture. However, we haven't included outcomes for these programs because they have separate sources of funding. We apologize for the purpose of this inclusion not being more clear in the narrative.

2. *Does increase represent addition of new therapist or client advocates to meet expanding needs of families in crisis?*

Yes. For the first time we will have staff who specifically provide advocacy for victims and survivors who are not in, and are not interested, in shelter. We budgeted for a Therapist; we are having trouble hiring one and we are working on alternative plans; these include negotiating for a higher therapist wage with the ICADV, and researching the costs and benefits of outsourcing the position.

Other causes should be specified

As Courage Connection continues to improve its services to be client-driven, the restrictions of most federal and state grant funding can often prohibit the flexibility and growth needed for such service provision. In order to provide the best services (efficient, client-driven, exceeding targeted outcomes), as an agency we are shifting our income focus to locally-sourced funding, such as local funders and improved development (i.e. fundraising).

3. *When will strategic planning be completed? If outcome of strategic planning reconfigures services, how will this impact the request for funds from CCMHB? Will the agency submit a revised plan?*

Agency Response: Answered in question 1, below.

CCMHB April 25, 2018 Board Review Question(s):

1. *When will the strategic planning process be completed? When done, will the end result require revisions to the proposed program?*

Agency Response: [Note: the second question was actually asked through email on April 20, but we've folded that answer into this section.]

Strategic Planning is an ongoing practice at Courage Connection. Formal meetings with management level staff are held every third Thursday of the month, and with executive leadership on the second, fourth, and fifth Thursdays of the month. These meetings are also informed by various task force and working group bodies who work on specific efforts related to the Strategic Plan.

As currently envisioned, any service reconfiguration will not significantly impact our request for funds from CCMHB; all key services (court advocacy, counseling/therapy, and emergency shelter) will continue at the same (or possibly increased) levels. The primary change is WHO will be served -- specifically, we are increasing access to clients who are not and will not be in shelter. This *does* reflect an increase in capacity in order to better serve the needs of victims and survivors of domestic violence in our community. This is, in turn, the primary reason for increasing the number of Advocates employed by the agency: Better and more intentional delivery of service will increase the time spent with individual clients, and increasing access to services will increase the number of total clients served.

HOW we provide services will largely be functionally the same. There is a subtle but important shift in our philosophy of service provision to be even more client centered, along with a greater degree of accompaniment in support. The philosophical shift will largely manifest in changes in language more than in work done; for example, we advocate for people instead of manage "cases", we support and encourage and create opportunities for greater self-empowerment of clients instead of suggesting through our language that *we* can empower *them*. Effectively, we'll be doing all the same work, just better.

As with any funding year, if any significant change to our services becomes actionable, we would continue our communication with CCMHB staff to keep them abreast of these intended changes to ensure we remain in compliance with our contract. As needed, Courage Connection will keep the CCMHB apprised and submit all/any relevant proposals and changes.

2. *What coordination is there between the transitional housing for women reentering the community from IDOC with other reentry services in the county?*

Agency Response: In addition to our regular work with the Parole office, we work in cooperation with Rosecrance's Re-Entry Program by connecting our clients with Rosecrance and offering transportation to their agency, if needed. We also assist clients in accessing the mental health and substance abuse assessments also provided by Rosecrance, and with accessing employment services through Illinois WorkNet. We promote the availability of training program in *Connections* within the community, including with other reentry service bodies: for example, the recent reentry summit at the Decatur prison, taking referrals from the Probation office, and providing flyers to WorkNet. We also promote the availability of the program on the store's Facebook page.

We also assist clients in accessing medical care through Frances Nelson Health Center, especially for those clients who are experiencing a lapse in health insurance (while Frances Nelson is not specific to reentry services, establishing health care is a critical part of reentry).

3. *Will there be staffing changes resulting from the reorganization?*

Agency Response: All current staff will have positions in the new reorganization. Some will reflect adjusted job responsibilities to fit the new positions. The most significant change will be to Client Advocates – the job title will change to “Advocate”, and the position will function much as it does now. (Please see Strategic Plan section above for more information.) There will also be some realignment of reporting structures, and possibly changes in the physical location of offices, in order to further facilitate the ease of access to services for clients not in shelter. Other job titles may change as well to reinforce the philosophical shifts.

Further, exact case management goals will more strongly reflect client choice (i.e. the client self-identifies their needs), although there will naturally remain a strong focus on independent living skills, including income stabilization, social supports, and safe housing.

As with any funding year, if any significant change to our services becomes actionable, we would continue our communication with CCMHB staff to keep them abreast of these intended changes to ensure we remain in compliance with our contract. As needed, Courage Connection will keep the CCMHB apprised and submit all/any relevant proposals and changes.

4. *Will the vacant positions be filled right away or be held open until the new plan is in place?*

Agency Response: All current vacant positions will be filled right away, as there will be a direct-line new position for each changing job (1:1). Three exceptions would be:

- Our HR Generalist, which our Board is considering outsourcing.
- The Transitional Housing Program Manager, which we are currently reviewing if the position requires a direct replacement.
- The Therapist, which is a position we have had trouble filling; we are considering outsourcing for this position.

As with any funding year, if any significant change to our services becomes actionable, we would continue our communication with CCMHB staff to keep them abreast of these intended changes to ensure we remain in compliance with our contract. As needed, Courage Connection will keep the CCMHB apprised and submit all/any relevant proposals and changes.

5. *Briefly summarize results of outcome measures.*

Agency Response: 60% positive discharge indicators will represent that clients leaving our residential services will be exiting to a location that meets their current needs and

indicated desires for improvement. This theoretically can include return to the household of an abuser, but by definition with improved understanding and concrete plans to improve safety. The 40% typically represents discharges where clients leave without informing staff; this typically means return to an abusive household. While in most cases, these clients also leave with an improved understanding/plans for safety, their choice to discharge without notifying staff means we cannot fairly claim improvement. It can also include the rare instances where the agency discharges a client for a safety violation (e.g. attacking another client/staff, or breaking another client's confidentiality).

InfoNet/IDHS surveys collect client reports of improved understanding of safety plans, community resources, and other measurements that reflect progress stemming from use of our services. 75% administration of surveys reflects only the challenge of administering a survey when a client discharges themselves from a service without notice; we often cannot follow-up as the circumstances of the departure suggest outreach may be dangerous. Court Advocacy is filtered out of this measure, as most of these services are provided as a one-time, drop-in service within an emotionally intense context (court, often with their abuser present); with staff responsible upon completion to immediately provide services to another client. Court Advocacy staff do attempt to obtain surveys, but the unique nature of this specific position make the success rate of implementation understandably very low.

90% positive results on the surveys represent not a client's satisfaction with services but an improved understanding of how to ensure their safety and the safety of their children within the context of / from domestic violence.

DREAAM House – DREAAM

Staff Questions (Program Summary):

1. *The revenue section was not completed, omitting information critical to the analysis of the budget, and needs to be revised.*

Agency Response: The other half of funding received from school districts is reserved to support the kindergarten success services, which are not funded by CCMHB. These are services provided to boys before entering and during kindergarten, including family education and training. CCMHB funds services starting at 1st grade.

Schools' in-kind services include programming space in schools during weekdays and weekends, transportation for Unit #4 students only, Wi-Fi, access to curriculum, and technical assistance with academic and behavioral interventions. In addition, Parkland College is providing six weeks of in-kind space and access to technology and library resources. First Presbyterian Church of Champaign provides in-kind services through office and storage space, van transportation, and Wi-Fi.

Regarding revenue, as the program is expanding, operational costs are growing. DREAAM is meeting a critical need across the county. The Board of Directors is developing a fundraising plan to assist in supporting the sustainability of DREAAM.

Confirmed FY19 revenue:

Rantoul City Schools	\$10,000	Program/Agency
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- Funding for the Summer Program in Rantoul; half supports 1st graders

United Way	\$36,000	Agency
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- Funding for kindergarten success services; these services are not funded by CCMHB

Projected FY19 revenue (entities have not made funding decisions):

Champaign Unit #4 School District	\$15,000	Program/Agency
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- One third is used to support kindergarten success services

Urbana School District	\$6,000	Program
First Presbyterian Church of Champaign	\$2,000	Program
City of Champaign	\$3,500	Program

- Supports summer program expenses; expanding to a six-week program this summer

Champaign County Coalition	\$3,500	Program/Agency
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- Coalition has supported summer activities which exceed our CCMHB budget. For example, DREAAM House can host a daylong Field Day between DREAAM, DMBGC, and UNCC youth.

2. *On the expense side, there are the questions about leveraging support for transportation and equipment costs charged to the Board. Was the Rantoul School District approached about paying the transportation expense? Was the Community Foundation of East Central Illinois approached about paying for the equipment?*

Agency Response: Since this FY19 application was submitted, the need for transportation in Rantoul has been resolved, due to funding from the United Way. However, some transportation funding is needed to support program operations for 1st-6th grade participants in Champaign. In addition, there is not a need for iPads. Android tablets were donated to DREAAM in late March.

3. *Explanation of how Urbana boys access services and school(s) served is of interest.*

Agency Response: *The partnership with Urbana School District is very new and still taking shape. Recently, DREAAM operated a month-long pilot program at two Urbana schools to provide social emotional learning and positive behavioral interventions. This pilot program was not finalized when this funding application was submitted, which is why no details were provided. I am meeting with Urbana School District next week to evaluate the pilot and discuss continuation of services. Without an increase in CCMHB funding, I anticipate services will be limited to twice a week, maybe even once.*

4. *More detail on allocation of staff time across multiple sites would also be helpful.*

Agency Response: I apologize for the lack of clarity. I am both Executive Director of the agency and Program Director of DREAAM After-school Program. I am at the after-school program everyday managing a range of duties, in addition to being at Saturday programming. Before and after the after-school program, I use that time to address agency duties, supervision matters, and follow up with parents, teachers, and partners. DREAAM House is in its formative years with a new Board of Directors. Personnel matters are being discussed to strengthen and sustain the organization and to develop clear roles and responsibilities for administrative and programmatic functions.

CCMHB April 25, 2018 Board Review Question(s):

1. *How does the staff meet its obligation to serve multiple sites, deliver range of services, and collect all the data referenced in the application?*

Agency Response: The personnel section does not reflect the number of dedicated interns and volunteers who work alongside paid program staff. Through partnerships with UIUC School of Social Work, UIUC College of Engineering and AmeriCorps, DREAAM can operate programs in multiple sites, deliver high quality services, and manage data collection. For example, a Master of Social Work Intern managed program operations, this current school year, at the Rantoul site. Interns and AmeriCorps workers have been committed to DREAAM for the upcoming fiscal year. However, an increase in funding will strengthen DREAAM's staffing structure, in order to expand to middle schools, improve service delivery and evaluation, and manage the volume of non-paid interns and volunteers.

2. *What coordination is there between DREAAM House and Don Moyer Boys and Girls Club CU Change as children move from elementary school to middle school?*

Agency Response: *This is a good question and warrants a conversation with Don Moyer Boys & Girls Club to discuss a collaboration to involve middle school DREAAM youth in CU Change. Currently, there is no coordination, yet I envision there are possibilities.*

3. *Does DREAAM House plan to extend services through middle school? High school?*

Agency Response: Yes! DREAAM is designed as a longitudinal model to serve and increase boys' positive outcomes from before entering kindergarten until exiting 12th grade. This program is seamless, cohort-based, and a coordinated system of supports from PreK to college—a pipeline. In Fall 2018, DREAAM will expand to serve middle school boys and follow them until high school.

Don Moyer Boys and Girls Club - C-U CHANGE

Agency Comment:

In light of clarifying a view of how the DMBGC, MHB funded programs fit or come together, I would offer the perspective that currently, the Don Moyer Boys and Girls Club CU Change program can be viewed as the only, "traditional program" grant for which the Club has full investment and program operation. This program was conceived by the Club after holding focused group meetings with local schools, juvenile probation, alternative schools, and other special needs youth providers.

Staff Questions (Program Summary):

1. *Frequency of contact with each student at school needs clarification in Services section of Part I form. How often does program staff engage with the student at school? What are the schools are served?*

Agency Response: Throughout the academic school year, service contacts with youth are counted via meeting with school staff, case management, counseling and progress updates. The frequency goal is to visit each participant's school 2 times per week. After-school programming contacts are counted via required quarterly progress meetings, counseling sessions, program action planning, parent engagement activities and core service activities. The frequency of these contacts are a part of the 3 times a week Club attendance standards. These services all work together to provide a holistic approach to supporting each youth through high school graduation and preparation for the future. Total service contacts will equal an approximation of 20-25 times per youth/month

The program currently has CU-Change participants at the following schools:

- Central High School
- Centennial High School
- Franklin Middle School
- Jefferson Middle School
- READY Program
- Circle Academy
- Urbana High School

- Urbana Middle School
- J.W Eater Middle

CCMHB April 25, 2018 Board Review Question(s):

1. *Regarding the CLC Plan for DMBGC, what is recruitment benchmark for DMBGC board members and staff?*

Agency Response: The recruitment benchmark for Board members is to be reflective of our clients, stakeholders, and supporters.

2. *What are the specific services provided by the 1.8 FTE funded by the CCMHB? (CCMHB Staff Comment: Position titles provided do not match CU Change positions listed in program application)*

Agency Response: **Teen Services Director:** Program supervision, management and coordination. Responsible for building relationships with referral agencies and various program community partners and organizations. Participation in student recruitment and admission process. Coordination with BGC after school program and activity integration, program assessment and reporting. Assists with student school contacts, family engagement, and student support.

Qualifications

- Bachelor's Degree in a youth development related field, or four years' experience in counseling and/or social work. Advanced degree preferred.
- Must have understanding of the juvenile justice system.
- Two or more years of experience managing a budget for a program and/or an organization.
- Two or more years of experience supervising or managing staff in a human services delivery setting.

Case Manager: Coordinates student admissions and assessment process. Maintains student program files and records. Conducts student school visits, develops student program plans, coordinates student progress reviews, conducts family engagement activities, coordinates/meets with school site staff regarding students, develops student after school program plans. Completes student assessments and progress reports.

Qualifications

- Bachelor's Degree from an accredited college or university required, Advanced Degree preferred. Preferred majors and/or degrees include Social Work and Counseling. Licensed social worker or counselor preferred.
- Minimum of one year experience working with at risk youth and/or gang involved youth.
- Minimum of 6 months experience with case management.

- Must have understanding of the juvenile justice system.

3. *In which schools does the program have a presence?*

Agency Response: The program currently has CU-Change participants at the following schools:

- Central High School
- Centennial High School
- Franklin Middle School
- Jefferson Middle School
- READY Program
- Circle Academy
- Urbana High School
- Urbana Middle School
- J.W Eater Middle

4. *What is the frequency of contact with CU Change students at school?*

Agency Response: Throughout the academic school year, service contacts with youth are counted via meeting with school staff, case management, counseling and progress updates. The frequency goal is to visit each participant's school 2 times per week. After-school programming contacts are counted via required quarterly progress meetings, counseling sessions, program action planning, parent engagement activities and core service activities. The frequency of these contacts are a part of the 3 times a week Club attendance standards. These services all work together to provide a holistic approach to supporting each youth through high school graduation and preparation for the future. Total service contacts will equal an approximation of 20-25 times per youth/month

5. *How does the CU Change program align with other Club programs?*

Agency Response: The CU Change Program aligns with other Club programs through the After School and weekend, and summer programs, activities, and mentoring services provided at the Club. CU Change students are incorporated in the various academic support services, healthy life style training, community engagement opportunities, college and career preparation activities, recreation events, and mentoring.

6. *Why is the target for number of youth served set at 40 when past performance has surpassed this goal?*

Agency Response: Participation in the CU Change program is voluntary. While the target number of youth served is 40, not all youth or families choose to remain in the program through graduation from High School or through the school year. When a student or

family chooses to remove themselves from the program, or at some point, graduates out of the program, we replace that student with another student in need of services. Because of this factor, we may serve more students than our target number.

7. *How are youth selected for participation in the program?*

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

Referral Forms are distributed to agencies via program presentations, school meetings and community events. Referral sources will complete the CU Change Referral Form for prospective youth and submit to the Director of Teen Program Services.

- Youth referred will have 3 or more of the Risk Factors identified in the Target Population section.
- Verification of Clients meeting criteria is provided by the referring organizations (i.e. Youth Assessment Center, Local School Districts, Juvenile Probation, etc.)
- Target Population learns about program via the referring agency and parent/guardian approval.
- 80% of the parent/guardians who approve placement into the program are accepted.
- The estimated length of time from referral/assistance to assessment is 1 week.
- The estimated percentage of referred clients assessed during the 1 week time frame is 95%.
- The estimated time from assessment/need to engagement of services is 1-2 weeks.
- The estimated percentage of eligible clients who will be engaged in services within the 1-2 week timeframe is 100%.
- We anticipate that over time the estimated average length of participant engagement in services will be 2 years.

8. *How are the identified outcomes measured? What evaluation instruments/tools are used to collect the data?*

Agency Response: Identified outcomes will be measured through self-reported surveys/assessments (i.e. Social and Emotional Learning Standards Assessment), school report cards, school visit and school improvement plan data, juvenile justice system

reporting and case management files (i.e. Youth Assessment Center Station Adjustment, Probation, etc.)

Don Moyer Boys and Girls Club (DMBGC) - Community Coalition Summer Initiatives

Agency Comment: Don Moyers Boys and Girls Club: Community Coalition Summer Initiative

The Community Coalition Summer Initiative, is a program that DMBGC was requested to be involved with as the “Administrative Agent”, in order to facilitate the eligibility, funding requirements and reporting provisions of the CCMHB. Due to the unique makeup of the Community Coalition group, it is not organized to provide the required fiscal and overall reporting requirements needed to be approved for MHB funding. DMBGC agreed to support the initiative by fulfilling those duties.

Serving in the role of “Administrative Agent” requires that the Community Coalition Summer Initiative Program be listed as a DMBGC program under the CCMHB. However, it should be noted that DMBGC serves in this capacity strictly at the request of the community, through the Community Coalition, and that funds allocated for program services, are passed through to the organizations that provide such activities.

In light of clarifying a view of how the DMBGC, MHB funded programs fit or come together, I would offer the perspective that the Community Coalition Summer Initiative be viewed not as a “traditional program” of DMBGC, but as a special initiative for which the Club has agreed to support with administrative services.

Staff Questions (Program Summary):

1. *Does the estimated number served reflect the total program or the number of additional children/youth to be served as a result of the subcontracts?*

Agency Response: Estimated number served reflects the total program number of youth served for the summer.

2. *Target for "Other" is new for FY19. What services/activity does the "Other" category represent?*

Agency Response: The “Other” category is used to represent the number of individuals (youth and adults) participating in events related to anti violence, racial understanding, and general community engagement activities. These activities stem from Community Coalition targeted activities to address dynamics that are highlighted during the summer months. While partner agencies may be involved, the activities don’t generally involve registration or any formal requirements for participation.

Board Member Question(s):

1. *Funds go to 14 agencies. What is the timeline for agencies to apply for funds?*

Agency Response: Once approval is received from CCMHB, the Coalition Executive Committee notifies coalition members, partners, individuals and organizations that provide community based youth programs and services targeted in the grant. Organizations and programs are encouraged to submit a proposal outlining activities, partnerships, collaborations, nontraditional youth served, targets and goals, unique program features, and funding request. Roughly 20 days are allotted to submit a request. The goal is to get activities started as close as possible to end of the school year. Programs are open for operation until end of September to complete activities.

2. *What is the criteria for funding?*

Agency Response: Criteria for funding is based on the ability to address Coalition priorities established earlier in the year through the Coalition membership and partners (i.e. youth violence, youth unemployment, summer academic regression, constructive community engagement, counseling support, etc.) Focus is placed on service to non-traditional youth, partnership and collaboration among organizations, opportunity for small organizations/individuals to offer services and supports. Partners selected must have the ability to meet expected program and financial documentation required by the administrative agent for the grant.

3. *Who at DMBGC or Champaign Community Coalition make the decisions?*

Agency Response: The Coalition Ex Committee, Don Moyer BGC CEO and CFO, and City of Champaign staff, make the final determination on the partners for program and service delivery.

CCMHB April 25, 2018 Board Review Question(s):

1. *How much is allocated to each subcontract?*

Agency Response: 2017 Sub-contract allocations were the following:

Champaign Schools	20,000
Urbana Schools-RPC	25,000
DREAAM House	3,500
CU Neighborhood Champ.	4,000
Media Doll/Community Arts	13,000
Midnight Basketball	10,000
Comm. Campus Connection	3,000
1 st String	1,500
Lifeline	2,000

Pathways-Camp	5,000
BBL Academy	4,000
Don Moyer (Rantoul)	5,300

2. *Do some of these subcontracts support other programs funded by the CCMHB? If so, is it for the same purpose/services? How will such duplication be avoided?*

Agency Response: There are three sub-contract providers that also receive CCMHB funding. CU Neighborhood Champions, DREAAM House, and Don Moyer BGC. Summer Initiative funding to each organization is for programming or activities separate from other MHB funded programming, or for supporting additional youth served during the summer months. They are as follows

Don Moyer BGC: Summer programs and activities for Rantoul youth

DREAAM House: Activities, Educational Field Trips, College readiness programming for additional youth during the summer months. College for Kids program at Parkland College.

CU Neighborhood Champions: Specific training needs for targeted neighborhood leaders as it relates to community violence in affected neighborhoods directly where the shooting incidents occur.

3. *What does DMBGC require the subcontracted programs to report to them?*

Agency Response: *(CCMHB Staff Note: In response to this question DMBGC provided copy of subcontract, budget form, and program plan form. Below is the program plan form plus reporting requirements from Subcontract)*

Community Coalition Summer Program Initiative Program Plan

Organization/Program Name:

Organization Overview: (Describe your organization purpose, history, structure, etc.)

Summer Initiative Program Overview: (Describe your program focus, services you will provide, youth demographics, staff or volunteer use, etc.)

Goals and Outcomes: (Describe the intended outcomes from services provided, i.e. number of youth served, number of activities provided, hours of activities provided, percentage of youth completing program expectations, etc.)

Outcome Measurement/ Assessment Plan: (Describe how you will assess outcomes and provide information on completed goals and outcomes; i.e. specific assessment tools, pre and post youth assessments, attendance data, etc.)

Completed by:

Title:

Date:

Subcontract reporting requirement:

1. Services

a. In consideration of the mutual promises, covenants, and undertakings of the parties hereto, the Provider agrees to provide services as stipulated in the Program Plan attached hereto and incorporated herein by reference.

b. Failure to implement services as stipulated in the Program Plan may be cause for termination of the Agreement.

2. Financial and Program Reports

The Provider will submit a final report which provides information concerning the activities and program elements which are specified in the Program Plan. In addition, a final financial report which details spending shall be submitted to DMBGC.

4. *Who makes the decisions on what programs to fund? What are the criteria used?*

Agency Response:

Don Moyer Boys and Girls Club - Youth and Family Services

Agency Comment Don Moyer Boys And Girls Club: Youth and Family Services
DMBGC was requested to serve as the "Administrative Agent" for the Youth and Family Services Program, in order to allow system of care services provided by the Youth and Family Peer Alliance Agency to continue. Serving in the role of "Administrative Agent" requires that the Youth and Family Services Program be listed as a DMBGC program under the CCMHB. However, it should be noted that DMBGC was asked to serve in this capacity to primarily provide financial, human resource, and reporting compliance. In light of clarifying a view of how the DMBGC, MHB funded programs connect or come together, I would offer the perspective that the Youth and Family Services Program is not a "traditional program" of DMBGC, but a program for which the Club has agreed to support with administrative services.

Staff Questions (Program Summary):

1. *How will youth and families be selected from those referred? How quickly will youth and families engage in services and how long is participation in services expected to last?*

Agency Response: Youth and families do not have to be referred by an agency to receive services; they are encouraged to self-refer. We emphasize families being able to access our service at various points of entry. This includes but, is not limited to all child-serving systems and agencies. We do not have formal MOU's in place for referrals.

Youth and families are not selected to participate in our services. Services and supports are rendered based upon self-disclosure of having social, emotional or behavioral health challenges. Another identifier that we consider is rather a youth receives Special Education services.

CCMHB Staff Note: Agency also submitted comments/explanations to observations made in body of program summary.

CCMHB April 25, 2018 Board Review Question(s):

1. *Explain the cost per youth or family served.*

Agency Response: *Based upon our projected number of NTPC and TPC for FY19 the cost per youth/parent will be \$865.00.*

2. *What relationship, if any, is there between this program and CUAP's CU Champions trauma training?*

Agency Response: Currently, we do not have a formal relationship with CU Champions. We did, however just completed a "Youth and Family Engagement" presentation for the participants on Saturday, April 14th.

3. *What are the referral sources for youth and families served?*

Agency Response: Youth and families do not have to be referred by an agency to receive services; they are encouraged to self-refer. We emphasis families being able to access our service at various points of entry. This includes but, isn't limited to all child-serving systems and agencies. We do not have formal MOU's in place for referrals.

4. *What other agencies does the program collaborate or coordinate services with? Are there overlaps in services and how are they addressed?*

Agency Response: In FY19 we will have an MOU with DREAAM House CU Champions to conduct parent, staff and volunteer trainings about SOC, family and youth voice, family and youth engagement etc. Within the parameters of the MOU both agencies will refer youth and parents/caregivers to their various programs based upon the predetermined criteria.

Mahomet Area Youth Club – BLAST

Staff Questions (Program Summary):

1. *Why does the school attendance outcome measure rely on parent response as opposed to school attendance records?*

Agency Response: See Below

2. *How does the program operate without any direct staff support or only 5% of the executive director's time being dedicated to the program? What is the amount support received (revenue) and costs incurred to operate the BLAST program?*

Agency Response: The program has an Program Coordinator that leads the program. The coordinator is a former classroom teacher, and she has led the BLAST program for 5 years. Her wages have been paid through a contract agreement with the school in previous years, so the direct staff support does not show on the wage line. In total, the program costs just under \$110,000 to operate. Fees offset \$30,000 of those program costs, so the net cost for BLAST offerings are \$80,000 per year. We are not funding the salary and programming costs this year. We are only funding the scholarships for low income youth with our proposal for next year.

3. *Why doesn't the school district underwrite the cost of the scholarships?*

Agency Response: The school district is not able to underwrite the scholarship costs at this time. Students at risk from an economic standpoint would be excluded if we didn't support this program.

CCMHB April 25, 2018 Board Review Question(s):

1. *How much is charged to a family to participate in the program (no scholarship)?*

Agency Response: When a student does not qualify for a scholarship, the fee to participate is \$50 per BLAST offering.

2. *Can the program serve children/youth from outside the Mahomet School District?*

Agency Response: Home school youth that reside in the Mahomet School District can join BLAST. Since this after-school program takes place within the Mahomet Schools, the courses are limited to students who reside in the district currently. The summer program at MAYC is not limited to the Mahomet School District restriction.

3. *Explain the difference between past utilization numbers and the target for the coming year.*

Agency Response: The number from previous years included all students in the BLAST program. We are only targeting economically disadvantaged youth with our funding request for the new year. That is why the total numbers are different. The BLAST program will continue to be an inclusive program for all students, and the total number of students in the BLAST program remains unchanged for next year. The numbers in the narrative cover all students involved in the BLAST program while the NTPC and TPC

numbers reference only those receiving the scholarships for 2019. MAYC felt that this presentation was a better reflection of how the dollars would be used in the new year since we are focusing on scholarships.

4. *Can school attendance records be used to measure outcome(s)?*

Agency Response: Due to the large number of students in the program (over 800 before removing duplication), the varied courses (over 15 programs each session) and the length of each program (5 weeks per program), resources have not been available to track actual attendance records to date. The survey has been a better use of staff time and resources.

Mahomet Area Youth Club - MAYC Members Matter!

Staff Questions (Program Summary):

1. *Does the program track number of students from low-income families whose math and reading scores decline in order to target more academic support to them?*

Agency Response: We are reviewing if this type of intervention is possible, but there are privacy issues that might restrict implementation. We will continue to investigate this type of proactive programming for low-income families.

CCMHB April 25, 2018 Board Review Question(s):

1. *What culturally diverse experiences are youth exposed to?*

Agency Response: Our programming has focused on cultural diversity with Fit Young Minds coming out weekly and Shandra Summerville coming out a couple times to our summer programming. Those individuals talked about topics relating to diversity, acceptance, communication, and sexual identity. This will continue to be a focus for our tween and teen program. In the summer of 2018, we will take two joint trips with the Don Moyer Boys and Girls Club. We'll ask Shandra if she is able to join us, and we'll look to incorporate RACES into our programming. As an entire program, diversity and diverse experiences are something that we stress with youth.

2. *What effort is made to reduce stigma?*

Agency Response: Our work to expose youth to the discussions mentioned in the question above is one step we take to reduce stigma. We also talk to staff and train them each session about perceptions, biases, and attitude. Part of this training includes an overall awareness and discussion about inclusion. This helps staff become better mentors and leaders for the program.

Rosecrance Central Illinois - Parenting with Love & Limits

Staff Questions (Program Summary): NONE

CCMHB April 25, 2018 Board Review Question(s):

1. *Can other funds be committed/leveraged to support the program?*

Agency Response: PLL services are not covered by Medicaid, Managed Care Organizations nor commercial insurance. Rosecrance has explored other possible resources for funding with Savannah Family Institute, but we have been unsuccessful in finding other funding sources thus far. We will continue to explore other options with Savannah Family Institute and the Champaign County Mental Health Board in an effort to find further funding sustainability.

Rosecrance Central Illinois - Prevention Services :

Staff Questions (Program Summary):

1. *Personnel supported by the Board is down, slightly. Total program funding has increased. What is the justification for increased support from the CCMHB? How will that increase be spent by the program and how will it impact the services?*

Agency Response: Total program funding increased mostly due to the State of Illinois fully funding 1 FTE, which had to be fully dedicated to Vermilion County, according to the state grant. Funding for this FTE was not part of the previous total program funding.

The number of support staff funded under "indirect" personnel decreased in FY19 (.06 FTE) from FY18 (.09 FTE). Some of this expense now falls under "Professional Fees, due to the accounting and other support staff being employees of Rosecrance Health Network.

The amount of "direct" staff funded by CCMHB actually increased slightly from FY18 (.91 FTE) to FY19 (.95FTE). Rosecrance requests increased support from CCMHB to cover the increased amount of staff time and the resources required to support this staff member (increased staff benefits, increased occupancy, etc.). The additional direct staff time will allow Rosecrance to effectively respond to requests for prevention services in Champaign County, which are not covered by other funders.

These services include presentations to parents and teachers, as well as to youth in community-based organizations or schools within the County who request after-school presentations and/or are unable to focus prevention services on all of their 5- Bth grade students. It also allows the prevention team staff to participate on local coalitions, and to provide prevention outreach throughout the County. These activities are referred to in the grant application as "CSE' s. While the funding

application projected an increase in CSE's of 50 over the next fiscal year, we are trending higher at this time.

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

Staff Questions (Program Summary):

1. *Is the drop-in center being discontinued?*

Agency Response: See below

2. *Because the Total Agency serves youth who are not residents of the County, those services should be charged to non-CCMHB revenue, and those youth not included in service activity, demographic/residency or performance reports to the CCMHB."*

Agency Response: We will address this concern in the upcoming fiscal year while keeping our services available to all who request them. The first step will be to partner with agencies located in other counties, several of which that have recently reached out to us, to explore their funding sources. We also plan to task our incoming interns with implementing a broader fundraising plan, something that we as a relatively new board have not had the capacity to undertake in addition to maintaining our operations. Additional funding will allow us to allocate our own funds to the Youth and Families Program based on out-of-county attendance.

The 30 additional hours from the two internships, through the U of I Community Health Program and the Human Development and Family Studies Program, give us the freedom to allocate whatever hours are necessary to the provision of services to non-Champaign County consumers. In addition, we have worked directly with the internship directors of both of these programs to craft internships that contribute to departmental requirements and the vocational development of the interns. We expect that this will contribute to a continued relationship with these departments and a sustained internship program in the future.

CCMHB April 25, 2018 Board Review Question(s):

1. *What additional outreach is planned? To schools? Do you have a presence in schools?*

Agency Response: We are currently in contact with seven middle or high school Gay-Straight Alliances (GSAs) in Champaign County. Within the next fiscal year, we will form a network amongst these often under-served GSAs to help facilitate the sharing of resources and programming. Exactly what shape that network takes, be it an email listserv, periodic meetings, or intergroup site visits, will depend on the guidance and feedback that the GSAs provide to us.

Rachel Muir, our Youth and Families outreach coordinator, funded by CCMHB, has reached out via email and telephone to all other public and private Champaign County schools to ask whether or not they have a GSA and to offer resources available through the UP Center. She continues to follow-up with these schools.

For schools that do not have a GSA but wish to start one -- and for students, parents, and community members who are facing reluctance from their school administrations in their mission to start a GSA-- we have programming, guidance, and resources shared with us by a successful, well-regarded LGBTQ-youth focused Illinois non-profit. Offering our assistance in such endeavors will be an outreach priority in the coming year.

We do appreciate CCMHB noting at their most recent board meeting that self-selection is a constant challenge of serving the LGBTQ population in general and LGBTQ youth in particular. We have observed that attending a GSA meeting requires a certain level of self-acceptance that not all young members of the LGBTQ population may have reached. Within the coming fiscal year, we will also reach out to school guidance departments and resource officers who often serve as the first point of contact for distressed youth.

2. *How do you work to reduce stigma experienced by/directed toward the LGBTQ community or individuals?*

Agency Response: Visibility, educational outreach, and community building are our most important methods for combating the stigma experienced by LGBTQ persons. The annual C-U Pride Fest contributes greatly to enhanced LGBTQ visibility while providing educational workshops and information. We are currently planning the 2018 festival. We are reasonably confident that it is the largest Pride celebration in downstate Illinois, and we expect the upcoming 2018 celebration to be our largest yet based on community response.

In terms of educational outreach, we have provided several workshops promoting cultural competency in LGBTQ issues in Champaign County. These workshops have been provided for other nonprofit agencies, such as Choices Coordinated Care Solutions, local churches, such as The First Presbyterian in Urbana, and to University teaching assistants and staff. The UP Center has also collaborated on workshops for local educators, benefiting K-12 teachers across Champaign County. Our workshops have also been provided for staff members at Visit Champaign County, who were seeking information on how to attract more diversity to the area. These programs are available to any program, agency, or employer, and can be tailored to the needs of the requesting organization.

In terms of community building, we have also participated in joint programming with churches and religious organizations in the last year, lending LGBTQ people visibility in spaces where queer representation may have been previously absent or limited. For instance, we participated in a "Queering the Faith" event and "Illinois Interfaith Conference 2018" where we assisted with organizing and served as panelists. We expect

these relationships and collaborations to be ongoing. In addition to providing LGBTQ visibility in new spaces, these relationships allow us to suggest welcoming and affirming churches to LGBTQ persons who are working to reconcile their faith and identity. Lastly, we are currently in the very early stages of working with community partners and city officials to address key points that negatively affected the City of Champaign's score on the annual Municipal Equality Index released by the Human Rights Campaign. These various community building and educational outreach opportunities allow the UP Center to provide community institutions with knowledge and skills necessary for creating services that are open and affirming of LGBTQ people.

3. *What is the status of the Drop-In Center? Location? Hours? Staffing?*

Agency Response: The Drop-In Center, currently located at the University YMCA, 1001 South Wright Street, Champaign, Illinois, remains open, with hopes of expanded hours of operation in the future. It is currently staffed for twelve hours a week by CCMHB-funded positions. We routinely post our hours on our website and Facebook page to make the community aware of this resource and to encourage participation. Beginning in August 2018, we will have an additional 30 hours per week available to us through two University of Illinois internships. Subject to their availability and course schedule, we will spread these hours across the week with particular attention to the few hours after 3:00 when school is out, and LGBTQ youth can contact us about their needs and our services.

Urbana Neighborhood Connections - Community Study Center

Staff Questions (Program Summary): NONE

Other/Renewal

Crisis Nursery – Beyond Blue Champaign County

Agency correction to program summary: The only correction ... is in the Financial Analysis section. It shows that in PY17 our request was for \$75,000, and PY17 award was for \$75,000. We were actually only awarded \$70,000 for PY 17.

The other change is that Presence Covenant Medical Center is now OSF Heart of Mary Medical Center. Our collaboration with OSF will remain the same as it was with Presence so it does not change anything related to our grant application.

Staff Questions (Program Summary): NONE

Board Member Question(s):

1. *Has the Board of Health been approached to seek partial support?*

Agency Response: Yes, the Champaign County Board of Health and the Champaign Urbana Public Health District were both approached about the opportunity for additional funding to support the Beyond Blue Program. Please see the attached letter from Julie Pryde indicating that there is no current funding available to support this program for FY19.

2. *Is program able to expand in future given that demand outstrips supply? How is determination made to refer families vs. serve? Is it capacity based or severity of need? How successful are referrals to other agencies?*

Agency Response: If funding were available, Crisis Nursery would be willing and able to expand staffing and services for the Beyond Blue program. While there is definitely a need to serve more families, there are also many reasons that families are unable to fully engage in the program due to their schedules and some become unreachable due to the transient nature of the population. Our goal has always been to provide Beyond Blue services to the most vulnerable and engaged clients. A small portion of the funding for our Strong Families program gives us the ability to serve non Beyond Blue families so we never completely turn someone away. We always offer groups, referrals for basic needs, and crisis care in the event that comprehensive programming isn't feasible for a family through Beyond Blue.

Referring to other programs (Healthy Families, Parent Wonders, etc.) isn't usually something that has happened unless the family was exiting the Beyond Blue program. Decisions about where mothers are served are typically made from the referral sources themselves. We are often referred mothers from WIC or the hospitals who are presenting as depressed or anxious, while more stable women are referred to Prevention Initiative (PI) programs. Although the support for maternal mental health is growing in CU, BB offers programming that no one else does so making a referral to another similar program challenging.

I'm pleased to share that Crisis Nursery was recently awarded a grant through ISBE to provide expanded Prevention Initiative services in Champaign County. This will allow many of our Beyond Blue programs to transition to our PI program after they age out of Beyond Blue. This 0-3 programming will follow the Baby TALK model and provided us the funding to hire three additional Family Specialists for our Strong Families programming. This comprehensive programming will be an added benefit for mothers participating in Beyond Blue.

CCMHB April 18, 2018 Board Review Question(s):

1. *Is the program at capacity and unable to expand? What does it mean to be able to accommodate a certain number?*

Agency Response: The program is currently at capacity due to staffing. We would be able to expand if additional funding was available to hire additional Family Specialists to focus on this work. Our services consist of a comprehensive service delivery that combines both groups and home visiting to best meet the needs of the families who are enrolled. The numbers accommodated are driven by the intensity of these services.

2. *Can the program meet the demand? If not, is it an issue of staffing or funding or space or other?*

Agency Response: While every family won't receive the same intensity of services, Crisis Nursery does strive to best meet the needs of all families who come through our doors at some level as described above. The limitations in program expansion are only limited by staffing and funding. The Nursery has the space to accommodate additional staff if the program expands.

3. *For those families that are not served, where are they referred?*

Agency Response: Again, a small portion of the funding for our Strong Families program gives us the ability to serve non Beyond Blue families so we never completely turn someone away. We always offer groups, referrals for basic needs, and crisis care in the event that comprehensive programming isn't feasible for a family through Beyond Blue.

Typically, families remain within the Crisis Nursery Strong Families program or are served through our Safe Children program if they need crisis care services.

4. *Is there information about the success of those referrals? Did the family follow through on the referral and were they successful in accessing services?*

Agency Response:

5. *When did the agency last seek funding from the Board of Health?*

Agency Response: We have inquired about additional funding opportunities through the Board of Health the past two years.

May 2, 2018

To whom it may concern:

At this time there are currently no RFPs available from the Champaign County Board of Health, nor the Champaign-Urbana Public Health District for new programs in FY 19. That is to say there is no current funding available for the Crisis Nursery's "Beyond Blue" program from CUPHD of Champaign County Board of Health in FY19.

Sincerely,
Julie A. Pryde, **MSW, MPH**
Administrator
201 W. Kenyon Road, Champaign, IL 61820 217-531-5369
jpryde@c-uphd.org

ECIRMAC (Refugee Assistance Center) - Family Support & Strengthening

Staff Questions (Program Summary): NONE

CCMHB April 18, 2018 Board Review Question(s): NONE

Promise Healthcare - Mental Health Services with Promise

Staff Questions (Program Summary): NONE

CCMHB April 18, 2018 Board Review Question(s):

1. *What timeframes/measures can you provide for patients engaging in services?*

Agency Response: Patients under the care of a psychiatrist are most likely to have ongoing care.

Patients seeing our therapists for mental health counselors would be seen, on average, 8 to 12 months. Some would be much shorter, brief counseling for 4 to 6 sessions. And some would be longer with ongoing counseling for maintenance with no termination period defined.

RACES - Sexual Violence Prevention Education

Staff Questions (Program Summary):

1. *How much time passes between the point RACES receives a request for particular education series, and when the series is actually held?*

Agency Response: The answer to the above question is varied, depending on how far ahead a certain teacher is planning. Some teachers or social workers contact us in the summer for programs to be delivered the next February, while others contact us requesting a program to be held within a week or two.

We propose to track the following information in FY19: Percentage of Education programs that take place within one month of the teacher's/requestor's preferred date/start date.

The salient data points are the preferred date, plus the actual presentation date of a one-time program or the actual presentation date of the first session of multi-session programs.

CCMHB April 18, 2018 Board Review Question(s): NONE

Rosecrance Central Illinois - Crisis, Access, & Benefits

Staff Questions (Program Summary): NONE

Board Member Question(s):

1. *Should proposal align with one of the four priority areas? Which one?*

Agency Response: Yes. The application should be aligned with the priority area: Innovative Practices and Access to Community-Based Behavioral Health Services. This is the only application that provides screening and access to emergency services 24 hours a day, 7 days a week, 365 days a year.

2. *183 clients were served in FY 17 -- does this refer to the total who were provided case management for benefits and /or accessing services? Were these distributed across CCHCC and Rosecrance?*

Agency Response: In FY 17, the actual number served was 188 clients who were provided with benefits case management. Of the 188 clients, 104 were served by the Rosecrance benefits case manager and 84 were served by the CCHCC benefits case manager.

3. *Of the 3,500 crisis calls managed—are most calls resolved without requiring access or benefits? Is there a relationship between crisis calls and those identified as NTPC or the 183 clients served?*

Agency Response: There is no data regarding the number of referrals made from the Crisis Line to Access and/or Benefits Case Management. It is entirely possible that some of those 188 clients served by a benefits case manager are due to information provided on the Crisis Line, but there is no way to extract this kind of data.

4. *Do the benefits management for individuals in jail coordinate with Rosecrance Criminal Justice PSC-which provides case managers at jail? Is there possibility of overlap or duplication?*

Agency Response: Benefits Case management is a very specific task and requires specific training to learn how to complete the required documents. Only the Rosecrance

and CCHCC Benefits Case Managers complete work with clients for benefits acquisition. The Criminal Justice PSC case managers provide all the other case management work and do not do any of the benefits acquisition work.

CCMHB April 18, 2018 Board Review Question(s):

1. *Of those receiving benefits assistance, how many are assisted by the benefits case manager on staff and how many through the CCHCC subcontract?*

Agency Response: Of the 188 clients served, 104 (55.3%) were served by the Rosecrance benefits case manager and 84 (44.7%) were served by the CCHCC benefits case manager.

2. *How will the 15% requested increase be used? What are the associated outcomes resulting from the requested increase?*

Agency Response: The 15% requested increase will be used to train qualified mental health professionals in crisis intervention and assessment. The associated outcomes would be quicker response times to the hospitals and more availability to respond into the community with local law enforcement.

3. *How does one access benefits assistance? Is there a waiting list for benefits assistance?*

Agency Response: Clients can access benefits case management services via walk-in hours and scheduled appointments. There is no wait list for benefits case management services.

4. *What is the wait time between assessment and access to treatment? Does that apply to someone needing benefits assistance?*

Agency Response: As of April 2018, we started a walk-in process to decrease the wait time from assessment to admission into mental health services. Our current wait time for admission ranges from 6-8 weeks. We anticipate the wait time will decrease to 1-2 weeks in the coming months, but we have decreased the wait-time for assessment to within 48 hours. This does not apply to someone needing benefit assistance.



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

DRAFT of May 23 Decision Memorandum

DATE: May 16, 2018
TO: Members, Champaign County Mental Health Board
FROM: Lynn Canfield, Executive Director
SUBJECT: STAFF RECOMMENDATIONS FOR PY19 FUNDING

Purpose:

For the consideration of the Champaign County Mental Health Board (CCMHB), this memorandum presents staff recommendations for funding for the Program Year (PY) 2019 contract year (July 1, 2018 through June 30, 2019.) Decision authority rests with the CCMHB and their sole discretion and judgment concerning the most appropriate use of available dollars based on assessment of community needs, best value, alignment with decision support criteria, pricing and affordability, and reasonable distribution of funds across disability areas.

Statutory Authority:

The Champaign County Mental Health Board (CCMHB) policies on funding are predicated on the requirements of the Illinois Community Mental Health Act (405 ILCS 20 / Section 0.1 et. seq.) All funds are allocated within the intent of the controlling act as codified in the laws of the State of Illinois. The recommendations included in this memorandum are based on our assessment of how closely applications align with statutory mandates, CCMHB funding policies, approved decision support criteria and priorities, and Board discussion. Best and Final Offers may be sought as part of the negotiation process for authorized PY19 contracts. The CCMHB reserves the right to refrain from making an award when such action is deemed to be in the best interest of the county.

Background and Policy Considerations:

A portion of funding allocation decisions for PY19 is driven by the Intergovernmental Agreement with the Champaign County Developmental Disabilities Board (CCDDDB), Memoranda of Understanding, collaborations, and previous actions taken by the CCMHB which commit funding for specific purposes predicated by established Board priorities. These are incorporated in the final allocation recommendations:

- Criminal Justice and Behavioral Health (including adult jail diversion efforts, juvenile justice, and victim supports).

To better serve adults with serious and persistent mental illness and/or substance use disorder and involvement in the criminal justice system, proposals offer a range of services, including case managers in the Champaign County jail and community, peer support, access to treatment for Drug Court clients, Moral Reconciliation Therapy (MRT) and anger management group therapy, crisis line and crisis team, and assistance with enrollment in health insurance and other benefits.

Youth who are involved with the juvenile justice system have been served through Parenting with Love and Limits (PLL) and the Youth Assessment Center, selected by the

Quarter Cent Administrative Team to address the service needs of youth with behavioral health and juvenile justice/law enforcement involvement, along with their families. The CCMHB contracts with the Savannah Family Institute (\$129,500) for use of the evidence based PLL model, bi-weekly clinical supervision ensuring model fidelity, and quarterly program performance review and outcome evaluation. PLL services are provided by Rosecrance Central Illinois, with fully dedicated clinicians and a case manager, all of whom are approved and trained by the Savannah Family Institute. The Youth Assessment Center is primarily supported by the County's Quarter Cent for Juvenile Justice fund.

The CCMHB has a longstanding commitment to the three programs offering support to victims of crime: Champaign County Children's Advocacy Center; Courage Connection; and Rape Advocacy Counseling and Education Services.

Recommendations for PY19 funding are a mix of new and continuing services and supports for populations having contact with the criminal justice system.

In addition to the applications submitted under this priority, staff requests the Board consider approval of an amount not to exceed \$150,000 to be used to meet the 20% matching funds required for a Department of Justice-Bureau of Justice Assistance "Justice and Mental Health Collaboration Program" (JMHCP) Implementation and Expansion grant application. The Department of Justice-Bureau of Justice Assistance (BJA) requires a non-federal match of 20% of the total project. Funds committed by the Board would meet this obligation. The term of the federal award for an Implementation and Expansion grant is three years. The maximum project cost is \$750,000 with federal funds at \$600,000 and local match at \$150,000 over the three-year period. The final application amount is to be determined but would not exceed a local match commitment of \$150,000.

Similar match commitments for JMHCP applications have been made in past years. The Board provided the match for the JMHCP planning grant awarded in 2015, and matching funds were approved for the JMHCP Implementation grant application submitted last year, though not funded.

The competitive grant announcement was released in late April with proposals due May 29, 2018, can be found at: <https://www.bja.gov/funding/JMHCP18.pdf>, and supports cross-system collaboration to improve responses and outcomes for individuals with mental illness (MI) or co-occurring mental illness and substance abuse (CMISA) who come into contact with the justice system Champaign County is expected to be the applicant, with Rosecrance Central Illinois the subrecipient. The applicant and any sub-recipients must forego any management fee.

The execution of the CCMHB contract and release of the matching funds would be contingent upon the award and subsequent approval of the final project budget by BJA. The CCMHB contract would be issued to the applicant, match funds paid in a lump sum from FY18 Contributions & Grants, with use of funds restricted to those allowable for federal funds and to be accessed only as federal funds are drawn down. Initial term of the contract would have an end date of June 30, 2019 with extensions by amendment. Local

match funds unexpended at the end of the three-year federal grant award would be returned to the Board.

- Innovative Practices and Access to Community Based Behavioral Health Services
This builds on a priority established last year to promote new initiatives and support continued access and availability of services to the broader community. An increased focus on wellness and recovery is embodied in the priority. Applications considered under this proposal are a mix of existing programs and new proposals supporting access to care, prevention, peer support, and employment and housing supports.
- Champaign Community Coalition.
This collaborative effort includes leadership from Champaign County, the City of Urbana, the City of Champaign, the University of Illinois, Champaign Public Schools, Urbana Public Schools, the States' Attorney, Champaign Chief of Police, Urbana Chief of Police, University of Illinois Chief of Police, Champaign County Sheriff, Champaign Urbana Public Health, United Way, Urbana Park District, Champaign Park District, the Champaign County Developmental Disabilities Board, and the Champaign County Mental Health Board. Formed to serve as the System of Care for Champaign County, the Coalition was a major component of the ACCESS Initiative Sustainability Plan, to which the Board approved \$535,000 to support the System of Care and to sustain youth-guided, family-driven, justice and trauma informed services and programs. Subsequently, the Champaign Community Coalition researched and established the CU Fresh Start Initiative to address gun violence and the impact of trauma on children and youth exposed to violence. For consideration by the Board is the Fresh Start application for \$79,310 from Rosecrance Central Illinois, recommended for funding in this memorandum.
- Intergovernmental Agreement and Commitment to I/DD Services and Supports.
The Intergovernmental Agreement (IGA) with the CCDDDB requires integrated planning concerning Intellectual and Developmental Disabilities (I/DD) allocation decisions and also includes a specific CCMHB set-aside commitment that for the PY19 contract year totals \$635,835. In addition to the annual allocation decisions, there is an ongoing commitment of \$50,000 to the Community Integrated Living Arrangement (CILA) Expansion. This annual obligation satisfies our loan agreement with PNC Bank for purchase of CILA homes in Champaign County. The CILA Expansion has enabled the purchase, improvement, and maintenance of small group homes in the community, consistent with the terms of the Ligas Consent Decree and Olmstead decision of the Americans with Disabilities Act.

PY19 Decision Priorities and Decision Support Criteria

The priorities reflect aspirations for: a balance of strategies, from prevention, wellness, and recovery supports, to effective treatments and crisis intervention; and equitable access across ages, races, and neighborhoods. Stakeholder input has pointed to the need for improved coordination and clarity about services.

Priority – Behavioral Health Supports for People with Justice System Involvement

The CCMHB continues its commitment to people with serious mental illness and/or substance use disorder who have involvement with the criminal justice system. Local government, law enforcement, community-based providers, and other stakeholders collaborate on these shared and growing concerns, especially where incarceration could be avoided or shortened by improved access to treatments that work, redirecting people with complex conditions to effective supports and services and keeping them engaged. A two-year collaborative effort resulted in recommendations which include strengthening the community-based behavioral health support system (see Innovative Practices priority below), though not necessarily through a 24 hour ‘crisis center.’

In PY19, the CCMHB will support programs addressing the needs of people with justice involvement, including *victims of violence*, *youth* at risk of or subsequent to juvenile justice involvement, and *adults* at risk of incarceration or in re-entry. Program focus may range from decreasing the risk-of-involvement to support for re-entry, and services should be delivered by appropriate behavioral health professionals:

- benefits enrollment, increasing people’s access to services, including Medicaid;
- coordination and ‘warm hand-off’ from jail to community or detox to community;
- peer mentoring and support;
- intensive case management;
- access to psychiatric services and other health services;
- juvenile justice diversion services (see System of Care priority below), evidence-based or innovative, including counseling for youth and families;
- other juvenile delinquency prevention/intervention
- counseling and crisis support specific to victims/survivors of violence or abuse;
- enhanced crisis response;
- access to medical detox and crisis stabilization;
- support for specialty courts.

Priority – Innovative Practices and Access to Community Based Behavioral Health Services

The Behavioral Health/Justice Involvement priority points to the fragile nature of the current community-based behavioral health system. If it is not shored up, we can expect jails, emergency departments, homeless shelters, churches, and public buildings to continue as the default system. Each year, we comment on the fiscal and legislative uncertainties of the State of Illinois, the shortcomings of Medicaid and Managed Care, and the unknown impact of evolving or interrupted federal programs. The promised community-based behavioral health system, like other elements of the ‘safety net’, was never fully implemented and has been steadily eroded, especially through the last decade. Local funding has not grown enough to rescue the system or supplant other funding. While advocating and hoping for relief, whether through an 1115 waiver (a version of which has been approved, for implementation July 1, 2018) or enforcement of mental health/substance use disorder parity rules, we can: *improve access to services* which are billable to public or private insurance; identify non-billable services and *narrow the gaps* in the behavioral health system; *pilot innovative approaches* to improve outcomes for people.

Examples:

- wellness and recovery supports;
- peer mentoring and peer support networks;
- intensive or specialized case management;
- supports/services for people using emergency shelters;

- benefits counseling and navigation;
- employment and other community living supports;
- caregiver supports;
- self-advocacy, as the most effective supports result from self-determination, where people control their service plans.

Priority – System of Care for Children, Youth, Families

The CCMHB has focused on youth with serious emotional disturbance and multi-system involvement since 2001. Evidence-based practices were implemented to reduce recidivism among those with juvenile justice involvement. A System of Care was cultivated and is now sustained by the CCMHB, the Champaign Community Coalition, and other organizations, with a commitment to trauma-informed, youth-guided, family-driven, and culturally and linguistically competent youth serving systems. The CCMHB has also funded programs for very young children, including early identification, intervention, and prevention. Some are evidence-based and some innovative. Prevention services for children and youth can maximize their academic and social/emotional success; providers and interested parties have collaborated through the Birth to Six Council and the CU Cradle to Career Kindergarten Readiness Group, and many are also connected to the Champaign Community Coalition. There is growing recognition of the importance of Adverse Childhood Experiences (ACEs) and the social determinants of health. Trauma-informed systems mitigate the impact of trauma, including exposure to violence. A strong System of Care benefits individuals and families and can have a high return on investment, driving economic development for the community. Components include:

- *Programs consistent with the work of the Champaign Community Coalition.* Representatives of local government, funders, education, park districts, law enforcement, juvenile justice, behavioral health, families, neighborhoods, faith-based organizations, public health, and others collaborate on planning and improving the System of Care;
- *Juvenile justice diversion services* (see Behavioral Health/Justice Involvement priority) for young people with serious emotional disturbance and multiple system involvement, whether evidence-based or innovative, to improve outcomes for those youth and their families;
- *Family and youth organizations*, acknowledging the critical role of peer support, coordination, and planning of the system;
- *Early identification, prevention, and intervention services for children from birth through high school*, including those which keep children excited about learning.

Priority - Collaboration with the Champaign County Developmental Disabilities Board

The Intergovernmental Agreement between the CCMHB and the Champaign County Developmental Disabilities Board (CCDDDB) defines the PY19 allocation for developmental disabilities programs and an expectation for integrated planning by the Boards. Applications should explain how services – across levels of intensity of support - are as self-determined and integrated as possible, consistent with the Home and Community Based Services regulations, provisions of the Workforce Innovation and Opportunity Act, and Department of Justice ADA Olmstead findings. Most funded services for people with ID/DD are tracked through a new system to clarify utilization. In the most self-determined, integrated system, with various types of support:

- people control their day, what they do and where, and with whom they interact;

- people build connections to their community as they choose, for work, play, learning, and other, in places other community members use and at the same times they use them;
- people create and use networks of support consisting of friends, family, community members with similar interests, and allies they choose;
- people advocate for themselves, make informed choices, control their service plans, and pursue their own aims.

Nationally only 11% of people with ID/DD rely on agency service providers. The majority of care comes from family, friends, and community. Parent and self-advocate support networks are critical to the system of supports, contribute clarity about service preferences, and raise community awareness. The disAbility Resource Expo is an established community awareness/networking project of the CCMHB and CCDDDB; applications to coordinate, implement, and evaluate the event will be considered.

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. A Cultural and Linguistic Competence Plan is required of each applicant agency, and the online system holds a template aligned with requirements of Illinois Department of Human Services. The template has been modified for PY2019 so that an agency may include activities consistent with the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards.) Applications should address earlier, more accurate identification in underrepresented populations, as well as reduction of racial disparities in the utilization of services. Members of underserved populations and people living in rural areas should have the opportunity to use quality services.

Inclusion and Anti-Stigma

Applications supporting efforts to reduce the stigma associated with behavioral health disorders and disabilities will be prioritized. Stigma limits people's participation in their communities, inhibits economic self-sufficiency, and increases personal vulnerability. It may even be a cause of decreased State and federal support for effective treatments. The personal cost of stigma is mirrored by the cost to our communities. Young adults at colleges and universities find themselves in crisis not only because of pressure to perform in school but also fear of being exposed as having a behavioral health condition. The CCMHB is interested in creative approaches to increasing community awareness and access, promoting inclusion and respect, and challenging negative attitudes and discriminatory practices.

Outcomes

Each application's program plan narrative will identify measures of access for people seeking to participate in the program and outcomes which will result from this participation. Because defining and measuring valuable outcomes is challenging, the Board has engaged with the University of Illinois at Urbana Champaign's Department of Psychology for guidance and training on 'theory of change' logic modeling, development of an 'outcome bank', and a template for organizations to use in reporting. Organizations which are required to report on particular outcomes to other funders may consider including those outcomes, if relevant, in the application for CCMHB funding.

Coordinated System

Without a central location for all services and all providers, and given the known limitations of online resource guides, applications should address awareness of other possible resources for people and how they might be linked. Examples include collaboration with other providers and stakeholders (schools, support groups, hospitals, advocates, etc.) and a commitment to updating information about the program in any resource directories.

Budget and Program Connectedness

Applications will include a completed Budget Narrative section, explaining the relationship between anticipated costs and program components. Clarity about what the board is buying will include detail about the relevance of all expenses, including indirect costs. Per the Board's approved Funding Guidelines, calculation and rationale should be explicit, supporting the relationship between indirect costs and the value of the proposed program. Programs which offer services billable to Medicaid should identify non-billable activities and the associated costs to be charged to the CCMHB. While CCMHB funds should not pay for service activities or supports billable to another payor, the Board has an interest in programs taking advantage of multiple resources in order to secure long-term sustainability.

Realignment of Existing PY18 Contracts to Address Priorities

The CCMHB reserves the right to reduce or eliminate incumbent programs and services in order to support the PY19 priorities listed in this memorandum.

Secondary Decision Support and Priority Criteria:

The process items included in this section will be used as discriminating factors that influence final allocation decision recommendations. The CCMHB uses an online system for agencies 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: Cite the relevant recommended, promising, evidence-based, or evidence-informed practice and address fidelity to the model under which services are to be delivered. In the absence of such an approach to meet defined community need, clearly describe the innovative approach, including method of evaluation, to be considered.
2. Staff Credentials: Highlight staff credentials and/or specialized training.
3. Resource Leveraging: While leveraging is strictly interpreted as local match for other grant funding, describe all approaches which amplify CCMHB resources: state, federal, and other local funding; volunteer or student support; community collaborations. If CCMHB funds are to be used to meet a match requirement, the funder requiring local 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 funding. They are not the sole considerations in final funding decisions. Other considerations include the judgment of the Board and staff, evidence of the provider's ability to implement the services proposed, the soundness of the proposed methodology, application

quality, 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, objectives, operating principles, and public policy positions; downloadable versions of these Board documents are available on the public page of the online application system. Final decisions rest with the CCMHB and their judgment concerning the most appropriate and effective use of the fund, based on assessment of community needs, equitable distribution across disability areas, and alignment with decision support criteria.

The CCMHB allocation of funding is a complex task and 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 health conditions, substance use disorders, and/or intellectual/developmental disabilities. The nature and scope of applications may vary widely and may include prevention and early intervention models. As a result, a numerical rating/selection methodology is not relevant or feasible. Our focus is on what constitutes a best value to the community, in the service of its most vulnerable members, and is therefore based on a combination of cost and non-cost factors, reflecting 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.

Contract Negotiation Considerations

Many recommendations in the decision section of this memorandum are provisional, with funding contingent on the completion of successful contract negotiation, revision, and/or inclusion of special provisions. This can include significant modification of the budget, program plan, and personnel matrix in order to align a contract more closely with CCMHB planning, budget, and policy specifications. 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 shall result in cancellation of the contract award.

Special Notification Concerning PY19 Awards

The recommendations in this decision memorandum are based on revenue estimates which will not be finalized until the CCMHB budget is approved by the Champaign County Board in November 2018. For this reason, all PY19 CCMHB contracts shall be subject to possible reductions in contract maximums necessary to compensate for any CCMHB revenue shortfall. These reductions shall be documented by contract amendment at the discretion of the CCMHB executive director with every effort made to maintain the viability and integrity of prioritized contracts. The PY19 contract boilerplate shall also include the following provision:

Obligations of the Board will cease immediately without penalty or further payment being required if in any fiscal year the tax that is levied, collected and paid into the "Community

Mental Health Fund” is judged by the CCMHB executive director not to be sufficient for payment as delineated in the terms and conditions under this Contract.

Decision Section

Approved CCMHB funding has gone from \$3,189,290 in PY12 to \$3,822,642 in PY18. For two years, increased funding for allocations has resulted from greater than anticipated revenues plus reduction in CCMHB administrative costs. Other unusual circumstances, including possible state property tax freeze and final decision on the hospital tax issue, could impact the CCMHB’s revenues. Projections will be reevaluated and adjusted in response to these as well as to any property tax adjustments resulting from changing economic conditions. The recommendations presented here are based on a current, early projection of 2019 revenues.

The staff recommendations are organized by priority as a means of facilitating discussion and moving forward with decisions based on CCMHB commitments, set-asides, and priorities. Proposals are listed based on the priority selected by the applicant. These have been re-ordered for ease of interpretation across several board documents and are not organized by importance or amounts of funding. The final grouping references applications not recommended for full funding due to fiscal constraints, low alignment with priorities, or technical barriers/other consideration.

The Champaign County Mental Health Board received 36 applications related to mental health and substance use disorder services and supports. These requests total **\$3,757,160**. A breakout of amounts by priority finds:

Behavioral Health Supports for People with Justice Involvement	\$ 895,927
Innovative Practices and Access to Community Based...	\$ 712,246
System of Care for Children, Youth, Families	\$1,522,498
Other/Renewal	\$ 626,489

Another 20 applications for funding for ID/DD supports and services were submitted for consideration by the CCMHB and the Champaign County Developmental Disabilities Board (CCDDDB). These requests total **\$3,959,752** and have been evaluated by the CCDDDB and staff. Based on current estimates of 2019 tax revenue, the CCMHB’s obligation to ID/DD services, including CILA expansion, is \$685,885. Recommendations are described under the CCMHB Intellectual and Developmental Disabilities (Collaboration with the CCDDDB) priority. If the projection of property tax revenue increases, the board might consider increasing its annual payment to the CILA fund by an amount based on additional increase to the levy extension.

Behavioral Health Supports for People with Justice System Involvement

		<u>SUBTOTAL \$857,377</u>
CCRPC – Community Services	Justice Diversion Program	\$ 65,074
CCRPC – Community Services	Youth Assessment Center (YAC)*	\$ 76,350
Family Service	Counseling	\$ 25,000
First Followers	Peer Mentoring for Re-entry	\$ 70,000
Rosecrance Central Illinois	Criminal Justice PSC	\$338,643
Rosecrance Central Illinois	Fresh Start*	\$ 79,310
Rosecrance Central Illinois	Specialty Courts	\$203,000

*Champaign Community Coalition

Innovative Practices and Access to Community Based Behavioral Health Services

SUBTOTAL \$703,599

CSCNCC	Resource Connection	\$ 66,596
Cunningham Children's Home	Independent Living Opportunities^	\$ 90,000
Family Service	Self-Help Center	\$ 28,928
Family Service	Senior Counseling & Advocacy	\$142,337
GROW in Illinois	Peer-Support	\$ 20,000
Promise Healthcare	Promise Healthcare Wellness	\$ 58,000
Rattle the Stars	Youth Suicide Prevention Education^	\$ 54,500
Rosecrance Central Illinois	Recovery Home^	\$200,000
UCP- Land of Lincoln	Vocational Training and Support	\$ 43,238

^Special Initiative/mid-year report required

System of Care for Children, Youth, Families

SUBTOTAL \$1,335,789

Champaign Co. CAC	Children's Advocacy Center	\$ 47,754
CCRPC Head Start/Early Head Start	Early Childhood Mental Health Services^	\$ 90,120
Champaign Urbana Area Project	CU Neighborhood Champions*	\$ 50,000
Champaign Urbana Area Project	TRUCE*	\$ 50,000
Courage Connection	Courage Connection	\$127,000
DREAAM House	DREAAM*	\$ 80,000
Don Moyer Boys and Girls Club	C-U CHANGE*	\$100,000
Don Moyer Boys and Girls Club	Community Coalition Summer Initiatives*	\$107,000
Don Moyer Boys and Girls Club	Youth and Family Services*	\$160,000
Mahomet Area Youth Club	BLAST*	\$ 15,000
Mahomet Area Youth Club	MAYC Members Matter!*	\$ 18,000
Rosecrance Central Illinois	Parenting w Love & Limits	\$392,992
<i>(convert contract from grant to fee for service)</i>		
Rosecrance Central Illinois	Prevention Services	\$ 60,000
The UP Center of Champaign Co.	Children, Youth, & Families Program	\$ 18,423
Urbana Neighborhood Connections	Community Study Center*	\$ 19,500

*Champaign Community Coalition (10 proposals)

^Special Initiative/mid-year report required (4 proposals)

Other/Renewal

SUBTOTAL \$619,279

Crisis Nursery	Beyond Blue Champaign County	\$ 75,000
ECIRMAC (Refugee Center)	Family Support & Strengthening	\$ 48,239
Promise Healthcare	Mental Health Services with Promise	\$222,000
RACES	Sexual Violence Prevention Educ.	\$ 18,600
Rosecrance Central Illinois	Crisis, Access, & Benefits	\$255,440
<i>(includes CCHCC subcontract in the amount of \$51,840)</i>		

Collaboration with the CCDDDB (for Intellectual and Developmental Disabilities)

		<u>SUBTOTAL \$685,885</u>
CILA Expansion	CCMHB Commitment (previous approval)	\$ 50,000
Champaign Co. Head Start	Social Emotional Disabilities Services	\$ 73,605
DSC	Family Development Center	\$562,280

TOTAL PY19 FUNDING RECOMMENDED - \$4,201,929

Exceeds Allocation Parameters

Intellectual and Developmental Disabilities applications not included above are subject to integrated planning with the Champaign County Developmental Disabilities Board (CCDDB). The requests not recommended for funding by the CCMHB total \$3,323,867 and will be considered for funding by the CCDDB at their May 23rd meeting.

All other applications are recommended for funding, although some at lower than requested levels and some subject to contract negotiation. The difference between requested and recommended levels is \$241,116.

Programs recommended for an amount lower than that requested include:

- Champaign County Children’s Advocacy Center
- CCRPC Community Services - Youth Assessment Center
- CCRPC Head Start Early Childhood Mental Health Services
- CU Area Project – CU Neighborhood Champions
- CU Area Project - TRUCE
- DREAAM House - DREAAM
- First Followers – Peer Mentoring for Re-entry
- *Rosecrance Central Illinois - Crisis, Access, & Benefits
- *Rosecrance Central Illinois - Prevention Services
- *UCP Land of Lincoln - Vocational Training and Support

** Agencies for which the total PY19 recommendations are lower than total agency PY18 funding.*

DECISION SECTION (for consideration and action at MAY 23, 2018 board meeting)

Motion to approve CCMHB funding as recommended for **Behavioral Health Supports for People with Justice System Involvement** subject to the caveats as presented in this memorandum:

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

Motion to approve CCMHB funding as recommended for **Innovative Practices and Access to Community Based Behavioral Health Services** subject to the caveats as presented in this memorandum:

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

Motion to approve CCMHB funding as recommended for **System of Care for Children, Youth, Families** subject to the caveats as presented in this memorandum:

- Approved
- Denied
- Modified
- Additional Information needed

Motion to approve CCMHB funding as recommended for **Other/Renewal** subject to the caveats as presented in this memorandum:

- Approved
- Denied
- Modified
- Additional Information needed

Motion to approve CCMHB funding as recommended for **Collaboration with the CCDDDB (for Intellectual and Developmental Disabilities)** subject to the caveats as presented in this memorandum:

- Approved
- Denied
- Modified
- Additional Information needed

Motion to authorize the executive director to conduct **Contract Negotiations** as specified in this memorandum:

- Approved
- Denied
- Modified
- Additional Information needed

Motion to authorize the executive director to implement contract maximum reductions as described in the **Special Notification Concerning PY19 Awards** section of this memorandum:

- Approved
- Denied
- Modified
- Additional Information needed

Motion to approve an allocation not to exceed \$150,000 as the 20% matching funds required for the **Champaign County JMHCP Implementation and Expansion** grant application to the Department of Justice-Bureau of Justice Assistance, with release of CCMHB funds contingent upon award of the JMHCP grant and approval of the final project budget by the Department of Justice.

- Approved
- Denied
- Modified
- Additional Information Needed

Draft CMHB Allocation Recommendations PY19		DRAFT		DRAFT		DRAFT		DRAFT		DRAFT		DRAFT	
CCMHB Study Session, May 16, 2018		Priority		Priority		Priority		Priority		Priority		Priority	
Agency	Program	Justice/BH Services	Innovation/Access	System of Care	Other	ID/DD	Recommendations	Justice/BH Services	Innovation/Access	System of Care	Other	ID/DD	Recommendations
CCMHB/CCDDB CILA Expansion	CILA Expansion					\$50,000	\$50,000						\$50,000
Champaign County Children's Advocacy Center	Children's Advocacy Center			\$47,754			\$47,754						\$47,754
CCRPC - Community Services	Justice Diversion Program Youth Assessment Center	\$65,074 \$76,350											\$65,074 \$76,350
CCRPC - Head Start	Early Childhood Mental Health Services Social-Emotional Disabilities Services			\$90,120			\$73,605						\$90,120 \$73,605
Champaign Urbana Area Project	CU Neighborhood Champions TRUCE			\$50,000 \$50,000									\$50,000 \$50,000
Community Svc Center of Northern Champaign Co.	Resource Connection		\$66,596										\$66,596
Courage Connection	Courage Connection			\$127,000			\$127,000						\$127,000
Crisis Nursery	Beyond Blue-Champaign County				\$75,000								\$75,000
Cunningham Childrens Home	Independent Living Opportunities		\$90,000										\$90,000
DREAM House	DREAM			\$80,000									\$80,000
Developmental Services Center	Family Development Center												\$562,280
Don Moyer Boys and Girls Club (DMBGC)	C-U CHANGE Community Coalition Summer Initiatives Youth and Family Services			\$100,000 \$107,000 \$160,000									\$100,000 \$107,000 \$160,000
East Central IL Refugee Mutual Assistance Center	Family Support & Strengthening				\$48,239								\$48,239
Family Service of Champaign County	Counseling Self-Help Center Senior Counseling & Advocacy	\$25,000	\$28,928 \$142,337										\$25,000 \$28,928 \$142,337
FirstFollowers	Peer Mentoring for Re-entry	\$70,000											\$70,000
GROW in Illinois	Peer-Support		\$20,000										\$20,000
Mahomet Area Youth Club	Blast MAYC Members Matter!			\$15,000 \$18,000									\$15,000 \$18,000
Promise Healthcare	Mental Health Services with Promise Promise Healthcare Wellness		\$58,000				\$222,000						\$222,000 \$58,000
Rape Advocacy, Counseling & Education Services	Sexual Violence Prevention Education				\$18,600								\$18,600
Rattle the Stars	Youth Suicide Prevention Education		\$54,500										\$54,500
Rosecrance Central Illinois	Criminal Justice PSC Crisis, Access, & Benefits Fresh Start Parenting w/ Love & Limits Prevention Services Recovery Home Specialty Courts	\$338,643 \$79,310		\$392,992 \$60,000					\$255,440				\$338,643 \$255,440 \$79,310 \$392,992 \$60,000 \$200,000 \$203,000
The UP Center of Champaign County	Children, Youth, & Families Program			\$18,423									\$18,423
United Cerebral Palsy Land of Lincoln	Vocational Training and Support		\$43,238										\$43,238
Urbana Neighborhood Connections	Community Study Center			\$19,500									\$19,500
	Total	\$857,377	\$703,599	\$1,335,789	\$619,279	\$685,885	\$4,201,929						

6.C.

2019 Summary Analysis of Applicant's Cultural and Linguistic Competence Activities
CCMHB/DDB
Champaign County Regional Planning Commission/ Champaign County Head Start

CCMHB/DDB reviews all CLC plans submitted with FY2019 applications for funding, with particular attention to action steps associated to benchmarks for each of the following action areas:

Required Benchmark by CCMHB	Summary of Actions outlined CLC Plan
<i>Annual Cultural Competence Training:</i>	Yes- All staff will receive CLC Training during the orientation and during FY19
<i>Recruitment of Diverse backgrounds and skills for Board of Director and Workforce:</i>	Yes- Materials are provided to clients and on public pages about board involvement.
<i>Cultural Competence Organizational or Individual Assessment/Evaluation:</i>	Yes- Update questions regarding CLC to client satisfaction survey and utilized in needs assessment
<i>Implementation of Cultural Competence Values in Policy and Procedure:</i>	Yes - Provide funds for culturally sensitive items requested within reason and affordability.
<i>Outreach and Engagement of Underrepresented and Marginalized Communities and target population defined in the criteria:</i>	Yes- Monthly All Social Service MH and Trauma information is engagement and/or outreach activities to staff shared at 80% of the CCHS address mental health issues and facilitate Monthly Family Meetings and as services within the community, needed with other programs.
<i>Inter-Agency Collaboration:</i>	Yes- There information is outlined in the program application .
<i>Language and Communication Assistance:</i>	Yes - CCRPC has a list of interpreters and translators that all staff are aware of, has access to and understands their responsibility for utilizing when needed.
<i>Matched Actions with National Culturally and Linguistic Appropriate Services (CLAS) Standards in Health and Health Care:</i>	No- Format was not utilized that matched with the CLAS Standards.

2019 Summary Analysis of Applicant's Cultural and Linguistic Competence Activities
CCMHB/DDB
Champaign County Regional Planning Commission/ Champaign County Head Start

Overall CLC Plan Comments

CCRPC Community Services and Head start have combined their efforts to submit one CLC Plan to ensure shared CLC Values across different departments that are serving people in Champaign County. The Plan was updated in July of 2018 there did not include the updated information about the CLAS Standards. All of the required benchmarks were present in the CLC Plan.



Draft CCDDDB Program Summary FY2019
Agency: Champaign County Head Start/Early Head Start DDB
Program: Social-Emotional Disabilities Svs

PY19 CCDDDB Funding Request \$73,605
PY19 Total Program Budget \$91,103
Current Year Funding (PY18) \$55,645
Proposed Change in Funding - PY18 to PY19 = 32.3%

Priority Comprehensive Services and Supports for Young Children

Service Description/Type This program offers additional supports (indicated by assessment) to children enrolled in Head Start/Early Head Start, which provides child development, child health, and family support services to income-eligible Champaign County families. The goal of services is to ensure children are developmentally and health-ready for kindergarten and families are ready to support their child in school.

1. Screening newly enrolled children, Ages and Stages Questionnaire - Social-Emotional (ASQ-SE).
2. Development of social-emotional goals for children with high scores on the ASQ-SE. Goals are added to the classroom lesson plan. Children are re-screened semi-annually until scoring below the cutoff.
3. With parent permission, Environmental Observation for any classroom needing support due to children with challenging behaviors or high ASQ-SE scores. Analyzes the setting, interactions, and operations to identify classroom support needed.
4. Meetings with parents and teachers to determine if a support plan is warranted: strategies to manage, accommodate, and/or change a child's behavior and may recommend/refer to other provider, school, etc.
5. With parent permission, individual play therapy for children; individual counseling for parents.
6. Information to families: health, mental health, specific disabilities, legal issues, case management, parenting, coping skills.
7. Networking meetings, councils and advisory groups, coordination with other providers.
8. Staff training on disabilities and mental health topics; articles for staff to include in parent newsletters; two parent trainings per year.

STAFF: above and below are lightly edited.

Access to Services for Rural Residents Countywide recruitment at libraries, elementary schools, door to door, grocery/convenience stores, community events, community agencies, etc. Annual Community Assessment informs recruitment efforts in areas where income-eligible families reside, including rural. Residents of medically underserved townships receive priority points for enrollment, as do families who are geographically isolated. Home-based option for HS/Early HS services also helpful for rural families.

Target Population low-income children six weeks to kindergarten entry age enrolled in Champaign County Head Start/Early Head Start (CCHS) who:

1. score above the cutoff on the Ages and Stages Questionnaire Social-Emotional screening tool,
2. are referred by their parent or teacher for behavioral or social-emotional developmental concerns and for whom a behavior support plan (Individual Success Plan) is indicated, or
3. receive play therapy or child/family counseling.

Residency

Total Served	131 people in FY17	48 TPC and 19 NTPC in the 1 st two quarters of FY2018
Champaign Set	52 (39.7%) for FY17	15 (36.6%) for FY18
Urbana Set	38 (29.0%) for FY17	12 (29.3%) for FY18
Rantoul	35 (26.7%) for FY17	13 (31.7%) for FY18
Mahomet	0 (0%) for FY17	0 (0%) for FY18
Other Champaign County	6 (4.6%) for FY17	1 (2.4%) for FY18

Demographics FY2017

Age

Ages 0-6 -----	123 (93.9%)
Ages 7-12 -----	0 (0%)
Ages 19-59 -----	8 (6.1%)

Race

White -----	30 (22.9%)
Black / AA -----	75 (57.3%)
Asian/Pacific Islander -----	2 (1.5%)
Other (incl. Native American and Bi-racial) -	20 (15.3%)
Data Not Available -----	4 (3.1%)

Gender

Male -----	83 (63.4%)
Female -----	48 (36.6%)

Ethnicity

Of Hispanic/Latino Origin-----	7 (5.3%)
Not of Hispanic/Latino Origin -----	124 (94.7%)

Program Performance Measures

ACCESS:

100% of children who score above the cut-off on the ASQ-SE **screening** automatically receive service. With parent permission, 100% of those with need for additional support (indicated by individual classroom **observation**) receive ISP development. Through meetings, trainings, handbook, and brochures, families and staff receive information about SE services, trauma-informed care, SE development, and strategies to support children.

Teachers refer a child to the SEDS within one week after **screening**; within one week of referral, SEDS confirms/denies the child's eligibility for specific social-emotional development goals.

Parents or teachers concerned about a behavior can refer the child to the SEDS for an individual **observation** at any point throughout the school year. Within two weeks of parent permission, SEDS conducts the child observation in the classroom and determines eligibility for an Individual Success Plan.

(90% of children will be assessed for eligibility within these timeframes. Avg length of SEDS services is 9 months.)

Screening – for children with a high ASQ-SE score: within two weeks of determining eligibility, SEDS arranges a meeting with a child's parent(s), teachers to develop social-emotional goals for weekly classroom lesson plans; within one day, teachers begin implementation.

Observation – for children referred for challenging behaviors: within two weeks of determining eligibility, SEDS meets with parent and teachers to share the observation and develop a home-classroom Individual Success Plan for addressing the child's challenging behavior; within one day, teachers begin implementation.

STAFF – above is edited (repeats some details from other sections in order to answer all questions about ACCESS.)

CONSUMER OUTCOMES:

1. At least 90% of enrolled children entering kindergarten, including those with a disability, will leave the program ready for kindergarten. At least 85% will make age-appropriate progress in social-emotional development.

2. After an initial screening indicates need for Social-Emotional Development services, ASQ-SE every six months.

On-going assessment with Teaching Strategies GOLD Online Assessment System (GOLD), equally valid and reliable for children with a disability and for those whose home language is not English. GOLD aligns with The Creative Curriculum, the Head Start Early Learning Outcomes Framework, and the Illinois Early Learning and Development Standards. GOLD allows teachers to enter observations daily, collect portfolios electronically, assess children’s development at any time, share child progress with parents, and plan individualized activities for the children. Aggregated outcomes data show staff the areas in which their children as a group do well and what may need more attention. The GOLD system gives families on-line access to documentation of their child’s progress.

3. GOLD assessments in the fall, winter, spring, and in the summer for those attending the full day/full year option. Teachers analyze each child's results for progress especially in the area of social-emotional development.

A child who previously scored above the cut-off on the ASQ-SE receives a follow-up screening to determine if he/she continues to receive services funded by this grant. In regard to a child with an Individual Support Plan established after an individual observation, teachers, the parent, and the SEDS meet at least bi-monthly to assess progress and determine if the plan should be adjusted, extended, or discontinued due to meeting the plan's goals.

4. ASQ-SE screening tool and Teaching Strategies GOLD child assessment instrument to measure development.

5. 90% of those aging out are developmentally, socially, emotionally and health ready for Kindergarten. For children in the program for a second year, 50 % who receive services for the full period (9 or 12 months) will not require a continuation of services.

6. The August 2017 GOLD Outcomes Report shows over 90% of children leaving for kindergarten achieved kindergarten readiness in 5 of 7 domains. The report also shows that in the Social-Emotional Domain, only 88% of children leaving for kindergarten achieved social-emotional readiness for kindergarten.

STAFF: above is lightly edited. Each item responds to points from the Outcomes Reporting application instructions.

UTILIZATION:

Treatment Plan Clients (TPCs) 85 (70 new and 15 continuing) defined as those in counseling, with a new support plan, or for whom individual social-emotional goals are written.

Non-Treatment Plan Clients (NTPCs) 60, defined as those who have received support, services, or consultation but no treatment plan.

Service Contacts (SCs) 700, defined as ASQ-SE screenings, Social-Emotional Classroom Observations, individual child observations, parent or teacher meetings about a child, counseling sessions, functional behavior assessment interviews, Individual Success Plan meetings, positive behavior coaching, teacher mentoring, contact to support external referrals, parent support groups, and parent trainings.

Community Service Events (CSEs) 20, defined as Birth to 6 Council meetings, Mental Health Advisory Committee, Health Advisory meetings, Infant Mental Health meetings, Champaign Community Coalition meetings, collaboration with other agencies.

Other 8, defined as mass screening events, staff training, Social Emotional information for teachers to add to parent newsletters.

FY19 Annual target (per Utilization form)

Quarter	TPC	NTPC	SC	CSE	OTHER
Annual Target	85	60	700	20	8

FY18 First two quarters (per submitted Consumer Service Reports)

Quarter	TPC	NTPC	SC	CSE	OTHER
First Quarter FY18	22	6	43	3	0
Second Quarter FY18	23	13	452	4	3
Annual Target	90	55	600	1	8
% complete	50%	34.5%	82.5%	700%	37.5%

FY17 all four quarters (per submitted Consumer Service Reports)

Quarter	TPC	NTPC	SC	CSE	OTHER
First Quarter FY17	24	34	114	7	11
Second Quarter FY17	21	18	354	8	7
Third Quarter FY17	15	6	163	2	14
Fourth Quarter FY17	13	14	193	9	8
Annual Target	90	55	580	5	8
% complete	81.1%	131%	142%	520%	500%

FINANCIAL

PY19 CCDDDB Funding Request \$73,605

PY19 Total Program Budget \$91,103

Current Year Funding (PY18) \$55,645

Proposed Change in Funding - PY18 to PY19 – 32.3%

PY18 Request was for \$55,645

PY17 Request was for \$55,645, and PY17 Award was for \$55,645 (CCMHB)

PY16 Request was for \$54,823, and PY16 Award was for \$54,823 (CCMHB)

Program Staff - CCDDDB Funds 0.05 Indirect FTE +1.0 Direct FTE = 1.05 FTE.

Total program staff are 0.27 Indirect FTE + 1.0 Direct FTS = 1.27 FTE.

Does the application warrant that CCDDDB funding will not supplement Medicaid? No. Other sources of revenue for the total program are identified and do not appear to present the same risk. CCDDDB/CCMHB funds should be the payer of last resort.

Does the application clearly explain what is being purchased by the CCDDDB? Yes. Detail on all revenues and expenditures associated with the program, responsibilities of assigned staff.

Funding from the CCDDDB represents 80.8% of the total program budget. Other revenue, \$17,498, is from the annual Head Start grant from federal Health and Human Services. Total agency (Head Start/Early Head Start) revenue is \$7,902,945 and anticipates \$5,191,471 in total HHS grant. *In FY18, \$36,845 of this grant was allocated to this DD program within Head Start. It is possible that the decreased allocation for FY19 is the result of plan to use \$17,216 of that federal grant as additional revenue for a NEW early childhood mental health program (within Head Start) requested of the CCMHB; the total of FY19 CCMHB/CCDDDB funded Head Start programs would use \$34,714 of the federal grant, a small decrease from FY18. No other revenue is anticipated for these programs. Total agency budget shows a deficit equal to the amount of this grant, which suggests an error in financial forms.*

Personnel related costs are the primary expense charged to CCDDDB, at 96.8%. Other expenses charged to this contract include \$500 for Consumables (materials for classroom and parents), \$550 for Conferences/Staff Development and \$1335 for Transportation, appropriate to the people served and the type of service. The Budget Narrative explains these, all total agency revenue sources, and specific duties of three staff assigned to this contract: Social Emotional Disabilities Specialist (1 FTE,) manager (0.22 FTE,) and fiscal specialist (0.05 FTE.) In addition to small increases in expenses over FY18, larger portions of staff positions are charged to this contract (SEDS goes from 70% to 100% and Child & Family Services Manager from 20% to 22%).

Audit Findings. Not Applicable. This program is included in the Champaign County Audit.

CCDDB FY19 Overarching Considerations

#1: Inclusion & Integration Yes

#2: Underserved Populations and Countywide Access See CLC Plan review. Countywide – Yes.

#3: Inclusion & Anti-Stigma (not directly.)

#4: Outcomes Yes

#5: Coordinated System Yes

#6: Budget and program connectedness Yes

#7: Person centered planning (not in the sense emphasized for adult services, but family driven)

#8: Work force development and stability No

CCDDB FY2019 Secondary Considerations

#1: Approach/Methods/Innovation Yes

#2: Evidence of collaboration Yes.

#3: Resource leveraging Yes. Federal requirement that at least 10% of children enrolled be those with delay/disabilities; CCDDB/CCMHB funds support screening and treatments for such children and their parents.

#4: Staff credentials Yes

CCDDB FY2019 Process Considerations & Caveats

Contracting Considerations: If this application is approved for funding, a special provision may be included or the applicant may be required to submit the following for staff review and approval prior to execution of the final FY19 contract:

- *Continue to coordinate with providers of similar services.*
- *Review and revise financial forms to balance.*

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCDDB Executive Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

Lynn Canfield

From: Brandi Granse <bgranse@ccrpc.org>
Sent: Thursday, May 03, 2018 4:31 PM
To: Kim Bowdry
Cc: Lynn Canfield; Elise Belknap; Brandi Granse
Subject: FY19 Questions/Responses

Lynn and Kim,

I provided responses to the emailed questions below. I did not see any additional questions at the end of the Program Summary under Process Considerations and Caveats. Please let me know if you need further information.

CCRPC Head Start/Early Head Start – Social-Emotional Developmental Services

Emailed Question

Why is the revenue from federal grant decreasing?

The Head Start/Early Head Start grant has not decreased the overall funding level: expenses for the programming, especially salaries and benefits, have significantly increased. This results in less Federal money to help support the Social-Emotional Development Specialist position. Without the DD Board funding, we would not have a Social-Emotional Development Specialist to address the growing needs of children and families.

CLC Plan

Why did the submitted CLC Plan format not align with the CLAS Standards?

Although the Cultural Competency Committee revised the current CLC Plan to address the CLAS Standards, they did not reformat the plan. The committee will be meeting in May/June and will further refine the plan to align with the format provided.

**Thank You,
Brandi**

BRANDI GRANSE

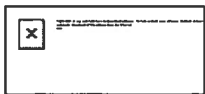
Early Childhood Division Director

Head Start

A program of the Champaign County Regional Planning Commission

1776 E. Washington St, Urbana, IL 61802

P 217.328.3313 | D 217.819.4040 | CCRPC.ORG



PEOPLE. POSSIBILITIES.

From: Kim Bowdry [mailto:kim@ccmhb.org]
Sent: Friday, April 27, 2018 12:16 PM
To: Brandi Granse <bgranse@ccrpc.org>
Cc: Lynn Canfield <lynn@ccmhb.org>; Elise Belknap <ebelknap@co.champaign.il.us>
Subject: RE: FY19 Program Summary

Good afternoon,

The following question(s) were submitted by Board members after the April 25, 2018 meeting based on your program application. These questions are in addition to any questions listed in the program summary. Responses to all questions are due to the CCDDDB by 4:30 pm on Friday, May 4, 2018. Please respond by "replying all" to this email.

Champaign County Head Start/Early Head Start - Social Emotional Disabilities Services

1. *Why is the revenue from federal grant decreasing?*

Thanks,

Kim

Kim Bowdry
Associate Director
CCMHB/CCDDDB
1776 East Washington St.
Urbana, IL 61802
(217) 367-5703
kim@ccmhb.org

From: Kim Bowdry [mailto:kim@ccmhb.org]
Sent: Tuesday, April 17, 2018 2:57 PM
To: 'Brandi Granse' <bgranse@ccrpc.org>
Cc: lynn@ccmhb.org; 'Elise Belknap' <ebelknap@co.champaign.il.us>
Subject: FY19 Program Summary

Dear Executive Director:

Your program summary represents our initial review of your organization's application(s) for FY 2019 funding for ID/DD supports and services from the Champaign County Developmental Disabilities Board (CCDDDB) or the Champaign County Mental Health Board (CCMHB). Your agency's program summary and CLC Plan review are attached and can be found online, contained within the April 25th CCDDDB Board packet at:

http://www.co.champaign.il.us/MHBDDDB/agendas/ddb/2018/180425_Meeting/180425_agendafull.pdf

The document(s) are marked "DRAFT" and should be considered a work in progress and as such are subject to additions and corrections. You are encouraged to review the document(s) and notify the CCDDDB Executive Director in writing if there are factual errors, not differences of opinion, which should be corrected prior to completion of the award process.

The application(s) were reviewed and evaluated by CCDDDB staff using guidelines approved by the CCDDDB (i.e., decision memoranda titled "PY19 Decision Support Criteria"). A copy of the criteria is accessible through the on-line system at ccmhddbrds.org.

The Champaign County Developmental Disabilities Board meeting on **Wednesday, April 25, 2018 at 8:00 am** will include a review of the program summaries. **Agency executive directors are encouraged to attend the meeting and be prepared to answer questions that may be directed to them by the CCDDDB members or staff.** Comments or additional information can also be shared with the Board under the "Successes and Other Agency Information" item on the agenda.

The final staff recommendations will be formatted in a decision memorandum for the May 23, 2018 CCDDDB meeting and will include comments from applicant organizations **received by Friday, May 4th**. Final allocation decisions will be made by the members of the CCDDDB at the May 23, 2018 meeting.

We appreciate the time and effort involved in the preparation of your application(s) and thank you for your interest in working with the Champaign County Developmental Disabilities Board.

Sincerely,

Lynn Canfield
Executive Director

Kim Bowdry
Associate Director
CCMHB/CCDDDB
1776 East Washington St.
Urbana, IL 61802
(217) 367-5703
kim@ccmhb.org

2019 Summary Analysis of Applicant's Cultural and Linguistic Competence Activities
CCMHB/DDB
Developmental Services Center (DSC)

CCMHB/DDB reviews all CLC plans submitted with FY2019 applications for funding, with particular attention to actions steps associated to benchmarks for each of the following action areas:

Required Benchmark by CCMHB/DDB	Summary of Actions outlined CLC Plan
<i>Annual Cultural Competence Training:</i>	Yes- DSC Board and all DSC staff will participate in annual cultural competence training.
<i>Recruitment of Diverse backgrounds and skills for Board of Director and Workforce:</i>	Yes- Documented outreach to diverse community members for board membership.
<i>Cultural Competence Organizational or Individual Assessment/Evaluation:</i>	Yes- All DSC staff and management will participate in a cultural and linguistic diversity self-assessment.
<i>Implementation of Cultural Competence Values in Policy and Procedure:</i>	Yes- All new staff will participate in new employee orientation, which includes introduction to the CLC plan
<i>Outreach and Engagement of Underrepresented and Marginalized Communities and target population defined in the criteria:</i>	Yes- DSC will increase outreach to underserved populations, per the Surgeon General's Report: Mental Health: Culture, Race, and Ethnicity. DSC individuals will participate in outreach and engagement activities to promote behavioral health and disability awareness.
<i>Inter-Agency Collaboration:</i>	Yes- Interagency collaborations are outlined in the program applications.
<i>Language and Communication Assistance:</i>	Yes- A list of qualified interpreters will be maintained as a resource to ensure informed care. -DSC will post signage indicating

2019 Summary Analysis of Applicant's Cultural and Linguistic Competence Activities
CCMHB/DDB
Developmental Services Center (DSC)

	<p>the availability of language assistance.</p> <p>-DSC will translate and/or update the agency brochure in Spanish and Braille.</p>
<p><i>Matched Actions with National Culturally and Linguistically Appropriate Services (CLAS) Standards in Health and Health Care:</i></p>	<p>Yes- The current FY19 action steps will reflect all principles and standards outlined in the <i>Culturally Competent Clinical Practice Standards</i>.</p>

Overall CLC Plan Comments

The CLC Plan was updated and followed most of the required information was included in the plan. The other required information was outlined in the Part 1 of the Program Application.



Draft CCDDDB Program Summary FY2019

Agency: Developmental Services Center

Program: Family Development Center

PY19 CCDDDB Funding Request \$562,280
PY19 Total Program Budget \$737,413
Current Year Funding (PY18) \$562,280
Proposed Change in Funding - PY18 to PY19 = 0%

Priority Comprehensive Services and Supports for Young Children

Service Description/Type Culturally responsive, innovative, evidence-based services responsive to needs of families, promotes a coordinated system of care. Early detection and prompt, appropriate intervention can improve developmental outcomes for children with delays and disabilities and children living in at-risk environments. Family-centered intervention maximizes the gifts and capacities of families to provide responsive intervention within familiar routines and environments. Since July 2017, 26% of children screened were bilingual and 54% of children were from underrepresented groups. Developmental Therapy, Speech Therapy, Comprehensive Evaluation, Developmental Play Groups, Parent Support Groups, Child Care Consultation, and PLAY Project. Promotes parent/caregiver advocacy by “meeting families where they are at” and empowering them as the decision-maker in their child.

STAFF: above is edited, includes staff credentials. State does not fund Developmental Screening. Below is edited.

Access to Services for Rural Residents Rural families are 43% of those served. Home visiting model serves 20 towns, is fundamental to service provision in the natural environment and is critical in rural areas where families may be isolated from services. Collaboration with rural public schools, childcare centers, churches, food pantries, and health centers.

Target Population Children, birth to six years old, with or at risk of developmental disabilities and their families, in Champaign County. 30% of children under the age of three with a delay in one or more developmental areas and/or an identified qualifying disability are eligible for state-funded services. These same services and enhanced services for children up to age five are provided with CCDDDB funds for children deemed “at-risk” but ineligible for state funding through the early intervention system. State reimbursement for Early Intervention is 12% of operating budget; children and families move seamlessly between funding sources for uninterrupted, comprehensive services, optimizing the child and family’s potential for success.

STAFF: above is edited, details on tests used to determine eligibility, outreach, and referral sources.

<u>Residency</u>	671 people in FY2017	552 in FY2018
<u>Champaign Set</u>	248 (37.0%) for FY17	209 (37.9%) for FY18
<u>Urbana Set</u>	143 (21.3%) for FY17	109 (19.7%) for FY18
<u>Rantoul</u>	143 (21.3%) for FY17	115 (20.8%) for FY18
<u>Mahomet</u>	29 (4.3%) for FY17	25 (4.5%) for FY18
<u>Other Champaign County</u>	108 (16.1%) for FY17	94 (17.0%) for FY18

Demographics

Age

Ages 0-6 ----- 671 (100.0%)

Race

White ----- 440 (65.6%)

Black / AA ----- 109 (16.2%)

Asian / PI ----- 28 (4.2%)

Other (incl. Native American and Bi-racial) 94 (14.0%)

Gender

Male ----- 408 (60.8%)

Female ----- 263 (39.2%)

Ethnicity

Of Hispanic/Latino Origin ----- 121 (18.0%)

Not of Hispanic/Latino Origin ----- 550 (82.0%)

Program Performance Measures

ACCESS:

Measure: Families will successfully access appropriate community services for their children.

FY18 Target: 90% Mid-Year Outcome: 97%

FY19 Target: 90%

Children birth to six years old with or at risk for developmental delay and disability are eligible for program. Those three months to three years are assessed for services. Outreach and referral includes parents, physicians, child care centers, public health, the Multicultural Community Center, Crisis Nursery, Community Elements, DCFS, Parent Wonders, etc. The FDC collaborates with programs that serve underrepresented groups to identify children at risk or with delay or disability as early as possible.

STAFF: above is edited, includes details on referrals, service initiation, length of services, familial control of services, cultural competence, diversity of staff, and outreach through underrepresented groups.

CONSUMER OUTCOMES:

Measure: Families will identify progress in child functioning in everyday life routines, play and interactions with others.

FY18 Target: 90% Mid-Year Outcome: 100% FY19 Target: 90%

Child functioning will be assessed through quarterly file reviews and family surveys.

Measure: Children will progress in goals identified by families on the IFSP.

FY18 Target: 90% Mid-Year Outcome: 100% FY19 Target: 90%

Standardized tests used include: DENVER II, Battelle Developmental Inventory II, Infant Toddler Developmental Assessment, Preschool Language Scale, Rossetti Infant Toddler Language Scale, etc. All children receive a developmental assessment at six and 12 month intervals.

UTILIZATION:

Treatment Plan Clients (TPCs) 655, defined as all children receiving FDC services, living in Champaign County.

Non-Treatment Plan Clients (NTPCs) 0

Service Contacts (SCs) 200, defined as developmental screenings conducted by the screening coordinator, who builds and maintains relationships with agencies serving underrepresented groups, including the Rantoul Multicultural Community Center, the Champaign Urbana Public Health District, DCFS, the Center for Youth and

Family Solutions Intact Families program, Illinois State Board of Education Prevention Initiative Programs, and others. Some screenings at a large resource event, but most in child's home with the parent present.

Community Service Events (CSEs) 300, opportunities to increase awareness of the importance of early identification and early intervention, reduce stigma, and promote community-based solutions. Regular participates in the Down Syndrome Network Buddy Walk, the DisAbility Expo, Read Across America, Ready Set Grow, Latino Partnership Events, and the CUPHD fair. Also includes consultation to child-care centers and preschools for children enrolled in FDC, presentations to increase community awareness, recruit possible volunteers, and educate future professionals; interagency collaborations to improve system of care for young children.

Other 0, service hours will be reported through claims in the online reporting system.

FY19 Annual target (per Utilization Form)

Quarter	TPC	NTPC	SC	CSE	OTHER
Annual Target	655	0	200	300	0

FY18 First two quarters (per submitted Service Activity Reports)

Quarter	TPC	NTPC	SC	CSE	OTHER
First Quarter FY18	484	0	64	157	2032.75
Second Quarter FY18	68	0	50	150	1356.75
Annual Target	655	0	200	300	0
% complete	84.2%		62%	63%	

FY17 all four quarters (per submitted Service Activity Reports)

Quarter	TPC	NTPC	SC	CSE	OTHER
First Quarter FY17	498	0	70	102	1595
Second Quarter FY17	53	0	53	88	1453.75
Third Quarter FY17	75	0	68	111	1717.25
Fourth Quarter FY17	45	0	35	124	1831.5
Annual Target	655	0	200	300	0
% complete	102.4%		111.5%	141.6%	

FINANCIAL

PY19 CCDDDB Funding Request \$562,280

PY19 Total Program Budget \$737,413

Current Year Funding (PY18) \$562,280

Proposed Change in Funding - PY18 to PY19 = 0%

PY18 Request was for \$579,150

PY17 Request was for \$562,280, and PY17 Award was for \$562,280

PY16 Request was for \$545,903, and PY16 Award was for \$545,903

Program Staff - CCDDDB Funds 1.09 Indirect FTEs and 7.2 Direct FTEs, totaling 8.29 FTEs. The 1.09 indirect includes 16% of HR Director, 14% of CEO, and up to 7% of 20 positions. The 7.2 direct includes 10% of RN, 11% of Training Coordinator and Director of Program Assurance, 19% of Vice President, 61% of Program Director and one Child Development Specialist, 15% of Infant Family Specialist, and 76% of four Child Development Specialist (one to be hired), one Office Manager, one Screening Coordinator, and one Speech/Language Pathologist. Total Program Staff are 1.43 Indirect FTEs and 9.48 Direct FTEs, totaling 10.91 FTEs.

Does the application warrant that CCDDDB funding will not supplement Medicaid? Yes

Does the application clearly explain what is being purchased by the CCDDDB? Yes

Funding from the CCDDDB represents 76.3% of the total program budget. Other revenue is from United Way (5.7%) and state Early Intervention (17.6%) and a small, allocated amount of state reimbursement for staff trainings. **Personnel related costs are the primary expense charged to CCDDDB, at 81.0%.** Other expenses include 3% salary increase, 10% increase in cost of employee benefits included. Budget Narrative explains the relationship of each assigned staff. Other expenses are explained (based on current year and estimates) and include \$1,679 for Professional Fees/Consultants, \$5,234 Consumables, \$8,163 General Operating, \$32,339 Occupancy, \$1,389 Staff Development, \$14,088 Transportation (appropriate to the service, allows reach to rural children,) \$279 Equipment, \$30,929 Lease, \$2,406 Membership Dues, \$8,754 Miscellaneous, and \$5,513 Depreciation. Total agency has a large deficit; total program budget has a deficit of \$27,763.

Audit Findings: Audit in compliance. Excess revenue (\$22,638) was returned to the CCDDDB.

CCDDDB FY19 Overarching Considerations

#1: Inclusion and Integration Yes

#2: Underserved Populations and Countywide Access See CLC Plan review. Outreach includes staff travel to family homes, collaboration with rural public schools, childcare centers, churches, food pantries, and health centers.

#3: Inclusion and Anti-Stigma Yes, through community events.

#4: Outcomes Yes

#5: Coordinated System Yes

#6: Budget and Program Connectedness Yes

#7: Person Centered Planning (PCP) Yes

#8: Workforce Development and Stability No

CCDDDB FY2019 Secondary Considerations

#1: Approach/Methods/Innovation Yes

#2: Evidence of collaboration Yes

#3: Staff credentials Yes

#4: Resource Leveraging Yes

CCDDDB FY19 Process Considerations & Caveats

Contracting Considerations If this application is approved for funding, the applicants may be required to submit the following for staff review and approval prior to execution of the final FY19 contract:

- *Continue coordination with providers of similar services.*

Applicant Review and Input

Applicant is encouraged to review this document upon receipt and notify the CCDDDB Executive Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending